DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop: S2-26-12 Baltimore, Maryland 21244-1850



MAR 1 9 2014

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

Dear Mr. Douglas:

I am writing to inform you that the Centers for Medicare & Medicaid Services (CMS) has granted your request to amend California's section 1115(a) demonstration (111-W-0001993/9)), 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 enables the state to implement its coordinated care initiative (CCI) to mandate managed care enrollment for dual eligibles; and, to make changes to long term services and supports in the eight counties that are participating in the state's 1115A duals demonstration (Alameda, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara). CCI will be implemented no earlier than April 1, 2014, according to the schedule described in Attachment U.

In addition, this amendment also provides clarification needed to allow the Program for All-Inclusive Care for the Elderly to operate in Humboldt County alongside the Humboldt County Operated Health System.

The 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 Special Terms and Conditions (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:

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Center for Medicare & Medicaid Services Center for Medicaid & CHIP Services Mail Stop: S2-01-16 7500 Security Boulevard Baltimore, MD 21244-1850 Telephone: (410) 786-1055

Facsimile: (410) 786-1055

E-mail: 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,

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Director

Enclosure

cc: Gloria Nagle, ARA Region IX