

December 19, 2017

Administrator Seema Verma
U.S. Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

RE: Arizona Section 1115 Waiver Amendment Request - AHCCCS Works Waiver

Dear Administrator Verma:

I am pleased to submit Arizona's application for a Section 1115 waiver demonstration, outlining the regulatory allowances needed in order to successfully administer the AHCCCS Works program.

Arizona has long demonstrated its commitment to innovation in Medicaid. Building on that history and experience, this waiver is designed to provide low-income, able-bodied adults with the tools needed to gain and maintain meaningful employment. For able-bodied adults, Medicaid is an important solution for temporary life circumstances, but should not be a long-term substitute for private health insurance.

Medicaid coverage for non-categorical adults is a concept supported by Arizona voters for almost two decades. With almost 400,000 qualifying individuals enrolled, it is important that Medicaid evolve to meet the needs of this population and give them the tools necessary to obtain gainful employment when a path to such employment exists. In support of these efforts, and consistent with requirements in Arizona statute, Arizona is proposing to establish a program that incentivizes employment, job training and education.

The initiatives proposed in this waiver demonstration were informed by a robust public input process. Commentary offered in three public forums, an in-person tribal consultation as well as over 500 written submissions helped shaped the scope and content of this waiver. We are thankful for the many thoughtful citizens and stakeholders who took time to engage in discussions on this waiver, and the submittal is better because of them.

We appreciate your shared commitment to supporting efforts which recognize the necessary transformation of the Medicaid program and the development of new strategies and supports for its members.

Sincerely,



Thomas J. Betlach
Director

cc: Brian Neale, CMS Deputy Administrator & Director for the Center for Medicaid & CHIP Services
Christina Corieri, Governor's Office, Senior Policy Advisor



**Arizona Section 1115 Waiver
Amendment Request:
AHCCCS Works Waiver**

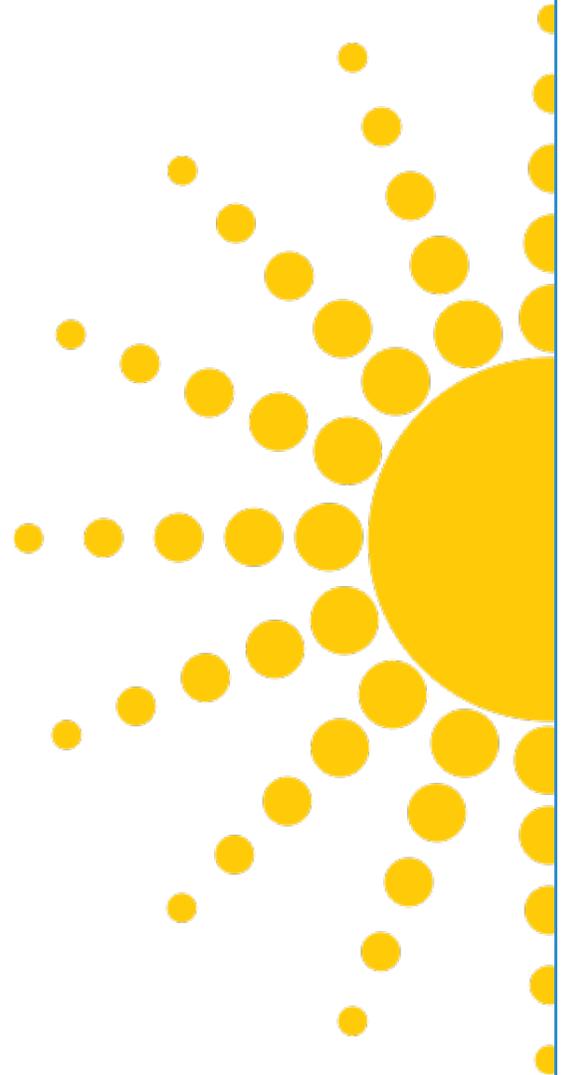


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Arizona Section 1115 Waiver Amendment Request AHCCCS Works Waiver

I. SUMMARY

The Arizona Health Care Cost Containment System (AHCCCS) is seeking to implement the following requirements for certain adults receiving Medicaid services:

- The requirement to become employed, actively seek employment, attend school, or partake in Employment Support and Development (ESD) activities, with exceptions discussed below.
- The requirement to verify bi-annually compliance with the requirements and any changes in family income or other eligibility factors.
- The authority to limit lifetime coverage for able bodied adults to five years, with exceptions discussed below.

Arizona respectfully requests that the Centers for Medicare and Medicaid Services (CMS) waive sections of federal law and regulation as outlined below to the extent needed to effectuate these changes.

This document reflects the waiver draft initially released to the public on January 1, 2017, modified to incorporate changes as a result of public comment and stakeholder input received over the past year.

II. OVERVIEW

It is well-recognized that the determinants of health include social and economic factors such as education and employment. A number of studies have shown that employed individuals are both physically and mentally healthier, as well as more financially stable, as compared to unemployed individuals.¹ Recognizing the important connection between employment and health, Administrator Seema Verma recently proclaimed that CMS “will approve proposals that promote community engagement activities” for able bodied adults.² AHCCCS seeks to support Arizonans in pursuing their educational goals, building their technical skills, and gaining the income, independence, and fulfillment that come with employment.

¹ See, e.g., F.M. McKee-Ryan, Z. Song, C.R. Wanberg, and A.J. Kinicki. (2005). Psychological and physical well-being during unemployment: a meta-analytic study. *Journal of Applied Psychology*, 90 (1), 53-76. K.I. Paul, E. Geithner, and K. Moser. (2009). Latent deprivation among people who are employed, unemployed, or out of the labor force. *Journal of Psychology*, 143 (5), 477-491. Hergenrather K, Zeglin R, McGuire-Kuletz M, and Rhodes S. Employment as a Social Determinant of Health: A Systematic Review of Longitudinal Studies Exploring the Relationship Between Employment Status and Physical Health. *Rehabilitation Research, Policy, and Education*. 2015;29(25):2-26. Hergenrather K, Zeglin R, McGuire-Kuletz M, and Rhodes S. Employment as a Social Determinant of Health: A Systematic Review of Longitudinal Studies Exploring the Relationship Between Employment Status and Mental Health. *Rehabilitation Research, Policy, and Education*. 2015; 29 (30): 261-290.

²Remarks by Administrator Seema Verma at the National Association of Medicaid Directors (NAMD) 2017 Fall Conference: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-11-07.html>

To further this objective, Arizona proposes that able bodied members (defined as physically and mentally capable of working and not medically frail) who are at least 19 years old and fall within the definition of the Social Security Act (SSA) Section 1902(a)(10)(A)(i)(VIII) (henceforth referred to as the “Group VIII” population, who are individuals with incomes between 0 and 138% of the Federal Poverty Level (FPL) who do not qualify for Medicaid in any other category) verify that they are employed, attending school, participating in ESD activities or any combination of these, for at least 20 hours per week. Individuals may also engage in employment search activities consistent with those required to obtain unemployment benefits in the State of Arizona.^{3,4} Collectively, these activities are hereafter referred to as “AHCCCS Works” activities.

Certain individuals would be exempt from this requirement as detailed in Section IV below. The comprehensive list of exemptions was informed through a robust public engagement process through which AHCCCS received hundreds of comments from various stakeholders.

AHCCCS will work with the Arizona Department of Economic Security (DES) to leverage existing programs that support Arizonans on their path to employment and will create new supports to empower members. This will require an investment to scale existing programs and enhance infrastructure. Arizona requests the authority to leverage Medicaid funding to support these enhancements designed to ensure AHCCCS enrollees have opportunities to meet the proposed requirements. The gains in education and employment that will result from this initiative will facilitate and enhance positive health outcomes for Arizonans.

Similarly, Arizona will put processes and procedures in place, including data sharing among state agencies and programs, to ensure that determinations as to whether members are meeting employment and community engagement requirements are made efficiently.

Pursuant to Arizona Revised Statutes (A.R.S) § 36-2903.09, AHCCCS also requests a five-year maximum lifetime coverage limit for able bodied adult members who are subject to the above requirement and do not fall under one of the exemptions. The five-year maximum lifetime coverage limit would become effective on the date of approval by CMS, and would not include previous times a person received Medicaid benefits.

III. ALLOTMENT NEUTRALITY

Not applicable. The amendment does not impact the XXI population.

³ In Arizona, to be eligible to receive unemployment benefits, individuals both engage in a “systematic and sustained effort to obtain work during at least four different days of the week” and make at least one job contact on each of those days. <https://des.az.gov/services/employment/unemployment-individual/instructions-completing-weekly-claim-ui-benefits>. Individuals must report compliance weekly.

⁴ AHCCCS will work with CMS on the implementation of how those employment search requirements will be monitored.

IV. DETAILS

A. Proposed Additional Eligibility Requirements under the Demonstration as Amended.

AHCCCS Works Requirements

Applicability

The AHCCCS Works requirements in this waiver amendment apply to all able-bodied members who are at least 19 years old and fall within Group VIII, and who are not otherwise exempt. The Group VIII population includes individuals with incomes between 0 and 133% (138% including the 5% income disregard) FPL who do not qualify for Medicaid in any other eligibility category.

The AHCCCS Works requirements will not apply to individuals who meet any of the following conditions:

- Individuals who are at least 55 years old;
- American Indians;
- Women up to the end of the month in which the 90th day of post-pregnancy occurs;⁵
- Former Arizona foster youths up to age 26;
- Individuals determined to have a serious mental illness (SMI);
- Individuals currently receiving temporary or permanent long-term disability benefits from a private insurer or from the government;
- Individuals who are determined to be medically frail;
- Full-time high school students who are older than 18 years old;
- Full-time college or graduate students;⁶
- Victims of domestic violence;
- Individuals who are homeless;
- Individuals who have recently been directly impacted by a catastrophic event such as a natural disaster or the death of a family member living in the same household;
- Parents, caretaker relatives, and foster parents; or
- Caregivers of a family member who is enrolled in the Arizona Long Term Care System.

It is important to note that by limiting these policies to Group VIII, some of the populations listed above automatically do not fall under the AHCCCS Works requirement provisions by virtue of their eligibility category (e.g., parents and caretaker relatives, postpartum women, former foster youth). However, we are noting their exemption here for transparency purposes, particularly due to stakeholder concerns about applying the requirements to vulnerable populations.

As of October 2017, there are 398,519 individuals enrolled in Group VIII eligibility categories. AHCCCS currently does not collect information on some of the exemptions that will be allowed

⁵ Arizona currently provides coverage to Title XIX eligible women through the month in which the 60th day of the postpartum period occurs. AHCCCS may work with the state legislature to expand eligibility for SOBRA women through the month in which the 90th day of the postpartum period occurs. If this is not successful, the exemption would apply to the current SOBRA women category (up to the month in which the 60th day of the postpartum period occurs).

⁶ Defined as 12 hours/week for undergraduate programs, 9 hours/week for graduate programs.

under this proposal, and therefore the number of exempt individuals will be higher than we can currently estimate. However, AHCCCS does have data on the following exemption groups:

Exemption Group	Unique Individuals
American Indians	43,719
Individuals determined to have a serious mental illness	12,912
Individuals who are at least 55 years old	81,124

Individuals may fall into multiple exemption groups (e.g., an American Indian member who is over age 55 is counted in both groups above). Of the 398,519 individuals in Group VIII, 269,507 individuals do not fall into one of the three above-mentioned exemption groups. Again, the remaining population includes individuals who will fall into other exemption categories, as well as individuals who are already employed or otherwise meeting AHCCCS Works requirements. AHCCCS will continue to refine this data and attempt to identify numbers of individuals who fall into other exempt categories or who may be employed.

AHCCCS Works Requirements

Able-bodied adult members will be required to meet the following activities or combination of activities, for at least 20 hours per week to qualify for AHCCCS:

- Be employed;
- Attending school;⁷ or
- Attending an ESD program. The definition of an ESD program includes:⁸
 - English as a Second Language courses;
 - Parenting classes;
 - Disease management education; and
 - Courses on health insurance competency, and healthy living classes.

In addition, individuals who engage in job search activities similar to those required to receive unemployment benefits in Arizona would be deemed as meeting the AHCCCS Works requirements. This requires individuals to engage in a “systematic and sustained effort to obtain work during at least four different days of the week” and make at least one job contact on each of those days.

For individuals who are transitioning from the justice system, living in an area of high unemployment, or who otherwise face a significant barrier to employment, community service hours may count toward the required 20 hours per week.

⁷ As noted above, full-time college students will be exempt; for students who are attending school but not full-time, they may combine school hours with other activities to reach the required 20-hour total.

⁸ AHCCCS will determine the qualifying Employment Support and Development programs, as well as allowable community service activities, through a public process.

Members subject to this requirement who do not qualify for an exemption and fail to meet the requirements will receive an initial 6-month grace period. Failure to comply after the grace period will result in a termination of AHCCCS enrollment; however, members may re-enroll once they can demonstrate compliance for at least the past 30 days.

Individuals who demonstrate compliance but then later become noncompliant, will have an opportunity to become compliant as follows:

- If a member is determined non-compliant upon redetermination, and the non-compliance began within 3 months of the redetermination, the member will have an additional 3 months after the redetermination to become compliant. After those three months, a redetermination of compliance will be conducted and if the member continues to not meet the requirement, the member will be disenrolled.
- If the member is determined non-compliant upon redetermination, the non-compliance began more than 3 months prior to the redetermination, and the member did not report his or her change in circumstance that resulted in noncompliance, the member will be disenrolled. The member may re-enroll after demonstrating compliance for at least 30 days.
- If a member reports a change in circumstance that results in non-compliance, the member will have 3 months to come back into compliance.

Data Collection

To implement these requirements, AHCCCS will have to modify the data it collects from members as part of its application. AHCCCS is requesting that CMS allow it to require members to provide, as part of the application process, data necessary to determine both compliance with the AHCCCS Works requirements as well as exemptions. This includes, but may not be limited to, whether an individual: is receiving private disability benefits; is a foster parent, victim of domestic violence, or experiencing homelessness; and whether a person has experienced a catastrophic event. It will also include documenting employment search activities. As discussed below, AHCCCS will also want to offer an opportunity for members to demonstrate whether they are medically frail.

Redeterminations

AHCCCS enrollees are required to report changes in income as soon as they become known, and within 10 calendar days of an unanticipated change occurring. In addition, 42 C.F.R. 435.916 requires AHCCCS to redetermine eligibility for the Group VIII (and certain other populations) no more frequently than once a year. To ensure it can track compliance with work requirements and assure the application of appropriate exemptions, AHCCCS proposes to conduct bi-annual redeterminations of eligibility for the Group VIII population. In addition, AHCCCS proposes to redetermine eligibility within a 3-month time frame for individuals who have a change in circumstance that results in non-compliance with AHCCCS Works requirements in the instances described above.

Lifetime Limit

Pursuant to A.R.S § 36-2903.09, AHCCCS also requests a five-year maximum lifetime coverage limit for able bodied adult members who are subject to the above AHCCCS Works requirements and do not fall under one of the exemptions outlined.⁹ The five-year maximum lifetime coverage limit would become effective on the date of approval by CMS, and would not include previous times a person received Medicaid benefits. Consistent with the AHCCCS works requirements, the five-year lifetime limit would only apply to the Group VIII population. For example, if a child was enrolled in AHCCCS for ten years before he or she turned 19, that period would not count toward the lifetime limit. Similarly, the time during which an exemption to the work requirement applied would not count toward the lifetime limit. Finally, consistent with the state statute, the time an individual complied with the work requirement but was still enrolled in AHCCCS would not count toward the lifetime limit.

B. Proposed Cost Sharing Requirements under the Demonstration as Amended.

The cost sharing requirements for persons impacted by this proposed demonstration amendment will not vary from the State’s current program features as described in the current State Plan and Demonstration.

C. Proposed Changes to the Delivery System under the Demonstration as Amended.

The delivery system for persons impacted by this proposed demonstration amendment will not vary from the State’s current program features as described in the current State Plan and Demonstration.

D. Proposed Changes to Benefit Coverage under the Demonstration as Amended.

The benefit coverage for persons impacted by this proposed demonstration amendment will not vary from the State’s current program features as described in the current State Plan and Demonstration.

E. Waiver and Expenditure Authorities Necessary to Authorize the Demonstration.

Below is a list of proposed waivers necessary to authorize this demonstration.

Waiver Authority Requested	Requirement	Brief Description
1902(a)(10)(A) and regulations in 42 CFR Part 435 to the extent that those provisions set forth the exclusive list of eligibility requirements.	AHCCCS Works Requirements	To allow the State to require all able-bodied adults to become employed, actively seek employment or attend school or an ESD, and to permit disenrollment and prohibit re-enrollment of individuals who do not meet the requirements.

⁹ That is, the same exemptions that apply to the AHCCCS Works requirement also apply to the five-year lifetime limit.

1902(a)(17) and 42 CFR 435.907 to the extent they restrict the State from requiring beneficiaries to provide information.	AHCCCS Works Requirements and Five-year Lifetime Limit	To allow the State to require members to provide additional information as part of the application process beyond what is required under federal law and to permit the state to deny or discontinue eligibility to persons who do not provide verification of compliance.
1902(a)(17) and 42 C.F.R. 435.916 to the extent they restrict the State from redetermining eligibility more frequently than every 12 months.	Redeterminations	To allow the State to redetermine eligibility for the Group VIII population every six months rather than annually and to allow a three-month redetermination for individuals who become non-compliant.
1902(a)(10)(A) and regulations in and 42 CFR Part 435 to the extent that those provisions set forth the exclusive list of eligibility requirements.	Five-year Lifetime Limit	To allow the State to apply a five-year lifetime coverage limit for Group VIII individuals who do not comply with the work requirements and are not otherwise exempt from those requirements.

AHCCCS is also requesting expenditure authority to claim as medical assistance costs under sections 1903(a)(3) and (7) and 42 CFR 433.15 costs associated with the design, development, installation, operation, and administration of systems necessary to implement AHCCCS Works.

F. Implementation of the Demonstration.

AHCCCS will begin implementation of the demonstration within six months of CMS approval. However, full implementation will depend upon a number of factors including the requirements ultimately approved and the administrative changes necessary to effectuate the changes.

Administrative Changes

AHCCCS will need to make changes to its systems to collect data that is not currently collected as part of the application process, but will be required for implementation. This includes data such as number of hours worked and compliance with the work, educational or ESD requirements. AHCCCS must also add data fields to capture exemptions. AHCCCS will work with CMS to develop a comprehensive definition of what members would be considered medically frail.¹⁰ This list will include, but is not limited to, members with cancer, HIV/AIDS, chronic substance abuse disorder, hemophilia, and end-stage renal disease (ESRD). Members will be identified through claims and encounter data, which is lagged, as well as a process by which members or providers can notify AHCCCS of the diagnosis to ensure timely application of their exemption.

¹⁰ Policies around the definition of medically frail would also go through the standard AHCCCS policy development process which includes a 45-day public comment period.

AHCCCS will also work with the Department of Economic Security (DES) to leverage its existing workforce development programs. This partnership will require scaling DES programs and systems to accommodate the members who are subject to the work requirement and who take advantage of the opportunity to access the DES programs to gain employment and ESD opportunities. In addition, Arizona will have to electronically capture job search activities. As noted above, AHCCCS is requesting to leverage Medicaid funding for these enhancements rather than building new, Medicaid-funded, systems from the ground up.

Member Communication

Members will be notified of the AHCCCS Works requirements as part of the initial AHCCCS application process, or, for members currently enrolled, their first renewal after implementation. The application will include information about the requirement, what activities qualify toward meeting the requirement, the 6-month grace period to come into compliance and that the member will be disenrolled for not meeting the requirements after the grace period. It will also include information about changes in circumstances and time frames to come back into compliance. Every renewal notice will also include this information. Disenrollment notices will include information about how members may be re-enrolled after demonstrating compliance for 30 days.

The State and its contracted managed care organizations will be able to answer member questions regarding these changes and requirements. AHCCCS will also make information publicly available on its website and contracted managed care organizations will include information in member handbooks.

V. EVALUATION DESIGN

- A. Research Hypothesis, Goals, and Objectives. The demonstration will test whether authorizing AHCCCS Works requirements and life time coverage limits for “able bodied adults” enrolled in AHCCCS will increase the employment rate for those beneficiaries. The goal is to increase employment opportunities and reduce individual reliance on public assistance. The objectives including increasing the number of beneficiaries with earned income and/or the capacity to earn income, reduce enrollment, and reduce the amount of “churn” (individuals moving on and off assistance repeatedly) as a result of greater access to employment and employer-sponsored health insurance or health insurance through the Federally-Facilitated Marketplace.
- B. Plan for Testing the Hypothesis. AHCCCS is proposing to test a series of hypotheses that will allow the state to: 1) evaluate its success in achieving the overall goals of the demonstration; and 2) identify opportunities for improvement to strengthen the demonstration. The table below outlines the proposed hypotheses for this demonstration and potential performance measures that would allow AHCCCS to effectively test each of the specific hypotheses:

Proposed Hypotheses	Proposed Performance Measure
The implementation of the AHCCCS Works requirements will increase the rate of “able bodied adults” that are employed.	<ul style="list-style-type: none"> • The number and percentage of “able bodied adults” enrolled in AHCCCS who become employed during the demonstration period.
The implementation of the AHCCCS Works requirements will increase the rate of “able bodied adults” that are actively seeking employment.	<ul style="list-style-type: none"> • The number and percentage of “able bodied adults” enrolled in AHCCCS that are actively seeking employment during the demonstration period.
The implementation of the AHCCCS Works requirements will increase the rate of “able bodied adults” that are engaged in training or educational activities.	<ul style="list-style-type: none"> • The number and percentage of “able bodied adults” enrolled in AHCCCS that are attending school or an Employment Support and Development program, or both, at least twenty hours per week during the demonstration period.
The implementation of the AHCCCS Works requirements will increase the average household income of “able bodied adults” that are employed.	<ul style="list-style-type: none"> • The average household income of “able bodied adults” enrolled in AHCCCS over the demonstration period.

VI. PUBLIC PROCESS

Pursuant to the Special Terms and Conditions (STC) that govern Arizona’s 1115 Waiver, Arizona must provide documentation of its compliance with the Demonstration of Public Notice process (42 CFR §431.408), as well as document that the tribal consultation requirements outlined in STC 15 have been met. This section of the document provides a summary of the public notice and input process used by AHCCCS to solicit feedback for this waiver amendment proposal.

Public Website

The public comment period for the waiver amendment proposal began on January 12, 2017 and closed on March 29, 2017. The amendment request was posted on the AHCCCS website for public comment and can be found here:

<https://azahcccs.gov/Resources/Federal/sb1092legislativedirectivewaiverproposal.html>.

The webpage includes a summary of the waiver amendment request, the schedule (locations, dates, and times) of public forums across the state, the PowerPoint slides presented at the public hearings, a copy of the full public notice, the draft waiver amendment application, and budget neutrality worksheets.

Newspaper

A public notice of the waiver amendment was posted in the Arizona Republic, the newspaper of widest circulation in Arizona on January 12, 2017, allowing for over a 30-day comment period. The notice included a brief summary of the waiver request, the locations, dates and times of the public hearings, instructions on how to submit comments and a link to where additional information can be found for public review and comments. A copy of the full public notice and proof of publication can be found in Appendix 3 of this waiver amendment application. In addition to the newspaper posting, AHCCCS utilized its twitter account and an electronic mailing list serve to notify interested parties about the waiver amendment.

Stakeholder Meetings

AHCCCS has sought broad-based stakeholder feedback regarding the waiver amendment. Over 140 participants attended the AHCCCS public forum meetings. The Agency hosted three public forum meetings: January 17, 2017 in Phoenix; January 27, 2017 in Tucson; and January 30, 2017 in Flagstaff. AHCCCS presented the details of the waiver amendment at an in-person tribal consultation on January 18, 2017 (Appendix 4). All the stakeholder meetings had telephonic conference capabilities that ensured statewide accessibility. The public forum presentation slides can be found in Appendix 5.

Summary of Public Comment

AHCCCS acknowledged, reviewed, and considered all comments received as part of the public input process. The Agency received over 500 written public comments through its website, including 14 public comment letters from tribal nations and tribal affiliated organizations. Copies of the written comments are included in Appendix 6. Below is a summary of the key themes that emerged from public comment.

- Five Year Lifetime Limit. Many stakeholders are concerned that imposing the limit on AHCCCS eligibility could undermine access to care and have disproportionate effects on the elderly, caregivers of children or other family members who are elderly or have special health care needs, and members with disabilities, chronic diseases, and behavioral health conditions. Many are concerned that this could leave members without coverage when the Medicaid safety-net is most needed. Some assert that a lifetime limit is fundamentally inconsistent with the objective of the Medicaid statute.
- Work Requirement. Stakeholders recognize a positive correlation between health and economic prosperity. But many have suggested broadening the exemptions to account for those who may encounter barriers in maintaining employment, such as: those who have had justice system involvement, are disabled and not yet receiving SSI benefits and/or Medicare, have been diagnosed with a SMI, are over the age of 50, are American Indians, and are caregivers of children or other family members who are elderly or who have special health care needs. Stakeholders also suggest broadening the definition of “work” to include a 9-credit hour course load, volunteering, a part time job, etc.
- Monthly Verification of Work and Income. Stakeholders are concerned that this requirement will increase costs and administrative burden for the State. Many also expressed concern that these requirements would place undue burden on AHCCCS

members with very limited resources and ultimately would result in otherwise eligible members losing Medicaid coverage.

- Postpone Waiver Submission. Stakeholders have suggested that the State delay the submission of the waiver due to the considerable uncertainty at the federal level surrounding the future of Medicaid. Stakeholders are concerned about the confusion and uncertainty that could result from attempting to implement a second round of waiver revisions while they are also anticipating significant federal policy changes.

The State's Response to Public Comment

AHCCCS appreciates all of the comments received as part of the public comment process and looks forward to continuing to engage stakeholders actively in the ongoing design and implementation of the waiver amendment demonstration proposal.

In response to stakeholder comment, AHCCCS has incorporated additional exemptions beyond those specified in A.R.S. § 36-2903.09 because it believes stakeholders correctly identified exemptions necessary to ensure that the implementation of the requirements is consistent with the objectives of the Medicaid program and therefore necessary to receive CMS approval. By further clarifying populations that AHCCCS would consider “able-bodied,” these exemptions demonstrate the State is thoughtfully applying the requirements of the state statute while fulfilling the state and federal objectives for the program. AHCCCS also modified the requirement for a monthly redetermination because such frequency is administratively unworkable. Members are already required to report income changes, and AHCCCS is proposing to redetermine eligibility for the Group VIII population every six months.

While AHCCCS appreciates stakeholder input regarding a possible delay in submittal, it notes that it did delay submittal while Congress was deliberating potential legislation that would have affected the Group VIII population. State statute requires submittal of the waiver annually, therefore, a further delay is not possible.

APPENDIX 1: BUDGET NEUTRALITY



Arizona Health Care Cost Containment System
Budget Neutrality Status by Federal Fiscal Year
Total Funds - All Populations
For the Period October 1, 2011 - September 30, 2016
Updated 9-7-16

	Actual 2012 DY 1	Actual 2013 DY 2	Actual 2014 DY 3	Actual 2015 DY 4	Estimate 2016 DY 5	Total
Without Waiver						
Expenditure Limit Calculation						
Member Months						
TANF/SOBRA	11,705,994	11,625,194	11,801,894	12,550,433	13,072,034	60,755,549
SSI	1,957,010	1,994,523	2,070,897	2,161,363	2,179,302	10,363,095
AC	1,633,495	969,125	206,508	-	-	2,809,128
ALTCS-EPD	343,173	346,304	353,636	359,799	357,450	1,760,362
ALTCS-DD	294,483	307,446	320,971	337,018	349,744	1,609,662
Family Planning Extension	50,024	55,971	14,885	-	-	120,880
Expansion State Adults	-	-	1,825,873	3,370,318	3,719,427	8,915,618
Combined	15,984,179	15,298,563	16,594,664	18,778,931	19,677,958	86,334,295
Without Waiver PMPM						
TANF/SOBRA	585.28	615.71	647.73	681.41	716.85	651.40
SSI	885.41	938.53	994.84	1,054.53	1,117.81	1,001.65
AC	562.32	601.19	596.43	-	-	578.24
ALTCS-EPD	4,737.37	4,983.71	5,242.86	5,515.49	5,802.30	5,262.66
ALTCS-DD	4,922.38	5,217.72	5,530.78	5,862.63	6,214.39	5,577.69
Family Planning Extension	16.60	18.01	13.17	-	-	16.83
Expansion State Adults	-	-	622.04	588.94	603.75	601.90
Weighted	786.95	846.05	879.38	893.37	929.96	870.93
Without Waiver Expenditure Limit						
TANF/SOBRA	6,851,280,422	7,157,797,295	7,644,456,886	8,552,033,145	9,370,647,158	39,576,214,907
SSI	1,732,751,136	1,871,923,349	2,060,218,947	2,279,231,591	2,436,038,078	10,380,163,101
AC	918,546,622	582,623,717	123,166,560	-	-	1,624,336,899
ALTCS-EPD	1,625,736,418	1,725,878,708	1,854,065,072	1,984,468,431	2,074,028,358	9,264,176,987
ALTCS-DD	1,449,555,757	1,604,166,375	1,775,220,164	1,975,810,955	2,173,444,950	8,978,198,201
Family Planning Extension	830,631	1,008,110	195,976	-	-	2,034,717
Expansion State Adults	-	-	1,135,769,554	1,984,903,939	2,245,604,812	5,366,278,305
Total	12,578,700,986	12,943,397,553	14,593,093,159	16,776,448,061	18,299,763,356	75,191,403,116
DSH Allotment	154,369,963	161,973,765	160,613,022	160,250,974	159,658,938	796,866,663
Total Without Waiver Expenditure Limi	12,733,070,949	13,105,371,319	14,753,706,181	16,936,699,036	18,459,422,294	75,988,269,779
With Waiver Expenditures						
TANF/SOBRA	3,415,789,172	3,586,504,387	3,527,885,273	3,588,001,163	3,982,320,064	18,100,500,059
SSI	1,349,590,806	1,427,969,861	1,538,667,090	1,715,172,037	1,752,687,570	7,784,087,364
AC	918,546,622	582,623,717	123,166,560	-	-	1,624,336,899
ALTCS-EPD	1,062,183,658	1,167,575,274	1,196,152,014	1,245,896,337	1,267,554,522	5,939,361,805
ALTCS-DD	939,086,691	1,005,675,270	1,067,615,389	1,170,344,447	1,240,529,766	5,423,251,563
Family Planning Extension	830,631	1,008,110	195,976	-	-	2,034,717
Expansion State Adults	-	-	1,135,769,554	1,984,903,939	2,245,604,812	5,366,278,305
AI/AN Uncompensated Care	22,866,717	97,192,513	53,888,765	13,437,080	5,038,840	192,423,915
SNCP/DSHP	296,636,120	558,334,298	240,250,917	119,071,612	-	1,214,292,947
Expenditure Subtotal	8,005,530,417	8,426,883,430	8,883,591,538	9,836,826,615	10,493,735,574	45,646,567,574
DSH	155,762,651	163,493,529	162,262,955	160,244,372	159,658,938	801,422,445
Total With Waiver Expenditures	8,161,293,068	8,590,376,959	9,045,854,493	9,997,070,987	10,653,394,512	46,447,990,019
With Waiver Expenditure PMPMs						
TANF/SOBRA	291.80	308.51	298.93	285.89	304.64	
SSI	689.62	715.95	743.00	793.56	804.24	
AC	562.32	601.19	596.43	-	-	
ALTCS-EPD	3,095.18	3,371.53	3,382.44	3,462.76	3,546.11	
ALTCS-DD	3,188.93	3,271.06	3,326.21	3,472.65	3,546.96	
Family Planning Extension	16.60	18.01	13.17	-	-	
Expansion State Adults	-	-	622.04	588.94	603.75	
Budget Neutrality Variance	4,571,777,881	4,514,994,360	5,707,851,688	6,939,628,049	7,806,027,783	29,540,279,760
Cumulative Variance	4,571,777,881	9,086,772,241	14,794,623,929	21,734,251,978	29,540,279,760	
Variance by Waiver Group						
TANF/SOBRA	3,435,491,250	3,571,292,908	4,116,571,613	4,964,031,982	5,388,327,094	21,475,714,848
SSI	383,160,330	443,953,488	521,551,857	564,059,554	683,350,508	2,596,075,737
AC	-	-	-	-	-	-
ALTCS-EPD	563,552,760	558,303,434	657,913,058	738,572,094	806,473,836	3,324,815,182
ALTCS-DD	510,469,066	598,491,105	707,604,775	805,466,508	932,915,184	3,554,946,638
Family Planning Extension	-	-	-	-	-	-
Expansion State Adults	-	-	-	-	-	-
DSH	(1,392,688)	(1,519,764)	(1,649,933)	6,602	-	(4,555,782)
AI/AN Uncompensated Care	(22,866,717)	(97,192,513)	(53,888,765)	(13,437,080)	(5,038,840)	(192,423,915)
SNCP/DSHP	(296,636,120)	(558,334,298)	(240,250,917)	(119,071,612)	-	(1,214,292,947)
	4,571,777,881	4,514,994,360	5,707,851,688	6,939,628,049	7,806,027,783	29,540,279,760

**Arizona Health Care Cost Containment System
Budget Neutrality Status by Federal Fiscal Year
Total Funds - All Populations
For the Period October 1, 2016 - September 30, 2021
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	Estimate 2017 DY 6	Estimate 2018 DY 7	Estimate 2019 DY 8	Estimate 2020 DY 9	Estimate 2021 DY 10	Total
Without Waiver Expenditure Limit Calculation						
Member Months						
TANF/SOBRA	13,448,230	13,757,771	14,075,365	14,401,332	14,735,971	70,418,669
SSI	2,227,982	2,284,797	2,341,669	2,398,602	2,455,600	11,708,650
ALTCS-EPD	363,227	367,328	371,430	375,531	379,633	1,857,149
ALTCS-DD	362,514	377,076	391,637	406,199	420,761	1,958,186
Expansion State Adults Combined	3,810,951	3,899,900	3,990,187	4,081,836	4,174,877	19,957,751
	<u>20,212,904</u>	<u>20,686,872</u>	<u>21,170,287</u>	<u>21,663,500</u>	<u>22,166,842</u>	<u>105,900,405</u>
Without Waiver PMPM						
TANF/SOBRA	749.11	782.82	818.05	854.86	893.33	821.28
SSI	1,162.52	1,209.02	1,257.38	1,307.68	1,359.99	1,261.72
ALTCS-EPD	6,016.98	6,239.61	6,470.48	6,709.89	6,958.16	6,484.22
ALTCS-DD	6,462.96	6,721.48	6,990.34	7,269.95	7,560.75	7,021.50
Expansion State Adults Weighted	719.12	728.45	755.88	775.75	796.29	756.02
	<u>986.17</u>	<u>1,024.79</u>	<u>1,068.28</u>	<u>1,111.87</u>	<u>1,157.17</u>	<u>1,071.64</u>
Without Waiver Expenditure Limit						
TANF/SOBRA	10,074,203,794	10,769,858,328	11,514,352,024	12,311,122,550	13,164,085,141	57,833,621,837
SSI	2,590,073,439	2,762,365,191	2,944,367,596	3,136,603,670	3,339,592,116	14,773,002,012
ALTCS-EPD	2,185,529,411	2,291,985,660	2,403,328,670	2,519,772,489	2,641,543,676	12,042,159,907
ALTCS-DD	2,342,912,052	2,534,505,562	2,737,677,602	2,953,046,421	3,181,266,770	13,749,408,407
Expansion State Adults	2,740,548,519	2,840,899,689	3,016,091,797	3,166,498,610	3,324,425,764	15,088,464,380
Total	<u>19,933,267,215</u>	<u>21,199,614,429</u>	<u>22,615,817,690</u>	<u>24,087,043,741</u>	<u>25,650,913,468</u>	<u>113,486,656,543</u>
DSH Allotment	161,304,900	134,094,600	120,825,800	107,557,000	94,288,200	618,070,500
Total Without Waiver Expenditure Limit	<u>20,094,572,115</u>	<u>21,333,709,029</u>	<u>22,736,643,490</u>	<u>24,194,600,741</u>	<u>25,745,201,668</u>	<u>114,104,727,043</u>
With Waiver Expenditures						
TANF/SOBRA	4,501,846,917	4,613,275,361	4,904,903,860	5,149,582,662	5,406,495,404	24,576,104,205
SSI	1,779,663,390	1,843,573,143	1,953,812,845	2,051,335,155	2,153,733,581	9,782,118,115
ALTCS-EPD	1,350,003,200	1,391,444,506	1,461,016,732	1,534,067,568	1,610,770,947	7,347,302,953
ALTCS-DD	1,301,738,076	1,363,847,512	1,432,039,888	1,503,641,882	1,578,823,976	7,180,091,335
Expansion State Adults	2,740,548,519	2,840,899,689	3,016,091,797	3,166,498,610	3,324,425,764	15,088,464,380
ALTCS Adult Dental	15,196,200	15,196,200	15,196,200	15,196,200	15,196,200	75,981,000
AI/AN Uncompensated Care	4,000,000	4,000,000	4,000,000	4,000,000	4,000,000	20,000,000
SNCP/DSHP	90,000,000	-	-	-	-	90,000,000
IMD Services	-	-	-	-	-	-
Expenditure Subtotal	<u>11,782,996,302</u>	<u>12,072,236,412</u>	<u>12,787,061,323</u>	<u>13,424,322,079</u>	<u>14,093,445,873</u>	<u>64,160,061,987</u>
DSH	161,304,900	134,094,600	120,825,800	107,557,000	94,288,200	618,070,500
Total With Waiver Expenditures	<u>11,944,301,202</u>	<u>12,206,331,012</u>	<u>12,907,887,123</u>	<u>13,531,879,079</u>	<u>14,187,734,073</u>	<u>64,778,132,487</u>
With Waiver Expenditure PMPMs						
TANF/SOBRA	334.75	335.32	348.47	357.58	366.89	
SSI	798.78	806.89	834.37	855.22	877.07	
ALTCS-EPD	3,716.69	3,788.01	3,933.49	4,085.06	4,242.97	
ALTCS-DD	3,590.87	3,616.91	3,656.55	3,701.74	3,752.31	
Expansion State Adults	719.12	728.45	755.88	775.75	796.29	
DY1-DY5 BN Carry-over		29,540,279,760				
DY6-DY10 BN Variance	8,150,270,913	9,127,378,017	9,828,756,367	10,662,721,663	11,557,467,595	
Phase-Down of DY6-DY10 Variance	2,037,567,728	2,281,844,504	2,457,189,092	2,665,680,416	2,889,366,899	
Cumulative DY-DY10 Variance	<u>31,577,847,489</u>	<u>33,859,691,993</u>	<u>36,316,881,085</u>	<u>38,982,561,500</u>	<u>41,871,928,399</u>	41,871,928,399
Variance by Waiver Group						
TANF/SOBRA	5,572,356,876	6,156,582,968	6,609,448,163	7,161,539,888	7,757,589,737	33,257,517,632
SSI	810,410,049	918,792,047	990,554,750	1,085,268,514	1,185,858,535	4,990,883,897
ALTCS-EPD	835,526,211	900,541,153	942,311,939	985,704,921	1,030,772,730	4,694,856,955
ALTCS-DD	1,041,173,976	1,170,658,049	1,305,637,714	1,449,404,539	1,602,442,793	6,569,317,072
Expansion State Adults	-	-	-	-	-	-
ALTCS Adult Dental	(15,196,200)	(15,196,200)	(15,196,200)	(15,196,200)	(15,196,200)	(75,981,000)
AI/AN Uncompensated Care	(4,000,000)	(4,000,000)	(4,000,000)	(4,000,000)	(4,000,000)	(20,000,000)
SNCP/DSHP	(90,000,000)	-	-	-	-	(90,000,000)
IMD Services	-	-	-	-	-	-
	<u>8,150,270,913</u>	<u>9,127,378,017</u>	<u>9,828,756,367</u>	<u>10,662,721,663</u>	<u>11,557,467,595</u>	<u>49,326,594,555</u>

**Arizona Health Care Cost Containment System
Budget Neutrality Status by Federal Fiscal Year
Total Funds - All Populations
For the Period October 1, 2016 - September 30, 2021
Updated 9-7-16**

	Estimate 2017 DY 6	Estimate 2018 DY 7	Estimate 2019 DY 8	Estimate 2020 DY 9	Estimate 2021 DY 10	Total
Without Waiver Expenditure Limit Calculation						
Member Months						
TANF/SOBRA	13,448,230	13,757,771	14,075,365	14,401,332	14,735,971	70,418,669
SSI	2,227,982	2,284,797	2,341,669	2,398,602	2,455,600	11,708,650
ALTCS-EPD	363,227	367,328	371,430	375,531	379,633	1,857,149
ALTCS-DD	362,514	377,076	391,637	406,199	420,761	1,958,186
Expansion State Adults Combined	3,810,951	3,899,900	3,990,187	4,081,836	4,174,877	19,957,751
	20,212,904	20,686,872	21,170,287	21,663,500	22,166,842	105,900,405
Without Waiver PMPM						
TANF/SOBRA	749.11	782.82	818.05	854.86	893.33	821.28
SSI	1,162.52	1,209.02	1,257.38	1,307.68	1,359.99	1,261.72
ALTCS-EPD	6,016.98	6,239.61	6,470.48	6,709.89	6,958.16	6,484.22
ALTCS-DD	6,462.96	6,721.48	6,990.34	7,269.95	7,560.75	7,021.50
Expansion State Adults Weighted	719.12	728.45	755.88	775.75	796.29	756.02
	986.17	1,024.79	1,068.28	1,111.87	1,157.17	1,071.64
Without Waiver Expenditure Limit						
TANF/SOBRA	10,074,203,794	10,769,858,328	11,514,352,024	12,311,122,550	13,164,085,141	57,833,621,837
SSI	2,590,073,439	2,762,365,191	2,944,367,596	3,136,603,670	3,339,592,116	14,773,002,012
ALTCS-EPD	2,185,529,411	2,291,985,660	2,403,328,670	2,519,772,489	2,641,543,676	12,042,159,907
ALTCS-DD	2,342,912,052	2,534,505,562	2,737,677,602	2,953,046,421	3,181,266,770	13,749,408,407
Expansion State Adults	2,740,548,519	2,840,899,689	3,016,091,797	3,166,498,610	3,324,425,764	15,088,464,380
Total	19,933,267,215	21,199,614,429	22,615,817,690	24,087,043,741	25,650,913,468	113,486,656,543
DSH Allotment	161,304,900	134,094,600	120,825,800	107,557,000	94,288,200	618,070,500
Total Without Waiver Expenditure Limit	20,094,572,115	21,333,709,029	22,736,643,490	24,194,600,741	25,745,201,668	114,104,727,043
With Waiver Expenditures						
TANF/SOBRA	4,501,846,917	4,613,275,361	4,904,903,860	5,149,582,662	5,406,495,404	24,576,104,205
SSI	1,779,663,390	1,843,573,143	1,953,812,845	2,051,335,155	2,153,733,581	9,782,118,115
ALTCS-EPD	1,350,003,200	1,391,444,506	1,461,016,732	1,534,067,568	1,610,770,947	7,347,302,953
ALTCS-DD	1,301,738,076	1,363,847,512	1,432,039,888	1,503,641,882	1,578,823,976	7,180,091,335
Expansion State Adults	2,740,548,519	2,840,899,689	3,016,091,797	3,166,498,610	3,324,425,764	15,088,464,380
ALTCS Adult Dental	15,196,200	15,196,200	15,196,200	15,196,200	15,196,200	75,981,000
AI/AN Uncompensated Care	4,000,000	4,000,000	4,000,000	4,000,000	4,000,000	20,000,000
SNCP/DSHP	90,000,000	-	-	-	-	90,000,000
IMD Services	(6,104,400)	(6,302,700)	(6,676,500)	(7,009,700)	(7,359,600)	(33,452,900)
Expenditure Subtotal	11,776,891,902	12,065,933,712	12,780,384,823	13,417,312,379	14,086,086,273	64,126,609,087
DSH	161,304,900	134,094,600	120,825,800	107,557,000	94,288,200	618,070,500
Total With Waiver Expenditures	11,938,196,802	12,200,028,312	12,901,210,623	13,524,869,379	14,180,374,473	64,744,679,587
With Waiver Expenditure PMPMs						
TANF/SOBRA	334.75	335.32	348.47	357.58	366.89	
SSI	798.78	806.89	834.37	855.22	877.07	
ALTCS-EPD	3,716.69	3,788.01	3,933.49	4,085.06	4,242.97	
ALTCS-DD	3,590.87	3,616.91	3,656.55	3,701.74	3,752.31	
Expansion State Adults	719.12	728.45	755.88	775.75	796.29	
DY1-DY5 BN Carry-over		29,540,279,760				
DY6-DY10 BN Variance	8,156,375,313	9,133,680,717	9,835,432,867	10,669,731,363	11,564,827,195	
Phase-Down of DY6-DY10 Variance	2,039,093,828	2,283,420,179	2,458,858,217	2,667,432,841	2,891,206,799	
Cumulative DY-DY10 Variance	31,579,373,589	33,862,793,768	36,321,651,985	38,989,084,825	41,880,291,624	41,880,291,624
Variance by Waiver Group						
TANF/SOBRA	5,572,356,876	6,156,582,968	6,609,448,163	7,161,539,888	7,757,589,737	33,257,517,632
SSI	810,410,049	918,792,047	990,554,750	1,085,268,514	1,185,858,535	4,990,883,897
ALTCS-EPD	835,526,211	900,541,153	942,311,939	985,704,921	1,030,772,730	4,694,856,955
ALTCS-DD	1,041,173,976	1,170,658,049	1,305,637,714	1,449,404,539	1,602,442,793	6,569,317,072
Expansion State Adults	-	-	-	-	-	-
ALTCS Adult Dental	(15,196,200)	(15,196,200)	(15,196,200)	(15,196,200)	(15,196,200)	(75,981,000)
AI/AN Uncompensated Care	(4,000,000)	(4,000,000)	(4,000,000)	(4,000,000)	(4,000,000)	(20,000,000)
SNCP/DSHP	(90,000,000)	-	-	-	-	(90,000,000)
IMD Services	6,104,400	6,302,700	6,676,500	7,009,700	7,359,600	33,452,900
	8,156,375,313	9,133,680,717	9,835,432,867	10,669,731,363	11,564,827,195	49,360,047,455

Arizona Health Care Cost Containment System
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Total Funds - All Populations
For the Period October 1, 2016 - September 30, 2021
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	Estimate 2017 DY 6	Estimate 2018 DY 7	Estimate 2019 DY 8	Estimate 2020 DY 9	Estimate 2021 DY 10	Total
Without Waiver						
Expenditure Limit Calculation						
Member Months						
TANF/SOBRA	-	-	-	-	-	-
SSI	-	-	-	-	-	-
ALTCS-EPD	-	-	-	-	-	-
ALTCS-DD	-	-	-	-	-	-
Expansion State Adults Combined	-	-	-	-	-	-
Without Waiver PMPM						
TANF/SOBRA	-	-	-	-	-	-
SSI	-	-	-	-	-	-
ALTCS-EPD	-	-	-	-	-	-
ALTCS-DD	-	-	-	-	-	-
Expansion State Adults Weighted	-	-	-	-	-	-
Without Waiver Expenditure Limit						
TANF/SOBRA	-	-	-	-	-	-
SSI	-	-	-	-	-	-
ALTCS-EPD	-	-	-	-	-	-
ALTCS-DD	-	-	-	-	-	-
Expansion State Adults Total	-	-	-	-	-	-
DSH Allotment	-	-	-	-	-	-
Total Without Waiver Expenditure Limit	-	-	-	-	-	-
With Waiver Expenditures						
TANF/SOBRA	-	-	-	-	-	-
SSI	-	-	-	-	-	-
ALTCS-EPD	-	-	-	-	-	-
ALTCS-DD	-	-	-	-	-	-
Expansion State Adults	-	-	-	-	-	-
ALTCS Adult Dental	-	-	-	-	-	-
AI/AN Uncompensated Care	-	-	-	-	-	-
SNCP/DSHP	-	-	-	-	-	-
IMD Services	(6,104,400)	(6,302,700)	(6,676,500)	(7,009,700)	(7,359,600)	(33,452,900)
Expenditure Subtotal	(6,104,400)	(6,302,700)	(6,676,500)	(7,009,700)	(7,359,600)	(33,452,900)
DSH	-	-	-	-	-	-
Total With Waiver Expenditures	(6,104,400)	(6,302,700)	(6,676,500)	(7,009,700)	(7,359,600)	(33,452,900)
With Waiver Expenditure PMPMs						
TANF/SOBRA	-	-	-	-	-	-
SSI	-	-	-	-	-	-
ALTCS-EPD	-	-	-	-	-	-
ALTCS-DD	-	-	-	-	-	-
Expansion State Adults	-	-	-	-	-	-
DY1-DY5 BN Carry-over	-	-	-	-	-	-
DY6-DY10 BN Variance	6,104,400	6,302,700	6,676,500	7,009,700	7,359,600	
Phase-Down of DY6-DY10 Variance	1,526,100	1,575,675	1,669,125	1,752,425	1,839,900	
Cumulative DY-DY10 Variance	1,526,100	3,101,775	4,770,900	6,523,325	8,363,225	8,363,225
Variance by Waiver Group						
TANF/SOBRA	-	-	-	-	-	-
SSI	-	-	-	-	-	-
ALTCS-EPD	-	-	-	-	-	-
ALTCS-DD	-	-	-	-	-	-
Expansion State Adults	-	-	-	-	-	-
ALTCS Adult Dental	-	-	-	-	-	-
AI/AN Uncompensated Care	-	-	-	-	-	-
SNCP/DSHP	-	-	-	-	-	-
IMD Services	6,104,400	6,302,700	6,676,500	7,009,700	7,359,600	33,452,900
	6,104,400	6,302,700	6,676,500	7,009,700	7,359,600	33,452,900

Arizona Health Care Cost Containment System
 Budget Neutrality Status by Federal Fiscal Year
 Total Funds - All Populations
 For the Period October 1, 2016 - September 30, 2021
 Updated 9-7-16

	Estimate 2017 DY 6	Estimate 2018 DY 7	Estimate 2019 DY 8	Estimate 2020 DY 9	Estimate 2021 DY 10	Total
Without Waiver Expenditure Limit Calculation						
Member Months						
TANF/SOBRA	-	-	-	-	-	-
SSI	-	-	-	-	-	-
ALTCS-EPD	-	-	-	-	-	-
ALTCS-DD	-	-	-	-	-	-
Expansion State Adults Combined	-	-	-	-	-	-
Without Waiver PMPM						
TANF/SOBRA	-	-	-	-	-	-
SSI	-	-	-	-	-	-
ALTCS-EPD	-	-	-	-	-	-
ALTCS-DD	-	-	-	-	-	-
Expansion State Adults Weighted	-	-	-	-	-	-
Without Waiver Expenditure Limit						
TANF/SOBRA	-	-	-	-	-	-
SSI	-	-	-	-	-	-
ALTCS-EPD	-	-	-	-	-	-
ALTCS-DD	-	-	-	-	-	-
Expansion State Adults Total	-	-	-	-	-	-
DSH Allotment	-	-	-	-	-	-
Total Without Waiver Expenditure Limit	-	-	-	-	-	-
With Waiver Expenditures						
TANF/SOBRA	-	-	-	-	-	-
SSI	-	-	-	-	-	-
ALTCS-EPD	-	-	-	-	-	-
ALTCS-DD	-	-	-	-	-	-
Expansion State Adults	-	-	-	-	-	-
ALTCS Adult Dental	-	-	-	-	-	-
AI/AN Uncompensated Care	-	-	-	-	-	-
SNCP/DSHP	-	-	-	-	-	-
IMD Services	-	-	-	-	-	-
Expenditure Subtotal	-	-	-	-	-	-
DSH	-	-	-	-	-	-
Total With Waiver Expenditures	-	-	-	-	-	-
With Waiver Expenditure PMPMs						
TANF/SOBRA	-	-	-	-	-	-
SSI	-	-	-	-	-	-
ALTCS-EPD	-	-	-	-	-	-
ALTCS-DD	-	-	-	-	-	-
Expansion State Adults	-	-	-	-	-	-
DY1-DY5 BN Carry-over	-					
DY6-DY10 BN Variance	-	-	-	-	-	-
Phase-Down of DY6-DY10 Variance	-	-	-	-	-	-
Cumulative DY-DY10 Variance	-	-	-	-	-	-
Variance by Waiver Group						
TANF/SOBRA	-	-	-	-	-	-
SSI	-	-	-	-	-	-
ALTCS-EPD	-	-	-	-	-	-
ALTCS-DD	-	-	-	-	-	-
Expansion State Adults	-	-	-	-	-	-
ALTCS Adult Dental	-	-	-	-	-	-
AI/AN Uncompensated Care	-	-	-	-	-	-
SNCP/DSHP	-	-	-	-	-	-
IMD Services	-	-	-	-	-	-

Note: Five year lifetime limit will not impact this waiver cycle. Impact of other provisions is unknown at this time. There will be administrative costs to implement, however, administration is not included in the Budget Neutrality Model.

**APPENDIX 2:
A.R.S. 36-2903.09
WAIVERS; ANNUAL
SUBMITTAL;
DEFINITIONS**



Arizona Revised Statutes 36-2903.09: Waivers; annual submittal; definitions

- A. On or before March 30 of each year, the Director shall apply to the Centers for Medicare and Medicaid Services (CMS) for waivers or amendments to the current Section 1115 Waiver to allow this state to:
1. Institute a work requirement for all able-bodied adults receiving services pursuant to this article [Arizona Revised Statutes, Title 36, Chapter 29, Article 1 which includes Title XIX eligible individuals other than persons with an institutional level of need and the Medicare Cost Sharing groups]. The work requirement shall:
 - (a) Require an eligible person to either:
 - (i) Become employed.
 - (ii) Actively seek employment, which would be verified by the department.
 - (iii) Attend school or a job training program, or both, at least twenty hours per week.
 - (b) Require an eligible person to verify on a monthly basis compliance with requirements of subdivision (a) of this paragraph and any change in family income.
 - (c) Require the administration to confirm an eligible person's change in family income as reported under subdivision (b) of this paragraph and redetermine the person's eligibility under this article.
 - (d) Allow the administration to ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the requirements of subdivision (a) of this paragraph.
 - (e) Allow for an exemption if a person meets any of the following conditions:
 - (i) Is at least nineteen years of age but is still attending high school as a full-time student.
 - (ii) Is the sole caregiver of a family member who is under six years of age.
 - (iii) Is currently receiving temporary or permanent long-term disability benefits from a private insurer or from the government.
 - (iv) Has been determined to be physically or mentally unfit for employment by a health care professional in accordance with rules adopted by the administration.
 2. Place on able-bodied adults a lifetime limit of five years of benefits under this article that begins on the effective date of the waiver or amendment to the current section 1115 waiver and does not include any previous time a person received benefits under

this article. The lifetime limit under this paragraph does not include any time during which the person meets any of the following conditions:

- (a) Is pregnant.
 - (b) Is the sole caregiver of a family member who is under six years of age.
 - (c) Is currently receiving temporary or permanent long-term disability benefits from a private insurer or from the government.
 - (d) Is at least nineteen years of age but is still attending high school as a full-time student.
 - (e) Is employed full time but continues to meet the income eligibility requirements under this article.
 - (f) Is enrolled before reaching nineteen years of age.
 - (g) Is an eligible person as defined in section 36-2901, paragraph 6, subdivision (a), item (iii).
3. Develop and impose meaningful cost-sharing requirements to deter both:
- (a) The nonemergency use of emergency departments.
 - (b) The use of Ambulance services for nonemergency transportation or when it is not medically necessary.
- B. In any year, the Director shall apply under subsection A of this section for only the waivers or amendments to the current section 1115 waiver that have not been approved and are not in effect.
- C. On or before April 1 of each year, the director shall submit a letter confirming the submission of the waiver requests required under subsection A of this section to the Governor, the President of the Senate and the Speaker of the House of Representatives.
- D. For the purposes of this section:
1. "Able-bodied" means an individual who is physically and mentally capable of working.
 2. "Adult" means an individual who is at least nineteen years of age. END_STATUTE

Arizona Laws 2015, First Regular Session, Chapter 29, Article 1.

Website: <http://www.azleg.gov/ars/36/02903-09.htm>

APPENDIX 3: PUBLIC NOTICE



Notice:

Pursuant to 42 C.F.R 431.408, the Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid Agency, is required to submit a public notice of its intent to submit a Section 1115 Waiver Amendment to the Centers for Medicare and Medicaid Services (CMS). At the direction of the Arizona State Legislature and upon CMS approval, AHCCCS is proposing to implement the following requirements for "able-bodied adults" receiving Medicaid services:

Proposed Additional Eligibility Requirements under the Demonstration as Amended: (1) The requirement for all able-bodied adults to become employed or actively seek employment or attend school or a job training program; (2) The requirement for able-bodied adults to verify on a monthly basis compliance with the work requirements and any changes in family income; (3) The authority for AHCCCS to ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements; and (4) The authority for AHCCCS to limit lifetime coverage for all able-bodied adults to five years except for certain circumstances.

Proposed Cost Sharing Requirements under the Demonstration as Amended: The cost sharing requirements for persons impacted by this proposed demonstration amendment will not vary from the State's current program features as described in the current State Plan and Demonstration.

Proposed Changes to the Delivery System under the Demonstration as Amended: The delivery system for persons impacted by this proposed demonstration amendment will not vary from the State's current program features as described in the current State Plan and Demonstration.

Proposed Changes to Benefit Coverage under the Demonstration as Amended: The benefit coverage for persons impacted by this proposed demonstration amendment will not vary from the State's current program features as described in the current State Plan and Demonstration.

Hypothesis and Evaluation Parameters of the Demonstration: The demonstration will test whether authorizing work requirements and life time coverage limits for "able-bodied adults" enrolled in AHCCCS will increase employment rate for those beneficiaries. AHCCCS is proposing to test a series of hypotheses that will allow the state to: 1) evaluate its success in achieving the overall goals of the demonstration; and 2) identify opportunities for improvement to strengthen the demonstration.

Specific Waiver and Expenditure Authorities: AHCCCS seeks waiver from 1902(a)(10)(A) to enable the State to impose work requirements for "able-bodied adults"; require beneficiaries to verify on a monthly basis compliance with the work requirements and any changes in family income; enable the State to ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements; and limit lifetime coverage for all able-bodied adults to five years except for certain circumstances.

Senate Bill 1092 was passed during the First Regular Session of 2015. The legislation requires AHCCCS to apply to CMS by March 30 of each year for a waiver or amendments to the current Section 1115 Waiver to allow the State to implement the requirements stated above. Information about the legislation can be found on the legislative website at the following link: <https://apps.azleg.gov/BillStatus/BillOverview/66346>.

Public hearings (also called community forums) where the public can provide comments and questions about the proposed waiver amendment will be held during the following times and locations:

Date: Tuesday, January 17, 2017

Location: Phoenix, Arizona

Address: Ability360 – Nina Mason Pulliam Conference Center, 5025 E. Washington St, Suite 200, Phoenix, AZ 85034

Session 1 Time: 9:00am – 11:00am

Session 2 Time: 11:30am – 1:30pm

Call-in Information: 1-877-820-7831; Participation Passcode: 992862

Date: Wednesday, January 18, 2017

Location: Phoenix, Arizona (Tribal Consultation Meeting)

Address: Native Health – 2nd Floor Conference Room, 4041 N. Central Ave., Phoenix, AZ 85012

Time: 9:00am – 12:00pm

Call-in Information: 1-877-820-7831; Participation Passcode: 108903

Date: Friday, January 27, 2017

Location: Tucson, Arizona

Address: Banner University Medical Center, South Campus—LaGleria Conference Room,
2800 E. Ajo Way, Tucson, AZ 85713

Time: 10:00am – 12:00pm

Call-in Information: 1-877-820-7831; Participation Passcode: 992862

Date: Monday, January 30, 2017

Location: Flagstaff, Arizona

Address: Flagstaff Medical Center – McGee Auditorium, 1200 N. Beaver St, Flagstaff, AZ 86001

Time: 1:30pm – 3:30pm

Call-in Information: 1-877-820-7831; Participant Passcode: 992862

Comments and questions about the proposed Demonstration application can also be submitted by e-mail to: PublicInput@azahcccs.gov or by mail to: AHCCCS c/o Office of Intergovernmental Relations; 801 E. Jefferson Street, MD 4200, Phoenix, AZ 85034. All comments must be received by **February 28, 2017**. More information about the proposed waiver amendment, including the proposed waiver application and the full public notice and public input process, can be found on the AHCCCS website at:

<https://azahcccs.gov/Resources/Federal/sb1092legislativedirectivewaiverproposal.html>

THE ARIZONA REPUBLIC

Demonstration as Amended: (1) The requirement for all able-bodied adults to be employed or actively seeking employment or attending school or a job training program. (2) The requirement for able-bodied adults to verify on a monthly basis compliance with the work requirements and any changes in family income. (3) The authority of AHCCCS to ban an eligible person from enrollment for one year if the eligible person repeatedly failed to report a change in family income or made a false statement regarding compliance with the work requirements and any changes in family income. (4) The authority of AHCCCS to limit the program coverage for all able-bodied adults to five years except for certain circumstances.

Proposed Changes to the Delivery System under the Demonstration as Amended: The delivery system for persons represented by the proposed demonstration amendment will not vary from the State's current program features as described in the current State Plan and Demonstration. Hypothesis and Evaluation Parameters of the Demonstration: The demonstration will test a series of hypotheses that will allow the State to evaluate its success in achieving the overall goals of the demonstration and 2) identify opportunities for improvement in achieving the demonstration goals. Waiver and Exemption Authorities: AHCCCS will issue a waiver under 102(a)(10)(A) to enable the State to impose the following requirements for able-bodied adults receiving Medicaid services: Proposed Additional Eligibility Requirements under the

changes in family income; enable the State to ban an eligible person from enrollment for one year if the eligible person repeatedly failed to report a change in family income or made a false statement regarding compliance with the work requirements and any changes in family income; and the authority of AHCCCS to ban an eligible person from enrollment for one year if the eligible person repeatedly failed to report a change in family income or made a false statement regarding compliance with the work requirements and any changes in family income. (4) The authority of AHCCCS to limit the program coverage for all able-bodied adults to five years except for certain circumstances.

Proposed Changes to the Delivery System under the Demonstration as Amended: The delivery system for persons represented by the proposed demonstration amendment will not vary from the State's current program features as described in the current State Plan and Demonstration. Hypothesis and Evaluation Parameters of the Demonstration: The demonstration will test a series of hypotheses that will allow the State to evaluate its success in achieving the overall goals of the demonstration and 2) identify opportunities for improvement in achieving the demonstration goals. Waiver and Exemption Authorities: AHCCCS will issue a waiver under 102(a)(10)(A) to enable the State to impose the following requirements for able-bodied adults receiving Medicaid services: Proposed Additional Eligibility Requirements under the

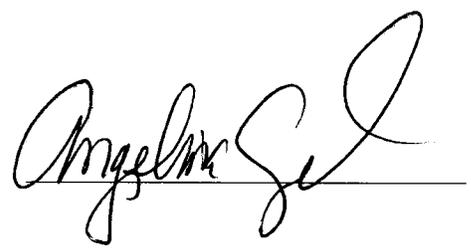
Time: 1:30pm - 3:30pm
 Call-in information: 1-877-520-7831; Participation Passcode: 952862
 Comments and questions about the proposed demonstration can also be submitted in a mail to: PublicInput@arizona.gov or by mail to: AHCCCS, c/o Office of Intergovernmental Affairs, 100 N. McDowell Rd., Suite 110, Phoenix, AZ 85006. More information about the proposed waiver amendments is available on the public notice and public input process, can be found on the AHCCCS website at: <http://arizona.gov/healthcare/press/press-releases/ahcccs-public-input-process>.
 Date: January 12, 2017

ARIZONA
 OF MARICOPA } SS.

Angelina Aguilar, being first duly sworn, upon oath deposes and says: That she is a legal advertising representative of the Arizona Business Gazette, a newspaper of general circulation in the county of Maricopa, Coconino, Pima and Pinal, State of Arizona, published in Phoenix, Arizona, by Phoenix Newspapers Inc., which also publishes The Arizona Republic, and that the copy hereto attached is a true copy of the advertisement published in the said paper on the dates as indicated.

The Arizona Republic

1/12/2017



Sworn to before me this
 13TH day of
 January A.D. 2017

 **BRIAN BILLINGS**
 Notary Public - Arizona
 Maricopa County
 My Commission Expires
 July 25, 2018


 Notary Public

Notice: Pursuant to 42 C.F.R. 431.406, the Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid Agency, is required to submit a public notice of its intent to submit a Section 1115 Waiver Amendment to the Center for Medicaid and State Services (CMS), at the direction of the Arizona State Legislature. And upon CMS approval, AHCCCS is proposing to implement the following requirements for able-bodied adults receiving Medicaid services: Proposed Additional Eligibility Requirements under the

APPENDIX 4: TRIBAL CONSULTATION





TRIBAL CONSULTATION MEETING

January 18, 2017

9:00 a.m. – 12:00 p.m. (Arizona Time)

NATIVE HEALTH, 4041 N. Central Avenue, Phoenix, AZ 85012
2nd Floor Conference Room

Conference Bridge: 1-877-820-7831, Participant Passcode: 108903#

NOTIFICATION TO TRIBES:

Good Afternoon,

I'm pleased to announce the first quarterly AHCCCS Tribal Consultation meeting of 2017. The meeting is scheduled for **January 18, 2017** at the following location. The draft meeting agenda is attached, as well as a directional/parking map and list of surrounding restaurants and hotel.

NATIVE HEALTH
4041 N. Central Ave., Phoenix, AZ 85012
Second Floor Conference Room
9:00 a.m. – 12:00 p.m. (Phoenix Time)
Teleconference Number: 1-877-820-7831, Participant Passcode: 108903#
(Visitor parking is available in the parking structure on the property)

Please inform me if leaders from your tribe will attend this meeting as it is AHCCCS Director Betlach's practice to recognize tribal dignitaries. Starting with this meeting, AHCCCS will no longer provide meeting packets. Instead, meeting materials will be posted to the AHCCCS website a few days prior to the meeting. You can download meeting materials at this link:

<http://www.azahcccs.gov/tribal/consultations/meetings.aspx>.

Thank you in advance for your participation in this important meeting.

Wishing you all the best in 2017!

Bonnie Talakte

Tribal Relations Liaison
AHCCCS Office of Intergovernmental Relations
801 E. Jefferson, MD-4100 | Phoenix, AZ 85034
(602) 417-4610 (Office) | (602) 256-6756 (Fax)
Bonnie.Talakte@azahcccs.gov



AGENDA

AHCCCS TRIBAL CONSULTATION MEETING

With Tribal Leaders, Tribal Members, Indian Health Services, Tribal Health Programs Operated Under P.L. 93-638
and Urban Indian Health Programs

Date: January 18, 2017

Time: 9:00 a.m. – 12:00 p.m. (Arizona Time)

Location: NATIVE HEALTH, 4041 N. Central Ave., 2nd Floor Conference Room Phoenix, AZ 85012

Conference Call-In: **1-877-820-7831** Participant Passcode: **108903#**

TIME	TOPIC	Presenter
9:00 - 9:20 a.m.	Welcome Opening Prayer Introductions	Beth Kohler, <i>AHCCCS Deputy Director</i> John Molina, M.D., J.D., <i>Native Health Corporate Compliance Officer</i> Deputy Director Kohler
9:20 – 9:40 a.m.	Overview of NATIVE HEALTH Services	Walter Murillo, NATIVE HEALTH Chief Executive Officer
9:40 – 10:10	Senate Bill 1092	Deputy Director Kohler Mohamed Arif <i>Waiver Manager</i>
10:10 – 10:50	AHCCCS Updates: <ul style="list-style-type: none"> • Traditional Healing • 1115 Waiver Update • Budget 	Deputy Director Kohler
10:50 - 11:00 a.m.	Disproportionate Share Hospital (DSH) Payments	Amy Upston, <i>Hospital Finance Administrator</i>
11:00 - 11:25 a.m.	Legislative Update and Tribal Court Involuntary Treatment Legislative Proposal	Christopher Vinyard, <i>Chief Legislative Liaison</i>
11:25 - 11:40 a.m.	AHCCCS Medical Policy Manual (AMPM) and AHCCCS Contractor Operations Manual (ACOM) Policies	Deputy Director Kohler
11:40 - 11:55 a.m.	Specialty Drugs (High Cost)	Suzanne Berman, <i>Pharmacy Program Administrator</i>
11:55 - 12:00 p.m.	Announcements/Wrap-Up/Adjourn	Deputy Director Kohler

Next Meeting: April 20, 2017, San Carlos Apache Health Care Corporation

ATTENDEES:

Tribes	<p><u>Gila River Indian Community</u>: Priscilla Foote</p> <p><u>Havasupai</u>: Mark Standing Eagle</p> <p><u>Hopi Tribe</u>: Laverne Dallas, Brendalee Lopez</p> <p><u>Navajo Nation</u>: Jonathan Hale</p> <p><u>Pascua Yaqui Tribe</u>: Reuben Howard</p> <p><u>White Mountain Apache Tribe</u>: Abilene Burnette</p>
I/T/Us	<p><u>Fort Defiance Indian Health Board</u>: Terrilynn Nez-Chee</p> <p><u>Native Health</u>: Walter Murillo, John Molina</p> <p><u>Navajo Area IHS</u>: KL Dempsey</p> <p><u>Phoenix Area IHS</u>: John Meeth, Dave Civic, Doreen Pond</p> <p><u>San Carlos Apache Tribe</u>: Vicki Began, Melinda White</p> <p><u>Tohono O’odham Nation Medical Center</u>: Dan Marino</p> <p><u>Tuba City Regional Health Care Corporation</u>: Yolanda Burke, Melverta Barlow, TJ Riggs, James Brant Young</p> <p><u>Winslow Indian Health Care Corp.</u>: Kelly Sagan, Alutha Yellowhair</p>
Other	<p><u>Arizona Advisory Council on Indian Health Care</u>: Kim Russell, Brenda Martin</p> <p><u>Cenpatico</u>: Sheina Yellowhair, Julia Chavez</p> <p><u>Health Choice Integrated Care</u>: Holly Figueroa, Gabriel Yaiva</p> <p><u>Mercy Maricopa</u>: Faron Jack</p> <p><u>Mental Health of AZ</u>: Chuck Goldstein</p> <p><u>Native American Connections</u>: Janel Striped Wolf, Juanita Denetclaw, Alyssa Paone</p> <p><u>Native Resource Development</u>: Jermiah Kanuho</p> <p><u>NRDCI</u>: Yvonne Toledo</p> <p><u>Vitalyst</u>: Liz Grey, Marcus Johnson, Jesse Walbere</p>
AHCCCS Representatives	<p>Beth Kohler, Elizabeth Lorenz, Bonnie Talakte, Elizabeth Carpio, Markay Adams, Mark Carroll, Albert Escobedo, Karen Grady, Kyle Sawyer, Lorie Mayer, James de Jesus, Tricia Krotenberg</p>

MEETING SUMMARY

All meeting materials and presentations can be found at the AHCCCS Tribal Consultation website:

<https://www.azahcccs.gov/AmericanIndians/TribalConsultation/meetings.html>

TOPICS	SUMMARY
<p><u>Overview of NATIVE HEALTH Services</u></p>	<p>Walter Murillo, Chief Executive Officer, provided an overview of the services provided at NATIVE HEALTH, an urban health facility, operating in Phoenix, AZ. Mr. Murillo indicated that NATIVE HEALTH is a Federally Qualified Healthcare Center (FQHC) urban Indian Health Program and is also a 330 HERSA funded Community Health Center that provides holistic, patient centered, culturally sensitive health and wellness services. NATIVE HEALTH has grown from a small clinic founded in 1978 to its current location on Central Avenue. Mr. Murillo provided information on the many community partnerships and programs they have in an effort to provide health service options for their clients.</p>

Senate Bill 1092

Beth Kohler, AHCCCS Deputy Director, provided an update on a separate waiver request that AHCCCS is required to submit annually as mandated by the Arizona State Legislature in regard to provisions that were included in the 1115 Demonstration Waiver submitted to CMS in 2016, but were not approved. A separate waiver is due March 30 of every year. The presentation provided information on the potential implications of the separate waiver. Feedback is requested. The provisions required to be in the waiver include;

- A work requirement in which able bodied members must be employed, must actively seek employment to be verified by AHCCCS and attend school or a job training program, or both, at least 20 hours per week.
- A lifetime enrollment limit of 5 years. This applies to adults age 19 and older “physically and mentally capable of working”. There are no exemptions for American Indian members.
- Other requirements include;
 - Cost sharing requirements to deter use of ambulance services for non-emergency transportation when not medically necessary.
 - Requires persons to verify compliance with work requirement monthly
 - A 1-year ban for making false statements regarding compliance with work requirements or knowingly failing to report change in income.

Public hearings/forums are scheduled in January. More information about the proposed waiver amendment, including the proposed waiver application and the full public notice process, can be found on the AHCCCS website at:

<https://azahcccs.gov/Resources/Federal/sb1092legislativeirectivewaiverproposal.html>.

Comments and questions can be submitted to PublicInput@azahcccs.gov or by mail to AHCCCS c/o Office of Intergovernmental Relations; 801 E. Jefferson Street, MD 4200, Phoenix, AZ 85034. All comments must be received by February 28, 2017.

**Questions/Answers/
Comments**

Q: Does the clock start ticking after the waiver is approved?

A: Yes, the way the legislation is written, any enrollment prior to the approval date of the waiver doesn't count toward the 5 year limit. We only start counting toward that 5 year limit after the waiver is approved.

∞

Q: I need clarification on the lifetime limit and no exemption for American Indian members.

A: The legislation establishes very specific exemptions for certain populations and enrollment period and it explicitly does not exempt American Indian members from the work and lifetime limit requirements. There is no exemption as part of the legislation that was passed by the legislature several years ago.

∞

Q: If it were to pass this year, you're saying 10/1/17 would be the operative date?

A: The earliest we would be able to operationalize this is 10/1/17. But waiver negotiations can take much longer than that, and that would be only if CMS approves it. They've never approved a lifetime limit or a work requirement that could end coverage. But this is a new administration and we don't know what the approval process will look like or the timing of the process.

∞

Q: So 10/1/22, is this a period when the clock starts ticking?

A: Let's say the approval was effective 10/1/17 - nobody would hit the 5 years until 10/1/22.

∞

Q: The last time I heard this presentation, I remember that American Indians were excluded from this. Now you're saying that we're not excluded. This was packaged as part of our larger waiver submittal for the period beginning 10/1/16. It included the AHCCCS program which included exclusion for AI's. This legislation does not include exclusion for AI's.

A: I don't remember that. American Indians are not required to participate in the AHCCCS CARE

program and that might be what you're thinking of.

∞

Q: How do you propose that this applies to tribal lands, sovereign nations? If it's a state law, how does it apply?

A: This governs the AHCCCS program and many tribal members are enrolled in AHCCCS. It applies equally to tribal and non-tribal populations.

∞

Q: How is it considered at AHCCCS, we are an underserved population, we may need to have longer than 5 years for these types of services. What is the position of AHCCCS when we have these tribal consultations? Is it just checking a box to say we had tribal consultation and showing the comments? They can't do anything to change things. What is the point of the consultation?

A: It's much bigger than a checked box. We consider all the feedback that we get. The legislation does not include an exemption but we want your comments about the potential impacts so we can have that conversation with CMS. CMS could consider other options based on input from tribal partners and other stakeholders. This conversation is not just a formality. It's critical that we capture your comments and submit them to CMS so they have a good sense of the impacts and other options.

∞

C: My position on this issue is although 1092 is already passed, that's not to say that tribes can't try to change this. This is why we have elected officials. That's why I came down here as a tribal leader to collect information, take it back and formulate a position. So ITCA would be an entity to introduce legislation. We can also make that recommendation to CMS as well. Going forward, everyone under IHS gave recommendations for budget. Tribal leadership should go, present, and have meetings with Ms. Verma to express concerns about this. Use data to show why they should be set apart from this law. It's all contingent upon teamwork. If tribal consultation is there and they're asking for comment, we should give comment. Everyone needs to submit a sentence or a paragraph, a coordinated initiative to generate discussion and further political power through this system.

∞

C: We are very concerned with this proposal not only because people could fall off Medicaid and it flies in the face of the data we have. It does contradict what this administration stands for which is providing access to care to communities most in need. Even when you look at CMS' previous letter, they said these proposals undermine what Medicaid is all about. We look forward to providing written comment and we encourage everyone else to also.

