MISSISSIPPI DIVISION OF MEDICAID

Public Comments

Medicaid Workforce Training Initiative

Section 1115 Demonstration Waiver Application

MISSISSIPPI HUMAN SERVICES COALITION
736 N. Congress Jackson, MS 39202 (601-355-7495)

Medicaid 1115 Waiver Hearing
November 15, 2017

Comments by Rims Barber

We object to the work requirement which does not appear to be a demonstration project in a state that did not expand Medicaid and has a very low income limitation for caretaker relatives.

	Monthly Income Limit	Federal Poverty Level
Parent and child	$321	$1,353
Parent and 2 children	403	1,701
Parent and 3 children	485	2,050
Parent and 4 children	568	2,398
Parent and 5 children	650	2,746

20 hours at minimum wage= $623.50

The waiver requires very low- income caretaker relatives to work 20 hours per week

and puts the majority of them over-income for Medicaid. Most of the people impacted are in families whose income limits for Medicaid eligibility are below a 20-hour per week minimum wage income. Only those families with five or more children could work 20 hours per week and maintain Medicaid under the existing program Standard of Need. The majority of jobs they could get would not provide access to a health insurance program, and they would still make too little to be eligible for Affordable Care Act insurance. The language of the waiver claims to aim at improving the health care of individuals. This program will not do that. Currently there are 53,415 caretaker relatives on Medicaid, of which only 4,249 are on transitional Medicaid. There is no mention of child care or transportation services to assist people and no criteria for exempting people from the work requirement. These factors mean that a significant number of those persons will be at risk of losing Medicaid due to the inability to find work or comply with the paper work for exemptions. If all we end up doing is shifting people from Section 1931 coverage to Transitional Medicaid Assistance for two years, that does not seem to demonstrate anything. This waiver is a solution in search of a problem. The large amount of effort to implement it will cost more than it will save the state.

Dear Mrs. Wilson,
I am a constituent in the Delta area, and am greatly concerned that the purposed decision to move the Medicaid program to Human Services and require a work eligibility component would negatively impact the people who receive Medicaid in the Delta. Many people in my community who use Medicaid do not have cars or access to reliable transportation, and the rural Delta region is very spread out in terms of businesses and feasible job training or volunteer sites. This requirement would create an undue burden on the sick and elderly of the Delta, and prevent MS citizens from accessing healthcare. Healthcare is a human right.

Best,
Alexandra Melnick

November 16, 2017

Margaret Wilson
Mississippi Division of Medicaid
550 High Street, Suite 1000
Jackson, Mississippi 39201

Dear Ms. Wilson,

On behalf of the American Heart Association (AHA) and the American Stroke Association, I would like to thank you for the opportunity to provide written comments on the proposed Medicaid Workforce Training Initiative 1115 Waiver Demonstration Application. As the nation's oldest and largest organization dedicated to fighting heart disease and stroke representing more than 100 million Americans with cardiovascular disease[i], we would like to express concern over the proposed changes to this waiver.

Of those the AHA represents, many rely on Medicaid as their primary source of care. In fact, twenty-eight percent of adults with Medicaid coverage have a history of cardiovascular disease[ii]. Medicaid provides critical access to prevention, treatment, disease management, and care coordination services for these individuals. Because low-income populations are disproportionately affected by CVD – with these adults reporting higher rates of heart disease, hypertension, and stroke – Medicaid is the coverage backbone for the healthcare services these individuals need.

The connection between health insurance and health outcomes is clear and well documented. Americans with CVD risk factors who lack health insurance, or are underinsured, have higher mortality rates and poorer blood pressure control than their insured counterparts. Further, uninsured stroke patients suffer from greater neurological impairments, longer hospital stays, and higher risk of death than similar patients covered by health insurance. Cardiovascular disease is also costly and burdensome for the individual, their families, and for communities. Researchers examining the impact of the Affordable Care Act (ACA) in Arkansas, Kentucky and Texas found improved health outcomes in Arkansas and Kentucky, which expanded Medicaid compared to Texas, which did not[iii].

Income Eligibility

Reducing the number of adults eligible to participate in the Medicaid program puts low-income populations at risk. Arkansas and other states that expanded Medicaid under the ACA have cut their non-elderly uninsured rate by more than half since 2010, according to a report by the Urban Institute[iv]. Numerous state and national studies have found that in states that expanded Medicaid, there was a significant increase in adults receiving consistent care for their chronic conditions, an increase in the use of preventive services and screening, and increased access to specialty care.

Medicaid expansion has been particularly beneficial for individuals with or at risk of developing CVD. A 2016 study conducted by The George Washington University, found that adults who live in non-expansion states are at higher risk of CVD or are more likely to have experienced acute CVD while also having lower insurance coverage rates. Patients in non-expansion states may also have greater difficulties getting preventive, primary or acute care. It is also harder for the physicians treating these patients to collect insurance payments for their services. This translates into significantly worse health outcomes for patients and a lost opportunity to incentivize cost-efficient care[v].

The Medicaid statute currently defines the factors states can consider in determining eligibility for Medicaid such as income, citizenship and immigration status, and state residence. The statute does not include an individual's employment status or ability to work, whether or not they are seeking work, or their ability to engage in work-related activities as a permissible factor in determining Medicaid eligibility[vi]. Most people on Medicaid who can work, do so. Nearly 8 in 10 non-disabled adults with Medicaid coverage live in working families, and nearly 60 percent are working themselves. Of those not working, more than one-third reported that illness or a disability was the primary reason, twenty eight percent reported that they were taking care of home or family, and 18 percent were in school[vii].

Mississippi's work requirement proposal would apply to beneficiaries age 19 to 64 with some exemptions. The proposal, however, lacks significant detail on how the requirement would be implemented and enforced. Beneficiaries who fail to meet the requirements would lose their coverage which places a substantial and life-threatening barrier to care for patients with cardiovascular risk factors. While we understand the need to address poverty and control costs, we are concerned that the proposed changes will require significant state investment in infrastructure and do not align with the goal of providing access to care. Implementing work requirements will necessitate new administrative processes and programs, which will require considerable financial resources. Furthermore, this program has not been proven to increase employment or access to care. We strongly recommend Medicaid resources be focused on improving the health of the patients it serves, rather than imposing additional administrative burdens.

In closing, the AHA strongly encourages the Mississippi Division of Medicaid to withdraw this 1115 Waiver Demonstration Application. The AHA supports promoting healthy behaviors and advocates for healthy lifestyles. However, we do not feel that implementing practices such as work requirements are beneficial as they add a layer of complexity to healthcare that could have adverse effects. While this provision is intended to increase the sustainability of the program, evidence shows that provisions like these restrict coverage and access and can negatively affect patient care[viii].

If you have any additional questions, please feel free to reach out to our organization at any time. We appreciate the opportunity to offer comments on this waiver request.

Sincerely,

Katherine Bryant
Senior Director, Government Relations and Advocacy
American Heart Association

[i] RTI. Projections of Cardiovascular Disease Prevalence and Costs: 2015–2035, Technical Report. http://www.heart.org/idc/groups/heart-public/@wcm/@adv/documents/downloadable/ucm_491513.pdf Accessed June 19, 2017.

[ii] Kaiser Family Foundation. The Role of Medicaid For People With Cardiovascular Diseases. 2012. Available at: https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8383_cd.pdf. Accessed August 15, 2016.

[iii] Sommers, Benjamin D. et al." Three-Year Impacts of The Affordable Care Act: Improved Medical Care and Health Among Low-Income Adults," Health Affairs, (May 17, 2017), http://content.healthaffairs.org/content/early/2017/05/15/hlthaff.2017.0293.full.pdf

[iv] Garret, Bowen and Gangopadhyaya, Anju. "Who Gained Health Insurance Coverage Under the ACA, and Where Do They Live?", Urban Institute & Robert Wood Johnson Foundation, (December 2016). http://www.urban.org/sites/default/files/publication/86761/2001041-who-gained-health-insurance-coverage-under-the-aca-and-where-do-they-live.pdf

[v] Leighton Ku, Erika Steinmetz, and Brian Bruen, "Americans' Cardiovascular Risk and Changes in Health Insurance Coverage: the Role of Recent Coverage Expansions," Milken Institute School of Public Health, George Washington University, December 2016.

