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The Section 1115 Medicaid Waiver Stakeholder Process: Evaluation and Findings

Prepared for

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by

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Executive Summary

AS THE FINAL YEAR OF CALIFORNIA'S five-year Section 1115 Medicaid Waiver was beginning, in 2009, the state legislature codified key goals for a new waiver request to the federal government. That law also required the California Department of Health Care Services (DHCS) to convene a Stakeholder Advisory Committee (SAC) to inform the development of the waiver request. The SAC and five Technical Workgroups (TWGs) engaged in intensive activity during the six months preceding the submission of the waiver request to the Center for Medicare and Medicaid Services (CMS) in June 2010. Each of the TWGs focused on a specific topic: integrating behavioral health and primary care; developing organized systems of care within the California Children's Services program; integrating services for individuals enrolled in both Medi-Cal and Medicare; expanding the county-based Health Care Coverage Initiative; and implementing managed care for seniors and persons with disabilities. As prescribed by law, the SAC continues to meet to provide input into the implementation phase of the waiver.

To maximize the effectiveness of this process, DHCS partnered with five health foundations to develop and conduct a multi-pronged stakeholder process. The California HealthCare Foundation, in collaboration with the other foundations, commissioned an evaluation of the stakeholder process to determine what the outcomes and benefits of the process were and to identify lessons learned and ideas to inform future work.

The goal of the evaluation was to assess the overall effectiveness of the process, its usefulness or benefits to participants, and the impact of the process

on the waiver. It also sought to determine whether there were differences in perceptions, experiences, and impacts across the five TWGs and to identify lessons learned and recommendations for DHCS and the foundations.

The evaluation used four primary and secondary data sources, including:

- Key informant interviews with state decisionmakers and staff, legislative staff, and foundation staff
- Document review
- A web-based survey of all waiver process participants (SAC and TWG members) and public observers (other relevant stakeholders who attended meetings in person)
- Telephone interviews of a sample of participants from the SAC and TWGs

Interviewees were stratified according to the amount of prior experience they had working in the state public policy arena ("Insiders" and "Newcomers"), as well as by constituency type: provider, health plan, county, advocate, and consumer.

Experiences and Impact

Key findings in terms of overall perceptions and experiences with the stakeholder process include the following:

- **Effectiveness of the process.** Overall, participants expressed a high degree of satisfaction with the frequency and size of the meetings, and gave very high marks to the facilitation. The three areas receiving the lowest satisfaction ratings

across most of the groups were data availability to inform discussions, openness and opportunity for input, and productivity.

- **Benefits of participation.** Participants reported benefiting personally and professionally from the process, noting the value of gaining a better understanding of the issues from different perspectives and the opportunity for information exchange among diverse stakeholders. Foundations and DHCS staff also reported gaining a deeper understanding of different perspectives. In addition, participants reported that they built new relationships, some of which are continuing more than a year after the process concluded.
- **Perspectives of Newcomers and Insiders.** The extent of participants' previous experience working in a policy environment with DHCS and other stakeholders strongly influenced their perceptions about the waiver process. In general, the Insiders expressed greater satisfaction than the Newcomers due to different expectations about their role and potential influence, communication with the state, understanding of the policy environment, and access to decisionmakers.

Specific contributions to the final waiver by the SAC and TWGs were assessed from the perspectives of DHCS, the foundations, and stakeholders. They were informed by public documents such as stakeholder meeting summaries, the state's waiver request, and the waiver terms and conditions approved by CMS. The majority of participants perceived that their TWG contributed only moderately or minimally to the final waiver plan. Only a few stakeholders were able to cite specific provisions of the waiver that resulted from the stakeholder process. In contrast, DHCS leadership and foundation staff identified

a number of specific elements of the waiver that were influenced by the stakeholder process. Specific contributions cited by participants in the process include:

- There was minimal opposition from interest groups to the waiver request submitted by DHCS, and it was approved by CMS.
- CMS expanded the Low Income Health Program (LIHP) to include any county that was interested in participating, and the design of the LIHP acknowledges the important roles that behavioral health and substance use services play in improving health outcomes and reducing costs.
- As part of the waiver that implements mandatory Medi-Cal managed care for seniors and people with disabilities (SPDs), DHCS strengthened consumer protections in its health plan contracts in areas such as continuity of care, appeals rights, network adequacy, and risk assessment.
- DHCS is developing four pilot projects to explore alternative models of care for children in California Children's Services rather than pursuing a single approach.
- Discussions laid the groundwork for a successful federal application for a demonstration pilot of Medicaid-Medicare Dual-Eligibles integration.

Lessons Learned and Recommendations

Through the survey and interviews with stakeholders, DHCS staff, foundation representatives, and legislative staff, key themes emerged about what worked well and what could be improved. By synthesizing findings among the TWGs and the SAC, 10 key characteristics of a successful stakeholder process emerged:

1. Clear goals, objectives, and expectations — and sufficient time to meet them.
2. Size and structure of groups that maximize opportunities to engage in substantive dialogue about specific issues as well as to promote meaningful information sharing across issues.
3. Diversity of stakeholder opinion and representation of both Insiders and Newcomers to the political process, including consumers and beneficiaries.
4. Sufficient background information to enable Newcomers to participate fully and equally with Insiders.
5. Skilled, trusted, and neutral facilitator to engender respect across participants.
6. Documentation of the process and easy-to-use website as a resource clearinghouse.
7. Content experts and independent data to facilitate shared learning and informed discussion.
8. Availability of a proposal to react to — but not one so firmly developed that there is no opportunity to change it.
9. Participation of DHCS senior leadership and staff with content knowledge and the authority to engage.
10. Transparency and openness from the state, including ongoing communications with participants during and after the process.

In addition, the survey and interviews asked stakeholders about their perceptions of both the foundations and DHCS and about whether the stakeholders had recommendations to enhance future efforts. Based on the lessons learned from the

evaluation, as well as ideas suggested by stakeholders, the authors of this report have developed recommendations for foundations, and DHCS and other public agencies that may be considering similar stakeholder processes.

The evaluators' recommendations to the foundations are:

- Continue to support venues for stakeholders to share information and provide feedback on the waiver implementation process.
- Invest in policy-relevant research that provides independent data and evidence to inform future policy discussions.
- Provide intellectual guidance, content expertise, and facilitation during future stakeholder processes.
- Leverage opportunities for information exchange and for advancing an issue over the long term.

The evaluators' recommendations to DHCS and other state agencies are:

- Continue a multifaceted stakeholder process on key implementation issues.
- Identify ways to share best practices across systems.
- Consider opportunities to share draft proposals at appropriate states of development and implementation with stakeholders.
- Create a feedback loop to clearly identify contributions made by the stakeholders as well as to keep them updated on progress.

Conclusion

In analyzing responses from all of the TWGs and the SAC across three dimensions — effectiveness, usefulness and benefits to participants, and impact — it appears that overall, the stakeholder process was very successful and that stakeholders felt it was well worth their time and effort. As demonstrated by the minimal opposition that developed to the state’s waiver request, a meaningful stakeholder process can be an important mechanism to work out differences before the policy or legislation is set and thereby increases buy-in to the ultimate outcome. In addition, a well-run process that provides tangible benefits to participants can lay the groundwork for and inform future public policy development. This stakeholder process required an enormous investment of time, staff, and resources by DHCS, foundations, and the participants themselves within a very short time. Going forward, it will be important to weigh the resources and staffing needed to support a meaningful stakeholder process with the needs of the issue, foundation, policymakers, and stakeholders to determine the circumstances under which such an effort can make the greatest contribution to the policy process.

I. Introduction

IN 2009, AS THE FINAL YEAR OF California's five-year Section 1115 Medicaid Waiver was beginning, the state legislature required the California Department of Health Care Services (DHCS) to convene a Stakeholder Advisory Committee (SAC) to inform the development of a new waiver request to the federal government. To maximize the effectiveness of this process, DHCS partnered with five health foundations — Blue Shield of California Foundation, The California Endowment, California HealthCare Foundation, Lucile Packard Foundation for Children's Health, and The SCAN Foundation — to develop and conduct a multipronged stakeholder process that took place primarily during the first six months of 2010. The California HealthCare Foundation, in collaboration with the other foundations, commissioned an evaluation of the stakeholder process to determine what the outcomes and benefits of the process were and to identify recommendations to inform ongoing and future stakeholder processes. This report describes the evaluation's findings and lessons learned for both foundations and state government agencies, as the sponsors of the process.

II. Background

CALIFORNIA'S PREVIOUS SECTION 1115 Medicaid Demonstration Waiver was set to expire on August 31, 2010. This waiver played a vital role in supporting safety-net hospitals in California and in expanding access to care for more than 130,000 medically indigent adults in 10 counties through the Health Care Coverage Initiative.

In July 2009, the California state legislature passed ABx4 6, which put into place a framework for continuing California's hospital financing waiver, as well as goals designed to reform and improve the safety-net health care delivery system. Further, it explicitly required the creation of a Stakeholder Advisory Committee to provide DHCS input throughout the waiver design process and, upon approval, the waiver's implementation process.

Soon thereafter, DHCS issued a high-level concept paper outlining its basic goals for a new waiver. Following an open meeting with all interested stakeholders, DHCS issued a revised concept paper and, on January 7, held the first official SAC meeting.