∞

Q: Do you have a definition on schools and job training programs?

A: At this point we do not. The current exemption applies to students attending school or job training more than 20 hours a week, we don't know if that's just class time or time beyond that.

∞

Q: We have issues with transportation and this is a big concern. Also, when is the Flagstaff forum?

A: January 30th. Information is posted on website.

∞

C: Nonprofits have been reticent to get involved in debates like this out of fear of losing nonprofit status. Rule is if you're not spending more than 15% of money doing advocacy, you're not in danger. Consult with your own attorneys.

∞

Q: Does the foster children exemption (lifetime limit does not apply to former foster children up to the age of 26) apply to state only or tribal?

A: It's not specified in legislation.

∞

Q: If tribes want to ask representatives to write a bill to amend SB 1092 so there's an exemption

1. A complete repeal with no replacement will cost the state \$3.2B. 425,000 Arizona AHCCCS members will lose coverage.
 2. Impacts to the matching rate the state collects for the 100-138% expanded population. The funding for this group will go away and enrollment will be frozen. 0-100% childless adult population will continue. For either, it will cost the state \$1B.
- Ohio State Medicaid Analysis on Medicaid Expansion:
- Reduced uninsured rate to lowest ever – 89% had no coverage
 - Improved access to care - inappropriate use shifted – new diagnosis of chronic issues
 - Nearly half reported improved health and only 3.5% reported worsening
 - One third met screening criteria for depression or anxiety and they reported higher level of improvement
 - Coverage has allowed participants to better pay for other necessities
 - Supported employment and job seeking
- Replacement strategies currently being discussed at the federal level:
- Block grants or PMPM contributions from the federal government. Transferring Medicaid from a historical entitlement structure to more a managed capped federal contribution. The impact depends on what the structure looks like.
 - Risk Transfer Challenges to Arizona:
 - Previously expanded population– loss of federal funds
 - Voter-Protected coverage requirements (will not be able to avoid “available funding” in perpetuity)
 - Overall lower per capita income to support programs and risk
 - Large American Indian population – fed \$
 - Particularly vulnerable in recessions (see Great Rec.)
 - Ongoing instability due to funding pressure will undermine managed care delivery system
 - Lower-cost state
 - Fewer optional benefits (e.g., no dental)
 - High rates of HCBS
 - Aligned Duals
 - Low pharmacy spend
 - Mature managed care – for almost all populations
 - Delivery system performs well
 - Few special payments funded with non-state \$
- How will Arizona manage the risk? What levers do states have?
- Changes will be states’ responsibility and many will be very politically challenging:
 - Reducing Benefits
 - Reducing Eligibility
 - Reducing Payments
 - Increasing Cost Sharing
 - Program Administration
 - Will likely be annual discussion as part of state budget negotiations
- Block Grant/PMPM policy questions for American Indian Population:
- How is the 100% federal funding for I.H.S./638 services treated?
 - Implications of states making coverage level changes
 - What are the implications for the non-I.H.S./638 services that AI members receive?
 - Currently, AI members receive same benefits that apply to AHCCCS members
 - If financing for Medicaid changes, how is AI population funded?
 - If states make program changes (e.g., benefits), how do those apply to AI members?
 - Currently no differentiation; will depend on financing

Questions/Answers
Comments

FY 2018 Budget:

- Executive funds caseloads and some limited inflation
- Includes funding to restore emergency dental with \$1,000 member cap per year
- Includes resources to pursue opioid epidemic strategies
- Includes recommendation expansion of newborn screening to include Severe Combined Immunodeficiency (SCID) – rare genetic disorder that if not detected and treated early can be deadly

Proposition 206:

-AHCCCS increased rates to select HCBS providers, nursing facilities and behavioral health respite providers by 7% to provide funding associated with minimum wage requirements of Proposition 206.

-AHCCCS is a defendant in litigation surrounding the constitutionality of the proposition. AHCCCS takes no position on the constitutionality but are obligated under Medicaid to continue access to services for our members. AHCCCS felt the need to increase the rates to continue to assure access.

-Rate increases went into effect January 1, 2017.

Q: Is the state making a contingency as part of the budget for having to fulfill its prop 204 obligations?

A: The budget assumes that everything stays the same. Depending on action at federal level we'll make decisions on how to move forward with that population. For 0-100% AI members it's 37,338 enrolled members and for 100-138% it's 5,533.

∞

Q: Is the state in litigation over prop 204?

A: Right now, the prop 204 population is funded, so it depends on what happens at the federal level. It's important for individuals to communicate with their policy makers about potential impact here in AZ.

∞

Q: If FMAP changes, is reduction in eligibility immediate?

A: It would be on effective date of FMAP change (it would not be on enactment date but upon effective date).

∞

Q: The Governor has come out with his budget but the legislature has not. What's the timeline re: budget?

A: The process is; 1) Appropriations committees will hear presentations by the legislative staff (JLBC) about a baseline budget for governor's budget and legislature's budget. 2) There will be a time for public comment. 3) Budget Committee then makes recommendations on what should be included then draft bills for the floor. 4) There are amendments to bills, votes taken in each chamber. 5) The governor signs.

∞

Q: Regarding the \$1000 cap on emergency dental, is there an opportunity to work with the sponsor of the bill for emergency dental which will allow the American Indian population to be excluded from the FMAP capped at \$1000?

A: I recommend contacting the governor's office first about excluding American Indians since it's the Governor's proposal. Also, it would require a waiver from CMS because it would treat a population or a facility differently. 100% FMAP only applies when services are received at an IHS or 638 facilities. If services are received elsewhere, regular FMAP applies.

∞

Q: What would happen if we were designated as FQHC's?

A: I heard that CMS announced that 638s could become FQHCs. We need more guidance from the federal government and it is much more complicated than what CMS said. We can't simply register everyone as FQHCs - we need to sit down and think about implications. CMS said we

	<p>could put in state plan that AIR is the FQHC rate they would be paid. However, there are limits on numbers of visits you can receive at FQHCs and other limitations on FQHC services so we need to understand what CMS is really saying or is there a different way to accomplish it, and also what are implications of being FQHCs? We need additional details and need to map this out. We have additional guidance so we will review that.</p>
<p><u>Disproportionate Share Hospital (DSH) Payments</u></p> <p><u>Questions/Answers/Comments</u></p>	<p>Amy Upston, AHCCCS Hospital Finance Administrator, indicated that the Disproportionate Share Hospital (DSH) program provides payments to hospitals that serve a large number of individuals who are on Medicaid or are uninsured. Currently the DSH language appears in the 1115 Waiver. CMS has requested that AHCCCS move the DSH language from the Waiver to the State Plan. IHS/638 facilities receive a total of approximately \$60,000 each year from DSH payments. Typically 10 IHS/638 facilities apply annually for DSH. Although the DSH is being moved from the Waiver to the State Plan, AHCCCS does not intend to make any changes which would impact the payments for the IHS/638 facilities.</p> <p>No questions were asked.</p>
<p><u>Tribal Court Involuntary Treatment Legislative Proposal</u></p>	<p>Kyle Sawyer, AHCCCS Legislative Liaison, informed participants that the legislative proposal for this session is HB-2084, the Tribal Court Involuntary Treatment proposal. The need for this proposal was brought to AHCCCS’ attention through tribal stakeholder engagement. At issue is the current statutory process required for tribal members to receive court ordered treatment outside of tribal lands. Tribal members often wait up to 48 hours or more for treatment. By not receiving immediate or timely treatment, tribal members can be of danger to self and others. HB-2084 seeks to take a positive step in addressing this issue.</p> <p><u>Civil commitment</u> is defined as a legal process to determine whether a person with mental illness should be ordered to receive court ordered evaluation (COE) or court ordered treatment (COT). A civil commitment is not a criminal proceeding or conviction. The criteria for civil commitment (COE/COT) are that a person is:</p> <ul style="list-style-type: none"> • Unwilling or unable to accept voluntary evaluation/treatment; and • As a result of mental illness is: <ul style="list-style-type: none"> ○ A danger to self; ○ A danger to others; ○ Gravely disabled (unable to take care of one’s basic physical needs); or ○ Persistently or acutely disabled (likely to suffer severe mental or physical harm because of impaired judgement caused by a mental health condition). • Civil commitment is not available for persons who have a substance abuse and/or alcoholism condition. <p>Other information presented included steps for initiating civil commitment, what happens after court ordered evaluation, what is involved in court ordered treatment and tribal court order recognition.</p> <p><u>AHCCCS Legislation – HB 2084:</u></p> <ul style="list-style-type: none"> • HB-2084 amends A.R.S. 12-136 to allow a mental health treatment facility to admit a tribal member pending recognition of the tribal court order. • It requires the mental health treatment facility to discharge and provide transportation for the member back to the jurisdiction of the tribal court if the order is not filed with the clerk of the Superior Court by the close of business on the next day the court is open. • Updates the statute to reference AHCCCS, rather than the Department of Health Services (DHS) in regard to intergovernmental agreements. • HB-2084 does not affect court ordered evaluation and is not a mandate on any tribe,

<p><u>Questions/Answers/Comments</u></p>	<p>provider or the courts.</p> <p>Due to the varying dynamics and timeframes with getting tribal court orders recognized in Superior Court, the AHCCCS legislative proposal seeks to accomplish three things:</p> <ul style="list-style-type: none"> ○ Improve processes and efficiencies within state government; ○ Reduce unnecessary incarceration for our tribal members; and ○ Ensure timely delivery of behavioral health services <p>Q: Can the COT process apply to a developmentally disabled tribal individual on a reservation, a Medicaid member in the Medicaid system on tribal lands? If the provider is not responding to the member in a crisis situation, would the process apply to that individual?</p> <p>A: If the member is found to be within the parameters of the COE. Medicaid enrollment will not have any impact whatever process is used for the COE and COT. Whatever the process used through tribal courts will apply.</p> <p style="text-align: center;">∞</p> <p>Q: What is being done by the courts?</p> <p>A: They are able to accept faxes in many county courts. None currently allow e-filing for COT orders. This bill is the first step in making this process more efficient.</p> <p style="text-align: center;">∞</p> <p>Q: Is there a training mechanism to be put into place to educate tribal courts and county courts about this?</p> <p>A: Our legislation doesn't address training; we didn't hear that during stakeholder engagement. I would defer to courts on their training. We're a different branch of government.</p> <p>A: The court responded to that and courts are open to these discussions and willing to expand their training etc.</p> <p style="text-align: center;">∞</p> <p>C: I compared the first version with this one and the sentence that's not included now is the immunity piece to the providers, "May" admit a patient. So the decision is up to the provider whether they want to accept the patient. The big part of easing the provider's minds was the immunity. This is a first step but taking out the immunity part might not move things forward in this regard.</p>
<p><u>AHCCCS Medical Policy Manual (AMPM) & Contractor Operations Manual (ACOM) Policies</u></p> <p><u>Questions/Answers/Comments</u></p>	<p>Beth Kohler referenced the handout that summarizes the medical manual and contractor operations manual policy changes that have gone through the Tribal Consultation process. The policies listed in the handout were presented at the 10/20/16 tribal consultation meeting. The handout is the summary of the policies and when the policies became effective. If you have additional comments please send to Bonnie Talakte, AHCCCS Tribal Liaison.</p> <p>No Questions were asked</p>
<p><u>Specialty Drugs (High Cost)</u></p>	<p>Suzanne Berman, Pharmacy Program Administrator, informed participants that CMS issued the <i>Medicaid Outpatient Drug Rule</i>. The rule moves the reimbursement methodology for Fee-for-Service pharmacy claims to an Actual Acquisition Cost Model for the drug, plus a Professional Fee. The professional fee was previously known as the dispensing fee.</p> <p>1. AHCCCS is required to submit a state plan amendment to CMS that details how various Pharmacies and types of purchased drugs are reimbursed. AHCCCS also has to explain how IHS and 638 tribal pharmacies are reimbursed. For example, AHCCCS has to submit the reimbursement methodology for:</p> <ul style="list-style-type: none"> a. Retail Pharmacies b. Long Term Care Pharmacies

- c. Drugs purchased under the 340B program,
 - d. Drug purchased under the federal supply schedule or
 - e. Drugs purchased at nominal pricing.
 - f. In the SPA we also have to explain how we reimburse for Hemophilia Factor Medications.
2. For the Outpatient Drug Rule: The ALL INCLUSIVE RATE (AIR)
- A. CMS has determined that this rate meets the CMS Actual Acquisition Cost definition but because this is an all inclusive rate, there is not a professional fee added to the rate.
 - a. AHCCCS will reimburse up to one pharmacy AIR daily, which has not changed. Facilities may submit up to 5 AIRs daily for different services and one may be for pharmacy. What will be changing is that AHCCCS will reimburse the ALL INCLUSIVE RATE for the drug dispensed by an IHS or 638 Pharmacy beginning April 1, 2017. The AIR is paid for the first federally reimbursable drug on the claim, which should be on the first line of the claim.
 - i. On or after April 1, 2017, reimbursement will not be provided for the current methodology, which is reimbursement for counseling for drugs dispensed by IHS or 638 pharmacies.
 - B. Reimbursement to IHS and 638 Pharmacies for specialty medications.
 - a. Specialty medications are high-cost prescription drugs used to treat complex and chronic conditions for oncology, rheumatoid arthritis, multiple sclerosis, etc. They often require special handling and administration.
 - b. AHCCCS has been in discussions with the IHS and 638 Pharmacy Directors to define the specialty medication list that would be used for this program and the list has been sent to the IHS & 638 Pharmacy Directors for review.
 - c. The reimbursement methodology for specialty medications has been discussed with the IHS and 638 Pharmacy Directors for these medications. The CMS Outpatient Drug Rule requires the reimbursement to be based on the actual acquisition cost of the drug. The pharmacy directors communicated that they purchase drugs under the Federal Supply Schedule and therefore to meet the CMS requirements, the reimbursement would be based on the Federal Supply Schedule Price of the drug plus a Professional Fee.
 - d. For medications not available through the Federal Supply Schedule contract, the reimbursement would be based on the Wholesale Acquisition Cost of the drug plus the professional fee.
 - e. All prescription claims for medications on the specialty drug list would be processed through the FFS PBM, which is OptumRx, and reimbursement is for each submitted drug claim.
 - f. The IHS & 638 pharmacy directors have communicated that they currently submit claims electronically to PBMs at the point-of-sale and that they did not expect major system changes.
 - g. Payment for specialty medications to IHS and 638 Pharmacies under a methodology outside of the use of the AIR requires CMS approval.
 - h. AHCCCS requested the following for each IHS and 638 pharmacy:
 - i. DEA number,
 - ii. NPI number, and the
 - iii. NCPCP ID number.

Rebecca Reyes and James Young are currently gathering this information for AHCCCS. This information is needed to determine if each pharmacy is contracted with OptumRx and also for the electronic plan set up for this program.
 - i. The outpatient drug rule proposed State Plan Amendment (SPA) will be posted for public comment.

**Questions/Answers/
Comments**

Q: Is the HEP-C medication in the Formulary?

A: Yes, it is included on the AHCCCS drug list. It will require prior authorization.

Q: Do out-patient dine-in medications apply?

A: Yes, it would apply if it's adjudicated through the PBM system. It does not apply to in-patient medication.

Q: Will there be a line item for us to bill for that medication?

A: There will not be a separate line. This is only for out-patient.

APPENDIX 5: PUBLIC FORUM PRESENTATION SLIDES





AHCCCS Waiver Update SB 1092 Directive

Arizona's Section 1115
Demonstration Waiver



The Requirements: SB 1092

- SB 1092 requires AHCCCS to request from CMS by March 30 of each year only the waivers or amendments to the current Section 1115 Waiver that have not been approved and are not in effect
- Similar authorities were requested as part of the October 1, 2016 waiver and were not approved

The Requirements: SB 1092

- All able-bodied adult* members are required to meet one of the following employment criteria to qualify for AHCCCS:

- ▶ Be employed
- ▶ Actively seek employment, which would be verified by AHCCCS
- ▶ Attend school or a job training program, or both, at least 20 hours per week

*Able-bodied adults are individuals who are at least 19 years of age, and are physically and mentally capable of working.

SB 1092 Work Requirement – Exemptions

- Exemption for individuals meeting any of the following
 - Is at least 19 years of age but is still attending high school as a full-time student
 - Is the sole caregiver of a family member who is under 6 years of age
 - Is currently receiving temporary or permanent long-term disability benefits from a private insurer or the government
 - Has been determined to be physically or mentally unfit for employment by a health care professional in accordance with rules adopted by the agency

SB 1092 Lifetime Limit

- Limit lifetime enrollment to five years
 - Begins on effective date of waiver change
 - Does not include time during which person is
 - Pregnant
 - Sole caregiver of family member under 6
 - Receiving long-term disability benefits
 - At least 19 and still attending high school full time
 - Employed full time, meets AHCCCS income eligibility
 - Enrolled before age 19
 - Former foster child under 26 years of age
- Applies to adults age 19 and older “physically and mentally capable of working”
- No exemption for American Indian Members

SB 1092 Other

- Develop cost sharing requirements to deter:
 - Use of ambulance services for non-emergency transportation when not medically necessary
- Requires persons to verify compliance with work requirements monthly
- One year ban for making false statements regarding compliance with work requirements or knowingly failing to report change in income

Estimated impact

- Current potentially-affected population with enrollment over 5 years: 242,000
 - Number could be lower because AHCCCS does not currently collect data to allow us to identify the following excluded periods of enrollment:
 - Long-term disability benefits
 - Employed full-time
 - Sole caregiver of child under age 6
 - Number could be higher because current figure does not account for recent enrollment growth
- Working on data run for impact of work requirement

Waiver Amendment Webpage

- More information about the proposed waiver amendment, including the proposed waiver application and the full public notice and public input process, can be found on the AHCCCS website at:
- <https://azahcccs.gov/Resources/Federal/sb1092legislativedirectivewaiverproposal.html>

Public Comments

- Comments and questions about the proposed Demonstration application can also be submitted by e-mail to:
PublicInput@azahcccs.gov
- Or by mail to: AHCCCS c/o Office of Intergovernmental Relations; 801 E. Jefferson Street, MD 4200, Phoenix, AZ 85034.
- All comments must be received by **March 29, 2017.**

APPENDIX 6: PUBLIC COMMENT LETTERS





Inter Tribal Association of Arizona

21 TRIBAL NATIONS

Comments by the Inter Tribal Council of Arizona on the Implications of the Section 1115 Research & Demonstration Waiver Proposed by the Arizona Health Care Cost Containment System (AHCCCS) on American Indian Nations and Tribes and the Indian Health Care System in Arizona

February 28, 2017

Ak-Chin Indian
Community

Cocopah
Indian Tribe

Colorado River
Indian Tribes

Fort McDowell
Yavapai Nation

Fort Mojave
Indian Tribe

Gila River Indian
Community

Havasupai Tribe

Hopi Tribe

Hualapai Tribe

Kaibab Band of Paiute
Indians

Pascua Yaqui Tribe

Pueblo of Zuni

Quechan Tribe

Salt River Pima-
Maricopa Indian
Community

San Carlos
Apache Tribe

San Juan
Southern Paiute Tribe

Tohono O'odham
Nation

Tonto Apache Tribe

White Mountain
Apache Tribe

Yavapai-Apache
Nation

Yavapai-Prescott
Indian Tribe

The twenty one Member Tribes of the Inter Tribal Association of Arizona (ITAA) appreciate this opportunity to comment on the legislatively directed Arizona Section 1115 Demonstration Waiver that requires the Arizona Health Care Cost Containment System (AHCCCS) to apply to the Centers for Medicare and Medicaid Services (CMS) by March 30 of each year for a Waiver (or amendments) to the current Section 1115 Demonstration. The proposed Waiver is based on provisions in Senate Bill 1092 that stipulated new requirements on able-bodied adults enrolled in Medicaid and Senate Bill 1475 that increased co-payments and eliminated non-emergency transportation as a covered service. These bills were signed into law by Governor Douglas Ducey on March 6, 2015. The member Tribes of the ITAA and the Navajo Nation had collectively opposed the legislation and requested vetos by Governor Ducey, due to the implications of these mandates on a significant portion of the American Indian population who receive Medicaid covered services and the financial impact on Indian Health Care Providers (IHP). Tribes were not a party to the development of the legislation or included in any stakeholder group, although once signed into law an AHCCCS Tribal consultation session was held on the proposal. The Waiver was submitted to CMS in March 2016 for the renewal of Arizona's Demonstration for a five year period from October 1, 2016 thru September 30, 2021.

This year AHCCCS is again required to seek a Waiver from CMS to enable the State to require "able-bodied adults" to participate in the AHCCCS Works program that will impose the following:

- The requirement for all able-bodied adults to become employed or actively seeking employment or attend school or a job training program.
- The requirement for able-bodied adults to verify on a monthly basis compliance with the work requirements and any changes in family income.
- The authority for AHCCCS to ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements.
- The authority for AHCCCS to limit lifetime coverage for all able-bodied adults to five years except for certain circumstances.

The proposed requirements on "able-bodied adults" if implemented in 2017 or anytime in the future would begin to have a negative effect on nearly half of the American Indian population who are eligible for or enrolled in the AHCCCS American Indian Health Program or one of the AHCCCS managed care health insurance plans. When AHCCCS first proposed these

requirements there were approximately 114,296 American Indians/Alaska Natives (AI/AN) enrolled in the American Indian Health Program (AIHP), the only fee-for-service non-managed care health plan in the state of Arizona and 40,000 AI/AN enrolled in Managed Care Organizations (MCO's), a total of 154,300. In 2017, this figure has increased by 23,646 or about 177,946 tribal members. It has grown substantially because more AI/AN childless adults up to 100% of the Federal Poverty Level (FPL) were restored to coverage and childless adults were included the new expansion group up to 133% FPL as of January 1, 2014.

The previous Administration approved several elements of Arizona's proposal on September 30, 2016. These included the requirement that individuals in the new adult group between 100%-133% FPL participate in the AHCCCS Care program. AHCCCS now requires individuals to establish Health Savings Accounts, pay a \$25 annual premium and make co-insurance payments for emergency services and certain types of health care services and prescriptions. American Indians and Alaska Natives (AI/AN) are exempt from participating in the AHCCCS Care program. AHCCCS has instituted the established federal exemptions from cost sharing that apply to AI/AN enrolled in the American Indian Health Program and to those enrolled in Managed Care as long as they have ever received services through IHS or tribal 638 facilities or urban Indian health program. The current policy in this regard is based on 42 CFR 447.56(a)(1)(x), as well as (AAC R9-22-711(C)(8)), and the Medicaid State Plan.

At the AHCCCS Tribal Consultation on January 18, 2017, the Tribes were apprised of what was contained in the draft Waiver proposal. Among the issues that were discussed they questioned whether or not it would be possible to exempt AI/AN and eligible persons who receive their health care through an Indian Health Care Provider (IHCP) from the AHCCCS Works programs as well as the 5 year cap on Medicaid coverage in one's lifetime. At the present time, AI/AN who receive services at an IHS or Tribal health facility are not exempt. This would require reversing SB 1092 by amending Arizona Revised Statute 36-2903.09 or providing these exemptions in the state budget reconciliation process. The San Carlos Apache Tribe took the step to make this request to their Representatives and Senators in the Arizona State Legislature as well as to the Chairpersons of the Health Committees in the House of Representatives and the Senate. Representative Wenona Benally recently introduced HB2479 for this purpose. The bill seeks to exempt individuals who obtain their services from an IHCP addresses from the 5 year lifetime cap on Medicaid in one's lifetime, the monthly employment and income reporting requirements that if not complied with may result in banishment from enrollment for one year. Without an exemption, A.R.S. 36-2903.09 creates significant burdens on a substantial portion of the AI/AN population that may be below or barely above the federal poverty level that access health care in the Indian health care system will be inevitable. Further, if these measures are approved by CMS, it will result in a substantial reduction to Medicaid reimbursement levels that have been available to Indian health care providers since 1976. It should be noted that all Indian Health Service and Tribal facilities rely on the 100% *pass through* of Federal dollars in order to achieve the level of care that is required by CMS. In other words, the state budget is not impacted by services provided at these facilities. It should be further noted that providers in the Managed Care System may begin to access the 100% pass through for the AI/AN patients they serve as a result of the updated CMS Managed Care rule published on April 25, 2016.

The additional comments below reflect the concerns of its member Tribes on certain sections of the proposal.

AHCCCS CARE Program

The proposal initiated in Arizona on October 1, 2016, to modernize Medicaid in Arizona is called AHCCCS CARE. *“The goals are to engage Arizonans to take charge of their health, make Medicaid a temporary option and promote a quality product at the most affordable price.”* Tribal Leaders are concerned that populations who are eligible for Medicaid in Arizona, including American Indian people are the most economically disadvantaged and at risk individuals in terms of health status. Three years ago, the state of Arizona restored coverage to the poorest of childless adults up to 100% FPL and expanded Medicaid eligibility to childless adults up to 133% FPL. These policy changes have improved access to health care and assured gains in the health status of these individuals. ITAA restates its prior position is that if AHCCCS CARE is approved as proposed, limiting adults, age 19 and older who do not meet exemption criteria, would only be eligible for Medicaid for 5 years in one’s lifetime. It will negatively impact nearly half of the American Indian population in Arizona and cause severe financial repercussions to the Indian health care system.

A five year cap on Medicaid eligibility is an extreme measure that does not appear to be in keeping with the purpose of Section 1115 of the Social Security Act which provides states the flexibility to manage, design, and improve their programs to enhance an individual’s ability to improve and sustain their health over time. Further, while the aim of the proposal appears to be to reduce the state match to the Medicaid program over time, simply capping Medicaid eligibility should not be considered “innovative” by CMS in terms of reducing costs and improving the efficiency of the health care system as these individuals will likely become the burden of emergency and urgent care providers.

Legislative Partnership Sections of the Proposed Arizona Waiver

The legislatively mandated provisions contained in A.R.S. 36-2903.09 include many of the more impactful changes that have been approved through September 30, 2021. A number of the Tribes have passed resolutions or submitted letters citing the components contained in SB1092 that would negatively impact tribal members that obtain their health care at Indian Health Service (IHS) and Tribal hospitals, clinics and urban Indian health programs.

The Arizona statute cited above requires AHCCCS to propose a five-year lifetime eligibility limit on able-bodied adults. This policy change is not supported by the Inter Tribal Association of Arizona. The law provides exemptions to the 5-year cap, but does not take into consideration Tribal members in general that are served at Indian Health Service, Tribes and Urban Indian programs, which is recommended. The current exemptions include: 1) pregnant; 2) the sole caregiver of child under the age six; 3) receiving long term disability benefits from the government or a private insurer; 4) at least 19 years of age and still in high school; or 5) under the age of 26 and in the custody of the Department of Child Safety when the individual turned 18 years of age.

The Arizona statute further requires AHCCCS to propose work requirements on able-bodied adults. The statute specifies they must become employed, actively seek employment, attend school or a job training at least 20 hours per week and verify on a monthly basis they are in compliance. Changes in family income must be reported by the eligible person. The AHCCCS administration must verify income and re-determine eligibility. If approved, AHCCCS would be able to ban an eligible person from enrollment for one year, if the person knowingly fails to report a change in family income or made a false statement. ITAA believes that individuals in Tribal communities will have the most difficulty meeting the work

requirements and likely lose their Medicaid eligibility quickly due to the high unemployment rates on tribal reservations.

Uncompensated Care Payment to IHS and Tribes

ITAA supports the continuation and permanent renewal of the uncompensated care payments to IHS and Tribes for Medicaid benefits no longer covered in the state plan. At the present time, this includes emergency dental care for adults. ITAA had submitted letters to Thomas Betlach, AHCCCS Director, in 2015 addressing the need to re-evaluate the payment methodology and requested that an interim Tribal workgroup be created to study the formula and associated values (i.e., user population, historical payments, provider rates, etc.) which have been used to calculate the Per Member/Per Month (PMPM) rate of reimbursement for uncompensated care payments. The concerns relate to payments for claims that resulted in underpayments that do not keep pace with the costs of care provided to the population. This became evident after AHCCCS adjusted the payment methodology on January 1, 2014, due to what was reported by AHCCCS as a high administrative burden of the prior claims methodology option that the agency indicated it could no longer maintain. AHCCCS agreed that a Tribal workgroup be convened in December 2015 and it was joined by AHCCCS staff that provided technical assistance through April 2016 when the recommendations of the workgroup were presented at Tribal consultation. The recommendations included restoring the prior AHCCCS policy that allowed the facilities to choose either the PM/PM payment methodology of the In June 2016, AHCCCS staff relayed to CMS, that is did not plan to alter the payment methodology until such time that the Arizona State Legislature has an opportunity to determine if emergency dental care for adults would be restored as part of the state budget in State Fiscal Year 2018. AHCCCS is including the Tribal workgroup recommendations in this years' proposal. ITAA is pleased that the restoration of this coverage is included in the Governor's proposed budget. See:

<https://www.azahcccs.gov/AmericanIndians/Downloads/Consultations/Meetings/2016/42116ProposedAz1115UncompCare.pdf>

Conclusion: The Indian Health Care Improvement Act of 1976, authorized IHCP participation in Social Security Act programs. Medicare, Medicaid and the Children's Health Insurance Program provides reimbursement to these programs which allows more medical services to be provided to AI/AN beyond what is possible through Indian Health Service appropriations alone. IHS funded programs must meet CMS credentialing requirements and quality of care standards in order to receive these payments. These reimbursements account for at least 1/4 or more of the resources needed for the IHS system to operate. A capped Medicaid program and the one-year banishment to be enrolled in Medicaid if work and income reporting requirements are not met on a monthly basis will reduce these resources at IHS, Tribal and urban Indian programs across the board. This is a major concern of the Member Tribes of the ITAA.

Comments Submitted by:

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Executive Director

Inter Tribal Association of Arizona

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23rd Navajo Nation Council

February 28, 2017

Submitted via: publicinput@azahcccs.gov

Arizona Health Care Cost Containment System
Office of Intergovernmental Relations
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034

To Whom It May Concern:

As a member of the 23rd Navajo Nation Council and chairman for the Health, Education, and Human Services Committee (HEHSC), I hereby oppose the inclusion of American Indians to certain provisions of the Proposed Arizona Section 1115 Waiver Amendment of Arizona Senate Bill 1092 to Centers for Medicare and Medicaid Services (CMS).

In 2010, the census demographic analysis showed a population of approximately 174,000 on the Navajo Nation. Currently, the unemployment rate is at forty-two percent (42%) with an annual per capita of nearly \$9,993.75. There are many contributing factors to the high unemployment rate on the Navajo Nation, which includes the shortage of employment opportunities, access to technology, proximity to roads, limited training and educational opportunities.

The Navajo Nation is facing a possible shut down of the Navajo Generation Station and the Peabody Coal Mine. If this occurs, it may increase the unemployment rate within the Nation, and could reduce the Navajo Nation General Fund Revenues by thirty percent (30%). The Nation's top priority is to generate economic development and provide employment opportunities to our Navajo citizens. Please understand that the Navajo Nation is in a very difficult position economically.

Several provisions within the Arizona Section 1115 Waiver have been identified that could contain barriers to expand health care coverage to the Navajo people, and such provisions may generate gaps in critical services. It is our understanding that the underlying restrictions and requirements of the Section 1115 waiver is a policy to incent, or induce work, and create self-reliance of the Arizona Health Care Cost Containment System (AHCCCS) clients.

The proposed Section 1115 Waiver Amendment states, “all able-bodied adults become employed or actively seek employment, or attend school or a job training program.” The amendment also requires beneficiaries to “verify on a monthly basis compliance with the work requirements and any changes in family income.”

Furthermore, AHCCCS requires members to pay contributions (i.e. copays and premiums), which may pose as a burden for Navajo citizens who face high unemployment rates on the Nation, which is also facing potential economic shortfalls.

The trust responsibility for Indian health care was developed over 100 years ago with treaties, federal laws, court cases, and the development of federal health care programs. With that notion in mind, many 638 Indian Health Care facilities are 100-percent (100%) matched by Medicaid and the Affordable Care Act (ACA). It is policy development that allows the federal system to fulfill its trust obligation in a more efficient manner. AHCCCS has become the primary provider of Indian health care in Arizona for 638 Indian health care facilities, and should be preserved at all costs.

We recognize that CMS may shift to change federal policy to make further cuts in the Medicaid-ACA system, but we are apprehensive about many of the proposed changes to the ACA and Medicaid at the federal level, most notably the Indian Health Care Improvement Act.

Given that AHCCCS programs are an important mechanism for the United States in fulfilling its trust responsibility to American Indian Nations and their health care needs. In understanding the extreme challenges facing the Navajo economy, we strongly urge you to consider an exemption for Native Americans from the Section 1115 Waiver Amendment for services that are matched at 100-percent (100%).

Attached are supporting resolutions from the Fort Defiance Indian Hospital Board, INC (FDIHB) and Winslow Indian Health Care Center (WIHCC).

Respectfully,



Council Delegate Jonathan Hale, *Chairman*
Health, Education, and Human Services Committee
23rd Navajo Nation Council

Cc: Honorable Jamesita Peshlakai
Honorable Eric Descheenie
Honorable Wenona Benally
Navajo Nation President Russell Begaye, *OPVP*
Navajo Nation Speaker LoRenzo Bates, *23rd NNC*

23rd Navajo Nation Council
Thomas J. Betlach, *Director, AHCCCS*
Bonnie Talakte, *Tribal Relations Liaison, AHCCCS*
Michael Bielecki, *Lobbyist*



PO Box 649 FORT DEFIANCE, AZ 86504 PHONE: 928.729.8000 FAX: 928.729.8019 WEBSITE: WWW.FDIHB.ORG

FDIHB-FEB-F12-2017

**RESOLUTION OF THE FORT DEFIANCE INDIAN HOSPITAL
BOARD, INC. (FDIHB)**

**Opposing the Inclusion of American Indians/Alaska Natives to the Proposed Arizona
Section 1115 Waiver Amendment of Arizona Senate Bill 1092**

WHEREAS:

1. The Fort Defiance Indian Hospital Board, Inc. (FDIHB), was approved and certified by the Navajo Nation Business Regulatory Department, Division of Economic Development, on July 31, 1995; and
2. FDIHB assumed operation and management of the Fort Defiance Indian Hospital, now called the Tséhootsooí Medical Center, Nahata' Dziil Health Center, and related health programs, on March 28, 2010, pursuant to a self-determination contract authorized by the Indian Self-Determination and Education Assistance Act, P.L. 93-638, as amended; and
3. Pursuant to Article IV, Sections 1 and 2 of the FDIHB Bylaws, the FDIHB Board of Directors (Board) is empowered to conduct, manage, and control the affairs and business of the Corporation; and
4. The mission of FDIHB is "To provide superior and compassionate healthcare to our community by raising the level of health, Hózhó, and quality of life;" and
5. The vision of FDIHB is "harmoniously uniting communities by engaging customers in healthy lifestyles;" and
6. Pursuant to 42 C.F.R 431.408, the Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid agency, is required to submit a public notice of its intent to submit a Section 1115 Waiver Amendment to the Centers for Medicare and Medicaid Services (CMS); and
7. At the direction of the Arizona State Legislature and upon CMS approval, AHCCCS proposes implementation of the following requirements for "able-bodied adults" receiving Medicaid services (Attached as Exhibit A):

- a. Waiver of 1092(a)(10)(A) to enable the State to impose work requirements for “able-bodied adults”;
 - b. Beneficiaries must verify compliance with the work requirements and any changes in family income on a monthly basis;
 - c. Arizona may ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements; and
 - d. Lifetime coverage for all able-bodied adults is limited to five years except for certain circumstances.
8. On February 2, 2017, the Board met and discussed whether Native Americans and Alaska Natives should be exempt from the Section 1115 Waiver Amendment (Attached as Exhibit B); and
 9. The FDIHB serves a population of 45,486 living within 16 chapters of the Navajo Nation, including four school districts and the Navajo Nation headquarters and serves individuals outside the service area at both facilities; and
 10. In 2015, FDIHB served 31,789 patients by providing 336,415 visits and, in 2016, the Emergency Department provided care for 28,645 visits; and
 11. According to the Arizona Rural Policy Institute (n.d.) 62.6% of the Navajo Nation population is over 19 years of age; and
 12. Approximately sixty (60) percent of the FDIHB service population receives Arizona Medicaid; and
 13. The per capita annual income in the FDIHB service area is \$9,993.75; and
 14. In 2014, the average cost for an outpatient Emergency Department visit was \$1,502, which equates to 15% of the total per capita annual income; and
 15. The unemployment rate of the Navajo Nation is 42%; and
 16. Many factors contribute to the high rate of unemployment on the Navajo Reservation including a lack of available jobs, proximity to roads, limited training and educational opportunities, lack of technology, including internet access, and lack of access to transportation; and
 17. The proposed Section 1115 Waiver Amendment’s requirement for “*all able-bodied adults to become employed or actively seek employment or attend school or a job training program*” will be difficult for many of FDIHB’s Navajo patients due to a lack of available jobs, the rural, sparsely populated and remote communities where roads become impassible during many months, and a lack of technology; and

18. The proposed Section 1115 Waiver Amendment's requirement that beneficiaries must "verify on a monthly basis compliance with the work requirements and any changes in family income;" and the State may ban "an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements;" will also negatively affect the FDIHB service population because a lack of widely available technology, including the internet, and a lack of reliable transportation and the remote nature of the community, would create an undue burden for individuals who would be required to report their status on a monthly basis; and
19. The authority for AHCCCS to "limit lifetime coverage for all able-bodied adults to five years except for certain circumstances" will have a devastating impact on the Navajo Population that FDIHB serves. As a self-determined healthcare facility, FDIHB relies on third party reimbursements. The Indian Health Services does not provide FDIHB with adequate funding for the services and care that FDIHB patients require. Approximately 60% of patients are AHCCCS Medicaid. Consequently, the proposed Section 1115 Waiver Amendment will result in an estimated loss of \$11.5 million in the first year, and significant financial losses will continue in subsequent years; and
20. As a result of the proposed Section 1115 Waiver Amendment as currently written, FDIHB stands to lose \$11.5 million in revenue because it would be forced to significantly cut back on its patient services and the number of providers, which limits FDIHB's ability to provide the care the community needs and ultimately fulfill its stated Mission and Vision; and
21. The proposed Section 1115 Waiver Amendment will also result in an influx of patients to FDIHB's facilities because if the many Navajo who do not live on the Reservation lose their health care coverage due to the proposed Amendment, they will seek treatment at FDIHB's facilities which would unduly burden the organization; and
22. In similar circumstances, Native Americans and Alaska Natives have been exempted from AHCCCS waiver requirements; and
23. AHCCCS recognizes that Arizona will implement American Indian medical homes, "supporting the integration and coordination of care for American Indian AHCCCS enrollees in the American Indian Health Program (AIHP);" and
24. AHCCCS recognizes that "Significant health disparities exist between the AI/AN population and the general population of Arizona, including the average age of death (17.5 years lower for American Indians), and higher death rates from many preventable diseases."

NOW THEREFORE BE IT RESOLVED THAT:

1. FDIHB is opposed to the proposed Section 1115 Waiver Amendment unless it includes an exemption for Native Americans and Alaska Natives; and
2. Native Americans and Alaska Natives should be exempted from the proposed Section 1115 Waiver Amendment.

CERTIFICATION

At a duly called meeting of the Fort Defiance Indian Hospital Board, Inc. Board of Directors, where a quorum was present, the Board of Directors passed the above-referenced action by a vote of 8 in favor, 0 opposed, 0 abstained, on this 2nd day of February, 2017.



Oscencio Tom, President
FDIHB Board of Directors

Motion: Alex Montoya

Second: Dawn A. Yazzie



Arizona Section 1115 Waiver Amendment Request
 Senate Bill 1092 Arizona Legislative Directives

I. SUMMARY

As part of the 2015 legislative session, the Arizona State legislature passed Senate Bill 1092 requiring the Arizona Health Care Cost Containment System (AHCCCS) to request from the Center for Medicare and Medicaid Services (CMS) each year for a waiver or amendments to the current Section 1115 Waiver to allow the State to implement the following requirements for “able-bodied adults” receiving Medicaid services:

1. The requirement for all able-bodied adults to become employed or actively seek employment or attend school or a job training program.
2. The requirement for members to verify on a monthly basis compliance with the work requirement and any changes in family income.
3. The authority for AHCCCS to ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirement.
4. The authority for AHCCCS to limit lifetime coverage for all able-bodied adults to five years except for certain circumstances.

SB 1092 requires AHCCCS to request from CMS by March 30 of each year only the waivers or amendments to the current Section 1115 Waiver that have not been approved and are not in effect. Accordingly, AHCCCS seeks the following waiver authorities:

- **Waiver Authority**—Waiver from 1902(a)(10)(A) to enable the State to impose work requirements for “able-bodied adults”; require beneficiaries to verify on a monthly basis compliance with the work requirements and any changes in family income; enable the State to ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements; and limit lifetime coverage for all able-bodied adults to five years except for certain circumstances.

II. OVERVIEW

As part of the 2015 legislative session, the Arizona State legislature passed Senate Bill 1092 requiring the Arizona Health Care Cost Containment System (AHCCCS) to apply to CMS by March 30 of each year for waiver or amendments to the current Section 1115 Waiver to allow the State to implement new requirements for “able-bodied adults” receiving Medicaid services. SB 1092 specifically requires:

A. On or before March 30 of each year, the Director shall apply to the Centers for Medicare and Medicaid Services (CMS) for waivers or amendments to the current Section 1115 Waiver to allow this state to:

1. Institute a work requirement for all able-bodied adults receiving services pursuant to this article [Arizona Revised Statutes, Title 36, Chapter 29, Article 1 which includes Title XIX eligible individuals other than persons with an institutional level of need and the Medicare Cost Sharing groups]. The work requirement shall:
 - (a) Require an eligible person to either:
 - (i) Become employed.
 - (ii) Actively seek employment, which would be verified by the department.
 - (iii) Attend school or a job training program, or both, at least twenty hours per week.
 - (b) Require an eligible person to verify on a monthly basis compliance with requirements of subdivision (a) of this paragraph and any change in family income.
 - (c) Require the administration to confirm an eligible person's change in family income as reported under subdivision (b) of this paragraph and redetermine the person's eligibility under this article.
 - (d) Allow the administration to ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the requirements of subdivision (a) of this paragraph.
 - (e) Allow for an exemption if a person meets any of the following conditions:
 - (i) Is at least nineteen years of age but is still attending high school as a full-time student.
 - (ii) Is the sole caregiver of a family member who is under six years of age.
 - (iii) Is currently receiving temporary or permanent long-term disability benefits from a private insurer or from the government.
 - (iv) Has been determined to be physically or mentally unfit for employment by a health care professional in accordance with rules adopted by the administration.
2. Place on able-bodied adults a lifetime limit of five years of benefits under this article that begins on the effective date of the waiver or amendment to the current section 1115 waiver and does not include any previous time a person received benefits under this article. The lifetime limit under this paragraph does not include any time during which the person meets any of the following conditions:
 - (a) Is pregnant.
 - (b) Is the sole caregiver of a family member who is under six years of age.



Arizona Section 1115 Waiver Amendment Request Senate Bill 1092 Arizona Legislative Directives

I. SUMMARY

As part of the 2015 legislative session, the Arizona State legislature passed Senate Bill 1092 requiring the Arizona Health Care Cost Containment System (AHCCCS) to request from the Center for Medicare and Medicaid Services (CMS) each year for a waiver or amendments to the current Section 1115 Waiver to allow the State to implement the following requirements for “able-bodied adults” receiving Medicaid services:

1. The requirement for all able-bodied adults to become employed or actively seek employment or attend school or a job training program.
2. The requirement for members to verify on a monthly basis compliance with the work requirement and any changes in family income.
3. The authority for AHCCCS to ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirement.
4. The authority for AHCCCS to limit lifetime coverage for all able-bodied adults to five years except for certain circumstances.

SB 1092 requires AHCCCS to request from CMS by March 30 of each year only the waivers or amendments to the current Section 1115 Waiver that have not been approved and are not in effect. Accordingly, AHCCCS seeks the following waiver authorities:

- **Waiver Authority**—Waiver from 1902(a)(10)(A) to enable the State to impose work requirements for “able-bodied adults”; require beneficiaries to verify on a monthly basis compliance with the work requirements and any changes in family income; enable the State to ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements; and limit lifetime coverage for all able-bodied adults to five years except for certain circumstances.

II. OVERVIEW

As part of the 2015 legislative session, the Arizona State legislature passed Senate Bill 1092 requiring the Arizona Health Care Cost Containment System (AHCCCS) to apply to CMS by March 30 of each year for waiver or amendments to the current Section 1115 Waiver to allow the State to implement new requirements for “able-bodied adults” receiving Medicaid services. SB 1092 specifically requires:

- (c) Is currently receiving temporary or permanent long-term disability benefits from a private insurer or from the government.
 - (d) Is at least nineteen years of age but is still attending high school as a full-time student.
 - (e) Is employed full time but continues to meet the income eligibility requirements under this article.
 - (f) Is enrolled before reaching nineteen years of age.
 - (g) Is an eligible person as defined in section 36-2901, paragraph 6, subdivision (a), item (iii).
3. Develop and impose meaningful cost-sharing requirements to deter both:
- (a) The nonemergency use of emergency departments.
 - (b) The use of Ambulance services for nonemergency transportation or when it is not medically necessary.
- B. In any year, the Director shall apply under subsection A of this section for only the waivers or amendments to the current section 1115 waiver that have not been approved and are not in effect.
- C. On or before April 1 of each year, the director shall submit a letter confirming the submission of the waiver requests required under subsection A of this section to the Governor, the President of the Senate and the Speaker of the House of Representatives.
- D. For the purposes of this section:
- 1. "Able-bodied" means an individual who is physically and mentally capable of working.
 - 2. "Adult" means an individual who is at least nineteen years of age. END_STATUTE

Arizona Laws 2015, First Regular Session, Chapter 29, Article 1.

SB 1092 was passed during the First Regular Session of 2015. The bill was part of the public process at the Arizona State Legislature during the 2015 legislative session. On September 30, 2015, AHCCCS included the SB 1092 legislative directive as part of its 1115 waiver renewal application. AHCCCS conducted extensive stakeholder engagement prior to submitting the waiver application, and received numerous stakeholder comments through community forums held in Phoenix, Tucson, Flagstaff, Yuma, as well as through public meetings including State Medicaid Advisory Committee. For public comments see pages 458-479 of the PDF document: <https://azahcccs.gov/shared/Downloads/AZWaiverPackage.pdf>.

On September 30, 2016, CMS approved Arizona's request to impose copays for non-emergency use of the emergency room for Childless Adults with incomes 100-138% above the Federal Poverty Line (FPL), but rejected the other waiver requests per SB 1092—work requirements, additional verification requirements, and a time limit on coverage—on the grounds that those requests could undermine access to care and do not support the objective of the program.

SB 1092 legislative directive requires AHCCCS to reapply by March 30 of each year for only the waivers or amendments to the current Section 1115 Waiver that have not been approved and are not in effect. Accordingly, AHCCCS will reapply for the waivers listed in the table below.

Waiver Authority Requested	SB 1092 Requirements	Brief Description
<p>1902(a)(10)(A) and the regulations in 42 CFR Part 435 to the extent that those provisions set forth the exclusive list of eligibility requirements.</p>	<p>Work Requirement</p>	<p>Requires all able-bodied adults to become employed or actively seeking employment or attend school or a job training program.</p>
<p>1902(a)(17) to the extent that 42 C.F.R. 435.916 restricts the State from requiring beneficiaries to provide information.</p>	<p>Monthly Income and Work Requirement Verification</p>	<p>Requires members to verify on a monthly basis compliance with the work requirements and any changes in family income.</p>
<p>1902(a)(17) to the extent that 42 C.F.R. 435.916 restricts the State from redetermining eligibility more frequently than every 12 months</p>	<p>Monthly Redetermination of Eligibility</p>	<p>Permits the State to redetermine eligibility monthly based on the income and employment related information provided by beneficiaries.</p>
<p>1902(a)(10)(A) and the regulations in 42 CFR Part 435 to the extent that those provisions set forth the exclusive list of eligibility requirements.</p>	<p>Enrollee Disenrollment</p>	<p>Allows AHCCCS to ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements.</p>

- (c) Is currently receiving temporary or permanent long-term disability benefits from a private insurer or from the government.
 - (d) Is at least nineteen years of age but is still attending high school as a full-time student.
 - (e) Is employed full time but continues to meet the income eligibility requirements under this article.
 - (f) Is enrolled before reaching nineteen years of age.
 - (g) Is an eligible person as defined in section 36-2901, paragraph 6, subdivision (a), item (iii).
3. Develop and impose meaningful cost-sharing requirements to deter both:
- (a) The nonemergency use of emergency departments.
 - (b) The use of Ambulance services for nonemergency transportation or when it is not medically necessary.
- B. In any year, the Director shall apply under subsection A of this section for only the waivers or amendments to the current section 1115 waiver that have not been approved and are not in effect.
- C. On or before April 1 of each year, the director shall submit a letter confirming the submission of the waiver requests required under subsection A of this section to the Governor, the President of the Senate and the Speaker of the House of Representatives.
- D. For the purposes of this section:
- 1. "Able-bodied" means an individual who is physically and mentally capable of working.
 - 2. "Adult" means an individual who is at least nineteen years of age. END_STATUTE

Arizona Laws 2015, First Regular Session, Chapter 29, Article 1.

SB 1092 was passed during the First Regular Session of 2015. The bill was part of the public process at the Arizona State Legislature during the 2015 legislative session. On September 30, 2015, AHCCCS included the SB 1092 legislative directive as part of its 1115 waiver renewal application. AHCCCS conducted extensive stakeholder engagement prior to submitting the waiver application, and received numerous stakeholder comments through community forums held in Phoenix, Tucson, Flagstaff, Yuma, as well as through public meetings including State Medicaid Advisory Committee. For public comments see pages 458-479 of the PDF document: <https://azahcccs.gov/shared/Downloads/AZWaiverPackage.pdf>.

On September 30, 2016, CMS approved Arizona's request to impose copays for non-emergency use of the emergency room for Childless Adults with incomes 100-138% above the Federal Poverty Line (FPL), but rejected the other waiver requests per SB 1092—work requirements, additional verification requirements, and a time limit on coverage—on the grounds that those requests could undermine access to care and do not support the objective of the program.

1902(a)(10)(A) and the regulations in 42 CFR Part 435 to the extent that those provisions set forth the exclusive list of eligibility requirements.

5 year limit

Places all able-bodied adults on a lifetime limit of five years with exceptions for certain circumstances.

AHCCCS is also requesting that CMS allow the State to gather information needed to determine whether or not the work requirements and lifetime limits apply as part of the application process pursuant to 42 CFR 435.907.

III. PUBLIC PROCESS

Pursuant to the Special Terms and Conditions (STC) that govern Arizona's 1115 Waiver, Arizona must provide documentation of its compliance with the Demonstration of Public Notice process (42 CFR §431.408), as well as document that the tribal consultation requirements outlined in STC 15 have been met.

SB 1092 was passed during the First Regular Session of 2015. The bill was part of the public process at the Arizona State Legislature. Information about the legislation can be found on the legislative website at the following link: <https://apps.azleg.gov/BillStatus/BillOverview/66346>.

The amendment request was posted on the AHCCCS website for public comment and can be found here:

<https://azahcccs.gov/Resources/Federal/sb1092legislativeDirectiveWaiverProposal.html>.

A public notice of the waiver amendment was posted in *the Arizona Republic*, the newspaper of widest circulation in Arizona on January 12, 2017 allowing for over a 30 day comment period. The notice included a brief summary of the waiver request, the locations, dates and times of the public hearings, instructions on how to submit comments and a link to where additional information can be found. See following link for the public notice: <https://azahcccs.gov/Resources/Federal/sb1092legislativeDirectiveWaiverProposal.html>.

AHCCCS will present the details about the SB 1092 waiver request in tribal consultation, as well as public hearings in Phoenix, Flagstaff, and Tucson. The public hearing meetings will have telephonic conference capabilities to ensure statewide accessibility. Public comments will be posted on the AHCCCS website.

IV. DATA ANALYSIS: "WITH WAIVER" VS. "WITHOUT WAIVER"

The imposition of work requirements, additional verification requirements, and time limits on coverage as stated in the proposal will have a positive effect on budget neutrality.

V. ALLOTMENT NEUTRALITY

Not applicable. The amendment does not impact the XXI population.

VI. DETAILS

A. Proposed Additional Eligibility Requirements under the Demonstration as Amended.

The work requirements in SB 1092 apply to all able-bodied individuals 19 years of age or older ("able-bodied adults") otherwise eligible for Medicaid except for individuals who meet any of the following conditions:

- Individuals enrolled in the Arizona Long Term Care System (i.e., persons with an institutional level of need).
- Individuals eligible for Medicare Cost Sharing (i.e., persons eligible for Medicare and Medicaid, Qualified Medicare Beneficiaries, Specified Low Income Medicare Beneficiaries, and Qualified Individuals).
- Is at least nineteen years of age but is still attending high school as a full-time student.
- Is the sole caregiver of a family member who is under six years of age.
- Is currently receiving temporary or permanent long-term disability benefits from a private insurer or from the government.
- Has been determined to be physically or mentally unfit for employment by a health care professional in accordance with rules adopted by the administration.

The five-year maximum lifetime coverage limit applies to all able-bodied adult beneficiaries except those subject to the exceptions above. The lifetime coverage will be effective on the date of waiver or amendment is approved by CMS and does not include previous times a person received Medicaid benefits. Furthermore, lifetime limit under SB 1092 does not include any time during which the person meets any of the following conditions:

- Is pregnant.
- Is the sole caregiver of a family member who is under six years of age.
- Is currently receiving temporary or permanent long-term disability benefits from a private insurer or from the government.
- Is at least nineteen years of age but is still attending high school as a full-time student.
- Is employed full time but continues to meet the income eligibility requirements under this article.
- Is enrolled before reaching nineteen years of age.
- Under twenty-six years of age and who was in the custody of the department of child safety pursuant to title 8, chapter 4 when the person became eighteen years of age.

1902(a)(10)(A) and the regulations in 42 CFR Part 435 to the extent that those provisions set forth the exclusive list of eligibility requirements.

5 year limit

Places all able-bodied adults on a lifetime limit of five years with exceptions for certain circumstances.

AHCCCS is also requesting that CMS allow the State to gather information needed to determine whether or not the work requirements and lifetime limits apply as part of the application process pursuant to 42 CFR 435.907.

III. PUBLIC PROCESS

Pursuant to the Special Terms and Conditions (STC) that govern Arizona's 1115 Waiver, Arizona must provide documentation of its compliance with the Demonstration of Public Notice process (42 CFR §431.408), as well as document that the tribal consultation requirements outlined in STC 15 have been met.

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AHCCCS will present the details about the SB 1092 waiver request in tribal consultation, as well as public hearings in Phoenix, Flagstaff, and Tucson. The public hearing meetings will have telephonic conference capabilities to ensure statewide accessibility. Public comments will be posted on the AHCCCS website.

IV. DATA ANALYSIS- "WITH WAIVER" VS. "WITHOUT WAIVER"

The imposition of work requirements, additional verification requirements, and time limits on coverage as stated in the proposal will have a positive effect on budget neutrality.

B. Proposed Cost Sharing Requirements under the Demonstration as Amended. The cost sharing requirements for persons impacted by this proposed demonstration amendment will not change from the State's current program features as described in the current State Plan and Demonstration.

C. Proposed Changes to the Delivery System under the Demonstration as Amended.

The delivery system for persons impacted by this proposed demonstration amendment will not vary from the State's current program features as described in the current State Plan and Demonstration.

D. Proposed Changes to benefit coverage under the Demonstration as Amended.

The benefit coverage for persons impacted by this proposed demonstration amendment will not vary from the State's current program features as described in the current State Plan and Demonstration.

VII. EVALUATION DESIGN

A. Research Hypothesis, Goals, and Objectives. The demonstration will test whether authorizing work requirements and life time coverage limits for "able-bodied adults" enrolled in AHCCCS will increase employment rate for those beneficiaries. The goal is to reduce individual reliance on public assistance. The objectives include increasing the number of beneficiaries with earned income and/or the capacity to earn income, reduce enrollment, and reduce the amount of "churn" (individuals moving on and off assistance repeatedly) as the result of greater access to employment and employer-sponsored health insurance or health insurance through the Exchange.

B. Plan for Testing the Hypothesis.

AHCCCS is proposing to test a series of hypotheses that will allow the state to: 1) evaluate its success in achieving the overall goals of the demonstration; and 2) identify opportunities for improvement to strengthen the demonstration. The table below outlines the proposed hypotheses for this demonstration and potential performance measures that would allow AHCCCS to effectively test each of the specific hypotheses:

Proposed Hypotheses	Proposed Performance Measure
The implementation of the work requirement will increase the rate of "able-bodied adults" that are employed, or actively seeking employment, or engaged in training.	<ul style="list-style-type: none"> • The percentage of "able-bodied adults" enrolled in AHCCCS who become employed during the demonstration period. • The percentage of "able-bodied adults" enrolled in AHCCCS that are actively seeking employment during the demonstration period.

	<ul style="list-style-type: none"> • The percentage of “able bodied adults” enrolled in AHCCCS that are attending school or a job training program, or both, at least twenty hours per week during the demonstration period.
<p>“Able bodied adults” who lose eligibility due to the five-year maximum lifetime coverage limit will not increase over the course of the demonstration.</p>	<ul style="list-style-type: none"> • The percentage of “able bodied adults” enrolled in AHCCCS over the demonstration period. • The percentage of “able bodied adults” disenrolled from AHCCCS due to five-year maximum lifetime coverage limit.
<p>“Able bodied adults” who lose eligibility due to failure to report a change in family income or making a false statement regarding compliance with the work requirements will not increase over the course of the demonstration.</p>	<ul style="list-style-type: none"> • The percentage of “able bodied adults” that are disenrolled from AHCCCS for failing to report a change in family income or making a false statement regarding compliance with the work requirements.

DRAFT

B. Proposed Cost Sharing Requirements under the Demonstration as Amended. The cost sharing requirements for persons impacted by this proposed demonstration amendment will not change from the State's current program features as described in the current State Plan and Demonstration.

C. Proposed Changes to the Delivery System under the Demonstration as Amended.

The delivery system for persons impacted by this proposed demonstration amendment will not vary from the State's current program features as described in the current State Plan and Demonstration.

D. Proposed Changes to benefit coverage under the Demonstration as Amended.

The benefit coverage for persons impacted by this proposed demonstration amendment will not vary from the State's current program features as described in the current State Plan and Demonstration.

VII. EVALUATION DESIGN

A. Research Hypothesis, Goals, and Objectives. The demonstration will test whether authorizing work requirements and life time coverage limits for "able-bodied adults" enrolled in AHCCCS will increase employment rate for those beneficiaries. The goal is to reduce individual reliance on public assistance. The objectives include increasing the number of beneficiaries with earned income and/or the capacity to earn income, reduce enrollment, and reduce the amount of "churn" (individuals moving on and off assistance repeatedly) as the result of greater access to employment and employer-sponsored health insurance or health insurance through the Exchange.

B. Plan for Testing the Hypothesis.

AHCCCS is proposing to test a series of hypotheses that will allow the state to: 1) evaluate its success in achieving the overall goals of the demonstration; and 2) identify opportunities for improvement to strengthen the demonstration. The table below outlines the proposed hypotheses for this demonstration and potential performance measures that would allow AHCCCS to effectively test each of the specific hypotheses:

Proposed Hypotheses	Proposed Performance Measure
The implementation of the work requirement will increase the rate of "able-bodied adults" that are employed, or actively seeking employment, or engaged in training.	<ul style="list-style-type: none"> • The percentage of "able-bodied adults" enrolled in AHCCCS who become employed during the demonstration period. • The percentage of "able bodied adults" enrolled in AHCCCS that are actively seeking employment during the demonstration period.

The Impact of Arizona's 1115 Waiver Request

White Paper



TSÉHOOTSOOÍ
Medical Center

A facility of Fort Defiance Indian Hospital Board, Inc.

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B. Alex Montoya, Vice President, FDIHB Board of Directors

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The Impact of Arizona's 1115 Waiver Request

White Paper

Foreword

The Fort Defiance Indian Hospital Board is adamantly opposed to including Native Americans and Alaska Natives in Arizona Section 1115 Waiver Amendment Request Senate Bill 1092 Arizona Legislative Directives.

By including Native Americans and Alaska Natives in the implementation of the requirement for all able-bodied adults to become employed or actively seek employment or attend school or a job training program, the requirement for members to verify on a monthly basis compliance with work requirement and any changes in family income, the authority for AHCCCS to ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirement, and most devastatingly the authority for AHCCCS to limit lifetime coverage for all able-bodied adults to five years we will see a bigger disparity between the health of Natives and the general population of Arizona than what already exists.

Our fear is that these amendments will cause such a loss in revenue that we will not be able to provide the services necessary to our community. We understand that these restrictions will create a huge savings for the state of Arizona, however, the cost is greater than any dollar amount.

The Impact of Arizona's 1115 Waiver Request

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We urge you to exempt Native Americans and Alaska Natives from this waiver so tribal healthcare facilities can continue to provide the much needed services to this population.

Thank you,

FDIHB Board of Directors

Executive Summary

The Native population is a vulnerable population. Many native patients are living in poverty and suffer from preventable diseases due to the lack of resource and access to healthcare. The unemployment rate is high among Natives and there is a huge disparity in healthcare between Natives and the non-Native population.

This white paper describes the background of the Fort Defiance Indian Hospital Board, the economic situation in our service area, and the demographics and living conditions of the patients we serve. This paper will provide you with a clear understanding of the challenges to the proposed waiver request and the devastating impact these amendments would have on our patients and our facility.

Introduction/Background

The Fort Defiance Indian Hospital Board, Inc. (FDIHB) is a PL-93-638 organization that manages and operates Tséhootsooí Medical Center (TMC) and Naháta'dzííl Health Center (NDHC). TMC is a 56 bed hospital that offers inpatient, outpatient, emergency, and specialty services. TMC is located in Fort Defiance, AZ on the Navajo Reservation. NDHC is located in Sanders, AZ and provides outpatient services to the community. FDIHB has a service population of 45,486 living within 16 chapters. Our service area includes four school districts and the Navajo Nation Headquarters. In addition to this population, we also have patients from outside our service area who receive care at our facilities. As of January 30, 2017, nearly 60 percent of our patients receive Arizona Medicaid.

FDIHB became a self-determined healthcare organization in 2010 and is overseen by a 10 member Board of Directors. Our mission is "To provide superior and compassionate

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Thank you,

FDIHB Board of Directors

healthcare to our community by raising the level of health, Hózhó, and quality of life". Our vision is "Harmoniously uniting communities by engaging customers in healthy lifestyles".

As a self-determined organization we rely on third party reimbursement to provide the services that our community needs. We are concerned that the inclusion of Native Americans and Alaska Natives in the waiver request to CMS will significantly reduce our revenue and could have a devastating impact on our ability to provide care to our community.

In 2015 FDIHB served 31,789 patients by providing 336,415 visits. In 2016 our Emergency Department provided care for 28,645 visits.

According to the Arizona Rural Policy Institute (n.d.) 62.6% of the Navajo Nation population is over 19 years of age. This is a significant number of people who would potentially be impacted by the 5 year life-time limit of Medicaid coverage.

Our region is plagued by poverty and unemployment. The income per capita in our service area is \$9,993.75. According to an article in the Journal of Healthcare for the Poor and Underserved (2014), the average cost for an outpatient Emergency Department visit was \$1,502. This equates to 15% of our patients' income. Patients without insurance coverage will either chose not to receive care or they will receive care, not pay the bill, and increase the bad debt of the hospital.

According to Partners in Health, the unemployment rate on the Navajo nation is 42%. There are many factors contributing to this including lack of available jobs; proximity to main roads; limited training and educational opportunities; lack of technology, such as internet; lack of access to transportation; and impassible roads, especially during rainy and snowy seasons.

Challenges to the proposed waiver request

The requirement for all able-bodied adults to become employed or actively seek employment or attend school or a job training program

This requirement will be difficult for many of our Navajo patients. Due to the lack of available jobs, there are few opportunities for our community members. We also have the added challenge of location. Many of our patients live in very remote areas and their roads become impassible during the winter months. It is difficult to maintain a job if you cannot even leave your driveway. Lack of technology also this makes this requirement very difficult to obtain.

The requirement for member to verify on a monthly basis compliance with work requirements and any changes in family income.

The authority for AHCCCS to ban an eligible person from enrollment for one year if that eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirement.

These two requirements are challenging for our patients to meet because of the lack of technology and transportation. A small percentage of our patients have access to the internet which makes it difficult to report their status on a monthly basis. We also again run into the problem of many of our patients living in areas with impassible roads during snow and rain. When the roads are impassible, it is impossible for them to get into town. Due to the poverty, even if people have transportation, they often cannot afford gas, food, or any other expenses to leave the home.

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According to Partners in Health, the unemployment rate on the Navajo nation is 42%. There are many factors contributing to this including lack of available jobs; proximity to main roads; limited training and educational opportunities; lack of technology, such as internet; lack of access to transportation; and impassible roads, especially during rainy and snowy seasons.

The authority for AHCCCS to limit lifetime coverage for all able-bodied adults to five years except for certain circumstances.

Implementing a 5 year life time limit will have a devastating impact on the Navajo Population that we serve. As a self-determined healthcare facility we rely on third party reimbursement. The fact is that Indian Health Services does not provide us with enough funding to provide the services and care that our patients need. 60% of our payer mix is AHCCCS Medicaid. We are estimating that the impact this will have on our facility is a loss of more than \$11.5 million in the first year that we see patients being kicked off of Medicaid. We will continue to see a loss in revenue year after year.

The loss of \$11.5 million is a substantial loss and could result in the need for the facility to cut services and providers, limiting our ability to provide the care our community needs.

This could also cause an influx of patients. Currently there are many Navajos living off the reservation who receive their care where they live. If they no longer have health care coverage and are not able to receive care in the cities, they will come back to the reservation for their care burdening an already thinly stretched system.

Recommendations

- Exempt American Indians and Alaska Natives from this waiver

The FDIHB Board of Directors recommends that Native Americans and Alaska Natives be exempt from the waiver rules that Arizona AHCCCS is trying to put into place. It is unusual for Native Americans and Alaska Natives not to be an exemption. When AZ ACCCHS requested a waiver in September of 2016 the Centers for Medicare and Medicaid Services responded that American Indians are exempt from the

applicability of fee for service upper payment limits and coinsurance and premium contribution requirements. We recommend that AZ AHCCCS follow the precedence that has been set and exempt American Indians.

The reply from CMS also calls for the implementation of American Indian medical homes, “supporting the integration and coordination of care for American Indian AHCCCS enrollees in the American Indian Health Program” (Wachino, 2017). This would include greater care coordination and reimbursement for such coordination. This appears to be a contradiction. This would allow for greater access to care and services provided yet the current waiver request to limit able-bodied adults to a 5 year life time limit will result in less access to care.

In your own document, Proposing the American Indian Medical Home (Final Draft) you state, “Significant health disparities exist between the AI/AN population and the general population of Arizona, including the average age of death (17.5 years lower for American Indians), and higher death rates from many preventable diseases” (Arizona Health Care Cost Containment System, 2016). By including American Indians in this waiver the health disparities will be even greater and there will be more preventable deaths of Native Americans and Alaska natives every year.

- Hold public hearing in rural areas

Fourteen percent of the American population lives in rural areas and none of the public hearings were held in rural areas. Furthermore, according to the Bureau of Indian Affairs, 27.7% of the land in Arizona is tribal land and none of the public hearings were located on tribal land. The FDIHB board of directors recommends that the rural and tribal communities be included and considered when conducting public hearings.

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Conclusion

While we understand the financial impact these amendments will have on the state of Arizona, the impact they will have on the Native American population will be devastating. We will see a decreased use of medical services, an increase in poorly managed chronic health conditions, and an increase in preventable deaths if this waiver is granted. There will also be a negative impact on our revenue which in turn will likely cause us to have to decrease services offered which will consequently negatively impact the health of our patients. The amendments proposed will create a downward spiral leading to death of patients and the destruction of many healthcare facilities. The Fort Defiance Indian Hospital Board of Directors strongly urges AZ AHCCCS to exempt Native Americans and Alaska Natives from these amendments and we strongly urge CMS to deny this waiver.

References

- Arizona Health Care Cost Containment System. (2016). *Part V The American Indian Medical Home: Supporting Arizona's Commitment to Addressing Health Care Disparities for American Indians/Alaska Natives*.
- Arizona Rural Policy Institute. (n.d.). *Demographic Analysis of the Navajo Nation Using 2010 Census and 2010 American Community Survey Estimates*. Flagstaff, AZ: Northern University Arizona.
- Wachino, V. (2017, January 18). *Response to Arizona's request to ammend AHCCS*. Retrieved from Medicaid.gov: <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/az/az-hccc-ca.pdf>
- Wang, T. S. (2014). Emergency Department Charges for Asthma-Related Outpatient Visits by Insurance Status. *Journal of Health Care for the Poor and Underserved*, 396-405.

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THE NAVAJO NATION

RUSSELL BEGAYE PRESIDENT
JONATHAN NEZ VICE PRESIDENT

February 28, 2017

Thomas J. Betlach, Director
Arizona Health Care Cost Containment Systems
(AHCCCS)
801 E. Jefferson St.
Phoenix, AZ 85034

VIA EMAIL: PublicInput@azahcccs.gov

Regarding: Arizona Section 1115 Waiver Amendment Senate Bill 1092 on AHCCCS and Center for Medicare and Medicaid Services (CMS)

Dear Mr. Betlach:

On behalf of the Navajo Nation, I appreciate the process to consult between the Tribal Leaders and AHCCCS on the annual request to CMS. The following are our concerns and recommendations on the State’s proposed new requirements for “able-bodied adults” receiving Medicaid services on the SB 1092 [Arizona Revised Statutes, Title 36, Chapter 29, Article 1 which includes Title XIX eligible individuals other than persons with an institutional level of need and the Medicare Cost Sharing group]:

Proposed Amendment Requirements	Concerns or Questions	Recommendations
The requirement for members to verify on a monthly basis compliance with the work requirement and any changes in family income.	Requirement may present additional challenge to the AHCCCS member to comply and remain eligible for this benefit.	Consider “bi-monthly” or “quarterly” basis to reduce the administrative burden to both AHCCCS & the AHCCCS member.
The authority for AHCCCS to ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family	The objective of the AHCCCS program includes access to care to a vulnerable population. A ban for one year because of this requirement undermines access to care. How would AHCCCS evaluate and	Consider the unemployment rate & inequity of social determinates many of the vulnerable population and eligible individuals encounter.

income or made a false statement regarding compliance with the work requirement.	determine “if the eligible person knowingly failed...” to comply. What if the eligible person just cannot meet this requirement because of their vulnerable state?	Consider a different penalty that would not impact access to care.
The authority for AHCCCS to limit lifetime coverage for all able-bodied adults to five years except for certain circumstances.	The Navajo Nation is concerned to place a lifetime limit of service up to five years. Many individuals and families experience multi-generational poverty or low economic income. Many contributing factors including social determinates of vulnerable populations live in high risk environments where their need to access healthcare is greatest. Five years is such a short period of time when viewed over a lifespan. CMS rejected last year’s proposed requirement in 2016 because it undermines access to care.	Exempt American Indian & Alaska Native from this requirement. To allow AI/AN to remain on AHCCCS with no lifetime limit coverage to five years and base on the eligibility even if beyond five years.

Thank you again for the opportunity to make comments and recommendations on this important AZ Section 1115 Waiver Amendment request to CMS. For additional information please contact Ramona Antone Nez, Acting Executive Director, Navajo Department of Health at (928) 871-6350 or email at ramona.nez@nndoh.org.

Sincerely,

THE NAVAJO NATION



Russell Begaye, *President*

CC: Jonathan Hale, Chair, Health, Education, and Human Services Committee, 23rd Navajo Nation Council
 Lorenzo Bates, Speaker, 23rd Navajo Nation Council
 Ramona Antone Nez, Acting Executive Director, Navajo Department of Health
 File



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Respectfully,



Ramona Antone Nez, MPH, BSN
Acting Executive Director
Navajo Department of Health

CC: Russell Begaye, *President*, The Navajo Nation
Jonathan Nez, *Vice President*, The Navajo Nation
Jonathan Hale, *Chair*, Health, Education, and Human Services Committee, 23rd Navajo Nation Council
Lorenzo Bates, *Speaker*, 23rd Navajo Nation Council
File

From: [Victoria D. Began](#)
To: [Public Input](#); [Betlach, Tom](#)
Subject: Demonstration Waiver - 1115
Date: Monday, February 27, 2017 7:57:15 PM
Attachments: [image001.gif](#)
[image003.jpg](#)

Dear Mr. Betlach,

As the CEO for San Carlos Apache Healthcare Corporation I am respectfully requesting and asking AHCCCS to exempt all American Indians from Arizona's 1115 Demonstration Waiver. The reasons for include the following:

- 1. Ignores History.** Tribal members in Arizona will be severely and adversely impacted with the state placing a lifetime limit of five years of Medicaid benefits on all able-bodied adults. SB1092 did recognize that some segments of the population are most vulnerable, and certain exemptions were provided under subparagraph A.R.S. 36-2903.09(e). However, none of these include American Indian or Alaska Natives who face historically adverse socio-economic forces.
- 2. Ignores reservation locations.** Most tribal members in Arizona live on very remote, rural reservations, in dire poverty largely due to the absence of meaningful employment and educational opportunities. For our Tribe, in example, 11,764 (74%) of our members live on the Reservation. Of those residing on the Reservation, 7,863 (67%) are employable (16 to 64 years of age) and of these only 32% are employed by either the Tribe or its economic development subsidiaries. Another 2,010 (17%) receive some sort of federal cash assistance benefits (174 ALTCS, 2,010 TANF, 384 SNAP Food Stamps), while the remainder either may work off-Reservation or have no regular employment. By contrast, in 2016, upon the reduction of TANF benefits to 12 months, the average monthly number of cases in Arizona was 10,192 for a total of 22,171 recipients.
- 3. Capping Medicaid ignores trust responsibility of U.S.** In the face of these economic statistics and the absence of meaningful employment opportunities, capping Medicaid eligibility cannot be considered "innovative" by CMS; instead, the cap will effectively block members of the Tribe from receiving healthcare. Moreover, SCAHC depends upon Medicaid as well as Medicare and the Children's Health Insurance Program, and the cap will effectively reduce this resource. Finally, if instituted, the cap would in effect breach the United States trust obligation to provide healthcare in perpetuity to all American Indians and Alaska Natives, an obligation that stems from all that the tribes have sacrificed for the creation of this great country.
- 4. Ignores Pass Through Structure.** Medicaid dollars for American Indians are a pass through for tribal members. Under section 1905(b) of the Social Security Act, the federal government is required to match state expenditures at the Federal Medical Assistance Percentage (FMAP) rate, which is 100 percent for state expenditures on behalf of AI/AN Medicaid beneficiaries for covered services "received through" an Indian Health Service facility whether operated by the Indian Health Service or by a Tribe or Tribal organization (as defined in section 4 of the Indian Health Care Improvement Act)." If services are not "received through" an IHS/Tribal facility, the federal government will match the state's payment for the services at the state's regular

FMAP rate, which in FY 2016 ranges from 50.00 percent to 74.17 percent.

5. **Cost-Sharing.** The current Demonstration Waiver requires that the AHCCCS develop and impose cost-sharing requirements on Medicaid beneficiaries. SB 1092 required that they apply as follows:

A. The cost-sharing exemptions pursuant to federal laws apply to American Indians and Alaska Natives in the AHCCCS system. These are pursuant to the American Recovery and Reinvestment Act (Public Law 111-5, Section 5006), the IHCA, as amended by Public law 111-148, Sections 10221(a), 1402, 1415, and 3309.

Summary: Taken together, **rejecting the provisions of** proposed Demonstration Waiver will recognize the historical, socio-economic barriers that American Indians continue to face, while preserving the trust obligation of the United States to provide healthcare to all American Indians and Alaska Natives in Arizona, including the members of the San Carlos Apache Tribe.

If you have any questions please feel free to contact me. Thank you for your time and attention to this critical issue.

Sincerely,

Vicki

Vicki Began, RN, MN
Chief Executive Office
San Carlos Apache Healthcare Corporation
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February 27, 2017

AHCCCS

c/o Office of Intergovernmental Relations
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034
Via Email: publicinput@azahcccs.gov

Dear Mr. Betlach,

I have been involved in health public policy since the initial legislative effort to establish AHCCCS. I have had roles as a community advocate and as staff to the Arizona State Senate. In those roles and as a resident of Arizona, it is with great concern that I write regarding the Section 1115 waiver under consideration following the enactment of SB 1092 in 2015.

