

March 27, 2015

Department of Health Care Services (DHCS) Waiver Renewal  
Attn: Mari Cantwell, Chief Deputy Director Health Care Programs  
PO Box 997413, MS 0000  
Sacramento, CA 95899-7413  
Via email: [WaiverRenewal@dhcs.ca.gov](mailto:WaiverRenewal@dhcs.ca.gov)

**Re: Preventive Services and the Use of Non-Licensed Providers in the 1115 Waiver Concept Paper**

Dear Chief Deputy Director Cantwell:

On behalf of the undersigned organizations, we are writing with comments about the 1115 Waiver Renewal Concept Paper/Application (“Waiver”) released publicly on March 16<sup>th</sup>, 2015. In general, we are very supportive of the Waiver’s focus on preventive services in a variety of contexts, as well as the recognition of the value of an expanded provider workforce, including the use of non-licensed professionals allowed as a state option under the Medicaid Preventive Services Rule.<sup>i</sup> The following suggestions are offered in order to advance the broad objectives of the Waiver and to assist the Department of Health Care Services’ (DHCS) in achieving the Triple Aim goals of better health care, improved health outcomes, and lower health care costs.

***Implement a Broad Approach to Preventive Services***

We applaud the emphasis on prevention as the key to the Waiver’s success throughout different sections of the Concept Paper. For example, the section on Public Safety Net System Transformation and Improvement calls for “delivery system improvements in prevention [to] focus on identifying and implementing standardized, evidence-based and population resource stewardship approaches that address, in large part, the leading causes of preventable morbidity and mortality, reduce disparities, and reduce variation and improve performance (pg. 20).” The section on Public Safety Net System Global Payment for the Remaining Uninsured furthers this idea by expressly encouraging “care delivery in more appropriate settings, including primary and preventive care,” recognizing the importance of “services designed to improve health, prevent unnecessary emergency room/inpatient stays, and prevent longer term health complications (pg. 30).”

As the Waiver details are further developed in coordination with the Centers for Medicaid and Medicare Services (CMS) and California stakeholders, we strongly encourage DHCS to consider a broader definition of preventive services, and consider the additional potential impact of non-medical personnel and programs upon stated goals. The federal definition of preventive services includes services that: “(1) Prevent disease, disability, and other health conditions or their progression; (2) Prolong life; and (3) Promote physical and mental health and efficiency.”<sup>ii</sup> The current version of the Waiver addresses specific “areas of emphasis” (pg. 20) in the Public Safety Net System Transformation and Improvement section, which at this point includes cardiovascular health, cancer screenings, obesity screenings, food access in clinical facilities, and improved prenatal and postpartum care. While this is a great foundation upon which to build an infrastructure, we hope that the Waiver will not be limited to only these areas. One such example is the Hospital Incentive Program to promote evidence-based obstetrical care (pp. 17-18) which identifies four performance measures that reflect not only cost centers for the health system, but factors that could be additionally impacted by community-based, non-licensed programs, such as early childhood home visiting programs that focus on and emphasize prenatal care and birth preparation. Consideration and analysis of this summative impact will result not only in better understanding of scalable innovations, but also identify areas in which lower-cost community-based, non-licensed personnel and programs could be leveraged to generate particularly high potential savings yield.

Comprehensive preventive services improve health outcomes, prevent or stall the onset of more serious conditions, and save funding through the avoidance of short- and long-term health care costs. Preventive services can impact a diverse range of health issues, including chronic diseases, health behaviors, maternal and child health, mental health, violence prevention, dental health and racial and ethnic disparities. The delivery methods are no less diverse and include health education and support groups, environmental interventions, case management and action planning, health and mental health consultation, reproductive health, vaccinations, screenings, assessments, consultations, voluntary home visiting, and other interventions. We believe that across these delivery methods and programs, there are strategic approaches and innovations that can be targeted to the health and mental health needs of child and adult populations that are promising for the reduction in long-term health care costs and disease burden.