Recognizing that significant resources would be required to design and implement a robust stakeholder engagement process, DHCS solicited the assistance of several California health foundations to support the planning, facilitation, recording, and managing of a stakeholder process. The foundations and DHCS met several times to discuss what type of process would enable meaningful participation by a range of stakeholders and to tackle the myriad issues under consideration. An evaluation conducted of the

Timeline of the Waiver and Stakeholder Process

- July 28, 2009** Legislature passes ABx4 6, which codified key goals and the overall approach for renewal of the Section 1115 Medicaid Demonstration Waiver. The law also required that DHCS establish a Stakeholder Advisory Committee.
- August 6, 2009** Launch of the waiver website (www.dhcs.ca.gov).
- October 19, 2009** DHCS releases concept paper for waiver, "Bridge to Reform."
- November 2, 2009** DHCS hosts a stakeholder input session on concept paper.
- December 16, 2009** DHCS releases revised concept paper and list of Stakeholder Advisory Committee members.
- January 7, 2010** First SAC meeting is held.
- February to June 2010** Meetings of the five Technical Workgroups are held.
- June 4, 2010** Submission of waiver to Centers for Medicaid and Medicare Services.
- October 7, 2010** Legislature passes implementing legislation: AB 342 and SB 208.
- November 2, 2010** California's Section 1115 Medicaid Demonstration Waiver is approved.
- November 4, 2010** DHCS hosts webinar on the final waiver.

2004 stakeholder process associated with the state’s Medi-Cal redesign proposal informed the discussions. That evaluation, “Eliciting Stakeholder Input on Policy Change: A Report on the Value of Work Groups and the Role of Foundations in the Medi-Cal Redesign Process,” prepared by Blueprint Research & Design, had found that the most positive aspects of the process were:

- Exceptional facilitation
- Participation by top officials
- A robust website
- A mix of presentations and discussion

However, they also found that the large-meeting structure — over 600 people participated at some level — was not conducive to meaningful engagement. Stakeholders wanted smaller, focused settings for discussion, independent data and analysis, clarity of goal, and opportunities to have input into the agendas. They also felt that a proposal from the state, as well as clear documentation of the problem to be addressed, would have made the process more productive.

The foundations agreed that they would support a stakeholder engagement process, but urged that technical workgroups be included in the process in addition to the SAC. Four Technical Workgroups (TWGs) were established to provide small venues for stakeholders to become more deeply involved in specific components of the waiver. The initial topics selected were of mutual interest to DHCS and individual foundations. A fifth TWG was subsequently added at the request of the SAC and a foundation.¹ Over the summer of 2010, DHCS entered into negotiations with the federal Centers for Medicare and Medicaid Services (CMS), and on November 2, the waiver request was approved.

Summary of California’s Section 1115 Medi-Cal Waiver: “Bridge to Reform”

California’s Section 1115 Medi-Cal Waiver began November 1, 2010, and will be in effect for five years. If the requirements and milestones are met, it could bring \$10 billion in federal funds to California, expand access to health care in anticipation of the 2014 implementation of the federal Affordable Care Act, and support efforts to reform safety-net systems. Its four major components are:

- A Low Income Health Program (LIHP), which allows all counties to provide health coverage to medically indigent adults, including childless adults. The LIHP is made up of two components: Medicaid Coverage Expansion for people at or below 133% of poverty and the Health Care Coverage Initiative for people with income between 134% and 200% of poverty.
- Mandatory enrollment of seniors and persons with disabilities (SPDs) on Medi-Cal into managed care.
- Requirement that DHCS establish organized health care delivery pilot models for children with special health care needs who are eligible for both California Children’s Services and Medi-Cal.
- Continuation of the Safety Net Care Pool that provides funding to public hospitals, sets up incentives to promote delivery system reform, and funds various state health care programs. Establishment of the Delivery System Reform Incentive Pool, which will provide matching funds for various efforts by public hospitals, including infrastructure developments, system innovations and redesign, and population improvements, to prepare for health reform.

III. Overview of the Stakeholder Process

THE STAKEHOLDER PROCESS WAS structured to include a Stakeholder Advisory Committee and five Technical Workgroups, and took place over six months (January to June 2010). The first SAC meeting was held in January of 2010, with subsequent meetings in March, May, and July. As prescribed by law, the SAC continues to meet to provide input into the implementation phase of the Section 1115 waiver. Each TWG met four times during the waiver planning process. Four TWGs met in February 2010 and three more times over the next two months. The Dual Eligibles TWG, which was added later, first met in April, had two subsequent meetings, and concluded in June.

In an effort to provide structure and focus to the stakeholder process, DHCS developed charters for the SAC and each TWG (Table 1 on page 10).

Membership on each of these committees was by invitation, although the meetings were open to the public. The director of DHCS, with input from the foundations, made the appointments. The SAC consisted mostly of major health and human services advocates, health care provider and plan representatives, and counties. The majority of the 39 SAC members were Insiders — individuals and organizations who frequently participate in policy debates, more than a third of whom were based in Sacramento.

DHCS sought to engage a more diverse population for the TWGs. They were smaller — about 20 to 30 members each — and included people with expertise and experience in the subject matter, such as individual counties, health plans, community clinics, and other medical and behavioral health providers, such as those who treat

children with special health care needs or persons with disabilities. The TWGs also included a few consumers. About half of the TWGs' members were Insiders and about half were Newcomers (people and organizations who seldom participate in state policy discussions or debates and generally work outside of Sacramento). Some of the TWG members were selected because they were already members of the SAC; this enabled the TWGs to provide advice directly to the SAC as well as to DHCS.

A well-known and highly trusted facilitator with health care experience, Bobbie Wunsch of Pacific Health Consulting Group, coordinated the process. She facilitated the meetings and, in coordination with DHCS, planned and prepared the agendas, identified and secured state and national experts to make presentations, prepared extensive meeting summaries, and maintained and updated the website with all relevant materials.

DHCS also developed and maintained a website, www.dhcs.ca.gov, that made all reports, presentations, and other related policy documents publicly available.

Table 1. Stakeholder Group Charters

	ABBREVIATION	CHARTER
Stakeholder Advisory Committee	SAC	Advise DHCS on the development and implementation of the Section 1115 waiver, including providing feedback on specific strategies, such as the development of health plan performance standards, reviewing the timeline of key milestones, and advising on the evaluation framework.
Seniors and Persons with Disabilities	SPD	Advise and make recommendations to DHCS regarding the requirements and performance standards for the mandatory enrollment of seniors and persons with disabilities in managed care, where feasible. Specific deliverables included recommendations for contract requirements for effective care management in a managed care plan, for effective coordination of carved-out services, and for access and continuity of care; measurable performance goals for enrolling SPDs in managed care plans; collection of performance data; and models of organized care that can be used as alternatives to existing managed care plans.
Health Care Coverage Initiative	HCCI	Advise and make recommendations to DHCS regarding viable program and policy options to improve and expand the HCCI. Specific deliverables included recommendations for common features to be developed across counties; criteria for evaluating expansion opportunities to new counties and populations; mechanisms to facilitate the transition to Medi-Cal in 2014; and pros and cons of using a single centralized eligibility and enrollment system at the local level.
Behavioral Health Integration	BHI	Advise and make recommendations to DHCS regarding the inclusion of Medi-Cal beneficiaries with serious mental illness and substance use conditions into organized delivery systems. Specific deliverables included best practices recommendations for behavioral health integration and the essential components of such practices; BHI models to be piloted and potential sites to carry out the pilots; measurable performance goals associated with behavioral health integration; and strategies for the successful transition of individuals into an organized system of care.
California Children’s Services	CCS	Advise and make recommendations to DHCS regarding how an “organized system of care” will be redesigned and implemented for CCS-eligible children. Specific deliverables included recommendations regarding CCS: redesign components, contract requirements, performance goals, potential models and design options, and evaluation measures.
Dual-Eligible Beneficiaries	Duals	Advise and make recommendations to DHCS regarding the enrollment of dual-eligible individuals in an organized system of care and the integration of home- and community-based services. Specific deliverables included recommendations about the essential elements of an organized system of care that integrates both Medi-Cal/ Medicare benefits and financing, best practices for integrating home- and community-based services, and approaches that promote integration of benefits and financing for Dual Eligibles and of HCBS.

IV. Evaluation Purpose and Methods

THE GOAL OF THE EVALUATION WAS TO assess the overall effectiveness of the process, its benefits to participants, and the impact of the process on the waiver. Key questions addressed included:

- How effective was the stakeholder process?
- Were participants satisfied with the process and the outcome?
- How and how much did participants benefit from participating in the process?
- How did the process influence the final waiver proposal?
- From the perspective of participants, what were the key accomplishments and outcomes?
- Were there differences in perceptions, experiences, and impacts across the TWGs?
- What are lessons learned and recommendations for DHCS and the foundations?

The evaluation used four primary and secondary data sources, including:

1. Interviews with state decisionmakers and staff (n=11), legislative staff (n=4), and foundation staff (n=4).
2. Document review.
3. Web-based survey of all waiver process participants (SAC and TWG members) and public observers (other relevant stakeholders who attended meetings and provided contact information on sign-in sheets).²

4. Telephone interviews of a sample of participants (n=40) from the SAC and TWGs, stratified by experience (individuals with experience vs. individuals with limited prior experience working with DHCS and the state public policy arena) and by constituency (provider, health plan, county, advocate, and consumer). (See Appendix B for more detail on the interview sample.)

Table 2 presents detail on web survey respondents, including the response rate for each group and the respondents' organizational affiliation. Survey and interview instruments are included in Appendices C and D. Weighted averages are not presented due to the large number of respondents in the Public Observers category, which would skew the results.