Here are the requirements I am concerned about:

The requirement for all able-bodied adults (ABA) to become employed or actively seeking employment or attend school or a job training program.

1. While this is an admirable and desired goal, this is a mandate to your AHCCCS members **without** any new resources to assist those members in achieving the goal. It seems to me that if Arizona was ever serious about the need to assure that individuals on public benefits were able to secure employment, it would have occurred before July 2016 when 1,400 families lost TANF benefits because of the newly imposed twelve-month limit. That didn't happen. How will Arizona respond to this new mandate? The reality of the Arizona economy is that, as a state, we are very dependent upon the service sector which is greatly impacted by changing economic tides beyond the control of those affected. Individuals are subject to the regional differences in available employment evidenced by the wide variance in unemployment rates between rural and urban counties. Additionally, we're becoming an "on-time" or "gig economy," wherein employees often experience fluctuations in the number of hours they can secure from their employer: as few as 10 hours some weeks; full-time at others. Few private employers provide short or long term disability insurance and workers who become disabled often face months of delay in becoming eligible for the federal disability programs of SSI or SSDI.
2. The exemptions that have been identified fail to recognize the value of caregiving needed for a minor child over the age of six or for other family members such as a disabled spouse, sibling or elderly parents.
3. Data from the 2015 report "Distribution of the Nonelderly with Medicaid by Family Work Status, published by The Henry J. Kaiser Family Foundation, shows that 79% of the households in Arizona on AHCCCS had a family member working full or part-time. The assumption that individuals aren't working is demonstrably false. We need to acknowledge that people are working and trying to become self-sufficient.
4. There is no clear definition of 'able-bodied' contained in the statute and increasingly there is a reluctance by medical providers to complete the necessary documentation to determine disability.

5. Additionally, we know that some illnesses are episodic in nature, with periods of stability with few health care needs, followed by an intense need for care which, if not provided, could have long term adverse impacts on the individual. Let's celebrate the recovery episodes and intervene when health care is needed.

The requirement for able-bodied adults to verify on a monthly basis compliance with the work requirements and any changes in family income.

1. This new requirement presents major challenges to the AHCCCS administration and to your individual members. How will the AHCCCS member be assured that s/he has submitted the required information in a timely manner? As discussed above, there can be wide unpredictable variance between the hours the individual works one month compared to another month. There will need to be a **significant** education effort to assure that members understand what's required and how to timely meet these new demands. The requirement fails to recognize the stress and hassles the individual and his/her family may experience as they deal with meeting month's bills, juggling possibly varying work hours of work, and meeting the needs of their family.

The authority for AHCCCS to ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements.

1. As indicated in the earlier discussion about fluctuations in income because of the service or gig economy they are engaged in, the assumption that the failure to report or to properly report was an intentional false statement is frankly intolerable and unwise. Obviously, the health care needs will remain and will impact not only the adult members of the household but also the children in those households. The need for ER usage will climb, and uncompensated care will again increase.

The request to impose a 5-year lifetime coverage for all able-bodied adults.

1. This is an unrealistic proposition and unattainable. How will AHCCCS accurately account for the "months on" benefits and "months off" benefits for several years to come? Will months when an individual lives in another state count towards those lifetime limits? What happens when it's time to **discontinue** benefits and the AHCCCS members request an accounting of months, and request a comparison with medical records showing a hospital stay, ER usage or ongoing therapy but no doctor provided attestation that the individual was not able-bodied? If individuals learn they have to "hoard" their months, will this change usage patterns and result in avoidance of health care until the situation is acute and more costly? How will months when an individual has a severe flu bout or an auto accident resulting in an inability to work, at least temporarily, be accounted for?
2. When the 60-month limit tolls and the individual is terminated from AHCCCS, won't there still possibly be ongoing health care needs? How will the community respond to someone in the midst of chemotherapy or ongoing care for a transplant? Medical care will still be delivered and costs will be shifted to the uncompensated care category again and ultimately to the full community.

As an Arizona taxpayer and long-time health care advocate, I implore the Center for Medicare and Medicaid Services to reject the proposed Section 1115 waiver as outlined in the submittal from Arizona's AHCCCS program. It does not address the significant administrative and educational barriers outlined

above, nor does it further the overall well-being of enrolled members or of the whole of the Arizona health care community. The proposal to impose a 5-year lifetime ban is simply contrary to the intent of the Medicaid program and should not be accepted. A simple "No!" is the best response to this request.

Sincerely,

A handwritten signature in cursive script that reads "Eddie L. Sissons". The signature is written in black ink and is positioned below the word "Sincerely,".

Eddie L. Sissons, C.P.M.
Research Advisory Services, Inc.
5631 N. 6th Street
Phoenix, AZ 85012

RESOLUTION OF THE WINSLOW INDIAN HEALTH CARE CENTER

A RESOLUTION OPPOSING ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS) WAIVERS SUBMITTED TO THE CENTERS OF MEDICAID AND MEDICARE SERVICES (CMS) PURSUANT TO SENATE BILL (SB) 1092 THAT NEGATIVELY IMPACT ACCESS TO HEALTH CARE SERVICES FOR THE AMERICAN INDIAN POPULATION IN ARIZONA

WHEREAS:

1. The Winslow Indian Health Care Center (“WIHCC”) is a non-profit corporation chartered under Navajo Nation law and sanctioned and authorized by the Navajo Nation Council as a “Tribal Organization” in Resolution No. CJY-33-10 to operate the federally funded health care programs, services, functions and activities in and near the eight chapters of Leupp, Bird Springs, Teesto, White Cone, Dilkon, Tolani Lake, Jeddito and Indian Wells; and
2. The WIHCC has successfully provided health care programs, services, functions and activities for the people of the southwest region of the Navajo Nation since September 1, 2002; and
3. The WIHCC Board of Directors has previously reviewed Arizona SB 1092, and has reviewed AHCCCS’s proposed 2017 waiver requests to allow AHCCCS to implement requirements for “able bodied adults” receiving Medicaid services and other waiver requests; and
4. For 2016, CMS approved Arizona’s request to impose copays for non-emergency use of the emergency room for “childless adults” with incomes 100-138% above the Federal Poverty Line (FPL), but rejected Arizona’s other waiver requests made under SB 1092 – work requirements, additional verification requirements, and a lifetime time limit of coverage – on the grounds that those requests undermine access to care and do not support the objective of the Medicaid program; and
5. For 2017, AHCCCS will reapply for the SB 1092 work requirement, monthly income and work requirement verification, monthly redetermination of eligibility, enrollee disenrollment, and a five-year limit on able-bodied adult’s lifetime coverage; and
6. The 2017 AHCCCS waiver requests are unnecessary because Arizona receives a 100% federal pass through (FMAP) for American Indian and Alaska Native Medicaid AHCCCS coverage, and the AHCCCS waiver request will disproportionately adversely affect access to medical care for American Indian and Alaska Native “childless adults” due to the high unemployment rates in northern Arizona counties (2015 statistics showed average unemployment rates on Arizona Indian reservations of 24.4% compared with 5-7% statewide).

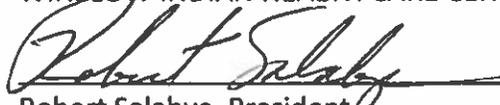
NOW THEREFORE BE IT RESOLVED:

1. WIHCC opposes AHCCCS's 2017 SB 1092 waiver requests and requests that CMS deny these requests as it did in 2016 because they will result in reduced access to medical care which does not support the objectives of the Medicaid program, and because they are not necessary with respect to American Indian and Alaskan Native individuals because AHCCCS receives a 100% FMAP for American Indian and Alaska Native AHCCCS participants; and
2. WIHCC encourages AHCCCS and CMS to consult with Indian tribes and tribal organizations concerning SB 1092 waiver requests submitted to CMS and to exempt American Indians and Alaska Native AHCCCS participants from the waiver requests for the reasons stated above.

CERTIFICATION

I hereby certify that the foregoing resolution of the WIHCC BOD was duly considered at a duly called meeting of the Board of Directors at the Winslow Indian Health Care Center where a quorum was present and the same was passed with a vote of 8 in favor, 0 opposed, and 0 abstained on this 3rd day of February, 2017.

WINSLOW INDIAN HEALTH CARE CENTER, INC.


Robert Salaby, President

Motioned by: Mary Ann Begay

Seconded by: Martin Bahe

SAN CARLOS APACHE TRIBE

San Carlos Avenue
P.O. Box 0
San Carlos, Arizona 85550
Phone (928) 475-1600

Terry Rambler
Tribal Chairman

Tao Etpison
Vice-Chairman



February 27, 2017

Via E-Mail

The Honorable Doug Ducey
Governor
State of Arizona
E-M: Doug.Ducey@arizona.gov

Thomas Betlach
Director
Arizona Health Care Cost Containment System
801 E. Jefferson Street
Phoenix, Arizona 85034
E-M: Thomas.betlach@azahcccs.gov
PublicInput@azahcccs.gov

Dear Governor Ducey and Mr. Betlach:

On behalf of the San Carlos Apache Tribe (the "Tribe"), I respectfully submit our comments on A.R.S. 36-2903.09, which was enacted by S.B. 1092, and signed into law on March 6, 2015. Under S.B. 1092, Governor Ducey is required to submit a proposed Demonstration Waiver by March 31 annually. Central to our comment is the necessity for an amendment that would provide an additional exemption for those patients served by the Indian Health Service ("IHS"), or a tribal or urban Indian health care program operated pursuant to the federal Indian Self-Determination and Education Assistance Act ("ISDEA", P.L. 93-638, 25 U.S.C. §450) and the Indian Health Care Improvement Act ("IHCA", Section 10221, P.L. 111-148; 25 U.S.C. §1603).

Background

As you may know, the Tribe established the San Carlos Apache Healthcare Corporation ("SCAHC"), a subsidiary, non-profit, which provides direct services funded by self-determination contracts with the IHS pursuant to Public Law 93-638. The SCAHC has been led by its mission of "Apaches Healing Apaches." With its 470 employees, SCAHC provides a busy, 24/7 Emergency

Department and Inpatient Unit that has 46 clinical and administrative departments, which with a satellite health center in Bylas all together offer a full-range of health services, from primary care to diabetes care and prevention, to a variety of specialty care services. Within the last year, SCAHC has had over 92,000 patients, averaging some 7,706 encounters per month, while this year, patient encounters have increased to over 10,000 per month, and primarily from programs and services authorized under the IHCIA. The cap will dramatically hinder SCAHC's ability to provide comprehensive, meaningful healthcare to our members.

Demonstration Waiver

A.R.S. 36-2903.09 requires the State of Arizona to seek a Demonstration Waiver placing a lifetime limit of five years of Medicaid benefits on all able-bodied adults. Capping the Medicaid program will reduce state and federal costs over time. SB1090 did recognize that some segments of the population are most vulnerable, and certain exemptions were provided under subparagraph A.R.S. 36-2903.09(e). However, none of these include American Indian or Alaska Natives who face historically adverse socio-economic forces.

SB1092 Ignores History and Economic Realities of Reservations

Most tribal members in Arizona live on very remote, rural reservations, in dire poverty largely due to the absence of meaningful employment and educational opportunities. For our Tribe, in example, 11,764 (74%) of our members live on the Reservation. Of those residing on the Reservation, 7,863 (67%) are employable (16 to 64 years of age) and of these only 32% are employed by either the Tribe or its economic development subsidiaries.

By contrast, in 2016, upon the reduction of TANF benefits to 12 months, the average monthly number of cases in Arizona was 10,192, which represents 22,171 recipients. (*See* Arizona Department of Economic Security Annual Report, State Fiscal Year 2016, January 3, 2017). Of these, some 2,010 members of the Tribe (17%) receive some sort of federal cash assistance benefits (174 ALTCS, 2,010 TANF, 384 SNAP Food Stamps), while the remainder either may work off-Reservation or have no regular employment.

In the face of these economic statistics and the absence of meaningful employment opportunities, capping Medicaid eligibility cannot be considered "innovative" by CMS; instead, the cap will effectively block members of the Tribe from receiving healthcare. Moreover, SCAHC depends upon Medicaid as well as Medicare and the Children's Health Insurance Program, and the cap will effectively reduce this resource. Finally, if instituted, the cap would in effect breach the United States trust obligation to provide healthcare in perpetuity to all American Indians and Alaska Natives, an obligation that stems from all that the tribes have sacrificed for the creation of this great country.

Ignores Pass Through Structure

Medicaid dollars for American Indians are a pass through for tribal members. Under section 1905(b) of the Social Security Act, the federal government is required to match Arizona's expenditures at the Federal Medical Assistance Percentage (FMAP) rate, which is 100 percent for state expenditures on behalf of AI/AN Medicaid beneficiaries for covered services received through an Indian Health Service facility whether operated by the Indian Health Service or by a Tribe or Tribal organization (as defined in section 4 of the Indian Health Care Improvement Act). If services are not received through an IHS/Tribal facility, the federal government will match the state's payment for the services at the state's regular FMAP rate, which in FY 2016 ranges from 50.00 percent to 74.17 percent.

No Cost-Sharing Assurance

The current Demonstration Waiver requires that the Arizona Health Care Cost Containment System ("AHCCCS") develop and impose cost-sharing requirements on Medicaid beneficiaries. SB 1092 required that they apply as follows:

- (a) The nonemergency use of emergency departments; and
- (b) The use of ambulance services for nonemergency transportation or when it is not medically necessary.

The Tribe seeks assurance that cost-sharing exemptions pursuant to federal laws apply to American Indians and Alaska Natives in the AHCCCS system. These are pursuant to the American Recovery and Reinvestment Act (Public Law 111-5, Section 5006), and the IHCA, as amended by Public law 111-148, Sections 10221(a), 1402, 1415, and 3309.

SB 1092 further requires that in any year, the director shall apply only the waivers or amendments to the current section 1115 waiver that have not been approved and are not in effect. It is in this regard that the Tribe submits our proposed amendments below with regard to these sections of the law that CMS previously did not approve. We continue to seek that the current administration considers the concerns of the Tribe and reject the provisions of the proposed Demonstration that will have detrimental effects on our health care system and the members of our Tribe.

Proposed Amendments

Accordingly, for the work requirement for all able-bodied adults, the Tribe proposes an amendment to A.R.S. 36-2903.09(A)(1)(e) in the form of a new subsection "v", as follows:

(v) IS SERVED BY THE INDIAN HEALTH SERVICE, A TRIBAL OR URBAN INDIAN HEALTH CARE PROGRAM PURSUANT TO THE FEDERAL INDIAN SELF-DETERMINATION AND EDUCATION ASSISTANCE ACT (“ISDEA”, P.L. 93-638, 25 U.S.C. §450) AND THE INDIAN HEALTH CARE IMPROVEMENT ACT (section 10221, P.L. 111-148; 25 U.S.C. §1603).

Similarly, as to the lifetime limit of five years of benefits, under section (A)(2), we propose to include two new subsections (h) and (i), as follows:

(h) IS UNDER TWENTY-SIX YEARS OF AGE AND WHO WAS IN TRIBAL FOSTER CARE WHEN THE PERSON BECAME EIGHTEEN YEARS OF AGE PURSUANT TO SECTION 2004 of 42 U.S.C. 180001.

(i) IS SERVED BY THE INDIAN HEALTH SERVICE, A TRIBAL OR URBAN INDIAN HEALTH CARE PROGRAM PURSUANT TO THE FEDERAL INDIAN SELF-DETERMINATION AND EDUCATION ASSISTANCE ACT (P.L. 93-638; 25 U.S.C. 450) AND THE INDIAN HEALTH CARE IMPROVEMENT ACT (SECTION 10221, P.L. 111-148; 25 U.S.C. 1603).

Finally, under section (A)(3), we propose an exemption from the additional cost-sharing requirements in the form of a new subsection (c), as follows:

(c) AMERICAN INDIANS ENROLLED IN MEDICAID IN ARIZONA ARE EXEMPTED FROM COST SHARING REQUIREMENTS PURSUANT TO APPLICABLE FEDERAL LAWS (THE AMERICAN RECOVERY AND REINVESTMENT ACT (SECTION 5006, P.L. 111-5, THE INDIAN HEALTH CARE IMPROVEMENT ACT (SECTION 10221, P.L. 111-148, 25 U.S.C. 1603 AND OTHER PROVISIONS OF P.L. 111-148 (SECTION 1402 (d)(1)(2), SECTION 1415, SECTION 3309).

Conclusion

Taken together, these three amendments will recognize the historical, socio-economic barriers that our people continue to face, while preserving the trust obligation of the United States to provide healthcare to all American Indians and Alaska Natives in Arizona, including the members of the San Carlos Apache Tribe.

Thank you in advance for your consideration of our proposed amendment.

Governor Ducey and Tom Betlach
Re: Demonstration Waiver Exemption
February 27, 2017
Page 5 of 5

Sincerely,

SAN CARLOS APACHE TRIBE



Terry Rambler
Chairman

Cc: AZ Rep. Heather Carter, Chair, Health Committee, Hcarter@azleg.gov
AZ Sen. Frank Pratt, Fpratt@azleg.gov
AZ Rep. David L. Cook, Dcook@azleg.gov
AZ Rep. Thomas R. Shope, Tshope@azleg.gov
AZ Sen. Jamescita Peshlakai, jpeshlakai@azleg.gov
AZ Rep. Wenona Benally, wbenally@azleg.gov
AZ Rep. Eric Descheenie, edescheenie@azleg.gov

Christina Corieri, Senior Policy Advisor to Governor Ducey
Kim Russell, Exec. Dir., Arizona Advisory Council on Indian Health Care
Maria Dadgar, Exec. Dir., Inter Tribal Council of Arizona

San Carlos Apache Tribe
Tao Etpison, Vice Chairman
Members of the San Carlos Council
Victoria Began, Interim CEO, SCAHC
David Reede, Executive Director, Department of Health and Human Services
File



**THE
NAVAJO
NATION**

TEESTO CHAPTER

P.O. BOX 7385 – Teesto CPU

Winslow, Arizona 86047

Phone: (928) 657-8042 – Fax: (928) 657-8046



“Saddle Butte Mountain”

**RESOLUTION OF THE TEESTO CHAPTER
Fort Defiance Agency, The Navajo Nation
RESOLUTION No.: TEE-FEB-20-17**

A RESOLUTION OPPOSING ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS) WAIVERS SUBMITTED TO THE CENTERS OF MEDICAID AND MEDICARE SERVICES (CMS) PURSUANT TO SENATE BILL (SB) 1092 THAT NEGATIVELY IMPACT ACCESS TO HEALTH CARE SERVICES FOR THE AMERICAN INDIAN POPULATION IN ARIZONA.

WHEREAS:

1. Teesto Chapter is a Certified Chapter of the Navajo Nation in accordance to Title 26, Section 103 and Section 102, and further recognized as a local government entity with the responsibility and authority to implement community projects that will benefit the Teesto community; and
2. The Teesto Chapter pursuant to Navajo Nation Code: Title 26, The Navajo Nation Local Governance Act, is a Local Governance Certified Chapter of the Navajo Nation through Resolution No.: TEE-JY-32-10 ; and
3. The Teesto Chapter as a duly Government Certified Chapter is empowered and authorized to oversee various community business and development within its Chapter boundaries; and
4. The Winslow Indian Health Care Center (“WIHCC”) is a non-profit corporation chartered under Navajo nation law and sanctioned and authorized by the Navajo Nation Council as a “Tribal Organization” in Resolution CJY-33-10 to operate the federally funded health care programs, services, functions and activities in and near the eight Chapters of Leupp, Birdsprings, Teesto, White Cone, Dilkon, Tolani Lake, Jeddito and Indian Wells; and
5. The WIHCC has successfully provided health care programs, services, functions and activities for the people of the southwest region of the Navajo Nation since September 1, 2002; and
6. The WIHCC Board of Directors has previously reviewed Arizona SB 1092, and has reviewed AHCCCS’s proposed 2017 waiver requests to allow AHCCCS to implement requirements for “able bodied adults” receiving Medicaid services and other waiver request; and
7. For 2016, CMS approved Arizona’s request to impose copays for non-emergency use of the emergency room for “childless adults” with income 100-138% above the Federal Poverty Line (FPL), but rejected Arizona’s other waiver requests made under SB 1092 – work requirements, additional verification requirements, and a lifetime time limit of coverage – on the grounds that those requests undermine access to care and do not support the objective of the Medicaid programs; and
8. For 2017, AHCCCS will reapply for the SN1092 work requirement, monthly income and work requirement verification, monthly redetermination of eligibility, enrollee disenrollment, and a five-year limit on able-bodied adult’s lifetime coverage; and
9. The 2017 AHCCCS waiver requests are unnecessary because Arizona receives a 100% federal pass through (FMAP) for American Indian and Alaska Native Medicaid AHCCCS coverage, and the AHCCCS waiver request will disproportionately adversely affect access to meical care for American Indian and Alaska Native “childless adults” due to the high unemployment rates in northern Arizona counties (2015 statistics showed average unemployment rates on Arizona Indian reservations of 24.4% compared with 5-7% statewide).

Elmer Clark, President - LeRoy Thomas, Vice President - Sophia Francis, Secretary/Treasurer - Morgan Yazzie, Grazing Official- Lee Jack, Sr., Council Delegate(Teesto/Dilkon/Indian Wells/Greasewood/Whitecone)



**THE
NAVAJO
NATION**

TEESTO CHAPTER

P.O. BOX 7385 – Teesto CPU
Winslow, Arizona 86047
Phone: (928) 657-8042 – Fax: (928) 657-8046



“Saddle Butte Mountain”

RESOLUTION No.: TEE-FEB-20-17

NOW THEREFORE BE IT RESOLVED:

1. The Teesto Chapter opposes AHCCCS’s 2017 SB 1092 waiver requests and requests that CMS deny these requests as it did in 2016 because they will result in reduced access to medical care which does not support the objectives of the Medicaid program, and because they are not necessary with respect to American Indian and Alaskan Native individuals because AHCCCS receives a 100% FMAP for American Indian and Alaska Native AHCCCS participants; and
2. The Teesto encourages AHCCCS and CMS to consult with Indian tribes and tribal organizations concerning SB 1092 waiver requests submitted to CMS and to exempt American Indians and Alaska Native AHCCCS participants from the waiver requests for the reasons stated above.

CERTIFICATION

We, hereby certify that the foregoing resolution was considered in a duly called Chapter meeting at Teesto, Navajo County, Arizona, at which a quorum was present and the same was passed with a vote of 10 in favor; 0 opposed and 2 abstained on this 20th day of February 2017.

Motion: Terrance Yazzie

Second: Laura Williams



Elmer Clark, Chapter President



TUBA CITY REGIONAL HEALTH CARE CORPORATION

167 North Main Street, P.O. Box 600
Tuba City, Arizona 86045-0600
(928) 283.2501

February 23, 2017

Dear Leaders,

I write to you today, on behalf of Tuba City Regional Health Care Corporation patient population, in support of Navajo Nation Legislation No. 0197-15 An Action Relating To Health, Education and Human Services: and Naa'bik'iyati: Requesting and Recommending a Waiver to Arizona SB 1092 AHCCCS Waiver For Navajo Nation Citizens and the Need for Tribal Consultations by the Arizona Governor's Office in the Future.

Arizona SB 1092 is detrimental to our Navajo, Hopi, and San Juan Southern Paiute tribes in our service area.

As you are well aware Native American healthcare is largely underfunded by the Federal Government. The Federal government is fully aware of this and that is why we are allowed to bill for reimbursements through Medicare and Medicaid (AHCCCS) programs.

The State of Arizona is proposing with this Bill essentially to cut Native American healthcare funding at conservative amounts by 30-40%. This Bill does not support Federal Trust Responsibilities, and for that reason alone it should **EXEMPT** Native American communities.

Attached is a resolution passed by the Board of Directors, Tuba City Regional Health Care Corporation, on April 16, 2015.

- TCRHCC opposes SB 1092 and CMS's consideration of any waiver request submitted thereunder;
- TCRHCC encourages the State of Arizona and all of its departments and entities to provide Tribal Consultation with Native American tribes and tribal organizations concerning SB 1092, any waiver requests developed or submitted to CMS relative to SB 1092 or in any way relative to Native American health care, and to allow meaningful participation by Native American tribes and tribal organizations in developing a responsible health care plan for all Arizonians.

SB 1092 will greatly impact TCRHCC and its ability to provide quality health care services to the Navajo, Hopi and San Juan Southern Paiute in Northern Arizona. Everyday SB 1092 is in affect is another day that the health care goals for Native Americans remain elusive and unattainable.

Sincerely,

A handwritten signature in black ink that reads "Lynette Bonar". The signature is written in a cursive, flowing style.

Lynette Bonar, RN, MBA, BSN
Chief Executive Officer



TUBA CITY REGIONAL HEALTH CARE CORPORATION

167 North Main Street, P.O. Box 600
Tuba City, Arizona 86045-600
(928) 283-2784

RESOLUTION OF THE TUBA CITY REGIONAL HEALTH CARE CORPORATION

OPPOSING ARIZONA SENATE BILL 1092 WHICH GREATLY, DISPROPORTIONATELY, AND NEGATIVELY AFFECTS NATIVE AMERICANS, NATIVE AMERICANS' ABILITY TO OBTAIN HEALTH CARE AND THE HEALTH CARE ENTITIES SERVING NATIVE AMERICANS

WHEREAS:

1. Tuba City Regional Health Care Corporation (TCRHCC), is a 501(c)3, Navajo Nation, Non-Profit corporation; *and*
2. Pursuant to Navajo Nation Council Resolutions, CJN-35-05 and CJY-33-10, TCRHCC is authorized and designated as a "Tribal Organization" for the purpose of managing and operating contracts with the Indian Health Service Under Public Law 93-638; *and*
3. TCRHCC, as a Tribal Organization, operates the former Tuba City Indian Medical Center pursuant to the Indian Self-Determination Act, Public Law 93-638; *and*
4. The TCRHCC Board of Directors (BOD), the governing body of TCRHCC, is strongly committed to the Mission of providing accessible, quality, compassionate health care, and promoting healthy lifestyles; *and*
5. On Friday, March 6, 2015, Arizona Governor Doug Ducey signed legislation (SB 1092) (hereinafter "SB 1092") requiring the State of Arizona to request federal permission every year, forever, to among other things, impose work requirements on Medicaid recipients and remove them from the health care program after five years; *and*
6. In vetoing similar legislation last year, former Governor Jan Brewer, stated that removing a half million people from the Medicaid program would not only harm them, but bring the state's health-care system "to a breaking point;" that statement remains true today and applies to SB 1092; *and*
7. SB 1092 has a particularly harmful impact on the unemployed and lower income producing population in the State of Arizona; *and*
8. Unemployment on the Navajo Nation, by conservative estimate, is in excess of 40% of the Navajo population (compared to 5% - 7% state-wide) and an even larger percentage of the population is below the poverty level; *and*
9. Due to the foregoing, the impact of the Legislation is far greater on Navajo's and the medical providers on the Navajo Nation serving that population; *and*
10. This burden imposed by SB 1092 will greatly impact TCRHCC and its ability to provide health care services to the Navajo, Hopi and Southern Paiute Native Americans which it serves; *and*

11. Medicaid comprises more than half of TCRHCC's revenue. It is estimated that SB 1092 will result in a substantial and detrimental revenue loss to TCRHCC which will drastically diminish the level and quality of health care TCRHCC can provide to its population; *and*
12. The Arizona Medicaid program (AHCCCS) is funded by a straight pass through of federal funds without cost, matching funding or other assessments against the State of Arizona. The State of Arizona actually receives an administrative fee for said transactions. The federal pass through funding for health care for Native Americans is part of the Federal Government's fulfillment of its trust responsibility to all Native Americans established by treaty and subsequent legislation. SB 1092 blocks the Federal Government from fulfilling this trust obligation; *and*
13. The Federal Government has a unique trust obligation to provide for the health care of American Indians and Medicaid is a necessary component of its delivery of health care in meeting this unique trust obligation. The Federal Government pays 100% reimbursement for said Native American beneficiaries and the state budget is irrelevant to that. SB 1092 reveals a complete lack of substantive and procedural understanding of federal health care financing for Native American beneficiaries and this imprudent action will actually create greater expense to the State of Arizona and the hospitals that will now be required to care for these people; *and*
14. The Navajo Nation has previously passed legislation, Legislation No.: 0102-15, which TCRHCC supports and adopts and incorporates herein as Exhibit A.

NOW THEREFORE BE IT RESOLVED THAT:

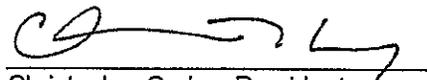
1. TCRHCC opposes SB 1092 and CMS's consideration of any waiver request submitted thereunder.
2. TCRHCC requests and encourages the Arizona Legislature to revoke and rescind SB 1092.
3. TCRHCC encourages the State of Arizona and all of its departments and entities to consult with Native American tribes and tribal organizations concerning SB 1092, any waiver requests developed or submitted to CMS relative to SB 1092 or in any way relative to Native American health care, and to allow meaningful participation by Native American tribes and tribal organizations in developing a responsible health care plan for all Arizonians.

CERTIFICATION

We, hereby, certify that the foregoing resolution was duly considered at duly called meeting of the Tuba City Regional Health Care Corporation Board of Director's at Tuba City (Arizona) at which a quorum was present and that the same was passed by a vote of 8 in favor, 0 opposed, and 0 abstained, this 16th day of April, 2015.

Motion by: Dr. Alan Numkena

Second by: Tincer Nez, Sr.



Christopher Curley, President
TCRHCC Board of Directors

EXHIBIT A

COMMITTEE REPORT

THE HEALTH, EDUCATION AND HUMAN SERVICES COMMITTEE OF THE NAVAJO NATION COUNCIL to whom has been assigned;

LEGISLATION NO. 0102-15

AN ACTION RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES AND NAABIK'IYATI; OPPOSING SB 1092 IN THE ARIZONA STATE LEGISLATURE THAT WILL ADVERSELY IMPACT HEALTH CARE SERVICE TO INDIAN PEOPLE

Has had under consideration and report the same with the recommendation that it **PASS** with no amendment and no directive;

And therefore referred the same to the NAABIK'IYATI COMMITTEE OF THE NAVAJO NATION COUNCIL

N - M B
Honorable Norman M. Begay, Vice-Chairperson
Health, Education and Human Services Committee

Dated: April 1, 2015

Main Motion

Motion: by: Honorable Nelson BeGaye

Seconded by: Honorable Tuchoney Slim, Jr.

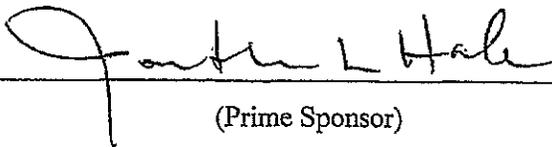
Vote: 3 in favor: 0 Opposed and 0 Abstain

5-DAY BILL HOLD PERIOD: None
Website Posting Time/Date: 11:46am 3/24/15
Posting End Date: 3/30/2015
Eligible for Action: 2/21/2015

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PROPOSED STANDING COMMITTEE RESOLUTION
23rd NAVAJO NATION COUNCIL -- First Year, 2015

INTRODUCED BY


(Prime Sponsor)

TRACKING NO. 0102-15

AN ACTION

RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES AND
NAABIK'ÍYÁTI'; OPPOSING SB 1092 IN THE ARIZONA STATE LEGISLATURE
THAT WILL ADVERSELY IMPACT HEALTH CARE SERVICE TO INDIAN
PEOPLE

BE IT ENACTED:

WHEREAS:

- A. The Navajo Nation established the Health, Education and Human Services Committee (HEHSC) as a Navajo Nation Council standing committee and as such empowered HEHSC to review and recommend resolutions regarding certain matters, including health, education and social services. 2 N.N.C. §§ 164 (A)(9), 400 (A), 401 (B)(6)(a) (2012); *see also* CO-45-12.
- B. The Navajo Nation established the Naabik'íyáti' Committee as a Navajo Nation Council standing committee and as such empowered Naabik'íyáti' Committee to coordinate all state programs, including those of the state of Arizona. 2 N.N.C. §§ 164 (A)(9), 700 (A), 701 (A)(4) (2012); *see also* CO-45-12.
- C. The Navajo Nation has a government-to-government relationship with the state of Arizona.
- D. Federal Medicaid and Children's Health Insurance Program (CHIP) provide health coverage to nearly 60 million Americans, including children, pregnant women, parents,

1 seniors and individuals with disabilities. *Medicaid.gov*. In order to participate in
2 Medicaid, federal law requires states to cover certain population groups (mandatory
3 eligibility groups) and gives them (the states) the flexibility to cover other population
4 groups (optional eligibility groups). *Id.* States set individual eligibility criteria within
5 federal minimum standards. States can apply to Centers for Medicare and Medicaid
6 Service (CMS) for a waiver of federal law to expand health coverage beyond these
7 groups. *Id.*

8 E. Arizona ranks high among states with Indians living below the poverty level. See,
9 *2013 American Indian Population and Labor Force Report, U.S. Department of the*
10 *Interior, Office of the Secretary Office of the Assistant Secretary*. Indians are among the
11 poorest citizens in the state of Arizona. As such, adequate health care to Indian people is
12 a major concern.

13 F. The Arizona Health Care Cost Containment System (AHCCCS) is the Medicaid
14 program in the state of the Arizona. AHCCCS serves the low-income; the four programs
15 under AHCCCS are Medicaid, KidsCare, Arizona Long Term System, and Medicare
16 Cost Sharing. Due to lack of funding appropriated by the Arizona Legislature the Kids
17 Care Program froze enrollment into the program in January 1, 2010. Then in February
18 2014 the Kids Care Program ended.

19 G. Section 1115 of the Social Security Act gives the Secretary of the Health and
20 Human Services authority to waive certain requirements of federal Medicaid state and
21 regulation. Under the authority, the Secretary can permit a state to receive federal
22 matching funds to operate its Medicaid program in ways not otherwise allowed under the
23 federal rules so long as the state's proposal promotes the key objectives of the Medicaid
24 program. States are given flexibility in managing, designing and improving their
25 programs. Waivers allow states to test new or existing ways to deliver and pay for health
26 care services in Medicaid and the Children's Health Insurance Program (CHIP). Through
27 waivers, eligibility for health care services can be expanded to vulnerable individuals
28 who are not otherwise eligible (for Medicaid or CHIP); services not typically covered by
29
30

1 Medicaid can be provided; and innovative service delivery systems can be used that
2 improve care, increase efficiency and reduce costs.

3 H. Bill SB 1092 requires the Arizona Health Care Cost Containment System
4 (AHCCCS) Director to apply to the Centers for Medicare and Medicaid Services (CMS)
5 for a Waiver or amendments to the current Section 1115 Wavier. See attached Exhibit
6 "A," a summary of the bill. The amendment will institute a work verification
7 requirement for all able-bodied adults (19+) receiving AHCCCS covered services. It
8 stipulates that an individual is required to become employed, actively seek employment
9 or attend school or job training at least 20 hours per week. AHCCCS is allowed to ban
10 the eligible person for 1 year if the person fails to report family income or makes false
11 statements about the work requirement. It places a lifetime limit of 5 years for Medicaid
12 eligibility for able bodied adults. Some exceptions to the lifetime cap were included in an
13 amendment.

14 I. SB 1092 impacts the most vulnerable and economically challenged people in our
15 state up to 133% of the Federal Poverty Level (*i.e.*, 1 person with an annual income up to
16 \$15,654 or 4 persons with an annual income up to \$32,253) and therefore affects a
17 significant portion of the Navajo Nation population in Arizona. See attached Exhibit
18 "B," *Advisory Council on Indian Health Care*, March 5, 2015.

19
20 **NOW THEREFOR BE IT RESOLVED THAT:**

21 The Navajo Nation hereby opposes SB 1092, unnecessary legislation that will
22 significantly impact health services to Indian people in Arizona.
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HOUSE OF REPRESENTATIVES

SB 1092/HB 2075

AHCCCS; annual waiver submittals.

Sponsors: Senator Barto



DPA Committee on Children and Family Affairs

DPA Caucus and COW

X As Transmitted to the Governor

OVERVIEW

HB 2075 requires the Director (Director) of the Arizona Health Care Cost Containment System (AHCCCS) to apply the Centers for Medicare and Medicaid Services (CMS) by March 30 of each year for waivers or amendments to the current Section 1115 Waiver.

HISTORY

Laws 1981, Chapter 1, established AHCCCS. AHCCCS is Arizona's Medicaid program that oversees contracted health plans for the delivery of health care to individuals and families who qualify for Medicaid and other medical assistance programs. Through contracted health plans across the state, AHCCCS delivers health care to qualifying individuals including low-income adults, their children or people with certain disabilities.

AHCCCS provides medical assistance programs for acute care, long term care and contracts with the Arizona Department of Health Services Division of Behavioral Health Services to bring behavioral health services to its acute care members. The Arizona Long Term Care System program is for individuals over the age of 65, are blind, disabled or need continuing assistance at a nursing facility level of care. As of February 2015 there are approximately 1.6 million individuals enrolled in the AHCCCS program.

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services authority to approve experimental, pilot or demonstration projects that promote the objectives of the Medicaid and Children's Health Insurance programs. The purpose of these demonstrations, give states additional flexibility to design and improve their programs [Hyperlink](#).

PROVISIONS

- 1) Requires on or before March 30 of each year, the Director of AHCCCS to apply to CMS for waivers or amendments to the current Section 1115 Waiver to allow the State to:
 - a) Institute a work requirement for all able-bodied adults receiving Medicaid services. The work requirement must:
 - i) Require an eligible person to either become employed, actively seek employment to be verified by AHCCCS or attend school or a job training program, or both, at least 20 hours per week.
 - ii) Require an eligible person to verify on a monthly basis compliance with requirements directly noted above and any change in family income.
 - iii) Require AHCCCS to confirm an eligible person's change in family income and re-determine the person's eligibility.
 - iv) Allow AHCCCS to ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false

SB 1092

- statement regarding compliance related to becoming employed, actively seeking employment or attending a job training program.
- v) Allow for an exemption if a person meets any of the following conditions:
 - (1) Is at least 19 years of age but is still attending high school as a full-time student.
 - (2) Is the sole caregiver of a family member who is under six years of age.
 - (3) Is currently receiving temporary or permanent long-term disability benefits from a private insurer or from the government.
 - (4) Has been determined to be physically or mentally unfit for employment by a health care professional in accordance with rules adopted by AHCCCS.
 - b) Restrict benefits for able-bodied adults to a lifetime limit of five years that begins on the effective date of the waiver or amendment to the current Section 1115 Waiver and does not include any previous time a person received benefits. The lifetime limit does not include any time during which the person meets any of the following conditions:
 - i) Is pregnant.
 - ii) Is the sole caregiver of a family member who is under six years of age.
 - iii) Is currently receiving temporary or permanent long-term disability benefits from a private insurer or from the government.
 - iv) Is at least 19 years of age but is still attending high school as a full-time student.
 - v) Is employed full time but continues to meet the income eligibility requirements under this article.
 - vi) Is enrolled before reaching 19 years of age.
 - vii) Is defined as an eligible person.
 - c) Develop and impose meaningful cost-sharing requirements to deter both:
 - i) The nonemergency use of emergency departments; and
 - ii) The use of ambulance services for nonemergency transportation or when it is not medically necessary.
 - 2) Mandates that the Director apply for only the waivers or amendments to the current Section 1115 Waiver that have not been approved and are not in effect.
 - 3) Requires the Director on or before April 1 of each year to submit a letter confirming the submission of the waiver requests to the governor and the legislature.
 - 4) Contains a rule making exemption for one year after the effective date of this act for purposes of implementing the act.
 - 5) Defines *able-bodied* and *adult*.

Douglas Ducey
Governor



Kim Russell
Executive Director

ADVISORY COUNCIL ON INDIAN HEALTH CARE

March 5, 2015

The Honorable Doug Ducey
Arizona State Capitol
Capitol Complex
1700 West Washington
Phoenix, AZ 85007-2890

RE: SB 1092

Dear Governor,

The Advisory Council on Indian Health Care's (ACOIHC) mission is to advocate for increasing access to high quality health care programs for all American Indians in Arizona. Per ARS 36-2902.01 and ARS 36-2902.02 the duty of the ACOIHC is to develop a comprehensive health care delivery and financing system for American Indians, specific to each Arizona Indian tribe, with a focus on creating Indian health care demonstration projects pursuant to title XIX of the Social Security Act.

The ACOIHC is concerned about SB 1092. This legislation would require the Director of the Arizona Health Care Cost Containment System (AHCCCS) to apply to the Centers for Medicare and Medicaid Services (CMS) by March 30 of each year for waivers or amendments to the current Section 1115 Waiver. This legislation if signed will have significant detrimental impacts on tribal members that are served through the Indian Health Service and Tribally-operated health care programs.

The purpose of the Section 1115 Waiver and the resulting demonstration projects, are to give States additional flexibility to manage, design and improve their programs, so they may demonstrate and evaluate policy approaches such as:

- Expanding eligibility to vulnerable individuals who are not otherwise Medicaid or CHIP eligible
- Providing services not typically covered by Medicaid and
- Using innovative service delivery systems that improve care, increase efficiency, and reduce costs.

By placing a lifetime limit of 5 years for Medicaid eligibility it achieves none of these important results for our poorest citizens of Arizona. Rather it will impact the most vulnerable and economically challenged people in our state up to 133% of the Federal Poverty Level (i.e., 1 person with an annual income up to \$15,654 or 4 persons with an annual income up to \$32,253) and therefore affect one third of the American Indian population in Arizona.

PO Box 25520, Mail Drop 7700
Phoenix, AZ 85002

2830 W. Glendale Avenue, Suite #1
Phoenix, AZ 85051

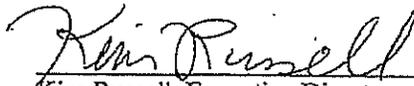
Phone (602) 374-2575 Fax: (602) 626-7217

In addition, SB 1092 would allow Arizona to institute a work verification requirement for all able-bodied adults (19+) receiving AHCCCS covered services which requires the individual to become employed, actively seek employment or attend job training. Arizona's unemployment rate although slowly recovering is still above the national average (5.6% vs 6.7%) and for Tribal reservations in Arizona the average unemployment rate is 5 times the State average at 24.4%. Tribal reservations experience severe rates of unemployment due to a lack of economic infrastructure and job opportunities. Tribal members in Arizona are at a severe disadvantage when it comes to the negative repercussions of SB 1092.

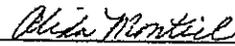
Again, we urge your careful consideration of SB 1092. We look forward to working with you to assure that American Indians within the state of Arizona are not negatively impacted by this measure or other policy changes of concern to the Tribes in Arizona.

Please contact me at 602-374-2575 or Kim.Russell@azahcccs.gov or Ms. Alida Montiel, Chairperson of the ACOIHC at (602) 258-4822 or Alida.Montiel@itcaonline.com if you have any questions or seek clarification.

Sincerely,



Kim Russell, Executive Director
Advisory Council on Indian Health Care



Alida Montiel, Chairperson
Advisory Council on Indian Health Care

PO Box 25520, Mail Drop 7700
Phoenix, AZ 85002

2830 W. Glendale Avenue, Suite #1
Phoenix, AZ 85051

Phone (602) 374-2575 Fax: (602) 626-7217



UPPER VILLAGE OF MOENKOPI

April 22, 2015

RE: THE OPPOSITION OF ARIZONA SENATE BILL 1092

To Whom It May Concern:

This letter is written in opposition to Arizona Senate Bill 1092 (SB 1092). On Friday, March 6, 2015, Arizona Governor Doug Ducey signed legislation SB 1092 requiring the State of Arizona to request federal permission to impose work requirements on Medicaid recipients and remove them from the health care program after five years as well as require a co-pay for non-emergent Emergency Room visits.

SB 1092 has a harmful impact on the unemployed and lower income population in the State of Arizona. The burden imposed by SB1092 will greatly impact our community hospital, Tuba City Regional Health Care Corporation (TCRHCC) and its ability to provide health care services to the Navajo, Hopi and San Juan Southern Paiute Native Americans which it serves. It is estimated that SB 1092 will result in a substantial revenue loss to TCRHCC which will diminish the level and quality of health care TCRHCC can provide to its population.

Further, SB 1092 blocks the Federal Government from fulfilling its trust obligation. The Federal Government has a unique trust obligation to provide for the health care of American Indians and Medicaid is a necessary component of its delivery of health care in meeting this unique trust obligation. SB 1092 reveals a lack of substantive and procedural understanding of federal health care financing for Native American beneficiaries. This imprudent action will create greater expense to the State of Arizona and the hospitals that care for these people, not only on the Navajo and Hopi Nations but off tribal land.

The Upper Village of Moenkopi opposes SB 1092 and CMS's consideration of any waiver request submitted thereunder and requests the Arizona Legislature to revoke and/or amend SB 1092 to exempt Native Americans.

The Upper Village of Moenkopi and TCRHCC encourage the State of Arizona and all of its departments and entities to consult with Native American tribes and tribal organizations concerning SB 1092 relative to any waiver requests developed or submitted to CMS. Meaningful participation by Native American tribes will only result in a responsible health care plan for all tribal communities.

Respectfully,

Hubert Lewis, Governor
Upper Village of Moenkopi

Hubert Lewis Sr.
Governor

Alberta Sakiestewa
Council Secretary

**Council
Representatives**
Danny Humetewa, Sr.
Leroy Sumatzkuku
Michael Elmer
Jonathan H. Phillips

**Council
Members**
Vacant
Yvonne Hoosava
Robert Charley
Vacant

February 28, 2017

Thomas J. Betlach M.P.A., Director
Arizona Health Care Cost Containment System
801 E. Jefferson St., MD 4100
Phoenix, AZ 850

RE: Section 1115 Waiver Renewal

Dear Director Betlach:

The University of Arizona Department of Family and Community Medicine provides primary care for residents of Southern Arizona from birth to the end of life. We provide ambulatory care, acute care for children and adults admitted to the hospital; maternity care and delivery for expectant mothers and newborn care for their babies. Our providers - over 85 faculty family physicians, family practice residents, and nurse practitioners - provide full-spectrum care in two residency clinics, a faculty practice clinic, in-patient acute care and maternity care delivery in two hospitals in Tucson, Arizona. Each year we serve Southern Arizona communities through over 60,000 patient visits, approximately half of which are serving patients insured through AHCCCS.

We have strong concerns that the proposed waiver provisions will have negative impacts on the large number of Medicaid patients we serve. These proposed waiver provisions include: Work Requirement, Verification, and Suspended Eligibility; Lifetime Limits and Disenrollment; Non-emergency Transportation; and Preventive Health Services.

As family physicians, we know that preventive care and access to primary care is key to achieve the “triple aim” of better patient experience of care, better health outcomes and reduced cost of care. Examples of how this is achieved include: early disease detection/intervention of disease, primary prevention of disease through preventive health services such as vaccinations, or management of chronic medical conditions to prevent costly complications and the need for even greater quantities and acuity of healthcare services. These proposed waiver changes will lead to gaps in treatment for Arizona’s most vulnerable populations, resulting in worse health problems, increased human suffering, and ultimately costing our state more in the long run.

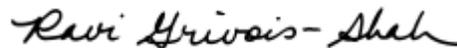
To create a healthier, more productive Arizona, we must strive to increase access to care, not limit access to care. The proposed changes will lead to sicker Arizonans in less healthy communities.

Thank you for the opportunity to comment on these changes.

Sincerely,



Myra L. Muramoto, M.D., M.P.H.
Professor and Chair
Family and Community Medicine
Professor, Public Health



Ravi Grivois-Shah, MD, MPH, MBA
Associate Professor, and
Interim Vice Chair of Clinical Affairs
Family and Community Medicine

Thomas J. Betlach M.P.A., Director
Arizona Health Care Cost Containment System
801 E. Jefferson St., MD 4100
Phoenix, AZ 850
RE: Section 1115 Waiver Renewal

February 27th, 2017

Dear Director Betlach:

As a citizen of Arizona I would like to offer some comments on Arizona's 2017 1115 Medicaid waiver application.

Health and Welfare resources should be used in the most efficient way for the benefit of the recipient. Unfortunately, the waiver request work requirement will result in a substantial increase in administrative costs due to the fact that the proposal does not address the administrative challenges in a proper manner. The problem is that the administration will have to gather and process the required information monthly on each enrolled individual / individuals requesting to be enrolled. The proposal in its current form does not demonstrate how this information can be drawn from other sources, for example, other governmental agencies. This implies that the administration will have to gather and record all individual information in a highly inefficient way. These procedures will again significantly increase the costs and probably even increase the staff needed to manage all the data and information. The Administration will also need to determine who is subject to or exempt from the work requirement. It is very likely that severe administrative challenges will exist throughout the notification, compliance, documentation and eligibility processes.

When launching a proposal with a potential to dramatically increase the administrative burden and costs, one would expect that the proposal had contained cost estimates on the management, implementation and administration for the Waiver and its work requirement. Without this information, it is not possible to offer credible information for the decisions to be made.

This, I encourage the Administration and the Centers for Medicare and Medicaid Services to withhold approval of the Administration's work requirement waiver request until a more complete analyses have been completed and a clearer picture of the administrative cost is provided.

With regards

Siv Svardal



ARIZONA ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR ARIZONA

February 22, 2017
Thomas J. Betlach M.P.A., Director
Arizona Health Care Cost Containment System
801 E. Jefferson St., MD 4100
Phoenix, AZ 850

RE: Section 1115 Waiver Renewal

Dear Director Betlach:

On behalf of the Arizona Academy of Family Physicians (AzAFP), we thank you for the opportunity to comment on Arizona's 2017 1115 Medicaid waiver application. AzAFP represents 1600 allopathic and osteopathic physicians, family medicine residents, osteopathic and medical students in Arizona. We are a state chapter of the American Academy of Family Physicians, the largest medical specialty association in the country, with 120,000 members. We serve Arizona Family Physicians by providing them with practice support, advocacy and quality, evidence based continuing medical education.

Since implementing the program through a Medicaid 1115 waiver in 1982, the AHCCCS Program has evolved to include 1.9 million enrollees in the various categories of Medicaid and CHIP coverage. We thank you for your years of service and leadership in the Program.

The Patient Protection and Affordable Care Act (ACA) required the HHS Secretary to implement reporting requirements for states with Medicaid/CHIP 1115 demonstrations, and report outcomes. The ACA also requires states to streamline, simplify, and coordinate eligibility, enrollment and verification processes structured to *"maximize an applicant's ability to complete the form satisfactorily, taking into account the characteristics of individuals who qualify for applicable State health subsidy programs."* P.L. 111-148, 42 U.S.C. § 18001 (2010) Sec. 1413.

Our comments focus on those areas of the waiver request requiring "able-bodied" adults to become employed, actively seek employment, attend school or attend a job training program; to authorize AHCCCS to ban an eligible person from enrollment for one year if the person knowingly fails to verify compliance with work requirements or family income; and to authorize AHCCCS to limit lifetime coverage for all able-bodied adults to five years. We oppose these proposed amendments. These requirements would create an enormous and expensive administrative burden on the state, on the insurance vendors with AHCCCS contracts, and most importantly – on Arizonans who would have to carry out complex monthly reporting relating to

Arizona Academy of Family Physicians

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@azafp

proposed amendments. We are deeply concerned that family physicians would also be asked to verify or define whether an individual is “able-bodied” or be required to write or complete burdensome forms, notes or orders about whether an enrollee is “able-bodied.”

Family physicians care for patients with mental illness. These patients would likely lose, be banned or suspended from coverage by the proposed amendments. It goes against current law, “...taking into account the characteristics of individuals who qualify for applicable State health subsidy programs.” P.L. 111-148, 42 U.S.C. § 18001 (2010) Sec. 1413.

The **Lifetime Limits and Disenrollment** amendments are of utmost concern to our members and their patients, and we strongly oppose them. Family physicians care for many Medicaid patients in Arizona. A five-year lifetime limit would force many to be uninsured, limit their access to the primary, preventive, acute and chronic care that our members so ably provide. It would shift the costs of care to family physicians and other health providers, and dramatically increase uncompensated and charity care – just as did when Medicaid Proposition 204 childless adult coverage was frozen during the great recession, along with KidsCare/CHIP. More importantly, increasing the uninsured would worsen health outcomes, delay necessary care, and increase costly emergency department visits and preventable hospitalizations. It is our contention that you do not save money by shifting the burden of uncompensated care in the form of levying a hidden tax on the health providers, clinics and hospitals that care for these Arizonans.

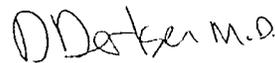
Non-Emergency Transportation is extremely important to help low-income patients get to family physician offices for primary and preventive care. Instituting a reasonable co-pay for non-emergent transportation services may discourage inappropriate utilization.

Finally, we encourage AHCCCS to expand **Preventive Health Services** assigned a grade of A or B by the U.S. Preventive Services Task Force to individuals below 100% of the federal poverty level. Currently, AHCCCS covers these important preventive services only for individuals living between 100%-138% of the federal poverty level. Covering A and B services for all Medicaid and CHIP enrollees will yield measurable improvement in terms of the fiscal, quality and health outcomes for these Arizonans.

Respectfully submitted,



Susan Hadley, MD
President, AzAFP



Daniel Derksen, MD
President-elect, AzAFP

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Policy Brief: Medicaid, CHIP, Section 1115 Demonstration in Arizona

Daniel Derksen, MD, Director Arizona Center for Rural Health

Background Medicaid 1115 Demonstration Waiver - Section 1115(a) of the Social Security Act (42 U.S.C. §§ 1309, 1315, 1396–1396d) gives the Secretary of U.S. Department of Health and Human Services (HHS) the authority to approve state experimental, pilot, or demonstration projects and provide federal financial participation (federal medical assistance percentage or FMAP) for demonstration costs that would not normally be allowed under the state’s Medicaid plan, including the Children’s Health Insurance Program (CHIP).¹ While every state has a Medicaid/CHIP state plan (and can amend them through State Plan Amendments or SPAs), 38 states have 55 section 1115 demonstration projects. Medicaid 1115 waivers are approved for five years, and generally renewed every three years.

Public Input - The Centers for Medicare and Medicaid Services (CMS) promulgated policies to assure transparency, public notification and opportunity for meaningful public input on 1115 proposals being submitted by a state for CMS review and approval. The Patient Protection and Affordable Care Act (ACA) required the HHS Secretary to implement reporting requirements for states with Medicaid/CHIP 1115 demonstrations, and report outcomes.² The ACA also requires states to streamline, simplify, and coordinate eligibility, enrollment and verification processes structured to “*maximize an applicant’s ability to complete the form satisfactorily, taking into account the characteristics of individuals who qualify for applicable State health subsidy programs.*” P.L. 111-148, 42 U.S.C. § 18001 (2010) Sec. 1413.³

Arizona Medicaid -The amendments to the Social Security Act (SSA) that created Medicare (SSA Title XVIII) and Medicaid (Title XIX) were enacted in 1965. Arizona was the last state to implement a Medicaid program in 1982. From its inception, Arizona operated its Medicaid program – the Arizona Health Care Cost Containment System (AHCCCS) with a section 1115 demonstration waiver. In September of 2015, AHCCCS submitted its 1115 application renewal to CMS, which was approved starting 10/01/2016 for five years through 09/30/2021.

Senate Bill 1092 was passed during Arizona’s 2015 legislative session.⁴ It requires AHCCCS to apply to CMS by March 30 of *each year* for a waiver or amendments to the current Section 1115 Waiver to allow the State to implement new eligibility requirements for “*able-bodied adults.*”

As a result of SB 1092 (42 C.F.R. 432.408) AHCCCS is required to submit annually a Social Security Act Section 1115 Medicaid Waiver Amendment to request of CMS approval to:

- 1) Require able-bodied adults to become employed, actively seek employment, or job training;
- 2) Require able-bodied adults to verify *each month* compliance with 1) and any income changes;
- 3) Allow AHCCCS to ban (1 yr) for not reporting income changes or false statements regarding 1); and
- 4) Allow AHCCCS to limit lifetime Medicaid coverage for able-bodied adults to 5 years.

The public can review and comment on the AHCCCS proposal via e-mail to publicinput@azahcccs.gov Comments received by **February 28, 2017**, will be reviewed, considered and included in the final proposal sent to CMS.

References

1. <https://www.medicaid.gov/medicaid/section-1115-demo/about-1115/index.html>
2. <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/1115/downloads/1115-transparency-rtc.pdf>
3. <https://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf>
4. <https://www.azahcccs.gov/Resources/Federal/sb1092legislativedirectivewaiverproposal.html>



*"Reducing Incarceration through Prevention,
Intervention, and Treatment"*

Feb 28, 2017

Mr. Tom Betlach, Director of AHCCCS
801 E. Jefferson St. MD 4100
Phoenix, AZ 85034
publicinput@azahcccs.gov

Dear Director Betlach:

As a mother with three adult children who have been diagnosed with a serious mental disorder, I am grateful for the opportunity to comment on the current Medicaid Section 1115 waiver. I also work as the director and founder of a nonprofit organization, David's Hope. Our mission is to reduce the numbers of people with mental illness and addiction who are incarcerated. AHCCCS has accomplished much over the past years to give Arizonans comprehensive health care benefits and I sincerely hope the quality of our Arizona healthcare remains strong and vibrant. I would like to share my concerns with the proposed requirements for "able-bodied" adults receiving Medicaid services.

1. I am very concerned about how the state will define the term "able-bodied".

The individuals we serve who live with serious mental illness are not able to maintain wellness under the undue burden this change in policy would present.

2. I oppose the policy of requiring able-bodied adults to verify on a monthly basis compliance with the work requirements and any changes in family income. I also oppose the policy that would ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements.

Work requirements would likely end in a loss of health coverage, adding to our unemployment and poverty rate, and most importantly negatively impact public safety. I believe you would also see a dramatic rise in the use of emergency rooms for service when people with mental illness hit bottom.

3. I oppose the proposed lifetime coverage limit of five years for able bodied adults. Individuals experiencing a mental illness often experience periods of wellness,

interrupted by periods of severe illness. Imposing a five-year lifetime limit on AHCCCS eligibility contradicts what is known about disability, chronic disease and mental illness, and jeopardizes progress already gained by those covered by AHCCCS.

Thank you for the opportunity to comment.

Sincerely,

Mary Lou Brucik

President, David's Hope



Health System Alliance of Arizona

February 28, 2017

Director Tom Betlach
Arizona Health Care Cost Containment System
801 E. Jefferson
Phoenix, Arizona 85034

Dear Director Betlach:

The purpose of this letter is to provide comment on the proposed Waiver Amendment that is being submitted pursuant to Laws 2015, First Regular Session, Chapter 7.

The proposed Waiver Amendment, if approved, would make significant changes to eligibility requirements and enrollment in the AHCCCS program. Specifically, the Amendment would require “able-bodied” AHCCCS-enrolled adults to fulfill work or job-training requirements and provide monthly verification of compliance with these requirements. The Amendment also seeks to limit lifetime enrollment for able-bodied AHCCCS enrollees to five years and provides for a one-year enrollment ban on those who knowingly fail to report a change in family income.

As healthcare providers, the Alliance is concerned that while the definition of “able-bodied” in the authorizing legislation does provide exception for individuals who are receiving disability benefits, it does not provide broad enough exception to also account for those vulnerable populations who depend on their AHCCCS coverage for their ongoing healthcare needs, but who do not meet the strict eligibility criteria for federal disability benefits. For example, individuals who are suffering from a serious mental illness, are organ transplant recipients or who have life-threatening diseases such as HIV or cancer depend on their Medicaid coverage for access to life saving medication and treatment. Without assurance of this coverage, these vulnerable populations will potentially suffer adverse health outcomes, poor quality of life or even death.

There is value in preventative care and care management that contribute toward improved health outcomes for individuals who would otherwise be deemed “super utilizers” in our healthcare system. For example, we know that those with hypertension and diabetes who go without access to ongoing care are more likely to be without life-supporting medication, suffer adverse health outcomes and drive more cost into our healthcare delivery system. We can certainly support a system that incentivizes employment and creates a path forward for individuals to exit the Medicaid system and obtain gainful employment. However, we also know that many employers do not offer comprehensive healthcare coverage to their employees. So, while this Amendment seeks to facilitate a path off of AHCCCS for many people, it fails to provide assurance of continued health care coverage. As a system, we anticipate an increase in uncompensated care, emergency room utilization and unnecessary and increased cost in our healthcare delivery system. Since these individuals will no longer have AHCCCS coverage, in the absence of another source of healthcare coverage, these uncompensated care costs will be largely borne by

hospital systems. For these reasons, the Alliance is opposed to the proposed five-year lifetime limit, as well as the requirement that all able-bodied adults become employed, be actively seeking employment, attend school or a participate in a job training program as a condition of their continued Medicaid enrollment.

We would also suggest expanding the list of exemptions in the Waiver application to include those individuals under age 26 and over age 50. There is broad recognition on the national level that young people under age 26 are faced with fewer employment options than their older counterparts. So, it is difficult to anticipate broad compliance with the work requirement for this population. We also know that those over age 50 are much more likely to suffer from chronic healthcare conditions. These individuals need continued access to healthcare coverage to manage these conditions, remain healthy and obtain healthcare services in lower cost and acuity settings.

The Alliance opposes the one year enrollment penalty for not reporting a change in family income as we believe it is too punitive. AHCCCS already has a robust Office of Inspector General and fraud detection and prevention program. So, while we certainly would never advocate leniency for any individual who knowingly misrepresents information to enroll in the AHCCCS program, we believe that AHCCCS already has the resources and systems in place to identify and penalize those who make the decision to defraud the program. We understand that the intent behind the application is to provide authority to only penalize those who “knowingly” violate these requirements. But, the Waiver Application fails to provide detail on how program administrators will differentiate between those who knowingly and unintentionally fail to report income changes to the Agency. For this reason, we are concerned that despite the stated intent, if a person accidentally misses the deadline to report a change in income, he or she may be inadvertently penalized under the new program requirements.

As we are all aware, Congress is deliberating the future of Medicaid programs across the country. This deliberation has created an enormous amount of uncertainty about the future and structure of Medicaid enrollment, the level of coverage that will be afforded to patients and the impact these changes will have on regulatory requirements and reimbursement for Medicaid participating providers. We believe our patients deserve to have certainty in their health care coverage. As providers and the largest employers in Arizona, we also depend on certainty in our Medicaid program to plan for program improvement, innovation and expansion.

Given this uncertainty, the Alliance was grateful that AHCCCS placed a hold on its AHCCCS Care implementation plan, which was authorized under the previous 1115 Waiver request. However, implementing a second round of Waiver revisions while we are also anticipating significant federal policy changes will only serve to drive more uncertainty and confusion into the system. For this reason, we would suggest that any decision regarding the program revisions being contemplated in this Waiver Amendment be delayed until Congress approves a Medicaid replacement policy package. From that point, CMS can work with the Governor and the AHCCCS Administration to create a program that complements a new federal Medicaid framework without forcing patients and providers to endure unnecessary confusion as they navigate multiple rounds of regulatory changes. This will allow our patients to make better and more informed decisions about the future of their health care and options for obtaining coverage.

In a similar vein, our hospital systems will be able to make better-informed decisions about how to plan for their future in Arizona as providers, innovators and employers.

Once again, we appreciate the opportunity to provide comment. Please do not hesitate to contact me if I can answer any questions.

Respectfully,



Jennifer A. Carusetta
Executive Director
Health System Alliance of Arizona



February 28, 2017

North Country HealthCare comments on Arizona Section 1115 Waiver Amendment Request

North Country HealthCare is a federally qualified community health center serving roughly 50,000 patients with 150,000 patients each year with primary care, dental services, integrated behavioral health and other health services. The primary clinic site and administrative hub is located in Flagstaff, a population center with a Medically Underserved Population (MUP) designation. North Country also operates satellite clinics targeting the uninsured in Ash Fork, Seligman, Winslow, Holbrook, St. Johns, Round Valley, Williams, Grand Canyon, Payson, Bullhead City, Kingman, and Lake Havasu City. Including the Center’s primary site in Flagstaff, North Country now operates twenty two access points in six rural counties across northern Arizona. All of the North Country’s PCAs served carry a higher than state average for percentage of people living at or below 200 Percent of Poverty Level.

Please allow this letter to respond to the proposed waiver amendment from the Arizona Health Care Cost Containment (AHCCCS) to the Centers for Medicare and Medicaid Services (CMS).

As a federally qualified community health center in northern Arizona that provides care to roughly 50,000 patients that consider North Country their medical home, North Country strongly disagrees with the proposed additional eligibility requirements for AHCCCS coverage. The proposed eligibility requirements for able-bodied adults will have disproportionate negative effects on the health outcomes of vulnerable populations, including those living in poverty. Moreover, the able-bodied definition may mistakenly affect individuals who are caring for a loved one or are ill but don’t yet qualify for disability. North Country wholeheartedly believes that increased access to healthcare and improved health outcomes results in increased lifetime productivity.

The budget neutrality that is sought by the Arizona legislature will impose additional verification requirements that will undoubtedly have the impact of increasing overall AHCCCS administration cost increases and necessitate additional levels of bureaucracy. These additional verification requirement and limits will also result in delayed care for individuals that become uninsured, increased emergency room utilization, lost productivity and decreased access to healthcare. Finally, the proposed eligibility limits will disproportionately affect older adults because the lifetime limits will be exhausted long before this age.

Ash Fork 928.637.2305	Flagstaff 928.522.9400	Holbrook 928.524.2851	Lake Havasu City 928.854.1800	Round Valley 928.333.0127	Show Low 928.537.4300	Williams 928.635.4441
Bullhead City 928.704.1221	Grand Canyon 928.638.2551	Kingman 928.753.1177	Payson 928.468.8610	Seligman 928.422.4017	St Johns 928.337.3705	Winslow 928.289.2000



February 28, 2017

Mr. Tom Betlach
Director
Arizona Health Care Cost Containment System
801 E. Jefferson, MD 4100
Phoenix, AZ 85034

Dear Director Betlach:

On behalf of Valley of the Sun United Way, we thank you for the opportunity to comment on Arizona's 2017 1115 Medicaid waiver application.

Valley of the Sun United Way has served the needs of individuals and families in Maricopa County since 1925. Together with our 90,000 individual donors and 700 business supporters we are building a caring community where each person has the opportunity to achieve the basic goals we all aspire to: a good education for our children, a safe place to live, food on the table and the security that comes with financial independence.

United Way is the Valley's top non-profit investor in health and human development, touching millions of lives every year. With the oversight of our Board of Directors and hundreds of community volunteers, we operate at an extremely efficient level. We bring together partners from every sector – public, private, non-profit – to create solutions that: 1) drive systemic change that impacts entire communities; and, 2) transforms individual lives. Together, we'll build a stronger community for us all to live, work and raise our families.

VSUW joins with many other organizations in our concern regarding the following issues:

5-Year Lifetime Limit

VSUW strongly opposes the enactment of five-year lifetime limits for "able-bodied" Medicaid members. When AHCCCS proposed its 1115 Waiver in 2016, CMS weighed the suitability of each proposed requirement based upon whether it furthered the objectives of the program. In CMS' response to AHCCCS, the Acting Administrator stated the program's objectives included "strengthening coverage or health outcomes for low-income individuals in the state or increasing access to providers." Using this as its litmus test, CMS determined that time limits on coverage and work requirements "could undermine access to care and do not support the objectives of the program." We agree with CMS' previous decision and urge the AHCCCS and CMS Administrations to maintain this standard as their benchmark in determining whether to implement changes to state Medicaid programs.

As stated previously, we are concerned the proposed five-year limit for “able-bodied” adults does not reflect the nature of chronic physical and mental illness. Individuals suffering from chronic illness, be it physical or mental, often experience symptoms on a periodic basis for more than five years. Imposing time limits on an impoverished, older adult suffering from diabetes or depression does not help assure them access to care; rather, it may exacerbate their illness, eventually landing them in more costly healthcare facilities, such as a hospital emergency room. In turn, hospitals would be adversely affected through increased uncompensated care and bad debt.

We are also concerned the proposed five-year limit does not recognize the counter-cyclical nature of Medicaid enrollment. During economic declines, the need and demand for Medicaid coverage rises. Arizona is particularly vulnerable to economic instability, as evidenced by our unemployment rates during the Great Recession.

Imposing time limits on Medicaid coverage does not account for such economic fluctuations and the subsequent public need which arises. We cannot predict when or how often recessions may hit; therefore, we should not assume that five years is ample time for individuals to receive public assistance. We have seen no evidence to suggest an arbitrarily-set five-year lifetime limit on Medicaid coverage would help fulfill the program’s objectives. Hence, we strongly oppose its implementation.

Work Requirement

VSUW recognizes there is a positive correlation between health and economic prosperity, and we are encouraged by the Administration’s objective to connect individuals and families with employment resources. Such efforts are likely to assist individuals toward employment and reduce the overall need for public assistance.

We strongly recommend that prior to approving work requirements, the Administration, CMS and community partners garner a better understanding of AHCCCS members’ employment status in an effort to better inform public policy. In order to accurately craft public policy and understand progress toward any objective, it is critical for the Administration and community partners to first identify Arizona specific baseline metrics.

A recent report by the Kaiser Family Foundation shows that nationally, the majority (upward of 79%) of “non-disabled, adult Medicaid enrollees” in 2015 lived in working families. According to the research, Arizona fared better than the national average, with upward of 81% of non-disabled adults living in working families. With regard to Medicaid enrollees who did not work, the main reasons included: illness or disability (35%); taking care of home or family (28%); and going to school (18%). The Kaiser report represents a one-time study from a national organization, but we are not aware of similar information being collected locally on a regular basis. We recognize the administrative burden this may cause the Administration; however, such due diligence will help assess the appropriateness, accuracy and impact of the proposed work requirement. Without this information, we are concerned the policy could negatively impact unintended populations, such as sole caregivers of ill or disabled family members above age six.

1-Year Ban

We have concerns with the Administration's proposal to institute a one-year ban for enrollees who knowingly fail to report a change in income or falsify information regarding employment status. It is our understanding the Administration does not currently have systems in place to re-determine eligibility on a monthly basis, and building organizational processes (e.g., member notification, income and employment monitoring, documentation and remedial actions) for the one-year ban and other requirements are likely to be administratively burdensome and cost-prohibitive. We are also concerned that instituting a one-year ban may serve to the detriment of public health and the AHCCCS program. Banned individuals suffering from physical or mental illness are likely to become more ill in the absence of coverage, subsequently becoming more costly to the AHCCCS program once the ban has ended.

During the gap in coverage, individuals who suffer from communicable diseases or engage in risky behaviors will be less likely to receive treatment, thereby jeopardizing public health. In short, we fail to see how the proposed one-year ban furthers the objectives of the Medicaid program.

Should remedial actions be necessary to steward fidelity of the program, we recommend identifying alternative means of discipline which are less onerous and more protective of the public's health. In addition to the concerns raised above, we urge the Administration to be mindful of looming Federal discussions regarding Medicaid reform and its potential impact on Arizona's resources. Enacting changes to the AHCCCS program prior to any Federal direction and consensus on Medicaid's structure is likely to create inefficiencies in Arizona's use of taxpayer dollars.

AHCCCS has a long history of providing high quality care to millions of individuals and families across Arizona, and the Administration has built a reputation within Arizona and the Nation as a mature managed care program that delivers high value care at a relatively low cost. While we cannot support the requirements proposed in this Waiver Amendment, we continue to welcome the Administration's leadership and commitment to open dialogue on these important issues.

Sincerely,

Penny

Penny Allee Taylor
Chief Public Policy Officer



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Improving lives by mobilizing the caring power of our community.

February 27, 2017

Dear Director Betlach,

I am a concerned citizen writing you on behalf of the Board of Directors from the National Alliance on Mental Illness of Southern Arizona wanting to thank you for your time and dedication to making the Medicaid program in Arizona the best that it can be. With that being said, we wish to provide public comment on the proposed Medicaid Waiver directed by the Arizona legislature known as SB 1092.

As you are aware, Medicaid is a crucial aspect of the health span of many people in Arizona. We believe that health is a human right and that Medicaid provides this critical life-line to low-income individuals. Initiating a lifetime benefit limit of five years to “able-bodied adults” does not address the root causes of poverty or illness for those who find themselves as recipients of the Medicaid entitlement. Also, creating penalties for those who fail to report compliance with requirements does nothing to address poverty and illness either.

A person needs to be healthy to work, not work to be healthy.

“The objectives [in the Waiver request] include increasing the number of beneficiaries with earned income and/or the capacity to earn income, reduce enrollment, and reduce the amount of “churn” (individuals moving on and off assistance repeatedly) as the result of greater access to employment and employer-sponsored health insurance or health insurance through the Exchange.”

While it is clear in the objectives that reduction in enrollment of people who have Medicaid is a priority, it is unclear how people will have greater access to employment with these restrictions. It also does not appear to have a proponent including an increased connection to job training programs, more subsidized jobs and/or greater child care assistance for those with children over the age of 6.

In fact, with the proposed exemptions, many people will begin to seek a determination “to be physically or mentally unfit for employment by a health care professional...” This increases learned helplessness and dependence on the system by having professionals sign off for people to keep their health care.

We would like to invite you to have a further conversation regarding health care policy and Medicaid in Arizona by contacting David Delawder, Board President, at 520-812-9325 or d.e.lwdr@gmail.com.

Thank you for considering our state's poorest citizens and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

Sincerely,

Board of Directors, National Alliance on Mental Illness of Southern Arizona

Dr. Margie Balfour
David Delawder
Laura Fairbanks
Andres Gabaldon
Ana Gallegos
Chris Gwodz
Dr. Patricia Harrison-Monroe
Sheila McGinnis

February 27, 2017

Marsi Quigley
Betty Seery
Eric Stark



THE AMERICAN CONGRESS
OF OBSTETRICIANS
AND GYNECOLOGISTS

Office of the President
Thomas M. Gellhaus, MD, FACOG

February 28, 2017

Arizona Health Care Cost Containment System
c/o Office of Intergovernmental Relations
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034

RE: ACOG Comments on Proposed Policies to be Included in Arizona's Upcoming Medicaid 1115 Waiver Application

Dear Sir or Madam:

The American Congress of Obstetricians and Gynecologists (ACOG) represents more than 58,000 members nationally, more than 540 of whom are practicing obstetrician-gynecologists represented by ACOG's Arizona Section. As physicians dedicated to providing quality care to women, both nationally and in the State of Arizona, we welcome the opportunity to comment on the approaches proposed in Arizona's upcoming Medicaid demonstration 1115 waiver application. We understand that the Arizona Health Care Cost Containment System (AHCCCS) is required by legislative mandate to resubmit annually to the Centers for Medicare & Medicaid Services (CMS) any of the following provisions that have not been previously approved by the agency. However, we are convinced that the implementation of these provisions would decrease access to care for a significant number of Medicaid beneficiaries, leaving many low-income Arizonian women vulnerable to dangerous health conditions. As such, we are opposed to AHCCCS' intention to propose and implement the following requirements for "able-bodied adults" receiving Medicaid services:

The requirement for all able-bodied adults to become employed or actively seeking employment or attend school or a job training program.

AHCCCS seeks to ask CMS for permission to require all "able-bodied" adult Medicaid beneficiaries to either be employed, actively and verifiably seeking employment, or attending some combination of school and/or a job training program at least twenty hours per week, unless the adult is a member of one of a few, narrowly prescribed exempt categories. The proposal to require these types of activities would unravel the gains made by the State's Medicaid expansion by reducing access to health care for those most in need, while increasing AHCCCS' administrative burdens and costs and failing to increase employment rates. More than 471,000 Arizonan women have obtained coverage through Arizona's expanded Medicaid program.¹ However, the experience of the Temporary Assistance for Needy Families (TANF) program demonstrates that imposing such requirements on Medicaid beneficiaries would lead to the loss of health care coverage for substantial numbers of people who are unable to work or face major barriers to finding and retaining employment.² Arizona's proposal includes an exemption for people who are disabled or determined to be physically or mentally unfit for employment, but it would be administratively onerous to identify and track people whose disabilities or

¹ Kaiser Family Foundation. *Women's Health Insurance Coverage Fact Sheet*, October 2016. Available at <http://files.kff.org/attachment/fact-sheet-womens-health-insurance-coverage>. Retrieved February 24, 2017.