[vi] Jane Perkins, "Medicaid Work Requirements: Legally Suspect," National Health Law Program, (March 2017).

[vii] Rachel Garfield, Robin Rudowitz, and Anthony Damico, "Understanding the Intersection of Medicaid and Work," Kaiser Family Foundation, February 2017, http://kff.org/medicaid/issue-brief/understanding-the-intersection-ofmedicaid-and-work/.

[viii] Hannah Katch and Judith Solomon, "Are Medicaid Incentives an Effective Way to Improve Health Outcomes?" Center on Budget and Policy Priorities, January 2017.

Good Morning, I am Roy Mitchell Executive Director of the Mississippi Health Advocacy Program. Founded in 1992 by the Sisters of Mercy, the Mississippi Health Advocacy Program is:

- a non-partisan, non-profit
- collaborative effort,
- aimed at improving health policies, practices and funding in Mississippi,
- especially for the low-income and needy.

MHAP has strengthened the bonds of common interest among groups of different race and class backgrounds by keeping the focus of the health policy debate on the core issues of community needs and citizen participation.

We appreciate the opportunity to comment on the Division of Medicaid's Medicaid 1115 waiver application for its Medicaid Program, which currently covers some of the most vulnerable populations in the state. **We oppose this waiver in its entirely because its proposals do not promote the goals of the Medicaid program and will put the health and well-being of low-income Mississippians at risk by causing them to lose coverage and access to care.**

The Division of Medicaid states the waiver's intended goal is to "begin building a future of healthy citizens in the state of Mississippi." However, the program as described in the proposed waiver fails to align with the intended goals of the Medicaid program, namely to provide medically necessary care to low-income individuals. **Moreover the program as**

described fails to recognize the economic realities of the state of Mississippi.

The proposed provisions will instead hinder the program's objectives. The work requirements, will:

- lessen access to coverage and care,
- disproportionately affect the lowest income people in the state,
- worsen health disparities,
- and ultimately harm the health of low-income Mississippians.

This runs directly contrary to the objectives of the Medicaid program.

The Division of Medicaid's proposal suggests that current Medicaid consumers will transition from Medicaid to "other forms of health care." For Mississippi Medicaid consumers the pathway to other forms of healthcare is unfortunately far from certain.

In Mississippi, only about a small percentage of those who work for firms in low wage sectors receive health insurance through their job. While the Affordable Care Act Marketplace provides income graduated tax credits to people without employer sponsored health insurance, those tax credits are only available for people with a household income of at least 100 percent of FPL, up to 400 percent of FPL.

The subsidies are not available below 100 percent of FPL, because when the Affordable Care Act was written,

Medicaid expansion was an integral part of the law: It was assumed that subsidies would not be needed below 100 percent of FPL, since Medicaid would be available instead.

However, Mississippi failed to take advantage of Medicaid expansion and nearly all able-bodied childless adults with incomes below 100 percent of FPL, as well as a large number of parents with incomes below100 percent of FPL, are not eligible for any financial assistance to help them afford health insurance.

There are no ACA Marketplace subsidies for them. Households with incomes below 100 percent of FPL generally cannot afford to pay full price for health insurance. In most cases, they will remain uninsured.

Certainly improving job skills and opportunities for low income Mississippians is a worthy goal but are jobs readily available in Mississippi? The collective federal and state data suggests otherwise. According to the Mississippi Department of Employment Security, 70 out of 82 counties in MS (or **85% of counties**) have a higher unemployment percentage than the rest of the country.

Even more dramatic are the findings of the United States Department of Labor; The United States Department of Labor issues an annual list of Labor Surplus Areas.

A Labor Surplus Area is defined as a civil jurisdiction that has a civilian average annual unemployment rate, during the previous two calendar years of 20 percent or more,

above the average annual civilian unemployment range for all States during the same 24-month reference period.

According to the United States Department of Labor's, most recent report dated October 1, 2017, **50 out of Mississippi's 82** counties are labor surplus areas **where the average annual unemployment rate during the previous two calendar years is 20 percent or more above the national average.**

Finally, we maintain that work requirements are an inefficient use of federal and state funds. The requirements will cause the state to spend money on several new administrative processes, including assessing whether applicants must meet the requirement or are one of the exempt populations, notifying applicants of their eligibility for or failure to meet the requirements and reviewing documentation.

Overall, we are concerned that Mississippi's waiver will result in losses of coverage and worse health outcomes for Mississippi Medicaid enrollees, which will further reduce their well being and economic security. In the state with the lowest per capita income in the nation, it would be irresponsible to impose additional barriers to care. Rather than continuing to introduce barriers to coverage and care, the Division of Medicaid should be focused on providing comprehensive care and recognize the important role health coverage plays in keeping children, their families, and their communities healthy.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

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November 27, 2017

Margaret Wilson
Mississippi Division of Medicaid
550 High Street, Suite 1000
Jackson, Mississippi 39201

Dear Ms. Wilson,

The Mississippi Chapter of the American Academy of Pediatrics (AAP) is a nonprofit organization representing 325+ pediatricians from across the state, and is dedicated to the health, safety and well-being of all Mississippi infants, children, adolescents and young adults. Thank you for the opportunity to provide comment on the proposed Medicaid Workforce Training Initiative 1115 Waiver Demonstration Application (November 7, 2017).

While we applaud the state's effort in this proposal to extend Transitional Medical Assistance (TMA) to low-income parents and caretaker relatives to 100% of the federal poverty level (FPL) for up to 2 years, we are highly concerned that adding work requirements to Medicaid will create significant and unnecessary barriers to care for the chronically ill and disabled in our state, and will likely result in such enrollees losing coverage.

As pediatricians, we know that parents who are enrolled in coverage are more likely to have children enrolled in coverage, and parents with coverage are also more likely to maintain their children's coverage over time. Research shows the positive effects that Medicaid coverage of adults is having in other states in terms of coverage, access to care, utilization, affordability, health outcomes, and many economic measures.[1] New research also demonstrates that coverage of parents has spillover effects in terms of increased use of preventive services by children.[2] We therefore applaud the state's effort to increase the length of time parents and caretaker relatives can continue to receive TMA. We would be especially supportive of extending new mothers' coverage for 18 months after delivery to decrease the chance of a future preterm birth or other neonatal health problem.

However, we oppose the state's effort to condition Medicaid coverage on work.

We know that among Medicaid eligible adults, 8 in 10 live in working families and almost 60% work themselves.[3] While the goal of the waiver proposal may be to transition adults to employer sponsored insurance, a 2014 study found that only 28% of employees of private firms with low average wages obtain health insurance through their jobs, and 42% are not even eligible for their employer's health insurance coverage.[4]

Moreover, we question whether a Medicaid work requirement will positively impact poverty rates in Mississippi. Evaluation of the work requirements in the Temporary Assistance for Needy Families (TANF) program has found that such work requirements have little to no effect in increasing work or reducing poverty. Studies have shown that the majority of individuals subject to work requirements in TANF actually remained poor, and some even slipped into deeper poverty. [5]

Adding a work requirement to Medicaid would punish those who may be facing family difficulties or otherwise unable to find employment, volunteer, or attend school for the required time periods each week. Therefore, we call into question the aim of this substantial policy change and raise significant concern that such a work requirement will lead to a loss of much needed health insurance coverage, particularly for our most vulnerable citizens.

We also remain concerned that the documentation requirement for this provision might be onerous, which could lead those individuals who meet the requirement to unnecessarily lose needed coverage. Finally, the state costs associated with administering this work requirement and verification could far outweigh any potential savings.