Table 2. Response Rates and Organizational Affiliations of Respondents by Group

	SAC N=20	BHI N=12	CCS N=11	DUALS N=17	HCCI N=12	SPD N=12	PUBLIC OBSERVERS N=41
Response Rate	57%	75%	46%	53%	63%	48%	20%
Organizational Affiliation							
State agency				12%		8%	7%
County agency	14%	17%	36%	6%	59%	8%	7%
CA legislature							2%
Foundation	5%			6%		8%	
Consumer	5%			6%	8%	15%	
Advocate/advocacy organization	29%	17%	18%	23%	8%	15%	10%
Trade association	14%	8%		6%	17%	8%	10%
Health plan	18%	25%	10%	12%	8%	23%	20%
Health care provider/organization	10%	8%	18%	17%		15%	15%
Health care research and consulting				6%			7%
Other*	5%	25%	18%	6%			22%

*Examples include substance use research and consulting, labor union, and parent or family member.

V. Overall Perceptions and Experiences of the Stakeholder Process

THE EVALUATION WAS DESIGNED TO determine whether the stakeholder process was effective and useful to participants — whether they derived any benefits from the experience and whether it informed the outcome of the waiver. Because stakeholders’ perceptions of the effectiveness and usefulness of the process may differ from whether it had an impact on the waiver, the findings have been separated. In this section, the effectiveness and usefulness of the stakeholder process itself is assessed. The interactions between DHCS and stakeholders, and the differences in perceptions between Newcomers and Insiders are also described, as both of these factors were important determinants in stakeholders’ overall experience.

The impact of the process is assessed in Section VI.

Effectiveness of the Stakeholder Process

The evaluation solicited feedback from stakeholders about the structure and logistics of the stakeholder process, and the extent to which the process included diverse perspectives and provided access to state decisionmakers.

Meeting Logistics

Overall, SAC and TWG participants reported being satisfied with the meetings in which they participated (Table 3). Participants expressed a high degree of satisfaction with the frequency and size of the meetings, and gave very high marks to the facilitation. The three areas receiving the lowest satisfaction ratings across the groups, excluding the Duals TWG, were data availability to inform discussions, openness and opportunity for input,

Table 3. Participants Reporting Being “Satisfied” or “Very Satisfied” with Various Aspects of Meetings

	SAC	BHI	CCS	DUALS	HCCI	SPD	PUBLIC OBSERVERS
Frequency	83%	66%	89%	86%	83%	60%	57%
Size	67%	75%	78%	80%	92%	50%	58%
Meeting room accessibility	100%	75%	100%	86%	84%	80%	79%
Facilitation	100%	75%	80%	100%	100%	90%	69%
Location	100%	60%	90%	86%	100%	100%	72%
Organization/clarity of agendas	83%	58%	60%	100%	75%	80%	82%
Speakers and presentations	77%	58%	78%	80%	84%	80%	58%
Data availability to inform discussions	34%	50%	40%	80%	59%	60%	32%
Openness and opportunity for input	56%	66%	60%	94%	75%	50%	41%
Productivity	41%	58%	50%	64%	42%	33%	44%

and productivity. Public observers of the process also reported being satisfied with the structure and organization of the process; not surprisingly, however, given their role and inability to formally participate, the observers reported somewhat less satisfaction than the participants.

Stakeholder participants gave very high marks to the facilitator and reported that having a fair and responsive facilitator open to the concerns of stakeholders and ensuring all participants had an opportunity to speak was critical to a successful process. Equally important, participants trusted the facilitator and believed that she was not biased or attempting to advance any individual interest, including DHCS.

Stakeholders reported that agendas were clear and provided continuity from one meeting to the next. They also generally believed that the agendas reflected stakeholder input and, in some cases, agendas were modified at the suggestion of stakeholders.

In contrast, stakeholder participants reported very low levels of satisfaction regarding the availability of data to inform discussions, particularly in the CCS TWG. This issue was raised prominently in the interviews with stakeholders in other TWGs as well. As one participant said, “It was difficult initially to get data on who the target population was and who the model targeted for the behavioral health pilots.”

Most stakeholders believed that the process provided openness and opportunities for input

into the waiver, with one exception — the public observers. This is not surprising, since public observers were not allowed to participate in the discussion. Legislative staff, who attended the meetings as public observers, generally thought that the process increased transparency from previous waiver efforts and especially noted the website as creating a “shared knowledge space.” However, they would have liked to have seen DHCS be more open to new ideas, rather than entering the process with what they believed were “foregone conclusions.”

Stakeholder participants did not give high marks for the productivity of the process, particularly the SPD TWG, which is likely attributable to differences in participants’ experiences and expectations going into the process.

Utility of the Website

The facilitator made clear to participants that, rather than printing and distributing volumes of materials for each meeting, they were responsible for accessing the information on the website. All meeting notes, agendas, presentations, background reports, and DHCS documents were posted on the website. A high percentage of stakeholders reported that they used the website, and they nearly universally found it useful for accessing information about the waiver. The website has continued to be used after the waiver process was completed.

Table 4. Participants Reporting Being “Satisfied” or “Very Satisfied” with the Waiver Renewal Website

	SAC	BHI	CCS	DUALS	HCCI	SPD	PUBLIC OBSERVERS
Used DHCS Waiver Renewal website	94%	67%	80%	100%	92%	100%	57%
If used, found website useful tool for tracking and accessing information about waiver process	92%	100%	100%	100%	100%	100%	58%

Inclusiveness and Diversity of Perspectives

Except for the BHI and HCCI TWGs, the majority of respondents indicated that the stakeholder process included diverse perspectives, especially SAC participants (Table 5). Some participants felt that more consumers and beneficiaries, such as people with disabilities or their family members, should have been included, as well as ethnic minorities. As one foundation representative commented, “Advocates may have different priorities, so it is important to hear from beneficiaries and consumers directly and not just their representatives.” Moreover, as a stakeholder commented, “Professionals were well represented, but at a local level, this composition wouldn’t pass muster for involving community

members.” In addition, some noted that specific provider groups were not as well represented as they could have been, such as substance use providers and front-line managed care physicians.

Benefits to Participants from the Stakeholder Process

Survey respondents were asked what they thought were the most valuable aspects of the stakeholder process — above and beyond the contribution to the final waiver. As shown in Table 6, across all groups, participants reported benefiting personally and professionally from engaging in a process that brought together a wide array of stakeholders and

Table 5. Perceptions of the Diversity of Perspectives

	SAC	BHI	CCS	DUALS	HCCI	SPD	PUBLIC OBSERVERS*
Significantly	84%	42%	60%	60%	42%	60%	28%
Moderately	11%	50%	30%	40%	58%	30%	36%
Minimally	5%	8%	10%			10%	28%

* 8% indicated “not sure”

Table 6. Perceived Benefits from Participating in the Stakeholder Process

	SAC	BHI	CCS	DUALS	HCCI	SPD	PUBLIC OBSERVERS
Understanding issues from a variety of perspectives	94%	75%	100%	93%	75%	70%	76%
Networking/making new contacts	72%	58%	70%	73%	75%	90%	35%
Exchanging information across a variety of stakeholders	72%	75%	100%	93%	58%	80%	45%
Tracking or staying current on the Medi-Cal waiver process	78%	67%	80%	60%	50%	70%	76%
Participating in the policy development process	44%	50%	60%	73%	33%	30%	21%
Creating new or strengthening existing partnerships	50%	33%	60%	67%	17%	30%	17%

policymakers to discuss a range of issues, address barriers, learn from one another, and offer input.

In particular, participants highlighted the value of gaining a better understanding of the issues from different perspectives and the opportunity for information exchange among diverse stakeholders. One participant said, “I gained a lot. I had met some statewide advocates that I had not interacted with before, and getting their worldview was really valuable.” Or as another participant commented, “I learned about people’s sacred cows.”

Foundations and DHCS staff also reported gaining a deeper understanding of different perspectives through the stakeholder process. Said one DHCS staffer, “Hearing some of these other aspects and concerns gave me a real appreciation for having stakeholders at the table when we develop programs that impact multiple entities. It was all enlightening to me, and I really understand the value of stakeholder involvement — it makes whatever you are designing richer and fuller.”

In addition, several participants noted that they built new relationships that are continuing more than a year after the process concluded. Said one participant, “I got to know people in other areas of the state better, particularly managed care plans. That was helpful. The big problem in California is the sheer size. I’ve seen them at other meetings, and we now have a new connection.” Another participant reported that “since participating in the TWG, I’ve

had conversations at the local level with our mental health department. I understand their paradigm and framework and have more productive conversations. Our working relationship has really advanced since this process.” Other participants, such as some in the HCCI TWG, indicated that they met colleagues from other counties who they have crossed paths with in the past, but that no new collaborative relationships developed.

Interactions Between DHCS and Stakeholders

Access to State Decisionmakers

Participants in all groups, except the BHI, reported that the process provided them more access to state decisionmakers than they otherwise would have had. Perceived increased access was greatest for participants in the SAC, and the CCS and Duals TWGs. Stakeholders noted, in particular, the high level of participation of DHCS Director David Maxwell-Jolly. One stakeholder said, “It was significant that David Maxwell-Jolly was present — that communicated that he was interested and wanted to hear what people had to say. That sent a message.” In contrast, BHI TWG stakeholders commented on the minimal involvement, expertise, and decisionmaking authority of DHCS staff who attended the workgroup, factors that could account for their low ratings in Table 7.