² LaDonna Pavetti, Michelle Derr, and Emily Sama Martin, "Assisting TANF Recipients Living with Disabilities to Obtain and Maintain Employment: Conducting In-Depth Assessments," Mathematica Policy Research, Inc., February 2008.

circumstances ought to exempt them. State TANF programs have failed in this type of approach, with studies showing that TANF recipients who are sanctioned for not meeting similar requirements have significantly higher rates of disability than those who are not sanctioned.³ Moreover, research shows that these types of requirements result in few, if any, long-term gains in employment rates.⁴

In addition to decreasing the number of insured Arizonans and being ineffective in increasing employment over time, these types of requirements would add considerable complexity and costs to Arizona's Medicaid program. State experience in implementing similar TANF requirements suggests that adding such requirements to Medicaid could cost Arizona thousands of dollars per beneficiary.⁵ These additional costs would detract significantly from any savings the Arizona legislature anticipates the state's Medicaid program would save, and would divert much-needed funds from beneficiary care to cover these new, unnecessary administrative costs. This proposal will not bring about any positive gains to either AHCCCS beneficiaries or the state of Arizona; it should neither be sought, nor implemented.

The requirement for able-bodied adults to verify on a monthly basis compliance with the work requirements and any changes in family income.

ACOG opposes this proposal because it would be administratively burdensome to enrollees who already have limited resources, and would present Arizona with the same complex and costly administrative issues described in our objection above to the proposed work and education requirements. Under the existing requirements of the Medicaid program, states must require beneficiaries to notify their state Medicaid agency when they have changes in income or other relevant circumstances. However, Arizona's proposal makes additional, unnecessary requirements of beneficiaries and is onerous, administratively complex, and punitive.

States have electronic mechanisms in place to periodically verify beneficiaries' income so it is unnecessarily burdensome to make the beneficiary constantly attest that there have been no changes. Additionally, many low-income people experience changes in income because their hours change, but not significantly enough to impact their Medicaid eligibility. These existing electronic mechanisms would also indicate whether a person is employed. Although these existing mechanisms would not necessarily capture all employment or compliance with the other aspects of Arizona's proposed work or education requirement, any benefit the state might receive by requiring this extensive level of beneficiary reporting would be far outweighed by the costs incurred. The funds the state would have to allocate to pay for the continued and repeated verification of work requirements and family income would be better spent on providing beneficiaries with much-needed care, and to pursue administrative simplification in the program—not to institute additional administrative complications.

³ *Id.*

⁴ *Id.*

⁵ Gayle Hamilton *et al.*, "National Evaluation of Welfare-to-Work Strategies: How Effective Are Different Welfare-to-Work Approaches? Five-Year Adult and Child Impacts for Eleven Programs," Manpower Demonstration Research Corporation, December 2001, Table 13.1.

The authority for AHCCCS to ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements.

Medicaid disenrollment for failure to meet what we have already demonstrated is a burdensome, punitive, and somewhat duplicative administrative requirement will, in the end, increase the AHCCCS program's cost of providing care to Medicaid beneficiaries who re-enroll in the program after their one-year enrollment ban ends. The Medicaid program is an integral part of this country's health care safety net. Arizona Medicaid beneficiaries receive health insurance coverage through the state because they simply do not have the financial means to obtain health care any other way. AHCCCS participants who are forced to forgo health care for a year because they have been disenrolled from the Medicaid program for administrative noncompliance will not be able to afford to obtain necessary treatment for health conditions. As such, these beneficiaries' health conditions will worsen as they remain unaddressed during the beneficiary's disenrollment period, and will necessarily be more difficult and expensive to treat when the beneficiary re-enrolls. This provision will ultimately increase both the costs of the Medicaid program to the state and the consequences of any underlying health conditions to Arizona's Medicaid beneficiaries.

In addition, disenrollment of individuals from the Medicaid program inhibits their ability to maintain continuity of care and to receive reimbursement for services provided. When participants experience a lapse in coverage because of this provision, doctors will be forced to provide uncompensated care or refer patients to safety net providers, both of which disrupt the practice of medicine. For example, under this proposal, it could be possible for a Medicaid beneficiary's coverage to be terminated in the middle of a pregnancy based on an assumed violation of this rule. This proposal would ultimately be detrimental to AHCCCS beneficiaries, the physicians who treat them, and the state of Arizona. The proposal should not become a part of the Arizona's Medicaid program.

The authority for AHCCCS to limit lifetime coverage for all able-bodied adults to five years except for certain circumstances.

Under this proposal, Arizona will impose a five-year lifetime limit on Medicaid eligibility for "able-bodied" adults. Unlike private insurance, current federal law makes it clear that Medicaid is an entitlement program. The program was established to ensure that good health is not something that can only be achieved and maintained by people with financial means. Medicaid allows Americans have access to the health care they need regardless of their socioeconomic status. The Medicaid program is a critical part of health reform's continuum of coverage that assures non-elderly adults access to coverage even if their income fluctuates or their job status changes over time. Moreover, many low-income adults eligible under the Medicaid expansion are working, but don't have access to job-based coverage. A lifetime limit on Medicaid eligibility deprives beneficiaries a reliable health care safety net to protect them from the economic unknowns of everyday life to which we are all susceptible. Moreover, under this program, a working, "able-bodied" adult without access to job-based coverage could very feasibly exhaust her lifetime limit before reaching the age of twenty-five, leaving her without health care during her childbearing years and endangering both her health and the health of any future children she may have. A time limit on coverage in Medicaid has never been allowed precisely because such a policy is antithetical to the very purpose of the Medicaid program. This proposal to permanently terminate a beneficiary's Medicaid eligibility after five years should be rejected.



THE AMERICAN CONGRESS
OF OBSTETRICIANS
AND GYNECOLOGISTS

Office of the President
Thomas M. Gellhaus, MD, FACOG

Thank you for the opportunity to provide comments on the proposals and policies AHCCCS plans to seek permission to implement with its 1115 Medicaid demonstration waiver application. As explained above, ACOG believes each of those approaches to be detrimental to the health care access and needs of Arizonan women and supports neither their proposal or their implementation. However, we are happy to work with you to develop solutions that both improve health outcomes and reduce the costs in the Medicaid program. To discuss these recommendations further, please contact Ilana Addis, MD, MPH, FACOG at (520) 260-2763 or ibaddis@gmail.com, or Stefanie Jones, ACOG Health Policy Analyst, at (202) 863-2544 or sjones@acog.org.

Sincerely,

Thomas M. Gellhaus, MD, FACOG
President

Ilana Addis, MD, FACOG
Arizona Section Chair



VIA EMAIL: publicinput@azahcccs.gov

Mr. Tom Betlach, Director
Arizona Health Care Cost Containment System
801 East Jefferson Street
Mail Drop 4200
Phoenix, Arizona 85034

Re: Comments on Section 1115 Waiver Renewal

Dear Director Betlach:

Terros Health thanks you for the opportunity to comment on the proposed Medicaid 1115 Waiver Request.

Our comments are focused on the following "able-bodied adults" key areas of your waiver request:

- The requirement for all able-bodied adults to become employed or actively seeking employment or attend school or a job training program.
- The requirement for able-bodied adults to verify on a monthly basis compliance with the work requirements and any changes in family income.
- The authority for AHCCCS to ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements.
- The authority for AHCCCS to limit lifetime coverage for all able-bodied adults to five years except for certain circumstances.

The definition for "able-bodied adults" will be key to the impact of the proposed changes. We believe that each of these provisions pose unique and significant risk to persons with serious mental illness and other behavioral health issues.

Work Requirement, Verification, and Suspended Eligibility

Terros Health supports efforts to increase employment, however, the time limits and work requirements proposed are challenging and ill-advised. There are many physically or mentally impaired individuals who are unable to work, who may meet the definition of able-bodied adults. The current proposal will have a disproportionate effect on individuals with chronic conditions and disabilities and lead to worse economic and health consequences. These requirements would also

lead to time-consuming and expensive administrative burdens on the state, insurance vendors and individuals expected to carry out complex monthly reporting obligations.

Lifetime Limits and Disenrollment

Removal of Medicaid coverage after 5 years of lifetime enrollment will negatively impact our collective efforts to improve health outcomes and jeopardize access to care for vulnerable populations. A five-year lifetime limit would force many to be uninsured, limit their access to the primary, preventive, acute and chronic care. It would shift costs of care to other health providers, worsen health outcomes, delay necessary care, and increase costly emergency department visits and preventable hospitalizations.

We oppose the legislative mandate and your request to place a 5-year lifetime limit on AHCCCS coverage because: 1) it would negatively impact our collective efforts to improve health outcomes; 2) is not evidence-based; 3) the 5-year limit is arbitrary; and 4) the request does not account for the counter-cyclical nature of the Medicaid program; and 5) does not account for geographic economic opportunity disparities.

Non-emergency Transportation

Ensuring individuals have access to reliable transportation to medical services is important in order to ensure that members have access to pre-emergent care. We understand the Administration's concern that some members may not be using the non-emergency transportation benefit appropriately.

Adding a reasonable and modest co-pay for non-emergency transportation may be an effective means of achieving lower non-emergency transportation costs as long as it is implemented. If your request to require co-pays for the use of non-emergency transportation is approved by CMS, we encourage you to implement it using requirements that are evidence-based and that you measure over time the impacts that the requirement may have on missed appointments and the effect that it may have on emergency transportation as a result of delayed pre-emergent care.

Thank you for allowing us to comment on this proposal. Terros Health appreciates any consideration you make toward our perspective.

Best Regards,

Peggy J. Chase
President and CEO



WOMEN'S
FOUNDATION
of Southern Arizona

Women thrive. Our community prospers.

February 28, 2017

via email: PublicInput@azahcccs.gov

AHCCCS

c/o Office of Intergovernmental Relations

801 E. Jefferson Street, MD 4200

Phoenix, AZ 85034

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Dear Director Betlach,

The Women's Foundation of Southern Arizona (WFSA) appreciates the opportunity to provide comments on the waiver requirement outlined in Senate Bill 1092.

As the only charitable foundation in Southern Arizona dedicated exclusively to the empowerment of women and girls, the WFSA awards grants to support programs throughout Southern Arizona (including the urban and rural regions south of the Gila River) that benefit over 15,000 women and children annually, with a special emphasis on women's economic self-sufficiency.

The WFSA applauds the AHCCCS program, which operates on efficient and effective managed care principles, providing a critical safety net for our most vulnerable residents. We are concerned, however, that some of the waiver provisions may be counter-productive, creating more barriers to becoming self-sufficient.

Specifically, the WFSA is concerned about the impacts of a work/school requirement and the five-year lifetime limit for able-bodied residents.

Research drives everything we do. More than 500,000 of Arizona's women live in poverty. Moreover, 79% of single-parent families with incomes below the poverty level are headed by women.¹

The health benefits of access to health care are clear. Enrollment in AHCCCS leads to improved health outcomes and decreased mortality rates among infants and children. **Enrollment in AHCCCS also has critical economic benefits for hundreds of thousands of low-income women working to become self-sufficient:** women who are healthy are more likely to fully participate in the workforce and less likely to utilize costly emergency care.

The proposed work/school requirement as outlined is written too broadly and may have unintended consequences for people already facing significant challenges,

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such as health conditions that may limit their ability to participate in work or school, slowly growing economies in rural and semi-urban areas with limited employment or training opportunities or caregiving responsibilities for children or elderly relatives. As written, the proposed five-year lifetime limit could cause more people to fall back into poverty, rather than incentivize economic self-sufficiency.

Finally, the WFSA shares some of the same concerns expressed by the Governor, Congress and our State Legislature, especially around the need to reduce health care costs.

Since 2014, enrollment in AHCCCS has led to a 21% reduction in cost-related delays in health care.¹ Arizona is a leader in reducing health care costs. Changes to AHCCSS eligibility or benefits may be counter-productive and cause health care costs to rise.

We support the approach outlined by AHCCS in holding off on implementing the waiver provisions while Congress and health leaders clarify the future of the Affordable Care Act and the federal direction of the Medicaid program.

Sincerely,



Dawne Bell
CEO

¹ Castelazo, Molly. *The Impact of the Recession and State Budget Decisions on Arizona's Women and Children*, 2015.



Via email: PublicInput@azahcccs.gov

AHCCCS
Office of Intergovernmental Relations
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034

Dear Director Betlach,

Health Choice Arizona and Health Choice Integrated Care have reviewed the proposed Legislative changes to Arizona's 1115 waiver, and are collectively offering comments on the proposed 1092 waiver requests.

Health Choice agrees with evolving the Arizona Medicaid program to one that further promotes members having a vested interest and responsibility around their health care coverage, and the services they receive. However, as a Managed Care Organization responsible for the provision of quality health services for both the Acute Care and Behavioral Health populations for over 20 years, we find it necessary to express our concerns related to legislative initiatives impacting Arizona's most vulnerable citizens. Specifically, our primary concerns are related to the proposed five-year life time limit, which we feel imposes both unreasonable eligibility limitations and unnecessarily onerous reporting requirements on Arizona's Medicaid Program overall. The proposed changes present foreseeable, negative outcomes, and thus potentially could have the effect of reversing the progress Arizona has achieved through improvement in the Medicaid health service delivery system over the last decade.

In light of the continuous changes in the health care industry surrounding the Affordable Care Act (ACA) and Medicaid funding, these proposed changes would severely impede our ability to be nimble and flexible in the development and implementation of innovative approaches aimed toward ensuring the provision of quality health care to Arizona most vulnerable citizens in coordination with our obligations toward cost effectiveness.

As a participating Acute Care MCO serving over 255,000 lives, Health Choice Arizona has concerns regarding Legislative waiver's reference to the five-year lifetime provision for which the clock starts ticking when able-bodied individuals reach 19 year of age. This provision is contradicts the 26-year old age limit of the ACA, which Arizona polling results show that Americans value highly

Additionally, according to recent AHCCCS estimates, upwards of 242,000 Arizonans are in the population who would be initially subject to the five-year life time limit. Nearly half of this group is older, pre-Medicare, aged 45-65, with low incomes, limited education, and much more likely to suffer chronic and pre-existing health conditions than younger members, leaving them with few job choices or

Health Choice

410 N. 44th St., Suite 900

Phoenix, AZ 85008 | Fax: 480-784-2933

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opportunities. Without these critical health care services, many who are already currently working, may become unable – either mentally, physically, or -- to retain their employment. Similarly, without access to health care coverage, these the members most likely to go without care, or seek treatment in the emergency departments which will increase costs.

As the Integrated Regional Behavioral Health Authority (RBHA) that cares for members with serious mental illness and adults with mental health and substance abuse problems in northern Arizona, Health Choice Integrated Care also has specific concerns with SB 1092 both concerning the proposal that all "able-bodied adults" receiving Medicaid services will have additional work requirements as well as the before mentioned five-year lifetime limit on coverage. Our concerns include the following:

- (a) Most major mental illnesses and substance use disorders start in early adulthood before young people have established themselves in the community, in their careers and with their families.

The ability to obtain timely and comprehensive behavioral health treatment is essential in ensuring that young adults are adequately treated, and achieve a level of recovery, so that they can become responsible, productive adults. Mental disorders present at a young age. The 2015 prevalence of any mental illness, *not including substance use disorders*, in adults is 21.7% for 18-25 year olds and 20.9% for 26-49 year olds, and 17.9% for all USA adults, per the National Institute of Mental Health (NIMH)¹.

Starting Medicaid eligibility as early as 18 years old, under the 5 year limit, means that by the time affected young people turn 23 years old they would no longer be covered in their adulthood when they continue to require care and services for chronic and new onset conditions.

- (b) The definition of "unfit" is both vague and may impose a higher standard of impairment than the current seriously mentally ill designation; and substance use disorders are also mental disorders and carry high health burdens;

The definition of physically or mentally "unfit" for employment or "capable" of working is vague. Operationalizing the definition to include mental disorders is difficult and poses numerous challenges because it relies on the health care professional to determine the level of dysfunction based on subjective and self-reported internal states like motivation, capacity, concentration, anxiety, mood, thought processes, etc. This could potentially set a very high bar for being able to qualify for Medicaid coverage. It is worth noting that even people who currently qualify as "seriously mentally ill" (SMI) do not have to be determined as unfit for employment; they only have to be substantially impaired or at risk for substantial impairment due to a qualifying diagnosis. Most members with SMI are not on disability benefits, and many are employed, but still have significant serious, chronic and episodic psychiatric disorders, like Bipolar Disorder and Major Depression.

¹ <https://www.nimh.nih.gov/health/statistics/prevalence/any-mental-illness-ami-among-us-adults.shtml>



Further defining “unfit” involves considerations such as, determining qualifying diagnoses for being unfit. As mentioned previously, the definition of “mental disorders” may or may not include substance use disorders. Under SB 1092 the 5 year limit may result in many people missing the opportunity for safe, effective care and recovery if they were to develop a mental disorder/ substance use disorder later in life after their 5 years of eligibility. In the event that the proposal waive were to be approved, we would strongly urge that the authority to determine these definitions be vested in the Director, and that you employ this authority in a manner that addresses the above concerns and limitations.

(c) Monthly compliance reporting appears to be more punitive and administratively costly than beneficial.

Instituting a monthly work requirement compliance report presents an undue burden to both the person and to the administration. Verifying monthly compliance for Medicaid benefits in this context seems unnecessarily onerous. Furthermore, the administrative cost born by the State to monitor this level of compliance will almost certainly far outweigh the limited savings that the reporting will provide.

Health Choice sincerely values our long-standing partnership with AHCCCS, and continues our support of initiatives toward the development and enhancement of the delivery system recognized across the country for the numerous successes we enjoy today. We appreciate the opportunity to share our views on these legislatively-required proposed requests for waivers from CMS.

Sincerely,

A handwritten signature in black ink, appearing to read "Mike Uchrin".

Mike Uchrin, CEO
Health Choice Arizona

A handwritten signature in black ink, appearing to read "Shawn Nau".

Shawn Nau, CEO
Health Choice Integrated Care

Health Choice

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Pima County Interfaith Civic Education Organization

February 26, 2017

Dear Director Betlach:

The Pima County Interfaith Civic Education Organization (PCICEO) appreciates the opportunity to comment on the proposed Arizona Medicaid (AHCCCS) waiver. PCICEO is the local affiliate of the Arizona Interfaith Network. We are a non-profit, non-partisan organization comprised of a broad range of faith communities and other non-profit organizations that share a commitment to the common good.

We strongly supported and applaud the improvements in accessibility made possible by reopening the KidsCare program, the expansion of Medicaid for parents and childless adults, and the implementation of the federal ACA marketplace for other low income citizens in Arizona. These programs have enabled over 600,000 Arizonans to gain healthcare coverage. We are extremely concerned about the impact of repeal of the ACA without a comprehensive alternative in place which truly meets the needs of those 600,000 citizens of our state. We are also very concerned about proposals to convert the Medicaid program to a block grant program, since that would disadvantage states like Arizona that experience population growth and have programs that are already functioning in an efficient and cost-effective manner.

We are proud of our AHCCCS program and the recognition it enjoys as one of the nation's premier Medicaid agencies. We want to see the AHCCCS system build on its strengths as a well-run and cost-effective state program and improve even more. It is in that spirit that we submit the following comments on the proposed AHCCCS waiver request.

We wish to express our concerns about the waiver provisions that appear to lack basic understanding of the day to day lives of members and their families and the burdens that these proposed provisions will impose on them. Consistent with the moral principles of reciprocity and empathy as expressed in the "Golden Rule", we believe governments should more fully consider how their decisions affect "the least of these" (*Matthew, 25*). There are many potential unintended consequences which are likely to result if these provisions are approved. In general, we believe the proposed five year lifetime limit for Medicaid eligibility and work requirements imposed on so-called "able-bodied adults" are extremely ill-advised. These requirements, if approved, will be barriers to care that will result in poorer health outcomes and increases in the number of uninsured. PCICEO opposes any arbitrary time limits on AHCCCS (Medicaid) eligibility and the linkage of any work-related requirements to eligibility for Medicaid coverage. AHCCCS is not a work program. It is a vehicle for providing adequate health care services to Arizona's citizens who are unable to afford health coverage on their own. Threats to insurance coverage could lead to more bankrupt families, delayed care and more uncompensated care. Work requirements are likely to result in a loss of health coverage, with little or no gain in long-term employment.

For these reasons, we strongly oppose these proposed provisions.

- Lifetime enrollment limits do not make sense, given the counter-cyclical nature of the Medicaid program during periods of economic downturns and increasing unemployment. When people get sick and lose their jobs, they may become eligible for AHCCCS. If they recover and return to



Pima County Interfaith Civic Education Organization

work, they may no longer be eligible for AHCCCS. This cycle can be repeated multiple times over a person's lifetime and thus an arbitrary limit of five years of eligibility is an unwarranted barrier to healthcare. This means that lifetime limits would disproportionately affect older adults who need care, but are denied due to prior years' coverage. This amounts to a form of age discrimination.

- The introduction of a program requiring members to obtain work assumes there are large numbers of low-income, able-bodied individuals who are purposely deciding to abstain from work. We have not seen any evidence justifying this assumption. While we agree that more coordination and referral between AHCCCS and workforce development and placement programs would be beneficial, onerous reporting requirements and punitive measures are not appropriate. If a work requirement is approved, the periodicity of reporting needs to be much longer and consistent with existing eligibility periods and exceptions need to be very broad to account for those who struggle to maintain employment. We note that we could not find several exemptions that were added as updates to the last waiver proposal in this current draft version, including *persons defined as Seriously Mentally Ill (SMI), caregivers of the elderly or disabled, and those in the, as yet undefined, group of "medically frail" individuals*. Furthermore "able-bodied adult" is still not adequately defined, nor does it clearly specify the following additional exceptions.
 - Those caring for a child over age 6 with special health care needs or a chronically ill adult. Forcing a caregiver to work under these circumstances could lead to having to institutionalize their loved one or make much more costly alternative arrangements for in-home care.
 - Grandparents or step-parents caring for children under 6 years old.
 - Older adults under 65 who were displaced from employment during the recession and have since accessed their Social Security benefits due to a health condition.
 - Those medically vulnerable individuals who have a chronic physical or mental illness that is not covered under existing disability or SMI criteria.
 - Those with illnesses that are characterized by periods of good health followed by long periods of poor health that affect their ability to work, i.e. lupus, multiple sclerosis, etc.
 - Those who have been convicted of a crime and are now unable to secure employment because they have been labeled as undesirable, despite paying for their crime and regardless of present good behavior.
- Furthermore, we question the need to add potentially costly and complex administrative tracking procedures that provide no value added benefits to AHCCCS members and providers. This risks diverting money away from the delivery of direct health services. We are concerned about the establishment and added burden of additional workload to state departments that are already working with limited staffing. We also note the likely additional burden placed on employers by the frequent employment verification process.
- We are also concerned about the affect of provisions related to cost-sharing for emergency room care and the use of emergency transportation. Emergency department use may be necessary in non-emergent situations if there are no alternatives available to those seeking care, especially in rural settings. Individuals may not seek early and appropriate medical services until they believe it is an emergency because of the cost implications. We are concerned that there are few details explaining how this section of the waiver would be implemented. For example, the last waiver request would have imposed significant cost sharing

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Pima County Interfaith Civic Education Organization

on any use of the emergency department that did not result in a hospital admission. Symptoms of a heart attack or stroke that is ruled out after evaluation and monitoring, or stabilization of a broken limb are examples of situations that usually don't result in an admission and should not be subject to higher co-pays. It would be much more effective to create programs that provide better proactive case management and care coordination for those who are clearly identified as "frequent flyers", than to impose these requirements on the entire population affected by the waiver. Similar concerns are relevant to the co-pays that could be imposed to use of emergency transportation services for situations that are subsequently determined as non-emergencies.

Finally, to reiterate our general critique of these aforementioned AHCCCS waiver requirements, we feel that the proposed changes, however well intentioned, will instead make AHCCCS members' lives even more difficult. Perhaps it would have been helpful to have people in poverty at the table when these waiver provisions were drafted, along with those organizations that work most closely with them and have a more realistic understanding of the struggles many of these members face on a daily basis.

We recognize that we currently have an excellent Medicaid program in AHCCCS and very much want to see the program sustained and improved. PCICEO appreciates the opportunity to comment on the concerns we have about the parts of this proposal which are likely to have a very negative impact on the program and its recipients and may result in a number of unintended consequences.

Sincerely,

Judith C. Keagy
Casas Adobes Congregational Church – UCC

Rev. Leah Sandwell-Weiss
Deacon, St. Philip's in the Hills Episcopal Church

Peter Becskehazey
Mountain Vista Unitarian-Universalist Church

Representing Pima County Interfaith Civic Education Organization – Executive/Strategy Team



826 North 5th Avenue · Phoenix, AZ 85003 · 602.955.3947 · www.hemophiliaz.org

February 28, 2017

Mr. Tom Betlach
Director
Arizona Health Care Cost Containment System
801 E Jefferson St MD 4100
Phoenix, Arizona 85003

Via email

Dear Director Betlach:

On behalf of the Arizona Hemophilia Association, thank you for the opportunity to provide comments on the AHCCCS Administration's proposed 1115 Waiver Amendment. For 50 years the Arizona Hemophilia Association (AHA) has been serving those affected with a chronic bleeding disorder living in Arizona and their families. Because of the expense of the treatment, and the duration and severity of the condition, many of those we serve are on AHCCCS. We are committed to working with AHCCCS and community stakeholders to ensure that our members receive the quality healthcare they need in the most cost effective manner. Pursuant to S.B. 1092, the Administration is mandated to propose the following requirements for Medicaid members:

- The requirement for all able-bodied adults to become employed or actively seeking employment or attend school or a job-training program.
- The requirement for able-bodied adults to verify on a monthly basis compliance with the work requirements and any changes in family income.
- The authority for AHCCCS to ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements.
- The authority for AHCCCS to limit lifetime coverage for all able-bodied adults to five years except for certain circumstances.

We are concerned the requirements proposed in the 1115 Waiver Amendment could threaten access to care for those with bleeding disorders, an already very vulnerable population.

Definition of 'Able-bodied adults'

There does not appear to be a clear definition of what constitutes 'able-bodied' under the Amendment. Since bleeding disorders are an inherited genetic disorder that requires life-long treatment, it does not appear that it would fit the definition. Bleeding disorders are life threatening, debilitating, and expensive to treat with many physical, emotional and social challenges. Failure to preventatively treat the disorder can result in prolonged painful bleeds that cause permanent and severe damage that could lead to death. If access to the medication to prevent bleeding is denied, patients will go to the emergency rooms with acute care situations that require significantly higher amounts of medication and hospital stays to control the bleeding. The bleeding that occurs in acute care situations causes severe and irreparable damage to joints, muscles and organs that can result in permanent disability or death. It will significantly increase the hospital's uncompensated care and cause permanent damage that further decreases the patient's ability to work or be productive.

5-Year Lifetime Limit

AHA strongly opposes the enactment of five-year lifetime limits for “able bodied” Medicaid members. Bleeding disorders currently have no cure. It is a lifelong condition that requires continual treatment. For reasons set forth above, AHA strongly opposes a lifetime limit to AHCCCS coverage. For a person with a bleeding disorder, access to life-changing medications is paramount to being able to be a productive and healthy person. A lapse in access to healthcare will significantly reduce compliance and cause permanent damage. The damage to joints, muscles and/or organs can cause consistent pain. This in turn can lead to pain medication addiction and abuse.

Work Requirement

While AHA is encouraged by the Administration’s objective to connect individuals and families with employment resources, many of our members are currently working but are limited so that they can get the medication needed for their chronic condition. The difference in health and capability by taking the medication preventatively as opposed to no medication is vast. Our members cannot afford not to take the medication for their long-term health outcome and quality of life. Bleeding disorders affects the entire family medically, emotionally and financially. We are concerned the policy could negatively impact unintended populations, such as sole caregivers of ill or disabled family members above age six.

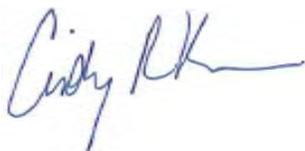
1-Year Ban

We have concerns with the Administration’s proposal to institute a one-year ban for enrollees who knowingly fail to report a change in income or falsify information regarding employment status. One year without the much-needed medication could have permanent, devastating effects on one’s health. The implications from lack of treatment are much longer than the one year. As mentioned previously, the costs of treatment will significantly escalate during an acute care situation with active bleeding. It will become a burden to health care providers, hospitals and taxpayers.

The Arizona Hemophilia Association has had a longstanding relationship with AHCCCS and garnered a reputation of partnership to work toward win-win solutions for the state and those we serve. AHA would like to work with AHCCCS to develop a path for our members on AHCCCS to become self-sufficient, productive, tax-paying citizens who are living healthy and happy lives. We educate our members from youth to adulthood to stay in school, get good grades, go to college and get jobs with access to healthcare benefits. We want to partner with AHCCCS to bridge the gap between being on AHCCCS and being able to be independent. We believe there are many ways to accomplish this for those living with bleeding disorders and are very interested in starting the conversation on how we can best work together to provide quality healthcare in the most cost effective manner.

We thank you for your consideration.

Sincerely,



Cindy Komar
Chief Executive Officer

February 27, 2017

Re: Comments to Arizona – Medicaid Expansion Waiver

<http://www.azleg.gov/legtext/52leg/1r/bills/sb1092p.pdf>

Arizona Health Care Cost Containment System:

The American Lung Association in Arizona respectfully submits the following comments regarding the Arizona Section 1115 Waiver Amendment Request for Senate Bill 1092 Arizona Legislative Directives. The Lung Association's public policy position states that it supports: "...reforms to health insurance programs that ensure universal access to quality health care services, preventive care and appropriate specialty care for all consistent with national guidelines." However, the waiver as proposed does not ensure neither quality nor affordable healthcare consistent with guidelines-based care.

The Lung Association in Arizona opposes the proposed 1115 Waiver Amendment (Waiver Amendment) request as it is currently written. The proposed Waiver does not seek to ensure universal access to quality healthcare services, but rather discourage the state's most vulnerable population from accessing quality and affordable healthcare.

The first provision of the Waiver Amendment requires all "abled-body" adults to be employed, actively seek work or attend school or a job training program. The American Lung Association recognizes a work requirement as a significant barrier to care and therefore oppose its inclusion in the Waiver Amendment. Many factors can serve as barriers to finding employment or attending school, including their own health, a lack of childcare, lack of transportation and needing to care for a sick parent. None of them reduce the need for healthcare.

The fourth provision creates a five year lifetime limit for coverage for "abled-body adults." This arbitrary time limit will reduce enrollment. The need for healthcare does not have an expiration date. There is no definition of, and limited parameters for what the definition of "abled-body" adult should be. Limiting the amount of time an individual has health coverage will result in higher levels of uninsured people, poor health outcomes and care happening in pricey emergency departments, not doctor's offices or clinics.

Arizona has already expanded Medicaid to cover individuals up to 138 percent of the Federal Poverty Level or \$16,643 for an individual or \$33,948 of a family of 4. By definition, this population is the working poor. Imposing a lifetime limit of Medicaid coverage will reduce the opportunity to rise out of poverty – increasing reliance on the government, not reducing it.

The ambiguity in definition "abled-body adult" gives the state unchecked authority to kick people off of Medicaid. Without this definition, the Centers for Medicare and Medicaid Services (CMS) nor the Arizona taxpayers have any idea what the state is asking for. It is, quite simply, an arbitrary term.

While both of the provisions described above would reduce access to quality and affordable healthcare in Arizona, the lifetime limit on benefits, coupled with the work requirement creates a perverse incentive to discourage enrollees to seek career advancement by spending time in school or a job training program.

The Lung Association in Arizona opposes Arizona's 1115 Waiver Proposal and requests that the state withdraw it and not submit it to CMS.

Sincerely,



Bill Pfeifer
President and CEO
American Lung Association in Arizona



February 28, 2017

Mr. Tom Betlach, Director
Arizona Health Care Cost Containment System
801 East Jefferson Street
Mail Drop 4200
Phoenix, Arizona 85034

VIA EMAIL:
c/o Office of Intergovernmental Relations
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034
publicinput@azahcccs.gov

Re: Comments on Section 1115 Waiver

Dear Mr. Betlach:

The Arizona Council of Human Service Providers, on behalf of our 90 member agencies, appreciate the opportunity to share our thoughts on the Arizona 1115 Waiver resulting from the legislative directive in SB 1092.

Work Requirement

According to the Henry J. Kaiser Family Foundation, of adults in families covered by AHCCCS, 66 percent have one full time worker. Thirteen percent have a part time worker. Clearly, work has value and the majority of adults receiving AHCCCS benefits are already working. However, they are not working for employers who are providing health insurance to their employees. The remaining 21% of adults with AHCCCS coverage include persons with Serious Mental Illness, persons who are disabled or waiting for disability coverage to begin, those receiving ALTCS services, may include someone who is caring for a child below the age of 6, and people who are ill but may not be on disability, e.g., someone on cancer treatment.

We are left, therefore, with a relatively small part of the Medicaid population that might fall under the work requirement. The amount of reporting and tracking required is going to require a large effort for very little return. People with Serious Mental Illness or persons with lesser forms of mental illness or substance use disorders are going to have to file monthly reports as to work status and income. Some of these people have lives that are chaotic, and timely filing every month may be difficult for them to achieve. At the least, persons with Serous Mental Illness would have to be tracked down each month

and asked to sign a form. Not only is this labor intensive, but sometimes the enrollee may be resistant to signing forms due to paranoia, etc. This is going to increase the administrative cost and burden for providers as well as AHCCCS. A more efficient way would be for AHCCCS to electronically monitor employment using the DES labor data base.

Before considering instituting the work requirement, a cost benefit analysis should be completed by AHCCCS to identify need for additional AHCCCS staff to track and monitor this population.

Able Bodied:

AHCCCS has not defined *able bodied* in the context of these program requirements. Suggested criteria for exclusion would be Persons with Serious Mental Illness and persons in active treatment for mental illness and substance use disorders who have been determined by a health care professional as unable to work. Many people with mental illness and substance use disorders want to work, but often encounter barriers to steady employment, such as criminal records, lack of steady work experience, lack of transportation and affordable child care, and stigma. Additionally, it is important to acknowledge the cyclical nature of mental illness. A person may be able to work one month, but not the next.

Often those with a behavioral health diagnosis also have complicated and chronic medical conditions like diabetes or heart disease. Managing both the physical and behavioral health needs of these individuals can be difficult. Again, these conditions and the need for treatment for them can be cyclical. During times of acute illness or disability, the person is not able to work.

Employers are generally not sympathetic to the unique needs of these individuals. Therefore, getting and keeping a job can be difficult.

Ban from Enrollment

Lack of compliance with reporting requirements can lead to a person being banned from enrollment for one year under this proposal. When a person with mental illness or substance use disorder loses coverage for one year, lack of access to services for this period of time can lead to substantial deterioration in their mental status, as well as potential loss of employment, removal of children for abuse or neglect, interruptions in education, and possible incarceration. We saw this happen in Arizona when the freeze on AHCCCS enrollment for childless adults was implemented during the recession. This cost cutting measure wound up ultimately costing much more in uncompensated hospital care expenses, need for higher levels of care, and personal suffering.

Five Year Life Time Cap

There is no cure for mental illness. With regular access to treatment, the majority of people with mental illness can lead productive lives. They can function as parents and employees and students. Without access to treatment, people will at times struggle significantly with their disease. At other times, they will decompensate to the point that they will need inpatient treatment or extensive outpatient services. Some of them will end up in jail and/or prison.

There are costs to be considered in addition to the costs of the Medicaid program itself. Costs for uncompensated care in emergency departments and inpatient facilities, costs for incarceration/probation and parole/ court administration, costs for food, housing assistance, crisis and homeless shelters. All of these are public costs that need to be factored in when considering these policies.

There are chronic diseases associated with long term use of anti-psychotic medications. These become more severe as the person ages. Obesity, diabetes, and hypertension occur frequently among persons

with mental illness. With most forms of mental illness manifesting early in life (16 to 25), it is likely that many people will use up their five years before the age of thirty. As they age and they experience the onset of chronic disease, they will not have the ability to utilize the Medicaid program and they will be too young for Medicare. It is unlikely that they will be able to maintain full time employment. A lifetime cap of five years will provide mentally ill persons with a very short time period to live the lives that others take for granted. What will be lost is an entire population of people who could live productively and not need to be living on the margins. They could be contributors to the tax base, to their families and to the communities they serve.

If the Affordable Care Act is repealed, persons with mental illness and substance use disorders will have pre-existing conditions that will bar them from purchasing insurance. Unless they qualify for employer provided insurance, they will not have insurance coverage and they will be barred for Medicaid. Imposing the life time cap will result in a loss of productivity and an increase of persons needing public supports for food, housing, criminal justice services, and uncompensated health care. There will also be more people on the streets who are dangerous to themselves and others.

The financial and human costs need to be considered when determining if this lifetime cap is good social policy.

We appreciate the opportunity to comment and look forward to working closely with AHCCCS staff to provide quality services to those most vulnerable.

Sincerely,

A handwritten signature in cursive script, appearing to read "Emily L Jenkins", followed by a long horizontal line extending to the right.

Emily L Jenkins
President and CEO



Connecting families to a healthy future

Board Members

February 28, 2017

Joseph Gaudio
Board Chair
United Healthcare
Community Plan

Mr. Tom Betlach
Director
AHCCCs
801 E. Jefferson Street, MD 4100
Phoenix, AZ 85034

Karlene Keogh Parks
Chair Emeritus
USI Insurance Services

Elizabeth Scarano
Vice Chair & Treasurer
The Launch Biz

Dear Director Betlach,

Janice Ertl
Secretary
Retired Clinic Director
St. Vincent de Paul

On behalf of the Board of Directors and staff of Keogh Health Connection, thank you for the opportunity to provide comments regarding Arizona's proposed Section 1115 Waiver Amendment. Keogh is a 501(c)(3) community-based organization that was founded in 2003. Its mission is to assist the un-insured and under-insured obtain access to healthcare and nutrition services. Our goal is to assist people become self-sufficient.

Michael D. Borge
Revenue Cycle Management
Executive Client Services

It is our understanding that pursuant to S.B. 1092, the Administration is mandated to propose the following requirements for Medicaid members:

Lisa Garrett
Community Volunteer

Kathy Haake
Community Volunteer

Carolyn E. Lane
Constable,
Arcadia Biltmore Precinct

Craig Livesay
Delta Dental

Adam Miller
Centauri Health Solutions

Susan Perkins
Community Volunteer

Brian Schulman
Greenberg Traurig, LLP

- The requirements for all able-bodied adults to become employed or actively seeking employment or attend school or a job training program.
- The requirement for able-bodied adults to verify on a monthly basis compliance with the work requirements and any changes in family income.
- The authority for AHCCCS to ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements.
- The authority for AHCCCS to limit lifetime coverage for all able-bodied adults to five years except for certain circumstances.

Anne M. Winter
Health Management
Associates

Keogh Health Connection is a known community partner agency serving on the HEA+Statewide Training Team and working closely with AHCCCS and DES staff and other community-based organizations to improve services. Our concern is that the proposed work requirement provisions and lifetime limits will create barriers to care that will result in poorer health outcomes, increases in the numbers of uninsured and undermine the collaborative efforts taking place throughout Arizona.

Sandra Johnson
Executive Director
Keogh Health Connection

Work Requirement and Definition of "able-bodied adult":

In our opinion, the work requirement, as proposed, is administratively burdensome and will disproportionately impact those clients that are low income or work in jobs with variable hours and income. While attempting to consider categories of people that can meet conditions for an exemption the complexities faced by many is not fully reflected for example:

- caregivers for disabled individuals older than six years of age or a special needs child;
- formerly, incarcerated individuals reentering society;
- people in the process of applying for disability insurance which can take a significant amount of time;
- individuals with undiagnosed physical or mental health impairments.

People suffering from chronic physical and mental illness often deal with a lifetime of health care needs that if not treated can destabilize their condition(s). Available programs that provide continuity of care lead to a healthier community and productive citizens that are self-sufficient.

Finally, in our experience, many AHCCCS members live in working families. A large number of those we serve, suffer from chronic illness or disability, are family caregivers or are going to school. We are concerned that in-depth understanding of the jobs that are available and then matching clients with the skills necessary to succeed in those jobs is necessary for individuals to succeed in the search for a position.

1 Year Ban:

We have concerns with the proposal to institute a one year ban for enrollees who knowingly fail to report a change in income or falsify information regarding employment status. Monitoring such a system on a monthly basis is likely to be administratively cumbersome and cost-prohibitive leaving many members confused, sicker and without the care they need to keep them in the workforce. Finding a simpler solution that addresses personal responsibility but protects the public's health should be sought.

The Board and staff of Keogh Health Connection look forward to working closely with you and our colleagues around the state to continue Arizona's Medicaid program legacy of offering high quality healthcare and improved access to services coupled with fiscal responsibility.

Thank you for the opportunity to comment on Arizona's Section 1115 Waiver proposal.

Sincerely,



Sandra E. Johnson, M.P.A.
Executive Director



Children's Action Alliance

A Voice for Arizona's Children since 1988

Board Chairman

Hon. Claudia Walters

Board of Directors

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Dan Schweiker
Jacque Steiner (deceased)
Greg Wells

February 28, 2017

Mr. Tom Betlach, Director
AHCCCS 801 E Jefferson St.
MD 4100
Phoenix, AZ 85034

Re: Public Comments on SB1092 Legislative Directive Waiver Amendment Proposal

Dear Director Betlach:

Children's Action Alliance appreciates the opportunity to provide comments regarding the proposed Medicaid waiver amendment. As a non-partisan, non-profit children's advocacy organization, Children's Action Alliance has worked over the past 28 years to improve the health, education, and security of Arizona's children. We believe that AHCCCS is an important partner to our mission given that 40% of Arizona's children have health coverage through the Medicaid program.

The stated objectives of the requested waiver are to increase the number of AHCCCS participants with earned income and/or the capacity to earn income and to reduce the amount of churn on and off Medicaid coverage as individuals gain greater access to employer-sponsored health insurance or insurance through the Exchange. However, there is nothing in the waiver proposal that will actually enhance the capacity of individuals to earn income or to gain other sources of health insurance. Arizona has a dismal track record of supporting TANF cash assistance participants with job attainment and retention while they must comply with lifetime time limits and work requirements similar to those proposed here. Fewer than 2 in 10 participants in the jobs program remained employed after 90 days – a far lower work participation rate than current AHCCCS enrollees. Arizona spends less than 2% of the state's TANF block grant on work activities.

A clear body of research concludes that health coverage is, itself, a work support. Therefore, the proposed time limits and work search requirements will lead only to the self-fulfilling goal of reducing the number of Medicaid members by cutting off their benefits.

The waiver amendment requires able-bodied adults to comply with a work requirement, monthly income and work requirement verification, and monthly redetermination of eligibility with disenrollment for one year for knowingly failing

to report. These requirements add a costly and ineffective burden to your administration, creating a larger bureaucracy of overhead and paperwork.

These higher government costs will have a negative spillover effect on children's health coverage and on the well-being of their parents. Numerous studies, including one by the US Government Accountability Office, show that a child is significantly more likely to have public insurance if his or her parent has public insurance (US Government Accountability Office, 2011). Due to the close connection between parent and child enrollment, several elements of the AHCCCS proposal will result in more uninsured kids.

We would like to bring to your attention, in particular, the issue of youth who age out of foster care. As you know, former foster youth is a new mandatory Medicaid coverage category under the ACA, who are exempt from income limits until the age of 26. Locking these young adults out of coverage for failure to comply with new work and reporting requirements would endanger their security and contradict the very purpose of their coverage category. Beyond the legal ramifications of going against the purpose of the ACA law, we urge you to consider that former foster youth are a particularly vulnerable population, which disproportionately suffers from chronic medical and mental health conditions. Medicaid is an essential resource for helping former foster children transcend misfortunes of their childhoods and become well-adjusted, economically self-sufficient adults. We recommend you add this population to those exempt from the "able bodied adult" designation subject to the new requirements.

Parental coverage also affects children's economic security and children's overall well-being – healthier parents make better parents with more stable families. The loss of coverage for parents who do not meet the new requirements will negatively affect the health and security of their children. As a state that ranks among the highest in the percentage of uninsured children, any reform proposal should aim to give children in Arizona more opportunity to access affordable, quality health care.

Work Requirement

Health coverage itself is a work support – it helps people get and stay healthy enough to find jobs and keep working. Making work search a precondition for parents to access health coverage adds yet another barrier to employment. The proposal exempts parents who are sole caregivers of children younger than six, in recognition of the need for full-time care for young children. Similarly, work requirements do not make sense for parents who are full-time caregivers for children or other family members who are elderly or have special health care needs. We recommend expanding the exemption to these families as well. Punitive enforcement measures aimed at fostering self-responsibility can instead prevent enrollees from maintaining continuity of health care and coverage.

Monthly Income and Work Requirement Verification and Enrollee Disenrollment

The central hypothesis of the waiver is to increase the employment rate for beneficiaries; however, we know that already 79% of non-elderly adult and child Medicaid enrollees in Arizona are in families with at least one worker (Henry J Kaiser Family Foundation, 2015). For parents struggling to make ends meet in low-paying jobs, imposing a monthly reporting requirement with the penalty of a year lock out period only makes the goal of climbing out of poverty that much more unattainable. Many people are able to work because they can keep chronic and mental health conditions under control through AHCCCS coverage.

The experience of other states has confirmed Medicaid's role as work support. A study of Ohio's Medicaid expansion found that more than half (52.1%) of enrollees stated attaining coverage made it easier to secure and maintain employment, increasing to 74.8 percent for those currently unemployed (Ohio Department of Medicaid, 2016). Furthermore, the new requirements do not take into account the myriad of barriers low-income adults face in maintaining continuous employment such as securing reliable after-school child care, lack of transportation, fluctuations in hourly schedules, being laid off, divorce, or domestic violence. The high stakes consequence of even one month's lapse resulting in a one year lock out of coverage is not only overly-punitive but contradicts the stated objectives of the waiver.

Monthly Redetermination of Eligibility

This provision, if approved, would permit the state to re-determine eligibility on a monthly basis based on the income and employment related information provided by beneficiaries. AHCCCS currently does not collect this information and would have to expend resources to erect a regulatory infrastructure to manage this additional layer of bureaucracy. In fact, it is currently unknown how many members must be closely tracked, especially taking into account that members move frequently through eligibility categories due to health conditions, pregnancy, and age of their children. The resources required to track the status of hundreds of thousands of enrollees will result in wasteful government spending and compromise the nationally recognized efficiency of the AHCCCS program.

Five-year Maximum Lifetime Coverage

The current waiver proposal limits able-bodied adults to a lifetime limit of five years of benefits. No state in the country has such a limit on health care. While we are unable to determine from the available information what the stated goal of imposing such a limit is, we agree with CMS's rejection of this request earlier this year because it "could undermine access to care." Moreover, it exceeds the life of the waiver, which is due to expire on September 30, 2021 making it impossible to meaningfully test the state's hypothesis. Imposing a five-year lifetime limit runs counter to research on the management of chronic conditions, including behavioral health conditions.

The waiver proposal assumes that AHCCCS members would be able to either afford private insurance or have employer based coverage within five cumulative years of participating in Medicaid. This assumption contradicts the evidence and information about the job market and health insurance market that make it clear that many AHCCCS members would become uninsured if they were disenrolled from Medicaid due to time limits or penalties.

The five industries with the most adult workers enrolled in Medicaid in Arizona are food service, construction, building services (janitorial, cleaning and extermination), elementary and secondary support (cafeteria and front office staff), and landscaping services (Families USA, 2016). If approved, the lifetime limit would lead to more people losing health insurance and being forced to use the emergency room as their only place for health care. The emergency room is the most expensive place to receive health care and its overuse would burden the health care system for everyone. Children would undoubtedly be negatively impacted by their parents' health crisis and inability to pay for treatment.

Impact on budget neutrality

The proposal states (p. 5) that "*The imposition of work requirements, additional verification requirements, and time limits on coverage as stated in the proposal will have a positive effect on budget neutrality*" but provides no evidence at all to support this nor any budget assumptions to explain it.

As stated above, it is clear that this proposal, if approved, would result in substantial administrative costs and undermine AHCCCS' nationally recognized efficiency. Therefore, this positive impact on budget neutrality would derive from savings resulting from beneficiaries' loss of coverage as a result of the proposed changes. No estimates are provided as to how many persons are expected to lose coverage as a result of the proposed changes nor the administrative cost to implement them.

Arizona's Medicaid system is nationally respected and acts as a critical safety net for hundreds of thousands of working families. Creating barriers for adults to maintain health coverage will only hurt families by threatening their health and making it hard for them to get jobs and stay working while increasing administrative burdens on the state.

Thank you for the opportunity to respond to the waiver proposal. We welcome any opportunities to collaborate or discuss this further.

Sincerely,



Dana Wolfe Naimark
President and CEO

Sources:

1. <http://www.gao.gov/new.items/d11264.pdf>
2. <http://kff.org/medicaid/state-indicator/distribution-by-employment-status-4/?currentTimeframe=0&selectedDistributions=at-least-1-full-time-worker--part-time-workers--non-workers&selectedRows=%7B%22nested%22:%7B%22arizona%22:%7B%7D%7D%7Dhttp://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Assessment.pdf>
3. <http://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Assessment.pdf>



February 27, 2017

AHCCCS
c/o Office of Intergovernmental Relations
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034

RE: Comments on the Proposed Extension and Modification to the 1115 Demonstration Waiver

Health Management Systems, Inc. (HMS), is pleased to submit comments to the Arizona Healthcare Cost Containment System (AHCCCS), for consideration as it gathers information on the proposed extension to the state's Section 1115 waiver.

As outlined in SB 1092, AHCCCS is proposing to implement the following requirements for able-bodied adults receiving Medicaid services:

- To become employed, actively seek employment, participate in job training or attend school.
- To verify on a monthly basis compliance with the work requirements and any changes in family income.
- The authority for AHCCCS to ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements.
- The authority for AHCCCS to limit lifetime coverage for all able-bodied adults to five years except for certain circumstances.

In accordance with the guiding principles outlined in SB 1092, HMS recommends AHCCCS implement a premium assistance program, electronically verify key demographic information for purposes of eligibility determination and adopt coverage policies that closely align with commercial insurance practices to ease the transition from Medicaid to commercial insurance. Our recommendations ensures that Medicaid pays last, strengthens program integrity and builds upon commercial insurance market standards.

Promoting & Maximizing Employer Based Insurance Through Premium Assistance Programs

AHCCCS eligibility is based on financial need. There are frequent cases where an individual is employed, but still meets the low-income threshold for the program. Many of these employed AHCCCS members and their family members may have access to, but do not participate in employer-sponsored health insurance (ESI) due

to high out of pocket costs. A premium assistance program would pay the employee's share of their ESI in lieu of providing full Medicaid coverage. Many states leverage such programs today in order to maximize employer sponsored coverage, reduce overall Medicaid spend, improve healthcare access through more robust commercial networks and create greater employer connectivity for these otherwise Medicaid eligible individuals.

Given that AHCCCS is considering a work requirement, we recommend the implementation of a premium assistance program for all Medicaid eligibles who have access to ESI.

For a premium assistance program to be effective, the following policies are highly recommended.

- a. *Mandatory participation for AHCCCS members and their employers.*** Individuals eligible for Medicaid who are employed and have access to ESI should be required to participate in the premium assistance program. This creates greater savings and scalability for the program. At the same time, employer participation must also be compulsory. An employer mandate is not a mandate to offer health insurance coverage to employees, rather it is a mandate requiring employers to share health insurance coverage and eligibility information with the state in order to determine if AHCCCS applicants and members have access to ESI, but are not enrolled.
- b. *Compel employers to share data and enact penalties for non-compliance.*** For a premium assistance program to work effectively, AHCCCS will need timely access to information about members' ESI information, including employment status, employee eligibility status, a summary of benefits, and premium and cost sharing information. AHCCCS must ensure routine, electronic access to the aforementioned data and should complement employer data with external data sources, including routine access to state wage and new hire files for electronic data matching. AHCCCS should have levers available to ensure compliance, including punitive penalties.
- c. *Promote premium assistance programs in AHCCCS's Managed Care program.*** Premium assistance programs are also effective in highly managed care environments such as Arizona. In one state, a pilot demonstrated a significant cost savings by placing an individual otherwise eligible for Medicaid managed care into a premium assistance program. The cost to the state for the ESI was less than the state managed care plan's premiums.

Electronic Verification of Employment and Income Data

Reliance on self-reported information is an ineffective method for maintaining compliance with program rules. Furthermore, an effective premium assistance program (as discussed above) is best accomplished through automated/data matching efforts. Therefore, HMS strongly recommends that the state implement automated wage/employer file matching protocols to supplement self-disclosure of employment and wage information.

Align Medicaid Coverage Practices with Commercial Insurance

Lifetime limits are not permissible in the commercial insurance market. As AHCCCS seeks to emulate the commercial insurance market, and pave a smooth path for transition from Medicaid to commercial insurance, it is recommended that coverage policies be aligned. While the waiver contemplates exceptions to this lifetime limit, there may be circumstances where individuals are not granted access to commercial coverage through employment or other mechanisms. This would make public health insurance programs, such as AHCCCS/Medicaid, their only option. Alternatively, AHCCCS may consider enhanced cost sharing requirements for able-bodied adults after extended periods of AHCCCS enrollment.

About HMS

HMS (NASDAQ: HMSY) provides the broadest suite of cost containment solutions in healthcare to help payers improve performance. Using innovative technology and powerful data analytics, we deliver coordination of benefits, payment integrity, and data solutions to health plans, state agencies, federal programs, and employers. As a result of our services, customers recoup billions of dollars every year and save billions more through the prevention of erroneous payments. As a contractor to AHCCCS, we have helped the state recover over \$51M and avoid over \$620M in erroneous payments since SFY 2012.

We appreciate the opportunity to comment and welcome any questions you may have. Please feel free to contact me at jgorenstein@hms.com or (602) 617-1177.

Sincerely,



Jeremy Gorenstein
Director, State Government Relations



February 27th, 2017

AHCCCS
c/o Office of Intergovernmental Relations
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034
publicinput@azahcccs.gov

To Whom It May Concern:

On behalf of Mental Health America of Arizona (MHA-AZ) we would like to thank you for the opportunity to comment on the Medicaid Section 1115 waiver. AHCCCS has a long history of providing quality health care for individuals and families in Arizona, and we look forward to a future which continues to steward access and high quality care for Arizona's most underserved populations.

As you prepare the waiver for submittal, MHA would like to share our serious concerns with a few elements of the proposed requirements for "able-bodied" adults receiving Medicaid services.

MHA opposes the policy of requiring able-bodied adults to verify on a monthly basis compliance with the work requirements and any changes in family income. In addition, MHA opposes the policy that would ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements.

We find the monthly verification requirement to be onerous. This change would undermine access to care and jeopardize the progress being made by those covered by AHCCCS. Loss of coverage could lead to bankruptcy and many more people lined up looking for care in our ER's, which will result in uncompensated care. In addition, loss of coverage will make it hard for families to get jobs, start working and even maintain their current jobs.

According to the Kaiser Family Foundation, we know that 79% of adult and child Medicaid enrollees in Arizona are in families with at least one worker. For parents

5110 N. 40th St., Ste. 201, Phoenix, AZ 85018
480-982-5305

To promote the mental health and well-being for all Arizonans through education, advocacy, and the shaping of public policy.

struggling to make ends meet in low-paying jobs, imposing a monthly reporting requirement with the penalty of a year lock out period only makes the goal of climbing out of poverty that much more difficult. Many people are able to work because of the AHCCCS coverage that keeps their chronic and mental health conditions under control. Work requirements would likely end in a loss of health coverage, adding to our unemployment and poverty rate.

We find that the monthly verification requirement will reflect a significant administrative burden to both the claimant and to AHCCCS. With the unknown climate on the federal level, it is not a good use of time or resources to administer and maintain a monthly verification requirement. As with each of these requirements, there are tremendous administrative and cost burdens being added to AHCCCS, health care providers and most importantly to the already overwhelmed individuals needing this support to stay alive.

MHA opposes the proposed lifetime coverage limit of five years for able bodied employees.

Establishing a five-year lifetime limit is not responsive to the nature of mental illness, which can be a lifelong debilitating condition. This condition and the symptoms associated with it, may vary in intensity over time, allowing an individual to meet “able-bodied” criteria for a period, followed by periods of acute symptom exacerbation.

Individuals who experience poverty are at significantly greater risk of mental illness and individuals experiencing a mental illness often experience periods of wellness, interrupted by periods of severe illness. Imposing an arbitrary five-year lifetime limit on AHCCCS eligibility contradicts what is known about disability, chronic disease and mental illness, and jeopardizes progress already gained by AHCCCS.

MHA feels the immediate need to define the term “able-bodied”.

When determining this definition, it’s important to understand the cyclical nature of mental illness. One month an individual may meet the “able-bodied” requirement, followed by periods of acute symptom exacerbation. There are also many physical health issues that can change from day to day that could make a person not able-bodied when they were the day before.

By nature of being eligible to apply for these benefits one has to be living with the unbelievable burden of the Culture of Poverty. The punitive nature of these requests are the opposite of what the science of human change and wellness tells us are the more effective ways of approaching these issues.

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Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans. We look forward to working with AHCCCS to continue to improve the quality of health care delivered to families and individuals in need of health care.

Thank you for the opportunity to comment on the proposal.

Sincerely,

A handwritten signature in cursive script that reads "Kristina Sabetta".

Kristina Sabetta, LMSW
Executive Consultant
On Behalf of Mental Health America of Arizona

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480-982-5305

To promote the mental health and well-being for all Arizonans through education, advocacy, and the shaping of public policy.

February 27, 2017

AHCCCS

c/o Office of Intergovernmental Relations

801 E. Jefferson Street, MD 4200

Phoenix, AZ 85034

Via Email: publicinput@azahcccs.gov

Dear Mr. Betlach,

I have been involved in health public policy since the initial legislative effort to establish AHCCCS. I have had roles as a community advocate and as staff to the Arizona State Senate. In those roles and as a resident of Arizona, it is with great concern that I write regarding the Section 1115 waiver under consideration following the enactment of SB 1092 in 2015.

Here are the requirements I am concerned about:

The requirement for all able-bodied adults (ABA) to become employed or actively seeking employment or attend school or a job training program.

1. While this is an admirable and desired goal, this is a mandate to your AHCCCS members **without** any new resources to assist those members in achieving the goal. It seems to me that if Arizona was ever serious about the need to assure that individuals on public benefits were able to secure employment, it would have occurred before July 2016 when 1,400 families lost TANF benefits because of the newly imposed twelve-month limit. That didn't happen. How will Arizona respond to this new mandate? The reality of the Arizona economy is that, as a state, we are very dependent upon the service sector which is greatly impacted by changing economic tides beyond the control of those affected. Individuals are subject to the regional differences in available employment evidenced by the wide variance in unemployment rates between rural and urban counties. Additionally, we're becoming an "on-time" or "gig economy," wherein employees often experience fluctuations in the number of hours they can secure from their employer: as few as 10 hours some weeks; full-time at others. Few private employers provide short or long term disability insurance and workers who become disabled often face months of delay in becoming eligible for the federal disability programs of SSI or SSDI.
2. The exemptions that have been identified fail to recognize the value of caregiving needed for a minor child over the age of six or for other family members such as a disabled spouse, sibling or elderly parents.
3. Data from the 2015 report "Distribution of the Nonelderly with Medicaid by Family Work Status," published by The Henry J. Kaiser Family Foundation, shows that 79% of the households in Arizona on AHCCCS had a family member working full or part-time. The assumption that individuals aren't working is demonstrably false. We need to acknowledge that people are working and trying to become self-sufficient.
4. There is no clear definition of 'able-bodied' contained in the statute and increasingly there is a reluctance by medical providers to complete the necessary documentation to determine disability.

5. Additionally, we know that some illnesses are episodic in nature, with periods of stability with few health care needs, followed by an intense need for care which, if not provided, could have long term adverse impacts on the individual. Let's celebrate the recovery episodes and intervene when health care is needed.

The requirement for able-bodied adults to verify on a monthly basis compliance with the work requirements and any changes in family income.

1. This new requirement presents major challenges to the AHCCCS administration and to your individual members. How will the AHCCCS member be assured that s/he has submitted the required information in a timely manner? As discussed above, there can be wide unpredictable variance between the hours the individual works one month compared to another month. There will need to be a **significant** education effort to assure that members understand what's required and how to timely meet these new demands. The requirement fails to recognize the stress and hassles the individual and his/her family may experience as they deal with meeting month's bills, juggling possibly varying work hours of work, and meeting the needs of their family.

The authority for AHCCCS to ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements.

1. As indicated in the earlier discussion about fluctuations in income because of the service or gig economy they are engaged in, the assumption that the failure to report or to properly report was an intentional false statement is frankly intolerable and unwise. Obviously, the health care needs will remain and will impact not only the adult members of the household but also the children in those households. The need for ER usage will climb, and uncompensated care will again increase.

The request to impose a 5-year lifetime coverage for all able-bodied adults.

1. This is an unrealistic proposition and unattainable. How will AHCCCS accurately account for the "months on" benefits and "months off" benefits for several years to come? Will months when an individual lives in another state count towards those lifetime limits? What happens when it's time to **discontinue** benefits and the AHCCCS members request an accounting of months, and request a comparison with medical records showing a hospital stay, ER usage or ongoing therapy but no doctor provided attestation that the individual was not able-bodied? If individuals learn they have to "hoard" their months, will this change usage patterns and result in avoidance of health care until the situation is acute and more costly? How will months when an individual has a severe flu bout or an auto accident resulting in an inability to work, at least temporarily, be accounted for?
2. When the 60-month limit tolls and the individual is terminated from AHCCCS, won't there still possibly be ongoing health care needs? How will the community respond to someone in the midst of chemotherapy or ongoing care for a transplant? Medical care will still be delivered and costs will be shifted to the uncompensated care category again and ultimately to the full community.

As an Arizona taxpayer and long-time health care advocate, I implore the Center for Medicare and Medicaid Services to reject the proposed Section 1115 waiver as outlined in the submittal from Arizona's AHCCCS program. It does not address the significant administrative and educational barriers outlined

above, nor does it further the overall well-being of enrolled members or of the whole of the Arizona health care community. The proposal to impose a 5-year lifetime ban is simply contrary to the intent of the Medicaid program and should not be accepted. A simple "No!" is the best response to this request.

Sincerely,

A handwritten signature in cursive script that reads "Eddie L. Sissons". The signature is written in black ink and is positioned below the word "Sincerely,".

Eddie L. Sissons, C.P.M.
Research Advisory Services, Inc.
5631 N. 6th Street
Phoenix, AZ 85012

AHCCCS
c/o Office of Intergovernmental Relations
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034
Via Email: publicinput@azahcccs.gov

Re: SB1092 1115 Waiver Comments

Dear Mr. Betlach:

As Arizona's Primary Association, comprised of Community Health Center providers serving a significant percentage of AHCCCS members. We have submitted a public comment on the 1115 waiver request required by SB 1092 on behalf of all our members. However, some of our members that are "Homeless Grantees" have requested that we submit additional comments that address the unique challenges this 1115 waiver creates for them and their patients.

Brandon Clark, CEO of Circle the City, one of Arizona's FQHC homeless primary care providers would like to bring the following considerations to your attention:

- As a provider of both primary and behavioral health services to more than 3,000 adults experiencing various types homelessness each year, I am concerned about any provisions that limit healthcare eligibility to 'able bodied adults.' With the incidence of chronic substance dependence, mental health challenges and longstanding chronic disease so prevalent in the Medicaid population, the determination of what constitutes an 'able bodied adult' represents a complex, expensive and potentially discriminatory exercise;
- Work requirements, such as those proposed for able-bodied adults, exist to serve the biases of the general non-impooverished public and their respective legislative representatives far more than the members themselves. Complex societal and economic factors affect AHCCCS members' ability to seek and secure meaningful employment. A mandate to do so at the threat of revocation of healthcare coverage does little to enhance the livelihood of members, and instead generally results in additional layers of cursory administrative work without any real impact on economic independence.
- Should the state move forward with provisions for work and income requirements for able-bodied adults, the proposed required frequency of monthly verification is unnecessarily onerous. Many Medicaid members have extremely limited access to those communication mechanisms that enable enrollment and verification activities, such as cell phones, access to transportation, physical mailing addresses, etc. Even when ignoring the incremental administrative costs associated with the handling of hundreds of thousands of verifications each month, such a monthly requirement will be unnecessarily disruptive to the lives of the members being served. Please consider the possibility that an annual verification of eligibility criteria will meet the spirit of cost containment while simultaneously maintaining the dignity of the lives and daily schedules of AHCCCS members;
- Punitive measures, such as the proposed one-year ban for violation of periodic verification of eligibility, will do little to preemptively affect the behavior of vulnerable AHCCCS members and will instead negatively impact community providers who make up the local healthcare safety net. We must do everything in our power to promote access to preventative and cost-effective healthcare services. Punitive bans work in opposition to this goal, forcing those barred from eligibility to seek assistance from first

responders, emergency rooms and other high-cost interventions. Please consider alternative or less disruptive mechanisms to encourage compliance with periodic verification requirements.

Thank you in advance for your consideration of this feedback,

Brandon Clark
Chief Executive Officer
Circle the City



ARIZONA PSYCHIATRIC SOCIETY

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February 27, 2017

The Honorable Doug Ducey
Governor of the State of Arizona
1700 West Washington Street
Phoenix, AZ 85007

Mr. Thomas J. Betlach
Director AHCCCS
Office of Intergovernmental Relations
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034

Dear Governor Ducey and Mr. Betlach:

The Arizona Psychiatric Society represents member psychiatrists in the state that serve as advocates for the mentally ill. In this role, we present our comments on Governor Ducey's proposed AHCCCS Waiver Update and SB 1092 Directive. We support the stated excellent goals of increased accountability by beneficiaries, reduction of reliance on public assistance and prevention of misuse of healthcare resources. We also support finding ways to reduce non-emergent use of emergency rooms and ambulance services. **However**, some of the provisions listed as part of the Senate Board 1092 directive (Arizona Section 1115 Waiver Amendment Request) *raise significant concerns due to the potential for reduced access to essential healthcare services, difficulty in interpretation and increased burden on an already stretched healthcare system.*

As a way of example, we would like to underline a particular aspect of the proposed waiver changes which highlight these difficulties: the ambiguous term "able-bodied adult". There is no clear definition in the waiver nor in medical literature/practice as to the representation of an able-bodied adult. For mental health care providers, who would need to make this determination clinically, this term can be especially contentious and confusing. What if the body is "able" but the person has a serious psychiatric condition which limits the individual's ability to work?

At present, we face a significant physician shortage throughout Arizona. This shortage affects not only mental healthcare but the whole of medicine. Now, this purposed increased burden on healthcare providers to regularly certify this uncertain condition of *able-bodied-ness* would likely tax a system already struggling to meet the clinical needs of the community.

The proposed 5-year lifetime limits and work requirements could reduce access to essential and preventative healthcare services. The lifetime limits are more likely to affect the older adult population who have greater care needs, but may have exhausted their permitted 5 years. Frequently we as mental health providers see Medicaid beneficiaries who may be working but are unable to generate an income greater than the defined federal poverty line.

Mandating co-pays may be beneficial in eliciting greater engagement in care, however, it can also limit the ability to access healthcare in a timely manner for individuals on a limited income. The predictable outcome of this reduced access is an inadvertent delay in seeking care, leading to an increase in severity/morbidity of illness and an upsurge in the use of emergency and acute care services, thereby defeating the very basis for these purposed changes. Furthermore, monthly verification of income and work requirements are likely to increase the administrative burden for the state and also encumber beneficiaries who already may be struggling to meet their daily needs. The recipients of Arizona Medicaid who would be greatly impacted by the proposed changes are the working poor who already face challenges in allocating their limited financial resources to food, shelter, clothing, transport and healthcare.

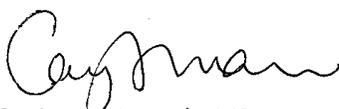
In families where there is one earning member but multiple dependents over the age of 6 (hence do not meet any of the exceptions), being asked to pay even a small percentage of the limited income (as co-pays) can have grave financial impact. The time that would be required to complete the paperwork for monthly reporting would take time away from earning an income. There also does not appear to be any clause that addresses healthcare coverage or assessment of able-bodied-ness for primary caregivers who may be unable to work due to care needs of a loved one. The possibility that more families would lose access to care due to the stringent and burdensome reporting requirements is highly probable. Predictably, there is likely to be an even greater motivation to apply for disability, directly negating the important goal of reducing reliance on public assistance.

As an example, consider the impact on Stephanie, a woman in her thirties who had to give up her full-time job when her husband suffered a stroke 5 years ago requiring her to act as primary caregiver. She herself has a history of drug use and post-traumatic stress disorder but after years of treatment has been sober and doing well prior to this hardship. For the past many years, Stephanie has been trying to work, but is only able to manage part-time work, which is not sufficient to get her own insurance or pay additional healthcare costs for her husband. Limiting her to 5 years on AHCCCS makes it likely that she will be without insurance from this point on. Then she is at great risk for worsening of her mental health and possible dependence on further public assistance.

We hope the above example brings to attention some of the problems with the proposed waiver changes. We strongly urge the governor to reconsider the proposed changes in light of the various challenges they would raise for the beneficiaries of Arizona Medicaid. Implementation of the proposal will result in an increased number of people without regular and adequate access to healthcare. Although initially the projections may appear positive from some co-pay collections, in the long run this will cost the state of Arizona more due to poor health outcomes, increased levels of disability, burden on healthcare providers and significant fiscal burden of acute care services.

We request you to kindly consider our comments and make amendments to this proposal so as to better serve the people of Arizona.

Respectfully,



Gurjot J. Marwah, MD

President

ARIZONA PSYCHIATRIC SOCIETY



Jasleen Chhatwal, MD

Secretary

ARIZONA PSYCHIATRIC SOCIETY

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February 27, 2017

VIA EMAIL:

publicinput@azahcccs.gov

Arizona Health Care Cost
Containment System
801 East Jefferson Street
Mail Drop 4200
Phoenix, Arizona 85034

Attn: Office of Intergovernmental Relations

Re: Comments to AHCCCS Proposed
Amendment Request to Section
1115 Demonstration Waiver (as
required by Senate Bill 1092 –
2015)

Dear Office of Intergovernmental Relations:

The Arizona Center for Disability Law (“ACDL”), Arizona Center for Law in the Public Interest (“Center”), the National Health Law Program (“NHELP”) and William E. Morris Institute for Justice (“Institute”) submit these comments to Arizona’s proposed amendment to its demonstration waiver as required by Senate Bill 1092. The ACDL is the protection and advocacy program in Arizona and works on issues concerning access to health care for persons with disabilities. The Center is a public interest law firm that has a major focus on access to health care issues. NHELP is a national program whose mission is to secure health rights for those in need. The Institute is a non-profit program that advocates on behalf of low-income Arizonans. As part of our work, we focus on public benefit programs, such as Medicaid.

The ACDL, Center, NHELP and Institute strongly supported Arizona’s decision to restore Medicaid services to the Proposition 204 adults and to expand Medicaid to all persons with incomes up to 138% of the federal poverty level, with income disregard of

5%. Arizona's restoration and expansion have been highly successful. Approximately 1.9 million persons are on AHCCCS as of February 2017. www.azahcccs.gov/Resources/Downloads/PopulationStatistics/2017/Feb/AHCCCS_Populations_by_Category.pdf. Of this number, 318,000 are the Proposition 204 (0-100% of federal poverty level) and 82,000 are the adult expansion (100-133% of the federal poverty level). Uncompensated care for hospitals has been substantially reduced.¹ In addition, thousands of health care jobs were created.

On September 30, 2016, the U. S. Department of Health and Human Services ("HHS"), Centers for Medicare and Medicaid Services ("CMS") approved the Arizona Health Care Cost Containment System's ("AHCCCS") request to extend Arizona's Section 1115 Demonstration Waiver program for five years. The CMS approval specifically denied the following requests:

... monthly contributions for beneficiaries in the new adult group with incomes up to and including 100 percent of FPL; exclusion from coverage for a period of six months for nonpayment of monthly premium contributions; a work requirement; fees for missed appointments; additional verification requirements; and a time limit on coverage. ...

The reasons for denying these requests were:

Consistent with Medicaid law, CMS reviews section 1115 demonstration applications to determine whether they further the objectives of the program, such as by strengthening coverage or health outcomes ... or increasing access to providers. ... CMS is unable to approve the following

¹ A June 2014 survey of 75% of the state's hospitals by the Arizona Hospital and Healthcare Association found that uncompensated care had dropped significantly as a result of the Medicaid expansion and restoration to \$170 million through the first four months of 2014. During the same period in 2013, uncompensated care was reported to be at \$246 million. See Arizona Hospitals and Healthcare Association, April 2014 Hospital Financial Results; see also Ken Alltucker, *Unpaid Hospital bills drop after Medicaid expansion*, THE ARIZONA REPUBLIC, July 13, 2014, <http://azcentral.com/story/money/business/2014/07/13/arizona-medicaid-reduce-unpaid-hospital-bills/12591331>.

requests, which could undermine access to care and do not support the objectives of the program. ...

AHCCCS now proposes to submit the same proposals initially denied by CMS in September 2016. The amended demonstration waiver proposal contains requests that, if approved, will undo much of the health care gains of the last 4 years. The requests will depress participation, create financial instability, establish high barriers to care and fundamentally change the nature of the Medicaid program in Arizona.

The proposed eligibility amendments are the following for “able bodied adults”:

1. The requirement for all able-bodied adults to become employed or actively seek employment or attend school or a job training program.
2. The requirement for members to verify on a monthly basis compliance with the work requirements and any changes in family income.
3. The authority for AHCCCS to ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements.
4. The authority for AHCCCS to limit lifetime coverage for all able-bodied adults to five years except for certain circumstances.

For the reasons below, the ACDL, Center, NHELP and the Institute request that AHCCCS not proceed with the proposed waiver amendment process because the substance of the amended demonstration waiver proposal has no experimental value related to the Medicaid program, will create barriers to health care and will impede, rather than promote, the objectives of the Medicaid Act.

I. Federal Requirements for a Demonstration Waiver under 42 U.S.C. § 1315

A. Waivers Must Promote the Objectives of the Medicaid Act and Test Experimental Goals

The Social Security Act grants the Secretary of the United States Department of

Health and Human Services limited authority to waive the requirements of the Medicaid Act. The Social Security Act allows the Secretary grant a “[w]aiver of State plan requirements” in 42 U.S.C. § 1396a in the case of an “experimental, pilot, or demonstration project.” 42 U.S.C. § 1315(a) (“section 1315”).² The Secretary may only approve a project which is “likely to assist in promoting the objectives” of the Title XIX and may only “waive compliance with any of the requirements [of the act] ... to the extent and for the period necessary” for the state to carry out the project. *Id.* This proposed waiver amendment clearly includes policies that would impede rather than promote the objectives of the Medicaid program by creating unnecessary barriers to enrollment and access to care.

Legislative history confirms that Congress meant for section 1315 projects to test experimental ideas. According to Congress, section 1315 was intended to allow only for “experimental projects designed to test out new ideas and ways of dealing with the problems of public welfare recipients” that are “to be selectively approved,” “designed to improve the techniques of administering assistance and related rehabilitative services,” and “usually cannot be statewide in operation.” S. Rep. No. 87-1589, at 19-20, *as reprinted in* 1962 U.S.C.C.A.N. 1943, 1961-62, 1962 WL 4692 (1962). *See also* H. R. Rep. No. 3982, pt. 2 at 307-08 (1981) (“States can apply to HHS for a waiver of existing law in order to test a unique approach to the delivery and financing of services to Medicaid beneficiaries.”).

In addition, the Secretary is bound by the Ninth Circuit’s precedent for any waiver requests under 42 U.S.C. § 1315. The Ninth Circuit described section 1315’s application to “experimental, pilot or demonstration” projects as follows:

The statute was not enacted to enable states to save money or to evade federal requirements but to ‘test out new ideas and ways of dealing with the problems of public welfare recipients’. [citation omitted] ... A simple benefits cut, which might save money, but has no research or experimental goal, would not satisfy this requirement.

Beno v. Shalala, 30 F.3d 1057, 1069 (9th Cir. 1994). Under *Beno* the record must show the Secretary considered the impact of the demonstration project on those the Medicaid

² Throughout this letter, the undersigned will refer to the demonstration waiver as “section 1315” not “section 1115” as § 1315 is the statutory cite. 42 U.S.C. § 1315.

Act was enacted to protect. *Newton-Nations v. Betlach*, 660 F.3d 370, 380 (9th Cir. 2011) (relying upon *Beno*).

Any waiver request by Arizona must meet these requirements. AHCCCS's proposal fails to establish any demonstration value and instead seems oriented around proposals that would ultimately limit enrollment through work-related requirements and unprecedented cumulative time limits. Significantly, the proposal cites to no hypotheses to be tested that relate to the health care system. Finally, the proposal fails to even claim that any of the waiver requests would further the objectives of the Medicaid Act. Thus, as explained below, this proposal does not satisfy the § 1315 requirements.

