

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
**Centers for Medicare & Medicaid Services**  
**7500 Security Boulevard, Mail Stop: S2-26-12**  
**Baltimore, Maryland 21244-1850**



**Toby Douglas**  
**Director, Department of Health Care Services**  
**1501 Capital Ave, MS 0000**  
**P.O. Box 997413**  
**Sacramento, CA 99859-7413**

**DEC 24 2013**

Dear Mr. Douglas:

I am writing to inform you that the Centers for Medicare & Medicaid Services has granted your request to amend California's section 1115(a) demonstration (11-W-00193/9), entitled "California Bridge to Reform Demonstration." Approval of this amendment is under the authority of section 1115(a) of the Social Security Act, and is effective from the date of this letter.

This amendment adds the new adult group to the demonstration's delivery system and carves in additional behavioral health benefits into managed care, effective January 1, 2014. This amendment also extends uncompensated care payments for tribal providers for certain services from December 31, 2013 until December 31, 2014.

In addition, this amendment incorporates technical changes to Attachment P and Q, including a clarification of the state's ability of use intergovernmental transfer and certified public expenditures to help support the state's evaluation of its Delivery System Reform Incentive Payment (DSRIP) pool.

CMS approval of this California Bridge to Reform demonstration amendment is conditioned on continued compliance with the enclosed set of STCs defining the nature, character, and extent of anticipated federal involvement in the project. The award is subject to your written acknowledgement of the award and acceptance of the STCs within 30 days of the date of this letter.

A copy of the revised STCs and the expenditure authorities is enclosed. The waivers for this demonstration are unchanged by this amendment, and remain in force; a copy of the waiver list is also enclosed.

Your project officer for this demonstration is Mr. Robert Nelb. He is available to answer any questions concerning your section 1115 demonstration and this amendment. Mr. Nelb's contact information is:

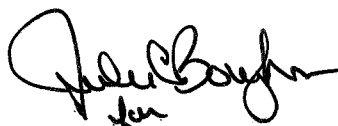
Center for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
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Telephone: (410) 786-1055  
Facsimile: (410) 786-5882  
E-mail: [Robert.Nelb@cms.hhs.gov](mailto:Robert.Nelb@cms.hhs.gov)

Official communications regarding official matters should be sent simultaneously to Mr. Nelb and Ms. Gloria Nagle, Associate Regional Administrator for the Division of Medicaid and Children's Health in our San Francisco Regional Office. Ms. Nagle's contact information is as follows:

Ms. Gloria Nagle  
Associate Regional Administrator  
Division of Medicaid and Children's Health Operations  
90 Seventh Street, Suite 5-300 (5W)  
San Francisco, CA 94103-6706

If you have any questions regarding this approval, please contact Mr. Eliot Fishman, Director, Children and Adults Health Programs Group, Centers for Medicaid & CHIP Services at (410) 786-5647.

Sincerely,

A handwritten signature in black ink, appearing to read "Cindy Mann". The signature is fluid and cursive, with a large initial "C" and "M".

Cindy Mann  
Director

Cc: Gloria Nagle, ARA Region IX