Table 7. Perceptions of Access to State Decisionmakers Due to Participation

	SAC	BHI	CCS	DUALS	HCCI	SPD	PUBLIC OBSERVERS
More	74%	25%	90%	73%	67%	60%	52%
About the same as I would have had without the process	26%	75%	10%	27%	33%	40%	48%

Communication with DHCS

Stakeholders, DHCS, and foundation staff all reported that open and frequent communication is central to any successful stakeholder input process. However, the results from this process were mixed. Several stages of the process in which communications were — or could have been — particularly important have been identified.

- **Kick-off.** Stakeholders found that there was generally good communication from DHCS at the outset of the process regarding its purpose and the charters of the workgroups. However, many stakeholders commented that there was a lack of clarity about how their input would be used. Also, many stakeholders entered the process with a high degree of skepticism regarding whether DHCS had a predetermined outcome or was open to new ideas.

DHCS staff and leadership believed that they had been very explicit in conveying that the stakeholder process was advisory only. While many participants agreed, others believed that the stakeholder process was intended to provide a forum for DHCS to develop the waiver proposal in collaboration with stakeholders, and they were disappointed that that didn't occur. According to one participant, "They led us to believe that we would have greater impact on Medicaid services in the waiver, a chance to influence policy and bring more revenue to bear for behavioral health services in the delivery system. This was not the case."

- **Sharing of plans and proposals.** Many stakeholders commented that it would have been helpful for DHCS to share its thinking or draft plans with the TWG during the process. As one participant said, "I think it helps when you have a straw dog proposal or something for

stakeholders to react to. It does create tension because people want to feel they're contributing from the ground up. But it's hard when there's a blank slate." A plan was made available only to the SPD TWG. Whether proposals existed for the other TWGs or not, the omission of something to react to reinforced some participants' views that DHCS was not as open as it could be. Said one participant, "They could have been more forthcoming about what their actual plan was. They weren't showing their hand very much." And as a legislative staffer observed, "The state never came in and said, 'This is what we are interested in and want your feedback on'— those words were never said." In addition, stakeholders across the various TWGs commented that lead DHCS staff were very quiet in the TWGs and did not respond to issues or questions, leading some to believe that there were constraints on how much staff could participate.

- **Conclusion of the stakeholder process.** The level of communication waned after the TWG process concluded and DHCS entered into negotiations with CMS. Moreover, although DHCS held a briefing call following federal approval of the waiver terms and conditions, it didn't report back to all the participants on how the workgroups contributed to the waiver. Even DHCS staff acknowledged that "there was not a mechanism to loop back and report on what went in and what didn't."

Perspectives of Newcomers and Insiders

One of the most important factors influencing participants' perceptions about the waiver process was their previous experience working in a policy environment with DHCS and other stakeholders. Overall, individuals with a history of working with the state (i.e., Insiders) expressed greater satisfaction with the process than those new to the process (i.e., Newcomers) due to different expectations about their roles and potential influence, communication with the state, understanding of the policy environment, and access to decisionmakers.

Expectations of Role: Advisor vs. Influencer

Insiders and Newcomers had different expectations going into the process regarding how their feedback would be used and the degree to which their recommendations would influence the content of the waiver proposal. Newcomers were more likely to express dissatisfaction with the group's contribution to the waiver, believing they would have greater input than they did. Seasoned stakeholders felt their role was clearly outlined as advisory and understood that it was the state's responsibility, not theirs, to write the waiver request and communicate with CMS.

Expectations Regarding Communication with the State

Newcomers expected more interaction with and information sharing by state staff. Some Newcomers expressed that information sharing was asymmetrical, with stakeholders making significant contributions while state staff offered limited feedback and commentary regarding content that would be included in the waiver proposal. By contrast, Insiders understood that the state needed to "hold some of their cards closely," as it was the state's responsibility to negotiate with CMS. Insiders also recognized that it was not always feasible for the state to provide

ongoing feedback on the ideas put forward for consideration.

Understanding of the Policy Environment

Compared to the Newcomers, stakeholders with more Sacramento policy experience expressed a deeper understanding of how budgetary constraints and federal regulations would likely affect the content of the waiver proposal. Many Newcomers expected greater innovation to be in the waiver and were less clear about how federal regulations and requirements influenced content development and the overall waiver process.

Increased Networking Opportunities and Access to Decisionmakers

Newcomers were more likely than Insiders to state that they benefited greatly from new networking opportunities and had more access to policymakers than usual.

VI. Impact of the Stakeholder Process on the Waiver: Perceptions Across the Groups

TO ASSESS THE IMPACT THE STAKEHOLDER process had on the waiver, the evaluation solicited the perspectives of participants (stakeholders, DHCS staff and leadership, and foundation and legislative staff) on whether the individual groups fulfilled the goals set forth by the state and contributed to the final Section 1115 waiver. Also, meeting summaries and key documents were analyzed to identify aspects of the waiver that could be attributed to the stakeholder process.

Because the stakeholders were organized into groups, the evaluation examined differences in experience and perceptions across these groups.

The following section presents findings across the SAC and TWGs regarding:

- Specific contributions to the final waiver by the SAC and TWGs, as determined from the perspectives of DHCS, the foundations, stakeholders, and written documents
- Perceptions of stakeholders regarding goal fulfillment
- Perceptions of stakeholders regarding the most significant accomplishments of the SAC and TWGs

As Table 8 shows, across the TWGs, the majority of participants perceived that their groups contributed only moderately or minimally to the final waiver proposal. Not surprisingly, the two groups reporting the least contribution to the final plan were BHI and Duals, since neither behavioral health integration nor integration of services for the dual eligibles were explicitly addressed in the waiver.

Consistent with the survey results, few of the interviewed stakeholders were able to cite specific provisions of the waiver that resulted from the stakeholder process. Those who could were more likely to be in the HCCI and SPD TWGs and to have prior experience working on policy issues with DHCS. In contrast, DHCS leadership and foundation staff identified a number of specific elements of the waiver that were influenced by the stakeholder process. As one DHCS official said, “The fingerprints of the TWGs are in the terms and conditions, as well as in the legislation.”

Because there was limited communication from DHCS to each TWG to validate their contribution to the final proposal, it was difficult for many to identify the specific contributions of their groups. Also, stakeholders acknowledged that there were several important factors that shaped the outcome of the waiver, including passage of the federal Affordable Care Act, fiscal constraints resulting from the economic crisis, and requirements from CMS. Moreover, stakeholders had avenues outside of the stakeholder process to advocate for their priorities.

Table 8. Perceptions of How Much Groups Contributed to the Section 1115 Waiver

	SAC	BHI	CCS	DUALS	HCCI	SPD
Significantly	16%		10%	14%	8%	10%
Moderately	36%	8%	30%	13%	50%	60%
Minimally	32%	50%	30%	33%	25%	30%
Not at all	16%	34%	10%	27%		
Not sure		8%	20%	13%	17%	

As Table 9 shows, perceptions regarding the extent to which the groups met the goals outlined in the charters (see Section III for the charters for each group) varied. Reasons participants gave for not fulfilling the goals outlined in their charter are described below for each group.

Stakeholder Advisory Committee

SAC Contribution to the Final Waiver

Overall, SAC and TWG participants believe the final waiver was a success and that the stakeholder process helped contribute to the final content of the waiver request and its approval by CMS. Stakeholders' general support for the waiver was echoed in a recent *Health Affairs* study,³ which found broad consensus that the waiver is a "building block for the state" to help it transition to the Affordable Care Act in 2014. As a foundation representative stated, "The proof that it was a good process is that it resulted in a good product, which has the political support to be successfully implemented. The process provided a mechanism to take in input so when the deal went down, there wasn't a strong constituency to say no and defeat it."

Perceptions Regarding Goal Fulfillment

As Table 9 shows, over 60% of the SAC survey respondents reported that the group completely or moderately met its goals. For the almost 40% reporting minimal or no goal fulfillment, the primary reason given was that the state did not use the group's advice to inform the development of the waiver. Respondents commented that the state's decisions seemed to be made without input from or consultation with the SAC, which were the objectives for the committee outlined in the charter.

Table 9. Perceptions of the Extent to Which Group Goals or Charters Were Fulfilled

	SAC	BHI	CCS	DUALS	HCCI	SPD
Completely	26%	25%		20%	8%	10%
Moderately	37%	17%	60%	67%	84%	60%
Minimally	32%	58%	40%	13%	8%	20%
Not at all	5%					10%

Stakeholder Processes and the ACA

In September 2010, CMS released a proposed rule regarding public notice procedures for Medicaid Section 1115 waiver requests. The proposed regulations would establish "procedures for submitting, publishing and issuing public notices, applications, annual reports and other documents" at key points during the waiver development process. In addition, among other provisions, the proposed rule would require the state to provide a written summary to CMS "of the key issues raised in the public comment period and how the State considered those issues when developing the demonstration extension application." Although the proposed rule does not specify how the state government should receive public comment, it makes clear the federal government's intent that there be meaningful opportunities for the public to have input.

There is similar interest in creating public input opportunities as states are implementing the Affordable Care Act and making key decisions regarding benefits, affordability, and access. For example, State Refor(u)m (www.statereforum.org), an online network for health reform implementation, identified public engagement in policy development and implementation as one of the key indicators of progress. This evaluation can provide states and stakeholders with a roadmap for creating a public engagement process. In implementing such a process, states will need to take into consideration the significant investment of resources required.