As part of our comments, we incorporate the comments submitted by George Washington University, Department of Health Policy and Management that the lifetime limits and work requirements are contrary to Medicaid's objectives; the proposed eligibility restrictions would create serious harm; it is unlikely the state has the capacity to administer such a system; and there are concerns about budget neutrality. We also note that research has shown that Medicaid coverage makes it easier for working poor adults to work. Two examples are cited. In Indiana researchers found that low-income workers in a Medicaid expansion state had not experienced greater job loss, more frequent job switching, or more switching from full-time to part-time work than low-income workers in non-expansion states. <http://content.healthaffairs.org/content/35/1/111.abstract> "Medicaid Expansion Did Not Result In Significant Employment Changes Or Job Reductions In 2014." In Ohio, the state found that among those who were unemployed or looking for a job when they gained coverage under the Medicaid expansion, 75% stated that having medical coverage made the task easier. "Ohio Medicaid Group VII Assessment," Report to the Ohio General Assembly by the Ohio Department of Medicaid. www.medicaid.ohio.gov/Portals/0/Resources/Annual/Group-VII-Assessment.pdf. This evidence further shows that this waiver proposal should not be submitted.

II. The SB 1092 Legislative Directive Waiver Amendment Contains Requests that Serve No Experimental Purpose, Create Barriers to Health Care and Will Impede, Not Further, the Objectives of the Medicaid Act

AHCCCS again intends to submit substantive waiver components that will create barriers to enrollment and access to care and, thus, do not further the objectives of the Medicaid Act. These waiver requests do not appear to serve any valid experimental purpose and, moreover, represent bad policy for low-income Arizonans and working Arizonans with disabilities who need coverage. They are likely to increase

administration complexity, reduce access to care, increase the number of uninsured and lead to worse health outcomes. In addition, some of these proposals undermine core elements of the Medicaid program and have never been approved by CMS.

As a preliminary matter, in the “Evaluation Design” section of the amended waiver request, AHCCCS lists the “Research, Hypothesis, Goals and Objectives” of the waiver request.

- A. Research, Hypothesis, Goals, and Objectives. The demonstration **will test whether authorizing work requirements and life time coverage limits** for ‘able-bodied adults’ enrolled in AHCCCS **will increase employment rate for those beneficiaries.** The goal is to reduce individual reliance on public assistance. The **objectives include increasing the number of beneficiaries with earned income and/or the capacity to earn income, reduce enrollment, and reduce the amount of ‘churn’** (individuals moving on and off assistance repeatedly) as the result of greater access to employment and employer-sponsored health insurance or health insurance through the Exchange.(emphasis added).

While the above objectives may be appropriate for a work program, they are not relevant to a healthcare program. Moreover, testing whether work-related requirements and life time limits will increase the employment rate for beneficiaries is not a proper experimental waiver for the Medicaid program. Not do these requirements further the objectives of the Medicaid Act, which does not have as one of its purposes, moving beneficiaries into work-related activities.

These waiver requests were denied in September 2016. In addition, some of the proposals are similar to those made by other states that CMS denied. As explained below, in each of these matters, AHCCCS should not proceed.

A. Lifetime Limit on Enrollment

AHCCCS again proposes a 5 year lifetime limit on enrollment for “able-bodied” persons. AHCCCS defines “able-bodied” as “an individual who is physically and

mentally capable of working.” The Institute is not aware of any state that has proposed a lifetime limit on enrollment. The only reason to suggest a lifetime limit is to save money, which is not a valid reason for a Section 1315 waiver. *See Beno*, 30 F.3d at 1069. Also, such a limit only creates a barrier to access to care and does not promote the objectives of the Medicaid Act.

Time limits have never been allowed in the history of the Medicaid program. As a matter of law, the Medicaid Act does not allow time limits in Medicaid, and numerous provisions of the Act explicitly prohibit them. Nothing related to the Affordable Care Act or Medicaid expansion changed the law in that regard.

Time limits also are far beyond CMS’ demonstration authority. Last year, the Medicaid program turned 50 years old. To our knowledge, in that entire half-century, CMS has never approved any Medicaid program to implement time limits on an eligibility category. Nor is there any reason to believe that CMS should suddenly consider such an extreme departure from established Medicaid law. Although states have flexibility in designing and administering their Medicaid programs, the Medicaid Act requires that they provide assistance to all individuals who qualify under federal law.

More specifically, CMS does not have the authority to use § 1315 to invent new Medicaid law. There is no way to construe time limits as a feature that would “promote the objectives of the Medicaid Act” as is required under the law for a § 1315 demonstration. Moreover, there is no corollary for time-limiting medical coverage in the Marketplace or in commercial health insurance, which both serve a higher income population with fewer health needs.

Time limits applied to health coverage are by nature arbitrary and capricious, and in this case would likely lead to individuals with chronic conditions and people with disabilities (who are more likely to have lower incomes over an extended period of time) to be put in a situation where they would be subject to higher premiums and cost sharing. For such individuals, who may not qualify as disabled or medically frail but still face serious or chronic health challenges that impede their ability to work, Medicaid offers dependable and affordable coverage that supports their ability to generate income (full-time or part time) and may prevent them from otherwise becoming fully destitute. Also, many persons with disabilities who depend on the home and community- based services provided by AHCCCS programs to avoid institutionalization are also employed. Although such persons can maintain employment through the provision of reasonable accommodations by their employer and are at risk of institutionalization without

AHCCCS coverage, this waiver amendment includes such individuals in its definition of “able-bodied” as a result of their ability to work. This waiver amendment will subject persons with severe disabilities to an arbitrary five-year lifetime limit on AHCCCS coverage because they happen to be capable of working. If persons with disabilities lose AHCCCS coverage pursuant to the five-year lifetime limit on coverage, such individuals will be subject to a substantial risk of serious harm to their health and a substantial risk of death.

Conditioning eligibility or raising coverage costs based on an arbitrary cumulative time limit would most certainly have a disproportionate impact on qualified individuals with a disability, and, as a result, may violate the Americans with Disabilities Act and Section 504 of the Rehabilitation Act – provisions the Secretary is not authorized to waive as part of a § 1315 experiment. It also will disproportionately impact older persons who may have hit the 5 year limit earlier in their lives and now have limited income. In addition, AHCCCS offers no evidence or support to justify imposing any time limit at all, let alone a specific time limit of 60 months.

The “Proposed Hypothesis” for the lifetime limit is that:

‘Able-bodied adults’ who lose eligibility due to the five-year maximum lifetime coverage limit will not increase over the course of the demonstration.

We are at a loss to understand what this “hypothesis” means. Whatever it means, it has nothing to do with the Section 1115 requirements of experiment and testing new hypotheses for the Medicaid program.

This amended waiver request has no evidentiary or experimental basis and, therefore, should not be submitted.

B. Mandatory Work-Related Requirements

AHCCCS again proposes the mandatory work-related requirements passed in 2015. For this waiver request, AHCCCS simply recites Senate Bill 1092. In general, the mandatory work-related requirements are that “able-bodied” adults work; actively seek work; or attend school or job training program, or both, for at least 20 hours per week; and verify compliance monthly.

For 50 years the Medicaid program has determined eligibility based on income. This proposal would add work-related criteria. The proposed hypothesis for the work-related requirement is:

The implementation of the work requirement will increase the rate of ‘able-bodied adults’ that are employed, or actively seeking employment, or engaged in training.

Here as well, there is no explanation of how the mandatory work-related requirements would increase access to healthcare, test an experiment related to the Medicaid program or further the objectives of the Medicaid Act. The proposed requirements obviously do none of these. This type of request does not promote the objectives of the Medicaid Act and it is only proposed to create a barrier to access to care and to make persons ineligible for AHCCCS.

This amendment may also be unconstitutionally vague because the amendment exempts persons who require an institutional level of care or are in the Medicare Cost Sharing groups, while at the same time defining “able-bodied” as persons who are capable of working. As discussed above, persons with disabilities who are at risk of institutionalization without AHCCCS coverage may also be capable of working through the provision of reasonable accommodations by employers. The wording of the waiver amendment is unclear as to whether persons who require an institutional level of care but are capable of working would be subject to the work requirement.

Moreover, the undersigned are aware that other states have proposed mandatory work-related requirements and CMS has denied those requests. One example is Pennsylvania. For all these reasons, this request should not be submitted.

C. Monthly Income and Verification Requirements/ Redetermination of Eligibility and Disenrollment for Certain Conduct

The amended proposal requires participants to verify on a monthly basis their compliance with the work-related requirements and their family income. There is no proposed hypothesis stated. Under the proposal AHCCCS is allowed to re-determine eligibility every month based on the information provided. Based on these monthly redeterminations, AHCCCS seeks to *ban* a person from medical coverage for one year if the person knowingly fails to report an income change or makes a false statement about compliance with the work-related requirements.

The proposed hypothesis for this request is:

‘Able-bodied adults’ who lose eligibility due to failure to report a change in family income or making a false statement regarding compliance with the work requirements will not increase over the course of the demonstration.

This proposal makes no sense. There is no hypothesis related to providing health care. AHCCCS apparently wants to increase reporting requirements and do monthly reviews to show that the number of persons disenrolled for failure to report will not increase. First, there is no showing that the current reporting requirements are not working. Nor is there any explanation of the projected cost and where the money will come from to administer the increase in reporting requirements on one-fourth of the AHCCCS population twelve-fold. Requiring monthly reporting will simply increase the number of times each year that a person may not respond to the reporting request and then lose their coverage for one year, although there has been no change in their circumstances.

This proposal also would be unduly burdensome on persons with disabilities who are subject to the work requirements because it is more difficult for persons with disabilities to promptly respond to requests for information. To increase reporting requirement twelve-fold will cause many persons with disabilities to fail to meet the reporting requirements and lose their essential health care coverage for one year.

Finally, if any of the above requests are currently being imposed in other states, then the undersigned do not think AHCCCS’ requests satisfy the novel or experimental prong of the waiver statute. In those situations, AHCCCS should wait to see what the results are of the testing in the other states before proceeding with the requests.

Conclusion

For all the above reasons, AHCCCS should not submit the amended waiver request. As explained above, AHCCCS failed to show that any of these requests comply with federal requirements that they be experimental and test something experimental related to the Medicaid program and further the objectives of the Medicaid Act.

Office of Intergovernmental Relations
Arizona Health Care Cost Containment System
February 27, 2017
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Thank you for the opportunity to comment on the draft proposal. If you have any questions concerning this letter, please contact Ellen Katz at (602) 252-3432 or at eskatz@qwestoffice.net. or Rose Daly-Rooney at 520-327-9547, ext. 323.

Sincerely,

/s/

Ellen Sue Katz, on behalf of

Arizona Center for Disability Law
Arizona Center for Law in the Public Interest
The National Health Law Program
William E. Morris Institute for Justice



AHCCCS
c/o Office of Intergovernmental Relations
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034
Via Email: publicinput@azahcccs.gov

Re: SB1092 1115 Waiver Comments

Dear Mr. Betlach:

As Arizona's Primary Association, comprised of Community Health Center providers serving a significant percentage of AHCCCS members, we are writing to comment on the 1115 waiver request required by SB 1092.

Our comments address the following four main aims of the SB 1092 required waiver request:

1. The requirement for all able-bodied adults (ABA) to be employed or actively seeking employment or to attend school or a job training program.
2. The requirement for able-bodied adults to verify on a monthly basis compliance with the work requirements and any changes in family income.
3. The authority for AHCCCS to ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements.
4. The authority for AHCCCS to limit lifetime coverage for all able-bodied adults to five years except for certain circumstances.

AHCCCS is one of the most efficient and effective Medicaid programs in the country. Therefore, we question the value of these four provisions in the proposed waiver as they seem to add significant administrative expense for AHCCCS and the state of Arizona. We are concerned the limited benefits derived from these additional costs will not provide sufficient return on investment. Second, many consumers may have challenges understanding the new requirements and may also face difficulties or hardships in meeting some or all of these requests. Additionally, patients with Medicaid coverage may not be clear about the penalty for not verifying their work status or income on a monthly basis and therefore neglect to report. They may arrive for an appointment not realizing that they have lost their AHCCCS coverage. As a result, they could potentially be turned away by providers other than FQHCs, which are able to provide services on a sliding fee scale to these now uninsured patients. Many newly uninsured consumers also might not access needed primary and preventive care because of their lack of healthcare coverage, potentially resulting in future preventable high cost care such as hospitals..

Rather than moving forward with these provisions, we suggest a more conservative approach which will not have as negative an impact on AHCCCS, your members, managed care organizations and providers. We believe it would not be prudent to move too quickly on implementing policies that may pose additional barriers to access and continuous coverage.

AHCCCS members, because of limited incomes, may lack access to goods and services that many take for granted, such as technology and transportation. If implemented, we are very concerned that large numbers of members will needlessly lose coverage due to a lack of understanding of the new rules. Monthly reporting is a burden that is not placed on any other category of consumers as a requirement for

maintaining coverage. Provisions two through four of the proposed waiver lack specificity regarding the processes and procedures that members will use to report and how inappropriate rescission of benefits will be appealed or resolved. The proposed new requirements will greatly increase member churn as well as risk that a member may inappropriately lose coverage, even if in the middle of vital medical treatment. Without specific processes and systems to protect members who need access to care for either chronic conditions or lifesaving treatments like chemotherapy, it is most likely that AHCCCS will face increased dissatisfaction from individual members and consumer groups.

We suggest the current list of exemptions ([AHCCCS publication, Arizona Section 1115 Amendment, Senate bill 1092 Arizona Legislative Directives](#)) are inadequate to address legitimate reasons why a member should be exempt from provision 1. Specifically, A.1.e ii and A. 2. b, should be expanded to include a member who is a caregiver for a disabled family member, which could include elderly parents and other blood relatives or children with special health care needs beyond the age of 6. By definition, AHCCCS members have very limited means and are not able to afford caregivers for family members who cannot live on their own. Some AHCCCS members are caregivers of family members other than children under the age of six and they may not be able to seek gainful employment due to their commitment of unpaid family care-giving activities. These individuals deserve the same protection as offered to families with children under the age of six.

The fourth provision, a lifetime limit of five years, will require AHCCCS to maintain a database of members for the next 80 -100 years. The data will need to include eligibility by month to meet the proposed monthly eligibility redetermination, and therefore logically a member will be dropped when they reach 60 months of eligibility. This provision again raises the issue of members who need ongoing treatment and also creates greater risk exposure for AHCCCS should a member's accumulated months be inaccurately calculated. This provision also raises the questions regarding how and where these members will seek preventive and wellness care if they reach their coverage limit.

We are very concerned that the potential lack of access to needed care and the aggregate costs and impacts on AHCCCS, managed care organizations, consumers and providers far outweighs any possible benefits of these four waiver provisions.

Respectfully,

John C. McDonald, RN, MS, CPHQ
Chief Executive Officer



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602.586.7414
www.acscan.org/az

February 27, 2017

Thomas J. Betlach
Director
Arizona Health Care Cost Containment System (AHCCCS)
c/o Office of Intergovernmental Relations
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034

Re: Arizona Draft Section 1115 Waiver Amendment

Dear Director Betlach:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on Arizona's Draft Section 1115 Waiver Amendment, which proposes to amend the requirements for "able-bodied adults" receiving Medicaid services. 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 help 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 recognize that, pursuant to 42 C.F.R. 431.408, the Director of the Arizona Health Care Cost Containment System (AHCCCS) is required to request this waiver amendment to be considered by the Centers for Medicare and Medicaid Services (CMS). Our comments focus on the effect that the proposed eligibility requirements, penalties, and lifetime limits will have on thousands of low-income Arizonans enrolled in the AHCCCS. Nearly 36,000 Arizonans – many of whom rely on Medicaid for their health care – are expected to be newly diagnosed with cancer this year.¹ We are deeply concerned that the proposed changes in the draft waiver amendment would deny low-income Arizonans access to coverage, create barriers to care, and place unnecessary administrative burdens on enrollees. In particular, we are concerned what these proposed changes would mean for those who are battling cancer, cancer survivors, and those who will be diagnosed with cancer.

Following are ACS CAN's specific concerns with the AHCCCS Administration Draft 1115 Demonstration Waiver Amendment.

¹ American Cancer Society. Cancer Facts & Figures: 2017. Atlanta: American Cancer Society, 2017.

Medically Frail Designation

We ask the AHCCCS Administration to consider implementation of the “medically frail” designation as defined in 42 CFR §440.315(f), to allow certain individuals with serious and complex medical conditions to be exempt from a number of provisions included in this draft waiver amendment. Cancer treatment can cause a number of side effects, some of which can be serious and debilitating. While some cancer patients and survivors are able to work, attend school, and complete regular activities of daily living, many cancer patients are too sick from the disease and treatment to maintain their personal and professional schedules.

In the AHCCCS Administration’s consideration of the medically frail designation, we encourage the Administration to amend the definition to specifically include those individuals with serious and complex medical conditions – like cancer – to be exempted from various provisions in the waiver, consistent with the exemptions provided to the disabled or caregivers. With respect to cancer, the definition of “medically frail” should explicitly include individuals who are currently undergoing active cancer treatment – which include chemotherapy, radiation, immunotherapy and/or related surgical procedures, depending on their type of cancer – as well as new cancer survivors who may need additional time following treatment to transition back into the workplace.

Five-Year Lifetime Limit

We strongly oppose the proposed use of a five-year lifetime limit on able-bodied adults. Imposing lifetime limits on enrollees is arbitrary and could cause additional disruption in care for individuals managing serious and complex chronic conditions, like cancer. Current federal requirements prohibit most insurance plans from limiting the annual and/or lifetime dollar value of benefits and we urge this important patient protection be applicable to AHCCCS enrollees as well. Individuals are diagnosed with cancer at various stages and, depending on the type of cancer, the stage, and the necessary course of treatment, the patient could easily reach the proposed five-year lifetime limit. Similarly, cancer survivors often experience long-term side effects as a result of their treatment, often requiring maintenance medication and frequent follow-up visits. Denying these individuals and others with complex, chronic medical conditions access to health care coverage through AHCCCS would be devastating to the enrollee and their family and could significantly reduce their chances of surviving the disease.

Lock-Out Period

We are deeply concerned about the proposed 12-month lock-out period or “ban” for individuals who do not comply with the work requirement or who fail to report a change in family income. During the proposed lock-out period, low-income cancer patients or survivors will likely have no access to health care coverage, making it difficult or impossible to continue treatment or pay for their maintenance medication. For those cancer patients who are mid-treatment, a loss of health care coverage could seriously jeopardize their chance of survival. Subjecting enrollees to the proposed lock-out without exception could have overwhelming effects on individuals and families, especially those facing a new cancer diagnosis or a survivor facing a cancer recurrence. Being denied access to one’s cancer care team for a year 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.

Work requirements

The requirement that all “able-bodied” working age adults become employed, actively seek employment, attend school, or participate in a job training program to maintain eligibility or enrollment in AHCCCS disadvantages patients with serious illnesses, such as cancer. Many cancer patients are often unable to work or require significant work modifications due to multiple physical, cognitive, and psychological impairments, such as fatigue, depression, and other side effects commonly experienced by cancer patients and those undergoing cancer treatment.^{2,3,4} 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 AHCCCS.

We urge the AHCCCS Administration to consider implementation of a medically frail designation that would exempt individuals with serious, complex medical conditions from this work requirement.

Conclusion

We appreciate the opportunity to provide comments on Arizona’s draft demonstration waiver amendment. The preservation of eligibility and coverage through AHCCCS remains critically important for many low-income Arizonans 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 amendment application, we ask the AHCCCS Administration 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.

We look forward to working with you and your staff to ensure that all low-income Arizonans have access to quality, affordable, comprehensive health care coverage that best fits their needs. If you have any questions, please feel free to contact me at brian.hummell@cancer.org or 602.586.7414.

Sincerely,



Brian Hummell
Arizona Government Relations Director
American Cancer Society Cancer Action Network (ACS CAN)

² 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.

³ 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.

⁴ 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.



MIKID Improves the Behavioral Health and wellness of children and youth through a family-centered approach.

February 27, 2017

AHCCCS

Mr. Tom Betlach, Director
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801 East Jefferson Street
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publicinput@azahcccs.gov

To Whom It May Concern:

We would like to share our concerns regarding the proposed Arizona Section 1115 Demonstration Waiver Requests currently mandated to be proposed to CMS as a result of SB 1092 Directive.

- 1. We feel that any definition of the term “able-bodied” should be eliminated, and replaced with a statement that reflects that anyone that participates in the Arizona Health Care Cost Containment System, will be encouraged to seek employment whenever their health and personal lives can support it, and that health care providers will be encouraged to assist their enrolled clients in becoming gainfully employed whenever possible. Possibly finding a way to incentivize rather than punish.**

In relating to the reason the “able-bodied” term, as well as this recommendation are problematic, we put forth the following considerations: When determining this definition, it’s important to understand the cyclical nature of mental illness. One month or one day to the next an individual may meet the “able-bodied” requirement, followed by periods of acute symptom exacerbation. There are also many physical health issues that can change from day to day that could make a person not able-bodied when they were the day before. Think those with diabetes, epilepsy, narcolepsy, the list goes on. As with each of these requirements, there are tremendous administrative and cost burdens being added to AHCCCS, health care providers and most importantly to the already over-whelmed individuals needing this support to stay alive.

- 2. We oppose the policy of requiring able-bodied adults to verify on a monthly basis compliance with the work requirements and any changes in family income. We also oppose the policy that would ban an eligible person from enrollment for one year if the eligible person knowingly failed to report**



MIKID Improves the Behavioral Health and wellness of children and youth through a family-centered approach.

a change in family income or made a false statement regarding compliance with the work requirements.

We find this requirement to be personally over-burdensome, and an administrative burden to both the claimant and AHCCCS. According to the Kaiser Family Foundation, we know that 79% of adult and child Medicaid enrollees in Arizona are in families with at least one worker. For parents struggling to make ends meet in low-paying jobs, imposing a monthly reporting requirement with the penalty of a year lock out period only makes the goal of climbing out of poverty that much more difficult, and more stressful. Many people are able to work because of the AHCCCS coverage that keeps their chronic and mental health conditions under control, a year lockout from health care coverage would be devastating.

As noted regarding “able-bodied, there are also a host of physical health conditions that can change overnight and prevent participants from even thinking about checking into AHCCCS about if they looked for a job, as they were focused on life threatening health issues.

The same issues for homeless individuals (especially homeless young adults) would also exist, as their ability to meet deadlines, find transportation to appointments, and even remember appointments when worrying about their next meal and if they are going to live through the night or get robbed, beaten, raped, etc., is extremely difficult.

Work requirements and even missing a monthly reporting of their efforts that could cause them to lose coverage for a year is terribly short sighted (not to mention overly punitive) and surely adding to the cost to care for illnesses, and some of the most expensive ones, would fall back on emergency rooms and indigent care providers already overwhelmed; as well as increasing our unemployment and poverty rates because people would be too sick to work.

Again the huge government administrative burden and costs cannot be overstated.

3. We oppose the proposed lifetime coverage limit of five years for able bodied employees.

Individuals who experience poverty are at significantly greater risk of mental illness and individuals experiencing a mental illness often experience periods of wellness, interrupted by periods of severe illness. Imposing a five-year lifetime limit on AHCCCS eligibility contradicts what is known about disability, chronic disease and mental illness, the difficulty of climbing out of poverty, and jeopardizes progress already gained by those covered by AHCCCS.

Possibly even more to the point, is that this policy request change demonstrates a total lack of understanding of the reality of poverty and the condition of our economy. There are people that can give a lifetime of hard work while employed and never earn enough to be above the poverty line that makes them eligible for this health care coverage, or work for an employer that provides health insurance. This can be the condition for thousands of individuals that do not have the aptitude to participate in the “new economy”, and the lack of real word supports to get themselves out of poverty. And even for those with aptitude, this 5 yr limit shows a total lack of understanding of the realities of getting out of poverty in this country.



MIKID Improves the Behavioral Health and wellness of children and youth through a family-centered approach.

- 4. We oppose the recommended changes to eliminate non-emergency transportation.** Non-emergency transportation is extremely important to facilitate low-income patients getting the primary and preventive care they need. Those living in poverty have limited access to transportation. In rural and frontier areas, there may be no public transportation available at all. Even if transportation is available, many individuals cannot use it because of their health conditions, the expense or other reasons. Refusing to provide access to transportation will simply lead to a lack of access to necessary mental and physical health care, and job training and other preventive social resources that promote physical and mental health. This will often result in the need for more expensive care down the road and other system costs.

In summary: the specific issues noted above; the additional cost to everyone involved in time and money to administer what would be created as a result of these polices; serious health and human costs that cannot be quantified; considering that by nature of being eligible to apply for these benefits one has to be living with the unbelievable burden of the Culture of Poverty; and the punitiveness of all of these request for policy changes are the opposite of what the science of human change and wellness tells us are the most effective ways of approaching these issues, makes the plea to reject these recommended changes even more urgent

Thank you for the opportunity to comment on this submission of Waiver Requests.

Sincerely,

Dick Geasland, LCSW
Chief Executive Officer
Mentally Ill Kids In Distress
7816 North 19th Ave.
Phoenix, AZ 95021

February 27, 2017
Thomas J. Betlach M.P.A., Director
Arizona Health Care Cost Containment System
801 E. Jefferson St., MD 4100
Phoenix, AZ 85034

RE: Section 1115 Waiver Renewal

Dear Director Betlach:

First, I thank you for the opportunity to allow the greater Arizona community to comment on Arizona's 2017 1115 Medicaid waiver application.

As a native Arizonan, graduate student and registered nurse, I have seen firsthand the positive impact AHCCCS has had upon the lives of many Arizonans. I have met individuals who now, for the first time in years, possess health insurance. They can now establish care with a primary care doctor or nurse practitioner and engage in preventive health care. This in turn reduces costs for Arizona, as primary care incurs less costs than tertiary care. Individuals and families who would not have had access to health insurance, are now able to enjoy healthy lives as productive members with their families. The Medicaid expansion after the ACA's implementation was also beneficial to numerous Arizona families. I believe when Arizonans are equipped with tools needed to be healthy individuals, they thrive and contribute to the ongoing building of healthy Arizona communities. Therefore, I am concerned about Arizona's 1115 Medicaid waiver. I believe this waiver will disrupt this quest towards achieving optimal health for Arizonans. In particular, I am commenting on several key areas of the waiver request.

- The requirement for able-bodied adults to verify on a monthly basis compliance with the work requirements and any changes in family income.
- The authority for AHCCCS to limit lifetime coverage for all able-bodied adults to five years except for certain circumstances.

Work requirement- One concern I have regarding individuals being required to provide verification of attempts to find employment are the logistics involved. What if individuals are not able to obtain a job? How will the state find ways to prove that Arizona individuals are attempting to seek employment? There are also individuals who own small businesses and those who are independent contractors. They will need to prove they are meeting the work requirement but how? The waiver also does not list or take into account variations in employment during seasonal fluctuations. I would anticipate AHCCCS recipients will be confused about the waiver requirement as well as eligibility staff and community partners. The administrative process to ensure individuals be compliant with attempting to find employment will also be challenging. What kind of procedures will be used to document members who are attempting to find work? Will there be transparency by the administration to update AHCCCS members about these changes?

Lifetime limits and disenrollment- By placing an arbitrary limit on AHCCCS coverage for five years, this will have repercussions for Arizona residents by placing them in a vulnerable position. Without access to health insurance and preventative care, the gains we have made in our state

will be jeopardized. What evidence demonstrates that five years should be the cut off point for Medicaid? I have not found research supporting a five year cut off point. It is well documented that when an economic recession occurs, enrollment in Medicaid increases whereas Medicaid enrollment declines during times of economic growth. Removing critical access to needed medical services for individuals is callous. Any one of us, at any time, could be placed in a vulnerable position (i.e. catastrophic accidents, cancer, life threatening illness) and would possibly need the use of Medicaid. I would hope that services would be in place to assist individuals and families if this were to occur.

Two events regarding Medicaid and Arizona stand out to me. One event includes Arizona's delay to adopt Medicaid. While Arizona was the last state to adopt Medicaid in 1982, this delay resulted in creating a robust model for what Medicaid can truly accomplish across the country. Perhaps Arizona, through the lessons and failures of other states, learned how to be successful in implementing a large program such as AHCCCS. Second, Andy Nichols and his relentless struggle to expand Medicaid for all Arizonans is another chapter in Arizona's history. Andy's ability to reach beyond political party and stand up for what is right for all Arizonans is commendable. Now more than ever, Arizona needs individuals and organizations to collectively speak for those who cannot speak for themselves.

I encourage the administration to withhold approval of a work requirement waiver request until a more comprehensive analysis is completed. Only with a comprehensive analysis can more appropriate criteria be established. I oppose the legislative mandate as it would negatively impact all Arizonans and reduce the gains made to improve the health for all Arizonans.

Sincerely,

Gabriela Flores



Society of St. Vincent de Paul Tucson Diocesan Council

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February 26, 2017

Mr. Tom Betlach
Director, Arizona Health Care Cost Containment System (AHCCCS)
801 E. Jefferson St.
Phoenix, Arizona 85034

Comments on Arizona Section 1115 Waiver Amendment Request

Dear Director Betlach,

The Society of St. Vincent de Paul appreciates the opportunity to comment on the proposed AHCCCS waiver. Inspired by Gospel values, the Society of St. Vincent de Paul, a Catholic lay organization, leads women and men to join together to grow spiritually by offering person-to-person service to those who are needy and suffering in the tradition of its founder, Blessed Frédéric Ozanam, and patron, St. Vincent de Paul. The Society's 160,000 trained volunteers in the United States provided 11.6 million hours of volunteer service in 2015, helping more than 14 million people through visits to homes, prisons and hospitals at a value of nearly \$1 billion dollars.

The Society addresses the issues of poverty in our community by caring for the poor and vulnerable in two ways:

- By responding to the immediate needs of the poor, namely providing food, clothing, furniture and financial assistance, whenever possible
- By engaging in initiatives that help individuals lift themselves out of poverty and by addressing those systems in our society that contribute to the crisis of poverty.

The Society of St. Vincent de Paul has a long-standing commitment to improving access, quality, affordability and cost effectiveness of health care for people in poverty. Thankfully, AHCCCS, the Arizona's Medicaid program, is one of the best in the nation. In 2013, we strongly supported the improvements in accessibility made possible by the expansion of Medicaid. We want to see the AHCCCS system build on its strengths and improve even more and it is in that spirit that we submit the following comments on the proposed waiver:

WORK REQUIREMENT FOR SO-CALLED "ABLE-BODIED" ADULTS

The introduction of a provision requiring AHCCCS members to obtain work, actively seeking a job, or attend school or job training assumes there are large numbers of "able-bodied" individuals, who are purposely deciding to remain idle. In our daily contact with people in poverty, we have not seen any evidence justifying this assumption. To the contrary, we often see people spending

a high amount of time and energy to take inadequate public transportation to an agency providing help or to a part-time job, only paying minimum wage. Therefore, we oppose the imposition of this requirement.

Any work requirements for all “able-bodied” individuals 19 years of age or older, otherwise eligible for AHCCCS, should consider all circumstances. If this provision is implemented, besides the exemptions already noted in the proposal, legitimate exemptions should also be available for individuals not recognized by the Social Security Administration as disabled or impaired, such as, for example:

- those with a chronic physical or mental illness, not covered under existing disability or SMI criteria,
- those with illnesses characterized by periods of good health followed by long periods of poor health that affect their ability to work, i.e. lupus, multiple sclerosis, etc.

Exemptions should also be available to caregivers and family members, including grandparents and step-parents, of those with special needs or disabled (e.g. child over age six with special health care needs or a chronically ill adult), because financial and work requirements affect the dynamics of the entire household. Forcing a caregiver to work under these circumstances could lead to having to institutionalize their loved one or make much more costly alternative arrangements for in-home care.

Additionally, we express our concern for individuals from the reentry population, since many face significant additional barriers to employment due to their criminal records. They might need support to obtain employment, before any requirement is applicable to this population. Similarly, people living in rural areas might not have job opportunities available.

Furthermore, we are concerned about categorizing individuals with inadequate definitions such as “able-bodied adult”. Healthcare is a human right and AHCCCS provides a critical lifeline to low-income individuals. There are many people, who are very sick, or physically or mentally disabled, but not covered under existing disability criteria, and people, who are suffering from an undiagnosed mental condition.

AHCCCS is not a work program. Work requirements are likely to result in a loss of health coverage, with little or no gain in long-term employment.

MONTHLY INCOME AND WORK REQUIREMENT VERIFICATION

Verifying income and work requirement on a monthly basis would impose a sometimes-unsurmountable burden on family in poverty, who often live in the tyranny of the moment, moving from crisis to crisis, not knowing where their next meal will come from. In our daily contact with those in poverty, we see the obstacles that they experience such as lack of transportation, lack of a phone, lack of a computer, etc. They struggle to find or maintain a job, because of poor education or lack of job training. These situations are even more pervasive among the many families living in generational poverty, whose members very often do not have yet the basic skills to function as a productive member of society.

Any verification periodicity need to be much less frequent and consistent with existing eligibility periods, with exceptions for persons, who are Seriously Mentally Ill (SMI), caregivers of the elderly or disabled, and “medically frail” individuals.

In addition, adding costly and complex administrative tracking procedures risks diverting money away from the delivery of direct health services, while contributing nothing that would benefit AHCCCS members and providers.

The above considerations apply to the following two points as well.

MONTHLY REDETERMINATION OF ELIGIBILITY

We oppose a monthly redetermination of eligibility for the same reasons expressed above. We believe that eligibility should remain as currently specified.

ENROLLEE DISENROLLMENT

The proposed ban of an eligible person from enrollment for one year, if the eligible person knowingly fails to report a change in family income or makes a false statement regarding compliance with the work requirements is similarly inappropriate, as there are many reasons why a person might not be able to report monthly changes or report incorrectly.

The creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty unnecessarily and creates additional barriers to self-sufficiency. In practical terms, disenrollment as a punishment is a form of discrimination.

FIVE-YEAR LIFETIME LIMIT

We strongly oppose setting lifetime limits to medical coverage, as this severely undermines the intent of AHCCCS and its recent expansion to improve access to healthcare for people in poverty. A lifetime limit will increase the number of the uninsured, reducing the health of our communities, shifting the burden of healthcare costs to local providers and increasing uncompensated care, as more uninsured people will seek care in emergency departments.

Lifetime limits combined with work requirements especially do not make sense, due to the recurring nature of economic cycles. People in poverty are the most likely to experience repeated period of employment followed by periods of unemployment, during economic downturns.

It is also important to consider that people in poverty are often in “zero tolerance” jobs. If they make one mistake, or they are one hour late, because the car did not start or the bus did not come on time, or they wear the wrong color scrub, or because of a number of any other issues, they are out.

After the lifetime limit is reached, these people may no longer be eligible for AHCCCS at a time when they might need it the most. The lifetime limit combined with work requirements is setting an unwarranted barrier to healthcare eligibility that would disproportionately affect people in poverty, and even more so as they become older.

In conclusion, we feel that the proposed changes contained in the AHCCCS Waiver, while well intentioned, will make AHCCCS members' lives even more difficult. In our contacts with people in poverty, we realize that they get sick much more often than do middle-class people with a stable life. The stress of living in poverty makes them vulnerable to all kinds of physical ailments. Threats to discontinue their medical insurance coverage would only raise their level of anxiety further. It could also lead to more families seeking bankruptcy, delaying medical care and more uncompensated care for our society as a whole.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

Tucson Diocesan Council President

Stephany Brown

 2/27/17

- Breaking the Silence - Ending the Stigma - Saving Lives -

NAMI Arizona is a statewide grassroots organization dedicated to serving individuals and families affected by mental illness to improve their quality of life and achieve recovery. NAMI Arizona promotes activities, in partnership with local NAMI affiliates, through education, advocacy, research, and support.

**NAMI Arizona
Governing Board:**

Vicki Johnson, M.A.,
President

Robert Sorce, J.D.,
Vice President

Barbara Lang, M.A., LPC,
LISAC, CCSOTS,
Secretary

Kay Brown, M.C.,
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Sherry Candeleria, B.S.,
CPM, PHR, *Governor*

Gina Boyer, Ph.D.,
Governor

Martha Auslander,
Governor

Leslie Schwalbe, M.P.A.,
Governor

Jim Dunn, M.Ed./C, CPRP,
Executive Director/CEO

February 27th, 2017

AHCCCS

c/o publicinput@azahcccs.gov

Office of Intergovernmental Relations

801 E. Jefferson Street, MD 4200

Phoenix, AZ 85034

Re: Attestation Against State of Arizona's Application to Amend or Modify its current 1115 Waiver to allow new eligibility requirements for "able-bodied adults"

1. Name of Organization: NAMI Arizona
2. Contact/Representative Name and Title: Jim Dunn, Executive Director/ CEO
3. Address: 5025 E. Washington St., Ste 112 Phoenix, AZ 850334
4. Phone: 602-885-4166
5. E-mail address: jimdunnaz@msn.com

6. Signature: _____

Authorized Organizational Representative

Section 1: Introduction – Attestation Against

NAMI Arizona hereby attests to its opposition to and active engagement against Arizona's application to amend or modify its 1115 waiver to allow new eligibility requirements for "able-bodied adults" and impose a five-year lifetime benefit limit.

NAMI Arizona believes that Medicaid, the State's largest insurer, is an important lever for driving delivery transformation. In Arizona, the AHCCCS program has been a leader in health innovation and health policy. With steady and strong leadership, AHCCCS has successfully promoted numerous initiatives to transform the healthcare industry. The program's success has also relied on its roots as a public/private partnership. All of these factors, in addition to serving a critical mission, are reasons why NAMI Arizona supported Medicaid restoration and expansion in Arizona.

NAMI Arizona is equally committed to actively striving toward health delivery transformation to yield better health outcomes and lower costs. Accordingly, NAMI Arizona believes it is essential to collaborate with the State of Arizona, through AHCCCS to effectively improve population health and promote system reform from a payment and delivery perspective.

Given this strong and determined partnering to ensure comprehensive and cost-effective healthcare for our indigent and most significantly impaired citizens, NAMI Arizona cannot in good conscience support any activity that reduces access and creates an undue administrative burden on both the individual served and the State of Arizona.

Section 2: Describe your Organization and its role in system reform currently

NAMI Arizona, a non-profit 501(c)(3) is the Arizona State Office of the nation's largest grassroots organization dedicated to serving individuals and families affected by mental illness to improve their quality of life and achieve recovery. NAMI Arizona promotes activities, in partnership with local NAMI affiliates, through education, advocacy, research and support.

NAMI Arizona strives to be the statewide leader in improving the mental health of all Arizonans by:

- *Educating Arizona citizens on the causes, symptoms and treatment of mental illness.
- *Advocating to legislators and policymakers in support of issues identified as important by peers and family members; and to create, maintain, or increase funding for mental health programs including those sponsored by NAMI Arizona and NAMI Affiliates.
- *Collaborating with the broader behavioral health community in activities that reduce stigma, offer hope and promote prevention, early diagnosis, treatment and recovery.
- *Coordinating with and supporting local NAMI Affiliates to continue offering valuable no-fee training, support groups and other programs for families and individuals coping with mental illness regardless of funding stream.

NAMI Arizona is now playing a significant leadership role in several statewide initiatives including the Arizona Mental Health and Criminal Justice Coalition, the Arizona Justice Alliance, the Arizona Peer and Family Coalition, Mental Health America's "Association of Associations", and the Future Directions Peer and Family Run Leadership Effort, along with being at the table and a valued contributor to many others including The Arizona Council of Human Service Providers, the Maricopa Consumers Advocates and Providers (MCAP), the Arizona Health Care Cost Containment System (AHCCCS) Office of Individual and Family Affairs, The Arizona Administrative Office of the Courts, Arizona Department of Corrections, Arizona Department of Housing, and law enforcement agencies across the State.

Another example is the establishment of the "NAMI Watch Dogs"—a group of dedicated citizens who monitor legislative activity and attend legislative hearings at a moment's notice. The NAMI Watch Dogs are at the forefront educating legislators about mental illness and partnering with community organizations including the Arizona Council of Human Service Providers, the Maricopa County Advocates and Providers, and the Arizona Peer and Family Coalition as well as other community groups. NAMI Watch Dogs routinely serves as guides and hosts assisting others to participate in legislative hearings and the Governor's press conferences.

From this partnering, NAMI Arizona was able to advance a significant number of important initiatives and advocate for key mental health issues including:

- Increased funding for Mental Health First Aid, a nationally recognized program which is designed to train ordinary citizens to recognize the signs and symptoms of mental illness and intervene early to help affected individuals to get treatment.
- Repeal of antiquated language in Arizona laws that defined a mentally ill person using terms that were derogatory and stigmatizing.
- Governor Brewer's proposal to expand Medicaid eligibility to make behavioral health care benefits available to thousands of Arizona's citizens.
- "Prohibited Possessor" laws that would affect individuals who voluntarily seek hospitalized mental health treatment.
- Advocated for training and resources needed for "Mandatory Reporting" laws affecting persons who may be a danger to self or others.
- Participating in Mental Health Court Standards Advisory Committee.

- Partnering with Law Enforcement and Crisis Responders statewide to better educate and inform the public on best practices.
- Moderating Housing and Criminal Justice forums in concert with ASU Center for Applied Behavioral Health Policy and David's Hope.
- Implementing Arizona Health Care Cost Containment System "Building Connections" initiative preparing and facilitating individual and family members to assume leadership roles on committees and in communities.
- Conducting six consecutive Annual Meetings built on health care transformation beginning with 2012 – "Transforming Arizona Integrated Health Outcomes", 2013 – "Cultivating a Collaborative Community Approach", 2014 – "Crankin' Up the Collaboration", 2015 – "Now We're Cooking", 2016 – "Establishing Collaborative Community Oversight", and 2017 – "Collaborative Community Oversight – Arizona Steps Up."

Section 3: Conclusion: Arizona's 1115 Waiver

Arizona has an active and engaged health care sector that provides quality care to Arizonans across the State. As we supported restoration and expansion of Medicaid in Arizona, we did so with the recognition that this added coverage could be leveraged to support initiatives in payment reform and health care delivery transformation.

We see this proposed limitation on the Medicaid benefit to five years with additional burdensome reporting requirements to have negative impact on the system we hope to see improved.

"Able-Bodied Adults" may include numerous individuals who need on-going behavioral health services and resources. When they are no longer eligible for this support, they will likely become an increased burden to the community through potential criminal justice system involvement and emergency medical care demands. This would ultimately be more harmful to the individuals and expensive for the state/community than would be the case for continuation of the current coverage.

NAMI Arizona firmly believes any attempt to modify Arizona's 1115 waiver to allow new/different eligibility requirements for "able-bodied adults" and/or impose a "lifetime benefit limit" are significant steps backward creating undue administrative and financial burdens on Individuals Served and the State itself.

We do not support any of the "able-bodied adult/lifetime benefit limit" provisions and strongly encourage immediate repeal of 2015's SB1092 to prevent the added administrative burden of going through this onerous exercise every year.

Sincerely,

Jim Dunn, M.Ed./C, CPRP,
 Executive Director/CEO
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February 27, 2017

Arizona Health Care Cost Containment System
c/o Office of Intergovernmental Relations
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034

Cc: Jane Perkins, National Health Law Program
Ellen Sue Katz, William Morris Institute for Justice
Judith Solomon, Center on Budget and Policy Priorities

Sent by email to publicinput@azahcccs.gov

Subject: Comments on Section 1115 Waiver Amendment under Senate Bill 1092

Dear Sir or Madam:

We would like to submit public comments concerning the plan to submit a Section 1115 waiver proposal to the Centers for Medicare and Medicaid Services pursuant to Senate Bill 1092 to add work requirements and a five-year lifetime coverage limit for able-bodied adults in Medicaid.¹

1. Lifetime Limits and Work Requirements Are Contrary to Medicaid's Objectives

Section 1115 permits research and demonstration waivers if they are "very likely to assist in promoting the objectives of Title ... XIX" of the Social Security Act. There is no statutory objective of Title XIX that includes or is supportive of Medicaid work requirements or lifetime coverage limits. The waiver proposal is contrary to the objectives of the Act; such requirements have not been authorized in the fifty years since Medicaid began. Medicaid has permitted coverage for ongoing treatment needs such as long-term care, care for chronic diseases, and preventive care since its origin; it is inconceivable that lifetime limits are consistent with the objectives of the program. The creation of Section 1931 under the 1996 welfare reform law specifically severed the connection of Medicaid and TANF eligibility to ensure that those losing coverage due to work requirements and lifetimes limits in TANF could still retain health insurance coverage. As the state of Arizona knows, similar waiver proposals have been consistently rejected in the past, establishing a precedent that these policies are contrary to the objectives of Medicaid.

Because of this fundamental conflict with the objectives of the program, the proposed waiver request is unlawful and should not be submitted.

¹ AHCCCS. Arizona Section 1115 Waiver Amendment Request: Senate Bill 1092 Arizona Legislative Directives. Jan. 2017.
<https://www.azahcccs.gov/Resources/Federal/sb1092legislativedirectivewaiverproposal.html>

In addition to this fundamental problem with the waiver proposal, we note that there are other serious flaws.

2. The Proposed Eligibility Restrictions Would Create Serious Harm

The proposed five year lifetime limit on Medicaid (AHCCCS) eligibility for those considered “able-bodied” is very harmful. We are unaware of any rationale for the proposed limit. It is a basic fact of life that health needs grow as we age; people in their forties to sixties are more prone to serious chronic diseases like diabetes or coronary artery disease or illnesses like breast or prostate cancer. Effective, life-saving medical therapies are available for these diseases, but long-term treatment is often needed to allow people to maintain their health. If low-income people are ineligible for Medicaid because they used the program for five years while they were impoverished in their twenties, they are likely to be uninsured and unable to get the types of medical care or medications when they most need assistance. It is inconceivable that the objectives of Medicaid are consistent with such a harsh limit on eligibility. Low-income people should not be required to ration an allotment of health insurance over the course of their lifetimes, guessing at when they will urgently need care and leaving themselves exposed to unexpected needs and without preventative care when going uninsured.

The inevitable result of lifetime limits will be increased morbidity and mortality because care will be unavailable when it is most needed. Research has shown that Medicaid expansions can significantly reduce mortality² and efforts to cut eligibility can have truly life-threatening results. Some uninsured individuals may still be able to get some services from safety net hospitals and clinics, but this is not a substitute for insurance and would greatly increase the level of uncompensated care these providers must bear. Moreover, these additional burdens placed on the safety net providers will make it harder for them to provide care for others in need.

The work requirements are also inappropriate to Medicaid. Although the proposal would exempt those who are disabled, many adults have physical or mental health problems that require medical care, even though they have not met conditions for disability. We analyzed data from the 2015 National Health Interview Survey about the health status of non-elderly Medicaid enrollees in the Medicaid expansion income range. About one-quarter (26%) of Medicaid expansion enrollees reported SSI or Social Security disability status. But an additional 15% reported functional limitations (i.e., problems that interfere with basic activities of living or working) caused by diseases such as arthritis, cancer, diabetes and mental health problems and another 7% reported being in fair or poor health.³ Those who report being in fair or poor health are more likely to die.⁴ That is, the

² Sommers B, Baicker K, Epstein A. Mortality and Access to Care among Adults after State Medicaid Expansions. New England Journal of Medicine. 2012; 367:1025-1034. Sept. 13, 2012.

³ GW analyses of the 2015 National Health Interview Survey, conducted by the Centers for Disease Control and Prevention.

⁴ Mc Gee, et al. Self-reported Health Status and Mortality in a Multiethnic US Cohort. American Journal of Epidemiology. 1999; 149 (1): 41-46.

number of Medicaid expansion adults with serious health problems but not classified as disabled is almost as high as the number who classified as disabled. The exemptions may miss a very large number of adults with serious health problems, some of which may make it impossible for the person to secure employment.

Getting exemptions for disability will entail substantial delays in coverage. National data indicate that the average time to process a Supplemental Security Income or Social Security Disability claim was 83 to 86 days in 2014.⁵ Appeals, which are common and often upheld, typically take years. People with serious problems could be denied eligibility for months or even years while trying to get disability determinations.

A particularly unfair paradox inherent in Arizona's proposal is that a person may be unable to even pay to get a doctor's physical or mental evaluation if they are denied Medicaid coverage because they might be "able-bodied." Comprehensive physical examinations are usually more expensive than other types of primary care visits because they take more time. It frequently takes months to get appointments for physicals scheduled. In the meanwhile, people may be unable to get needed medical care or medications.

Arizona's proposal does not include any accommodation for local differences in the availability of work. Arizona employment data indicate that in July 2016 county unemployment rates varied from a low of 5.5% in Yavapai County to a high of 24.5% in Yuma County.⁶ In certain areas of the state there are far fewer jobs available than in other areas and residents of those areas are therefore much less likely to find work and will be more often ineligible for health insurance coverage.

Finally, we note that the types of low-wage jobs that Medicaid enrollees are likely to get frequently lack health insurance. For example, in 2015 only 25.5% of workers in Arizona employed in private firms with low average wages (e.g., retail, food service, and agriculture) had health insurance at work, slightly below the national average of 27.5%. Less than half (48%) of Arizona workers in these low-wage firms were even eligible for work-based health insurance, substantially below the national average of 58%.⁷ Even when low-wage workers are eligible for insurance, the monthly premiums are often too high to be affordable or the insurance available has such high deductibles (e.g., HSA-compatible plans) that they offer very little real coverage. Thus, many low-income workers will continue to need Medicaid coverage for longer than the proposed 5 year time frame.

3. It Is Unlikely That Arizona Has the Capacity to Administer Such a System

⁵ Office of the Inspector General, Social Security Administration. Disability Determination Services Processing Times (A-07-15-15037) May 8, 2015.

⁶ <https://laborstats.az.gov/local-area-unemployment-statistics>

⁷ These data are for firms with the lowest quartile of average wages, as reported by the 2015 Medical Expenditure Panel Survey, Insurance Component, Agency for Healthcare Research and Quality. https://meps.ahrq.gov/mepsweb/survey_comp/Insurance.jsp

In a public forum, AHCCCS provided a preliminary estimate that 224,000 adult enrollees might be subject to the new requirement. While there are already work requirements, as well as related evaluation, counseling, job search, job training and education and monitoring systems for TANF and SNAP, the scope of the number of new Medicaid enrollees would likely overwhelm the system. Providing sufficient job training and evaluation services, as well as monitoring beneficiaries' compliance with the new requirements, would substantially increase Medicaid administrative costs. These administrative costs only receive a 50% federal match, so the state would bear a substantial increase in state expenses to develop this system and to ensure adequate capacity in all regions of the state.

If the state believes it can administer and finance an adequate system of job support services for all adult enrollees subject to the new requirements, the details should be provided in its Section 1115 waiver request.

4. We Have Concerns about Federal Budget Neutrality

One of the most important elements of any federal Section 1115 waiver proposal is the assessment of federal budget neutrality. As stated above, the administrative costs for this waiver would be substantial. Additionally, the exclusions of Medicaid eligibility will increase federal outlays, such as premium tax credits or disability benefits, creating problems for federal budget neutrality.

Many Arizonans excluded from Medicaid eligibility if this policy is adopted ought to become eligible instead for premium tax credits under the federal health insurance marketplace. Federal tax credit and marketplace eligibility do not include work requirements or lifetime limits. Those excluded from Medicaid will have very low incomes, making them eligible for the largest tax credits and cost-sharing subsidies, incurring additional federal costs. Since Medicaid costs per enrollee are often lower than the maximum tax credits and cost-sharing subsidies, federal costs may actually rise if a large number of individuals are excluded from Medicaid coverage and instead receive federal tax credits and cost-sharing assistance.

Moreover, the work requirements and lifetime limits would likely increase the number of adults who seek and become eligible for Supplemental Security Income or Social Security Disability benefits because this will enable them to get health insurance coverage. This could also increase federal costs.

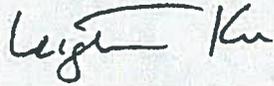
Any assessment of budget neutrality should include assessments of the impact of Arizona's proposed policies on raising costs for these federal programs.

Thank you for consideration of our comments.

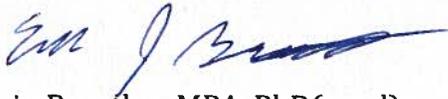
Our qualifications: Leighton Ku is a Professor of Health Policy and Management and Director of the Center for Health Policy Research at George Washington University. He is a nationally-known health policy researcher with strong expertise in issues related to Medicaid and health insurance marketplaces. Erin Brantley is a Senior Research Associate working with Professor Ku and PhD candidate in health policy at the Trachtenberg School

of Public Policy and Public Administration. She has expertise in Medicaid and public health issues.

Yours truly,

A handwritten signature in blue ink that reads "Leighton Ku". The signature is written in a cursive style with a horizontal line above the "Ku" part.

Leighton Ku, PhD, MPH
Professor of Health Policy and Management
Director, Center for Health Policy Research

A handwritten signature in blue ink that reads "Erin Brantley". The signature is written in a cursive style with a horizontal line above the "Brantley" part.

Erin Brantley, MPA, PhD(cand)
Senior Research Associate

ARIZONA PEER AND FAMILY COALITION BOARD AND MEMBERS

709 E CALLE CHULO RD, GOODYEAR, AZ 85338



2/27/2017

Mr. Tom Betlach, Director of AHCCCS
801 E. Jefferson St. MD 4100
Phoenix, AZ 85034
publicinput@azahcccs.gov

Dear Director Betlach:

On behalf of the Arizona Peer and Family Coalition board and members, we would appreciate the opportunity to comment on the current Medicaid Section 1115 waiver. AHCCCS has done some admirable work in this community and we would like to see this continue. We would like to share our concerns with the proposed requirements for "able-bodied" adults receiving Medicaid services.

1. We feel the immediate need to define the term "able-bodied".

When determining this definition, it's important to understand the cyclical nature of mental illness. One month an individual may meet the "able-bodied" requirement, followed by periods of acute symptom exacerbation.

2. We oppose the policy of requiring able-bodied adults to verify on a monthly basis compliance with the work requirements and any changes in family income. We also oppose the policy that would ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements.

We find this requirement to be burdensome and an administrative burden to both the claimant and AHCCCS. We know that 79% of adult and child Medicaid enrollees in Arizona are in families with at least one worker. For parents struggling to make ends meet in low-paying jobs, imposing a monthly reporting requirement with the penalty of a year lock out period only makes the goal of climbing out of poverty that much more difficult. Many people are able to work because of the AHCCCS coverage that keeps their chronic and mental health conditions under control. Work requirements would likely end in a loss of health coverage, adding to our unemployment and poverty rate.

3. We oppose the proposed lifetime coverage limit of five years for able bodied adults.

Individuals who experience poverty are at significantly greater risk of mental illness and individuals experiencing a mental illness often experience periods of wellness, interrupted by periods of severe illness. Imposing a five-year lifetime limit on AHCCCS eligibility contradicts what is known about disability, chronic disease and mental illness, and jeopardizes progress already gained by those covered by AHCCCS.

Thank you for the opportunity to comment.

Sincerely,

Arizona Peer and Family Coalition Board and Members

Krista Long

Acting President

Carol McDermott

Treasurer

Debra Jorgenson

Secretary

Jim Dunn

Jill Hogan

Richard Beeman

Phil Sawyer

Sherron Candelaria

Board Members at Large

MCAP

Maricopa Consumers Advocates and Providers
1406 N. 2nd Street
Phoenix, AZ 85004

VIA EMAIL: publicinput@azahcccs.gov

Mr. Tom Betlach,
Director
Arizona Health Care Cost
Containment System
801 East Jefferson Street
Mail Drop 4200
Phoenix, Arizona 85034

Re: Comments on Draft Section 1115 Waiver Request

Dear Director Betlach:

On behalf of Maricopa Consumers, Advocates and Providers (MCAP), thank you for the opportunity to comment on the proposed Medicaid waiver. MCAP, whose membership includes more than 40 provider agencies that are advocates for a quality and cost effective public behavioral health system. MCAP enthusiastically supported the integration of behavioral health and acute care services in AHCCCS. MCAP takes interest in this proposed waiver because of its impact on those in need behavioral health services through our Medicaid system.

Our comments focus primarily on those areas of the waiver request that would require “able-bodied” adults to become employed, actively seek employment, or job training program; authorize AHCCCS to ban an eligible person from enrollment for one year if the person knowingly fails to verify compliance with work or income requirements; and allow AHCCCS to limit lifetime coverage for all able-bodied adults to five years. We believe that each of these provisions pose unique and significant risk to persons with serious mental illness and other behavioral health issues.

While MCAP fully supports efforts to increase employment, the time limits and work requirements at issue are arbitrary and ill-advised. There are many physically or mentally impaired individuals who are unable to work, but who may not meet the definition of disabled under existing disability categories. The current proposal will have a disproportionate effect on individuals with chronic conditions and disabilities and lead to worse economic and health consequences. These requirements would also lead to time-consuming and expensive administrative burdens on the state, insurance vendors and individuals expected to carry out complex monthly reporting obligations. A five-year lifetime limit would force many to be uninsured, limit their access to the primary, preventive, acute and chronic care. It would shift costs of care to other health providers, worsen health outcomes, delay necessary care, and increase costly emergency department visits and preventable hospitalizations.

MCAP

**Maricopa Consumers Advocates and Providers
1406 N. 2nd Street
Phoenix, AZ 85004**

Non-emergency transportation is extremely important to facilitate low-income patients getting the primary and preventive care they need. Those living in poverty have limited access to transportation. In rural and frontier areas, there may be no public transportation available at all. Even if transportation is available, many individuals cannot use it because of their health conditions, the expense or other reasons. Refusing to provide access to transportation will simply lead to a lack of access to necessary mental and physical health care. This will often result in the need for more expensive care down the road and other system costs.

Thank you for allowing us to comment on this proposal. We appreciate your consideration of MCAP's perspective.

Ted Williams, Chairman

Arizona

February 24, 2017

16165 N. 83rd Avenue, Suite 201 | Peoria, AZ 85382
1-866-389-5649 | Fax: 602-256-2928 | TTY: 1-877-434-7598
aarp.org/az | aarpaz@aarp.org | twitter: @AZ_AARP
facebook.com/aarparizona

AHCCCS

c/o Office of Intergovernmental Relations
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034

Dear Sir/Ms:

AARP is a nonprofit, nonpartisan organization, with a membership of nearly 38 million people, including more than 880,000 members in Arizona. We are writing to express our concern about Arizona's 1115 Waiver request, as required yearly by the passage of SB 1092 in 2015.

Since Arizona expanded Medicaid under the leadership of Governor Jan Brewer in 2013, the state has reduced the number of uninsured Arizonans by 33 percent. Indeed, Medicaid expansion has helped an additional 463,000 Arizonans receive access to healthcare coverage.* The progress Arizona has made in providing access to coverage is noteworthy, however AARP is concerned that the proposed changes to the waiver will be detrimental to the state and to a large number of Arizonans, including many older adults.

Lifetime Limit

Of most concern to AARP is the proposal to limit lifetime coverage for all able-bodied adults to five years. This arbitrary limit is subject to only a few exceptions that do not account for many types of hardships (foreseeable and unforeseeable) that many non-exempted populations may face. For example:

- While Arizonans who meet institutional-level of care criteria and receive home and community-based services (HCBS) qualify for an exemption, the waiver should ensure that those at risk of institutionalization who receive HCBS may also be eligible for such an exemption.
- Other Arizonans with chronic conditions, including behavioral health conditions, may not qualify for an exemption but may experience recurring periods of illness that prevent them from working.
- Caregivers of children with disabilities over age 6, other relatives with disabilities, or elderly relatives are not eligible for an exemption. The lifetime limit could result in disruptions of those caregiving arrangements leading to increased institutionalizations.

By its terms, the lifetime limit falls most severely on older, sicker adults. Instead of improving health outcomes for this population, the lifetime limit will instead deny these individuals the preventive and chronic care needed to avoid more costly alternatives, such as emergency department visits and institutional placements. Many will be unable to shoulder these higher medical costs themselves, resulting in more personal bankruptcies, more uncompensated care for Arizona providers and more cost-shifting to other taxpayers.

We believe that a lifetime limit is fundamentally inconsistent with the objectives of the Medicaid statute and will likely lead to an increase in the number of uninsured Arizonans. This will invariably have potential future consequences for the state when dealing with public health emergencies such as the opioid epidemic or infectious disease outbreaks. Arizona will have one less tool in its public health tool belt for persons impacted by both the lifetime limit and a public health emergency.

Loss of Coverage

The proposed waiver amendment would permit the state to ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements. There is no consideration given to the negative health outcomes of a person's loss of health care coverage. Terminations from the program could result both in added uncompensated care costs for health care providers as well as in poorer health outcomes for terminated enrollees who may have health needs that are more expensive to treat later.

The proposed waiver provision requiring able-bodied adults to verify work requirement and family income compliance on a monthly basis places an undue burden on certain care recipients. For example, it is unclear on how the reporting requirement will be satisfied. Will reporting be completed in person, thereby placing undue hardship on older Arizonans, people with unverified disabilities, or for anyone else who does not have access to transportation? Or equally problematic, will the reporting be done electronically, without consideration for an individual's lack of computer or internet access? The state will also be saddled with new costs and staffing needs to develop a reporting system and administer the monthly reporting requirements that are likely to drain resources away from other priority initiatives.

Work Requirement

Since the beginning of Medicaid, the federal Department of Health and Human Services has shown extreme reluctance to grant a state any waiver that would create Medicaid eligibility requirements beyond the program's focus on those "whose income and resources are insufficient to meet the costs of necessary medical services" (42 U.S.C. § 1396-1(1)). The waiver's work requirement presents another unnecessary barrier to health coverage for a sector of the population that needs coverage the most, including many individuals with recurring periods of illness due to chronic and behavioral health conditions who may be determined not to be exempted from the work or school requirements.

AARP appreciates the progress the state has made in providing access to healthcare to its citizens, and we encourage the state to carefully reconsider these harmful provisions that will adversely affect many older Arizonans, health care providers and Arizona's taxpayers. We thank you for the opportunity to provide these comments and look forward to discussing them with you. If you have any questions, please contact me at (602) 262-5191 or dkennedy@aarp.org.

Sincerely,



Dana Marie Kennedy
State Director

* <https://www.healthinsurance.org/arizona-medicaid/>



February 24, 2017

Thomas J. Betlach MPA, Director
Arizona Health Care Cost Containment System
801 E. Jefferson St., MD 4100
Phoenix, AZ 850

RE: Section 1115 Waiver Renewal

Dear Director Betlach:

On behalf of the Board of Directors from the Arizona Family Health Partnership (AFHP), thank you for the opportunity to comment on Arizona's 2017 1115 Medicaid waiver application.

Founded in 1974, AFHP (formerly the Arizona Family Planning Council) began receiving the Title X Grant for Arizona in 1983 and for the Navajo service area in 2014. AFHP contracts with seven delegate agencies and 34 health centers across Arizona and southern Utah, with clinics in nine Arizona counties and one county in Utah to provide sexual and reproductive health services as outlined in the [Quality Family Planning guidelines](#). Through the delegate agencies the family planning and reproductive health services provided include contraceptive services containing Long Acting Reversible Contraception (LARC) and Emergency Contraception (EC); pregnancy testing and counseling; achieving pregnancy; basic infertility services; preconception health; STD testing and treatment and breast and cervical cancer screening.

Title X and Medicaid combine to form our nation's family planning safety net and in Arizona it is via AFHP & AHCCCS. The importance of the work done in this area cannot be overstated as there is a direct link between access to reproductive health care and poverty. [insert something here]. By way of example, in 2016 AFHP served over 36,000 clients and access to services listed above saved the state of Arizona over:

- \$61 million in maternal and birth related costs,
- \$300,000 from the STI testing and
- \$33,000 from PAP and HPV testing.

The areas of concern with AHCCCS's current waiver submission include the work requirement as well as the limit to five years for all able-bodied adults with some exceptions.

Work Requirement

We know that 79% of adult and child Medicaid enrollees in Arizona are in families with at least one worker. For parents struggling to make ends meet in low-paying jobs, imposing a monthly reporting

requirement with the penalty of a year lock out period only makes the goal of climbing out of poverty that much more unattainable. Many people are able to work because they can keep chronic and mental health conditions under control through AHCCCS coverage.

Lifetime Limits and Disenrollment

Imposing a five-year lifetime limit on low-income people runs counter to research on mental health recovery and chronic disease management. Moreover, many low-income adults eligible for AHCCCS are working, but do not have access to job-based coverage. Cutting them off after five years would expose them to poor health outcomes and medical debt, which entrenches the cycle of poverty in our state.

Preventive Health Services

Currently, AHCCCS covers preventive services assigned a [grade of A or B by the United States Preventive Services Task Force \(USPSTF\)](#) for individuals living between 100%-138% federal poverty level (FPL). However, these same services are not covered for individuals living under 100% FPL. AFHP advocates for coverage of the USPSTF Category A and B services to be included for all AHCCCS members under the new waiver, and would like to bring attention to [2013 CMS guidance](#) indicating a 1% reduction in the Federal Medical Assistance Percentages (FMAP) rate for states which pay for those services for individuals living under 100%FPL. The preventive measures that AFHP provides include STI screening for Chlamydia and Gonorrhea, diseases that may decrease the ability to become pregnant.

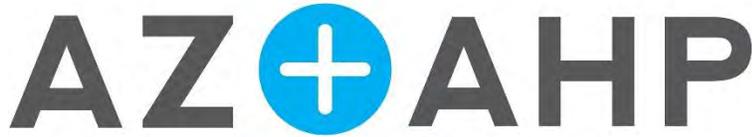
Limiting access to health care with work requirements and/or time limits decrease access to preventive care that in the long-run will only cost the state additional funding or decrease health outcomes for individuals.

Thank in advance for your consideration of these comments.

Sincerely,



Brenda L. "Bré" Thomas, MPA
CEO



Arizona Association of Health Plans
800 North First Avenue
Phoenix, AZ 85003
602-680-7680

February 23, 2017

Via email: PublicInput@azahcccs.gov

AHCCCS
Office of Intergovernmental Relations
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034

Dear Director Betlach,

I write on behalf of the member companies who make up the Arizona Association of Health Plans (AZAHP) to comment on the proposed Legislative changes to our state's 1115 demonstration program.

As the contractors who provide health care to Arizona's most vulnerable citizens, we appreciate having this opportunity to register our concerns regarding the Legislative initiatives, in particular the proposed five-year life time limit. Representing the private half of the public-private partnership that makes the AHCCCS model one of the most successful managed care programs in the Nation, we are hopeful that our views will inform and advance your final request of CMS, as well as their deliberations.

In our Governor's recent letter to Congressional leaders, he said that our success is dependent upon getting maximum flexibility around program design and administration. We concur with Governor Ducey's assessment, including the need for:

- Flexibility in our state's benefit and eligibility criteria;
- Revision of Obama era regulatory provisions and duplicative levels of oversight;
- Giving the states the flexibility to leverage the mechanisms that we think will work best for our populations – copays, premiums, deductibles, work requirements and other tools that will allow us to establish cost sharing requirements that meet our needs, not Washington's; and
- Modernizing the 1115 waiver process itself, the mandatory renewal every five years is outdated and drains state resources at an alarming pace.

It is apparent that the most critical issues about the future of the ACA that have found resonance and acceptance with the American people are allowing people with pre-existing conditions to get health coverage, and letting kids stay on their parent's health plans until age 26. This Legislative suggestion for a five-year life time limit proposal would infringe on both of those principles.

To be clear:

- The AzAHP opposed the Legislative proposal for a five-year life time limit requirement when it was enacted;
- In 2016 we called this measure “draconian” in our comments regarding 1115 waiver application; and
- We are steadfast in our opposition to this legislative mandate today.

This plan, crafted by the Arizona Legislature two years ago, would impose a heavy-handed and inflexible eligibility limit on our state’s Medicaid program, the timing of which is certainly ill-suited to today’s robust conversations in Washington and here at home about sending the Medicaid program back to the states to administer with innovation and alacrity.

At a time when states need all the flexibility we can get to navigate the looming changes to the Affordable Care Act (ACA) and Medicaid financing, this proposal ties our hands and limits our ability to ensure we are providing quality health care to our most vulnerable citizens, at the lowest cost possible.

For example, in the Legislative waiver, the five-year lifetime clock starts ticking when able-bodied individuals reach 19 year of age. This is not consistent with the 26-year old age limit of the ACA, which poll after poll shows that Americans value the most; it appears an arbitrary starting point.

According to recent AHCCCS estimates, approximately 242,000 Arizonans are in the population who would be initially subject to the five-year life time limit. Nearly half of this group is older, pre-Medicare, aged 45-65, with low incomes, limited education, and much more likely to suffer chronic and pre-existing health conditions than younger members, leaving them with few job choices or opportunities. Without access to health care coverage, these are the members most likely to go without care, or seek treatment in the emergency departments.

Additionally, we’ve lived through record levels of uncompensated care during Arizona’s great recession and well understand the consequences of this, both economically and to the well-being of our members, especially those with chronic disease.

Such a limit restricts our ability to find innovative ways to treat large populations of older Arizonan’s in need of care – those who are too young for Medicare but unable to find or engage in work that offers health insurance.

If we are to move to a system that lets the states manage the needs of our populations, then an alternative to the life time limit would allow our state to experiment with ways to encourage those who are able to work, to do so. For example, a work requirement incentivizing -- but not penalizing -- able-bodied adults within the 26-45-year-old age range might be a more appropriate place to start, through a new program that transitions people toward self-sufficiency, and moves them off of AHCCCS and into commercial or work place sponsored health insurance.

Just as the Governor's own AHCCCS CARE plan to modernize Arizona's Medicaid program is on hold now, pending clarification from the Congress about what the Medicaid program is going to look like, we suggest that consideration be given to delaying the submission of this waiver for the same reason.

Please know, we value our partnership with the state and are very grateful to have had this opportunity to share with you our views on the important changes anticipated in the Legislative waiver.

Sincerely,

A handwritten signature in black ink that reads "Deb Gullett". The signature is written in a cursive, flowing style.

Deb Gullett
Executive Director
Arizona Association of Health Plans



Arizona Smokers' Helpline
An affiliate of the University of Arizona

PO Box 210482
Tucson, AZ 85721-0482
Tel: (520) 318-7212
Fax: (520) 318-7222
1-800-55-66-222
ashline.org

January 30, 2017

Dear Mr. Betlach

The Arizona Smokers' Helpline (ASHLine) is very grateful for the opportunity to comment on the Medicaid changes recently proposed. ASHLine is Arizona's state-funded tobacco quitline, which provides phone-based tobacco cessation services to all Arizona residents. The work requirement, monthly verification process, potential yearlong ban, and 5-year lifetime limit proposed under SB 1092 pose a significant concern around access to care, especially to tobacco cessation services.

Smoking is the leading preventable cause of premature death and disease in the United States and annually costs more than \$300 billion in healthcare expenditures and productivity losses¹. Medicaid and uninsured individuals smoke at rates more than double the privately insured population². Annually in Arizona, tobacco use results in 8,300 deaths per year³, \$2.38 billion in annual healthcare costs and \$2 billion in productivity loss⁴. Access to comprehensive tobacco cessation services is critical to efforts around reducing the burden of tobacco in Arizona.

In fact, Arizona has made great progress in reducing tobacco use across the state. Arizona's current smoking rate is estimated at 14%, down from over 19% in 2011. We believe a major factor in our success is access to cessation treatment efforts. Behavioral counseling combined with cessation medication is most effective for helping smokers quit⁵. While ASHLine funding ensures that all Arizonans have access to telephone counseling, medication support is extremely limited and does not include any of the prescription medications. In order to ensure clients of low income have optimal medication coverage, ASHLine relies heavily on the AHCCCS cessation medication benefit, which currently includes access to all 7 FDA approved tobacco cessation medications twice per year.

Over thirty percent of ASHLine clients have Medicaid. Therefore, limiting Medicaid eligibility through the actions proposed under SB1092 would likely reduce the number of people with access to important, cost-saving tobacco cessation services. Even more concerning is the impact on tobacco use rates, particularly in low-income populations. We felt it important to bring this unexpected consequence to your attention as you deliberate the economic and public health impact of SB 1092.

Sincerely,

Cynthia Thomson, PhD, RD
Director, Arizona Smokers' Helpline

1. United States Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress A Report of the Surgeon General. *A Rep Surg Gen*. 2014;1081.
2. Jamal A, Homa DM, O'Connor E, et al. Current Cigarette Smoking Among Adults - United States, 2005-2014. *MMWR Morb Mortal Wkly Rep*. 2015;64(44):1233-1240. doi:10.15585/mmwr.mm6444a2.
3. *Arizona Behavioral Risk Factor Surveillance System*.; 2014.
4. Center for Disease Control and Prevention. *Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC): 2005-2009*.
5. Fiore MC, Jaén CR, Baker TB, Bailey WC, Benowitz N, Curry SJ et al. A clinical practice guideline for treating tobacco use and dependence: 2008 update. A U.S. Public Health Service report. *Am J Prev Med*. 2008;35(2):158-176. doi:10.1016/j.amepre.2008.04.009.



Public Comment: SB 1092 Legislative Directive Waiver Proposal

Thank you for the opportunity to comment. We are fortunate in Arizona to have such a unique and cost effective program AHCCCS in Arizona.

Because Arizona has always been recognized as an innovative model our comments regarding the lifetime limits and work requirements want to encourage that the proposed changes will not do anything to “undermine access to care and do not support the objectives of the (Medicaid) program”.

Additionally,

- lifetime limits would disproportionately affect older adults who need care, but are denied due to prior years’ coverage ,
- work requirements could result in loss of health coverage, with little or no gain in long-term employment,
- threats to insurance coverage could lead to more bankrupt families, delayed care and more uncompensated care,
- implementing work requirements could be a significant cost to Arizona and
- accurately defining “able-bodied” is a significant challenge and risks imposing requirements on individuals who may be ill and unable to work, yet don’t qualify for disability or forgo work to care for a disabled loved one.

Respectfully,

A handwritten signature in black ink that reads "Michael DeForth". The signature is written in a cursive style.

Executive Director

From: [Joan Serviss](#)
To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Wednesday, February 22, 2017 3:58:57 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. As the director of a statewide organization that represents nonprofits that work tirelessly to end homelessness for Arizonans, I firmly believe that there are three basic essential elements in ending homelessness in our state. The first is access to affordable housing, something this state lacks. There are over 150,000 families in Arizona paying more than half their income towards rent. The second element is a livable wage. I often hear that people experiencing homelessness “just need to get a job”, but in reality, many homeless individuals and families are employed, but in low-wage employment situations. Finally, the third essential element in ending homelessness is access to health care.

That’s why I am writing to you to express our concerns about the direction of our state’s Medicaid program, and the ability to access the program for millions of people in our state.

I must express concern about the proposed restrictions on “Able-Bodied” adults. I believe that health is a human right, one of the essential tool in ending homelessness, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency. Individuals and families living in and out of shelters and working toward gainful employment and permanent housing struggle to meet their basic needs of food, clothing, and shelter, much less adherence to monthly check-ins to continue their care.

Please consider the over 9,000 individuals, families, and veterans living without a safe, affordable place to call home in our state when guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

Thank you,


JOAN SERVISS, EXECUTIVE DIRECTOR | AZCEH.ORG
141 E. PALM LANE, SUITE 105, PHOENIX, AZ 85004 | PH: (602) 340-9393

ARIZONA COALITION TO END HOMELESSNESS



February 21, 2017

Mr. Tom Betlach
Director
Arizona Health Care Cost Containment System
801 E Jefferson St. MD 4100

Dear Director Betlach:

On behalf of Vitalyst Health Foundation, thank you for the opportunity to provide comments on the AHCCCS Administration's proposed 1115 Waiver Amendment. Given Medicaid's reach and impact across Arizona, we are committed to working with the Administration and community stakeholders to ensure that all Arizonans have access to quality, affordable coverage and care. Pursuant to S.B. 1092, the Administration is mandated to propose the following requirements for Medicaid members:

- The requirement for all able-bodied adults to become employed or actively seeking employment or attend school or a job training program.
- The requirement for able-bodied adults to verify on a monthly basis compliance with the work requirements and any changes in family income.
- The authority for AHCCCS to ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements.
- The authority for AHCCCS to limit lifetime coverage for all able-bodied adults to five years except for certain circumstances.

Vitalyst Health Foundation commends the work you and your team have undertaken to improve care coordination, reduce costs and ensure that the managed care system operates in a highly efficient manner. Our two organizations have also collaborated together on previous efforts such as the new Treat and Refer program, the crosswalk to improve Medicaid behavioral health services, the task force looking at coordination of services for clients within the autism spectrum, as well as support for the Opioid Task Force.