For these reasons, we oppose the work requirements found in this waiver proposal. Medicaid exists to provided needed health insurance coverage to low-income residents who cannot afford private insurance. Adding a work requirement counters the nature of Medicaid as a healthcare lifeline for those Mississippians most in need. Medicaid must not be used as a punishment or "reward" for meeting other activities.

We hope the state takes into consideration the concerns of Mississippi's pediatricians as it considers changes to this proposal. Thank you for the opportunity to provide comments; if you have questions on our comments, please contact Gretchen Mahan @ msaap@integrity.com.

Sincerely,

Nikki

Nikki Ivancic Currey, MD, FAAP
Chapter President

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[1] Antonisse L, Garfield R, et al. The Effects of Medicaid Expansion under the ACA: Updated Findings from a Literature Review. Kaiser Family Foundation, September 25, 2017. Online at: https://www.kff.org/medicaid/issue-brief/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review-september-2017/

[2] Venkataramani M, Pollack CE, et al. Spillover Effects of Adult Medicaid Expansions on Children's Use of Preventive Services. *Pediatrics* November 2017. Online at: http://pediatrics.aappublications.org/content/early/2017/11/09/peds.2017-0953

[3] Garfield R, Rudowitz R, et al. "Understanding the Intersection of Medicaid and Work." Kaiser Family Foundation, February 2017. Online at: http://kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work/

[4] Ku L and Brantley E. "Myths About The Medicaid Expansion And The 'Able-Bodied'" *Health Affairs* Blog, March 6, 2017. Online at: http://healthaffairs.org/blog/2017/03/06/myths-about-the-medicaid-expansion-and-the-able-bodied/

Indivisible Jackson

November 27, 2017

Mississippi Division of Medicaid
Medicaid Workforce Training Initiative
1115 Demonstration Waiver Application

Comments from Indivisible Jackson

Indivisible Jackson is a grassroots organization of citizens of Mississippi who reside in the Jackson area. One of our subgroups focuses on health care in Mississippi with a goal of improving access to care. After reviewing the 1115 Demonstration of Waiver proposal we have two major concerns. We find these to be fatal flaws in the application and urge that this proposal should not move forward to CMS.

1) Health care access: The purpose of Medicaid is to improve the health of citizens through prevention and care for acute and chronic illnesses. The proposal would reduce the numbers of persons eligible for Medicaid without offering an alternative for health insurance. Without health insurance patients will not seek early, less costly, care but instead will wait until health problems are life threatening and extremely costly both in terms of quality of life and dollars. Thus, in the long run, the proposed initiative will not save Mississippi dollars and will add to the suffering of Mississippians.

   Note that if this proposal was coupled with expanding Medicaid beyond 150% of the poverty level, it might allow individuals with low paying part time employment to also have health insurance (Medicaid). At least in this way we could guarantee no loss in health care for those eligible for this waiver who also find employment.

2) Mississippi economy: Some counties and regions of Mississippi are impoverished with unemployment levels above the national average. As others have noted, the potential for employment even at 20 hours/ week is limited. Furthermore, often health care and education are the main economic drivers in rural Mississippi. The forced closure of primary and tertiary care facilities due to reduced Medicaid dollars will have an impact on entire communities, aggravating the already endemic poverty and social crises. In summary, the possibilities of 20 hours/week employment in rural communities may be well beyond the control of individuals. And without Medicaid dollars, whole communities will become more impoverished adding to the cycle of poverty and poor health.

   We also note that in the first year of this proposal, the DOM expects to save Mississippi taxpayers $7.4 million. However, it is clear that in doing so we will turn away $22.4 million that would have come from the federal government. These funds would be spent in our state, supporting our economy. It is difficult to see how we will support the

MS economy with this waiver, when we clearly turn away 3 times as much money as we save each year.

The goal of this initiative is to " provide workforce training opportunities for certain TMA beneficiairies to assist them with obtaining employment and transitioning to other health insurance". Solutions that truly "train" the workforce would offer solid education and training associated with real work experience so that individuals build confidence in their abilities to be productive contributing members of our society. In Mississippi, we have the opportunity to lead the nation with demonstration projects that show just how this can be accomplished. The proposal Medicaid Workforce Training Initiative 1115 Demonstration Walver Application fails to do this.

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CLASP

Policy solutions that work for low-income people

November 28, 2017

Re: State of Mississippi Medicaid Reform Demonstration Project, 1115 Demonstration Waiver Amendment

Dear Ms. Wilson,

I am writing on behalf of the Center for Law and Social Policy (CLASP). CLASP is a national, nonpartisan, anti-poverty nonprofit advancing policy solutions for low-income people. We work at both the federal and state levels, supporting policy and practice that makes a difference in the lives of people living in conditions of poverty. In particular, these comments draw on CLASP's deep experience with Temporary Assistance for Needy Families (TANF) and the Supplemental Nutrition Assistance Program (SNAP), two programs where many of the policies proposed in this waiver have already been implemented – and been shown to be significant barriers to low-income people getting and retaining benefits. These comments also draw on CLASP's experience in working with six states under the Work Support Strategies project, where these states sought to dramatically improve the delivery of key work support benefits to low-income families, including health coverage, nutrition benefits, and child care subsidies through more effective, streamlined, and integrated approaches. From this work, we learned that reducing unnecessary steps in the application and renewal process both reduced burden on caseworkers and made it easier for families to access and retain the full package of supports that they need to thrive in work and school.

CLASP submits the following comments in response to the 1115 Waiver Demonstration Application and raises serious concerns about the effects of the waiver, as proposed, on the coverage and health outcomes of low-income Medicaid beneficiaries in Mississippi. In particular, the policies would have a dramatic and negative impact on access to care for deeply poor parents (leading to negative effects for their children as well). The state's own estimate is that in the first year of the waiver, nearly 5,000 fewer people would be covered under Medicaid each month. There is no reason to believe that these people will be transitioning to employer sponsored insurance or earning enough to qualify for subsidies under the Affordable Care Act. This waiver thus takes a big step backwards in coverage. We therefore believe that it is inconsistent with the goals of the Medicaid program.

Medicaid plays a critical role in supporting the health and well-being of low-income adults and children. Many work in low-wage jobs where employer sponsored health care is not offered, or is prohibitively expensive. Others may have health concerns that threaten employment stability, and without Medicaid, would be denied access to the medical supports they need to hold a job, such as access to critical medications.

The Medicaid statute is clear that the purpose of the program is to furnish medical assistance to individuals whose incomes are not enough to meet the costs of necessary medical care and to furnish such assistance and services to help these individuals attain or retain the capacity for independence and self-care. States are allowed in limited circumstances to request to "waive" provisions of the rule but the Secretary of Health and Human Services (HHS) may only approve a project which is "likely to assist in promoting the objectives" of the Medicaid Act[1]. A waiver that does not promote the provision of health care would not be permissible. This waiver proposals' attempt to transform Medicaid and reverse its core function will result in many adults losing needed coverage, poor health outcomes, and higher administrative costs. There is an extensive and strong literature that shows, as a recent New England Journal of Medicine review concludes "Insurance

coverage increases access to care and improves a wide range of health outcomes."[2] This waiver is therefore inconsistent with the Medicaid purpose of providing medical assistance and improving health, and should be rejected. Moreover, losing health coverage will also make achieving work and education goals significantly more difficult for beneficiaries.

It is important to recognize that limiting parents' access to health care will have significant negative effects on their children as well. Children do better when their parents and other caregivers are healthy, both emotionally and physically.[3] Adults' access to health care supports effective parenting, while untreated physical and mental health needs can get in the way. For example, a mother's untreated depression can place at risk her child's safety, development, and learning.[4] Untreated chronic illnesses or pain can contribute to high levels of parental stress that are particularly harmful to children during their earliest years.[5] Additionally, health insurance coverage is key to the entire family's financial stability, particularly because coverage lifts the burdens of unexpected health problems and related costs. These findings were reinforced in a new study, which found that when parents were enrolled in Medicaid their children were more likely to have annual well-child visits.[6]

Work Requirements

CLASP does not support Mississippi's proposal to implement work requirements, referred to as "workforce training activities" in the proposal, for the non-disabled Medicaid population. Our comments that follow focus on the harmful impact the proposed work requirements will have on low-income Mississippians and the state.