According to SAC participants, the most significant accomplishments resulting from the committee and stakeholder process included:

- Approval of the waiver request with federal match
- Creating a forum for diverse populations and stakeholders
- Establishing centralized communication, information sharing, and updates about the waiver’s status
- Assembling and providing state access to thought and opinion leaders in the appropriate areas
- Discussing differences that led to offline conversations, which informed a better waiver outcome
- Moving the LIHP forward
- Promoting health plan readiness

Behavioral Health Integration Technical Workgroup

BHI Contribution to the Final Waiver

The most important outcome of the BHI TWG was that it elevated behavioral health and substance use issues, which led them to being included in the Low Income Health Program in a meaningful way. One participant stated, “It gave voice and presence where we never had it before. The truth is, every LIHP has behavioral health in it now. I don’t think we would have seen that if it weren’t for the stakeholder process.” According to the minutes of the final HCCI TWG meeting, DHCS Director Maxwell-Jolly indicated that, as a result of the BHI TWG, he believed that “the case can be made that early intervention in behavioral health saves money on the medical side in the long run, and therefore it may make sense to invest in BH services. The HCCIs

offer an opportunity to test that proposition: A county could use its HCCI to provide a broader array of BH services and analyze whether it reaps benefits on the medical side in the form of cost savings. . . . Many in the HCCI population have serious behavioral issues, and it will take more than a passive approach to manage their care.”

Perceptions Regarding Goal Fulfillment

As Table 9 shows, 42% of the BHI TWG survey respondents reported that the group completely or moderately met its goals. For the 58% reporting minimal fulfillment, the primary reasons given included substance use services being added to the waiver only as “add-on” services, demonstration pilots being excluded, and financing issues being discussed, but viable solutions pushed to future discussions rather than developed during the stakeholder process.

According to BHI TWG participants, the most significant accomplishments resulting from the workgroup and stakeholder process included:

- Educating the state and other thought leaders about behavioral health issues
- Including behavioral health and substance use services in the terms and conditions of the waiver
- Identifying evidence-based practices and best practice models for consideration by the state and other leaders
- Incorporating concepts such as the Four-Quadrant Model and co-location of services in bidirectional settings into the language of the waiver
- Providing a venue for engaging and communicating with diverse constituencies on issues related to integrated behavioral health

- Formally documenting barriers to FQHCs billing for both primary care and behavioral health services in the same office visit
- Increasing the visibility of substance use service needs and related financing issues
- Developing greater insights into the mental health and substance use service delivery systems
- Creating a shared language across varied provider cultures

California Children’s Services Technical Workgroup

CCS Contribution to the Final Waiver

The most important accomplishment of the CCS TWG is the development of the four pilot projects to explore alternative models of care for CCS children. As one participant noted, “The fact that the [discussion of the] CCS pilots slowed down, leaving room for further analysis and options, is an important outcome, rather than prematurely making a decision about what they should look like. The framework for the pilots is an accomplishment of the TWG.”

Perceptions Regarding Goal Fulfillment

As Table 9 shows, 60% of the CCS TWG survey respondents reported that the group moderately met its goals. For the 40% percent reporting minimal goal fulfillment, the primary reason respondents gave was that the redesign components and potential model options seemed predetermined. Members of this workgroup felt decisions were made prior to their convening, so the task of providing recommendations on new models of care was limited. Members also indicated the goals and objectives were ambitious given the timeline. In particular, they felt there was

insufficient time to meet performance measurement and evaluation objectives.

According to CCS TWG participants, the most significant accomplishments resulting from the workgroup and stakeholder process included:

- Speaking directly to and educating state administrators about the strengths and weaknesses of the current CCS program
- Convening a wide variety of stakeholders — from doctors to departments to advocates — to discuss issues and participate in policy development
- Establishing (and the future, implementing) pilot sites
- Gaining awareness of the state’s political agenda and financial constraints
- Influencing a policy process that led to a RFP
- Improving participants’ understanding of issues related to the CCS program and population as a result of funding by foundations for research and analysis
- Sharing perspectives, strengthening relationships

Dual Eligibles Technical Workgroup

Dual Eligibles Contribution to the Final Waiver

The most important outcome of the Duals TWG was laying the groundwork for a successful federal application for a Medicaid-Medicare integration demonstration project. According to one participant, “There is a direct relationship between the TWG and the state being awarded the design contract. The kernel of the design for improving integration came from the TWG process.”

Perceptions Regarding Goal Fulfillment

The vast majority (87%) of the Dual Eligibles TWG respondents indicated that the group completely or moderately fulfilled its goals. Members of this workgroup indicated their recommendations were made at a high level that influenced the department's thinking. However, some members felt that the group fell short by not adequately addressing complex issues such as Medicare and Medi-Cal financing in the brief time allotted.

According to the Dual Eligibles TWG participants, the most significant accomplishments resulting from the workgroup and stakeholder process included:

- Understanding the complexity of and differences in needs within this population
- Understanding issues related to providing fully integrated, coordinated, person-centered care
- Convening a broad range of stakeholders who typically do not talk with each other
- Receiving data on the population that provided a basis for discussing models
- Engaging in discussions across stakeholders regarding the increasing momentum to change the system, including current efforts in counties to integrate services
- Proposing to plan pilots that addressed many of the integration and consumer issues raised by the group

Health Care Coverage Initiative Technical Workgroup

HCCI Contribution to the Final Waiver

The most important outcome of the HCCI TWG was to expand participation to any county that wanted to participate in the TWG. In addition, as one participant said, "We advocated that the coverage initiative be expanded to take advantage of increased funding available through health care reform. There were a number of things such as this that came out of the process that were reflected in the waiver."

Perceptions Regarding Goal Fulfillment

Over 90% of the HCCI TWG respondents perceived that the group completely or moderately fulfilled its goals. Of the few that felt goals were not met, the primary concern was insufficient time to address issues associated with the transition to Medi-Cal in 2014. Eligibility and enrollment in 2014 requires attention at the local level, and while the TWG engaged in substantive conversations on this topic, several members expressed that developing relevant recommendations for common features across counties was beyond the scope of the HCCI workgroup.

According to the HCCI TWG participants, the most significant accomplishments resulting from the workgroup and stakeholder process included:

- Educating stakeholders about HCCIs
- Promoting discussion and learning across diverse groups of stakeholders
- Building a relationship between the state and counties
- Creating a forum for county stakeholders to provide feedback on their experience under

HCCI and input on next steps for policy and operational issues

- Developing a major coverage expansion initiative (Low Income Health Plan)
- Examining alternative financing strategies
- Elevating behavioral health as a key issue and expanding its presence through the LIHP

Seniors and Persons with Disabilities Technical Workgroup

SPD Contribution to the Final Waiver

The most important outcome of the SPD TWG was that it strengthened — as a result of dialogue between the plans and the consumer advocates — various consumer protections, such as continuity of care, appeals rights, network adequacy, and timeframes for conducting risk assessments. Also, the timeline for transitioning SPDs into managed care was adjusted to reflect the challenges involved, and the adoption of a modified Facility Site Review tool to assess accessibility came out of the TWG work. As one participant said, “There are specific performance and quality standards that were written into the health plan contract’s language that you can track back to the process. I don’t believe that DHCS would likely have done them otherwise.” According to the final meeting notes of the SPD TWG, David Maxwell-Jolly indicated that the TWG informed DHCS’s thinking on issues related to accessibility, transition pace and process, care management, performance measures, consumer protections, and dealing with Medi-Cal-covered services that are excluded from the list of benefits that are provided through health plans (i.e., “carve-outs”).

Perceptions Regarding Goal Fulfillment

Although only a third of the SPD TWG survey respondents reported being satisfied or very satisfied with the group’s productivity (Table 3), the majority (70%) reported that the group completely or moderately met its goals (Table 9). This apparent inconsistency may reflect survey respondents having a shared understanding of the group’s goals but different expectations regarding the group’s process for accomplishing these goals.

According to SPD TWG participants, the most significant accomplishments resulting from the workgroup and stakeholder process included:

- Developing specific standards and practices for SPDs
- Discussing issues important to enrolling SPDs in managed care
- Educating diverse stakeholders about the complexity of these populations and how some health plans currently and successfully manage their care
- Initiating the conversation about consumer protection needs in the implementation phase
- Slowing the implementation of mandatory enrollment for SPDs

VII. Lessons Learned

THROUGH THE SURVEY AND INTERVIEWS with stakeholders, DHCS staff, foundation representatives, and legislative staff, key themes emerged about what worked well and what could have been improved. Interviewees identified several dimensions with which to assess the effectiveness and success of the TWGs and SAC:

- Was the process managed well?
- Did stakeholders gain positive benefits from participating?
- Did the process improve the waiver and contribute to its successful adoption?

Comparing the effectiveness of the individual TWGs is more difficult. Each TWG was operating from a different baseline and had different goals (see charters in Table 1). Several factors, in particular, contributed to the different experiences and perceptions of TWG and SAC members:

- Stage of development of the issue — how much work had already been done to develop and debate the public policy issue
- Existence of a proposal or plan to react to
- Level of data and analysis to inform the discussion
- Mix of participants' previous experience in public policy discussions

For example, for issues for which there was less data and analysis available or for participants who were newcomers to the policy process, more education and groundwork needed to be laid to

enable specific recommendations to be developed. Although the BHI and CCS TWGs may not have produced the type of concrete policy outcomes that the SPD or HCCI TWGs did, they were starting from different places in the policy development process, availability of independent data and research, and the existence of a DHCS plan or proposal. In these cases, other measurements of success, such as benefits to the participants and relative progress or advancement of the issue, can serve as more appropriate means to view effectiveness.