Unfortunately, we are concerned the requirements proposed in the 1115 Waiver Amendment do not align with these collaborative efforts, and are more likely to threaten, rather than enhance, access to care. Vitalyst's comments and concerns are outlined below:

5-Year Lifetime Limit

Vitalyst Health Foundation strongly opposes the enactment of five-year lifetime limits for "able-bodied" Medicaid members. When AHCCCS proposed its 1115 Waiver in 2016, CMS weighed the suitability of each proposed requirement based upon whether it furthered the objectives of the program. In CMS' response to AHCCCS, the Acting Administrator stated the program's objectives included "strengthening coverage or health outcomes for low-income individuals in the state or increasing access to providers." Using this as its litmus test, CMS determined that time limits on coverage and work requirements "could undermine access to care and do not support the objectives of the program."¹ We agree with CMS' previous decision and urge the AHCCCS and CMS Administrations to maintain this standard as their benchmark in determining whether to implement changes to state Medicaid programs.

Specifically, we are concerned the proposed five-year limit for "able-bodied" adults does not reflect the nature of chronic physical and mental illness. Individuals suffering from chronic illness, be it physical or mental,

¹ Centers for Medicare & Medicaid Services

<https://www.azahcccs.gov/Resources/Downloads/1115Waiver/LetterToState09302016.pdf>

often experience symptoms on a periodic basis for more than five years. Imposing time limits on an impoverished, older adult suffering from diabetes or depression does not help assure them access to care; rather, it may exacerbate their illness, eventually landing them in more costly healthcare facilities, such as a hospital emergency room. In turn, hospitals would be adversely affected through increased uncompensated care and bad debt.

We are also concerned the proposed five-year limit does not recognize the counter-cyclical nature of Medicaid enrollment. During economic declines, the need and demand for Medicaid coverage rises. Arizona is particularly vulnerable to economic instability, as evidenced by our unemployment rates during the Great Recession.² Imposing time limits on Medicaid coverage does not account for such economic fluctuations and the subsequent public need which arises. We cannot predict when or how often recessions may hit; therefore, we should not assume that five years is ample time for individuals to receive public assistance.

We have seen no evidence to suggest an arbitrarily-set five-year lifetime limit on Medicaid coverage would help fulfill the program's objectives. Hence, we strongly oppose its implementation.

Work Requirement

Vitalyst Health Foundation recognizes there is a positive correlation between health and economic prosperity, and we are encouraged by the Administration's objective to connect individuals and families with employment resources. Such efforts are likely to assist individuals toward employment and reduce the overall need for public assistance.

We strongly recommend that prior to approving work requirements, the Administration, CMS and community partners garner a better understanding of AHCCCS members' employment status in an effort to better inform public policy. In order to accurately craft public policy and understand progress toward any objective, it is critical for the Administration and community partners to first identify Arizona-specific baseline metrics. A recent report by the Kaiser Family Foundation shows that nationally, the majority (upward of 79%) of "non-disabled, adult Medicaid enrollees" in 2015 lived in working families. According to the research, Arizona fared better than the national average, with upward of 81% of non-disabled adults living in working families. With regard to Medicaid enrollees who did not work, the main reasons included: illness or disability (35%); taking care of home or family (28%); and going to school (18%).³

The Kaiser report represents a one-time study from a national organization, but we are not aware of similar information being collected locally on a regular basis. We recognize the administrative burden this may cause the Administration; however, such due diligence will help assess the appropriateness, accuracy and impact of the proposed work requirement. Without this information, we are concerned the policy could negatively impact unintended populations, such as sole caregivers of ill or disabled family members above age six.

1-Year Ban

We have concerns with the Administration's proposal to institute a one-year ban for enrollees who knowingly fail to report a change in income or falsify information regarding employment status. It is our understanding the Administration does not currently have systems in place to re-determine eligibility on a monthly basis, and building organizational processes (e.g., member notification, income and employment monitoring, documentation and remedial actions) for the one-year ban and other requirements are likely to be administratively burdensome and cost-prohibitive.

We are also concerned that instituting a one-year ban may serve to the detriment of public health and

² The University of Arizona <https://www.azeconomy.org/2014/07/this-week/az-adds-45900-private-sector-jobs-yy-in-june/>

³ Kaiser Family Foundation <http://kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work/>

the AHCCCS program. Banned individuals suffering from physical or mental illness are likely to become more ill in the absence of coverage, subsequently becoming more costly to the AHCCCS program once the ban has ended. During the gap in coverage, individuals who suffer from communicable diseases or engage in risky behaviors will be less likely to receive treatment, thereby jeopardizing public health. In short, we fail to see how the proposed one-year ban furthers the objectives of the Medicaid program.

Should remedial actions be necessary to steward fidelity of the program, we recommend identifying alternative means of discipline which are less onerous and more protective of the public's health.

In addition to the concerns raised above, we urge the Administration to be mindful of looming Federal discussions regarding Medicaid reform and its potential impact on Arizona's resources. Enacting changes to the AHCCCS program prior to any Federal direction and consensus on Medicaid's structure is likely to create inefficiencies in Arizona's use of taxpayer dollars.

AHCCCS has a long history of providing high quality care to millions of individuals and families across Arizona, and the Administration has built a reputation within Arizona and the Nation as a mature managed care program that delivers high value care at a relatively low cost. While we cannot support the requirements proposed in this Waiver Amendment, we continue to welcome the Administration's leadership and commitment to open dialogue on these important issues, and we are proud to offer our support in moving Arizona's healthcare system forward.

Sincerely,

A handwritten signature in black ink, appearing to read "Suzanne Pfister". The signature is written in a cursive, flowing style.

Suzanne Pfister
President and CEO



Legacy Foundation of Southeast Arizona

PROMOTING POPULATION HEALTH AND COMMUNITY WELLNESS
THROUGHOUT SOUTHEAST ARIZONA

February 21, 2017

Mr. Tom Betlach, Director
Arizona Health Care Cost Containment System
801 E Jefferson St. MD 4100
Phoenix, AZ 85034

Dear Director Betlach:

On behalf of the Legacy Foundation of Southeast Arizona, thank you for the opportunity to provide comments on the AHCCCS Administration's proposed 1115 Waiver Amendment. Given Medicaid's reach and impact across Arizona, we are committed to working with the Administration and community stakeholders to ensure that all Arizonans have access to quality, affordable coverage and care. Pursuant to S.B. 1092, the Administration is mandated to propose the following requirements for Medicaid members:

- The requirement for all able-bodied adults to become employed or actively seeking employment or attend school or a job training program.
- The requirement for able-bodied adults to verify on a monthly basis compliance with the work requirements and any changes in family income.
- The authority for AHCCCS to ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements.
- The authority for AHCCCS to limit lifetime coverage for all able-bodied adults to five years except for certain circumstances.

The Legacy Foundation commends the work you and your team have undertaken to improve care coordination, reduce costs and ensure that the managed care system operates in a highly efficient manner.

Unfortunately, we are concerned the requirements proposed in the 1115 Waiver Amendment do not align with these collaborative efforts, and are more likely to threaten, rather than enhance, access to care. We submit the following comments for your review.

PO BOX 1089, SIERRA VISTA, AZ 85636
PHONE 520-335-6015 FAX: 520-335-8566

5-Year Lifetime Limit

Legacy Foundation of Southeast Arizona strongly opposes the enactment of five-year lifetime limits for “able-bodied” Medicaid members. When AHCCCS proposed its 1115 Waiver in 2016, CMS weighed the suitability of each proposed requirement based upon whether it furthered the objectives of the program. In CMS’ response to AHCCCS, the Acting Administrator stated the program’s objectives included “strengthening coverage or health outcomes for low-income individuals in the state or increasing access to providers.” Using this as its litmus test, CMS determined that time limits on coverage and work requirements “could undermine access to care and do not support the objectives of the program.” We agree with CMS’ previous decision and urge the AHCCCS and CMS Administrations to maintain this standard as their benchmark in determining whether to implement changes to state Medicaid programs.

Specifically, we are concerned the proposed five-year limit for “able-bodied” adults does not reflect the nature of chronic physical and mental illness. Individuals suffering from chronic illness, be it physical or mental, often experience symptoms on a periodic basis for more than five years. Imposing time limits on an impoverished, older adult suffering from diabetes or depression does not help assure them access to care; rather, it may exacerbate their illness, eventually landing them in more costly healthcare facilities, such as a hospital emergency room. In turn, hospitals would be adversely affected through increased uncompensated care and bad debt.

We are also concerned the proposed five-year limit does not recognize the counter-cyclical nature of Medicaid enrollment. During economic declines, the need and demand for Medicaid coverage rises. Arizona is particularly vulnerable to economic instability, as evidenced by our unemployment rates during the Great Recession.² Imposing time limits on Medicaid coverage does not account for such economic fluctuations and the subsequent public need which arises. We cannot predict when or how often recessions may hit; therefore, we should not assume that five years is ample time for individuals to receive public assistance.

We have seen no evidence to suggest an arbitrarily-set five-year lifetime limit on Medicaid coverage would help fulfill the program’s objectives. Hence, we strongly oppose its implementation.

Legacy Foundation of Southeast Arizona recognizes there is a positive correlation between health and economic prosperity, and we are encouraged by the Administration’s objective to connect individuals and families with employment resources. Such efforts are likely to assist individuals toward employment and reduce the overall need for public assistance.

We strongly recommend that prior to approving work requirements; the Administration, CMS and community partners garner a better understanding of AHCCCS members’ employment status in an effort to better inform public policy. In order to accurately craft public policy and understand progress toward any objective, it is critical for the Administration and community partners to first identify Arizona-specific baseline metrics. A recent report by the Kaiser Family Foundation shows that nationally, the majority (upward of 79%) of “non-disabled, adult Medicaid enrollees” in 2015 lived in working families. According to the research, Arizona fared better than the national average, with upward of 81% of non-disabled adults living in working families. With regard to Medicaid enrollees who did not work, the main reasons included: illness or disability (35%); taking care of home or family (28%); and going to school (18%)

The Kaiser report represents a one-time study from a national organization, but we are not aware of similar information being collected locally on a regular basis. We recognize the administrative burden this may cause the Administration; however, such due diligence will help assess the appropriateness, accuracy and impact of the proposed work requirement. Without this information, we are concerned the policy could negatively impact unintended populations, such as sole caregivers of ill or disabled family members above age six.

1-Year Ban

We have concerns with the Administration's proposal to institute a one-year ban for enrollees who knowingly fail to report a change in income or falsify information regarding employment status. It is our understanding the Administration does not currently have systems in place to re-determine eligibility on a monthly basis, and building organizational processes (e.g., member notification, income and employment monitoring, documentation and remedial actions) for the one-year ban and other requirements are likely to be administratively burdensome and cost-prohibitive.

We are also concerned that instituting a one-year ban may serve to the detriment of public health and the AHCCCS program. Banned individuals suffering from physical or mental illness are likely to become more ill in the absence of coverage, subsequently becoming more costly to the AHCCCS program once the ban has ended. During the gap in coverage, individuals who suffer from communicable diseases or engage in risky behaviors will be less likely to receive treatment, thereby jeopardizing public health. In short, we fail to see how the proposed one-year ban furthers the objectives of the Medicaid program.

Should remedial actions be necessary to steward fidelity of the program, we recommend identifying alternative means of discipline which are less onerous and more protective of the public's health.

In addition to the concerns raised above, we urge the Administration to be mindful of looming Federal discussions regarding Medicaid reform and its potential impact on Arizona's resources. Enacting changes to the AHCCCS program prior to any Federal direction and consensus on Medicaid's structure is likely to create inefficiencies in Arizona's use of taxpayer dollars. AHCCCS has a long history of providing high quality care to millions of individuals and families across Arizona, and the Administration has built a reputation within Arizona and the Nation as a mature managed care program that delivers high value care at a relatively low cost. While we cannot support the requirements proposed in this Waiver Amendment, we continue to welcome the Administration's leadership and commitment to open dialogue on these important issues, and we are proud to offer our support in moving Arizona's healthcare system forward.

Sincerely,



Margaret Hepburn, RN, MS, FACHE
Chief Executive Officer

February 21, 2017

Arizona Healthcare Cost Containment System (AHCCCS)
C/o Office of Intergovernmental Relations
801 E. Jefferson St., MD 4200
Phoenix, AZ 85034

Dear Office of Intergovernmental Relations Staff:

The National Association of Social Workers Arizona Chapter (NASWAZ) writes today to express concerns with the next phase being considered by the submission of the Section 1115 waiver. NASWAZ represents over 1,500 social workers who work with vulnerable clients statewide, including people who receive care from AHCCCS.

We believe this phase of the Section 1115 waiver presents many problems for families in Arizona. The following paragraphs outline our concerns. We strongly oppose any blanket approval of the waivers, as submitted. It simply is not good public policy and will ultimately have an adverse impact on families and the health care community in Arizona.

The proposal requires work participation for “able-bodied” adults with children over the age of 6.

As outlined in SB 1092, or Chapter 7 from the 2015 legislative session, able-bodied adults, other than those individuals with an institutional level of need and those enrolled in Medicare Cost Sharing groups, must be employed, actively seeking employment, attending school, or in job training for at least 20 hours per week.

In 2015, the Kaiser Foundation found, among non-elderly AHCCCS enrolled members, 66% had at least one full-time worker in the household, with an additional 13% having a part-time worker in the household. So, today, without any additional inducements, AHCCCS households are already making efforts to improve themselves by working. Neither AHCCCS nor any other state agency has received new state or federal funds to promote employment among AHCCCS members who are not now employed, nor have funds been made available to assist members in overcoming practical barriers to employment, which include inadequate education, transportation and child care. Thus, this requirement is basically an unfunded mandate placing additional burdens on families enrolled in the AHCCCS program.

The most difficult administrative burden being imposed by this waiver is that eligible members must provide monthly verification of work, job search, job training or education. AHCCCS does not have either the capacity or the procedures to respond to this mandate. If individuals comply, what documentation must they retain so they will not be banned from the program? How long must that documentation be kept? Individuals could be penalized with disenrollment for one year if they fail to report changes or make a false statement. AHCCCS members will need to know what the reporting requirements are, how to file the necessary paperwork, and how to keep track of changing earnings among able-bodied family members.

The book [\\$2.00 a Day: Living on Almost Nothing in America](#) reported how so many at the bottom of the labor market have at best a tenuous hold on employment and economic stability. Many workers depend on service sector positions which often have part-time or varying work hours. Additionally, employers

fluctuate their hourly staff based upon customer flow, making it difficult to accurately report earnings in a timely manner. An employee may be required to work 20 hours one week, 30 the next, and 10 the following. This wide swing makes it difficult to promptly and accurately meet the mandated monthly reports, much less know which month would be on the “lifetime” benefit clock discussed below.

Exemptions from the work requirement are outlined as: 1) being at least 19 while still attending high school as a full-time student, 2) receiving temporary or permanent long-term disability benefits from a private insurer or the government, 3) being the sole caregiver of a family member under the age of six, or 4) having been determined physically or mentally unfit for employment by a health care professional.

The following problems have been identified with those exemptions:

1. One exemption is for sole caregivers of a child (or children) under the age of six. This narrow definition fails to recognize the role family caregivers play in the lives of older children with health or mental health concerns, with adult children who have disabilities or with older relatives. AHCCCS should, at the very least, allow for waivers from this provision based upon the needs of families providing necessary caregiving for an older child, an adult child with disabilities or an older relative.
2. Kristen Monaco in her article “Disability insurance plans: trends in employee access and employer costs,” *Beyond the Numbers: Pay and Benefits*, vol. 4, no. 4 (U.S. Bureau of Labor Statistics, February 2015), noted “The lowest paid occupational group—service workers—is also the group least likely to be covered by employer-provided short- or long-term disability plans. Low paid workers are also the group most likely to apply for Social Security disability insurance (SSDI), which has led to financial problems for the program.” The promise of a private insurer for a temporary or permanent long-term disability is unrealized. For individuals seeking SSI or SSDI determination, the usual course is to apply only if the disability is expected to last 12 months or longer. The practical problem is that for SSI or SSDI determinations, the decisions can take upwards of two years. It is unlikely that the Social Security Administration’s decisions will be made sufficiently timely to assist in the determination of the status of an adult to be “able bodied” enough to be working.
3. The third exemption, as outlined in law, is for an individual who has been determined to be physically or mentally unfit for employment by a health care professional in accordance with AHCCCS rules. The rules have not been put in place, and no guidance is available for health care professionals. Additionally, there is, sadly, a growing trend of doctors who may be unwilling to complete disability medical evaluation forms or submit necessary written statements. Some medical offices will only complete the required paperwork if the patient pays a billing fee.

The proposal places a limit of five years for able-bodied adults in a lifetime.

Prior to approval of the waiver, AHCCCS must have demonstrated the ability to adequately and correctly track enrollment and eligibility history of able-bodied adults for many years. The tracking database will need to accommodate the turnover in employment and income that happens among low-income individuals as they move about the state or out-of-state. Unresolved is how months enrolled in another state’s Medicaid program would be calculated in imposing the five year lifetime limit. Additionally, eligibility status may change related to pregnancy, caring for a minor child under the age of six, disability status, school attendance and enrollment in the DCS program at the time of reaching age 18. Finally,

eligibility status may fluctuate as the individual secures a promotion or additional hours at his/her employer while remaining income eligible for the AHCCCS program.

AHCCCS members will little know, at least at first, why there's a focus on monitoring which months for the able-bodied individual are on the "benefit clock" and which months might truly be off the clock because of the exemptions outlined in the law for which the individual remains income eligible for AHCCCS. The health care community and various social service programs that assist AHCCCS enrollees will need detailed education on this issue prior to its implementation, should it be approved.

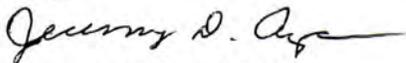
As AHCCCS members become knowledgeable about the workings of the "benefit clock" and the need to conserve months for an unknown medical episode in the future, there may be a strategy to be enrolled in the AHCCCS program ONLY when the individual has a medical need such as an accident, uncontrolled diabetes or cancer. The preventative services that will in the long-term "bend the cost curve" may be avoided because of a person's desire to avoid using up the "benefit clock". This behavior will add to the continual turnover of members on and off the program and may result in increased use of ER rooms due to the lack of preventative and maintenance care.

The health needs of an individual will not be eradicated because s/he is beyond the 5-year lifetime limit on AHCCCS benefits. The costs for care may well be added back to uncompensated care among the health care providers in Arizona. There is no guidance given as to what an AHCCCS member might do should s/he be in the midst of active care when the "benefit clock" runs out. Nor is there guidance given on how the individual could request a review of his/her months used under the "benefit clock" to determine if there were errors made by AHCCCS.

We recommend CMS deny the Section 1115 waiver, imposing work requirements for able-bodied adults. The waiver is contrary to Medicaid law. It fails to properly deal with numerous administrative burdens for AHCCCS and its members. The waiver, as proposed to be submitted, will result in increased health care costs for individuals, our community and certainly for the AHCCCS Administration.

NASWAZ respectfully requests that CMS deny this waiver. There is work to be done for empowering Arizona's families and communities – lets focus on these priorities.

Sincerely,



Jeremy Arp, MSW, ACSW
Executive Director
NASW Arizona Chapter

February 20, 2017

Thomas J. Betlach M.P.A., Director
Arizona Health Care Cost Containment System
801 E. Jefferson St., MD 4100
Phoenix, AZ 850



RE: Section 1115 Waiver Renewal

Dear Director Betlach:

On behalf of the Arizona Public Health Association (AzPHA), we thank you for the opportunity to comment on Arizona's 2017 1115 Medicaid waiver application.

Founded in 1928, AzPHA is a membership organization that works to improve the level of health and well-being for all Arizonans. Our members include healthcare professionals, state and county health employees, health educators, community advocates, doctors, nurses and students. The comments below are reflective of our vision to create healthy communities for all Arizonans. Our comments focus on the following key areas of your waiver request:

- The requirement for all "able-bodied" adults to become employed or actively seeking employment or attend school or a job training program.
- The requirement for able-bodied adults to verify on a monthly basis compliance with the work requirements and any changes in family income.
- The authority for AHCCCS to ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements.
- The authority for AHCCCS to limit lifetime coverage for all able-bodied adults to five years except for certain circumstances.

Work Requirement, Verification, and Suspended Eligibility

Henry J. Kaiser Family Foundation (2015) found three in four households eligible for Medicaid expansion in the U.S. have a full- or part-time worker. Among those not working, nearly half report that an illness/disability or family obligation was the main reason for their work status. Another 18% were going to school and 20% could not find work. *To our knowledge, no such analysis has been done for the state of Arizona.* We encourage you to conduct such an analysis before implementing the proposed work requirement.

Other states have reported significant barriers to employment for Able Bodied Adults without Dependents as required by some states through the Supplemental Nutrition Assistance Program, including a lack of employment history, lack of transportation, substance abuse, mental illness and felony convictions. In Ohio, nearly 33% of clients reported a physical or mental health limitation, more

700 E. Jefferson Street, Suite 100
Phoenix, AZ 85034
www.AzPHA.org

than 30% have no high school diploma or GED, and 34% have felony convictions. *Here again, we urge you to conduct an analysis to examine the employment barriers your members face before implementing the proposed work requirement.* Getting more detailed information in advance will help you test a hypothesis that is more refined and targeted and more likely to demonstrate that it is effective at transitioning members off public benefits.

We expect that your Waiver request work requirement will result in confusion for clients as well as eligibility staff and community partners. First, the Administration will need to determine who is subject to or exempt from the work requirement. It is likely that administrative challenges will exist throughout the notification, compliance, documentation and eligibility processes. Some points of considerable concern for our members include:

- Will doctors/providers be faced with an unfunded mandate to determine work status of those requesting an exemption from the work requirement? We have heard from the behavioral health community that there are barriers in getting doctors willing to complete the necessary paperwork to receive or maintain SSI/SSDI. An additional expectation that doctors/providers document work exemptions will exacerbate this problem.
- How will eligibility staff understand and apply the rules related to the time limits consistently and accurately? Would these staff be located at AHCCCS or at the Arizona Department of Economic Security?
- How will Administration staff adequately and appropriately assess each individual for work readiness?
- What procedures will the Administration use among their more than 1 million members to document the means by which members will verify on a monthly basis compliance with the work requirement and any changes in family income? How will members verify that they have appropriately and correctly provide AHCCCS the necessary reports to retain his/her eligibility?
- How will the Administration ensure that eligible Arizonans are not terminated, especially those who are physically or mentally unfit for employment? How will the Administration reinstate individuals who have been improperly terminated and credit them back the benefits?
- How will staff understand and count allowable employment activities? How will they track the required number of hours and what will the Administration use as criteria for meeting attendance in school or job training requirements?
- What changes will be necessary to forms, including applications and notices? How many new FTEs would be required to implement the new requirement and how much additional administrative costs would that entail?
- How will these new rules be communicated to clients in a way they understand and are able to respond?

For these reasons and concerns, we encourage the Administration and the Centers for Medicare and Medicaid Services to withhold approval of the Administration's work requirement waiver request.

Getting more detailed information and addressing the questions above in advance will help AHCCCS test a Demonstration Waiver hypothesis that is more refined and targeted and more likely to demonstrate effectiveness toward reducing individual reliance on public assistance.

Lifetime Limits and Disenrollment

Removal of Medicaid coverage after 5 years of lifetime enrollment will negatively impact our collective efforts to improve health outcomes, threaten the viability of public and private investments, and jeopardize access to care for vulnerable populations.

The Administration has included in its waiver request a lifetime limit of 5 years for Medicaid benefits. As Director Betlach has indicated a number of times, Medicaid and AHCCCS are counter cyclical programs. When the economy is in contraction, people lose employment and Medicaid enrollment tends to increase. The opposite is true during a robust economy. Economic cycles tend to occur in 8 – 12 year intervals, with several recessionary cycles during the employable life.

In addition, there are much longer-term "geographic recessions" that exist in Arizona, even when the U.S. is not officially in a recession. Many parts of Arizona, particularly in rural and frontier areas, have much higher unemployment rates than our urban areas. These geographically depressed areas have fewer economic opportunities for residents, increasing the likelihood that they would exceed your proposed 5-year lifetime enrollment cap.

The Administration's request provides no safety valve to account for the counter cyclical nature of the Medicaid program and the importance it plays during economic down swings. Further, it does not account for the economic opportunity disparity that many rural Arizona communities face. Your proposed 5-year lifetime limit appears to be arbitrary and would needlessly limit access to healthcare for critical medical services for many Arizonans. In addition, individuals will seek care even if they have reached their 5-year lifetime limit, resulting in increased uncompensated care and care being delivered after complications have developed in more expensive settings.

We oppose the legislative mandate and your request to place a 5-year lifetime limit on AHCCCS coverage because: 1) it would negatively impact our collective efforts to improve health outcomes; 2) is not evidence-based; 3) the 5-year limit is arbitrary; and 4) the request does not account for the counter-cyclical nature of the Medicaid program; and 5) does not account for geographic economic opportunity disparities.

Non-emergency Transportation

Ensuring individuals have access to reliable transportation to medical services is important in order to ensure that members have access to pre-emergent care. We understand the Administration's concern that some members may not be using the non-emergency transportation benefit appropriately.

Adding a reasonable and modest co-pay for non-emergency transportation may be an effective means of achieving lower non-emergency transportation costs as long as it is implemented thoughtfully (e.g. considering how the policy may affect rural v. urban areas). If your request to require co-pays for the use of non-emergency transportation is approved by the CMS, we encourage you to implement it using requirements that are evidence-based and that you measure over time the impacts that the

requirement may have on missed appointments and the effect that it may have on emergency transportation because of delayed pre-emergent care.

Preventive Health Services

Currently, AHCCCS covers preventive services assigned a grade of A or B by the United States Preventive Services Task Force for individuals living between 100%-138% federal poverty level.

However, these same services are not covered for individuals living under 100% FPL. While your waiver request does not mention these preventive health services, AzPHA advocates for coverage of the USPSTF Category A and B services to be included for all AHCCCS members under the new waiver, and would like to bring attention to 2013 CMS guidance indicating a 1% reduction in the Federal Medical Assistance Percentages (FMAP) rate for states which pay for those services for individuals living under 100% FPL: <http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/SMD-13-002.pdf> .

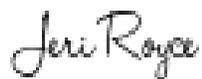
Adequate coverage of A and B services is important in our collective work to promote health equity across all populations since federal law also requires commercial and marketplace health insurance plans to include this in benefit packages.

Summary

We encourage the Administration and the Centers for Medicare and Medicaid Services to withhold approval of the Administration's work requirement waiver request until more complete analyses are completed and a clear picture of employment ability and status is known among AHCCCS members. Getting more detailed information in advance, including answering key implementation questions highlighted in this letter, will help AHCCCS test a Demonstration Waiver hypothesis that is more refined and targeted and more likely to demonstrate effectiveness toward reducing individual reliance on public assistance.

We oppose the legislative mandate and your request to place lifetime limits on AHCCCS coverage because: 1) it would negatively impact our collective efforts to improve health outcomes; 2) is not evidence-based; 3) the 5-year limit is arbitrary; and 4) the request does not account for the counter-cyclical nature of the Medicaid program; and 5) does not account for geographic economic opportunity disparities in Arizona.

Sincerely,



Jeri Royce, Interim Executive Director

February 2015 | Fact Sheet

Are Uninsured Adults Who Could Gain Medicaid Coverage Working? <http://kff.org/medicaid/fact-sheet/are-uninsured-adults-who-could-gain-medicaid-coverage-working/>



Arizona Grandparent Ambassadors

A support network for grandparents who are raising their grandchildren

AHCCCS

c/o Office of Intergovernmental Relations
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034

Re: Public Comments on SB1092 Legislative Directive Waiver Proposal

I am writing as State Chair of Arizona Grandparent Ambassadors. We are an educational and advocacy group concerned with the needs of grandparents raising grandchildren and other kinship families. **Arizona Grandparent Ambassadors opposes the provisions of the proposed waiver: the five year eligibility limit, the work requirement, the monthly reporting requirement, and the premium/co-payment provisions.**

If approved, this waiver could adversely affect a portion of our families. Some grandparents raising grandchildren, as well as aunts and uncles or other kin raising a child from their extended family, are under age 60. They may be caring for children over the age of 6. In this case, they would fall under the work requirement. The children they care for often have special needs because of dislocation and trauma. The additional stress created by meeting the requirements of the proposed waiver would be detrimental to their family well-being.

We believe that the premium requirement will cost the state more to administer than it will collect in revenues. And if the purpose is to teach recipients responsibility, that assumes that these beneficiaries are somehow irresponsible. Certainly this is not the case with grandparents raising grandchildren, who are already saving the state a great deal of money by caring for children who might otherwise be in the foster care system. Many of us are in this position because our own child, parent of the grandchildren, is mentally ill and struggles to manage a chaotic life situation. If they lose their AHCCCS coverage for a year because they failed to meet some aspect of the work requirement, their ability to work on recovery will be harmed by the loss of medications and health care services. And we will have the children even longer than if the parent were able to be rehabilitated.

We believe that access to healthcare is fundamental to strong families and a strong community. Provisions like those proposed in this waiver application will cause hundreds of thousands of Arizona's citizens to lose healthcare. Our state has many rural areas where work is scarce and needs are great. People living there will be especially adversely affected by this proposal. We are also concerned about how these proposals will penalize families caring for elders, whose lives are as disrupted and stressful as are our kinship families raising grandchildren. They are affected.

We understand that AHCCCS is a model program in keeping costs low and delivering quality services. It works well serving the people of Arizona as it is. Let us keep it that way.

Respectfully submitted,
Ann W. Nichols
4556 N. Flecha Drive
Tucson, AZ 85718

As grandparents and relatives we seek to keep our families together, in doing so we hope to assure that the children we are raising enjoy a healthy, basic quality of life.

gparentambassador@gmail.com



Arizona Grandparent Ambassadors

A support network for grandparents who are raising their grandchildren

As grandparents and relatives we seek to keep our families together, in doing so we hope to assure that the children we are raising enjoy a healthy, basic quality of life.

gparentambassador@gmail.com



February 10, 2017

Tucson Medical Center appreciates the opportunity to provide comments on the waiver requirement outlined in Senate Bill 1092, and appreciates the outreach efforts your department has undertaken to better understand how the proposal impacts your constituency and clientele.

TMC is also appreciative of the fact that AHCCCS operates on efficient and effective managed care principles and continues to serve as the gold standard for Medicaid programs nationally. We are concerned however, that some of the waiver provisions may jeopardize the work that has been done to provide care to some of the state's most vulnerable residents.

Specifically, TMC is concerned about the impacts of the five-year lifetime limit for able-bodied residents and remains concerned as well that the work/school requirement as outlined is written too broadly and may have unintended consequences for some residents already facing significant challenges.

TMC encourages the state to consider expanding the exemptions as envisioned in the waiver to include:

- caregivers of disabled children or elderly relatives
- those with chronic conditions that may flare up intermittently and limit their ability to participate in work or school
- those in rural areas lacking robust employment or training opportunities
- those who have served their time in prison but may continue to face challenges in obtaining stable employment or training.

As a nonprofit community hospital, we know that medical insurance is critical in stabilizing people and families. We also know that barriers to access to insurance results in driving up costs as more people seek care in emergency departments, instead of managing their conditions before they become acute.

Finally, TMC supports the approach outlined by AHCCCS in holding off on implementing the waiver provisions already approved in 2016, while Congress and health leaders grapple with the very large endeavor of coming up with an appropriate next step as we transition from the Affordable Care Act.

This decision is in line with the President's executive order instituting a regulation moratorium to allow the Administration time to consider how to best to facilitate reform. Given the uncertainty of that national solution and its impact on the state, we believe these additional waiver provisions would be best explored under a more stable healthcare landscape.

Sincerely,

A handwritten signature in cursive script that reads "Judy Rich".

Judy Rich
President & CEO



Elizabeth Lorenz
Assistant Director
Office of Intergovernmental Relations
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034

Dear Ms. Lorenz:

On behalf of the Arizona Hospital and Healthcare Association, thank you for the opportunity to comment on the AHCCCS Administration's proposed Waiver Amendment that would implement work-related and lifetime limit provisions as required by Laws 2015, Ch. 7 (S.B. 1092). Pursuant to this legislation, the Administration is proposing to implement the following requirements for "able-bodied adults" receiving Medicaid services:

- The requirement for all able-bodied adults to become employed or actively seeking employment or attend school or a job training program.
- The requirement for able-bodied adults to verify on a monthly basis compliance with the work requirements and any changes in family income.
- The authority for AHCCCS to ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements.
- The authority for AHCCCS to limit lifetime coverage for all able-bodied adults to five years except for certain circumstances.

AzHHA submitted comments on these provisions more than a year ago in our September 2015 comment letter on the proposed Waiver. Our position has not materially changed since then. We have serious concerns about both requirements, and believe that the five year life-time limit is actually contrary to the very heart of the Medicaid program, which is to provide a safety-net for a population that would otherwise not have access to healthcare. Our specific comments follow.

Five Year Life-time Limit

Medicaid is a counter cyclical program. When the economy contracts and people lose their jobs, the Medicaid rolls expand. A person may likewise become ill and no longer be able to work, thus qualifying for Medicaid. After recovering and returning to work, the individual would no longer need (nor ostensibly qualify for) Medicaid benefits. These cycles can repeat themselves on and off over a person's lifetime. A five year limit on benefits is

arbitrary and would needlessly limit a person's access to medical services should they become ill later in life and before qualifying for Medicare.

In addition, many people must work part-time when caring for dependents—whether this is a young child, disabled older child, or sick spouse or parent. Alternatively, part-time work may be all that is available during economic downturns or in certain geographic areas of the state. A life-time limit that would disqualify these people from Medicaid at a time when they still need medical services is imprudent. Experience tells us these individuals will put off treatment while their condition deteriorates. They will ultimately seek care in more costly emergency departments, adding to overall healthcare expenditures.

We can see no rationale for imposing a life-time limit on Medicaid benefits. A limit will not keep people from becoming ill and needing medical services. As stated above, if access to ambulatory services is cut off or not affordable, uninsured individuals will end up in the emergency department. This is particularly true for those with chronic diseases and comorbidities, including mental illness.

Work-related Requirements

As stated in our September 2015 Waiver comment letter, AzHHA supports the Administration's pursuit to assist members in finding employment. There is undoubtedly a link between health and employment status, in addition to an array of other health determinants. However, we have significant concerns regarding the work requirements proposed under Laws 2015, Ch. 7. The introduction of a policy requiring members to obtain work assumes a preponderance of low-income, able-bodied individuals who are electively abstaining from work. We have not seen evidence to justify this assumption, although we welcome the opportunity to review such data. Our review of recent research, however, suggests the opposite might be true.¹

We are also concerned about the impact of a work requirement on parents of young children or those caring for ill or disabled older children, spouses, or parents. S.B. 1092 only exempts sole caregivers of a family member under six years of age. The cost of child or adult care for seriously ill or disabled dependents may exceed the income capacity of many Medicaid beneficiaries. In some areas of the state, such care may not be accessible or available. We also see instances where caregivers must make the decision to forgo employment for a period of time in order to ensure their ill or disabled child, spouse or parent receives proper medical care—whether at home or in navigating and advocating for care in inpatient and/or ambulatory settings.

Finally, we have outstanding questions regarding how the program will work. Most significantly—will the Department of Economic Security's employment monitoring system

¹ See for example, Altman, Drew. "Behind the Split over Linking Medicaid Coverage to Work Requirements." May 11, 2015. Retrieved 9/1/2015 from <http://blogs.wsj.com/washwire/2015/05/11/behind-the-split-over-linking-medicaid-coverage-to-work-requirements/>

capture all types of employment activity and job searches? We understand the Administration's interest in acting on this complex situation, but until we have a better understanding of the program specifics, we have serious reservations about its implementation.

If a work requirement is approved, however, we urge the Administration to broadly draft implementing regulations to account for persons who have trouble maintaining work due to their health status. This includes individuals who suffer from general mental health illnesses and chronic diseases, and individuals who are caring for ill or disabled dependents or relatives who may not be able to function independently.

Thank you for the opportunity to comment on this proposed Waiver amendment. Please feel free to contact me if you have any questions.

Sincerely,



Debbie Johnston
Senior Vice President, Policy Development

Children's Clinics
2600 North Wyatt Drive
Tucson, Arizona 85712

Statement for AHCCCS Public Hearing re: Medicaid Waiver 1115
January 27, 2017

Changes to Medicaid coverage for adults may have critical impacts on families with children who have special healthcare needs. By decreasing lifetime limits and implementing strict work requirements, parents who care for a child or children with special healthcare needs may have to search for alternative childcare. Arizona has a severe need for quality early childhood education, and the cost of childcare is exorbitant, rendering it difficult for families to find adequate care for children, especially those with special healthcare needs. In addition to inhibiting parents from the ability to act as the primary caregiver for their complexly ill child, some of the changes proposed in the Medicaid Waiver 1115 also neglect the importance of caring for a caregiver. Parents who act as the primary caregiver for a child with complex healthcare needs often disregard their own healthcare needs. While they are busy ensuring their child receives all of the complex care they need, parents do not make the time to care for themselves. If it becomes more difficult for parents to receive proper healthcare because of the changes proposed in Medicaid Waiver 1115, families in southern Arizona will further struggle to take care of themselves, resulting in the indirect impact on children with special healthcare needs. If a parent lacks access to care and becomes ill, they will no longer be able to provide optimal care to their child. Please consider families with children who have special healthcare needs as decision-makers in Arizona.

ELIZABETH HOMANS McKENNA, M.D.
NILAM PATEL KHURANA, M.D.
SANDRA ROMERO, M.D.
MANDY OLIDEN, M.D.
LORA VAN TASSEL, M.D.



Healing Hearts
Pediatrics, P.L.C.

RICHARD HECK, M.D.
CHARLES ROLLER, M.D.
NICHOLE KAISER YNIGUEZ, C.P.N.P
DEBRA MILLER, C.P.N.P

To Whom It May Concern,

I am a pediatrician and member of the Azaap and writing on behalf of over 900 pediatricians and pediatric healthcare providers.

I am co owner of my own practice. Every day we see patients who have AHCCCS and many who have parents with AHCCCS.

Many of the patients we see who are covered by AHCCCS, have disabilities or multiple developmental or medical problems. Oftentimes their parents have similar mental, medical, psychological or developmental problems, or have multiple social problems which make care for their children a daunting task. We are extremely happy when we can see these patients and help their parents provide the care that they need for their children to grow up with as optimal health as possible.

We are concerned that having these parents have a requirement to be employed will adversely affect the health of their special needs children. In addition, requiring the monthly documentation will put these children at risk if their parents are not able to do this monthly, lose their healthcare and the loss of healthcare puts an undue amount of stress on their parent's lives.

In addition, we take care of many children whose parents are single or divorced who may have multiple children. The cost of Daycare for these families is often cost prohibitive.

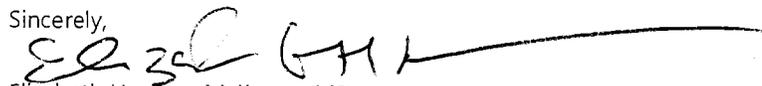
Many of these families have parents who have not been able to obtain employment, which would pay sufficiently to pay for daycare, because they do not have adequate job training. We feel strongly that if employment is required to obtain AHCCCS, then there should be required job training and referral provided by AHCCCS as well as support for these families.

In addition, the limit of lifetime coverage is not appropriate for these families for similar reasons, as many of these families will have children with long term medical, developmental medical or social problems.

Furthermore, having a physician is the one to sign off on whether an adult can work or not, to have AHCCCS insurance is an inappropriate demand that will be placed on Arizona physicians.

We ask that you rescind the AHCCCS waiver to the CMS.

Sincerely,



Elizabeth Homans McKenna, MD

Chair, Access to Care Committee
Vice Chair, Advocacy committee
Board member, Arizona Chapter of the American Academy of Pediatrics
Aboard

To: [Public Input](#)
Subject: please reject SB1092 waiver requests
Date: Sunday, March 12, 2017 2:56:44 PM

To Whom It May Concern:

My wife, Elena, is the legal guardian of her son, Eric, who is a recipient of AHCCCS. Eric has been receiving healthcare/social services thru Southwest Network for his severe mental illness (SMI) since 2011. He is currently one of those termed an “able-bodied” adult, although he can barely work at his part-time job due to the stress his SMI causes him. Elena applied to the SSA twice to obtain benefits for him and has been turned down both times. Eric will be 26 years old this April and will only have AHCCCS as a healthcare coverage. We won’t be able to afford the cost of his medications or wraparound treatment plan, transportation, counseling, etc., if Eric's AHCCCS benefits were reduced or eliminated. In addition, the medications that Eric takes to control the symptoms of his SMI place him in danger of getting diabetes, high cholesterol and other conditions that have to be treated through regular medical care.

Please reject the remaining waiver requests that are part of the Section 1115 Waiver Amendment to the Arizona SB1092. These requests undermine access to care critically needed by SMI patients and do not support the objective of AHCCCS. The waivers in this amendment place SMI patients in danger of relapse, thus costing more in emergency health care and other long-term costs.

Thank you for your attention to this issue.

To: [Public Input](#)
Subject: AHCCCS
Date: Monday, March 6, 2017 6:07:23 PM
Importance: High

To Whom it May Concern:

Women and children will die without AHCCCS. Many poor women cannot afford child care while at work. Most employers do not provide child care for free. Many women are educationally and economically disadvantaged.

Most med do not deal with these issues. Women in poverty grossly out number men.

If you don't have your health, you can't do anything. Preventive care is vital.

**PLEASE DON'T PUT THESE UNREASONABLE RESTRICTIONS ON ARIZONA'S
MEDICAID!!!!!!**

Thank you for your time and consideration in reading this.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal.
Date: Monday, March 6, 2017 1:06:22 PM
Attachments: [image001.png](#)

I am concerned by some of the provisions listed as part of the Senate Board 1092 directive (Arizona Section 1115 Waiver Amendment Request) *raise significant concerns due to the potential for reduced access to essential healthcare services, difficulty in interpretation and increased burden on an already stretched healthcare system.*

At the forefront - able bodied adult is ambiguous at best. There is no clear definition in the waiver nor in medical literature/practice as to the representation of an able-bodied adult. For mental health care providers, who would need to make this determination clinically, this term can be especially contentious and confusing.

At present, we face a significant physician shortage throughout Arizona. This shortage affects not only mental healthcare but the whole of medicine. Now, this purposed increased burden on healthcare providers to regularly certify this uncertain condition of *able-bodied-ness* would likely tax a system already struggling to meet the clinical needs of the community.

The proposed 5-year lifetime limits and work requirements could reduce access to essential and preventative healthcare services. The lifetime limits are more likely to affect the older adult population who have greater care needs, but may have exhausted their permitted 5 years. Frequently we as mental health providers see Medicaid beneficiaries who may be working but are unable to generate an income greater than the defined federal poverty line.

Mandating co-pays although can be beneficial in eliciting greater engagement in care, can also limit the ability to access healthcare in a timely manner for individuals on a limited income. The predictable outcome of this reduced access is an inadvertent delay in seeking care, leading to an increase in severity/morbidity of illness and an upsurge in the use of emergency and acute care services [thereby defeating the very basis for these purposed changes]. Furthermore, monthly verification of income and work requirements are likely to increase the administrative burden for the state and also encumber beneficiaries who already may be struggling to meet their daily needs. The recipients of Arizona Medicaid who would be greatly impacted by the proposed changes are the working poor who already face challenges in allocating their limited financial resources to food, shelter, clothing, transport and healthcare.

In families where there is one earning member but multiple dependents over the age of 6 (hence do not meet any of the exceptions), being asked to pay even a small percentage of the limited income (as co-pays) can have grave financial impact. The time that would be required to complete the paperwork for monthly reporting would take time away from earning an income. There also does not appear to be any clause that addresses healthcare coverage or assessment of able-bodied-ness for primary caregivers who may be unable to work due to care needs of a loved one. The possibility that more families would lose access to care due to the stringent and burdensome reporting requirements is highly probable. Predictably, there is likely to be an even greater motivation to apply for disability, directly negating the important goal of reducing reliance on public assistance.

Implementation of the proposal will result in an increased number of people without regular and adequate access to healthcare. Although initially the projections may appear positive from some co-pay collections, in the long run this will cost the state of Arizona more due to poor health outcomes, increased levels of disability, burden on healthcare providers and significant fiscal burden of acute care services.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Wednesday, March 1, 2017 7:48:28 AM

Dear Director Betlach, Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state. While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education. Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency. Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Wednesday, March 1, 2017 12:07:28 AM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

I am a current employee for Mercy Maricopa Integrated Care. My background is in Social Work and I'm a Licensed Clinical Social Worker, specializing in adult mental health. Having worked for CPS out of college and then in private psychiatric hospitals, I have a unique perspective regarding Arizona's systems of care.

Having seen ample inefficiencies in the CPS system, my opinions and clinical outlook had shifted from the ideological views that are common of sheltered college students. After working with AHCCCS patients since 2010 at the psychiatric hospital setting, it is clear to me that there is no personal accountability in our AHCCCS system.

I now perform insurance authorization for inpatient behavioral health for MMIC. We are a hard working division, but we fight a daily losing battle due to overarching policy and systems issues. People use the hospital as shelter, as much as we assess for medical necessity criteria.

I don't find the proposed changes by the legislature draconian in nature, as my experience has been that the sentiment of our members is that something is owed to them and there's little 'buy in' from them. Health insurance is not a human right, but a service provided by government and tax payers, which often times precludes our AHCCCS members.

I support members having to pay co-pays, and additional ways to shape behavior. I think monthly employment verification is too steep and unmanageable to enforce. People will be tracking forms instead of tracking progress of members. I'm specifically thinking of SMI members who often times struggle to comply to their treatment plans and medications.

I think 6 months would be more realistic, as it would be very problematic for members to be off and on for coverage if they are penalized with suspensions. Retro reviews take time, money, and resources on everyone's end. I also think people could be made or incentivized to take classes regarding what their benefits include and do not include, preventative health, and management of chronic illness.

I encourage you to reach out to MMIC and Mercy Care workers and service providers for feedback. We are a wealth of knowledge regarding the pros and cons of our AHCCCS system.

To: [Public Input](#)
Subject: Public comment for AHCCCS waiver proposal
Date: Tuesday, February 28, 2017 11:57:37 PM

Hello,

I am writing to express my concern about the proposed waiver for AHCCCS. The proposal follows SB1092's plan to limit Medicaid in Arizona to a 5-year lifetime limit, and to impose a work requirement on "able-bodied" individuals.

These types of proposals usually create more cracks for people to fall through because they are oversimplified approaches. For instance, what constitutes "able-bodied"? Is it just someone who is not disabled? What about people who are too sick to work, but not sick enough for disability? How will this population be defined? What will be done for those who will lose their eligibility under this proposal?

The 5 year lifetime limit defeats the purpose of having a safety net, which is to be there whenever someone needs it (even if they've already had to use it before).

Federally, Medicaid has never had a work requirement nor a lifetime limit. I do not see why it is appropriate to grant Arizona this waiver for policies that are not in effect in any other state.

I urge the federal government to reject this proposal and leave Arizona's Medicaid program the way it is.

Thank you for your attention to this urgent matter.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Tuesday, February 28, 2017 11:30:10 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Tuesday, February 28, 2017 11:25:37 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Tuesday, February 28, 2017 9:43:39 PM

Dear Director Betlach, Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state. While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education. Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency. Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Tuesday, February 28, 2017 8:38:41 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am another concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Tuesday, February 28, 2017 5:52:07 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Tuesday, February 28, 2017 5:16:53 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: Section 1115 Waiver
Date: Tuesday, February 28, 2017 4:57:25 PM

As a resident of Scottsdale, a business woman, caring citizen and volunteer at many nonprofits for several years, I am appalled by the SB 1092 Legislative Directive Waiver Proposal.

If I had known what a non-caring, uneducated group of legislators who are running this state, I would never have moved here.

Your proposal is from another era and so absolutely ridiculous, I don't know where to begin.

My daughter is a single mother of an 11-year old daughter with mental health issues. The father left with no notice, no child support and no relationship with his daughter. He married a wealthy woman and has left my daughter with all the repercussions. She has anxiety issues that have become much worse each year with the problems of her daughter and the daunting task of doing it all alone.

Anxiety can become out of control at times. Depression follows suit, naturally. Any semi-intelligent human being can figure out how many people suffer from mental health issues—from social anxiety to workplace anxiety to bi-polar issues to ADHD issues to food-related issues—all the way to schizophrenia—and suicide. Surely those in charge at AHCCCS read, and can figure this out.

Why is Arizona the 50th state in the country when it comes to support and facilities for those with mental health issues? Wake up folks. You're creating a non-caring, uncivilized and heartless community of people who are in dire need of many MORE services and help. NOT FEWER!

I'M ASHAMED OF THIS PROPOSAL AND THE PEOPLE WHO DREAMED THIS UP AT THE ARIZONA STATE LEGISLATURE.

To: [Public Input](#)
Subject: Medicaid proposed waiver
Date: Tuesday, February 28, 2017 4:45:32 PM

Dear Director Betlach,

I am writing to you as a small business owner and a health care provider. My business partner and I run a private outpatient pediatric therapy clinic in Pima County. Approximately 40% of our families receive their health insurance through AHCCCS. As I understand this waiver will not coverage for children, however, if this waiver were to be put into place, the numerous parents of children with developmental delays will no longer be able to qualify for services, will have to work in order to qualify for health care, or will go insured, all of which will directly effect their children and our clients. We serve medically fragile children with complex medical needs requiring multiple medical visits a week, and significant care at home. For many families, especially with out those with means to hire outside help, this means at least one family can not work in order to care for the child. This waiver would effect these parents ability to care for their children.

The waiver would also impact our business practice as families will no longer be able to bring their children to clinic to receive therapy, which would force us to reduce our staff and would significantly impact our ability to serve this community.

Thank you for your time in reading my concerns.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Tuesday, February 28, 2017 4:44:46 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Tuesday, February 28, 2017 3:40:10 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: Fwd: SB 1092 Legislative Directive Waiver Proposal
Date: Tuesday, February 28, 2017 3:21:23 PM

> Dear Director Betlach,

>

> Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

>

> While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults and for those grandparents and other relatives caring for minor children who are not involved with the state DCS system. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

>

> Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

>

> Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all.

>

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Tuesday, February 28, 2017 3:20:12 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults and for those grandparents and other relatives caring for minor children who are not involved with the state DCS system. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Tuesday, February 28, 2017 2:21:08 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. As a mother of a son who receives Medicaid benefits, citizen, and employee of a nonprofit organization, I believe that the state Medicaid program must continue to provide broad coverage because it affects Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I am very concerned about the proposed restrictions on "Able-Bodied" adults. I believe that Medicaid provides a critical service to low-income individuals.

I do not believe in punishment for those who fail to meet reporting deadlines. It penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering my concerns, the concerns of my family, and those of the people my organization serves. I know you will direct our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: Public Comment on SB1092 Medicaid Waiver Amendment Proposal
Date: Tuesday, February 28, 2017 2:14:02 PM

I am shocked and dismayed by this amendment proposal and unalterably opposed to it. Have we learned nothing from decades of "welfare reform" experiments that show that instituting work requirements succeed only in people losing their eligibility for benefits, not in actually increasing job placement in living-wage jobs that actually provide the benefits they lose by having those jobs.

In addition, the proposed 5-year time limitation on benefits is a particularly ugly statement on the "disposability" of vulnerable people who need this coverage, regardless of the amount of time on benefits. This is a thinly veiled attack on the poor in order to provide more tax breaks to the wealthy and corporations. It is venal and malicious,

Poor people are not lazy; some people cannot work and still need benefits; most people cannot find living-wage jobs with adequate benefits in this lackluster, neoliberal economy; they need a proposal that helps and supports them, not punishes them. I urge you to drop the 5-year limitation proposal entirely. I urge you to substitute robust job training and support activities for the proven ineffective "work requirements" proposal.

Thank you for accepting my comment.

To: [Public Input](#)
Subject: Medicaid program
Date: Tuesday, February 28, 2017 2:11:43 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a social services director who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Tuesday, February 28, 2017 1:56:10 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: Public Comment, Medicaid Waiver
Date: Tuesday, February 28, 2017 1:51:31 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned social worker who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state. I have seen this fluctuate over the years as medicaid has expanded.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Tuesday, February 28, 2017 1:50:41 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: Please don't target the poor
Date: Tuesday, February 28, 2017 1:49:19 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: proposed Medicaid waiver
Date: Tuesday, February 28, 2017 1:43:14 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Tuesday, February 28, 2017 1:40:07 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Tuesday, February 28, 2017 1:38:50 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: Medicaid Waiver
Date: Tuesday, February 28, 2017 1:31:37 PM

February 14th , 2017

Mr. Tom Betlach, Director of AHCCCS
801 E. Jefferson St. MD 4100
Phoenix, AZ 85034
publicinput@azahcccs.gov

Dear Director Betlach:

As a peer and family member I would appreciate the opportunity to comment on the current Medicaid Section 1115 waiver. AHCCCS has done some admirable work in this community and I would like to see this continue. I would like to share my concerns with the proposed requirements for “able-bodied” adults receiving Medicaid services.

1. I feel the immediate need to define the term “able-bodied”.

When determining this definition, it’s important to understand the cyclical nature of mental illness. One month an individual may meet the “able-bodied” requirement, followed by periods of acute symptom exacerbation.

I’m very fortunate to have a part time job in the mental health field. When I cycle through symptomatic mental health episodes, where I am no longer 'able-bodied', my employer understands what I'm going through, and they're very patient with me. Working and worrying about when the next episode might happen, would only add to my stress, and make my 'able-bodied status even more tenuous. The unconditional love of my dog is a big part of my own recovery and I know many people, that I believe, would benefit from this companionship, especially when they have a family that lacks understanding, and withdraws from offering any kind of emotional support. However, many are afraid of the responsibility of even caring for a dog in the event that they become symptomatic and unable to take care of the dog.

2. I oppose the policy of requiring able-bodied adults to verify on a monthly basis compliance with the work requirements and any changes in family income. I also oppose the policy that would ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements.

I find this requirement to be burdensome and an administrative burden to both the claimant and AHCCCS. We know that 79% of adult and child Medicaid enrollees in Arizona are in families with at least one worker. For parents struggling to make ends meet in low-paying jobs, imposing a monthly reporting requirement with the penalty of a year lock out period only makes the goal of climbing out of poverty that much more difficult. Many people are able to work because of the AHCCCS coverage that keeps their chronic and mental health conditions under control. Work requirements would likely end in a loss of health coverage, adding to our unemployment and poverty rate.

If I had to live in constant fear of losing my job and benefits and worrying about where I was going to eat, sleep or get medical care, because of my illness, my anxiety would be through the roof, and I would be suicidal. Living with this constant fear of losing everything, would make it even harder to maintain my recovery and 'able-bodied' status. Fortunately, I have Social Security and Retirement to carry me through these times, but people on AHCCCS don't have a safety net. I know these things, because I have facilitated a peer support group for 6+ years, and most of the people in the group are on AHCCCS. I've seen people who are stable on their meds, relapse when confronted with reevaluation of their status by Social Security or AHCCCS.

3. I oppose the proposed lifetime coverage limit of five years for able bodied adults.

Individuals who experience poverty are at significantly greater risk of mental illness and individuals experiencing a mental illness often experience periods of wellness, interrupted by periods of severe illness. Imposing a five-year lifetime limit on AHCCCS eligibility contradicts what is known about disability, chronic disease and mental illness, and jeopardizes progress already gained by those covered by AHCCCS.

Personally, I've had episodes that remind me that I'm never going to be cured. I don't understand how someone can say that I'll be cured in 5 years.. No one says that about my cancer diagnosis.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Tuesday, February 28, 2017 12:55:19 PM

February 24, 2017

Thomas J. Betlach MPA, Director
Arizona Health Care Cost Containment System
801 E. Jefferson St., MD 4100
Phoenix, AZ 850

RE: Section 1115 Waiver Renewal

Dear Director Betlach:

Thank you for the opportunity to comment on the 1115 Waiver. AHCCCS has been a model of access to care, cost containment, and quality care. These proposed changes will take the state and its citizens back to a time when those marginalized through low wages and lack of employer provided care, risk less access to care and ultimately increase costs the state pays for delayed care.

Work Requirement

We know that 79% of adult and child Medicaid enrollees in Arizona are in families with at least one worker. For parents struggling to make ends meet in low-paying jobs, imposing a monthly reporting requirement with the penalty of a year lock out period only makes the goal of climbing out of poverty that much more unattainable. Many people are able to work because they can keep chronic and mental health conditions under control through AHCCCS coverage.

Lifetime Limits and Disenrollment

Imposing a five-year lifetime limit on low-income people runs counter to research on mental health recovery and chronic disease management. Moreover, many low-income adults eligible for AHCCCS are working, but do not have access to job-based coverage. Cutting them off after five years would expose them to poor health outcomes and medical debt, which entrench the cycle of poverty in our state.

Monthly Reporting

The requirement to report monthly seems burdensome and expensive for the state to implement.

Limiting access to health care through work requirements, onerous reporting, and time limits decreases access to preventive care that in the long-run will only cost the state additional funding and result in a workforce of families more vulnerable to chronic disease and suffering.

To: [Public Input](#)
Subject: SB 1092
Date: Tuesday, February 28, 2017 12:17:38 PM
Attachments: [image001.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)

I oppose SB 1092 as it contains to many unattainable provisions and requirements that many recipients, though in need, will find very difficult to fulfill.

To: [Public Input](#)
Subject: Stop the AMENDMENT to SB1092
Date: Tuesday, February 28, 2017 11:08:48 AM

I wish to express my concerns about the proposed AMENDMENT to SB 1092. The most vulnerable in Arizona are afflicted and diagnosed with disabilities and cannot endure any constant harassment from our state legislatures. I stand behind the letter from Arizona Public Health who eloquently stayed their opposition to the AMENDMENT to SB 1092.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Tuesday, February 28, 2017 10:41:24 AM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: Loss of Medicaid services
Date: Tuesday, February 28, 2017 8:02:43 AM

To whom it may concern;

I would ask that you do not change the eligibility requirements for “able bodied adults” receiving AHCCCS in Arizona. This would directly diminish the protections of the ACA.

I disagree with these requirement changes because:

- they diminish healthcare protections in place
- many recipients suffer from mental health issues that would not fall under the category of “able bodied”
- a majority of Americans support keeping the Medicaid protections gained under the ACA in place

Thank you for your attention. I urge you not to approve the waiver of these requirements for AZ AHCCCS.

To: [Public Input](#)
Subject: SB 1092
Date: Tuesday, February 28, 2017 7:29:19 AM

RE: AHCCCS Waiver Submittal - SB 1092

Please register my comment regarding this proposed legislation:

I am opposed to SB1092 Lifetime Limit enrollment to five years.

To: [Public Input](#)
Subject: DECLINE Waiver request to SB 1092
Date: Tuesday, February 28, 2017 7:24:50 AM

To all of whom this may concern:

As faculty at the University of Arizona College of Medicine and College of Public Health, I urge you to decline the waiver requesting an amendment to SB 1092 that would place an extreme and undue burden on Medicaid recipients and greatly increase the cost of indigent care and human suffering.

The proposed amendment requires monthly verification of income status, despite the fact that one month is seldom indicative of a real change in family income or of medical needs. It also sets an arbitrary lifetime limit on Medicaid services of 5 years despite the fact that children and adults with severe and chronic illnesses, who are unable to earn sufficient income due to illness and disability, are unlikely to suddenly no longer require medical care after 5 years.

Please protect access to Medicaid for all vulnerable Arizonans.

To: [Public Input](#)
Subject: Please don't add extra SB 1092 proposed requirements to AHCCCS
Date: Tuesday, February 28, 2017 7:12:15 AM

Adding monthly work check requirements can add terrible burden to our less fortunate people and administrative burden and costs that in my opinion won't save as much cost as they add. SNAP uses a post card system and as a volunteer with Tempe Neighbors Helping Neighbors I drove a very ill cancer patient to the SNAP office to get his food benefit re-started after a card that was supposedly mailed to him, was not received by him. As a seriously ill person, he should not have had to suffer even more to keep his benefit. Some of our neighbors who collect benefits are among our most needy and deserving. Our needy neighbors are usually the ones who can least recover from administrative errors like missed cards or meeting dates. Many don't have computers and depend on mass transit or other transportation volunteers. They are not happy they have to be dependent but current circumstances cause them to need help.

Benefits like these help improve the health of society. People who get regular care spread less infectious illness and disease. For very selfish reasons, I prefer that as many people as possible receive health benefits, to reduce the spread of illness. I prefer that I, my extended family, my friends and neighbors all be able to go into public places, without unnecessary risk, and stay healthy.

Setting a time limit on benefits of 5 years is also not preferred. Some kind of periodic audit to deter fraud and catch the worst offenders can probably do the greatest good without cutting off people who for a legitimate reason need services for extended times.

Thank you for considering my comments in your review of this matter.

To: [Public Input](#)
Subject: Comments regarding Az1115 Waiver and SB1092 Annual Waiver Amendment Request
Date: Monday, February 27, 2017 9:47:34 PM

How can we get more inhumane? If a person is sick, let him or her have health care. If that person is homeless, not working, mentally incompetent, pregnant, depressed, physically disabled - what does that matter? He is sick and needs medical attention! It is immoral and uncivilized to think of ignoring his/her need.

To those who say it costs money??? Well it costs the whole society and teaches our children horrible values to treat a sick person like trash! If we still think it costs too much, then cut our tax breaks for wealthy, stop paying for private prisons, cease to fund vouchers for private schools - just as starters. We are a wealthy society - but our wealth is totally unequally distributed. As a society, we can at least provide health care for all.

So please do not vote in a requirement to ban an eligible able-bodied adult from enrollment for any reason. And to not limit lifetime coverage for able bodied adults to five years.

To: [Public Input](#)
Subject: Waiver feedback
Date: Monday, February 27, 2017 9:03:47 PM
Attachments: [AHCCCS Proposed Waiver Comments.docx](#)

February 20, 2017

Thomas J. Betlach M.P.A.,
Director Arizona Health Care Cost Containment System
801 E. Jefferson St., MD 4100
Phoenix, AZ 850
RE: Section 1115 Waiver Renewal

Dear Director Betlach:

As a nurse and an Arizona resident concerned about the health of our citizens, thank you for the opportunity to comment on Arizona's 2017 1115 Medicaid waiver application.

My comments focus on the following key areas of your waiver request:

<!--[if !supportLists]-->• <!--[endif]-->The requirement for all able-bodied adults to become employed or actively seeking employment or attend school or a job-training program.

<!--[if !supportLists]-->• <!--[endif]-->The requirement for able-bodied adults to verify on a monthly basis compliance with the work requirements and any changes in family income.

<!--[if !supportLists]-->• <!--[endif]-->The authority for AHCCCS to ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements.

<!--[if !supportLists]-->• <!--[endif]-->The authority for AHCCCS to limit lifetime coverage for all able-bodied adults to five years except for certain circumstances.

Work Requirement, Verification, and Suspended Eligibility Henry J. Kaiser Family Foundation (2015) found three in four households eligible for Medicaid expansion in the U.S. have a full- or part-time worker. Among those not working, nearly half report that an illness/disability or family obligation was the main reason for their work status. Another 18% were going to school and 20% could not find work. To my knowledge, no such analysis has been done for the state of Arizona. We encourage you to conduct such an analysis before implementing the proposed work requirement. Other states report significant barriers to employment for Able Bodied Adults without Dependents as required by some states through the Supplemental Nutrition Assistance Program, including a lack of

employment history, lack of transportation, substance abuse, mental illness and felony convictions. For example, in Ohio, nearly 33% of clients reported a physical or mental health limitation, more than 30% have no high school diploma or GED, and 34% have felony convictions. Here again, I urge you to conduct an analysis to examine the employment barriers your members face before implementing the proposed work requirement. Getting more detailed information in advance will help you test a hypothesis that is more refined and targeted and more likely to demonstrate that it is effective at transitioning members off public benefits. I expect that your Waiver request work requirement will result in confusion for clients as well as eligibility staff and community partners. First, the Administration will need to determine who is subject to or exempt from the work requirement. It is likely that administrative challenges will exist throughout the notification, compliance, documentation and eligibility processes. Some points of considerable concern include:

- <!--[if !supportLists]-->• <!--[endif]-->Will doctors/providers be faced with an unfunded mandate to determine work status of those requesting an exemption from the work requirement? An expectation that doctors/providers document work exemptions will harm the patient/provider trust relationship unnecessarily, potentially resulting in negative health outcomes.
- <!--[if !supportLists]-->• <!--[endif]-->How will eligibility staff understand and apply the rules related to the time limits consistently and accurately? Would these staff be located at AHCCCS or at the Arizona Department of Economic Security (DES)? How will this avoid duplication with other work related programs in other state agencies like the DES?
- <!--[if !supportLists]-->• <!--[endif]-->How will Administration staff adequately and appropriately assess each individual for work readiness?
- <!--[if !supportLists]-->• <!--[endif]-->What procedures will the Administration use among their more than 1 million members to document the means by which members will verify on a monthly basis compliance with the work requirement and any changes in family income? How will members verify that they have appropriately and correctly provide AHCCCS the necessary reports to retain his/her eligibility?
- <!--[if !supportLists]-->• <!--[endif]-->How will the Administration ensure that eligible Arizonans are not terminated, especially those who are physically or mentally unfit for employment? How will the Administration reinstate individuals who have been improperly terminated and credit them back the benefits?
- <!--[if !supportLists]-->• <!--[endif]-->How will staff understand and count allowable employment activities? How will they track the required number of hours and what will the Administration use as criteria for meeting attendance in school or job training requirements?
- <!--[if !supportLists]-->• <!--[endif]-->What changes will be necessary to forms, including applications and notices? How many new FTEs would be required to

implement the new requirement and how much additional administrative costs would that entail? It seems the cost to add this monitoring and data collection step is more than what could be saved by the outcome of this new requirement.

<!--[if !supportLists]--> <!--[endif]-->How will these new rules be communicated to clients in a way they understand and are able to respond?

For these reasons and concerns, I encourage the Administration and the Centers for Medicare and Medicaid Services to withhold approval of the Administration's work requirement waiver request. Getting more detailed information and addressing the questions above in advance will help AHCCCS test a demonstration waiver hypothesis that is more refined and targeted and more likely to demonstrate effectiveness toward reducing individual reliance on public assistance.

Lifetime Limits and Disenrollment Removal of Medicaid coverage after 5 years of lifetime enrollment will negatively impact our collective efforts to improve health outcomes, threaten the viability of public and private investments, and jeopardize access to care for vulnerable populations. The Administration has included in its waiver request a lifetime limit of 5 years for Medicaid benefits. As Director Betlach has indicated a number of times, Medicaid and AHCCCS are counter cyclical programs. When the economy is in contraction, people lose employment and Medicaid enrollment tends to increase. The opposite is true during a robust economy. Economic cycles tend to occur in 8 – 12 year intervals, with several recessionary cycles during the employable life. In addition, there are much longer-term "geographic recessions" that exist in Arizona, even when the U.S. is not officially in a recession. Many parts of Arizona, particularly in rural and frontier areas, have much higher unemployment rates than our urban areas. These geographically depressed areas have fewer economic opportunities for residents, increasing the likelihood that they would exceed your proposed 5-year lifetime enrollment cap. The Administration's request provides no safety valve to account for the counter cyclical nature of the Medicaid program and the importance it plays during economic down swings. Further, it does not account for the economic opportunity disparity that many rural Arizona communities face. The proposed 5-year lifetime limit appears to be arbitrary and would needlessly limit access to healthcare for critical medical services for many Arizonans. In addition, individuals will seek care even if they have reached their 5-year lifetime limit, resulting in increased uncompensated care and care being delivered after complications have developed in more expensive settings. I oppose the request to place a 5-year lifetime limit on AHCCCS coverage because: 1) it would negatively impact the collective efforts to improve health outcomes; 2) it is not evidence-based; 3) the 5-year limit is arbitrary; 4) the request does not account for the countercyclical nature of the Medicaid program; and 5) it does not account for geographic economic opportunity disparities.

In summary, I encourage the Administration and the Centers for Medicare and Medicaid Services to withhold approval of the Administration's work requirement waiver request until more complete analyses are completed and a clear picture of employment ability and status is known among AHCCCS members. Getting more detailed information in advance, including answering key implementation questions highlighted in this letter, will help AHCCCS test a Demonstration Waiver hypothesis that is more refined and targeted and more likely to demonstrate effectiveness toward reducing individual reliance on public assistance. I oppose the request to place lifetime limits on AHCCCS coverage because: 1) it would negatively impact the collective efforts to improve health outcomes; 2) it is not evidence-based; 3) the 5-year limit is arbitrary; 4) the request does not account for the countercyclical nature of the Medicaid program; and 5) does not account for geographic economic opportunity disparities in Arizona.

Finally, I would end with the laudable mission of AHCCCS '*reaching across Arizona to provide comprehensive, quality health care for those in need*' and ask if these punitive-appearing proposed actions assist AHCCCS to further their mission? I would argue they do not; instead I ask that Administration look at the preventative, integrative and promising practices that improve outcomes while decreasing overall cost. Addressing mental health illness, which is more than twice as prevalent among Medicaid beneficiaries as it is in the general population, and increasing access to navigators or case managers that can address social determinants of health and chronic illness have evidence and promise for the future, is but a few options well worth a closer look.

Thank you for considering our State's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: Re Arizona AHCCCS Medicaid Waiver to add Work Requirement/Lifetime Limit
Date: Monday, February 27, 2017 7:44:04 PM

Re: Arizona Medicaid Waivers to Add a Work Requirement and a Lifetime Limit

I am against these particular waivers to the Arizona Medicaid program, AHCCCS. Though well intentioned, they cannot in their present form REALISTICALLY accomplish the intended goals of Governor Doug Ducey's 2016 AHCCCS modernization program; Choice, Accountability, Responsibility and Engagement (CARE). In fact, they will be counter productive and cruel. Let's take a look.

Governor Doug Ducey's 20 hour per week adult able-bodied work requirement and lifetime coverage limit seem reasonable IF YOU DO NOT LOOK AT THE COVERED POPULATION.

Generally who uses AHCCCS? Poor people who are sick. This group tends to skew

toward the young, the rural, and older adults too young for Medicare. Some have chronic uncurable conditions which cannot be fixed by our current medical science, only ameliorated. The diseases put them on roller coasters through no fault of the patient. Some years they can function fully in society and some years they are totally disabled. Does a five year Lifetime Limit MAKE SENSE when your functional years are stretched out over decades? And what does "able-bodied" mean when your uncurable disease symptoms come and go on their own?

In fact, what does "able-bodied" mean anyway? What about the mentally ill, those with substance abuse problems, the partially disabled? These people might find it very hard to find and keep employment but also very hard to qualify for disability coverage. So they should just be kicked off the roles? How and where will they end up? In emergency rooms with terrible and sometimes preventable conditions that the hospitals and local governments will have to

pay for AT AN INCREASED COST.

What about care providers? They do the "right" thing by staying home and providing needed care in their households, potentially saving the public purse huge sums. They are probably "able-bodied" but they are not "employed." Let's kick them off the roles as well. Also, monitoring the recipient's work hours to meet these requirements? How much will that cost?

These are some of the cases that prove these requirements to be unworkable and costly. Public health insurance is a costly and necessary public good, the same as water treatment plants and sewage systems. Public health insurance saves lives and money over the alternative of no health insurance. It is necessary because there are some people who for various reasons do not qualify for a market based approach. They should be continued to be offered medical insurance. It is the humane thing to do, but also it is necessary for general public health.

We are approaching an era where there will be very few, if any effective antibiotics for many diseases. Tuberculosis is one example. Better to prevent and treat now. Excluding people from the system will only increase costs later and make public health worse.

Thank you for your consideration.

To: [Public Input](#)
Subject: AHCCCS
Date: Monday, February 27, 2017 6:55:35 PM

Hello,

My name is Rachel Perugini, from Flagstaff AZ (86001). I am writing to express my concern over imposing limits to AHCCCS. My boyfriend has used AHCCCS for over two years now because of health issues that have kept him from working. With AHCCCS he has been able to go to many different appointments, get medication, and continue care that has helped him immensely. There are many people whose situations are far worse than ours, and it is sometimes not feasible for someone to get healthy on an arbitrary deadline. It is also not always possible for someone who is sick to work. Adding a 5 year limit and work requirements to AHCCCS would only serve to cause more stress to people who need our help and support. As a state, we should be working to help those in need, not push them off of life saving insurance when they need it most. Please do not consider limiting AHCCCS care from those who need it most.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Monday, February 27, 2017 5:54:53 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: 1115 Demonstration Waiver comments
Date: Monday, February 27, 2017 4:51:12 PM

To the Director and staff of AHCCCS:

I would like to share my concerns regarding the proposed Arizona Section 1115 Demonstration Waiver Requests currently mandated to be proposed to CMS as a result of SB 1092 Directive.

I feel that any definition of the term “able-bodied” should be eliminated, and replaced with a statement that reflects that anyone that participates in the Arizona Health Care Cost Containment System, will be encouraged to seek employment whenever their health and personal lives can support it, and that health care providers will be encouraged to assist their enrolled clients in becoming gainfully employed whenever possible. Possibly finding a way to incentivize rather than punish.

When determining the definition of “able-bodies,” it’s important to understand the cyclical nature of mental illness. One month or one day to the next an individual may meet the “able-bodied” requirement, followed by periods of acute symptom exacerbation. There are also many physical health issues that can change from day to day that could make a person not “able-bodied” when they were the day before. As with each of these requirements, there are tremendous administrative and cost burdens being added to AHCCCS, health care providers and most importantly to the already over-whelmed individuals needing this support to stay alive.

I oppose the policy of requiring able-bodied adults to verify on a monthly basis compliance with the work requirements and any changes in family income. I also oppose the policy that would ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements.

This requirement would not only be a burden to AHCCCS and clinic staff, but also to the individual. According to the Kaiser Family Foundation, we know that 79% of adult and child Medicaid enrollees in Arizona are in families with at least one worker. For parents struggling to make ends meet in low-paying jobs, imposing a monthly reporting requirement with the penalty of a year lock out period only makes the goal of climbing out of poverty that much more difficult, and more stressful. Many people are able to work because of the AHCCCS coverage that keeps their chronic health and mental health conditions under control, and a year lockout from health care coverage would be devastating.

As noted regarding “able-bodied,” there are also a host of physical health conditions that can change overnight and prevent participants from even thinking about checking into AHCCCS regarding if they looked for a job, as they were focused on life threatening health issues.

The same issues for homeless individuals (especially homeless young adults) would also exist, as their ability to meet deadlines, find transportation to appointments, and even remember appointments when worrying about their next meal and if they are going to live through the night is extremely difficult.

Work requirements and even missing a monthly reporting of their efforts that could cause them to lose coverage for a year is terribly short sighted (not to mention overly punitive) and surely adding to the cost to care for illnesses, and some of the most expensive ones, would fall back on emergency rooms and indigent care providers already overwhelmed; as well as increasing our unemployment and poverty rates because people would be too sick to work. Our goal is to keep people out of ERs and help them access lower levels of care (with lower associated costs), so this seems to be sending Arizona backwards with our support of those with mental health and physical health challenges. The huge government administrative burden and costs cannot be overstated.

I oppose the proposed lifetime coverage limit of five years for able bodied employees.

Individuals who experience poverty are at significantly greater risk of mental illness and individuals experiencing a mental illness often experience periods of wellness, interrupted by periods of severe illness. Imposing a five-year lifetime limit on AHCCCS eligibility contradicts what is known about disability, chronic disease and mental illness, the difficulty of climbing out of poverty, and jeopardizes progress already gained by those covered by AHCCCS.

Possibly even more to the point, is that this policy request change demonstrates a total lack of understanding of the reality of poverty and the condition of our economy. There are people that can give a lifetime of hard work while employed and never earn enough to be above the poverty line that makes them eligible for this health care coverage, or work for an employer that provides health insurance. This can be the condition for thousands of individuals that do not have the aptitude to participate in the “new economy”, and the lack of real word supports to get them out of poverty. And even for those with aptitude, this 5 yr limit shows a total lack of understanding of the realities of getting out of poverty in this country.

I oppose the recommended changes to eliminate non-emergency transportation.

Non-emergency transportation is extremely important to facilitate low-income patients getting the primary and preventive care they need. Those living in poverty have limited access to transportation. In rural and frontier areas, there may be no public transportation available at all. Even if transportation is available, many individuals cannot use it because of their health conditions, the expense or other reasons. Refusing to provide access to transportation will simply lead to a lack of access to necessary mental and physical health care, and job training and other preventive social resources that promote physical and mental health. This will often result in the need for more expensive care down the road and other system costs.