Mississippi is proposing to implement a work requirement for "non-disabled adults currently covered under traditional Medicaid, including low-income parents and caretakers eligible under Section 1931 and individuals eligible for transitional medical assistance." Those who are subject to the work requirements will have to work or participate in other qualifying activities for 20 hours per week in order to stay enrolled in Medicaid. Mississippi notes that some populations will be exempt from the work requirement. The penalty for not complying with the work requirement is disenrollment from Medicaid until compliance is met.

CLASP strongly opposes work requirements for Medicaid beneficiaries and urges Mississippi to withdraw this request. Work requirements—and disenrollment for failure to comply—are inconsistent with the goals of Medicaid because they would act as a barrier to access to health insurance, particularly for those with chronic conditions and disabilities, but also for those in areas of high unemployment, or who work the variable and unpredictable hours characteristic of many low-wage jobs. In addition, while the purported goal of this provision is to promote work, the reality is that denying access to health care makes it less likely that people will be healthy enough to work. This provision would also increase administrative costs of the Medicaid program and reduce the use of preventative and early treatment services, ultimately driving up the costs of care while also leading to worse health outcomes.

The request for a work requirement is especially troublesome given Mississippi's extremely low income eligibility limit for Medicaid for non-disabled adults. Non-disabled adults in Mississippi are only eligible for Medicaid if they are living in extremely deep poverty (27 percent of the poverty level, equivalent to $5,513.40 annually for a family of three) and raising dependent children. These families are facing enormous struggles to make ends meet. Placing extra burdens on these families for the adults to receive health care is not only immoral, but may actually make it harder for them to find and keep employment.

Section 1931 of the Social Security Act ensures Medicaid eligibility for adults with children who would have been eligible for the Aid to Families with Dependent Children (AFDC) program according to 1996 income guidelines, regardless of whether they currently receive cash assistance. Mississippi's request to implement a work requirement for this population (if they don't qualify for an exemption) would effectively eliminate this

guarantee of coverage. This request by Mississippi appears to be in direct conflict with the law.

Work Requirements Do Not Promote Employment

Using TANF and SNAP as models to create a work requirement for Medicaid is misguided and short sighted. Lessons learned from other programs demonstrate that work requirement policies are not effective in connecting people to living-wage jobs that provide affordable health insurance and other work support benefits such as paid leave.[7] A much better focus for public policy is to develop skills training for jobs that are in high demand and pay living wages, help people get the education they need to climb their career ladder, and foster an economy that creates more jobs. (We note that while Mississippi is requesting a waiver to allow it to claim employment and training costs under Medicaid, the budget neutrality analysis does not include any such costs.)

Another consequence of a work requirement could be, ironically, making it harder for people to work. When additional red tape and bureaucracy force people to lose Medicaid, they are less likely to be able to work. People must be healthy in order to work, and consistent access to health insurance is vital to being healthy enough to work.[8] Medicaid expansion enrollees from Ohio[9] and Michigan[10] reported that having Medicaid made it easier to look for employment and stay employed. Making Medicaid more difficult to access could have the exact opposite effect on employment that supporters of work requirements claim to be pursuing.

Work Requirements Do Not Lead to Employer Sponsored Insurance

The waiver request assumes that if participants become employed, they will be able to transition onto *affordable employer-sponsored insurance (ESI).* Unfortunately, this is simply not the reality of many jobs in America. Only 49 percent of people in this country receive health insurance through their jobs – and only 16 percent of poor adults do so.[11] The reality is that many low-wage jobs, particularly in industries like retail and restaurant work, do not offer ESI, and when they do, it is not affordable.[12] People working multiple part-time jobs or in the gig economy are particularly unlikely to have access to employer-provided insurance.

Work Requirements Grow Government Bureaucracy and Increase Red Tape

The addition of a work requirement to Medicaid would add new red tape and bureaucracy to the program and only serve as a barrier to health care for enrollees. Tracking work hours, reviewing proof of work, and keeping track of who is and is not subject to the work requirement is a significant undertaking that will require new administrative costs and possibly new technology expenses to update IT systems. Lessons from other programs show that the result of this new administrative complexity and red tape is that ***eligible*** people will lose their health insurance because the application, enrollment, and on-going processes to maintain coverage are too cumbersome.

The waiver language states that the data needed to identify when people are exempt from the work requirement are not currently tracked. Developing a new system to track reasons for exemptions and the number of hours worked by those subject to the work requirement will be administratively burdensome, and likely costly to the state.

In addition, the waiver proposal states that individuals who fail to comply with work requirements within 6 months or less of their termination or reassessment date will be required to submit a new application. This will significantly add to the workload for caseworkers (which is also not reflected in the cost neutrality analysis), and will result in people losing coverage.

Work Requirements Do Not Reflect the Realities of Our Economy

Work requirements do not reflect the realities of today's low-wage jobs. For example, seasonal workers may have a period of time each year when they are not working enough hours to meet a work requirement and as a result will churn on and off the program during that time of year. Or, some may have a reduction in their work hours at the last minute and therefore not meet the minimum numbers of hours needed to retain Medicaid. Many low-wage jobs are subject to last-minute scheduling, meaning that workers do not have advance notice of how many hours they will be able to work.[13] This not only jeopardizes their health coverage if Medicaid has a work requirement, but also makes it challenging to hold a second job. If you are constantly at the whim of random scheduling at your primary job, you will never know when you will be available to work at a second job.

Work Requirements are Likely to Increase Churn

Mississippi states that the addition of work requirements to Medicaid will contribute to decreasing churn in Medicaid. In reality, the addition of work requirements is likely to have the opposite effect and increase churn. As people are disenrolled from Medicaid for not meeting work requirements, possibly because their hours get cut one week or they have primarily seasonal employment (like construction work), they will cycle back on Medicaid as their hours increase or the seasons change. People may be most likely to seek to re-enroll once they have need healthcare, and be less likely to receive preventative care if they are not continuously enrolled in Medicaid.

Work Requirements Will Harm Persons with Illness and Disabilities

Many people who are unable to work due to disability or illness are likely to lost coverage because of the work requirement. Although Mississippi is proposing to exempt individuals who receive Social Security Disability Insurance (SSDI), have been determined unable to work by disability determination services, or have been diagnosed with a mental illness, in reality many people are not able to work due to disability or unfitness are likely to not receive an exemption due to the complexity of paperwork. A Kaiser Family Foundation study found that 35 percent of unemployed adults receiving Medicaid—but who are not receiving Disability/SSI—reported illness or disability as their primary reason for not working.[14] And an Ohio study found that one-third of the people referred to a SNAP employment program that would allow them to keep their benefits reported a physical or mental limitation. Of those, 25 percent indicated that the condition limited their daily activities,[15] and nearly 20 percent had filed for Disability/SSI within the previous 2 years. Additionally, those with disabilities may have a difficult time navigating the increased red tape and bureaucracy put in place to administer a work requirement. The end result is that many people with disabilities will in fact be subject to the work requirement and will be at risk of losing health coverage.

For all the reasons laid out above, the state should reconsider their approach to encouraging work. If Mississippi is serious about encouraging work, helping people move into jobs that allow for self-sufficiency (and affordable ESI), and improving its state's health ranking the state would be committed to ensuring that all adults have access to health insurance in order to ensure they are healthy enough to work. Mississippi could opt to expand Medicaid as intended by the Affordable Care Act (ACA), which will ensure that people have consistent access to Medicaid and close the coverage gap. Instead, the state is asking to place additional barriers between the state's most vulnerable families and their health care.

Thank you for considering CLASP's comments. Contact Suzanne Wikle (**swikle@clasp.org**) with any questions.