By synthesizing findings across the TWGs and the SAC, 10 key characteristics of a successful stakeholder process have been identified:

1. Clear goals, objectives, and expectations — and sufficient time to meet them.
2. Size and structure of groups that provide opportunities to engage in substantive dialogue about specific issues and to promote meaningful information sharing across issues.
3. Diversity of stakeholder opinion and representation of both Insiders and Newcomers to the political process, including consumers and beneficiaries.
4. Sufficient background information to enable Newcomers to participate fully and equally with Insiders.
5. Skilled, trusted, and neutral facilitator to engender respect among participants
6. Documentation of the process and a well-organized, easy-to-use website as a resource clearinghouse.

7. Content experts and independent data to facilitate shared learning and informed discussion.
8. Availability of a proposal to react to — but one not so firmly developed that there is no opportunity for input.
9. Participation of DHCS senior leadership and staff with content knowledge and the authority to engage.
10. Transparency and openness from the state, including maintaining ongoing communication with participants during and after the process.

VIII. Recommendations for Foundations and DHCS

THE SURVEY AND INTERVIEWS ASKED stakeholders about their perceptions of the roles of both the foundations and DHCS and about whether stakeholders had recommendations to enhance future efforts. Following are recommendations for both foundations and DHCS leadership based on lessons learned from the evaluation, and ideas suggested by stakeholders.

Considerations for Funders

Stakeholder Perceptions and Suggestions

Overall, stakeholders expressed gratitude for the support and investment that foundations make in the public stakeholder input process, and see the role of foundations as critical for creating a public forum for diverse stakeholders to discuss key health policy issues. Without foundation funding, the process would not have had the resources, staffing, or availability of outside experts to enable the participation of a wide variety of stakeholders from across the state.

Statements about the role of foundations included:

- Stakeholder input processes are critical to building consensus but take significant resources that many government agencies do not have. Supporting these efforts is a valuable investment.
- Foundations help shape the policymaking process by serving as a neutral bridge between leadership of the executive branch and the various stakeholder groups.

- Foundations provide access to content expertise, research, and innovation that help stimulate the process.
- It is helpful when foundation staff participate in the meetings and reinforce recommendations with state leaders.
- It is critical that foundations support skilled, external facilitation.

Recommendations Going Forward

Although the stakeholder process was required by both state law and the federal government, the lessons learned from this process may be applicable to similar situations where stakeholder input into a major policy initiative is needed.

- **Given California's ongoing fiscal constraints, consider continuing to support venues for stakeholders to share information and provide feedback on the waiver implementation process.** The stakeholder process to develop the waiver request was an important first step, but the actual work lies in its implementation. As the waiver moves forward, it will be equally important for stakeholders to come together, share what's working and what isn't, and find the means to arrive at solutions. The Technical Workgroup model proved to be effective in providing a forum to inform, educate, and resolve issues. For example, integration of behavioral health and primary care could benefit from ongoing efforts to bring together providers from across the two fields, in coordination with health plans. The TWG served as a good starting place

to determine best practices, and with many HCCIs exploring how to enhance access to behavioral health, continuation of the TWG could accelerate model development.

- **Invest in policy-relevant research that provides independent data and evidence to inform future policy discussions.** The SPD TWG was considered by stakeholders and DHCS staff alike to be the most successful of the TWGs, primarily because of its contributions to the waiver. It benefited from years of investment by funders in policy research, dialogue, and debate so that there was sound data and analysis to inform the discussion. Moreover, this was a policy issue that had been under development by DHCS for years, and therefore, it was able to put a proposal on the table. Investing now to develop the knowledge and data regarding critical policy issues will pay dividends down the road.
- **Provide intellectual guidance, content expertise, and facilitation during future stakeholder processes.** Many of the health foundations have developed deep content expertise in their areas of focus. They are able to detect trends, both in California and nationally, and have relationships with experts and leaders. They also have developed knowledge about what is going on in communities and health systems at a practical level. By partnering with DHCS or other state agencies, foundations can bring that knowledge to bear on important policy debates. Moreover, foundations can ensure that stakeholder input processes are open, transparent, and inclusive so that community and consumer voices are well represented in public policy discussions.

- **Leverage opportunities for informing and advancing an issue over the long term.** The five issues that were the subject of the TWGs were at different stages of development and maturity, a contributing factor in the TWGs' varying levels of success. For many participants of the BHI and CCS TWGs, the stakeholder process was the first time these issues were debated and discussed, and there was insufficient data and analysis. Nevertheless, by investing in those TWGs, foundations leveraged the opportunity to bring people together, identify gaps, and assess the state of knowledge and available information. It is important to view these efforts as part of a long-term process, not a one-time event, to build the field of knowledge and inform future public policy discussions.

Considerations for DHCS or Other State Agencies

Stakeholder Perceptions and Suggestions

Stakeholders offered suggestions to state officials who might consider using a stakeholder process like this for future health policy and public programs initiatives. Most of the suggestions focused on communication, clarifying objectives and expectations, allowing for adequate time to address complex issues, and finding balance between having a proposal in mind and allowing for flexible and meaningful input by stakeholders. Specific suggestions included:

- Communicate openly and transparently about limitations and parameters of the stakeholder input process.
- Clarify goals, objectives, and expectations of the workgroups, including what issues are open to

stakeholder input and exactly how input will be used.

- Ensure adequate time to work through complex issues and to develop thoughtful recommendations.
- Provide guidance and direction on the desired outcome but not a predetermined agenda, so that participants can provide meaningful input.
- Support innovation, keep an open mind, provide data and subject matter expertise to educate stakeholders and inform the process.
- Maintain a visible presence of executive branch leadership — it conveys commitment and interest in stakeholder perspectives.
- Empower DHCS staff leads with more authority to share information and engage in discussions with stakeholders.

Recommendations Going Forward

Even with foundation resources, DHCS devoted significant time and resources to the stakeholder process. It assigned staff to chair each TWG, which involved working with the facilitator to develop agendas, prepare materials, and respond to issues and questions that arose. Moreover, a senior staff person was responsible for overseeing and coordinating the TWGs and the SAC, as well as facilitating communication of the stakeholder input to DHCS leadership. Most importantly, the DHCS director attended a majority of the TWG meetings and all of the SAC meetings. His presence was acknowledged by many participants, and conveyed to them a level of seriousness and importance of the process to DHCS. While recognizing the resource and staff investment required by a stakeholder process and the fiscal constraints DHCS is operating under,

these recommendations are offered, based on the evaluation findings:

- **Continue a multifaceted stakeholder process on key implementation issues.** Information gathered through this evaluation suggests that some type of ongoing stakeholder engagement associated with implementation would be very beneficial, even if pared back. In addition to the formal SAC, ad hoc Technical Workgroups could be reconvened. DHCS built considerable good will during the stakeholder process because of the meaningful engagement with stakeholders that took place. It should explore ways to maintain and build on that good will. For example, as DHCS develops pilot projects for redesigning systems of care for CCS children, reconvening the CCS TWG could provide a valuable mechanism for communication and soliciting feedback.
- **Identify ways to share best practices across systems.** Several stakeholders commented that the organization of TWGs by beneficiary population, such as SPDs and Dual Eligibles, reinforced existing fragmentation. According to one, “The TWGs actually represent the silos — having population-based discussions rather than an integration of ideas. TWG and SAC members were often representing their own organizational interests instead of developing solutions that would have broader impact on cross-cutting issues.” Even though many stakeholders served on multiple committees, there were few opportunities for them to promote cross-learning or to synthesize knowledge gained across the TWGs. For example, behavioral health was a discussion topic in the SPD, Duals, and HCCI TWGs, yet there was little integration or connection to the work of the BHI TWG. Going forward, DHCS might explore ways to promote

cross-pollination through the SAC or other forums that bring people together across issues, populations, and constituencies.

- **Consider opportunities to share draft proposals with stakeholders at appropriate stages of development and implementation.**

With the clear understanding that DHCS is soliciting input from stakeholders but is not obligated to accept it, DHCS should seek opportunities to solicit input on proposals. Stakeholders commented that they were not provided an opportunity to review a draft terms and conditions. For example, DHCS could share a draft of the CCS pilot RFP, as well as other implementation documents, with the CCS Technical Workgroup to identify questions and concerns before they are finalized.

- **Create a feedback loop to clearly identify contributions made by the stakeholders, and to keep them updated on progress.**

Stakeholders, foundations, and DHCS staff all recognized the importance of clear and ongoing communication between DHCS and stakeholders. Providing stakeholders with information about how their efforts in the stakeholder process contributed to the waiver would have validated their time and input. Moreover, legislative staff who attended SAC and TWG meetings as public observers commented that they did so as a way to learn more about DHCS's progress on the waiver.

IX. Conclusion

“It is important to have a process that provides a lot of input from diverse stakeholders (providers, professionals, consumers, families, community) along with technical information for state officials to make responsible and informed policy. It is also important to be accountable to goals and objectives, while having a mechanism to self-correct when necessary.”

— STAKEHOLDER

THE CALIFORNIA DEPARTMENT OF HEALTH Care Services, in partnership with five California health foundations, convened a multipronged input process to gather feedback from a diverse array of stakeholders, including providers, consumers, and advocates, on five key issues under development in the waiver. In designing the process, DHCS took into account what worked well in the prior stakeholder process and what its participants recommended be changed. The state was able to successfully apply this feedback to improve the overall process. As one participant said, “Having gone through this in 2004, it’s much more of an open process, with more opportunities for people to have input and hear what is going on.”

In analyzing responses from the TWGs and the SAC across three dimensions — effectiveness, usefulness and benefits to participants, and impact — the conclusion reached is that, overall, the stakeholder process was very successful. An important indicator of stakeholders’ perceived value of participating in the process is their level of interest in participating in future stakeholder processes. Across the board, the groups indicated overwhelming interest (SAC: 94%, BHI: 90%, CCS: 100%, Duals: 93%, HCCI: 100%, SPD: 100%, and public observers: 90%).

