

## **Common Themes from Stakeholder Input**

As part of the stakeholder engagement process, AHCCCS held Community Forums and accepted written comments regarding “The Future of Arizona’s Medicaid Program” and “The DRAFT Childless Adult Waiver Amendment.” The following themes were developed.

### **Appreciation for the Governor’s thoughtful approach.**

Stakeholders recognized the complexities involved with many of these decisions and appreciated the approach the Governor has taken to put Arizona first and consider the State’s options carefully. Stakeholders also were grateful for the opportunity to voice their concerns, ask questions and provide their feedback. Many people asked whether their comments would be provided to the Governor’s office. AHCCCS staff reassured stakeholders that the Governor’s office would review their comments and that regular updates would be posted on the AHCCCS website. In addition, stakeholders appreciated that their comments would be available for review by the public on the AHCCCS website.

### **The impact of the Childless Adult enrollment freeze has been severe.**

Numerous comments were made from providers about the burden of the enrollment freeze in providing care to individuals who were now uninsured. Hospitals, in particular, have seen a large increase in the amount of charity care they provide, which was described as unsustainable over the long term. Many behavioral health providers and advocates expressed their concerns regarding the impact of the freeze on people with mental health or substance abuse treatment needs, including persons with Serious Mental Illness. They expressed concern regarding parents with substance abuse treatment needs but who cannot access care because of the enrollment freeze. As a result, they feel that the family reunification process is delayed and children are kept in CPS custody longer than needed. County representatives attending the forums expressed their concern that the freeze has resulted in costing their systems significantly more money because would-be AHCCCS members are ending up in courtrooms and ultimately jails, instead of receiving needed treatment.

There were also many individuals with personal stories about the impact of the enrollment freeze. One woman who attended the Phoenix Forum spoke on behalf of her adult brother who had recently suffered a stroke. He was unable to work and unable to gain AHCCCS coverage because of the freeze. She took him into her home to care for him and she later lost her job. She came to the Phoenix Forum to express her fear about how she would be able to care for him or herself now.

### **Widespread support to restore coverage to Childless Adults under Prop. 204 (adults between 0-100% FPL) and enhanced FMAP for this restoration.**

The broad-based impact of the enrollment freeze, as well as the fact that childless adult coverage was initiated by the voters, has resulted in wide range support for restoring coverage and lifting the enrollment freeze. Also, stakeholders support the State’s effort to obtain the enhanced FMAP; however, some supporters expressed that coverage should be expanded for individuals up to 133% FPL.

### **Widespread support for the AHCCCS program and Medicaid expansion under a proven system.**

Most stakeholders that spoke at the Community Forums or submitted written comments expressed support for the State to expand Medicaid and build on a proven model such as AHCCCS. Stakeholders understood that Medicaid expansion in Arizona means expanding AHCCCS coverage to adults between 100% - 133% FPL, which would add approximately 65,000 new individuals.

Stakeholders also understood that this group would have access to subsidies on the Exchange. Some stakeholders felt that was an acceptable substitute. However, most stakeholders preferred the certainty of the AHCCCS product. Also, many stakeholders expressed concerns about the group between 100%-133% FPL and their ability to pay premiums. Advocates of vulnerable populations expressed concern about navigating coverage on the Exchange, especially for individuals with Serious Mental Illness. AHCCCS representatives did explain that there could be opportunities to provide additional supports to assist these vulnerable populations who will be insured for the first time. However, stakeholders needed a more concrete plan and direction to gain comfort with this type of a role for the State.

As an example, one member who identified himself as having a Serious Mental Illness attended one of the Community Forums and expressed his desire to “experiment” with work. However, he has been afraid to try and get a job for fear of losing his benefits. When AHCCCS staff explained that the Exchange would allow for individuals to gain employment without losing their health benefits, he saw that as an exciting opportunity for his situation.

Tribal representatives were another group that expressed strong support for expanding Medicaid. They commented that expansion under AHCCCS provided a unique opportunity for American Indians to gain healthcare coverage. Tribal representatives preferred Medicaid expansion to coverage on the Exchange because of their positive consultative relationship with AHCCCS and the certainty of reimbursement from AHCCCS, which is important to support Indian Health Services and tribally operated 638 facilities.

### **Widespread support for a state-based Exchange.**

Almost everyone who spoke or submitted written comments in support of an Exchange preferred that Arizonans decide for themselves how healthcare would be administered. Most people felt the State could be better accountable and more responsive to Arizonans than the federal government. Stakeholders opining on this issue ranged from the business community, healthcare sector, and individuals.

### **Widespread support for a broad Essential Health Benefits package.**

In addition, stakeholders felt the State could be more responsive with respect to benefits. Representatives of the autism and behavioral health communities expressed the need for the State to select a benchmark plan that met the needs of these populations. Most of these meetings were held prior to the State’s selection of the benchmark plan, but it appears that the choice of the State employee plan meets these needs. Recommendations also included covering dental and holistic services.