[1] Jane Perkins, "Section 1115 Demonstration Authority: Medicaid Act Provisions That Prohibit a Waiver," National Health Law Program, 2017, **http://www.healthlaw.org/issues/medicaid/waivers/sec-1115-demonstration-authority-medicaid-provisions-that-prohibit-waiver#.WhRlBFWnHIU.**

[2] Benjamin D. Sommers, M.D., Ph.D., Atul A. Gawande, M.D., M.P.H., and Katherine Baicker, Ph.D., Health Insurance Coverage and Health — What the Recent Evidence Tells Us, New England Journal of Medicine, July 21, 2017. **http://www.nejm.org/doi/full/10.1056/NEJMsb1706645.**

[3] Jack Shonkoff, Andrew Garner, "The Lifelong Effects of Early Childhood Adversity and Toxic Stress," Pediatrics, December 2011, **http://pediatrics.aappublications.org/content/early/2011/12/21/peds.2011-2663.**

[4] Stephanie Schmit and Christina Walker, "Seizing New Policy Opportunities to Help Low-Income Mothers with Depression," CLASP, 2016, **http://www.clasp.org/resources-and-publications/publication-1/Opportunities-to-Help-Low-Income-Mothers-with-Depression-2.pdf.**

[5] National Scientific Council on the Developing Child and National Forum on Early Childhood Program Evaluation, "Maternal Depression Can Undermine the Development of Young Children," Center on the Developing Child, Harvard University, Working Paper 8, 2009, **http://developingchild.harvard.edu/resources/maternal-depression-can-undermine-the-development-of-young-children.**

[6] Maya Venkataramani, Craig Evan Pollack, Eric T. Roberts, "Spillover Effects of Adult Medicaid Expansions on Children's Use of Preventive Services," Pediatrics. 2017;140(6):e20170953, **http://pediatrics.aappublications.org/content/pediatrics/early/2017/11/09/peds.2017-0953.full.pdf.**

[7] Jessica Gehr, "Doubling Down: How Work Requirements in Public Benefit Programs Hurt Low-Wage Workers," CLASP, June 2017, **https://www.clasp.org/sites/default/files/publications/2017/08/Doubling-Down-How-Work-Requirements-in-Public-Benefit-Programs-Hurt-Low-Wage-Workers.pdf.**

[8] Jessica Gehr and Suzanne Wikle, "The Evidence Builds: Access to Medicaid Helps People Work," February 2017, CLASP, **https://www.clasp.org/publications/fact-sheet/evidence-builds-access-medicaid-helps-people-work.**

[9] The Ohio Department of Medicaid, "Ohio Medicaid Group VIII Assessment: A Report to the Ohio General Assembly," January 2017, **http://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Assessment.pdf.**

[10] Renuka Tipirneni, Jeffrey Kullgren, John Ayanian, Edith Kieffer, Ann-Marie Rosland, Tammy Chang, Adrianne Haggins, Sarah Clark, Sunghee Lee, and Susan Goold, "Medicaid Expansion Helped Enrollees Do Better at Work or in Job Searches," University of Michigan, June 2017, **http://ihpi.umich.edu/news/medicaid-expansion-helped-enrollees-do-better-work-or-job-searches.**

[11] Kaiser Family Foundation, "Health Insurance Coverage of the Total Population," 2016, **https://www.kff.org/other/state-indicator/total-population/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D** and KFF "Health Insurance Coverage of Adults 19-64 Living in Poverty (under 100% FPL)" 2016, **https://www.kff.org/other/state-indicator/poor-adults.**

[12] Brynne Keith-Jennings and Vincent Palacios, "SNAP Helps Millions of Low-Wage Workers," Center on Budget and Policy Priorities, May 2017, **http://www.cbpp.org/research/food-assistance/snap-helps-millions-of-low-wage-workers.**

[13] Liz Ben-Ishai, "Volatile Job Schedules and Access to Public Benefits" CLASP, September 2015, **https://www.clasp.org/sites/default/files/public/resources-and-publications/publication-1/2015.09.16-Scheduling-Volatility-and-Benefits-FINAL.pdf**.

[14] Rachel Garfield, Robin Rudowitz, and Anthony Damico, "Understanding the Intersection of Medicaid and Work, February 2017, **http://kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work/.**

[15] Ohio Association of Foodbanks, Comprehensive Report: Able-Bodied Adults Without Dependents, 2015, **http://admin.ohiofoodbanks.org/uploads/news/ABAWD_Report_2014-2015-v3.pdf.**

DISABILITY RIGHTS MISSISSIPPI
Protection and Advocacy for Individuals with Disabilities

November 29, 2017

Margaret Wilson
Mississippi Division of Medicaid, Office of Policy
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Ms. Wilson,

Disability Rights Mississippi (DRMS) is the designated Protection and Advocacy organization for the State of Mississippi and is a part of the national network of Protection and Advocacy organizations, as established in 42 USC 15041, *et seq*. DRMS provides legal assistance, advocacy services, and information and referrals to residents of Mississippi living with disabilities. DRMS also investigates allegations of abuse and neglect of persons with disabilities and is empowered by federal law to do so. Our primary areas of focus are the ADA, HUD, Medicaid services, treatment facilities, and educational services for children.

The following comments pertain to the Medicaid Workforce Training Initiative 1115 Demonstration Waiver Application posted on or about October 31, 2017 on the website of the Mississippi Division of Medicaid.

1. One of the stated goals of this Demonstration Waiver application is to decrease the number of individuals receiving Medicaid benefits. The proposed plan would certainly achieve that goal, but it would do so by putting Medicaid beneficiaries in an impossible position. To meet the proposed requirements of working 20 hours per week, a beneficiary will almost certainly earn too much money to continue to receive Medicaid coverage under Mississippi's current eligibility income limits. Even if the beneficiary is only paid the federal minimum wage of $7.25 per hour, his or her earnings will exceed the income limits unless he or she also has five or more dependents in the home. Beneficiaries with four or fewer dependents would no longer be eligible to receive benefits.

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As you are no doubt aware, Mississippi has refused to expand Medicaid eligibility under the Affordable Care Act (ACA). As such, there is a significant gap in affordable health insurance coverage for low income individuals and families. For a family of three, for example, to qualify for lowered insurance premiums through subsidies under the ACA, their household income would have to be at least $20,420. An individual that worked 20 hours per week at the current federal minimum wage would only earn $7,540. If the individual were to work full time, at 40 hours per week, his or her earnings would still only amount to $15,080. Such a family might well have to pay full price for a health insurance plan under the ACA. For 2018, the least expensive insurance plan available in Mississippi for a family of three has a premium of $931.62 per month. Meanwhile, employers do not typically offer health insurance to part time and/or low wage workers.

The Division of Medicaid should also consider that this program would require beneficiaries to enter the workforce at a time when the state's economy is lagging well behind the national average. According to the Bureau of Labor Statistics, Mississippi's unemployment rate was 5.2% as of September, 2017, a full percentage point higher than the national unemployment rate for the same month.

Thus, the primary effect of the proposed 1115 Demonstration Waiver will be to remove beneficiaries, who are otherwise eligible, from the Medicaid rolls and leave them with nowhere to turn for health care insurance coverage.

2. The proposal for the 1115 Demonstration Waiver outlines several factors that would exempt a beneficiary from the work requirements outlined in the submission to CMS. One of the exemptions are those individuals who receive Social Security Disability Insurance (SSDI) benefits. DRMS is concerned, however, that no mention is made of those individuals who receive Supplemental Security Income (SSI) benefits from the Social Security Administration (SSA).

   The only difference between SSDI and SSI beneficiaries is whether or not they were "insured" by their contributions to the Social Security trust fund, via taxes under the Federal Insurance Contributions Act (FICA), at the time they became disabled under SSA's regulations. Otherwise, the eligibility requirements for the two programs are functionally identical. The medical requirements and functional limitations, as well as the effects of age and educational level, between the two programs are the same. An individual who receives SSDI benefits is no more (or less) "disabled" under SSA's definition of the term than a person who receives SSI benefits.