Although the majority believed that the most important of the three dimensions is the impact of the process on the waiver, a well-run process that provides tangible benefits to participants can also lay the groundwork for and inform future public policy development. As demonstrated by the minimal opposition to the waiver, a meaningful stakeholder process can be an important mechanism to work out differences before the policy or legislation is set and thereby increases buy-in to the final outcome.

This stakeholder process required an enormous investment of time, staff, and resources by DHCS, foundations, and the participants themselves within a very short time. Although many issues were identified that participants believed could be improved upon, overall, stakeholders felt positive about the experience and believed that it was well worth the investment. Going forward, it will be important to weigh the resources and staff needed to support a meaningful stakeholder process with the needs of the issue, foundation, policymakers, and stakeholders to determine the circumstances under which such an effort can make the greatest contribution to the policy process.

Appendix A: Foundations' Support for SAC and TWGs

The Blue Shield of California Foundation, the California HealthCare Foundation, and The California Endowment provided support for the SAC, while they and other foundations, based on their areas of interest, agreed to support individual Technical Workgroups:

	SAC	BHI	CCS	DUALS	HCCI	SPD
Blue Shield of California Foundation	✓					
The California Endowment	✓	✓			✓	
California HealthCare Foundation	✓				✓	✓
Lucile Packard Foundation for Children's Health			✓			
The SCAN Foundation				✓		

Appendix B: Key Informant Interview List*

Mary Ader, legislative staff (former)	Nicole Howard, Council of Community Clinics, San Diego	Mary Rainwater, Integrated Behavioral Health Project
David Alexander, Lucile Packard Foundation for Children's Health	Michael Humphrey, Sonoma County In-Home Supportive Services Public Authority	Louise Rogers, San Mateo County
Maya Altman, Health Plan of San Mateo	Lee Kemper, County Medical Services Program	Lisa Rubino, Molina Healthcare
Greg Buchert, CalOptima	Tom Klitzner, UCLA Medical Center	Rene Santiago, San Diego Health and Human Services
Jalynne Callori, California Department of Health Care Services	Lisa Kodmur, LA Care Health Plan	Tim Schwab, SCAN Health Plan
Richard Chambers, CalOptima	Victor Kogler, Alcohol and Drug Policy Institute	Laurie Soman, Children's Regional Integrated Service System
Toby Douglas, California Department of Health Care Services	Ingrid Lamirault, Alameda Alliance for Health	Melissa Stafford-Jones, California Association of Public Hospitals and Health Systems
Juno Duenas, Support for Families of Children with Disabilities	Elizabeth Landsberg, Western Center on Law & Poverty	Lisa Sugarman, The SCAN Foundation
Roger Dunstan, legislative staff	Marty Lynch, Lifelong Medical Care	Marjorie Swartz, legislative staff
Don Fields, California Department of Health Care Services	David Maxwell-Jolly, California Department of Health Care Services	Margaret Tatar, CalOptima
Kim Flores, legislative staff	Louise McCarthy, Community Clinic Association of LA County	Richard Thomason, Blue Shield of California Foundation
Greg Franklin, California Department of Health Care Services	Chris Perrone, California HealthCare Foundation	Ellen Wu, California Pan-Ethnic Network
Bob Gates, Orange County Medical Services Initiative	Brenda Premo, Western University Center for Disability & Health Policy	Casey Young, AARP
Dean Germano, Shasta Community Health Center	Kevin Prindiville, National Senior Citizens Law Center	
Brad Gilbert, Inland Empire Health Plan	Sharon Rapport, Corporation for Supportive Housing	
Janet Heath, UC Davis Care Management Services	Louis Rico, California Department of Health Care Services	
Tanya Hoffman, California Department of Health Care Services		

*Organizational affiliations listed reflect individuals' affiliations during the time of the stakeholder process.

Appendix C: Interview Protocols

Medi-Cal Waiver Stakeholder Interview Protocol: Core Questions

Introduction

- What was your motivation for participating in the waiver stakeholder process? [Probe about specific TWG/area of interest/expertise, etc.] What were you hoping to accomplish through your involvement?
- How well did the process meet your overall expectations? Why?
- In your view, what makes for a successful stakeholder process?

Workgroup Organization and Effectiveness

- To what extent do you think that the role of the SAC/TWG was communicated effectively so that participants understood how their input would be used by the state?
- To what extent do you think the agendas reflected stakeholder input?
- The meetings were a mix of expert presentations and discussion. Was this the right mix? Was there any important information or data that would have informed the discussions that was missing from the presentations? Do you feel that the range of ideas discussed covered the spectrum of issues that needed to be addressed by the SAC/TWG?
- According to the survey, most people felt that there was sufficient diversity in stakeholder participation and perspectives. Can you think of any constituencies or perspectives that were missing? [Ask to describe.] If so, how do you think this input would have contributed to the process? [Probe whether any one perspective or participant was overly dominant in the meetings.]

Benefits

- What new ideas or insights into issues did you gain as a result of participating in the SAC/TWG? How are you using or applying what you learned?
- Please describe any new relationships or partnerships that developed as a result of your participation in the SAC/TWG. [Probe for specific examples of how these new relationships led to collaboration during or after the stakeholder process.]

Influence

- How well did the final proposal reflect the stakeholder input process?
- To what extent would you say the process was successful and why? [Probe for definition of success, if necessary.]
- What was the most important outcome of the stakeholder process? How well did this align with your original expectations for the process?
- In your opinion, what factors had the greatest influence on the final content of the waiver proposal developed by the state?
- Let's talk about the role of DHCS representatives on the SAC/TWG.
 - How open did they seem to the ideas brought up by participants?
 - What could have made their participation more useful?
 - What did you hope state staff would learn as a result of the stakeholder process and how did you want this information to shape the waiver or future policy/program decisions?

Recommendations

- What are your suggestions to improve the effectiveness of communication and collaboration between state agencies and stakeholders during the policy development process?
- As you may know, private foundations underwrote the TWG/SAC process and were actively involved in shaping the process in conjunction with the state. Do you think it was helpful to have the foundations involved in that way? What did the foundations add to this effort? Are there any ways in which foundation involvement was problematic?
- Do you have any additional thoughts or ideas about the stakeholder process that we haven't addressed that you would like to share with the foundations?

Appendix D: Survey Questions

Stakeholder Advisory Committee Survey

1. Organizational affiliation

- State agency
 - County agency
 - CA legislature
 - Foundation
 - Consumer
 - Advocate/advocacy organization
 - Trade association
 - Health plan
 - Health care provider/organization
 - Health care research and consulting
 - Other (*please specify*)
-

2. How many Stakeholder Advisory Committee meetings did you attend?

- All
 - Most (75%)
 - Half (50%)
 - I attended less than half (50%) because:
-
-

3. Which Technical Workgroups did you participate in?

- Behavioral Health Integration
- California Children's Services
- Health Care Coverage Initiative
- Dual Eligibles
- Seniors and Persons with Disabilities
- None

4. From your perspective (or the perspective of the issues you work on), what was the most significant accomplishment of the Stakeholder Advisory Committee?

5. From your perspective or issue, to what extent do you think input from the Stakeholder Advisory Committee contributed to the final content of the Section 1115 waiver demonstration plan?

- Significantly
- Moderately
- Minimally
- Not at all
- Not sure

6. From your perspective or issue, to what extent do you think the Stakeholder Advisory Committee has, thus far, fulfilled its core objective to advise the Department of Health Care Services on the development and implementation of the Section 1115 waiver, including providing feedback on specific strategies, such as the development of health plan performance standards, reviewing the timeline of key milestones, and advising on the evaluation framework?

- Significantly
- Moderately
- Minimally
- Not at all
- Not sure

7. To what extent did the SAC represent and include diverse views and perspectives?

- Significantly
- Moderately
- Minimally
- Not at all
- Not sure

8. Were there people or constituencies not represented on the SAC?

- Yes (*please describe*) No
 Don't know

9. To what extent did the SAC present a neutral forum for individuals to share ideas and be heard across stakeholder groups?

- Significantly Not at all
 Moderately Not sure
 Minimally

Comment

10. How much access to state decisionmakers and the waiver process did you have because of your participation in the SAC?

- More
 Less
 About the same as I would have had without the process

11. Please rate your level of satisfaction with the following aspects of the SAC meetings:

Frequency

- Very satisfied Not satisfied
 Somewhat satisfied Not sure
 Satisfied

Size

- Very satisfied Not satisfied
 Somewhat satisfied Not sure
 Satisfied

Accessibility of meeting rooms

- Very satisfied Not satisfied
 Somewhat satisfied Not sure
 Satisfied

Location

- Very satisfied Not satisfied
 Somewhat satisfied Not sure
 Satisfied

Organization and clarity of agendas

- Very satisfied Not satisfied
 Somewhat satisfied Not sure
 Satisfied

Speakers and presentations

- Very satisfied Not satisfied
 Somewhat satisfied Not sure
 Satisfied

Availability of data to inform discussions

- Very satisfied Not satisfied
 Somewhat satisfied Not sure
 Satisfied

Openness and opportunity for input

- Very satisfied Not satisfied
 Somewhat satisfied Not sure
 Satisfied

Productivity

- Very satisfied Not satisfied
 Somewhat satisfied Not sure
 Satisfied

12. Did you use the DHCS Waiver Renewal website?

- Yes No

13. If you used the DHCS Waiver Renewal website, was it a useful tool for tracking and accessing information about the waiver process?