In summary: the specific issues noted above; the additional cost to everyone involved in time and

money to administer what would be created as a result of these policies; serious health and human costs that cannot be quantified; considering that by nature of being eligible to apply for these benefits one has to be living with the unbelievable burden of the Culture of Poverty; and the punitive nature of all of these request for policy changes are the opposite of what the science of human change and wellness tells us are the most effective ways of approaching these issues, makes the plea to reject these recommended changes even more urgent

Thank you for the opportunity to comment on this submission of Waiver Requests.

To: [Public Input](#)
Subject: SB1092
Date: Monday, February 27, 2017 3:13:58 PM

Please stop SB1092 as it will result in (estimated) over a million people being deprived of medical care. Our country is better than this.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Monday, February 27, 2017 2:25:33 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Monday, February 27, 2017 1:24:12 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. "Able-bodied" does not take into consideration the mental health of those who need AHCCCS. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092
Date: Monday, February 27, 2017 11:58:15 AM

To Whom It May Concern:

I am writing to make comments urging the Centers for Medicare and Medicaid Services to decline the Waiver request for some of the following reasons:

1. This proposal would lead to more people to be forced to use the emergency room as their only place for health care and hospitals to face soaring costs in uncompensated care that get passed on to all of us in higher insurance premiums.
2. We know that 79% of adult and child Medicaid enrollees in Arizona are in families with at least one worker. For parents struggling to make ends meet in low paying jobs, imposing a month reporting requirement with the penalty of a year lock out period only makes the goal of climbing out of poverty that much more unattainable. Many people are able to work because they can keep chronic and mental health conditions under control through AHCCCS coverage.
3. These new requirements will have a negative spillover effect on children's health coverage and overall well-being. Research shows that Medicaid coverage contributes to long-term health and educational gains for children, declines in infant and child mortality, and improvements in health and financial security.

To: [Public Input](#)
Subject: AZ HB 1092
Date: Monday, February 27, 2017 10:48:54 AM

Please do not cut off medicaid for thousands of vulnerable and disabled individuals affected by this bill in Arizona. Without this coverage, my sister would never have been treated for breast cancer, a disease easily treated in its first stages. Medicaid saved her life. Medicaid saves the lives of thousands like her every day.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Monday, February 27, 2017 8:53:44 AM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state. I've been a Court Appointed Advocate for foster children for 14 years and have opportunity to work with the community who uses Medicaid. I will comment on each aspect of the program individually.

1. They must be employed, actively seeking employment, or attending school or a job training program.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education. Many of the people I work with are unable to work due to various issues but are unable to qualify for social security disability.

2. Adults would be required to verify their household income and employment eligibility on a monthly basis. Individuals who failed to comply with this requirement could be banned from AHCCCS services for one year.

Many of the most vulnerable medicaid recipients have no access to internet, lack the money for bus passes and have no phones. A reporting requirement may not be possible for some. Others may not be functioning at a high enough level to meet the reporting requirements and because of this would lose benefits.

3. A lifetime limit of five years of AHCCCS coverage would be applied to this population (with a few exceptions).

The low paying jobs that many of the families I work with do not provide insurance. That will probably not change so by putting a five year limit on benefits this will exclude many. Also, I am aware of students working and going to school part time. These students normally take many years to get through their studies and a 5 year limit puts their healthcare in jeopardy.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Date: Monday, February 27, 2017 8:35:41 AM

To Whom It May Concern,

I am writing to express my concern about the SB 1092 Legislative Directive Waiver Proposal. Thanks to ACHHHS, Arizona presently has a model public health program which serves many who would otherwise be without health benefits. Implementation of this proposal would be at cross purposes to ACHHHS's aim of helping Arizonans stay healthy, nor would it truly cut costs.

The wisdom of imposing a five-year cap on benefits is questionable, given the many factors contributing to the need for ACHHHS. There is so much job insecurity in the present economic climate and up swings and down turns are the norm; thus, Arizonans cannot count on consistent and stable long-term work. It would be a shame to punish workers impacted by on-going fluctuations in the labor market.

This proposal would eliminate thousands of people from ACHHHS membership, and all Arizonans would be impacted in the long run by those citizens who cannot access regular preventative and maintenance care. As a diabetes prevention health educator, I saw first-hand that early diagnosis and treatment of chronic diseases was an excellent investment which saved hundreds of thousands of dollars later spent on major interventions due to complications – such as kidney dialysis, cardiovascular surgery, limb amputations and the implications of blindness. When patients lose their benefits, their health often deteriorates. Moreover, lack of access to regular treatment and follow-up for chronic conditions such as diabetes, heart disease, respiratory illnesses etc. results in repeated health emergencies, which, in addition to necessitating the frequent emergency room visits that are so much more expensive than regular care, also result in worse health outcomes.

The stipulation regarding active employment-seeking also is disconcerting for several reasons. It is presumptuous to assume that recipients are not already seeking employment. Moreover, the proposed verification procedures place an inappropriate burden on ACHHHS, an agency designated to facilitate health care access, not employment-related tracking. Furthermore, it would be costly to implement and maintain these changes, thereby diverting more precious dollars from health care delivery. Why not continue to focus on insuring that Arizonans be as healthy as possible? What can be gained by funneling more resources into administration instead health maintenance?

Please reconsider this proposal. Never have changes of this scope been approved federally; no doubt because of their punitive and short-sighted nature and the ultimate threat represented to health promotion for its citizenry.

I urge you to honor and preserve the excellent program in place in this state.

To: [Public Input](#)
Subject: Medicare Section 1115 Waiver - Comments
Date: Sunday, February 26, 2017 10:28:17 PM

Sirs: I understand the deadline for public comments on the potential amendment to the above referenced waiver for AHCCCS Medicaid.

Having been involved when my mother-in-law was an AHCCCS enrollee, I am more than a little concerned about the long-term ramifications of this proposed amendment to our state's current waiver vis-à-vis Medicaid.

As I understand the proposal, it would require "all able-bodied adults" to become employed, be seeking employment, or attend school or job training. Defining "able-bodied" is essentially a gray area, open to interpretation (or worse, doctors who could scam the system by determining who might come under that category). There are so many areas of our state which have wildly different possible employment or training opportunities, that this requirement will lead to inevitable disputes and different applications among our counties.

Limiting life-time coverage has the unfortunate potential to have worse medical outcomes for individuals with difficult, long-term conditions.

I urge AHCCCS and the Centers of Medicare and Medicaid Services to refuse to approve this proposed amendment.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Sunday, February 26, 2017 10:08:03 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: Commets regarding SB 1092
Date: Sunday, February 26, 2017 8:00:48 PM

To whom it may concern:

I have been receiving Medicaid since I lost my full-time job in 2009 and my Cobra ran out. I looked for another job for 2 years and finally stopped and started my own housekeeping business which if I had to live on I would be on the streets where a lot of people are. I have lived with my mom four quite awhile and between the two of us we make ends meet. She is receiving social security and Medicare but I am still 3 years away from Medicare myself and it can't come soon enough for me.

1. able-bodied adults should be working, or looking, or training, but there are a lot of roadblocks like lack of transportation and without a car if you aren't within walking distance or have public transportation what can you do. Adults with children have it harder, they have find childcare or be home when they come home from school. My case in particular I lost my daughter and son-law in 2013, and now have my granddaughter living with us. I have had to turn down many job opportunities because I have to drop her off at school and pick her up. She is attending a public charter school and is getting a great education. We have one car and we tried for awhile to have my mother drop off my granddaughter at school, then take me to work, then turn around and pick my granddaughter up again, then pick me up when I was finished. She is 83 and can't do it any-more.

2. I can't see how verifying household income a monthly basis would make much of a difference, a better idea would be to just report when there is a change in household income or employment status, and take the pressure off of all concerned.

3. A lifetime limit of 5 yrs would be fine if we all lived 6 yrs or less. I have a medical condition that requires daily medication and a yearly medical checkup to drive so it is very important I have medical coverage and drug coverage. Why not add small c/o pays for doctor visits and drugs I know 5 or 10 dollars isn't going to break anyone's bank and the state would recoup some money that way. Limit doctor visits, I for one don't want to go to the doctor if I don't need to and waste the state's money. There are lots of ways this system could be fine tuned and go on for years. Thank you

To: [Public Input](#)
Subject: totally against SB1092
Date: Sunday, February 26, 2017 5:55:50 PM

This is to let you know I am totally against SB1092.

I would ask that our legislators put themselves in the shoes of a parent caring for a disabled child, or a mom who all of a sudden finds herself being a single mom and cannot afford childcare. Healthcare is a right, especially for children and the parents of children. Why on earth would you want to go back to the days where more people are uninsured and are driven to using emergency rooms for healthcare or even worse go without any healthcare till they are to sick for care.

You voted to give yourselves Cadillac insurance so why should those who are guilty of simply being poor be treated so horribly. Where is your humanity?

I dare any legislator in Arizona to this challenge. Live off a forty hour minimum wage job for one month, care for two children, feed them, feed yourself, take buses everywhere and see what life is like. Oh by the way where are those kids going to go when you are at work?

To: [Public Input](#)
Subject: Medicaid waiver request - AZ
Date: Sunday, February 26, 2017 4:34:54 PM

Sirs and Madams:

Please reject Arizona legislative request for a waiver to Medicaid rules. Arizona's medicaid system (AHCCCS) is a critical safety net for working families. Children would be harmed by new rules limiting participation; preventive care would be restricted; more people would go to emergency rooms for care; low income families are sometimes kept in poverty due to health issues.

So many reasons - let's just leave it as is.

Thank you.

To: [Public Input](#)
Subject: Comment RE SB 1092 Waiver to add Work Requirement/Lifetime Limit
Date: Sunday, February 26, 2017 2:58:31 PM

I object to SB 1092 and the proposed work requirement test and lifetime limits being added to the current Medicaid qualifications and urge that it be denied. I have concerns about the specifics of documenting, administering, and paying for this proposed waiver bill. I am also concerned about how it will negatively impact those currently covered. Please see my comments below:

What specific documentation will be required, how often must it be provided, and who will evaluate it? During the evaluation process, will applicants or current recipients have access to health care while they wait for approval? What kind of appeals process will there be?

How will the state pay for the cost to enforce and administer this new work requirement? Additional staff will need to be hired and trained. Will taxpayers really have a substantive tax relief after paying for the cost? Why not use that money to provide health care to Arizona residents under the current rules instead?

How will self-employed people prove they are working 20 hours a week? Will they have to submit self reported time sheets? Will only paid work hours count? What about all the unpaid work of administering a small business such as accounting, administrative tasks, taxes, marketing, networking, and more.

What about people with unpredictable or seasonal work (i.e. one month/season with only a few work hours of work per week followed by many hours). Will you average those hours out over some time period? Who makes that decision? Sounds expensive to administer.

I also oppose the 5-year lifetime limit. Many people have chronic health conditions, which, while not totally and permanently disabling, limit their ability to work and keep them in poverty. Even healthy people cannot control the economy and whether or not work will be available to them for 20 hours a week.

I strongly urge that this waiver request be denied. It hurts those who need help the most; it will send people back to expensive and overcrowded ERs for things that could have been prevented with adequate health care; and it does not properly describe how it will enforce or pay for the new requirements. I have single adult relatives, friends, and neighbors who will likely lose their AHCCCS health insurance if this waiver bill passes and is approved by the administration.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Sunday, February 26, 2017 2:24:13 PM

Dear Director Betlach, Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state. While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education. Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency. Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB1092
Date: Sunday, February 26, 2017 2:07:00 PM

Hello,

I am writing to voice my disagreement with SB1092 that seeks to impose a 5 yr lifetime limit and work requirements in order get AHCCCS benefits. I am the parent of a 23 year old with disabling bipolar illness. While I currently pay for all of his services and he has insurance through my employment, there will come a time that he will no longer be able to get those benefits and may have to rely on state help for healthcare. He has a chronic illness that does not come with a "time limit". Many of his medications are very expensive and without help, he will go without- increasing his risk for suicide and homelessness. He has difficulty finding employment due to his illness and its constraints - there are few employers willing to give him a chance for success and now this bill proposes he work in order to get any services. He would LOVE to be self sufficient, if you take away benefits, the chances of that fall to ZERO.

To: [Public Input](#)
Subject: Remarks on Medicaid Waiver
Date: Sunday, February 26, 2017 1:55:30 PM

Dear Director Betlach,

I respectfully submit my comments in opposition to the Medicaid Waiver that AHCCCS seeks mandated by SB 1092, especially the provisions regarding the work requirement and the five year limit.

As a former public health administrator, we go to the evidence. There is evidence that children whose parents have health coverage are more likely to have a regular source of health care. According to Guendelman et al, if parents have access to health care their children are more likely to have regular care. [\[1\]](#)

Please consider other unintended consequences:

- Perinatal depression can occur for a year postpartum, setting up the child for a lifetime of less than optimal parenting if an undiagnosed parent is left untreated.
- Access to healthcare ensures greater financial stability for the whole family who covered, does not need to worry about being wiped out by catastrophic cost of care in an emergency.
- Barriers to employment include lack of transportation, mental illness and prior felony conviction. Additionally, many parts of the state have chronically high unemployment. Add to this that we are asking the most vulnerable to compete for any available jobs seems to put them in a no win situation from the onset.
- The administrative burden of deciding who is 'able bodied' will be onerous on an agency already working to capacity.
- AHCCCS has worked so hard these past years to support preventive health care. These requirements have the potential of shifting cost burdens to acute care facilities (EDs) when illnesses get out of hand.

Finally, Governor Ducey has been working so hard to turn back the tide of the opiate epidemic. This work requirement will knock out many who are seeking substance abuse treatment. Again, access to medical care is a safety net for the most venerable.

Please look to the evidence before making decisions that will impact the lives of those at the margin of society. Study the barriers to employment before you seek to impose these requirements, especially in the rural areas.

[1] *The Effects of Child-Only Insurance Coverage and Family Coverage on Health Care Access and Use: Recent Findings among Low-Income Children in California* Health Serv Res. 2006 Feb; 41(1): 125–147. doi: [10.1111/j.1475-6773.2005.00460.x](https://doi.org/10.1111/j.1475-6773.2005.00460.x) and *Children's Ability To Access And Use Health Care* Sylvia Guendelman and Michelle Pearl doi: [10.1377/hlthaff.23.2.235](https://doi.org/10.1377/hlthaff.23.2.235) Health Aff March 2004 vol. 23 no. 2 235-244

To: [Public Input](#)
Subject: [Caution: Message contains Redirect URL content] Opposition to SB 1092 and Submission of its Mandated Waiver
Date: Sunday, February 26, 2017 12:06:30 PM

Dear Director Betlach:

I oppose your submission of any Waiver mandated by SB 1092 because it harms the “safety net” that we Republicans have championed since President Ronald Reagan ushered in Republicans as the majority, ruling party in the United States. Provision of medical care to our lower income citizens is far different than provision of welfare cash and food stamps. Arizonans understand withdrawing such welfare benefits for failing to pursue work. This is Health Care. Medical care for lower income citizens is a crucial part of our “safety net” and should not be conditioned on seeking work.

Rebuttal to each proposal is provided below and the waiver should not be submitted. I urge you to consult the AZPHA comment letter that makes solid points regarding your responsibilities as Director to study this matter further before submitting the annual request for a waiver that you have the discretion to refuse to submit:

<https://static1.squarespace.com/static/56ec8d2562cd9413e14c0019/t/58aa46018419c2e78d79d1d0/1487554093770/AzPHA+2017+Waiver+Comments+.pdf>

This waiver is contrary to Reagan’s view of Government, and should not be submitted.

- The requirement for all able-bodied adults to become employed or actively seeking employment or attend school or a job training program. **Mental illness plagues many of our citizens and this bill does not adequately differentiate between those capable of work and those that cannot. Its definition of "ABLE-BODIED" MEANS AN INDIVIDUAL WHO IS PHYSICALLY AND MENTALLY CAPABLE OF WORKING” wholly fails to permit AHCCCS to carefully sort who can and cannot work.**
- The requirement for able-bodied adults to verify on a monthly basis compliance with the work requirements and any changes in family income. **Missing a monthly check-in will then risk one’s health care – a draconian result for a failed check-in that is not becoming of a majority party. This is Health Care we are dispensing, not cash benefits for failing to work. Further, a mentally fragile person that AHCCCS finds to be “able bodied” may simply lack the ability to make every monthly check-in. And so will Arizona and Republicans be known for casting these persons off of Medicaid-AHCCCS coverage?**
- The authority for AHCCCS to ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements. **Missing a change in family income will then risk one’s health care – such a draconian result for a failure to report a change in income is not becoming of a majority party. This is Health Care we are dispensing, not cash benefits for failing to work.**
- The authority for AHCCCS to limit lifetime coverage for all able-bodied adults to five years except for certain circumstances. **Medicaid is health care for our low income citizens and the five year cap abandons those that are not employable because of opioid addiction, felony convictions, failure to achieve a high school diploma or a GED. We are talking about a**

program that protects our least fortunate and least successful.

Rural Arizona will be particularly punished by this waiver request: Many parts of Arizona, particularly in rural and border areas, have much higher unemployment rates than our urban areas. These geographically depressed areas have fewer economic opportunities for residents, increasing the likelihood that they would exceed your proposed 5-year lifetime enrollment cap.

The Administration's request provides no safety valve to account for the counter cyclical nature of the Medicaid program and the importance it plays during economic down swings.

Thanks for considering these comments.

To: [Public Input](#)
Subject: Expand and Improve Arizona's Medicaid!
Date: Sunday, February 26, 2017 9:47:54 AM

Bottom line: Medicaid [Expansion] works and we need to expand and improve it not dissolve it! Governor Brewer supported Medicaid Expansion and knows its benefits; she knows what will be lost if Governor Ducey proceeds with his backwards, "penny-wise, pound-foolish" plan to dissolve Medicaid Expansion.

To: [Public Input](#)
Date: Sunday, February 26, 2017 2:29:53 AM
Attachments: [text_0.txt](#)

.....

Please, please don't allow Medicaid to be taken away from my mentally ill, yet hard working 27 year old daughter. She could not get Medicaid until it was expanded under the ACA during the Obama administration. She is low income due to her illness and needs health care like all of us. Please don't cap it at 5 years either. Immoral to take coverage away from hard working people who need it but can't afford it. THANK YOU.

To: [Public Input](#)
Date: Saturday, February 25, 2017 11:42:22 PM

Hello, AHCCCS:

I write to oppose the proposed request that the federal government grant a waiver to Arizona's Medicaid program that would allow the state to restrict coverage of "able-bodied" individuals to those who are working or in school, and would limit coverage to a five-year period.

Aside from the dubious ethical and moral value of pushing yet another hardship onto our low-income neighbors and residents -- honestly, why does Arizona hate poor people? -- the unfortunate fact remains that, employed or not, people inevitably need care and hospitals will still provide it; under this waiver hospitals will lose reimbursement for care given to those who do not (or can not) keep up with these proposed requirements.

The immediate question before us, then, is whether we want hospitals to continue to receive reimbursement for care given. If not, pursue the waiver.

If so, kindly drop the matter.

To: [Public Input](#)
Subject: Amendments to the current Section 1115 Waiver
Date: Saturday, February 25, 2017 4:45:18 PM

I am urging you to keep the current Medicaid requirements for adults for the Section 1115 Waiver instead of allowing Arizona to implement new eligibility requirements for "able bodied adults".

Seventy-nine percent of adult and child enrollees in Arizona are in families with at least one worker. For parents struggling to make ends meet in low paying jobs, imposing monthly reporting requirements with the penalty of a year lock out period only makes the goal of climbing out of poverty that much more unattainable. Many people are able to work because they can keep chronic and mental health conditions under control through the Arizona Health Care Cost Containment System.

This proposal would lead to more people using the emergency room as their only place for health care and hospitals to face soaring costs in uncompensated care that gets passed on to all of us in higher insurance premiums.

Please do not allow Arizona to implement these new eligibility requirements.

To: [Public Input](#)
Subject: [Caution: Message contains Redirect URL content] OPPOSED TO SB 1092 Waiver Proposal for 2017
Date: Saturday, February 25, 2017 4:04:53 PM

I object to the following parts of your waiver request:

- The requirement for all “able-bodied” adults to become employed or actively seeking employment or attend school or a job training program.
- The requirement for able-bodied adults to verify on a monthly basis compliance with the work requirements and any changes in family income.
- The authority for AHCCCS to ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements.
- The authority for AHCCCS to limit lifetime coverage for all able-bodied adults to five years except for certain circumstances.

I support the analysis and conclusions of the February 20, 2017 letter from Jeri Royce, AZ Public Health Association to AHCCCS Director Betlach.

<https://static1.squarespace.com/static/56ec8d2562cd9413e14c0019/t/58aa46018419c2e78d79d1d0/1487554093770/AzPHA+2017+Waiver+Comments+.pdf>

To: [Public Input](#)
Subject: AHCCCS change
Date: Saturday, February 25, 2017 3:42:10 PM

To whom it may concern;

I would ask that you do not change the eligibility requirements for “able bodied adults” receiving AHCCCS in Arizona. This would directly diminish the protections of the ACA.

I disagree with these requirement changes because:

- they diminish healthcare protections in place
- many recipients suffer from mental health issues that would not fall under the category of “able bodied”
- a majority of Americans support keeping the Medicaid protections gained under the ACA in place

Thank you for your attention. I urge you not to approve the waiver of these requirements for AZ AHCCCS.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Saturday, February 25, 2017 3:22:35 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. As a concerned Arizonan, I strongly believe the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency. **It most negatively impacts those citizens who for the same reason they are so needing of these services, often have the biggest barriers – those with substance abuse and mental health issues.**

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092
Date: Saturday, February 25, 2017 12:04:18 PM

To whom it may concern;

I would ask that you do not change the eligibility requirements for “able bodied adults” receiving AHCCCS in Arizona. This would directly diminish the protections of the ACA.

I disagree with these requirement changes because:

- they diminish healthcare protections in place
- many recipients suffer from mental health issues that would not fall under the category of “able bodied”
- a majority of Americans support keeping the Medicaid protections gained under the ACA in place
- it doesn't make sense to limit "lifetime" coverage to 5 years

Thank you for your attention. I urge you not to approve the waiver of these requirements for AZ AHCCCS.

To: [Public Input](#)
Subject: Bill 1092
Date: Saturday, February 25, 2017 11:23:00 AM

This is to let you know that I think SB 1092 is - in the words of our President - a "total disaster" and should have been eliminated from the agenda of the Arizona legislature. This legislation does nothing but punish people for being poor. The 5-year limit takes people already desperate for basic resources and pushes them off a cliff at the end of 5 years. This is especially true for those with chronic illnesses that will not simply go away after 5 years. The requirement to take assigned employment doubly punishes single parents and their children, those who already cannot afford expensive child care arrangements. Now you want to force them to work minimum wage jobs and at the same time endure unnecessary separation from their kids.

All of this is doubly ironic, given that the Arizona state legislature voted overwhelmingly to provide themselves with lifetime Cadillac state-subsidized health coverage - even though they are part-time workers. You can smell the hypocrisy, not to mention the completely mean-spirited lack of human empathy on the part of 1092's supporters.

I should not neglect to mention that the AZ legislature, with Governor Ducey's eager collusion, has by law prevented those needy Arizona citizens from participating in health care plans and assistance provided by the Affordable Care Act.

At a recent public meeting in Tucson, one bemused participant asked the question, "Why would anyone want to take someone's health care away?"

I would revise that question to read, "What kind of person would take someone else's health care away?"

To: [Public Input](#)
Subject: SB 1092
Date: Saturday, February 25, 2017 11:00:49 AM

To Whom It May Concern:

I am a Tucson resident in the 85705 zip code. I work full-time as a long-term care case manager and I am a graduate student in Social Work at ASU. I oppose SB 1092 because it will take away health insurance for those who truly need it. Even though AHCCCS beneficiaries may be able to find work within 5 years they might not have access to adequate health insurance once employed (either through their employer or through a public plan). They may not be able to afford other health insurance plans. This loss of coverage will not only affect AHCCCS beneficiaries. It will also negatively impact Arizona businesses and the economy. It will be more expensive for the state and Arizona citizens if these individuals lose coverage because worker productivity will go down and former beneficiaries will end up in the emergency rooms or on the streets and require police intervention, etc.

I urge you to oppose SB 1092.

To: [Public Input](#)
Subject: new eligibility requirements for Medicaid
Date: Saturday, February 25, 2017 10:47:46 AM

To whom it may concern;

I would ask that you do not change the eligibility requirements for “able bodied adults” receiving AHCCCS in Arizona. This would directly diminish the protections of the ACA.

I disagree with these requirement changes because:

- they diminish healthcare protections in place
- many recipients suffer from mental health issues that would not fall under the category of “able bodied”
- a majority of Americans support keeping the Medicaid protections gained under the ACA in place

Thank you for your attention. I urge you not to approve the waiver of these requirements for AZ AHCCCS.

To: [Public Input](#)
Subject: vote NO to 1092 AHCCCS changes with work component and 5 yr limit
Date: Saturday, February 25, 2017 10:05:25 AM

I got on AHCCCS at 59 thankfully via ACA expanded medicaid.

It is inhuman to require a work component and limit coverage to 5 years.
I am not going to work more at 65 - I will not be healthier at 65.

Federal Legislators have Cadillac plans that continue when they in office - and OUT of office.
I don't know what state legislators get , but it's for sure a wonderful comprehensive plan that doesn't leave you high and dry.

This is immoral to kick a low income senior off expanded medicaid after 5 years when we will need more healthcare not less.

There is so much wealth in this county - a 1/10 of one percent tax on just one investment - pick one -- foreign currency, any investment trade - would garner billions and not hurt anyone.
There are solutions rather than inhumanly let us get sick and die being booted off AHCCCS.

To: [Public Input](#)
Subject: Arizona Section 1115 Amendment Request
Date: Friday, February 24, 2017 7:59:27 PM

I am very opposed to the Section 1115 Waiver Request for AHCCCS to impose a 5-year Lifetime Limit and Work Requirement.

First, many people on AHCCCS are low functioning and have a hard time just surviving. Many of these people do not have the capacity to work at a job and earn health insurance through employment. The 5-year limit would leave many people without health insurance and would significantly increase unreimbursed hospital expenses.

Second, I am concerned with the definition of "able-bodied" Previous requests have included an exemption for the disabled. This includes people on Social Security Disability Income (SSDI), Supplemental Security Income (SSI) and the Seriously Mentally Ill (SMI). This language should be included in the waiver request.

Third, the demand for monthly reporting of income and work is onerous and almost impossible for many people on AHCCCS to meet. This requirement should be dropped from the waiver request.

Fourth, I feel this legislation opens the door to future legislative efforts to restrict services to our most vulnerable citizens.

I request that you drop this whole waiver request.

To: [Public Input](#)
Subject: SB1092 Legislative Directive Waiver Proposal
Date: Friday, February 24, 2017 7:06:08 PM

Hello,

I am writing to urge the REJECTION of the proposed AHCCCS requirements of employment, monthly compliance checks, and lifetime coverage limits.

Each of these proposed requirements would be functional class discrimination--putting restrictions and requirements on those who are already most vulnerable to changes in the state's economy. The folks who benefit from AHCCCS are often disabled, unable to access training, or without familial support. To cut off their healthcare benefits is to leave them in the streets, and will cost the state more, ethically and economically, in the long run.

To: [Public Input](#)
Subject: Comment RE SB 1092 Waiver Work Requirement/Lifetime limit
Date: Friday, February 24, 2017 7:01:43 PM

I object to this waiver request and urge that it be denied. Please see my comments below:

I am currently a childless adult who receives Medicaid benefits. For the last year or so, I have not been able to work much due to chronic health conditions. However, I have not yet applied for disability as I hope my condition will improve enough for me to go back to work. Right now, my income is zero, and, if not for the Medicaid expansion, I would have NO access to health care. Instead, I would have to forgo care until an expensive emergency situation, go to an ER, and then likely not be able to pay the bill. So taxpayers, hospitals, and others would bare that cost or they would have to let me die in the street. This situation, which is bad for everyone, is exactly what the ACA/Medicaid expansion has rectified. I am grateful for the ACA and to former governor Jan Brewer for accepting the Medicaid expansion--allowing me to get healthcare when I need it most.

That said: I am very worried about losing my care if the work requirement is imposed. There are no details in the bill about when and how it will be enforced. I have the following concerns:

1. How will people like me be able to prove we are not able to work? What specific documentation will we need to provide, how often must we provide it, and who will evaluate it? How long will the evaluation take and will we have access to health care while we wait for approval? What kind of appeals process will there be?
2. How will people who are self-employed (like I was for a time before stopping work entirely) be able to prove they are working 20 hours? Will they have submit time sheets every month? Who will read all those time sheets and decide they are acceptable? Do only paid work hours count? What about all the unpaid work of administering a small business such as accounting, administrative tasks, marketing, networking, etc.?
3. What happens to people with unpredictable or seasonal work where they might have one month with very few work hours followed by a month with many? Or one good season followed by a season with no work? Will you average those hours out? Over what time period? Who makes that decision?
4. How will you pay for all the money it will cost to enforce this work requirement? Who will do all the extra administrative tasks involved? Will you be able to hire enough additional staff and properly train them in time? Why not use the money it will cost to instead provide health care to Arizona residents?
5. I also oppose the 5-year lifetime limit. Many people have chronic health conditions, which, while not totally and permanently disabling, limit their ability to work and keep them on the edge of poverty. Further, even healthy people cannot control the economy and the work that is available to them. My health may improve next year or it may not. It may improve for a few years and then fail again. It may improve, but I may not be able to find adequate work after having been out of the job market. If I reach the end of the 5-year limit, what should I do then? I am trying to avoid permanent disability. I want to participate in the economy as much as I am able. However, this limit may force people like me to suffer, and possibly die from lack of care, while we wait to become so sick as to be considered totally and permanently disabled so we can apply for SSDI and get care that way. That is counterproductive, not to mention cruel and inhumane.

I strongly urge that this waiver request be denied. It hurts those who need help the most; it will send people back to expensive and overcrowded ERs for things that could have been prevented with adequate health care; and it does not properly describe how it will enforce or pay for the new requirements it seeks to implement.

To: [Public Input](#)
Subject: SB 1092
Date: Friday, February 24, 2017 6:02:02 PM

Good day

I am very concern about changes being made at this time to anything related to people's health care. I know a lot of things that are written are done so that the normal every day people cannot understand what is being said.

With the ACA going away with nothing to replace it, why are we changing anything at this time?
I am not saying everything with AHCCCS is perfect but.....

this is unclear "Is the sole caregiver of a family member who is under 6 years of age" does that mean as long as there is 1 member under 6 or once there is a member that becomes old enough to watch a 6 year old? And if so what is that age? I live in an area where a lot of children run without supervision because the parent need to work and all that does is cause a lot of trouble. They cause damage and commit crimes as young as ten.

And what does a life time limit mean? Maybe they need it now and use it but something happens in the future and they can no long have this to help them?

To: [Public Input](#)
Subject: SB1092 Opposition
Date: Friday, February 24, 2017 5:09:30 PM

Hello,

I am writing to expression my opposition to SB1092, the AHCCCS waiver proposal. I work for a homeless services agency in Phoenix, and believe the proposed requirements would cause undue burden for our state's homeless and low income population, as well as administrative burden for AHCCCS.

The clients I work with everyday have numerous challenges to obtaining employment- low education achievement, criminal record, and lack of opportunities to make a livable wage. Current homelessness is also an additional barrier: with no regular access to showers, professional clothing, computers, phones (all the things housed employment-seekers often take for granted), how can even able-bodied adults be expected to apply, interview, and obtain and maintain full time permanent employment? This all says nothing of the lack of job training and education opportunities available. How can we expect people to enter the workforce when we can't even equip them with the tools to be successful?

The monthly requirement for unemployed people to check in with proof of job search also creates a burden on the state.

Overall, the proposal is not well conceived and has major flaws that have serious implications for Arizona's most vulnerable citizens. Implementing these requirements will cause people to lose health care coverage, however, their need for medical attention does not go away just because their insurance does.

I urge you to consider the consequences of passing this bill. It is not in the best interest of Arizona's citizens.

To: [Public Input](#)
Subject: Opposition to SB 1092
Date: Friday, February 24, 2017 5:01:05 PM

To whom it may concern:

I am writing this e-mail because I don't agree with what is being proposed in Senate Bill 1092. Specifically, I don't agree with limiting lifetime benefits to five years and the work requirement. I have a mental illness and have been receiving services through the Regional Behavioral Health Authority since the year 2000. I have gone through periods of unemployment in that time. I wouldn't be alive today if it weren't for the services I have received. I don't think it is the right thing to do to take away the safety net from a needy and vulnerable group of people.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Friday, February 24, 2017 4:49:25 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty **and unemployment**, which we know has more tangled roots than simply a lack of **initiative or education**.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Friday, February 24, 2017 4:47:52 PM

Dear Director Betlach,

I am writing to express my concerns about the proposed restrictions on “able-bodied” adults under the Medicaid waiver program. This is a misguided attempt to limit health resources to people who may need medical care the most. What kind of society punishes people who are least able to fend for themselves?

Aside from the lack of compassion demonstrated in this proposal, there are other reasons not to impose these restrictions. People without access to primary care end up in emergency rooms at considerable cost to all of us. If they are not well and get no care, they will fall farther into poverty requiring even more in public assistance.

Thank you for considering the needs of all Arizonans. Please create a sustainable health care system for all.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Friday, February 24, 2017 4:41:56 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. The direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, my concern is focused on the proposed restrictions on "Able-Bodied" adults. I believe health is a human right. Medicaid provides a critical health lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Friday, February 24, 2017 4:28:24 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: Waiver SB 1092
Date: Friday, February 24, 2017 3:04:50 PM

Work Requirement: Requires all able-bodied adults to become employed or actively seeking employment or attend school or a job training program.

Fundamentally I support having abled bodied adults to become employed or to be actively seeking employment. I struggle with how this will be managed; who determines actively seeking employment; who oversees whether or not someone has become employed, how is able-bodied defined etc.? How do we ask adults to seek out work if there are limited opportunities for them to apply? Education levels, technical skills, physical health all play a role in finding employment. I am concerned that this will place an undue hardship on the State to monitor activities of individual enrollees potentially costing the program as much as it does to insure them.

Monthly Income and Work Requirement Verification: Monthly Redetermination of Eligibility Requires members to verify on a monthly basis compliance with the work requirements and any changes in family income.

Many members in AHCCCS don't have the educational understanding on how to manage a monthly requirement. It maybe from mental illness but often it is just a lack of understanding or lack of education. We see many families living in poverty struggling to pay rent or utility bills monthly. Asking that they take on one more monthly verification will create undue stress.

Permits the State to re-determine eligibility monthly based on the income and employment related information provided by beneficiaries.

Not sure who would manage this project. It is challenging today to get new families in for eligibility or renewals; if this isn't completed how will it impact the member? I believe the current system is strong enough to provide a checks and balance on whether or not income has changed enough to impact member eligibility. The positive could be that additional positions will be needed and the able-bodied adults seeking employment could apply. I assume the members would meet the requirements needed to do the job.

Enrollee Disenrollment Allows AHCCCS to ban an eligible person from enrollment for

one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements.

If someone knowingly failed to report than it is reasonable to ban them from enrollment. Of course, I am not confident we will be able to manage the work requirements being proposed.

5 year limit Places all able-bodied adults on a lifetime limit of five years with exceptions for certain circumstances.

Although I am okay with a five year limit the words lifetime are concerning. Today I may need the services of AHCCCS, I may be on the plan for 4 years and I land an excellent job. 15 years later I loss the job, I get back on the plan and I am not able to find employment, there is nothing in my field, I have gotten older etc. So even though I have been a great tax payer and contributor to our State I no longer can receive benefits after 1 year as I would have exceeded my 5 year lifetime limit. This feels very punitive to those of us that use the system for what it is intended to do; support lower income individuals unable to pay for health insurance. I also feel that as someone that has worked for many years in this State, paying my taxes and supporting my community, being penalized because of those that overuse the system isn't the answer.

Thank you!

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Friday, February 24, 2017 2:46:05 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Friday, February 24, 2017 2:41:09 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Friday, February 24, 2017 1:50:21 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Waiver Comments
Date: Friday, February 24, 2017 1:41:35 PM

Dear Director Betlach,

As a social worker and a professional working in public health in Arizona, I am very concerned about the contents of the SB 1092 waiver. I feel the waiver will negatively impact the collective efforts being made to improve health outcomes statewide, particularly within the high-risk, vulnerable populations. The contents of the waiver are not evidenced-based and I feel the 5-year limit is completely arbitrary. As any professional working with families can tell you, a need for healthcare does not stop after 5 years. Moreover, the amendment does not take into account the many geographic and economic opportunity disparities that are pervasive across Arizona.

Thank you for the opportunity to comment on the waiver. Please consider my comments as well as the letter submitted by the Arizona Public Health Association.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Friday, February 24, 2017 1:22:23 PM
Attachments: [image817000.png](#)
[image844001.png](#)
[image827002.png](#)
[image538003.png](#)

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB1092
Date: Thursday, February 23, 2017 9:38:25 PM

Please see comments below concerning the above legislation. My comments below describe the unfairness of this proposed measure.

- The requirement for all able-bodied adults to become employed or actively seeking employment or attend school or a job training program.

It is unfair to place so much emphasis on employment when education and job training opportunities are scarce and often ineffective, and the reality is there are not enough living wage jobs in Arizona. In addition, recipients may face significant barriers, such as lack of transportation or lack of employment history or qualifications.

- The requirement for able-bodied adults to verify on a monthly basis compliance with the work requirements and any changes in family income.

This requirement will add administrative challenges and costs. How will AHCCCS ensure that eligible Arizonans are not terminated, especially those who are physically or mentally not fit to work? Adding an additional population could strain Arizona's workforce development system, which has limited funds for vocational training, supportive services, and work readiness preparation. Does the State have the resources to establish monthly eligibility review, notification of members, and provision of services to support the job search of members?

- The authority for AHCCCS to limit lifetime coverage for all able-bodied adults to five years except for certain circumstances. This requirement applies to adults age 19 and older physically and mentally capable of work, with exceptions such as pregnancy or caring for a child under age six, unless the person is employed full time.

To: [Public Input](#)
Subject: "Forum on proposed ahcccs changes to be held Friday"
Date: Thursday, February 23, 2017 6:20:17 PM

In the article which appeared in the "Daily Star" you asked for feedback to the proposed law that citizens who are on AHCCCS must get a job after a certain length of time, or lose this insurance.

I am also on "Food Stamps".

I was born in 1934. My family was all farmers and we prided ourselves on our ability to take care of ourselves.

I began working as a secretary and credit administrator at a furniture store at the age of 15; then after I married and had children, I worked only while they were in school. I began working full time after my children no longer needed constant supervision.

I continued to work full time until I was laid off due to the store where I had worked for thirteen years. (in 2010) I was certain that I would have a job within the month. I continued to send off resumes, and went on interviews. When people saw that I was not a "young chick" the interview was short I applied for unemployment and that ran out, then my savings did the same.

The point I am trying to make is this:

I have tried in every way possible to get a job. Even telling them I was okay with less money than I was earning in 2010. I finally faced the facts: there is no possibility of my landing a job. I stopped sending resumes in July, 2015...

I knew I could not pay the medical bills should I get sick or hurt, nor could I pay for insurance; and since I am now living on \$809 Social Security benefits, and qualify for help from the government, hence I felt it was wise to apply for AHCCCS and food stamps.

I am shamed that I can't take care of myself without "begging" and using taxpayer money, but I am forever grateful that the "parachute" is there.

Stating the obvious, jobs need to be available for the jobless to get a job, and for the "older" person who still has his/her faculties, all age discrimination must suddenly disappear. (I am not holding my breath)

Thank you for allowing my opinions to be aired.

To: [Public Input](#)
Subject: SB1092 DO NOT ASK FOR THE APPROVAL OF THE 5 YEAR LIFETIME LIMIT
Date: Thursday, February 23, 2017 4:19:57 PM

To Whom It Might Concern:

My name is Elena Guijarro and I'm the mother and legal guardian of my son, Eric Kurschat, a recipient of AHCCCS. He has been receiving healthcare/social services thru SWN for his severe mental illness since 2011. He is currently one of those termed "able adults", although he can barely work at the job he has due to the stress his schizophrenia causes him. I have applied to the SSA twice to obtain benefits for him and have been turned down just as many times. He will be 26 years old this April and will only have AHCCCS as a healthcare coverage. We won't be able to afford the cost of his medications or wraparound treatment plan if he is eliminated from the healthcare program.

Please DO NOT ASK FOR APPROVAL OF THE 5-year lifetime limit. It is not only unfair, but dangerous to stop coverage for the SMI population, just because some of them work a few hours a week. SB1092 encourages the mentally ill not to look for a job for fear of losing their benefits and it places them in danger of relapse thus costing more in emergency health care and other benefits. And let's not forget that they are taxpayers too.

I hope you make the right decision and do not ask to approve the 5-year time limit for the mentally ill beneficiaries.

To: [Public Input](#)
Subject: SB1092
Date: Thursday, February 23, 2017 2:46:53 PM
Attachments: [image001.png](#)
[image002.png](#)

Hello,

I am writing to express my concerns about authorizing the remaining changes to AHCCCS that have been proposed which will allow for the lifetime limit of Medicaid coverage as well as the work requirement. I believe that both of these changes will hurt individuals who rely on this coverage to be able to get adequate medical care. If we limit their ability to be covered to 5 years and they do not have the ability to obtain or cannot afford insurance through the marketplace (which may no longer exist after proposed changes with the current implementation), the burden will end up being on providers and ultimately tax payers to cover the costs of their medical needs. These uncovered individuals may go untreated for conditions and medical issues that would be easily maintained if they had ongoing routine medical care, leading to more serious conditions and ultimately more costly treatment. I do not agree with the proposed changes and urge you to re-consider the new requirements.

To: [Public Input](#)
Subject: AHCCCS Waiver
Date: Thursday, February 23, 2017 2:26:30 PM

Hi,

I'm writing first of all to thank the AHCCCS program for the awesome medical care that has been given to my little brother Stu, who has multiple disabilities. Because of AHCCCS, he would not have his epilepsy under control after 46 years of a life of petit mal and grand mal seizures. All the medications are paid for. He would not be under the care of a wonderful primary care physician who has treated other conditions. While we have paid for my brother's hearing aids throughout his life as well as dental care, and services related to his developmental disabilities, we feel so fortunate for the medical opportunities that he as.

I question how AHCCCS knows who is able or unable to work. We first completed the AHCCCS application with the help of Keogh Healthcare. I was having difficulty understanding some of the questions. We then started the grueling process of SSI, which was going to help show that Stu wasn't physically able to work 40 hours and support himself due to the seizure disorder, in addition to paying for all of his medications. The application was 121 pages. We were rejected the first two times due to a missed question or a form not included in the application. I was determined and completed a third application. He was accepted, finally, and his initial monthly payment was about \$675. He also works bagging groceries at a Fry's about 20 hours a week. The SSI designation is proof that he isn't able to work to pay all his bills without that \$675 monthly payment. I wonder how many people know how to go about qualifying their adult family members as "unable to work." I have been a social worker for 30 years, and the process was horrible.

It is people like my brother who deserve extra services to assist them in proving to AHCCCS that they have a disability that doesn't permit for them to work to support themselves and pay for all their medical costs. I don't know of one program that helps people complete the SSI/SSDI applications. Advocates for the Disabled used to, but they closed their doors several years ago. Just one of my brother's epilepsy medications costs \$800/month, and that's how much he takes home in pay!

Please take care that people like my brother don't fall through the cracks. Please make a decision that will also help Arizona's reputation as an intolerant state.

To: [Public Input](#)
Subject: AHCCCS Waiver Request- Comment
Date: Thursday, February 23, 2017 1:24:58 PM

To Whom It May Concern:

Thank you for the opportunity to comment on proposed changes to Arizona's Medicaid program. At Planned Parenthood we are proud to serve thousands of Medicaid participants annually. On behalf of these clients, we would like to express our concerns on the changes AHCCCS is requesting from CMS.

- 1) **Employment and training requirement for able-bodied adults.** While we understand the impulse to hold participants in government programs accountable- The absence of living wage jobs in Arizona, and the scarcity of education and job training opportunities make this requirement difficult to implement in a productive way. The reality for our patients is that they face significant barriers, such as lack of transportation or lack of employment history or qualifications. Without infrastructure to support employment and training, this requirement is ill-advised.
- 2) **Verification monthly of compliance with the work requirements and any changes in family income.** Requiring monthly eligibility verification will simply add one more unjust barrier to those insured through AHCCCS, not because they are not in compliance, but because monthly verification adds an unnecessary burden on time and transportation. Such a requirement almost seems specifically designed to "thin the ranks" and this is wrong.
- 3) **A 5 year lifetime limit of coverage for all able-bodied adults except for certain circumstances.** The Great Recession of 2008 taught Arizona many lessons. It was the worst economic downturn in the state's history, more severe even than the Great Depression of the '30s. Individuals lost their homes, their businesses, and many were unemployed for years. We are only just recovering now, 8 years later. Imposition of a 5 year limit seems particularly cruel in times like those, and Medicaid enrollment does increase when the economy is in decline. Punishing individuals for the vicissitudes of the economy is inhumane and counterproductive, and creating more uninsured people will only add to the burdens of an already stressed health care system.

Thank you again for the opportunity to provide input for the waiver process.

To: [Public Input](#)
Subject: 1115 Waiver/SB 1092 Comments
Date: Thursday, February 23, 2017 1:21:40 PM

Dear AHCCCS:

I am trained in Public and Rural Health and am writing as an independent citizen, born and raised in Tucson, AZ. I am a Certified Navigator, which means I am trained to educate and enroll individuals in health insurance coverage, including AHCCCS.

I wanted to express concern with the five year lifetime coverage limit for all “able bodied adults.” This is an obstacle for rural and vulnerable populations. Rural populations experience higher rates of chronic disease and lower socioeconomic statuses, often leading to negative health outcomes. They also experience higher rates of being uninsured. Often individuals remain in poverty for their lifetime. If after five years they reach their limit, these individuals would then be uninsured.

In rural counties, Medicaid expansion and the Affordable Care Act brought rural safety net hospitals out of negative margins and away from closure risk. These rural hospitals rely on reimbursements from public and private payers. When their uncompensated care costs go up due to treating the uninsured, they shut down.

Rural hospitals are often the primary employer in rural counties, so not only does a closed hospital impact their health, it impacts their economy.

If we create a new barrier to accessing health insurance coverage, such as the five year limit, we’re increasing the uninsured and putting rural counties in this great state of Arizona at risk. Leaving individuals uninsured merely shifts costs to hospitals, particularly in their Emergency Departments. Due to the unique landscape of our state and the impact a five year limit would have on our rural communities, please consider barring a limit. Thank you for your time and commitment to our community.

To: [Public Input](#)
Subject: SB 1092
Date: Thursday, February 23, 2017 1:20:29 PM

I am a citizen living in Arizona. My son who also resides in Arizona, has had a serious mental illness since the age of 19. Due to his illness it has been impossible for him to work and thanks to AHCSS he has been able to get the treatment that for the most part keeps him out of the hospital and off the street .

I have been and advocate for mental illness, participating on a state committee for Stigma Reduction for Mental Illness and have been on the board of NAMI, National Alliance for Mental Illness. I am completely opposed to the proposal to impose a 5 year lifetime limit and work requirement. This would be cruel and primitive treatment for people who suffer everyday with serious illness.

I assure you, I wish my son were able to work and did not need these supports. Please do not impose these limits.

To: [Public Input](#)
Subject: SB1092 Legislative Directive Waiver Proposal
Date: Thursday, February 23, 2017 12:44:35 PM

These waivers place an undue burden on those least able to withstand such a burden. This is a matter of life and death.

To: [Public Input](#)
Subject: Regards: AHCCCS Waiver
Date: Thursday, February 23, 2017 11:52:46 AM

To Whom It May Concern:

There are some issues both with Public Health Concerns and Financial Concerns with this Amendment to the AHCCCS wavier.

1. An unintended consequence of this might increase people going into the ER for general care which increases costs and time issues in the ER.
2. In the Public Heath area, it would most likely result in people not getting care until very ill.
3. If jobs are lacking and very difficult to obtain in our society currently, then why create more issues for those who are unemployed?
4. If ACA is repealed, how will individuals who are not employed or employed as part-time, contract, etc.; or those working for employers who do not offer health care as a benefit, able to obtain care?
5. This amendment ASSUMES that individuals can find work within 5 years and that the employer will offer health insurance as a benefit.

This amendment may have some serious negative unintended consequences for those living in the state not to mention the impact on all health types of providers.

To: [Public Input](#)
Subject: the SB 1092 Waiver Amendment Request Public Notice
Date: Thursday, February 23, 2017 10:05:54 AM

Please decline the Waiver request because: 1) it would negatively impact our collective efforts to improve health outcomes; 2) is not evidence-based; 3) the 5-year limit is arbitrary; 4) the request does not account for the counter-cyclical nature of the Medicaid program; and 5) the amendment request does not account for geographic economic opportunity disparities in Arizona.

To: [Public Input](#)
Subject: Public Comment on Section 1115
Date: Thursday, February 23, 2017 7:16:05 AM

To whom it may concern,

I appreciate the efforts our government makes to provide healthcare in a cost effective manner to as many individuals as possible. However, I urge you to withhold approval of the work requirement waiver request until more complete analyses are executed and a clear picture of employment ability and status is known among AHCCCS members. This requirement cannot possibly be implemented and result in a positive impact to our overall population health and state fiscal benefit without more informative evidence.

It is especially important to gain answers to the following questions posed by the AZPHA:

Will doctors/providers be faced with an unfunded mandate to determine work status of those requesting an exemption from the work requirement? We have heard from the behavioral health community that there are barriers in getting doctors willing to complete the necessary paperwork to receive or maintain SSI/SSDI. An additional expectation that doctors/providers document work exemptions will exacerbate this problem.

How will eligibility staff understand and apply the rules related to the time limits consistently and accurately? Would these staff be located at AHCCCS or at the Arizona Department of Economic Security?

How will Administration staff adequately and appropriately assess each individual for work readiness?

What procedures will the Administration use among their more than 1 million members to document the means by which members will verify on a monthly basis compliance with the work requirement and any changes in family income? How will members verify that they have appropriately and correctly provide AHCCCS the necessary reports to retain his/her eligibility?

How will the Administration ensure that eligible Arizonans are not terminated, especially those who are physically or mentally unfit for employment? How will the Administration reinstate individuals who have been improperly terminated and credit them back the benefits?

How will staff understand and count allowable employment activities? How will they track the required number of hours and what will the Administration use as criteria for meeting attendance in school or job training requirements?

What changes will be necessary to forms, including applications and notices? How many new FTEs would be required to implement the new requirement and how much additional administrative costs would that entail?

How will these new rules be communicated to clients in a way they understand and are able to respond?

Please thoughtfully reconsider the decision to approve the work requirement. I appreciate the time you will dedicate to this matter.

To: [Public Input](#)
Subject: Oppose Medicaid Cuts
Date: Wednesday, February 22, 2017 11:52:59 PM

AHCCCS is a program which works. It should be expanded and improved, not gutted. The Governor's plan to remove all able-bodied adults from the rolls would move us in the wrong direction. The resulting decrease in coverage would cost lives and the increase in uncompensated care would be more expensive for all of us in the long run. Please oppose these changes. Thank you.

To: [Public Input](#)
Subject: Fwd: Section 1115 Waiver Renewal: my opposition
Date: Wednesday, February 22, 2017 10:20:32 PM

Dear Director Betlach,

As a public health professional, I am writing to express my concern and opposition to Arizona's 2017 Medicaid waiver application. The proposed requirements are arbitrary and without any evidence as to their effectiveness or implications for health and costs. I encourage the Administration and the Centers for Medicare and Medicaid Services to withhold approval until an analysis can answer implementation questions and test the hypotheses on which the requirements are based.

We do not have basic information on how many AHCCCS enrollees are working and the reasons the rest are not. Other states have documented small numbers of non-working able-bodied enrollees, and significant barriers to their employment. Withholding medical coverage from this population based on arbitrary cutoffs would have negative implications for the individuals as well as the health care system, without proof of a benefit. A thorough cost/benefit analysis has not been done, so there is no guarantee that the requirements would generate savings once the significant additional administrative burden is taken into account.

I fully support these and other concerns and issues raised in the Arizona Public Health Association's comment letter.

Thank you for your time and this opportunity to comment.

To: [Public Input](#)
Subject: Arizona Section 1115 Waiver Amendment request / Senate bill 1092
Date: Wednesday, February 22, 2017 5:12:29 PM

To Whom it may concern

Previously SMI and disabled individuals were exempt from this proposed action and I understand now that this current draft has removed protection for those individuals. This is preposterous and potentially very damaging to these individuals who require lifelong treatment

Please do your job and protect our most vulnerable citizens

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Wednesday, February 22, 2017 3:58:57 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. As the director of a statewide organization that represents nonprofits that work tirelessly to end homelessness for Arizonans, I firmly believe that there are three basic essential elements in ending homelessness in our state. The first is access to affordable housing, something this state lacks. There are over 150,000 families in Arizona paying more than half their income towards rent. The second element is a livable wage. I often hear that people experiencing homelessness “just need to get a job”, but in reality, many homeless individuals and families are employed, but in low-wage employment situations. Finally, the third essential element in ending homelessness is access to health care.

That’s why I am writing to you to express our concerns about the direction of our state’s Medicaid program, and the ability to access the program for millions of people in our state.

I must express concern about the proposed restrictions on “Able-Bodied” adults. I believe that health is a human right, one of the essential tool in ending homelessness, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency. Individuals and families living in and out of shelters and working toward gainful employment and permanent housing struggle to meet their basic needs of food, clothing, and shelter, much less adherence to monthly check-ins to continue their care.

Please consider the over 9,000 individuals, families, and veterans living without a safe, affordable place to call home in our state when guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Wednesday, February 22, 2017 1:29:08 PM

To whom it may concern:

I'm very much AGAINST SB 1092.

To: [Public Input](#)
Subject: Comment on 1115 Waiver
Date: Wednesday, February 22, 2017 12:22:44 PM

I am writing to express my opinion about the waiver proposal.

I am opposed to ALL the proposed requirements for able bodied adults.

People living in poverty have more social determinants of health than those with resources. Health care is a universal right and we have a moral obligation to provide it to Arizonans.

Also, these proposed requirements will shift the burden of cost to the first responders, emergency rooms and community clinics. This will result in bigger shortages than already exist.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Tuesday, February 21, 2017 12:41:55 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

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To: [Public Input](#)
Subject: Please retain AHCCCS/Medicaid access for needy Arizonans
Date: Tuesday, February 21, 2017 10:11:07 AM

Good Day:

I am writing to express my support for keeping our state's current expanded access to Medicaid. I appreciate AHCCCS, which has greatly benefited my family and our state.

Affording Arizonans with timely medical treatment improves health outcomes statewide. Since Medicaid expansion occurred, uncompensated care has fallen, pressure on emergency rooms has moderated, and Arizona has become a leader in terms of healthcare growth. Medicaid expansion also increases employment in the health care sector, generating additional income and sales taxes. In short, Arizona's enhanced AHCCCS approach saves lives, yields economic benefits, and reduces the sum total of human suffering in our state.

Proposals to remove able-bodied adults from the AHCCCS rolls or fine Medicaid recipients if they go to the ER will increase uninsured and uncompensated care. These measures will only reverse Arizona's recent health care advances, and pull the rug out from under the neediest among us. We cannot afford to roll back the clock. Please keep up the good work and continue your support for Arizona's current Medicaid approach. Thank you for your consideration.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Monday, February 20, 2017 9:08:58 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen working in social services who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state. The people I see every day through my work are struggling with health issues and the best way to treat them. This is complicated and difficult enough without the increased barriers to health insurance coverage.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: [Caution: Message contains Redirect URL content] Comment Regarding Arizona Section 1115 Waiver Request
Senate Bill 1092
Date: Monday, February 20, 2017 5:33:53 PM

Monday, February 20, 2017

This is not an opinion, but a fact. Senate Bill 1092 will be devastating for not only the mental health community, but the entire State.

People depend on these services, and many cannot work at all. These provisions will not only deter healthcare, they will prevent it.

I am S.M.I. and I cannot live without the programs provided by the State. To take them away means no medication, no case manager, no support system.

Not only will this hurt those directly benefiting these services, they will devastate communities, and crime will go up as people become desperate.

Our jails are filled with those in need of mental health care. If we even think of diminishing services for others, the suicide rates will climb, crime will increase and violence will escalate.

To pass this bill is pass a death sentence for thousands of Arizonans. Everyone will be impacted by the fallout.

It is entirely possible preventable gun violence will increase, children at risk could perish and no one will be left untouched.

If you are not aware, ask me.

I have seen the faces of mental illness and I know firsthand the danger ignoring health care means.

To: [Public Input](#)
Subject: waiver
Date: Monday, February 20, 2017 12:14:37 PM

Please don't take away our loved ones right when they are unable to work. I am my son's guardian. He is 22. I am hoping that one day he will be able to work. He has tried. He has too much anxiety to complete tasks, remember tasks, etc. He has no insight. I don't know if he will ever be able to work. Just because he is able bodied, he is brain is not!!!! These people already have to live on minimal amounts of money, food and mental health care. Don't take away anything else.

To: [Public Input](#)
Subject: [Caution: Message contains Redirect URL content] SB 1092 Legislative Directive Waiver Proposal
Date: Monday, February 20, 2017 9:32:14 AM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To:

[Public Input](#)

Date:

Sunday, February 19, 2017 3:49:54 PM

I oppose the Az legislature's request for a waiver. The request to limit Medicaid coverage hurts the poorest people in our state. It's mean-spirited and just plain wrong to kick people when they're already down.

Please don't approve the waiver request!.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Sunday, February 19, 2017 3:06:51 PM

What happens if you have a VA service-connected disability?

To: [Public Input](#)
Subject: SB 1092
Date: Saturday, February 18, 2017 1:34:49 PM

Dear Director Betlach:

I am writing this letter to express my concern regarding the upcoming SB 1092 Legislative Directive Waiver Proposal. While I understand that Arizona state legislation technically requires the Arizona Health Care Cost Containment System (AHCCCS) to apply to the Center for Medicare and Medicaid Services (CMS) by March 30 of each year for this waiver, I am concerned that any actual implementation of changes to the state's Medicaid program as it currently stands will result in a fruitless and wasteful use of resources and money because we do not yet know what the federal mandate under the Trump administration will be going forward in terms of health insurance policy and law. It is not clear at this time what the repeal and replacement of the Affordable Care Act will entail. We have no specific information on what the new law will look like nor what state requirements will be. I urge you to hold off on making changes to Arizona's Medicaid program until the federal directive is more clear. Otherwise, this could very well result in overturning and unwinding newly implemented procedures and processes in order to comply with federal law when it passes at a later date. This would be a huge waste of state resources and taxpayers' money.

Thank you for your time and consideration.

To: [Public Input](#)
Subject: AHCCCS
Date: Friday, February 17, 2017 11:02:36 PM

To whom it may concern,
I am opposed to the proposed 5-year lifetime limit and to the work requirement. I believe the people who are on AHCCCS have no other recourses and should not be deprived of healthcare.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Friday, February 17, 2017 8:18:51 PM

Dear Director Betlach,

I am writing, as a long time resident of Arizona, in response to the proposed Medicaid waiver with its restrictions on certain individuals. Let me start by saying that I am grateful for this opportunity to comment because I believe that hearing from the public is crucial to ensuring that the final product reflects the 'combined wisdom' of all of us in AZ.

My main concern about the waiver is that it contains work and reporting requirements, and harsh consequences if either requirement is not met. Although on its face, these do not sound onerous, for an 'able bodied' adult to lose health care because they do not comply makes no sense!!! Poor health/health problems are often the reason that some adults are not working in the first place and such often lead to both physical and emotional/psychological conditions that interfere with a person's ability to 'follow through,' i.e., comply with reporting requirements.

Further, and most important 'punishing' people by removing their health care is both just plain 'mean' and, in the long term self defeating. Health care is not a 'reward' like getting a bonus in your paycheck or a ticket to a concert or a free meal in a restaurant. Health care, in my view, is and should be considered a RIGHT for every human being. Good health encourages people to seek work and retain a job, thus adding to AZ's prosperity.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input; azgov@azgov.com](#)
Subject: [Caution: Message contains Redirect URL content] Medicaid eligibility
Date: Friday, February 17, 2017 6:40:08 PM

February 17, 2017

To whom it may concern;

I'm am a citizen of Arizona (District 7) and a registered voter.

I would like to ask that you do not seek federal permission to require “able-bodied” Medicaid recipients to either be employed or searching for a job while enrolled, or to cap lifetime eligibility for Medicaid at 5 years. I do not support any action to restrict Medicaid in any way.

Although I am not a Medicaid recipient and I have insurance through my work, I know that when people around me are healthier, I am healthier. Illnesses are more likely to be contained and epidemics less likely to spread. People are more likely to seek treatment. Further, healthier people are more likely to be able to contribute to stronger communities.

I am also ready and willing to put money and my vote towards a healthier Arizona.

Please consider these points as you move forward, and please do not take health care away from our people.

To: [Public Input; azgov@azgov.com](mailto:azgov@azgov.com)
Subject: Medicaid Eligibility
Date: Friday, February 17, 2017 6:27:16 PM

February 17, 2017

To whom it may concern;

Thank you for your service to our state. I'm am a citizen of Arizona (District 7) and a registered voter.

I would like to ask that you do not seek federal permission to require “able-bodied” Medicaid recipients to either be employed or searching for a job while enrolled, or to cap lifetime eligibility for Medicaid at 5 years.

The reason I ask is, first, that its effect goes beyond those currently enrolled in Medicaid. A healthy population, with access to preventative care as well as necessary health care is healthier for everyone, and increases the number of people who are able to work—or otherwise contribute productively to our communities. Access to health care is a human right that is necessary for a thriving, prosperous Arizona.

Secondly, key effects of this waiver are still unknown—for example, how many Arizonans will lose their access to life-or-death health care. Additionally the context of this application, coming as Congress debates repealing and replacing the Affordable Care Act (a move that could dramatically change Medicaid eligibility) puts too many folks in a Twilight Zone regarding their care.

To: [Public Input](#)
Date: Friday, February 17, 2017 3:38:52 PM

Please do not reduce benefits to anyone on Medicaid.

To: [Public Input](#)
Subject: 5 Year Limit to AHCCCS
Date: Friday, February 17, 2017 2:34:36 PM

I have worked in the healthcare field for 30 years and do not support a 5 year limit on AHCCCS. The proposed bill shows a total lack of understanding around chronic illness and the devastation it causes in patients' lives.

To: [Public Input](#)
Subject: "able-bodied" adults
Date: Friday, February 17, 2017 2:23:33 PM

I have heard that you are again considering a ban to "able-bodied" adults from AHCCCS. To do so again is short-sighted - it undermines access to care and puts an additional burden not only on emergency rooms but the general public who cannot get decent emergency room services because of crowded conditions.

It's also discriminatory - because you are childless - you won't be eligible?

Measures to improve public health and keep costs down are good to consider but not at the cost of dropping needy persons from it.

In my career, have worked with the elderly, the homeless, and the disabled to see the differences between a system that helps and hinders recovery or stabilization in the community.

I also have an adult son with an SMI diagnosis who had to move back in with me. His health conditions have so declined so that he may have 1 out of 7 days that he can function independently. He would not be successful at a system that requires him to work, school or train at this time. Using a 1-10 scale, he considers a day a 10 if he can get himself to his clinic for treatment. Yet based on the system the Governor desires, he would not be eligible for AHCCCS. I cannot add him to my health insurance because he is over 26 (and I'm close to being a senior citizen.) He has no income whatsoever.

Calling these cuts to AHCCCS as "incentives", creating copays and job requirements are not incentives - they are barriers to care for those who are in a dis-eased state.

Removing these adults will only cause an increase in the number of uninsured and uncared for - which will in turn increase the burden on our hospitals and in uncompensated care. It will only set us back further.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Friday, February 17, 2017 2:09:45 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Friday, February 17, 2017 2:09:06 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Friday, February 17, 2017 1:11:50 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state. Having worked as a domestic violence advocate at a shelter in Phoenix, I've seen first hand how vital Medicaid is in providing health care to our most vulnerable populations.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education. In my work at a domestic violence shelter, I saw the intersection of poverty and trauma and worry that these new restrictions may make it more difficult for victims of domestic violence to heal both physically and mentally from their trauma.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: Senate Bill 1092
Date: Friday, February 17, 2017 1:06:47 PM

Greetings,

I have worked as a Behavioral Therapist with the Pascua Yaqui Tribe Community for over 15 years. Due to their historical trauma and present day deaths, health issues and tragedies they are continually struggling for some semblance of normalcy in their lives. Research shows us that this TRAUMA affects the functioning of the brain and therefore the decisions and behaviors of these individuals. We cannot hold them to the same expectations and restrictions of the general population. Their healing process is slow but progressive and steady. But we cannot inflict more hardship on them with the restrictions of Senate Bill 1092. And it is not just the Yaqui People, but so many others.

I agree that some "take advantage of the system" but we cannot punish those who don't.

WE CAN FIND A COMPROMISE TO BETTER MONITOR THE USE OF THESE FUNDS WITHOUT SUCH UNFAIR, ACROSS THE BOARD, RESTRICITONS.

Please consider the deep issues that affect so many people and how difficult it is for them to understand and comply with such a complicated system.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Friday, February 17, 2017 12:20:25 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: leave it alone!
Date: Friday, February 17, 2017 11:58:26 AM

Medicaid is working in AZ. Don't take adults off of it. Leave it alone.

To: [Public Input](#)
Subject: Mental Health & Criminal Justice
Date: Friday, February 17, 2017 11:01:08 AM

In public meetings I've attended we always hear the words crisis and prevention. We also always are reminded that the federal government cannot provide funds for those incarcerated. Yet if we want to reduce recidivism and keep our communities safe (one of the jobs of our government whose salaries we pay), not providing certain services in our county jails, we ensure our failure. When an individual is arrested for a misdemeanor, they are not provided with a lawyer. The county is also not going to prosecute. The population I am referencing here is an inmate with mental illness and or substance abuse and one who is poor and cannot make bail. As this individual sits in our county jails at a cost of over \$100 per day, without any case management and coordinated release from our behavioral health homes, the result is surely negative. Upon release and without a plan in place what happens more times than not is the next offense committed becomes a felony and prison at a cost of \$30,000 per year. Surely if we want to get serious about diversion programs prior to incarceration, there needs to be funding mechanisms to make this happen. The Sequential Intercept Model and the Stepping Up Initiative as being demonstrated throughout the Mental Health and Criminal Justice world is critical in assisting and making real positive change for this vulnerable population. Thank you.

To: [Public Input](#)
Subject: Medicaid/AHCCCS
Date: Friday, February 17, 2017 9:59:03 AM

Please expand and improve Medicaid/AHCCCS in Arizona.
Do no penalize the unfortunate that can not and do not have access to medical insurance otherwise.

To: [Public Input](#)
Subject: FW: 2017 waiver
Date: Friday, February 17, 2017 9:03:46 AM

I am opposed to the 2017 waiver amendment to the AHCCS plan for the following reasons.

People with a diagnosis of SMI or developmentally disabled, may look able bodied but my son who lives with mental illness is not able to work, because he works daily just to keep himself well.

The medications he takes makes it difficult for him to keep a schedule. He has trouble remembering and following directions and the times he did work caused him to escalate his symptoms and needed to be hospitalized again.

My son though disabled deserves health care and there should not be any amendment that prevents him from getting the health care he needs. My son lives with SMI and the medications he takes have a lot of health risks and his blood needs to be checked for diabetes and heart disease.

To: [Public Input](#)
Subject: Medicaid/AHCCCS
Date: Thursday, February 16, 2017 7:42:17 PM

The Governor desires to take all able bodied adults off the rolls of Medicaid/AHCCCS. There is an estimated 700,00 people this could effect. He also wants to punish Medicaid recipients monetarily if they go to the E.R.

If the Governor does this it will mean an increase of the uninsured and uncompensated care. Since Medicaid expansion uncompensated care has decreased greatly, and Arizona is one of the leading states for growth in healthcare.

Medicaid works and our government needs to expand and improve Medicaid. If the Governor makes these changes much will be lost.

To: [Public Input](#)
Subject: Comment on SB 1092
Date: Thursday, February 16, 2017 5:19:01 PM

On behalf of our family and our son who is SMI with a disability, our comment is **NO!**
Please **do not** pass this waiver proposal. This would be detrimental to our family.

Thank You

To: [Public Input](#)
Subject: SENATE BILL 1092
Date: Thursday, February 16, 2017 4:28:06 PM

Good afternoon!

As a parent of an adult son diagnosed SMI in 1996 and an active NAMI member for many years, I strongly object to the legislative requirement for AHCCCS to impose a 5-year lifetime limit and work requirement on certain AHCCCS beneficiaries.

I have expressed my feelings to my legislators as well.

This legislative requirement would create a terrible situation for our loved ones, be it to SMI groups or other disabled members of our society.

My son, diagnosed with Schizophrenia, has been able to work part-time for the past nine years. In the first couple of years, he was scheduled to work three days per week, but missed often at least one day of those three. He was then reduced to two days, and in most cases, that works for him.

However, the majority of people diagnosed with a disability are not that lucky....they may not be able to work at all, and most certainly should not be punished by not having medical care.

I am sure that all of us don't want to see our homeless society grow even larger, and our hospital emergency rooms filled with people who cannot get help anywhere else, which would be the direct cause of Senate Bill 1092.

Please reconsider this waiver.

To: [Public Input](#)
Subject: SB 1092 - waiver proposal
Date: Thursday, February 16, 2017 4:10:49 PM

Feb. 16, 2017

To Whom It May Concern,

As an Arizona resident, I am opposed to the 2 requirements being adopted by Arizona's Medicaid (AHCCCS). A 5-year lifetime limit on receiving AHCCCS would leave many people without access to healthcare and is a completely arbitrary limit. There are so many situations in which a person is in a position to buy health insurance but then some life event occurs and they get derailed. One of the most common is health problems. Many chronic diseases such as diabetes, cancer, kidney disease may appear to be resolved and the patient returns to work, only to have that disease recur, or even develop a new disease. I am lucky to have private insurance but if I were limited to the 5 year lifetime limit being proposed, I would likely be dead. I began having medical issues in 2006. After two years of tests and consulting with several doctors, I was diagnosed with multiple myeloma in 2008. As I worked within the medical system to find answers, the doctors discovered that the myeloma had caused severe kidney damage. I received extensive chemotherapy, an autologous stem cell transplant in 2009 and continued chemotherapy maintenance throughout 2010. After I was declared to be in remission, I went on dialysis in 2010 and received a kidney transplant in May 2011. Everything seemed to be fine until my cancer recurred in May 2014, after which I went back on maintenance chemotherapy from June 2014-November 2015. Luckily, I am again in remission but my cancer could recur at any time and most likely will. If I were under the 5 year lifetime limit under AHCCCS, I would not be able to receive healthcare and would already be past the limit. People who are dependent upon AHCCCS should not be deprived of lifesaving healthcare.

The second requirement, the work requirement, would also keep many people from having access to medical care. This law exempts persons who are caring for children under 6, but there are families with special needs children that will be caring for them far long than 6 years or they may be caring for other family members, and are thus unable to work. Also, some people with recurring diseases may be unable to keep long term or full time jobs but don't qualify for disability. With government cash assistance tightly limited in Arizona, I doubt that many people are not working just so they can qualify for the ACA. The possibility of a few people misusing the system seems a far more humane option than not allowing huge numbers of the truly needy to qualify.

In summary, I am opposed to a lifetime limit on the number of years one can receive AHCCCS in Arizona and the requirement that all able bodies persons must be working or in school in order to qualify for AHCCCS in Arizona.

To: [Public Input](#)
Subject: AHCCCS and limit of 5 years - what are you thinking?
Date: Thursday, February 16, 2017 4:05:22 PM
Importance: High

I wanted to let you know that I am a family member of 6 people living with mental illness. If it were not for AHCCCS and the medical both physical and mental health that is provided to them under AHCCCS I fear that several of my family members would have killed themselves.

The costs of the mental health care and medications if much more than a family can afford and I thank God that AHCCCS was and is there for them.

I want to give you an example.

My family member that entered the system of AHCCCS at the age of 17 and is now 29 has had a major battle with his mental illness and due to the lack of insight for the first few years, the treatment was limited to what he would accept, and after that time when he accepted treatment and understood how important it was – we were on the road to recovery.

At this point he is not ready to leave his residential facility or the AHCCCS system as he has not reached recovery.

I would say to you that maybe he would have reached recovery and might be holding a job by now had everything gone well with the providers of the mental health services but it did not.

A RHBA change in 2014 – meant that everything basically came to a standstill while the new RHBA learned what to do and how to do it.

The fact the they cannot keep staff, doctors, nurses in the current clinic's makes things worse.

It is my understanding that there are not enough psychologist, psychiatrists, and nurses for Arizona or the United States.

So the people that suffer are those receiving services.

When a person has to go 4, 5, 6, months without a psychiatrist how do you expect them to get better?

The system has major issues and that is what needs to be addressed not cutting off AHCCCS after 5 years.

You need to address each case individually and consider what is happening and how it can be corrected.

Removing this family member from AHCCCS will certainly create so much stress and anxiety that he will more than likely become homeless since no one will allow him to live at their site if he is out of control.

Will more than likely end up hurting or killing himself due to the lack of medication and treatment – I am sure this solves the problem because now he is no longer on AHCCCS or SSI.

Or might end out becoming so psychotic that he does something that gets him arrested and ends up

in jail.

Now he becomes an expense of that system.

People can reach recovery

My niece has reached recovery in 2.5 years but the stress of her losing AHCCCS for her and her child are pushing her to the edge. Does she continue to work and not be able to afford the private health care for her and her child, or does she give up and end up in the system again?

Because AHCCCS was there for her for the last 7 years – she reached recovery in the last 2.5 years and is now working and paying taxes, and I pray she will be able to continue to maintain this.

Then we have my sister who after 11 years – made it to recovery and holds a full time job and no longer needs AHCCCS. She works and pays taxes

Then we have my other niece who reached recovery quickly in less than 3 years and was able to get off AHCCCS and went to work with private insurance.

Then we have my last sister – who has ended up in the VA system

Not on AHCCCS anymore but on VA insurance – she did not reach recovery, but did get full benefits through the VA and no longer on AHCCCS – this took 6 years to get there.

So you see Recovery is very possible and everyone is at a different level and pace. Trust me I have no desire for people to be on AHCCCS because I know it uses tax dollars and I have paid a lot of money into taxes, but if this is what it takes to help people that we need to do it.

We are the greatest country in the world and we are trying to treat our citizens into people who would have what a 3rd world country would provide – nothing.

Mental Illness is not like any other – the brain controls everything and if it does not work, what do you expect.

I say to you think about what you will be doing if AHCCCS is limited to 5 years. Look at each case, look at each person what are the circumstances?

Is that person able to recovery or will this be forever?

A person is able to do almost anything with the right services unless they are the rare exception which does happen.

So stop and think – if this was your family member – would you want them left out in the cold?

Would you want them to go without treatment?

We care more for our dogs than we do for our people.

We are responsible for the most vulnerable – and I am here to help you in any way I can, but think before you make major changes that affect the lives of our family members.

Thank you

To: [Public Input](#)
Subject: Waiver
Date: Thursday, February 16, 2017 3:36:45 PM

The proposed requirement for AHCCCS by the mentally ill population to work to be eligible for benefits is a horrible idea. Why do healthy, financially secure people want to take away from the least capable, most unable ones to fight back and defend themselves. Put yourself (or a loved one) in this minority's shoes. So many mentally ill people cannot work - they can barely get by as it is without help. Please do not do this.

To: [Public Input](#)
Subject: SB 1092 Waiver Proposal
Date: Thursday, February 16, 2017 3:11:08 PM

To Whom It May Concern:

It was distressing to read that this proposal limits an individual's AHCCCS benefits to five years. Do you assume that in five years, an "able-bodied" AHCCCS recipient should be able to both obtain both a job *and* other health insurance? This is an optimistic and unrealistic assessment of the situation. *Some* AHCCCS recipients would be able to overcome the circumstances that led them to need AHCCCS, but many would not. Jobs available to this population often are part-time and/or do not offer health insurance. Job training would benefit some, but not all, of the population that takes advantage of it; there is no guarantee that the resulting employment would offer adequate or affordable insurance. Ultimately, people who are denied AHCCCS coverage would use hospital emergency rooms for their health care, driving up health care costs for everybody.

It is a desirable goal to have people reach a level of independence where they do not need to depend on the government to pay for their health insurance. However, there needs to be a safety net for those individuals who are unable to achieve this goal even with intention and effort.

To: [Public Input](#)
Subject: Less bureaucracy, not more; Against Section 1115 Waiver Amendment
Date: Thursday, February 16, 2017 1:54:43 PM

The waiver amendment puts undue stress on an already stretched system. Who is going to implement the requirements of the waiver amendment? with what funds? and at what benefit to individuals as well as the public?