   DRMS strongly encourages the Division of Medicaid to revise the exemptions to include SSI beneficiaries. We believe that to distinguish between SSDI and SSI recipients in this context is both arbitrary and nonsensical.

We would like to thank the Division of Medicaid for their diligent efforts in their efforts to better serve Medicaid beneficiaries in Mississippi and look forward to your responses to the issues that we have raised.

Sincerely,

Micah Dutro
Legal Director
Disability Rights Mississippi

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November 27, 2017

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Re: Medicaid Workforce Training Initiative 1115 Waiver Demonstration Application

Dear Ms. Wilson:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on Mississippi's 1115 demonstration waiver application. ACS CAN, the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. As the nation's leading advocate for public policies that are helping to defeat cancer, ACS CAN ensures that cancer patients, survivors, and their families have a voice in public policy matters at all levels of government.

We support Mississippi's goal of building a future of healthy Mississippians, but believe the proposed waiver could negatively impact the traditional adult Medicaid population, including cancer patients, survivors, and those who will be diagnosed with cancer in their lifetime. Nearly 17,300 Mississippians are expected to be diagnosed with cancer this year[1] – many of whom are receiving health care coverage through the Mississippi Medicaid program. ACS CAN wants to ensure that cancer patients and survivors in Mississippi will have adequate access and coverage under the Medicaid program, and that specific requirements do not create barriers to care for low-income cancer patients, survivors, and those who will be diagnosed with cancer. The proposed Medicaid workforce training initiative could limit eligibility and access to care for some of the most vulnerable Mississippians, including those with cancer and cancer survivors. We urge the Mississippi Division of Medicaid ("the Department" or "DOM") to reconsider this waiver to ensure that low-income Mississippians have access to quality, affordable, and comprehensive health insurance, no matter their work status.

The following are our specific comments on the state's Medicaid workforce training initiative 1115 waiver application:

[1] American Cancer Society. *Cancer Facts & Figures 2017*. Atlanta, GA: American Cancer Society; 2017.

Work Requirements

The requirement that all "able-bodied" adults covered under traditional Medicaid, including low-income parents and caretakers eligible under Section 1931 and individuals eligible for the Transitional Medical Assistance (TMA) program, must be employed, attending school, or participating in an activity approved by the Department for 20 hours-per-week to maintain eligibility or enrollment in the Medicaid program has the unintended consequence of disadvantaging patients with serious illnesses, such as cancer. Many Medicaid enrollees are already working, as evidence by a recent Kaiser Family Foundation report found that nearly seven in ten adult Medicaid enrollees in Mississippi are already in a working family and nearly half are already working themselves.[2] While we understand the intent of the proposal is to further encourage employment, many cancer patients in active treatment are often unable to work or require significant work modifications due to their treatment.[3,4,5] If this requirement is included as a condition of eligibility for coverage, many cancer patients would find that they are ineligible for the lifesaving cancer treatment services provided through Medicaid.

We appreciate the Department's acknowledgement that not all people are able to work and the decision to include several exemption categories from the work requirement and associated lock-out period. However, we are concerned that the waiver does not go far enough to protect vulnerable individuals. We note that the Department neglected to exclude those members in the Breast and Cervical Cancer Program from the work requirement, and cancer patients and recent survivors do not appear to be included under the exemptions. Research suggests that between 40 and 85 percent of cancer patients stop working while receiving cancer treatment, with absences from work ranging from 45 days to six months depending on the treatment.[6]

If the Department continues forward with this provision, **we urge the Department to consider implementing a medically frail designation that would exempt individuals with serious, complex medical conditions from the proposed work requirement and associated lock-out – particularly those with cancer, recent survivors, and women diagnosed with cancer through the Mississippi Breast and Cervical Cancer Program.** Specifically, ACS CAN urges the Department to consider implementation of the "medically frail" designation as defined in 42 CFR §440.315(f), which allows certain individuals with serious and complex medical conditions be exempt from specific provisions.

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[2] Garfield R, Rudowitz R, Damico A. *Understanding the intersection of Medicaid and work*. February 2017. Washington, DC: Kaiser Family Foundation. https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work/.

[3] Whitney RL, Bell JF, Reed SC, Lash R, Bold RJ, Kim KK, et al. Predictors of financial difficulties and work modifications among cancer survivors in the United States. *J Cancer Surviv.* 2016; 10:241. doi: 10.1007/s11764-015-0470-y.

[4] de Boer AG, Taskila T, Tamminga SJ, et al. Interventions to enhance return to work for cancer patients. *Cochrane Database Syst Rev.* 2011; 16(2): CD007569. doi: 10.1002/14651858.CD007569.pub2.

[5] Stergiou-Kita M, Pritlove C, van Eerd D, Holness LD, Kirsh B, Duncan A, Jones J. The provision of workplace accommodations following cancer: survivor, provider, and employer perspectives. *J Cancer Surviv*. 2016; 10:480. doi:10.1007/s11764-015-0492-5.

[6] Ramsey SD, Blough DK, Kirchhoff AC, et al. Washington State Cancer Patients Found to be at Greater Risk for Bankruptcy then People Without a Cancer Diagnosis," Health Affairs, 32, no. 6, (2013): 1143-1152.

With respect to cancer, the definition of medically frail should explicitly include individuals who are currently undergoing active cancer treatment –including chemotherapy, radiation, immunotherapy, and/or related surgical procedures – as well as new cancer survivors who may need additional time following treatment to transition back into the workplace.

Lock-Out Period

We are deeply concerned about the proposed lock-out period for non-compliance with the work requirement. The Department does not appear to offer a compliance grace period before subjecting enrollees to the proposed lock-out. This could place a substantial financial burden on enrollees and cause significant disruptions in care, particularly for cancer survivors (who require frequent follow-up visits) and individuals in active cancer treatment. As previously mentioned, research suggests that between 40 and 85 percent of cancer patients stop working while receiving cancer treatment, with absences from work ranging from 45 days to six months depending on the treatment.[7] If low-income cancer patients or recent survivors are subjected to the proposed lock-out period, they will likely have no access to health care coverage, making it difficult or impossible to continue treatment or pay for their maintenance medication until they can comply with the requirements. For those cancer patients who are mid-treatment, a loss of health care coverage could seriously jeopardize their chance of survival. Being denied access to one's cancer care team could be a matter of life or death for a cancer patient and the financial toll that the lock-out would have on individuals and their families could be devastating.

Request for Enhanced Federal Funding for Workforce Training Activities

We note that the Department is requesting enhanced federal funding from the Centers for Medicare and Medicaid Services (CMS) to assist with workforce training activities. It is unclear how enhanced federal funds to support the Department's administrative functions and responsibilities related to enforcement of the work training initiative meets the core objective of the Medicaid program to "serve the health and wellness needs of our nation's vulnerable and low-income individuals and families," as laid out on the CMS website. Federal monies should be focused on improving health outcomes for Mississippi's low-income residents in order to meet the Department's goal of building a future of health Mississippians, rather than pay for the administrative costs of an administratively burdensome work requirement.

Conclusion

We appreciate the opportunity to provide comments on the Mississippi Division of Medicaid's waiver amendment application. The preservation of eligibility and coverage through the Medicaid program remains critically important for many low-income Mississippians who depend on the program for cancer prevention, early detection, diagnostic, and treatment services. Upon further consideration of the policies that will be included in the final waiver application, we ask the Department to weigh the impact such policies may have on access to lifesaving health care coverage, particularly those individuals with cancer, cancer survivors, and those who will be diagnosed with cancer during their lifetime.

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[7] Ramsey SD, Blough DK, Kirchhoff AC, et al. Washington State Cancer Patients Found to be at Greater Risk for Bankruptcy then People Without a Cancer Diagnosis. *Health Affairs*. 2013; 32(6): 1143-1152.