### ***Implement a Comprehensive Workforce Development Program***

We are very pleased to see the Waiver's focus on workforce development, including financial incentives and training support for the expanded use of non-licensed professionals and non-physician community providers. We were also pleased that the Waiver approach includes the use of non-licensed providers in both the managed care context, as well in the context of the global payment system and for addressing the needs of the remaining uninsured within the State's public safety net. Non-licensed health care practitioners have served an essential role in an array of public and clinical health services throughout California. There is strong evidence that interventions involving non-licensed health care practitioners not only produce positive health outcomes, but do so at a reasonable cost. Such providers also have of experience working in a variety of traditional and non-traditional settings, including clinics, homes, school/child care facilities, and the community at-large. The Waiver's focus on such providers will make significant inroads in addressing unmet needs by reducing health care costs, improving culturally competent care, and strengthening the presence of the health care workforce.

We recommend that DHCS expand their approach to training and certification of non-licensed providers. Specifically, where "the state will provide additional voluntary training, and in some cases certification, for non-physician health care providers (pg. 23)," we strongly recommend that such training extend beyond the three topics mentioned explicitly in the Waiver ["mental health, substance use, and LTSS [Long-Term Services and Supports]" (pg. 23)]. Specific areas that could greatly benefit from the inclusion of unlicensed providers in the workforce include, but are not limited to, asthma interventions, lactation support, family navigation for children with special needs, and fluoride varnish application for children. Additionally, while certifications can certainly benefit unlicensed providers by expanding opportunities for further education, we recommend that this not be a requirement for participation, as certification can often create financial and administrative barriers for the types of individuals that would normally fill this role.

### ***Other Key Points***

We understand and appreciate that a great many details of the Waiver concept paper still need to be developed in collaboration with CMS, the legislature, and other California stakeholders. We strongly recommend that DHCS provide as much specificity and transparency as possible in terms of program details as they are realized, even for those programs that are intended to be implemented flexibly. For example, in terms of the financial incentives for non-physician community providers, DHCS should comprehensively detail the full range of services such providers would perform for adults and children enrolled in Medi-Cal managed care plans and under what type of supervision.

While we are excited about the promise the Waiver holds for achieving the state's triple aim of better care, better health, and lower costs, we are also very interested in working with DHCS to leverage provider workforce expansions and an increased use of preventive services into other Medi-Cal areas not covered by the Waiver. For example, DHCS Officers Neal Kohatsu and Desiree Backman have provided us with details about DHCS' surveying efforts to better understand, support and expand wellness, chronic

disease management, and preventive services currently offered by various managed care organizations. We expect that DHCS is aggressively leveraging and tightly integrating all such efforts and analyses to achieve the triple aim goals, and our groups stand ready to assist DHCS and health plans in identifying case studies and sharing best practices in those efforts

We look forward to contributing to ongoing Waiver-related conversations as DHCS negotiates the renewal with CMS. Due to the fast-moving timeframe of the Waiver renewal, we would like to request a follow-up meeting with you and your staff in order to provide you with additional information about expanding preventive services and the use of non-licensed providers – both within the Waiver and through other state policy mechanisms. On behalf of the undersigned individuals Joel Ervice, Associate Director of Regional Asthma Management and Prevention ([joel@rampasthma.org](mailto:joel@rampasthma.org); 510-302-3316) will be reaching out to arrange a meeting with you.

Cordially,

Anne Kelsey Lamb, Director; and Joel Ervice, Associate Director  
**Regional Asthma Management and Prevention**

Janis Burger, Chief Executive Officer  
**First 5 Alameda County**

Carmela Castellano-Garcia, President and CEO  
**California Primary Care Association**

Serena Clayton, Executive Director  
**California School-Based Health Alliance**

Sarah de Guia, President  
**California Pan-Ethnic Health Network**

Karen Farley, Executive Director  
**California WIC Association**

Moira Kenney, Executive Director  
**First 5 Association of California**

Jim Mangia, President and CEO  
**St. John's Well Child & Family Center**

Mike Odeh, Associate Health Policy Director  
**Children Now**

cc: Neal Kohatsu, Chief Medical Officer, DHCS  
Desiree Backman, Chief Prevention Officer, DHCS

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<sup>i</sup> CMCS Informational Bulletin, "Update on Preventive Services Initiatives," November 17, 2013. <http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-11-27-2013-Prevention.pdf> Accessed March 27, 2014

<sup>ii</sup> CMCS Informational Bulletin, "Clarification of Medicaid Coverage of Services to Children with Autism," July 7, 2014. <http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-07-07-14.pdf> Accessed March 27, 2014