

August 13, 2021

Chiquita Brooks-LaSure
Administrator of the Centers for Medicaid and Medicare Services
Centers for Medicaid and Medicare Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Ms. Chiquita Brooks-LaSure,

Community Health Councils (CHC) writes in strong support of California's Medicaid Section 1115 Demonstration Waiver Request ("Cal AIM"). The Cal AIM proposal represents a critical investment in strengthening California's Medicaid system—Medi-Cal—to support the health of low-income communities across the state.

CHC is a non-profit, community-based systems change organization established in 1992 in response to the growing health and healthcare crisis. CHC's mission is to collectively build equitable systems, and for nearly thirty years, has been at the forefront of systems change work to eliminate disparities in health and well-being.

The Cal AIM proposal would advance health equity in California through extending and amending multiple programs from the previous 1115 Waiver that target the social determinants of health. In particular, the expansion of the Whole Person Care (WPC) pilots through enhanced case management (ECM), in-lieu-of-services (ILOS) and Providing Access and Transforming Health Supports (PATH) will facilitate collaboration and coordination among healthcare and social service providers to meet patients' needs.

Since their inception in 2015, WPC pilots have demonstrated that this model of patient-centered care improves health outcomes by increasing care coordination and integrating services related to housing, food access, substance use disorder treatment, and other social supports. In Los Angeles County, an estimated 150,000 Medi-Cal beneficiaries identified as high-risk for homelessness, substance use disorder, justice system involvement, serious mental illness, and/or pregnancy complications received supportive services from Community Health Workers (CHWs) and care management teams through the pilot.¹ An interim evaluation of the WPC pilot found that it strengthened care coordination infrastructure and resulted in better health outcomes: participants experienced a greater reduction in Emergency Department visits compared to a control group and self-reported higher levels of emotional and physical health.² Expanding WPC to a greater number of Medi-Cal beneficiaries through Cal AIM has the potential to greatly improve the health of California's most vulnerable communities by centering the holistic needs of patients.

The Cal AIM proposal also extends full-scope Medi-Cal Coverage for low-income pregnant individuals up to 138% of the Federal Poverty Line and extends the Global Payment Program (GPP), which provides value-based funding to the state's public hospital systems to provide care to uninsured Californians. As California's uninsured population, including pregnant and postpartum individuals, is more than 60%

¹ California Association of Public Hospitals. "Whole Person Care: Los Angeles County." [la-wpc-pilot-7.12.2018.pdf](https://www.caph.org/wp-content/uploads/2018/12/la-wpc-pilot-7.12.2018.pdf) ([caph.org](https://www.caph.org))

² UCLA Center for Health Policy Research. "Interim Evaluation of California's Whole Person Care Program," September 2019. <https://healthpolicy.ucla.edu/publications/Documents/PDF/2020/wholepersoncare-report-jan2020.pdf>

Latinx³, these programs support California's ongoing efforts to lessen racial inequities in the healthcare system.

Additionally, the Cal AIM proposal includes reimbursement for services provided by peer support specialists and traditional healers under the Drug Medi-Cal Organized Delivery System (DMC-ODS). This proposed change centers culturally rooted care in our healthcare delivery system by recognizing the immense value of traditional healing practices, particularly for Native American communities. We applaud the Department of Health Care Services for recognizing that a one-size-fits-all model of mental and behavioral health care does not work, and that we must support different modalities to address the unique needs of diverse populations.

Historically, CHWs, traditional healers, peer support specialists, and other non-clinical frontline health workers have served critical roles in our healthcare landscape yet have not been fully recognized or valued as essential members of care teams. Through the integration of CHWs into WPC pilots and the reimbursement of peer support specialists and traditional healers, the Cal AIM proposal is a significant step towards sustainable financing and inclusion of this essential workforce.

The Cal AIM proposal seeks to address the social determinants of health and the fundamental causes of racism and economic injustice that drive persistent health inequities. By partnering with community-based organizations and local entities to implement the programs outlined in the proposal, the Medi-Cal program is poised to provide much-needed support to historically marginalized and under-resourced communities.

We strongly support California's Medicaid Section 1115 Demonstration, and we urge the Centers for Medicare and Medicaid Services to approve the waiver proposal. Thank you for the opportunity to provide comments, and for your continued partnership to expand access to high-quality health care for low-income communities in California.

Sincerely,

A handwritten signature in blue ink, appearing to read "Veronica Flores".

Veronica Flores
Chief Executive Officer

³ American Community Survey, 2019. "Selected Characteristics of the Uninsured in the United States."
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