



AGENCY ADMINISTRATION & FINANCE

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March 3, 2015

DHCS Waiver Renewal
Attn: Mari Cantwell
PO Box 997413, MS 0000
Sacramento, CA 95899-7413
WaiverRenewal@dhcs.ca.gov

Re: California 1115 Waiver Renewal Input from Alameda County

Chief Deputy Director Cantwell,

Alameda County Health Care Services Agency deeply appreciates the careful work you and your team are doing to develop California's proposal for an 1115 Waiver Renewal to begin November 1, 2015. There are many elements that have arisen through the stakeholder engagement process that we enthusiastically support, including collaboration incentives between MCOs and County Behavioral Health Systems, training for non-licensed providers to extend the impact of our workforce, and combining the DSH and SNCP funding streams to promote preventive high value care for the remaining uninsured. These components will make for a truly transformational force in California.

We wish to offer input on changes in two areas:

DEFINING TARGET POPULATIONS

Target populations for many intervention programs are defined by particular diagnosis groups. We note that clients present to service providers with a mosaic of issues, and that their ability to respond well to a new intervention program is far more related to their overall functional status than which individual issues he or she is facing. For this reason, we strongly advocate that, in particular, the target population for the Permanent Supportive Housing component of the Waiver Renewal not be based on certain diagnoses combinations but on overall functional status. We hope that this is DHCS' intention, as "those experiencing or at risk for homelessness" was named in the February 11 Stakeholder Advisory Committee meeting as a potential target population definition.

DSRIP 2.0: PREVENTION

We appreciate that there is a domain explicitly focused on prevention in the working version of the DSRIP 2.0 plan. However, the interventions primarily address screening for medical conditions. We strongly propose that this domain expand beyond early screening and detection to address upstream causes of chronic illness. For example, incentives could be included to improve the food environment not just in the hospital but in the community where it impacts the health of adults and children every day. If we are serious about stemming this obesity epidemic and capitalizing on the first signs of the rates slowing, we need support to develop better access to high quality healthy foods in neighborhoods that lack grocery stores. We also need funding for healthier high-quality food in school cafeterias, as 58% of children are eligible for free or reduced price school meals in California.¹ Likewise, we need to

focus on improving the built environment to promote safe places to play and be active. Though early detection for cardiovascular health and obesity in the health care setting is important, we believe that the 1115 Waiver renewal offers the opportunity to look further upstream to improve on the inputs contributing to those conditions.

Again, thank you for your dedicated work on the development of the initial California 1115 Waiver Renewal proposal for CMS. We hope that these suggestions can help create the most compelling and transformational proposal possible. Please let us know if you have any questions about our suggestions.

r our health care safety net,



Alex Briscoe
Agency Director



Kathleen A. Clanon, MD
Agency Medical Director

Alameda County Health Care Services Agency

ⁱ Data Source: California Dept. of Education, Free/Reduced Price Meals Program & CalWORKS Data Files (Feb. 2014); U.S. Dept. of Education, NCES Digest of Education Statistics (Feb. 2014).