



August 13, 2021

Jacey Cooper
State Medicaid Director
1501 Capitol Ave
Sacramento, CA 95814

Andrea J. Casart
Director Division of Eligibility and Coverage Demonstrations
Centers for Medicaid and Medicare Services
7500 Security Boulevard, Mail Stop S2-25-26
Baltimore, Maryland 21244-185

Dear Ms. Cooper and Ms. Casart:

The California Collaborative for Long-Term Services and Supports (CCLTSS) is comprised of 61 statewide aging and disability organizations that promote dignity, health, and independence in community living. Our members include advocates, providers, labor, and health insurers, and collectively we represent millions of California seniors and people with disabilities, their caregivers, and those who provide health, human services, and housing. CCLTSS appreciates the opportunity to provide feedback on the California 1115 Waiver application that was submitted on July 15, 2021.

Timeframe and Scope

While our members are encouraged by the continued focus on dual eligibles and efforts to increase coordination across the continuum of care through the implementation of this waiver and the California Advancing and Innovating Medi-Cal (CalAIM), we are concerned that the scope and timeline of these initiatives may make it difficult for the state to effectively implement all the activities under

the current timeframe. The CCLTSS would suggest that the Centers for Medicaid and Medicare Services (CMS) work with the Department of Health Care Services (DHCS) to prioritize the activities proposed under this waiver and evaluate timelines to make sure that there is ample opportunity to ensure that there is stakeholder input and that the activities are feasible in the given timeframe. We believe that this will offer an opportunity for a more impactful implementation.

Equity

The CCLTSS supports efforts throughout the CalAIM waiver design. We believe that a consumer advisory committee would help DHCS ensure that its equity goals are being met and be a resource for evaluating the impact and adjusting strategies as necessary throughout the waiver term. The Master Plan for Aging Equity Workgroup's [equity tool](#) is a great resource that could be used by DHCS as it engages in equity strategies that would impact older adults and those with disabilities.

Beneficiary Outreach & Education

The CCLTSS membership has significant experience with direct beneficiary outreach and education regarding benefits and services. It is essential that, in a transition as envisioned under CalAIM and the state's 1115 waiver application, Medi-Cal information is thoughtful and presented in formats that are accessible to all beneficiaries. Additionally, it must be clear how beneficiaries can receive assistance or get questions answered prior to any transition so that there are no disruptions to care or unnecessary confusion. Because the goal is to standardize benefits and the delivery system across the Medi-Cal program, there are several different scenarios that must be communicated depending on the beneficiary status and location. We suggest robust stakeholder feedback on beneficiary communications be conducted to provide input that can help improve these communications and specifically tailor the information based on what information is more pertinent to specific populations and locations across the state.

Integrated System of Care for Dual Eligibles

The CCLTSS supports efforts to better coordinate care across Medicare and Medi-Cal, and believes that providing an aligned Dual Eligible Special Needs Plan (D-SNP) in every county will offer a good opportunity for dual eligibles to have a more integrated system of care. However, it is not clear under the current structure that California will be able to achieve this goal.

Even under CalAIM and this waiver application, the majority of LTSS and behavioral health services, specialty mental health services, and substance use disorder services remain carved out of the Medi-Cal managed care delivery system, which perpetuates a siloed system of care for beneficiaries. A clear pathway for integrated care across the system is necessary to help all beneficiaries, and especially dual eligibles that already must navigate across Medi-Cal and Medicare. We encourage CMS to work with DHCS to ensure consistency in access to integrated care models statewide through a detailed timeline with measurable goals and oversight activities that align with the implementation of the aligned D-SNP model. Additionally, DHCS should clarify how Enhanced Care Managed (ECM) and In Lieu of Services (ILOS) for dually eligible individuals will be coordinated with carved-out services and supports.

Effective communication to beneficiaries about integrated care options is essential. We understand that the requirements for D-SNPs can change on an annual basis and suggest that CMS work with DHCS to ensure that information about options and changes to their benefits is effectively communicated so that they can make informed choices about their integrated care. Additionally, oversight to ensure that there are adequate provider networks that accept both the Medi-Cal and the aligned D-SNP plan requires robust analysis and oversight that should be built into the waiver requirements.

Consolidation of Delivery Systems

The CCLTSS believes that DHCS is moving the right direction by aligning the delivery systems under the separate 1915(b) waiver to advance integration and focus on whole-person care approaches that build upon the lessons learned from previous demonstrations. We support efforts to standardize federal requirements across the delivery system through a separate 1915 (b) waiver and reduce administrative complexity. We believe that this will allow DHCS to focus on creating long-lasting system changes that will generate savings over time while increasing care coordination and improving health outcomes. CMS should work to proactively monitor the implementation of CalAIM and the 1915(b) waiver components to evaluate its impact and adjust as necessary to create a standardized statewide delivery system that supports all Medi-Cal beneficiaries and increases access to services for older adults and those with disabilities.

Data Transparency

To effectively monitor the implementation of the waiver and its key components it is important to include access to data so that gaps can be identified and

addressed. CCLTSS has been working for several years with CMS, DHCS, and the State Legislature to increase publicly reported data on MLTSS across the Medi-Cal population. We encourage DHCS to work with the CCLTSS and other stakeholders to define data sets and metrics using information from currently reported data to better understand what the gaps in the current system are. This will help inform the development of a pathway to a standardized statewide benefit for MLTSS and inform policies that will increase care coordination across the system.

We appreciate your consideration of these comments, and we look forward to working with CMS and DHCS as policies that impact older adults and those with disabilities are implemented and refined to ensure equitable access and increased ability to thrive in the community.

Sincerely,

A handwritten signature in black ink, appearing to read "Eric Dowdy". The signature is stylized with a large, sweeping initial "E" and a long, horizontal flourish at the end.

Eric Dowdy, Chair
Board of Directors
California Collaborative for Long-Term Services and Supports