- Yes No

14. Please indicate any benefits you experienced in participating in the SAC (select all that apply):

- Understanding issues from a variety of perspectives
- Networking/making new contacts
- Exchanging information across a variety of stakeholders
- Tracking or staying current on the Medi-Cal waiver process
- Participating in the policy development process
- Creating new or strengthening existing partnerships
- None
- Other (please specify)

15. What do you think was the most valuable aspect of the SAC?

16. Overall, do you feel that participating on the SAC was a good use of your time?

- Yes No

17. Did you participate in the 2004 Medi-Cal Redesign stakeholder input process?

- Yes No

18. If you participated in the last Medi-Cal Redesign stakeholder process, how did it compare to the 2010 waiver process?

- About the same
- More productive
- Less productive

19. Would you like to participate in a stakeholder process like this in the future?

- Yes No

20. What strategies would you recommend for engaging stakeholders in the waiver process as it transitions into the implementation phase?

- Teleconferences/webinars
- In-person convenings
- Website updates
- Not interested
- Other (please specify)

21. What advice would you give to state officials in the administration and legislature who might consider using stakeholder processes like this for future initiatives related to health policy and public programs?

22. What advice would you give foundations regarding their involvement and support for future stakeholder engagement processes like this?

4. From your perspective (or the perspective of the issues you work on), what was the most significant accomplishment of the TWG?

Technical Workgroup Survey

1. Organizational affiliation

- State agency
- County agency
- CA legislature
- Foundation
- Consumer
- Advocate/advocacy organization
- Trade association
- Health plan
- Health care provider/organization
- Health care research and consulting
- Other (*please specify*)

2. How many [Technical Workgroup] meetings did you attend?

- All
- Most
- I attended only one because:

3. The goal of the [TWG] was to [insert TWG-specific charter language developed by DHCS]. To what extent do you think the [TWG] fulfilled its goals?

- Completely Not at all
- Moderately Not sure
- Minimally

5. To what extent did the TWG contribute to the final content of the Section 1115 waiver demonstration plan?

- Significantly Not at all
- Moderately Not sure
- Minimally

6. To what extent did the TWG represent and include diverse views and perspectives?

- Significantly Not at all
- Moderately Not sure
- Minimally

7. Were there people or constituencies not represented on the TWG?

- Yes (*please describe*) No
- Don't know

8. To what extent did the TWG present a neutral forum for individuals to share ideas and be heard across stakeholder groups?

- Significantly Not at all
- Moderately Not sure
- Minimally

Comment

9. How much access to state decisionmakers and the waiver process did you have because of your participation in the TWG?

- More
- Less
- About the same as I would have had without the process

10. Please rate your level of satisfaction with the following aspects of the TWG meetings:

Frequency

- Very satisfied Not satisfied
- Somewhat satisfied Not sure
- Satisfied

Size

- Very satisfied Not satisfied
- Somewhat satisfied Not sure
- Satisfied

Accessibility of meeting rooms

- Very satisfied Not satisfied
- Somewhat satisfied Not sure
- Satisfied

Location

- Very satisfied Not satisfied
- Somewhat satisfied Not sure
- Satisfied

Organization and clarity of agendas

- Very satisfied Not satisfied
- Somewhat satisfied Not sure
- Satisfied

Speakers and presentations

- Very satisfied Not satisfied
- Somewhat satisfied Not sure
- Satisfied

Availability of data to inform discussions

- Very satisfied Not satisfied
- Somewhat satisfied Not sure
- Satisfied

Openness and opportunity for input

- Very satisfied Not satisfied
- Somewhat satisfied Not sure
- Satisfied

Productivity

- Very satisfied Not satisfied
- Somewhat satisfied Not sure
- Satisfied

11. Did you use the DHCS Waiver Renewal website?

- Yes No

12. If you used the DHCS Waiver Renewal website, was it a useful tool for tracking and accessing information about the waiver process?

- Yes No

13. Please indicate any benefits you experienced in participating in the TWG (select all that apply):

- Understanding issues from a variety of perspectives
- Networking/making new contacts
- Exchanging information across a variety of stakeholders
- Tracking or staying current on the Medi-Cal waiver process
- Participating in the policy development process
- Creating new or strengthening existing partnerships
- None
- Other (*please specify*)

14. What do you think was the most valuable aspect of the TWG?

15. Overall, do you feel that participating on the TWG was a good use of your time?

- Yes No

16. Did you participate in the 2004 Medi-Cal Redesign stakeholder input process?

- Yes No

17. If you participated in the last Medi-Cal Redesign stakeholder process, how did it compare to the 2010 waiver process?

- About the same
 More productive
 Less productive

18. Would you like to participate in a stakeholder process like this in the future?

- Yes No

19. What strategies would you recommend for engaging stakeholders in the waiver process as it transitions into the implementation phase?

- Teleconferences/webinars
 In-person convenings
 Website updates
 Not interested
 Other (*please specify*)

20. What advice would you give to state officials in the administration and legislature who might consider using stakeholder processes like this for future initiatives related to health policy and public programs?

21. What advice would you give foundations regarding their involvement and support for future stakeholder engagement processes like this?

Public Participant Survey

1. Organizational affiliation

- State agency
 County agency
 CA legislature
 Foundation
 Consumer
 Advocate/advocacy organization
 Trade association
 Health plan
 Health care provider/organization
 Health care research and consulting
 Other (*please specify*)

2. Which Section 1115 waiver process stakeholder meeting(s) did you attend (select all that apply)?

- Stakeholder Advisory Committee
- Behavioral Health Integration
- California Children's Services
- Health Care Coverage Initiative
- Dual Eligibles
- Seniors and Persons with Disabilities

3. From your perspective or issue, to what extent do you think the stakeholder input process contributed to the final content of the Section 1115 waiver demonstration plan?

- Significantly Not at all
- Moderately Not sure
- Minimally

4. To what extent did the TWG represent and include diverse views and perspectives?

- Significantly Not at all
- Moderately Not sure
- Minimally

5. Were there people or constituencies not represented in the stakeholder input process?

- Yes (please describe) No
- Don't know

6. To what extent did the stakeholder input process present a neutral forum for individuals to share ideas and be heard across stakeholder groups?

- Completely Not at all
- Moderately Not sure
- Minimally

7. How much access to state decisionmakers and the waiver process did you have because of your attendance at the Stakeholder Advisory Committee or Technical Workgroup meetings?

- More
- Less
- About the same as I would have had without the process

8. Please rate your level of satisfaction with the following aspects of the SAC/TWG meetings:

Frequency

- Very satisfied Not satisfied
- Somewhat satisfied Not sure
- Satisfied

Size

- Very satisfied Not satisfied
- Somewhat satisfied Not sure
- Satisfied

Accessibility of meeting rooms

- Very satisfied Not satisfied
- Somewhat satisfied Not sure
- Satisfied

Location

- Very satisfied Not satisfied
- Somewhat satisfied Not sure
- Satisfied

Organization and clarity of agendas

- Very satisfied Not satisfied
 Somewhat satisfied Not sure
 Satisfied

Speakers and presentations

- Very satisfied Not satisfied
 Somewhat satisfied Not sure
 Satisfied

Availability of data to inform discussions

- Very satisfied Not satisfied
 Somewhat satisfied Not sure
 Satisfied

Openness and opportunity for input

- Very satisfied Not satisfied
 Somewhat satisfied Not sure
 Satisfied

Productivity

- Very satisfied Not satisfied
 Somewhat satisfied Not sure
 Satisfied

9. Did you use the DHCS Waiver Renewal website?

- Yes No

10. If you used the DHCS Waiver Renewal website, was it a useful tool for tracking and accessing information about the waiver process?

- Yes No

11. Please indicate any benefits you experienced in participating in the stakeholder advisory process (select all that apply):

- Understanding issues from a variety of perspectives
 Networking/making new contacts
 Information exchange across a variety of stakeholders
 Tracking or staying current on the Medi-Cal waiver process
 Participating in the policy development process
 Created new or strengthened existing partnerships
 None
 Other (please specify)

12. What do you think was the most valuable aspect of the stakeholder advisory process?

13. Overall, do you feel that observing the stakeholder advisory process was a good use of your time?

- Yes No

14. Did you participate in the 2004 Medi-Cal Redesign stakeholder input process?

- Yes No

15. If you participated in the last Medi-Cal Redesign stakeholder process, how did it compare to the 2010 waiver process?

- About the same
- More productive
- Less productive

16. Would you like to participate in a stakeholder process like this in the future?

- Yes
- No

17. What strategies would you recommend for engaging stakeholders in the waiver process as it transitions into the implementation phase?

- Teleconferences/webinars
- In-person convenings
- Website updates
- Not interested
- Other (*please specify*)

18. What advice would you give to state officials in the administration and legislature who might consider using stakeholder processes like this for future initiatives related to health policy and public programs?

19. What advice would you give foundations regarding their involvement and support for future stakeholder engagement processes like this?

Endnotes

1. It should be noted that not all of the waiver's provisions were subject to this stakeholder input process. In particular, the financing section of the waiver was negotiated with a more limited number of stakeholders who were most directly involved in the proposed financing mechanisms.
2. Contact information for the waiver process participants was provided by the Pacific Health Consulting Group. Contact information for the public observers was compiled from meeting sign-in logs.
3. Autumn Kieber-Emmons, "Medicaid Expansion and Reform: Hopes and Lessons from California," *Health Affairs Blog*, July 14, 2011, www.healthaffairs.org/blog.



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