



January 23, 2015

Angela Garner
Deputy Director
Division of State Demonstrations and Waivers
Center for Medicaid and CHIP Services, CMS
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850

**Re: Proposed California Amendment to Bridge to Health Reform
Demonstration (No. 11-W-00193/9), Drug Medi-Cal Organized
Delivery System Waiver**

Dear Ms. Garner:

I write on behalf of the 625 patients who receive substance use disorder treatment services at our opiate treatment program located at 2100 Capitol Avenue in Sacramento, CA. We are strongly opposed to sections of the California Bridge to Reform Demonstration (No. 11-W-00193/9) Amendment for the Drug Medi-Cal Organized Delivery System Waiver, submitted by the California Department of Health Care Services. Our concern, based on 30+ years of operating in California, is that waiving federal access protections and granting counties authority to establish reimbursement rates will result in decreased access to critical, life-saving treatment services. This is especially true in certain counties across the state that have traditionally been discriminatory towards our treatment modality.

Specifically, the current proposal will waive beneficiary freedom of choice, equality in amount, duration and scope, state wideness and reasonable promptness, some of which form the basis of a lawsuit 20 years ago called *Sobky Vs. Smoley*. Before that lawsuit, Sacramento and other counties limited



access to our services by limiting Drug Medi-Cal slots. After the lawsuit, the county complied with the permanent injunction. As a result, significantly more people have entered treatment and beneficiaries can access medically-necessary treatment on demand, without the waiting lists that were standard practice before the lawsuit. This waiver is likely to overturn that lawsuit and cause California to regress back more than 20 years. We ask that CMS **NOT** do anything that may undermine the permanent injunction that was based on overwhelming evidence of county efforts to limit access. Instead, we suggest CMS require California to carve-out opiate treatment providers from this waiver. Such a carve-out will not preclude Sacramento county from contracting with our program and offering OTP services to residents of Sacramento and surrounding counties.

We must consider that 56 of 58 counties have moved to a behavioral health model (AOD and Mental Health). All 56 directors have experience in mental health and little experience in alcohol and drug treatment (AOD). Sacramento County is on our 3rd Behavioral Health Director in less than 3 years. How can we or our patients expect continuity and stability with excessive turnover in this key position? This is very concerning. We cannot revert back to archaic billing models which mental health directors have been accustomed to using. Decisions need to be based on evidenced based research (i.e. science) instead of personal opinions and/or politics. After twenty years of success, California's proposed Organized Delivery System would now give counties the power to choose providers, to set rates, and to control access to narcotic treatment programs to all California counties, including those that illegally denied care for many years.

Prop 36 is our most recent example of limiting access to methadone treatment and why the proposed model is flawed. Very few counties allowed OTPs to participate in Prop 36, which resulted in a 10.1% success rate for opioid addicts. UCLA evaluated this data statewide and recommended that counties should increase access to methadone treatment since opioid addicts were clearly more successful when treated in the appropriate modality. The



data and UCLA's recommendations did not result in increased access to methadone treatment due to the stigma that existed within counties despite the overwhelming evidence. We can do better than this and 10.1% should NOT be acceptable in anyone's eyes. This waiver will lower success rates with opioid addicts statewide. C.O.R.E. Medical Clinic, Inc. has always had at least 70+% success rates with our patients per CalOMs data. Treatment matching is important. Patients shouldn't be forced to fail other treatment modalities before being referred appropriately to the modality we know that works with this population. Treatment failures only lead to further depression and compound the patient's issues. Many patients die due to inappropriate treatment referrals. We cannot allow this to happen. Patients must have the right to access life-saving treatment with as few barriers as possible.

Health Care Reform and the ACA were intended to increase access and remove barriers. This waiver accomplishes the exact opposite for our specific treatment modality. A county of residence model sets up an environment where multiple contracts will be necessary to serve out-of-county residents due to many counties not having OTP services. For example, we will have to obtain a State Contract for out of county residents (Yolo, El Dorado, etc.) and a County Contract for our Sacramento county residents. The county will have separate rates and billing systems, which means C.O.R.E. now needs to re-direct finances that were going to patient services to billing and "contract" employees. Where is the "Organized" in the Drug Medi-Cal Organized Delivery System Waiver? Seems rather disorganized... Is this where we want our treatment dollars going??? I thought we were here for the patients.

In conclusion, C.O.R.E. Medical Clinic, Inc. respectfully requests that narcotic treatment programs be exempted from the Organized Delivery System waiver for the above stated reasons.

If you would like more information, please do not hesitate to contact me. Thank you for your time and consideration. Please do not take this lightly. We are currently living in an environment in which the Center of Disease



Control (CDC) has tabbed prescription opioid addiction as a national epidemic. Now is not the time to peel back services and build ACCESS barriers. Unfortunately, opioid addicts often die or become incarcerated if forced to wait for treatment. Please make the right choice for our patients and don't allow ACCESS barriers to be built by individual counties.

Sincerely,

A handwritten signature in cursive script that reads 'Garrett Stenson, MSW'.

Garrett Stenson, MSW
Program Director