



Systems and Medicaid Committee Letter to CMS
Re: CalAIM 1115 Waiver Federal Public Comment Period

August 10, 2021

Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244

To whom it may concern,

The California Behavioral Health Planning Council (CBHPC) thanks the Centers for Medicare and Medicaid Services (CMS) for the opportunity to comment on California's proposed CalAIM Section 1115 Renewal Application. Pursuant to California law, the CBHPC serves as an advisory body to our state's Legislature and Administration on the policies and priorities that California should be pursuing in developing its behavioral health system. Our membership includes persons with lived experience as consumers and family members, professionals, providers, and representatives from state departments whose populations touch the behavioral health system.

The CBHPC would like to acknowledge the California Department of Health Care Services (DHCS) for a robust and thoughtful stakeholder engagement process. Since the initial launch of the draft Medi-Cal 1115 waiver and the California Advancing and Innovating Medi-Cal (CalAIM) Initiative, DHCS has met with several individuals and groups that include but are not limited to state agency partners, county representatives, health plans, advocates, professional associations, and individuals with lived experience of health, mental health, and substance use disorder conditions. The DHCS has graciously considered the recommendations put forth by these and other stakeholder groups to develop a waiver renewal application that facilitates the transformation of the public behavioral health system to improve access and quality of care for all low-income Californians.

While the CBHPC is supportive of the proposed CalAIM Section 1115 Waiver Application put forth by DHCS, we would like to call attention to the policy in Section 3.1 regarding services to American Indians and Alaskan Natives in the Drug Medi-Cal Organized Delivery System (DMC-ODS). We would like to request that Medicaid reimbursement for cultural healing and community-defined practices be expanded to serve multiple ethnic and cultural communities in addition to American Indians and Alaskan Natives. Furthermore, we recommend that these services be available across various delivery systems such as Managed Care and Specialty Mental Health Services (SMHS). The expansion of Medicaid reimbursement for community-defined practices across cultures and health delivery systems is likely to promote equity and consistency in care as Medicaid beneficiaries in California represent many different cultures and are known to frequently utilize multiple health care delivery systems.

- **Advocacy**
- **Evaluation**
- **Inclusion**

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We appreciate the opportunity to submit comments for California's CalAIM Section 1115 Waiver Renewal Application. The CBHPC expresses gratitude for the California Department of Health Care Services (DHCS) for their efforts in leading a meaningful stakeholder engagement process in the development of the CalAIM waivers, as well as the department's willingness to incorporate the recommendations of various agencies, advocacy groups, and individuals impacted by the Medicaid program in order to promote health and well-being for all Californians. If you have any questions, please contact Jane Adcock, Executive Officer, at Jane.Adcock@cbhpc.dhcs.ca.gov.

Sincerely,



Noel J. O'Neill, LMFT
Chairperson

cc: Kelly Pfeifer, M.D., Behavioral Health Deputy Director
Jacey Cooper, State Medicaid Director
California Department of Health Care Services