Maintaining access to quality, affordable, accessible, and comprehensive health care coverage and services is a matter of life and survivorship for thousands of low-income cancer patients and survivors, and we look forward to working with the Department to ensure that all Mississippians are positioned to win the fight against cancer. If you have any questions, please feel free to contact me at Kimberly.hughes@cancer.org or 601.321.5510.

Sincerely,

Kimberly Hughes
Mississippi Government Relations Director
American Cancer Society Cancer Action Network

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November 28, 2017

Thank you for this opportunity to share with state and federal leaders my concerns regarding Mississippi's application to impose work requirements on certain Medicaid beneficiaries.

As the mayor of Mound Bayou, located in the Mississippi Delta, I am on the frontlines assisting the very people these requirements would impact. Based on my experience and the supporting data, I can say without a doubt that this proposal would harm both the health and economy of my town and surrounding communities. I ask that the Center for Medicare and Medicaid deny this proposal.

Like many pockets of America, rural Mississippi has been left behind in an economy that is becoming more and more technology driven. As we adjust to a new reality, many of the workers in my small town and surrounding communities take on low-wage service jobs. The great majority of these jobs largely come with no health benefits[i]. The idea that taking Medicaid coverage away from low-income Mississippians would put them on a path to employer-based coverage is not based on the data, or my real world experience.

The reality is that good health is vitally important to these individuals gaining long-term employment. In fact, Mississippi owes its stagnant economy to a lack of investment in human capital. Our state leaders have refused to put sufficient funding towards education and healthcare. The result has been dismal economic output and constant poor health care outcomes. Our state should be looking to expand health care access not retracting it.

If enacted, the Mississippi Division of Medicaid's work requirement would actually harm the people least able to hold and keep a job. Ironically, these rules would hurt the very people who need health care to participate in the workforce. Many of my constituents, who suffer with mental illnesses or substance abuse, are only healthy and stable enough to find work because they have reliable health care through Medicaid. These provisions would actually harm Mississippians and hold them out of the workforce by taking away their access to health care.

Please also consider that these adults are working, looking for work, or taking care of a dependent. In fact, if they receive SNAP, TANF or Childcare assistance, they are already subject to complying with these very same work rules.

If the federal government approves this change, the administrative barriers that come with these requirements will lead to thousands of parents losing their health insurance. The lack of transportation and childcare, particularly here in the Mississippi Delta, can limit a parent's ability to maintain or look for work. I constantly meet families that have loss SNAP or TANF benefits, not because they weren't working, but because of the difficulties in complying with these administrative rules.

These new requirements on Medicaid serve absolutely no purpose. I implore the Division of Medicaid to reconsider their proposal. If they choose not to, I ask CMS to refuse to allow the implementation of these requirements due to the harm they would cause.

Eulah L. Peterson

Eulah L. Peterson, PhD
Mayor

November 30, 2017

Mississippi Division of Medicaid
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Re: Medicaid Workforce Training Initiative 1115 Demonstration Waiver Application

Submitted electronically to Margaret Wilson at margaret.wilson@medicaid.ms.gov

Dear Ms. Wilson,

We appreciate the opportunity to comment on the Mississippi Division of Medicaid's ("DOM") Medicaid Workforce Training Initiative 1115 Demonstration Waiver Application ("waiver"), which seeks to institute "workforce training requirements" ("work requirements") on the parent and caretaker relative population as well as the transitional Medicaid population. The DOM states the waiver's proposed goals are to "explore cost savings options and implement those we believe will assist us in continuing to provide services to our population without reducing benefits or limiting enrollment." However, work requirements will likely only increase costs and limit enrollment, and therefore only serve to undermine the goals the state intends to achieve. Additionally, the program as described fails to recognize the economic realities and unemployment statistics of the state of Mississippi. Most significant, however, is that neither of the state's stated goals align with the primary goal of the Medicaid program - to provide medically necessary care to low-income individuals[1]. In fact, the DOM acknowledges that one of its goals is to "reduce the number of individuals who churn in and out of Medicaid on a routine basis."

We are deeply concerned that these proposals will lessen access to coverage and care, disproportionately affect the lowest income people in the state, worsen health disparities, and ultimately harm the health of low-income Mississippians. Therefore, we urge the DOM not to submit this proposal. Below are the reasons why we believe the proposal should not be submitted in its current form.

Imposing work requirements on the parent/caretaker relative population is unworkable
Based on Mississippi's income eligibility threshold for parents/caretakers at 27% FPL, it won't be possible for a parent or caretaker to meet both the work requirement and the income eligibility requirements. For example, since the state doesn't have its own minimum wage law, a parent or caretaker in a minimum wage position would earn the federal standard of $7.25/hour. If the individual were working 20 hours per week, his or her annual income will be $7540. However, a parent or caretaker caring for a dependent could not earn more than $4385 (27%) to maintain income eligibility. In fact, it is not possible for a family of 4 with 2 minimum wage earners to

[1] 42 USC 1396(a)(1).

maintain income eligibility for Medicaid while meeting the requirement. Therefore, while DOM claims the waiver will help individuals build a foundation for success in employment and health, imposing work requirements on the parent and caretaker population makes it impossible for this population to have both employment and Medicaid coverage.

Work requirements will increase administrative burdens for individuals and the state

We contend that work requirements are an inefficient use of both federal and Mississippi funds. Identifying and tracking whether Medicaid enrollees are working will require upfront investments from the state to set up the processes, technological infrastructure, staffing and other elements needed. In its application, DOM proposes to enter into a data sharing agreement with the Office of Employment Security to identify and track eligible individuals who must comply with work requirements, as well as monitor claim activity to identify individuals who are both eligible for and exempt from the requirements. At a time when the DOM has stated its seeking cost-saving strategies, tacking on additional administrative requirements will only increase costs for the state.

Moreover, enrollees will also have the increased administrative burden of needing to submit verifying documentation to prove they're either meeting the work requirement or are one of the populations eligible for an exemption. By placing bureaucratic hoops between individuals and the care they need, Mississippi will also likely see increased uncompensated care costs. Individuals who aren't working will lose coverage, and may even be discouraged from enrolling altogether out of fear for not meeting the requirement. If and when these individuals need medical care, however, their only option will be to seek it out from costly emergency room departments. Overall, instituting work requirements is more likely to increase costs for Mississippi more than save money, and will likely decrease enrollment in the process.

Work requirements don't connect individuals to employment

Although DOM states its intended goals for the waiver are to "increas[e] our member engagement activities," work requirements have not been found to actually help individuals find or sustain employment. Work requirements in Temporary Assistance for Needy Families ("TANF") have not been shown to contribute to an increase in employment rates. For example, the percentage of TANF recipients who were working in 2013 was the same as it had been in 1996 - 63%[2]. If the DOM truly wants to help its low-income residents find work, it could better spend its money on programs and initiatives that help create jobs in the state, rather than on tracking and verifying whether individuals are, in fact, working.

Work requirements cause people to lose coverage, which further reduces employment and health

Work requirements may even further reduce someone's ability to work by steadily putting health coverage out of reach, thereby causing losses of coverage and health problems to arise or worsen. For instance, DOM seeks to terminate health coverage for those who fail to comply with the work requirement and only reinstate their eligibility upon future compliance. By disenrolling

[2] Policy Basics: An Introduction to TANF. (2015, June 15). Retrieved from https://www.cbpp.org/research/policy-basics-an-introduction-to-tanf

individuals from Medicaid unless or until they're working again, work requirements force individuals to have *both* health coverage and employment, or neither. It's hard to see how taking away health coverage from individuals after they lose their job would improve their health.

Medicaid already helps individuals work

Work requirements seek to solve a problem that doesn't exist, because the majority of Medicaid enrollees who can work, do so[3]. Not only are most Medicaid enrollees in working households, but Medicaid already helps enrollees gain and maintain their employment[4], making work requirements potentially counterproductive. Individuals who are healthy are more likely to work. Illness and disability are among the primary reasons working-age adults are not employed. However, enrollment in health coverage has been shown to be a significant factor in helping individuals find jobs. For example, after Ohio expanded Medicaid, over 75%[4] of enrollees looking for work stated having health coverage made it easier for them to search for employment because it helped them receive treatment for chronic conditions that previously hindered their ability to work or look for work.

Federal and Mississippi data suggests jobs are not readily available in Mississippi

Certainly improving job skills and opportunities for low income Mississippians is a worthy goal, but federal and state data suggests jobs are not readily available in Mississippi**.** According to the Mississippi Department of Employment Security, 70 out of 82 counties in MS (or 85% of counties)[5] have a higher unemployment percentage than the rest of the country. Even more dramatic are the findings of the United States Department of Labor. The United States Department of Labor issues an annual list of Labor Surplus Areas. According to the most recent report dated October 1, 2017, 50 out of Mississippi's 82 counties[6] are labor surplus areas where the average annual unemployment rate during the previous two calendar years is 20 percent or more above the national average.

For Mississippi Medicaid consumers, the pathway to other forms of healthcare is ambiguous

The Division of Medicaid's proposal suggests that current Medicaid consumers will transition from Medicaid to "other forms of health care." In Mississippi, only a small percentage of those who work for firms in low wage sectors receive health insurance through their job. While the Affordable Care Act Marketplace provides income graduated tax credits to people without employer sponsored health insurance, those tax credits are only available for people with a

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[3] Garfield, R., & Rudowitz, R. (2017, February 15). Understanding the Intersection of Medicaid and Work. Retrieved from https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work/

[4] Gehr, J., & Wikle, S. (2017, March). The Evidence Builds: Access to Medicaid Helps People Work. Retrieved from https://www.clasp.org/sites/default/files/public/resources-and-publications/publication-1/The-Evidence-Builds-Access-to-Medicaid-Helps-People-Work.pdf

[5] Labor Market Information Department. (2017, September). Mississippi Labor Market Data. Retrieved from http://mdes.ms.gov/media/23357/labormarketdata.pdf

[6] FY 2018 Labor Surplus List. (2017, September 29). Retrieved from https://www.doleta.gov/programs/lsa.cfm

household income of at least 100 percent of FPL, up to 400 percent of FPL. The subsidies are not available below 100 percent of FPL. Consumers who fell below this mark would have been covered under Medicaid expansion, but Mississippi failed to expand Medicaid. This left nearly all able-bodied childless adults with incomes below 100 percent of FPL, as well as a large number of parents with incomes below 100 percent of FPL, ineligible for any financial assistance to help them afford health insurance. Households with incomes below 100 percent of FPL generally cannot afford to pay full price for health insurance. In most cases, they will remain uninsured.

Overall, work requirements are unnecessary at best, but detrimental to the health and financial security of enrollees at worst. We are very concerned that Mississippi's waiver will result in loss of coverage and worse health outcomes for Mississippi Medicaid enrollees, which will further reduce their well being and economic security. In the state with the lowest per capita income in the nation, it would be irresponsible to impose additional barriers to care. Rather than continuing to introduce barriers to coverage and care, the Division of Medicaid should be focused on providing comprehensive care and recognize the important role health coverage plays in keeping children, their families, and their communities healthy. Therefore, we encourage the the Mississippi Division of Medicaid not to submit this application in its current form.

Sincerely,

Roy Mitchell

Roy Mitchell
Executive Director
Mississippi Health Advocacy Program

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A Mississippi Nonprofit Corporation

November 29, 2017

Margaret Wilson
Mississippi Division of Medicaid
550 High Street, Suite 1000
Jackson, Mississippi 39201

Dear Ms. Wilson,

The Mississippi Center for Justice is a non-profit public interest law firm dedicated to the health and well-being of Mississippians. We appreciate the opportunity to comment on the proposed Medicaid Workforce Training Initiative 1115 Medicaid Waiver Demonstration Application. The Medicaid Workforce Training Initiative would make extremely harmful changes to Mississippi's Medicaid program and would have adverse impacts on low-income children and their families. As we explain below, a work requirement is a serious roadblock to coverage and serves only to disenroll otherwise qualified individuals.

The Medicaid Workforce Training Initiative targets low-income children and families.
The waiver proposal specifically subjects Section 1931 parents and caretakers as well as families receiving Transitional Medical Assistance (TMA) to the work requirement, without express exemption for parents of dependent children. The implications are clear, especially for those in single-parent households: parents must decide between childcare and health care. In the state of Mississippi the upper income limit of Section 1931 parents and caretakers is only 27 percent of the federal poverty level (FPL), which means that some of these families are living on $5,541 a year. At this income level, families are likely to be at risk of homelessness and food insecurity if they are not already there. It is clear from the state's own projections that many of these low-income parents and others will lose their coverage. Losing health coverage will make it more difficult for these families in dire circumstances to improve their children's prospects.

A work requirement is an ineffective policy that increases administrative burden without producing meaningful gains in employment.
Research in state TANF programs has shown that work requirements do not produce meaningful gains in employment. In fact, the resulting loss in coverage for failing to meet a work requirement could make it even harder to find employment in the future. Furthermore, identifying the target population and tracking their work activities on a monthly basis is a financially and administratively burdensome task. The Division of Medicaid (DOM) has not projected the administrative costs of this misguided policy even though it has requested an enhanced federal match for those costs.

Health coverage for parents is essential to the health and wellbeing of their children. [1] Research has shown time and time again that health coverage for parents translates into improved outcomes for children.

- **Covering parents improves financial stability for the whole family**. Historically, medical bills have been a major cause of family bankruptcy and debt. Medicaid is the buffer between low-income families and crushing medical debt, and in fact has the ability to raise families out of poverty.[2]
- **When parents have health coverage, children are more likely to have health coverage too.** Most uninsured children are actually eligible for Medicaid or CHIP, and their enrollment can depend on whether or not a parent receives coverage. Research has shown that coverage of parents means children are more likely to be covered too.[3]
- **Healthy parents are better parents.** Parental health can have a long-lasting impact on the growth and development of a child. For example, maternal depression has been shown to negatively impact young children's cognitive and social-emotional development, with effects continuing into adulthood. More than half of infants born into poverty have a mother who is experiencing depressive symptoms, but Medicaid has been successful in reducing the incidence of maternal depression.[4] Coverage does not only serve a parent, it can also help a child become a healthy, productive adult.

A work requirement meets neither the objectives of an 1115 waiver demonstration nor the objectives of the Medicaid program. In the waiver proposal, DOM estimates that approximately 56,500 individuals would be subject to the work requirement. At the same time, DOM estimates that approximately 59,000 individuals will be disenrolled in the first year. It is very likely that most of these enrollees will become uninsured. The proposed work requirement is antithetical to the objectives of the Medicaid program, which is to provide health coverage to the low-income population, and will certainly result in the loss of coverage for low-income families. For the reasons given above, we oppose this waiver in its entirety and hope that DOM will reconsider the proposal.

If you have any questions please feel free to contact me at lrigsby@mscenterforjustice.org or 601-352-2269. We appreciate your consideration of our comments.

Sincerely,

Linda Dixon Rigsby
Health Law Director

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[1] https://ccf.georgetown.edu/wp-content/uploads/2017/03/Covering-Parents-v2.pdf
[2] https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2017.0331
[3] https://ccf.georgetown.edu/2017/09/22/nationwide-rate-of-uninsured-children-reaches-historic-low/
[4] http://www.nejm.org/doi/full/10.1056/NEJMsa1212321

Dear Ms. Wilson,

On November 29, 2017 the Mississippi Center for Justice submitted a comment letter to the Mississippi Division of Medicaid regarding the Medicaid Workforce Training Initiative. In this letter we incorrectly stated that approximately 59,000 individuals would be disenrolled in the first year of the demonstration. The letter should have expressed that there would be a decrease of approximately 59,000 member months the first year of the demonstration. We apologize for this oversight and respectfully request that DOM accept this correction. Thank you for your consideration.

Sincerely,

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