As someone who is self employed and whose children are currently covered by CHIP, I'm particularly concerned that the burden for reporting income on a monthly basis is short-sighted. Self employment income by its nature changes from month to month. Reporting more income in one month, then less in another could put children at risk of a lapse in coverage. I already experienced this applying for Marketplace Insurance when I moved to Arizona recently. The Marketplace forced my children's applications to go through AHCCCS because it appeared we would qualify for CHIP. After a lengthy application process, we were denied CHIP, and I struggled to get my children covered under my Marketplace plan to avoid a lapse in coverage. I expressed my concern about lapse of coverage but was told this is what community care clinics are for. Community care clinics may be an option for routine or urgent care, but not for chronic conditions which require specialist care, or emergent conditions (such as a car accident). My children could have easily fallen through the cracks.

For people whose income fluctuates, such as mine, reporting income on a monthly basis, with some months potentially slightly over the income limit, and others well under, I could see situations where folks qualify, then don't, then qualify, then don't...all this back and forth taxes an already stressed system. Who's going to do the extra work? Are more people going to be hired for the extra workload? Or are current workers going to be stretched even more thin? Who is going to fall through the cracks in terms of health insurance? And who will bear the brunt of people seeking emergency services rather than regular care from their primary care doctors during these lapses in coverage? These burdens and costs should be taken into consideration, and this waiver amendment should be denied.

To: [Public Input](#)
Subject: waiver to AHCCCS
Date: Thursday, February 16, 2017 11:28:00 AM

The legislative proposal to limit health care access to people in poverty is a bad idea. The costs that the ER runs up will be passed on to the taxpayer.

Two parent households will be hurt because neither one is the sole provider. Also a reason to reject the proposal.

There are many reasons to reject the proposal. I have listed only two.

To: [Public Input](#)
Subject: Arizona 115 Waiver Impact on HIV+ Arizonans
Date: Thursday, February 16, 2017 11:05:22 AM
Attachments: [image001.png](#)

Some of the proposed AHCCCS changes will negatively affect access and the health of hundreds of the HIV+ Arizonans enrolled in AHCCCS, most of them Childless Adults. HIV/AIDS remains an incurable but now chronic disease if medical care and antiviral medications are continuously available. With such care, thousands of HIV+ Arizonans live productive lives and avoid Disability, though drug side effects such as fatigue and depression make continuous employment difficult for some to sustain. With medications, Positive folks can stay off permanent Disability, though perhaps not work permanently.

Further, as AHCCCS data already indicates, current HIV+ AHCCCS members have a notably high incidence of Co-occurring Behavioral Health conditions—48% of such Members have diagnosed Mental Health conditions and 39% have Substance Use Disorders. Recovery is achieved daily for some of the Members, but Relapse is not uncommon over time. And many Members will struggle with Dependency/Instability far beyond a 5-year enrollment limit.

A new study from the Kaiser Family Foundation, **“ACA Medicaid Expansion Drove Nationwide Increase in Health Coverage for People with HIV” Feb 2017**, finds that rolling back Medicaid expansion could significantly impact coverage for people with HIV. Nationwide, Medicaid coverage for people with HIV in care rose six percentage points between 2012 to 2014, when ACA coverage expansions took effect, the analysis finds. That increase was largely driven by states that expanded Medicaid, where Medicaid coverage rose by 12 percentage points over the same period. Those in Medicaid expansion states also saw the share of people with HIV who are uninsured drop from 13 percent to 7 percent. Arizona’s Medicaid Restoration under Gov. Jan Brewer certainly saved the health and lives of HIV+ Arizonans. Let us not reverse course now.

Nor is the medical/behavioral health care of vital importance solely to these individuals. Healthy Positive people cannot readily transmit the virus to others! HIV Treatment is HIV Prevention. With accessible and consistent medical and behavioral health care and HIV meds for all Positive persons, we can end AIDS. As you deliberate the future of AHCCCS, consider what a medical conquering of AIDS would mean for Arizona.

In conclusion, the two provisions of 1) required work participation for adults who are childless and 2) the five-year lifetime limit on able-bodied adults may well impede the medical care for many living with the life-long chronic disease of HIV. Might HIV+ Adults be considered in the class of exceptions for Physical and Mental Able-bodied?

To: [Public Input](#)
Subject: CMMS petition for waiver NO
Date: Thursday, February 16, 2017 10:46:09 AM

I am opposed to the adoption of both requirements to limit AHCCCS. Look around at people with Post Polio Syndrome, HIV-AIDS, MS -life time debilitating diseases. What about post traumatic bone, nerve, and muscle damage - chronic pain and paralysis? Then Schizophrenia, Manic- depressive disorder. This suffering spans a lifetime not just five years. These people did not choose to suffer. Who are we to deny them care.

The work requirement needs a clear definition of " able bodied" for all evaluating providers to follow. Otherwise, it makes no sense. It is arbitrary and unfair.

To: [Public Input](#)
Subject: No SB 1092
Date: Thursday, February 16, 2017 9:19:43 AM

Please we must choose our democracy to make our nation whole. Please do not pass SB 1092 your cause is our cause for the moments of time “ This can be our time.”

To: [Public Input](#)
Subject: Comment on SB 1092
Date: Thursday, February 16, 2017 9:14:59 AM

On behalf of our family and our son who is SMI with a disability, our comment is **NO!** Please **do not** pass this waiver proposal. This would be detrimental to our family.

To: [Public Input](#)
Subject: Limiting AHCCCS
Date: Wednesday, February 15, 2017 8:37:12 PM

I believe that health care needs to be a public service, not a tool to be weilded by the governemnt to implent social or economic change. Limiting care for those in the most need is wrong. There are other more effective ways of creating self reliance and taking away a support of any kind is incredibly counter productive and counter to my moral compass.

To: [Public Input](#)
Subject: Proposed changes to Medicaid/AHCCCS
Date: Wednesday, February 15, 2017 6:09:44 PM

February 15, 2017

To whom it may concern,

I am opposed to the proposed changes from Senate Bill 1092. The five-year limit and work requirement may be a hardship for people with chronic illnesses or health challenges who may not be able to work all the time.

I am not affected by this bill personally, I am covered under private health insurance.

To: [Public Input](#)
Subject: Changes to AHCCS
Date: Wednesday, February 15, 2017 3:45:11 PM

Hello,

I am writing today to urge you not to put more barriers up between people and health care. The proposed changes to Medicaid coverage are clearly designed to make it more difficult for those with mental health disabilities to continue receiving coverage.

Often, those who appear "able bodied" are in fact unable to hold a job due to a mental health disability. Many people with mental health disabilities have no paper trail that "proves" they are mentally disabled because they have been unable to get healthcare coverage (until recently). Because of this, they also find it difficult to get Social Security Disability payments from the Federal Government.

It's a game they can't win and the proposed changes to Medicaid in Arizona will only increase the number of people who are not getting needed services.

Destigmatizing mental health disabilities, in part by funding programs that help to treat them, IS A PUBLIC SAFETY ISSUE.

And, for those who really are just worried about fake sick people gaming the system, I invite them to consider how much money enforcing the proposed changes will require. Wouldn't that money be better spent on helping people?

I'm happy to contribute my hard earned dollars to support AHCCCS, a program that aids those in need. I don't want my tax dollars to go towards employing more State workers who will only be tasked with shaming people for needing help.

To: [Public Input](#)
Subject: SB 1092 Waiver Proposal
Date: Wednesday, February 15, 2017 2:29:45 PM

I urge the CMS to reject the waiver request. The Medicaid program is meant to provide health care, not to be a tool to change people's behavior. There are plenty of better ways to give people incentives to work and to be independent of government assistance. Threatening to take away their health care is a pretty cruel way to do it.

The waiver would put more families in more severe poverty, including thousands of children. Note that the exemption only applies to a sole caregiver of a child under 6 years of age. Two-parent families will especially be hurt because neither parent is a sole caregiver. Six-year-old children will be hurt when a parent loses health care and their illnesses are left untreated. People will die from illnesses that could easily be treated.

The waiver would also hurt Arizona's economy by reducing federal funds that support hospitals and clinics, and create jobs for health care workers in Arizona. Fewer people will receive non-emergency health care and more will go to the ER when they need urgent care. The costs of unreimbursed emergency care will be passed on to all of us.

For all these reasons, I urge the CMS to reject the waiver request.

To: [Public Input](#)
Subject: Waiver for adults
Date: Wednesday, February 15, 2017 10:30:40 AM

I fully support Arizona's intent to limit Medicaid for able bodied adults. SB 1092 Weds to be approved.
As a nurse in Perinatal care, I am appalled that over 50% of American babies are born under Medicaid coverage.
While I agree with most of my colleagues that women and babies are vulnerable and that good prenatal care reduces complications and preterm birth, I believe that government interference in payments is INCREASING health care costs!!

To: [Public Input](#)
Subject: don't cut medicaid expansion
Date: Wednesday, February 15, 2017 7:47:53 AM

Do what is right for the people of Arizona. Trickle down economics has failed us for many decades now, corporate welfare doesn't work. Medicaid expansion is working, don't dismantle it, make it better.

To: [Public Input](#)
Subject: Say No to lifetime limits and work requirements for AHCCCS recipients
Date: Tuesday, February 14, 2017 9:52:13 PM

Feb. 14, 2017

To whom it may concern,

As an Arizona physician, I am opposed to the above 2 requirements being adopted by Arizona's Medicaid (AHCCCS).

A 5 year lifetime limit on receiving AHCCCS is arbitrary and would leave many people without access to healthcare. There are so many situations in which a person gets started on the road to being able to buy health insurance but then gets derailed. One of the most common is health problems. Many chronic diseases such as multiple sclerosis, cancer, heart disease may appear to be resolved and then the patient returns to work, only to be struck by that disease later, or unfortunately they may develop a new disease. I have had many patients who have multiple chronic diseases through no fault of their own. The other common problem that would make the 5 year limit difficult is that many people have only the skills for entry level jobs and are making low wages, or can only get part-time hours, and their employer doesn't even offer insurance. I believe these people are doing the best they are capable of - why deprive them of healthcare?

The second requirement, the work requirement, again would keep many people from having access to medical care. This law exempts persons who are caring for children under 6, but there are some families with special needs children that will be caring for them far longer than 6 years or they may be caring for other family members, and are thus unable to work. Also, some diseases have a waxing and waning course, making that patient unable to keep a long term, or full time job, but such that they don't qualify for disability. With government cash assistance tightly limited in Arizona, I doubt that many people are not working just so they can qualify for the ACA. And if a few unworthies slip through the cracks, that seems a far more humane option than not allowing huge numbers of the truly needy to qualify.

In summary, as a physician in Arizona, I am opposed to a lifetime limit on the number of years one can receive AHCCCS in Arizona and the requirement that all able bodied persons must be working or in school in order to qualify for AHCCCS in Arizona.

To: [Public Input](#)
Subject: 1115 Waiver Comment
Date: Tuesday, February 14, 2017 2:24:39 PM

February 14, 2017

AHCCCS
c/o Office of Intergovernmental Relations
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034
Via Email: publicinput@azahcccs.gov

Dear Mr. Betlach,

As an Arizona resident, who has during the past 8 years assisted people enrolling in AHCCCS and KidsCare, I am writing to comment on the SB 1092 required 1115 waiver.

My comments appear below each of the four main provisions of the waiver:

- The requirement for all able-bodied adults (ABA) to become employed or actively seeking employment or attend school or a job training program.

- o Do all ABA have equal access to employment and job training programs across Arizona? This requirement could inappropriately and disproportionately exclude my generation from AHCCCS eligibility. Many “baby boomers” provide care for elderly spouses, siblings, adult children or parents. Parents of any age who are care givers for special needs children, above the age of six, could also be denied AHCCCS eligibility. There appears to be no exclusion to the ABA requirement if someone is caring for an adult family member, this must be corrected.

- o This provision also appears to be “anti-family”, because it assumes that both adults in a marriage must be working, looking for work or going to school. It appears a parent with a seven year old child could be denied coverage for home schooling children and managing a household, if the family income does not exclude AHCCCS eligibility.

- o Additional defined exclusions to the ABA requirement are needed to improve equal treatment of deserving consumers and support Arizona’s strong family values.

- The requirement for able-bodied adults to verify on a monthly basis compliance with the work requirements and any changes in family income.

- o As a tax payer, I want to know what this monthly requirement will cost the state budget. One can assume that a new system to collect, collate and verify this information will be expensive. Having worked with AHCCCS members and low-income populations I have observed significant issues with accessing phones and online systems and understanding requirements can be highly variable. What evidence does AHCCCS have that data collection systems will provide universal access for AHCCCS members and be effective in meeting this requirement?

- o While AHCCCS attempts to make information accessible to Arizonans who speak different languages, information, phone systems and online portals are available in only a few languages other than English. Assuring all AHCCCS members will be able to understand this requirement and communicate with AHCCCS in their preferred language will add cost to new

systems that will be needed to implement this provision.

o As a tax payer, who strongly supports equal access to governmental systems, I question the return on the large investment that will be required to effectively implement and manage this monthly verification provision. What evidence can AHCCCS offer to reassure me that my taxes will be used wisely and provide demonstrable value to Arizonans?

- The authority for AHCCCS to ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements.

o As someone who has worked with AHCCCS members during the childless adult freeze and helped to develop the “Don’t Get Dropped” campaign to educate AHCCCS member of the importance of renewing on time or facing new consequences, I anticipate a large number of AHCCCS members will be banned for one year. Based on experience and data collected during AHCCCS enrollments, a large percentage of AHCCCS applicants had no more than six years of formal education and a majority had no more than nine years. Implementing this and the three other requirements will require consumer education resources that AHCCCS does not appear to have resources to offer. Lacking strong outreach and education programs and the resources to develop and implement these programs will result in members being needlessly denied coverage.

o The health and economic consequences of the one year ban may be significant. Parents that lose coverage are more likely to drop children’s coverage or fail to make medical appointments for covered children. Parents and children will likely avoid cost-effective primary care and then seek emergent care when treatable conditions become more serious. This will lead to increased use of expensive treatments and a decrease in lower-cost high value care. Hospitals will likely see an increase in uncompensated care, Federally Qualified Health Centers may see an increase in sliding fee scale patients, which will stress limited federal funding.

o From the perspective of a healthcare provider, this ban will cause an increase in difficult patient-relations encounters. The consumer appearing for an appointment may not know or understand they are no longer covered and each provider will have to manage consumers (one at a time) who need or want care but have no means of paying for the medical service. Will this cause more providers to refuse to accept AHCCCS, will it add to the demand on emergency departments or FQHC’s? Will it lead to an increase in acuity when these consumer finally seek care?

- The authority for AHCCCS to limit lifetime coverage for all able-bodied adults to five years except for certain circumstances.

o This requirement is an administrative ‘nightmare’! Does AHCCCS or the state of Arizona have the human and capital resources to track cumulative AHCCCS membership over a lifetime? This requirement will have the effect of requiring an accurate, active and searchable datable with information that could span nearly 100 years. What time increment will be used to determine the five years; will it be months, weeks or days? The question is not rhetorical, because the answer could impact a person’s treatment or life. As a tax payer, there are better uses of my money that will actually improve the quality of life and health in Arizona.

o Several questions appear to be unanswered which could impact an AHCCCS member's life. If a member is in the middle of a lifesaving treatment (chemotherapy) and they cross the five year limit, what happens? Will they get an extension, lose coverage, declare bankruptcy or die?

The cost of developing and implementing the systems required to manage monthly status and income checks, the proposed lock-out period and life time limit will require additional resources and may have negative health and economic impact on consumers, the state budget and healthcare providers. One must ask, what is the return Arizona can expect from this very large investment? Implementation of the SB 1092 driven 1115 waiver provisions appear to be premature. As an Arizona, tax payer and potential AHCCCS member, I (and all Arizonans) deserve to see the data and facts regarding the costs and benefits of these proposed changes. No evidence has been offered by AHCCCS or the legislature to justify this expense, understand the benefits and need for putting the lives of low income Arizonans at risk.

To: [Public Input](#)
Subject: comments on SB 1092 legislative directive waiver proposal
Date: Tuesday, February 14, 2017 1:25:29 PM

As a front-line healthcare provider for people without insurance, I see the struggles these people face daily, and our system of safety-net and charity care is unable to fully meet their needs. Evidence shows that people without health insurance are more likely to die than those with insurance, and when they seek medical care, they are sicker. Many have chronic, controllable diseases, but without insurance, they are unable to access the basic services needed to manage their illnesses. Instead of working, contributing to society, and paying taxes, many are struggling to live day to day while managing poor health without assistance. They struggle to work and support themselves and their families, and their health deteriorates further.

Erecting further barriers to care will not ultimately save money or improve outcomes; it is a short-sighted solution that will only increase suffering for already struggling citizens. My patients who cannot afford to buy private insurance and who do not have the the option of employer-sponsored insurance need access to routine healthcare. Rules requiring onerous documentation and capping coverage will unduly burden citizens who are poor and sick and prevent people in need from accessing services. Our state should seek to increase access to the kind of basic, high-value health services, especially primary care, that prevent expensive medical catastrophies. Placing further limitations on AHCCCS eligibility is the opposite, encouraging people to wait until they have no choice but to utilize emergency services, which is more costly and less effective.

I strongly oppose the SB1092 waiver.

To: [Public Input](#)
Subject: Don't punish poor people on AHCCCS
Date: Tuesday, February 14, 2017 10:30:51 AM

Dear Gov. Ducey:

I am against co-pays and limits to able-bodied adults in poverty who need their AHCCCS coverage. Please do not further punish poor people in Arizona. Many of them work full-time but do not get employer provided health insurance. Maybe they work 2 or 3 part time jobs.

We elected you to help take care of our most vulnerable residents, not just those who have plenty.

Please reconsider the waiver you are asking for.

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To: [Public Input](#)
Subject: comments regarding proposed 1115 Waiver
Date: Tuesday, February 14, 2017 9:34:37 AM

To Whom It May Concern:

While I applaud the effort to encourage all able-bodied adults in Arizona to seek employment and/or education for their own sense of purpose and accomplishment, I am deeply concerned about the provisions stated in this waiver and urge you to substantially change and/or eliminate many of them due to unintended consequences both for the state's economy as well as the health of its population.

- 1) The "able-bodied" provisions will have the unintended consequence of leading more Arizonans to apply for disability in order to ensure that they have steady access to health care. While many patients with chronic diseases cannot do some types of jobs, they are often able with time and training and job availability to transition into others. The fear of the stringency of this waiver will push more patients to seek disability.
- 2) The obligation to verify on a monthly basis difficult to compile data such as family income, employment data for all family members, and job search data for all family members is exceedingly onerous, particularly since the very nature of these people's economic situation is such that stable salary and benefits are rare in this state at that socioeconomic level. The work is often piece-meal and varies from week to week, making it difficult and time consuming to compile and track in an accurate way.
- 3) The ban for 1 year for not immediately reporting or reporting inaccurately family income is draconian, especially since as I have noted above, the economic situation in this state for those at the bottom of the income ladder is structured in a very chaotic way for hourly work that varies from day to day, week to week and thus includes no benefits. It will also be a book-keeping nightmare for the state to keep track of all the data that its citizens are required to submit for this process, adding unnecessary administrative costs with no beneficial health outcome.
- 4) A limit of 5-years on AHCCCS belies a complete lack of understanding of the economic and jobs climate in Arizona in which a relatively small percent of employers offer affordable health insurance benefits. The majority of people on Medicaid are employed and yet neither are offered affordable insurance through their employers nor make enough money to rise above the poverty level. It is scandalous that the state would further punish these people by threatening to deprive them of the right to basic health care as well.

The net effect of these changes will be to push people back to the extremes of health care cost and outcome. By reducing access to health care early in the continuum of health and wellness, the clear outcome will be more uncompensated and catastrophic care in the hospitals and subspecialists' offices. We've witnessed this first hand already, please don't repeat the same mistakes.

Sincerely and in wishes for good health,

To: [Public Input](#)

Subject: Please do not impose a 5-year limit or and Work Requirement on the Seriously Mentally Ill Population

Date: Monday, February 13, 2017 2:32:07 PM

I am requesting that you do not impose a 5-year limit and Work Requirement on the SMI population. Although people may look able bodied, the debilitating disorders that effect the mind and brain of those suffering prohibit them from working in an optimum, successful and continuous way. As a mother of an individual living with two of these SMI illnesses, I can attest to the fact that these are generally long-term illnesses . We need to recognize that this population will always need support systems in place to help protect them and assist them in living the best life they can. To place limits on the benefits they receive would be detrimental to their overall health.

To: [Public Input](#)
Subject: Removal of able bodied adults from Medicaid ---- Do not do it!!!!!!!
Date: Monday, February 13, 2017 2:30:54 PM

Please do not remove able bodied adults from Medicaid. When they do get ill (and some will get ill) you know where they will end up; yep the most expensive part of the medical system : **the Emergency Room**. You also know who ends paying up for those high charges the hospitals and their paying patients (the insurance companies do not pay it, since they pass the cost via increased premiums and or higher deductibles). For a state that wants to attract industry, this short sighted thinking is not going to impress companies who want to control medical costs.

To: [Public Input](#)
Subject: definition of Able bodied
Date: Monday, February 13, 2017 11:30:49 AM

In reading through the legislative proposal of a cap for individuals with mental health documentation and classification through the health care system, I find it disturbing to have to justify what able bodied means and is interpreted for the benefit of cost-containment.

As the parent of an adult child with disabilities, this cost containment proposal would allow my adult child with disabilities (mental health, cognitive disabilities, etc.) to be unable to have the medical care needed to help her function as minimally as she is capable of doing.

Supportive employment is the best option for our adult children and that is typically sporadic, disintegrated with the typical constraints of competitive employment, and clearly not accessible to a population of adults who have no access to transportation on a regular basis and no constancy in their lives to maintain any level of employability over extended periods of time.

I am not only the parent of an adult child with disabilities, I am also a transition coordinator and job developer for adults with disabilities and clearly this proposal is not a viable option for this population of adults who have so much going against them to begin with.

Cost containment needs to be put aside, consideration of the medical and psychological needs of this population need to be addressed at a much higher level than has been in the past. By redirecting funds away from this population that you deem to be "able bodied" you will see an acceleration of homelessness, increased medical and emotional needs and a dysfunctional state that parents once again will be forced to deal with on individual levels.

Please think about the ramifications of this proposal, think about the community's perception of adult children with any kind of disability and then think about what parents already are forced to do for their adult children, the constant overseeing of their housing, medical and psychiatric needs and most importantly the financial components to help them maintain a semblance of normalcy to their lives.

Able bodied- I don't think so!

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Sunday, February 12, 2017 10:31:05 AM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: Cutting Medicaid
Date: Saturday, February 11, 2017 12:21:27 AM

I am a registered republican in Arizona and 8 vote. I am writing you now to vote against limiting Medicaid to a five year period for individuals. This one size fits all legislation would be severely harmful to people, who do not a one size fits all approach. Generally, I think that able bodied people of sound mind should study, work or look for work, however, but do not think that social workers-- or doctors-- can be tasked with the responsibility of determining who is send of mind or able bodied.

To: [Public Input](#)
Subject: 1115 Waiver Comments
Date: Friday, February 10, 2017 2:20:30 PM

Dear AHCCCS Director and Governor Ducey,

As a long-time Arizona physician providing primary and specialty care to persons living with HIV/AIDS I am troubled by the proposed by the State. I feel these proposals are poorly conceived and will result is significant harm to the State and its citizens.

My first concern is as regards the use of an undefined term “able bodied”. I do not know how this is defined and who will be tasked with making this determination. A serious proposal would better define the terms critical to its implementation.

I heard a legislator state that the goal of these proposals is stated to be to encourage people to get off entitlement programs and back into the marketplace but with the rollback of the ACA and the strong likelihood that pre-existing conditions will again be allowed to prevent persons with HIV from obtaining insurance it seems the actual results of the proposals will be to simply make health care unobtainable for a significant proportion of Arizonan’s.

I am also concerned is about the time-limit placed on AHCCCS enrollment. In my work caring for persons living with HIV/AIDS it is pretty clear that the treatment of HIV-infection (and many other illnesses) cannot be limited to 5 years. HIV is a life-long condition that requires medications and medical care for life. Long-term engagement in effective treatment of HIV keeps people healthy and able to participate in the work force. Treatment of HIV is also a public health measure in that persons who are on treatment cannot transmit HIV to others. The proposed policy will result in persons going on and off treatment which will make them sicker, increase the risks of transmission and a rise in the numbers of infections AND encourage the development of resistant HIV which will be more expensive and difficult to treat.

There are many lessons to be learned from the HIV epidemic and chief among them is that is less costly to keep people healthy than it is to allow them to get sick the proposal as written will only serve to perversely incentivize persons with serious medical illness to get and stay sick and thus not “able bodied”.

I urge reconsideration and rejection of this proposal.

To: [Public Input](#)
Subject: Able-Bodied does not equal Able
Date: Friday, February 10, 2017 9:12:34 AM

Hello,

I just wanted to chime in on a potential factor that is not being considered. "Able-bodied" neglects several other factors that influence an individual's ability to get a job. Some include mentally disabilities like intellectual disabilities, autism spectrum disorders that make someone very difficult to work with sometimes but not all the time, depression and bipolar disorder which can cause someone to be fired for poor attendance, being a registered sex offender which eliminates many possible employment opportunities (and this is permanent in the state of AZ), as well as having a felony record for either a weapons related, violence related, or drug related charge which all create a huge obstacle to employment. While it is not impossible to find employment for people with any of these factors, and I support the idea of encouraging self-sufficiency, but having more than one of these factors can make employment increasingly difficult and with no guarantee of continuous employment.

Also, for the people who are in remote rural areas with very little industry or enough local employment to support their community, commuting long distances is the solution that is not possible for the individuals who do not have their own transportation. This creates yet another real obstacle for many in the state of Arizona. I think that it is important to look closely at the specific challenges of people in the entire state, which is huge and has many remote and rural areas, before you make such a broad and sweeping policy which may make health care impossible after the five year limit has been reached.

I have worked in Globe, Casa Grande, Phoenix, Mesa, on the Gila River Indian Community's reservation, and now in the town of Guadalupe with the Pascua Yaqui Tribe and have seen how all races of people who are below the federal poverty guidelines rely on services through AHCCCS. I even remember the time when the childless adults were being denied AHCCCS for a similar rationale as this new law. The result was an overuse of hospital emergency rooms that went uncompensated and cost those hospitals millions of dollars and some of them to shut down. This is the eventuality of what will probably happen when many people reach this five year limit.

There are people who have long term medical, emotional, and societal issues that have no simple solutions. Denying them healthcare will only worsen the health of the impoverished who will then increase the chances of rippling out to worsen the health and safety of the general public. If you don't give the poor a cost effective way to get their basic needs met then they are forced to resort to the illegal means of raising money to get those same needs met. And if you do the math on that, you will see that it will always cost the state more money to police, arrest, jail, detain, prosecute, and house those who break the law than it will to provide them the services to help keep them from having to resort to finding a way to survive by any means necessary. This is what I have seen in the 14 years of providing behavioral health services to those who are on AHCCCS.

Please consider all of this when developing a way to implement the new law.

To: [Public Input](#)
Subject: CMS
Date: Friday, February 10, 2017 8:51:37 AM

Families sometimes need someone to stay home due to daycare fees can't afford them. And what do you consider an able body? What about mental illness. Please reconsider everything before you put his in place. I work with community in a reservation and poverty is high even with two household incomes and insurance premiums are being raised all the time.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Friday, February 10, 2017 12:48:34 AM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Friday, February 10, 2017 12:48:24 AM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: Strongly opposed to changes in AHCCCS
Date: Thursday, February 9, 2017 1:40:12 PM

I am strongly opposed to the proposed changes in AHCCCS which would impose a work requirement and a 5 year life-time limit on receiving benefits. Caregivers, especially female caregivers, will be unfairly impacted by this proposed change in AZ regulations.

A number of caregivers in my Tucson Caregiver Support Group, sponsored by Pima Council On Aging, have quit work to take care of aging parents or other loved ones who require extensive or full-time care, but who have limited or no funds.

Often they give up their jobs to do this, frequently in the middle of careers. It is very difficult for many, especially older women, to re-enter the job market after years of absence. Caregivers are also at high risk of illness and/or injury themselves because of the stress and lack of help involved in caring for their loved ones.

I am fortunate have to adequate assets, but many of my friends in our group do not. They provide years of love and difficult care to our most vulnerable populations at no direct cost to the State of Arizona. To shut them out of health care for themselves is disgusting.

I urge Gov. Ducey and the state to withdraw these proposals. I believe the federal government should deny the proposed changes.

To: [Public Input](#)
Subject: SB1092 - exception to maximum AHCCCS Coverage
Date: Wednesday, February 8, 2017 6:58:04 AM

You have proposed to limit AHCCCS coverage for able-bodied adults to 5 years, with an exception for adults who are full-time caregivers to children under 6.

This exception should be broadened to include the full-time caregiver of a child who meets the DDD criteria, or a parent or other older adult. It is a tremendous cost-savings to the state when a family member provides full-time care to their disabled child, and/or their parent with Alzheimer's Disease or other condition that results in their inability to care for themselves. That caregiver parent or child, who has given up the opportunity to have gainful employment, should be able to continue their health coverage through AHCCCS. This is far less expensive than requiring that caregiver to obtain an outside job, and applying for ALTCS for the disabled child or parent.

I welcome the opportunity to discuss this further.

To: [Public Input](#)
Subject: do not restrict Medicaid coverage
Date: Tuesday, February 7, 2017 5:05:49 PM

Efforts to restrict Medicaid funding will be counterproductive.

Experience in Hawaii shows Medicaid spending is the most efficient way to remedy homelessness:
Arizona must not move backward!

To: [Public Input](#)
Subject: opinion of Medicaid
Date: Tuesday, February 7, 2017 3:38:41 PM

Hello legislators and government officials,

I am writing this email to show how incensed I am at your attempts to limit AHCCCS (Medicaid) to our needy Arizonans. I am aware that a quarter of Arizona rely on this program. Although that is sad, I think it would be sadder still to deny the offerings of this program to people who need it. Further, I oppose your desire to put a five year limit on people's ability to receive this help. If they do not get the help they need, they will struggle even more to keep above the poverty line. As far as the imposition of work requirements, will you be offering stipends for childcare for the parents that need this for their children? If not, are you expecting them to leave their children alone while they go to work? What are your plans for this? If someone is disabled and can't work, what are your plans for helping with their disability?

To: [Public Input](#)
Subject: Medicaid eligibility
Date: Tuesday, February 7, 2017 10:00:11 AM

My concern is with the health of the public at large.

Granting a waiver to AHCCCS would deny too many individuals the availability of regular health care. This will result in too many chronic conditions worsening as people will be forced to ignore early warning signs major illnesses. This will create a burden on the health care system as well as the state of Arizona as a whole.

To: [Public Input](#)
Subject: Tightening Medicaid
Date: Monday, February 6, 2017 5:04:20 PM

To the Arizona Medicaid Agency,

I am a RN Case Manager and have worked in a major medical center in Phoenix for 17 years. When Arizona removed all childless adults from Medicaid/AHCCCS there was a great strain on the health care system. Medicaid expansion has brought relief and now you want to remove a large number of Arizonans off Medicaid. This will have the same effect as when childless adults were removed from AHCCCS.

During the period when childless adults were removed from AHCCCS, the state legislator decided that the ER at the local hospital is the fall back program for these types of people. The amount of uncompensated debt to the hospitals rose dramatically. An estimated 700,000 adults will be dis-enrolled from AHCCCS, that is a lot of people and some of them will be sick. Again are the hospitals supposed to take on the debt burden to care for these people?

The hospitals banded together and found a way to pay the State of Arizona's portion of Medicaid and Governor Brewer said yes to Medicaid expansion. The Goldwater Institute, who is looking out for the state of Arizona says this is an illegal tax. I would like to ask where was the Goldwater institute looking out for our healthcare system interests when the state removed all of these adults from Medicaid. It was a financial disaster.

Since Medicaid expansion Arizona's uninsured rate has dropped from 17.3% in 2009 to 10.8 in 2015, this is the 13th biggest drop in the nation during this time period.

The fear that jobs will be lost did not materialize. Arizona Ranks 5th for healthcare employment growth since 2014. Arizona is one of the leaders in health care jobs created. This has been the biggest driver in employment growth during the 2009-2015 period. This all coincides with the impact of the ACA other wise known as Obamacare and while I am at it Arizona Medicaid is the same thing as AHCCCS. I don't believe there are any alternative facts here. I am using the Arizona Republic as my source for this letter.

Arizona hospitals report stronger finances and are pumping millions of dollars into the state's economy. The Tax money spent is returned to the community. During 2014 to 2016 uncompensated care dropped from \$746 million to \$395 million.

Governor Ducey wants to punish Medicaid recipients for visiting the ER. I agree it a great burden for hospitals to have overtaxed emergency rooms. But the way to keep them out is not by financial punishment, they will still come to the ER and the the hospital will carry the burden of the cost of care. Remember there are EMTALA laws. With Medicaid expansion clinics like the Mountain Park Clinic have expanded there employees to over 300 in the past 3 years. They are also building a larger clinic and this will bring more jobs and tax revenue. Medicaid expansion is working, Obamacare/ACA is working.

State legislators have state supported health insurance and as of 2015 25 Of the 30 state senators and 45 Of the 60 representatives receive subsidies to help pay for their health

insurance. The state has paid 8 million dollars to subsidize these people. Their insurance premiums were from \$12 to \$25 every two weeks. Yet these same legislators continue to weaken Medicaid/AHCCCS. These legislators should be offered the same package as the rest of us. They don't even work full time at the job and still qualify for all these benefits, my employer doesn't offer that.

Do what is right for the people of Arizona. Trickle down economics has failed us for many decades now, corporate welfare doesn't work. Medicaid expansion is working, don't dismantle it, make it better.

To: [Public Input](#)
Subject: Work Provision
Date: Monday, February 6, 2017 9:52:11 AM

The Medicaid bill that AZ state legislators are introducing to federal legislators will leave too many adults in Arizona without health insurance. I do not believe this legislation is positive for Arizonans in the long run. The poor of our state need our assistance, and providing them healthcare during a transition stage until they can obtain their own is necessary for the long term success of Arizona.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Monday, February 6, 2017 8:59:38 AM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Sunday, February 5, 2017 4:49:24 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Sunday, February 5, 2017 3:55:46 PM

Dear Director Betlach,

I do appreciate it that you are allowing the public to comment on the proposed Medicaid waiver. we have been encouraging many people to speak out and let their concerns been hear. I am a someone who strongly believes the direction of our state's Medicaid program directly impact Arizona's health system and the health outcomes of millions of people in our state.

While some aspects of the Medicaid waiver may prove to be of limited benefit to some Arizonans, I oppose the proposed restrictions on "Able-Bodied" adults. We both know that that health should be considered human right, and that Medicaid provides a critical lifeline to low-income individuals.

AHCCCS provides a needed safety net for many poor and underserved people in our community, who struggle with barriers to finding work and furthering their education. Adding harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency. Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB1092 - public comment
Date: Saturday, February 4, 2017 8:40:21 PM

It would be a terrible idea to restrict AHCCCS, particularly to institute a five-year limit. A person might be out of work, in a job that doesn't provide health insurance, in school, or a combination of these things for more than five years, based on the ups and downs of the state's economy and the health of companies and industries. This new policy would waste more money on bureaucracy than on providing a basic form of health insurance to people.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Friday, February 3, 2017 4:07:16 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Friday, February 3, 2017 10:46:35 AM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Friday, February 3, 2017 10:22:05 AM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: NO on SB1092
Date: Wednesday, February 1, 2017 1:00:43 PM

The last paragraph of your summary of this disastrous bill is almost indecipherable, with its poor grammar, missing words, and misplaced phrases:

*Senate Bill 1092 was passed during the First Regular Session of 2015. The legislation **requires requiring** the Arizona Health Care Cost Containment System (AHCCCS) **to apply the Center** for Medicare and Medicaid Services (CMS) by March 30 of each year **for a waiver or amendments** to the current Section 1115 **Waiver** to allow the State to implement new eligibility requirements for "able-bodied adults".*

Nevertheless, I was able to see that what this bill proposes makes even less sense than the paragraph noted. Only the most short-sighted, greedy individuals would even consider such a bill.

- * It will result in thousands of people who are the most vulnerable, being left without any health care after only 5 years... if they are able to even get it for that long.
- * No bill can adequately define "able-bodied". Therefore, that term will be interpreted differently by different bureaucrats and will result in gross discrimination against some, while favoring others.
- * It is extremely difficult for even highly qualified individuals who are financially well-off to find another job, when they are laid off, so it is insanity to expect people who are living in, or on the edge of poverty, to be able to obtain employment.
- * It is even more insane to expect those who are not only poor, but are also needing health care (which means they probably have some illness or injury that needs medical attention) to be able to find and hold a job.
- * This bill makes no fiscal sense either. It will result in even more bureaucracy in order to "watchdog" these poor people, thus using even more of the tax payers' money to administer the funds needed by the poor people AHCCCS is "supposed" to be serving.

NO! NO! NO! This inane bill should have been scrapped long ago. Its authors should have been voted out, and its current proponents should themselves, be forbidden any health insurance, other than coverage through AHCCCS... WITH THE CHANGES THEY PROPOSE.

To: [Public Input](#)
Subject: Comment about SB 1092 Legislative Directive Waiver Proposal
Date: Tuesday, January 31, 2017 4:41:50 PM

Thank you for the opportunity to ask questions and give my opinion about the proposed waiver.

I agree with many of the concerns already brought up at the forums and in the media. My greatest concern, however, is about who is considered able-bodied as it applies to mentally ill and disabled people.

In Section VI.A of the draft, persons who have a "temporary or long-term disability" appear to be exempt from the work requirement and the five year limit. It is unclear to me about what is the precise definition that will be used to decide who is mentally or psychiatric disabled:

1. Is it only the diagnosis of SMI as determined by a psychiatrist?
2. or do the adults have gone through the SSI Disability process and be receiving payments from Social Security?
3. what if they were eligible for Division of Developmental Disability as minor? does that make them eligible now? what if they were diagnosed as MR in special education while as a minor?

My concern is that many of adults that I know that need AHCCCS services are unable to work, even if they want to, because they are mentally ill, mostly diagnosed with schizophrenia and related illness. Not all of them have completed the process to receive SSI Disability. If they do not have AHCCCS or lose it, they will end up at the emergency room needing service.

My observations are based on the mentally ill adult I saw during my 32 years working as a MSW case manager at state Child Protective Services (now Department of Child Safety) in Pima County and those I see now was a member of the Supreme Court Foster Care Review Board in Pima County. I was also licensed therapist in Arizona (LCSW) for almost 20 years.

My suggestion is that the draft define more precisely and more specifically who is disabled, especially in cases of mental and psychiatric disability.

Thank you!

To: [Public Input](#)
Subject: Comments regarding SB 1092
Date: Tuesday, January 31, 2017 1:01:01 PM

To Whom It May Concern:

I am strongly against the changes to Arizona's Medicaid system. Arizona has a high poverty rate and the lack of good paying jobs in most communities, excluding Phoenix (Maricopa County), is extreme.

Arizona was the last state to get a Medicaid program and is the only state to have these types of restrictions on the program. Neither of these facts are things to be proud of as they show the lack of care, compassion and respect for people of all levels of economic levels.

Limiting coverage to 5 years and having employment restrictions are tantamount to murder. If someone has been diagnosed with a serious health condition that can not pay for care and their coverage cut off at 5 years they could die. If someone is unable to work, look for work, participate in job training or be enrolled in school because they are ill or they have a family member that is ill and they are the sole caregiver they should not loose coverage. The examples of how these restrictions are inhumane, unchristian, punitive, degrading and cruel are infinite.

Arizona needs to care for all of its residents which include vulnerable people not just the most wealthy. Just because someone is unemployed, poor and / or ill does not make them any less valuable to society than someone who is employed, wealthy and healthy. These things do not make someone a criminal. Health care is not a partisan issue. Healthcare is a measure of a society's humanity and how they value each other.

Arizona needs to stop demonizing people who need assistance.

Do not initiate the restrictions proposed by SB 1092.

To: [Public Input](#)
Subject: Proposed restrictions on AHCCCS
Date: Tuesday, January 31, 2017 9:26:25 AM

As a citizen of Arizona (Flagstaff 86004). I wanted to get on the record as being opposed to the proposed restrictions to AHCCCS currently being proposed. I am not currently using the Medicaid program, but I have friends with chronic illnesses who depend on this for health care. Those of us who don't have employer-provider insurance are constantly being punished by restrictions such as this. In my current town of Flagstaff, full time permanent employment is a luxury that many strive to achieve, but if they are elderly or have a chronic illness often get overlooked Please do not go forward with this waiver.

To: [Public Input](#)
Subject: No on Medicaid limits
Date: Tuesday, January 31, 2017 8:29:54 AM

I am encouraging that there are no further limits on Medicaid. Medicaid is a life saving check on the poorest of our state. Many who have to be on Medicaid already work, but have such low paying jobs that they cannot support their families. And sometimes they live in a place where there just isn't a lot of work available (such as the reservation). Additionally they are the sole caretakers of elderly or their children. This is an undo burden on people who are already struggling to survive.

To: [Public Input](#)
Subject: AHCCCS
Date: Monday, January 30, 2017 10:49:10 PM

AHCCCS ADMINISTRATION:

I do not think it would be in the best interest of anybody to deny medical care to anyone living in the US, and especially those with a limited income that are currently on AHCCCS. Every single person deserves to have medical care.

To: [Public Input](#)
Subject: re: Please Don't Harm AHCCCS
Date: Monday, January 30, 2017 10:04:20 PM

Hello-

I have been on AHCCCS ever since graduating from the University of Arizona a year ago. I have been working extremely hard on finding a full-time job all over the country. In the past year I have put out 100+ applications and by all measures and standards I am considered an excellent candidate. But the market around the country is currently abysmal.

I am currently teaching at a community college and I do some freelance work on the side.

AHCCCS health care has been EXTREMELY important to me during this time while I deal with medical issues beyond the norm. I am very grateful for this care and feel very fortunate to live in a state that is able to provide me with coverage until I can get the proper full-time employment and/or have enough freelance/adjunct income to afford my own healthcare.

Beyond my experience, I have seen this program help out so many people in need that otherwise would be in great peril.

All to say, I hope that any proposed changes will not sacrifice any aspects of this great program or the people it's able to assist.

Thank you for considering these thoughts.

To: [Public Input](#)
Subject: AHCCCS MEDICAID
Date: Monday, January 30, 2017 1:40:29 PM

Greetings,

I've read the new proposed requirements for AHCCCS Medicaid services, and I know without a doubt that the implementation of these requirements would be DISASTROUS for Arizonans, especially rural Arizonans and young people who are underemployed, as jobs that pay a living wage are sparse in many communities in AZ. Many underemployed, low-wage workers in AZ would never be able to afford insurance without assistance, meaning if you cap the Medicaid limit at 5 years, after those 5 years are up many young and poor Arizonans simply won't be able to afford insurance and will go without. Implementing these requirements would also require the state to hire more employees to handle the extra paperwork and logistics involved in implementing the new rules. Stop wasting taxpayer money on more paperwork and just provide Arizonans in need with healthcare. These requirements will inevitably lead to a large number of uninsured Arizonans which will just cause more problems and waste more taxpayer money.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Monday, January 30, 2017 12:17:11 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092
Date: Monday, January 30, 2017 11:56:49 AM

Greetings,

I've read the new proposed requirements for AHCCCS Medicaid services, and I know without a doubt that the implementation of these requirements would be DISASTROUS for Arizonans, especially rural Arizonans and young people who are underemployed, as jobs that pay a living wage are sparse in many communities in AZ. Many underemployed, low-wage workers in AZ would never be able to afford insurance without assistance, meaning if you cap the Medicaid limit at 5 years, after those 5 years are up many young and poor Arizonans simply won't be able to afford insurance and will go without. Implementing these requirements would also require the state to hire more employees to handle the extra paperwork and logistics involved in implementing the new rules. Stop wasting taxpayer money on more paperwork and just provide Arizonans in need with healthcare. These requirements will inevitably lead to a large number of uninsured Arizonans which will just cause more problems and waste more taxpayer money.

To: [Public Input](#)
Subject: SB1092
Date: Saturday, January 28, 2017 7:17:30 AM

As a resident taxpayer of Arizona and having studied this bill, I fully support the passage and implementation of this legislation. This bill will ease the burden on taxpayers.

To: [Public Input](#)
Subject: Oppose Proposed SB1092 Waiver
Date: Saturday, January 28, 2017 6:30:03 AM

Health care coverage for our most vulnerable citizens is not only immoral but financially short cited. AHCCCS administration knows very well that the alternative to health care coverage is to use urgent and emergency care services that are more expensive and often result in greater lifetime health care costs. AHCCCS is a cost-containment model that was designed to emphasize wellness and prevention.

To: [Public Input](#)
Subject: SB 1092
Date: Monday, January 23, 2017 5:13:39 PM

To Whom It May Concern:

I am writing to express my significant concern over the proposed SB 1092. As a children's healthcare provider, I am particularly concerned about the potential secondary effects that this bill would have on the health of families and caregivers. It is well known that there is a direct correlation between a child's health status and the health of their family and/or caregivers. By placing the proposed limits on access to healthcare services for adults, this legislation may also put our states most vulnerable children at risk for poor health outcomes. Given recent federal measures to revise our health system, children are likely already at risk for decreased access to quality healthcare if these measures are to pass. With this proposed legislation, I fear that our states most vulnerable children will be more greatly affected through the combination of changes. Thank you for your time and consideration on this matter.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Monday, January 23, 2017 4:26:56 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: AHCCCS PROPOSED CHANGES
Date: Monday, January 23, 2017 3:41:49 PM

Just a quick note to show support for the proposed changes to the ahcccs'

Requiring able bodied citizens to get off of the "dole" and quit assuming that people who ARE working will support them for the rest of their life is a fine idea and should be supported by each and every tax payer. I do not believe that "health care is a human right". There are too many items in today's world that are considered human rights for anyone who would rather sit on their backsides and let everyone else provide them with what they consider are their right to let government support them for the rest of their life.

Earn your own way through life...

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Sunday, January 22, 2017 11:56:01 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Sunday, January 22, 2017 11:52:12 AM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Saturday, January 21, 2017 6:51:57 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I'm concerned about the proposed restrictions on "Able-Bodied" adults. Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

The creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency. This is not a hand up but a slap down.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: AHCCCS Personal Opinion
Date: Saturday, January 21, 2017 11:13:06 AM

Hello,

My name is Andrew Tillery. I recently read an article in Mohave Daily News about the possible change in how often submissions and renewals will have to be submitted to keep medical, and government coverage. I am very much opposed to this. I already have to pull my teeth out every 6 months to prove I am a hard working person, who can't make ends meet. It takes weeks for that renewal to be approved. If this bill passes then I will have to submit paperwork just about every other week. Please reject this bill.

Residence and Citizen of Bullhead City, AZ

To: [Public Input](#)
Subject: Comments on information on SB1092 waiver
Date: Saturday, January 21, 2017 10:13:26 AM
Attachments: [image001.png](#)

In regards to Strategic Co-insurance

- Co-Insurance:
 - Up to 3% of annual household income

If a member makes 50 dollars more than the cut off to be applicable for AHCCCS – you are going to charge them 3% of their total income? *Seems overly burdensome*

Co-Insurance Required

- Opioids, except cancer and terminal illness (\$4)
 - Non-Emergency use of ED (\$8)
 - Specialist services without PCP referral (\$5-10)
 - Brand name drugs when generic available unless physician determines generic ineffective (\$4)
1. So if the member breaks his leg and cannot work – you are going to charge him for his pain meds. If someone is working but has chronic pain – or has sickle cell disease – you are going to charge them for their pain meds.
 2. Specialist services without PCP referral- how do you plan on operationalizing this???
 3. *With AHCCCS rebates and the requirement to use BRAND drugs – why would you also be charging the member? How is the provider to know who to prescribe the brand for and whom to prescribe the generic for???*

- **AHCCCS CARE Account balance is returned to**

members that transition out of AHCCCS and into private coverage

What if they transition out and elect to have NO coverage?

Thank you

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Friday, January 20, 2017 11:05:48 AM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Friday, January 20, 2017 10:55:05 AM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Friday, January 20, 2017 10:52:17 AM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen, educator, social worker, and former employee of AHCCCS, who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Friday, January 20, 2017 9:49:03 AM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Friday, January 20, 2017 9:24:32 AM

Dear Director Betlach,

I am grateful that you are allowing the public to provide commentary on the proposed Medicaid waiver. I strongly believe the direction of our state's Medicaid (AHCCCS) program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I am quite concerned about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Friday, January 20, 2017 9:14:38 AM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Thursday, January 19, 2017 6:54:51 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. My letter is a personal one.

I waited 38 years to have my knees replaced. At 29 I was told I had the knees of a 50 year old, but shortly after the diagnosis I left my full-time employment and insurance to work as a freelancer. My girlfriend and I had no insurance, but when we got married a few years later we felt we should at least have a plan with a high deductible to avoid the risk of our families having to take care of us if something happened. We maintained a policy, changing insurers to save money, but the cost of the policies over the years kept climbing and our ability to be able to pay for insurance sent us into debt we still can't get out of. Note that for what we could afford, our deductible was so high we really never used it. It was there just in case, and I knew even when I got to the age where the surgery could be done, we couldn't afford the deductible or co-pays to proceed.

Getting Medicaid coverage(after the ACA and Marketplace said we were in the income level where AHCCCS/Medicaid would cover us)has enabled us to not fall further into debt as a result of insurance costs. We are not out of the woods, but we are not spiraling down either, as we were and would be if we had to go back to individual insurance.

My wife and I are both working poor. I work three jobs(two part-time and my freelance work), my wife works 18 hours a day in her freelance work. We don't have much, we don't add to our debt with getting new stuff. We pay our bills and our self-employment tax and try to keep ahead of paying down the debt we got into before we got Medicaid.

Like I said at the beginning, I had to wait until I was 50 to start the replacement surgery, but it wasn't until I was 58 that, with Medicaid, I was able to have the replacements done. I simply could not have done it financially otherwise. I now walk without excruciating pain, I can be more productive and work more. I certainly hope our income level will rise enough to get off Medicaid, but there's nothing I'm seeing that will be that large an income boost. We work, we try to hold down as many expenses as we can, but without Medicaid/AHCCCS we would be heading again to further debt. Limiting this coverage to 5 years will put us into insurance debt again, or go with no insurance.

A basic right should be to be healthy, and if your income level makes it impossible to pay health insurance, help should be available. Setting up barriers to health by limiting the years working poor can apply isn't a wise step for our economy, as more will use emergency services and/or lose their health. Having monthly statements of income is an onerous request, mostly to shame people who are poor enough to receive help. Our income is measured over the year, with bad months and good months that still add up yearly to being eligible. Would the same hold true if a

good month was focused on with a terrible month to follow?

I could have sent you the template letter you're probably getting in droves, but I felt I needed to personalize it. I urge you to not add to the waiver the directives you've received that would change the current policy and coverage with the new restrictions.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Thursday, January 19, 2017 12:35:15 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Wednesday, January 18, 2017 12:26:48 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Wednesday, January 18, 2017 11:01:14 AM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Wednesday, January 18, 2017 10:15:29 AM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Wednesday, January 18, 2017 8:26:24 AM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. As a concerned Arizonan, I strongly believe the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Wednesday, January 18, 2017 8:03:43 AM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

I do not believe that persons that suffer with Serious Mental Illnesses such as: Schizophrenia, Schizo-effective or Bipolar can be limited to a 5-year cap. These are lifelong conditions and persons are not likely to be cured in 5 years. Persons that have medical conditions such as diabetes or kidney disease do not have caps on their disabilities. I find this waiver is punitive to those suffering from serious mental illness.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Positive Feedback
Date: Wednesday, January 18, 2017 7:23:25 AM

Dear Director Betlach,

I received an email from Protecting Arizona's Family Coalition, to which I STRONGLY DISAGREE.

I believe the changes of reporting and seeking work are reasonable, as is the 5 year lifetime limit for able-bodied adults.

The penalty for NON reporting is also reasonable.

I do not believe that providing services indefinitely without responsibility and effort affects self-sufficiency in ANY way other than to make it less possible.

My heart goes out to the system that has to deal with these people and their warped sense of rights and entitlements.

To: [Public Input](#)
Subject: 5 years is unacceptable
Date: Wednesday, January 18, 2017 2:35:13 AM

Hi.

My name is Virginia Johnson.

I am sending you this comment because I have been on ahccs before twice for a period longer than 5 years.

About 2 years ago I hurt my back and was unable to medically support myself.

I had employer sponsored health care prior to my injury. I ended up not being able to work due to a back injury and eventually needed surgery.

There is absolutely no way I would have been able to afford health care for my family or for my surgery with out ahccs.

I was in ahccs for about 3 years.

Ahccs was a life saver to me and my family!

I am now back at work and I appreciate ahccs so much!

Ahccs is the reason I am gainfully employed.

I make a good salary and the loss of my employment was devastating but with out ahccs I would have been in dire straights for a very long time. I am so thankful for the coverage az ahccs has given me.

I was covered for 3 years. I am a healthy adult who works very hard for my family. Ahccs is a safety net that I really needed.

It was be so detrimental if that was available for only 5 years. It took me 3 years from start to finish to recover from my back injury. Should the need ever arise again I would like to know I have the ability to overcome life's major set backs.

Thanks

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Wednesday, January 18, 2017 12:11:59 AM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Tuesday, January 17, 2017 8:45:34 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Tuesday, January 17, 2017 8:26:07 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. As a concerned Arizonan, I strongly believe the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Tuesday, January 17, 2017 7:34:43 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: AHCCCS Proposed Changes
Date: Tuesday, January 17, 2017 6:10:55 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Tuesday, January 17, 2017 5:01:56 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Tuesday, January 17, 2017 4:56:39 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Tuesday, January 17, 2017 4:40:50 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Tuesday, January 17, 2017 4:10:31 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Tuesday, January 17, 2017 3:54:00 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

I am a recipient of Medicaid. I received my Master's from ASU in May of 2016 and have not been able to find a job in my field yet. Since I am unemployed, I had to sign up for Medicaid. Please do not take Medicaid away from me. Please do not take Medicaid away from people who are in poverty, unable to work, or unemployed.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: Comment for consideration on SB 1092
Date: Tuesday, January 17, 2017 3:32:38 PM

Dear Director Betlach,

Thank you for allowing the public commentary on the proposed Medicaid waiver. As a concerned citizen who works in the health care industry, I know how important medical coverage can be to a person. It affects their ability to seek a job, keep a job, and provide for themselves and or their family.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the 5 year lifetime cap. Who can predict when misfortune can happen to any of us or how long it can last? It could be a one-time short experience or it could happen multiple times over someone's lifetime. I am all for those who can work to seek it and/or have it, but in this day and age, economic uncertainty is there for any of us. We are one accident, one job loss or one diagnosis away from needing assistance.

I would hope that we have more of a heart than for just 5 years over the course of someone's life! Please re-consider the effects of this life-time cap for the most unfortunate of those among us. There but for the grace of God, you or I could find ourselves.

Thank you for considering our state's unfortunate citizens and guiding our Medicaid system toward a reasonable policy for Arizona.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Tuesday, January 17, 2017 3:13:02 PM

Dear Director Betlach,

I have been reading and hearing on the news about the proposed Medicaid waiver that AHCCCS is considering request from the federal government. First let me say that I applaud your request for public comments that I think will help you to understand the sentiments of many Arizonans and perhaps some of the situations you may not have considered in drafting the proposed waiver.

I am a long time AZ resident and voter, a retired state employee and someone who has seen first hand the amazingly positive impact of the AHCCCS system on two of my close relatives. By having health care available, my older sister (who is now deceased) was able to have her basic health care needs met on a regular basis, which greatly improved her quality of life!! And my oldest daughter has been able to have mammograms, pap smears, necessary blood work etc. In both instances, AHCCCS services meant that emergency room visits were no longer necessary and problems could be identified and treated quickly and inexpensively before they became major health crises.

And of course this leads to my major point, which is: AHCCCS benefits all Arizonans and saves money for all of us taxpayers (by reducing emergency room visits and the escalation of minor health issues into major very expensive ones), as well as ensuring a healthier environment for everyone – because when we are all out in public, no one wants to be in contact with, served by etc. someone who is sick because they cannot afford adequate health care.

My main concern about the proposed Medicaid waiver is the restrictions on "Able-Bodied" adults. I believe that health is a human right, and that AHCCCS provides help address poverty, which often is caused by health issues, that then exacerbate attempts to obtain and retain work or an education. And I do not think that the harsh punishments being proposed for those who fail to meet reporting deadlines is necessary and certainly not helpful. People living in poverty already face enough stress just surviving; to add stress by punishing them when/if they miss a reporting deadline makes it even harder for them to move out of poverty.

Thank you for this opportunity to comment.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Tuesday, January 17, 2017 3:00:38 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's health system and health outcomes of millions of people in our state. I am especially concerned about those in the early years and those most vulnerable at every age.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: WAIVER COMMENT
Date: Tuesday, January 17, 2017 2:26:34 PM

Dear Director Betlach,

Planned Parenthood is both a service provider and advocate for the hundreds of thousands of patients we serve annually. We are concerned with the health and well being of our patients and their families and the impact of your proposed regulations.

While undoubtedly drafted with the best intentions, we are particularly concerned with proposed restrictions on "Able-Bodied" adults. Medicaid provides a critical lifeline to low-income individuals. In a service economy like the one Arizona has, it is incredibly difficult to simply work one's way out of poverty. Our more than a decade of experience with time limits and work requirements involved in welfare reform have proven this. Adults working full time may not earn a living wage and therefore are forced to rely on government programs.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency. Re-establishing eligibility every 30 days seems like a system more concerned with disqualifying participants than with meaningful transition to self-sufficiency.

Thank you for the opportunity to comment and we wish you well in constructing and maintaining a safety net that is efficient and responsive to taxpayers as well as beneficial to those who must rely on it for survival.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Tuesday, January 17, 2017 2:26:10 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Tuesday, January 17, 2017 2:15:55 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. **I have worked with this population, and a one-size-fits-all "punishment-oriented" regime seems to indicate a lack of understanding of the barriers to self-sufficiency that many of these people face. The deadlines being proposed will simply not be meetable by many of adults due to factors much more complex than what many seem content to label "laziness". I would hope there will be an attempt by legislators to learn about those factors.**

I see access to adequate health care as a human right; healthy adults are more likely to be able to work, upgrade their education, etc. Medicaid provides a critical lifeline to low-income individuals. "Critical" is not an overstatement.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Tuesday, January 17, 2017 2:13:02 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes that this is the direction that we need to take.

AHCCCS is not a right but a privilege to assist those who truly need it - not those who take it for granted and depend on the state to cover their every need. There is nothing wrong with making sure able-bodied adults are contributing to the good of society while maintaining assistance for those who really need it.

Please DO NOT buckle under and give blanket approval for any and all for AHCCCS. Provide for those who need it and make those who are able but unwilling to work for it do just that - work for it. Deadlines exist for everything and if they really need the support, they should be willing to demonstrate the need for it.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Tuesday, January 17, 2017 2:07:30 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Tuesday, January 17, 2017 2:04:34 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. I am a concerned citizen who strongly believes the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Monday, January 16, 2017 8:30:42 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. As a concerned Arizonan, I strongly believe the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal - Public Comment.
Date: Monday, January 16, 2017 7:14:40 PM

This proposal is harmful to many!

- The purpose of AHCCCS is to cover medical needs, not stage a demonstration to put people to work. You have forgotten its PURPOSE.
- Lifetime limits and work requirements undermine access to care and do not support the objectives of the [Medicaid] program. Work and education opportunities are not always available, not easy to qualify for, especially in rural areas, and where there are insufficient public transportation services as well.
- Lifetime limits would disproportionately affect older adults, young parents, parents of children with disabilities, and newly injured or sick folks who need care, but are denied due to prior years' coverage.
- Some people cannot work even though their medical condition hasn't risen to documented disability levels, or hasn't been sufficiently diagnosed. Especially those who have behavioral health conditions. The existing Behavioral health system is insufficient. Having a behavioral health diagnosis may not be "evidence" enough that a person cannot work, it's not defined enough in this Waiver.
- This is especially egregious in rural areas.
- What constitutes as work, is there a minimum number of hours, or wage? If I babysit for someone for 4 hours, is that work sufficient? Some people work for others, not for an employer, i.e. people who have a hard time gaining employment because of other reasons, criminal backgrounds, appearance, discrimination, etc.
- Work requirements are likely to result in a loss of health coverage, with little or no gain in long-term employment; and with Obamacare under fire, you will have more emergency room and similar issues, so not only are they sick, now they are fined and without help! Kick them while they are down, why don't you!
- Threats to insurance coverage could lead to more bankrupt families, delayed care, and more uncompensated care.
- Implementing work requirements could be a significant cost to Arizona. Tracking all this MONTHLY will be a horrendous and expensive task – the systems are not set up for this.
- Accurately defining "able-bodied" is a significant challenge and risks imposing requirements on individuals who a) may be ill and unable to work, yet don't qualify for disability, or b) forgo work to care for a disabled loved one or a child over the age of 7 due to medical issues. Sure, just make it harder on parents. Not everyone can afford child care! So a young single parent should work for \$10 when child care costs between \$8 – 12 an hour?

That is wrong!!!

To: [Public Input](#)
Subject: SB1092
Date: Sunday, January 15, 2017 4:54:29 PM

I am against SB1092 and would hope that this does not go into affect. While those who receive AHCCCS insurance should have to contribute something to the cost of their care, this is going to ultimately damage our healthcare system in the long run. What will happen once they eat up their 5 years of coverage and then they become elderly and disabled? They no longer will be eligible for coverage because they have used up their ability to have AHCCCS/ALTCS because they used up their 5 years of eligibility? What about the family that has 2 parents with small children. One parent is working and the other parent is staying at home to care for the children. Say all of the children are school aged, but the parent that stayed home is no longer able to find work? What happens to her? Sorry...you can't be covered because you are considered "able bodied" but since you cant find work you are axed out of the healthcare system.

Heaven forbid someone who has worked their entire life, loses their job, cannot afford to pay for cobra, spends down everything they have and they have nothing left, gets sick and because they can't find work, and are considered "able bodied" but they still can't find work...they are not eligible for AHCCCS, and then they rack up huge medical bills because they get sick??

I cannot support this. As someone who has worked in the medical profession and mental health profession my entire life I cannot support this. I cannot support something that is going to not only damage our healthcare system, but it is going to tear our state to pieces because we have a Governor and a legislature that isn't working for our citizens....its just worried about the dollar and not the people that they are truly supposed to be working for.

To: [Public Input](#)
Subject: 1115 Wavier Program - comments
Date: Sunday, January 15, 2017 10:18:57 AM

I believe that this waiver project is very ill conceived and should be abandoned. First is the definition of able-bodied. A person who is legally able-bodied might still not be able to do a certain or any work because s/he has an undiagnosed condition, or a rare condition, or a mental condition that does not allow the person to participate in the labor force.

Second, just because a person is "able-bodied" does not mean they are either mentally capable of working or have any talents or skills that can be utilized. Our education system is among the worst in the nation so we should not be surprised that we have drop outs and graduates who can't read, write or use a computer - a near requirement for the most basic jobs today.

Third, there may not be any jobs that the particular person can do. Legion are the stories of people looking for ages, putting out 100 or 200 applications and still not getting a job. Discrimination - race, gender, age, sexual orientation (not even illegal in AZ) - can play a huge role in prohibiting a person from being hired through no fault of their own.

Fourth, the low pay may make it impossible for the person to work and survive. Public transportation is very poor in the metro areas and non-existent in the rural areas. So it's expensive and/time consuming to get to work. If a person has to have a car, then that's expensive not to mention insurance.

If the pay is so low, as most is in AZ, then how will the person pay for child care if that is needed? What if the person is caring for children or an elderly family member? What if the pay knocks them off public insurance? They can't afford to get private that's for sure. We have the legion of people working for Walmart subsidized by public funds for insurance and food stamps because Walmart reaps billions and refuses to pay a living wage - so the taxpayer subsidizes a huge, wealthy corporation - that's corporate welfare which we should end immediately.

For many reasons, this rule is ill conceived and is only going to harm AZ citizens and should be scrapped.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Saturday, January 14, 2017 8:25:35 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. As a concerned Arizonan, I strongly believe the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

I know of many people with medical marijuana cards that can afford to buy marijuana every month, my brother for one spends a \$1000 a month on marijuana, but can't afford to pay for insurance or health care. He gets better medical care and more benefits for free than I do with my Medicare plan that I pay for. I worked all my life to be able to get benefits. He didn't work and lived with my mother for the past 20 years with her supporting him until he finally went on SSI. The entire time he was heavily addicted to marijuana with my Mother enabling him, even paying for it for him until her recent death. It isn't right for those of us that have worked all our lives and are responsible adults needing healthcare for people to abuse the system. He is my brother and I love him but what he is doing is wrong and there are many like him doing the same thing. Anyone and I say anyone can get a medical marijuana card. Why can't they afford healthcare insurance at least then?

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Saturday, January 14, 2017 10:05:04 AM

Dear Director Betlach,

The following expresses my concerns in much more diplomatic language than I would be able to muster on my own because I'm so sick and tired of the constant drumbeat of proposed policies that assume the poor are just malingering instead of struggling every day to make ends meet. Enough already!

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. As a concerned Arizonan, I strongly believe the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Friday, January 13, 2017 4:08:25 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. As a concerned Arizonan, I strongly believe the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Friday, January 13, 2017 3:04:30 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. As a concerned Arizonan, I strongly believe the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Friday, January 13, 2017 1:35:59 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. As a concerned Arizonan, I strongly believe the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Friday, January 13, 2017 12:25:40 PM

Dear Director Betlach,

Let me start by thanking you for allowing the public to provide commentary on the proposed Medicaid waiver. As a concerned Arizonan, I strongly believe the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

How will these new requirements affect those who are not working due to injury but have no disability or health insurance? Or are in the process of applying for disability? Before the medicaid expansion, individuals who experienced major health events often lost their jobs along with their health insurance which was tied to them. Without health insurance they could not treat, fix or otherwise resolve these health issues resulting in the only option being to apply for SSI/SSDI. What plan will be in place to help individuals suffering from illness or injuries preventing work, but who are not yet on Medicare or SSI/SSDI? It sounds like if they don't work they will lose access to healthcare, removing the possibility of resolving their issues and returning to a living wage job. If they DO work, they risk their application for disability being rejected and will be subjected to low wages, inconsistent employment due to health, and possibly remaining uninsured since their new job opportunities will be severely limited and likely not include affordable insurance options. PLEASE make sure any decisions for policy changes addresses this segment of our population.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Friday, January 13, 2017 11:45:54 AM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. As a concerned Arizonan, I strongly believe the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Friday, January 13, 2017 10:50:51 AM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. As a concerned Arizonan, I strongly believe the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Friday, January 13, 2017 10:35:45 AM

Dear Director Betlach,

Ultimately, we all lose when access to healthcare is restricted, especially to lower income persons. The result of exclusions (which include onerous and difficult application and paperwork), is to drive up long term healthcare costs and reduce the capacity of this portion of the population to meaningfully contribute to our overall wellness as a state.

It certainly seems that “able bodied” adults should provide for their care; however, in our changing world, many adults lack the ability to perform work that is capable of supporting their needs. Much of this is due to the extreme demands placed on single mothers and the tendency of employers to offer marginal, benefit limited, part-time positions to unskilled workers.

Mental illness also affects many adults who appear otherwise “able”. Many persons who experience a challenging mental disorder will recover if provided with support and treatment. This includes many persons who illness is not rated as “serious” based on SMI status requirements.

Be generous. Support kindness. Strive to improve the lot of those in need.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Friday, January 13, 2017 10:24:56 AM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. As a concerned Arizonan, I strongly believe the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Friday, January 13, 2017 1:26:58 AM

Dear Mr. Betlach,

I first want to thank you for all you have done for AHCCCS and the many individuals that depend on the medical and mental health services provided for our most vulnerable citizens. We have crossed paths numerous times over the years as we work to serve our citizens. I know the challenges that I face running a small non-profit organization often keep me awake at night. I can only imagine the tremendous pressure that you must endure. You have my utmost respect.

I have an adult son in the system that lives with multiple mental health and medical challenges. He has been designated SMI and is on SSI with the Title XIX benefits. It has taken years for him to reach a level of stability, that is at best tenuous. I believe that most of the citizens that are truly disabled, such as my son, will continue to receive adequate services. My concern is for many of the individuals that NAMI encounters, who receive general mental and medical health services. They by definition may be considered "able bodied," although I have not seen a working definition of that term.

I fear that many of these individuals, that receive basic mental health services that are keeping them stable, will lose this benefit under the CMS waiver proposal. This would create unimaginable physical, mental and financial hardships on this population and their families. The punitive nature of capped terms, and difficult reporting regulations, will inevitably drive them to high priced and inefficient ER care. This situation will ultimately increase the costs to the state in regards to uncompensated medical costs incurred by the acute care medical providers.

Over the past several years, we have all worked many long hours to create a system of integrated care that just recently has taken form and is beginning to show positive results in terms of cost savings and improvement in the quality of life for many of the recipients. It seems counter-intuitive to entertain actions that could unravel all the great work that we have all advocated for, the past several years.

This year we face many uncertainties in health care funding from the federal level that may ultimately impact our state funding of these services. The extent of that impact at this point is unknown. I encourage the administration to thoroughly consider the impact on the individuals that will be effected. I feel that a rubber stamp of these proposed directives would not be in the best interest of all concerned. I would suggest that an incremental plan be proposed that will periodically assess the impact, financially and from a quality of life perspective be considered.

In closing, I appreciate the efforts of all those at AHCCCS that truly care about the quality of care provided to the residents of our state. I would be honored to serve on any committees or focus groups that will assist in guiding the department to continue to provide the best possible health care for our most vulnerable population.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Friday, January 13, 2017 10:24:56 AM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. As a concerned Arizonan, I strongly believe the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Friday, January 13, 2017 10:21:36 AM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. As a concerned Arizonan, I strongly believe the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Friday, January 13, 2017 8:32:30 AM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. As a concerned Arizonan, I strongly believe the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Friday, January 13, 2017 8:31:35 AM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. As a concerned Arizonan, I strongly believe the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Friday, January 13, 2017 7:38:54 AM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. As a concerned Arizonan, I strongly believe the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Friday, January 13, 2017 1:26:58 AM

Dear Mr. Betlach,

I first want to thank you for all you have done for AHCCCS and the many individuals that depend on the medical and mental health services provided for our most vulnerable citizens. We have crossed paths numerous times over the years as we work to serve our citizens. I know the challenges that I face running a small non-profit organization often keep me awake at night. I can only imagine the tremendous pressure that you must endure. You have my utmost respect.

I have an adult son in the system that lives with multiple mental health and medical challenges. He has been designated SMI and is on SSI with the Title XIX benefits. It has taken years for him to reach a level of stability, that is at best tenuous. I believe that most of the citizens that are truly disabled, such as my son, will continue to receive adequate services. My concern is for many of the individuals that NAMI encounters, who receive general mental and medical health services. They by definition may be considered "able bodied," although I have not seen a working definition of that term.

I fear that many of these individuals, that receive basic mental health services that are keeping them stable, will lose this benefit under the CMS waiver proposal. This would create unimaginable physical, mental and financial hardships on this population and their families. The punitive nature of capped terms, and difficult reporting regulations, will inevitably drive them to high priced and inefficient ER care. This situation will ultimately increase the costs to the state in regards to uncompensated medical costs incurred by the acute care medical providers.

Over the past several years, we have all worked many long hours to create a system of integrated care that just recently has taken form and is beginning to show positive results in terms of cost savings and improvement in the quality of life for many of the recipients. It seems counter-intuitive to entertain actions that could unravel all the great work that we have all advocated for, the past several years.

This year we face many uncertainties in health care funding from the federal level that may ultimately impact our state funding of these services. The extent of that impact at this point is unknown. I encourage the administration to thoroughly consider the impact on the individuals that will be effected. I feel that a rubber stamp of these proposed directives would not be in the best interest of all concerned. I would suggest that an incremental plan be proposed that will periodically assess the impact, financially and from a quality of life perspective be considered.

In closing, I appreciate the efforts of all those at AHCCCS that truly care about the quality of care provided to the residents of our state. I would be honored to serve on any committees or focus groups that will assist in guiding the department to continue to provide the best possible health care for our most vulnerable population.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Thursday, January 12, 2017 9:58:19 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. As a concerned Arizonan, I strongly believe the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Public comment
Date: Thursday, January 12, 2017 9:39:45 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver.

The proposed criteria is a move in the right direction.

Accountability and responsibility for our "able-bodied" AHCCCS recipients is a positive step forward. Providing verification and following through on eligibility requirements is not too much to ask for.

If you want to utilize this benefit then the recipient needs to validate the need. This should be viewed and treated like a "benefit" and not an "entitlement".

Time limits are also a move in the right direction. We have recipients that need some motivation to work towards self-sufficiency.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Thursday, January 12, 2017 5:59:33 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. As a concerned Arizonan, I strongly believe the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Thursday, January 12, 2017 5:05:26 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. Working in the disability field for over 35 years has made me acutely aware of the value of AHCCCS to Arizona as a cost effective, health care delivery system that is as good as any employer based health plan or better!

As an organization that services Arizonans that have chronic illness and disabilities in Arizona, we, I strongly believe the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state. When it comes to lifestyle chronic conditions and communicable diseases, refusing healthcare to anyone, threatens everyone.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, we must express concern about the proposed restrictions on "Able-Bodied" adults. We believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. The definition of "able-bodied" is restrictive to the reality that people are in various stages of health and may or may not fall into the strict definition agencies like Social Security use. AHCCCS provides healthcare that can prevent more serious chronic illness and disability and can stabilize individuals so that they can pursue work at some point in the future.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty that may have cognitive, mental health and functional issues that have not been recognized as a "disability" and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Thursday, January 12, 2017 4:54:40 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. As a concerned Arizonan, I strongly believe the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Thursday, January 12, 2017 4:51:26 PM

Dear Director Betlach,

PERSONAL NOTE: As a veteran community activist (19 years) who lives on a low income budget (religious reasons) in West Phoenix and over 1,000 home visits for people seeking rent & utility assistance, I would like to offer the following thoughts:

1. Provision should be made for those who are unemployed disabled and not yet receiving SSID and/or Medicare

2. *Monthly income verification is an overreach and an administrative issue; suggests 6 months*

3. *Retain dental care for children and for Kids Care--means far less costly care for the child as a young adult & beyond*

4. *Eligibility should be for those certified as physically and/or mentally unable to work*

5. *The real need is for higher incomes through the Strengthening Families program (administered by Phoenix for Maryvale and Mesa) funded by the Dept. of Labor and thru more workforce development funds in the Arizona Commerce Authority tied to new and expanding economic development projects targeted for working poor and poor communities. This will lead to substantial cuts in Food Stamps & AHCCCS, but this should be also done by the federal government and/or the US Governor's Association to avoid mass migration to AZ*

6. *Remember that many if not the majority of people on Food Stamps and AHCCCS are working, but need the extra help because of low wages and poor insurance coverage in AZ, keeping them below poverty income.*

7. *The number one need is higher paying jobs for the working poor and poor following appropriate workforce development time. The working poor and poor WANT to work contrary to this administration's view, but want a decent opportunity given poverty from day one in our Nation (taking of Native American lands; Slavery; Jim Crow, and discrimination and prejudice against all minorities which continues in AZ and the US to this day.*

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. As a concerned Arizonan, I strongly believe the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Thursday, January 12, 2017 4:51:08 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. As a concerned Arizonan, I strongly believe the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Thursday, January 12, 2017 4:26:36 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. As a concerned Arizonan, I strongly believe the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: *88 SB 1092 Legislative Directive Waiver Proposal
Date: Thursday, January 12, 2017 4:17:40 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. As a concerned Arizonan, I strongly believe the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

It is also my belief that these proposed restrictions will result in unnecessary work and processes which have the potential to create barriers for streamlining reliable and affordable healthcare for not only Medicaid recipients, but also providers.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Thursday, January 12, 2017 4:06:11 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. As a concerned Arizonan, I strongly believe the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Thursday, January 12, 2017 3:46:59 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. As a concerned Arizonan, I strongly believe the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Thursday, January 12, 2017 3:35:25 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. As a concerned Arizonan, I strongly believe the direction of our state's Medicaid

program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Thursday, January 12, 2017 3:33:48 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. As a concerned Arizonan and former AHCCCS employee, I strongly believe the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Thursday, January 12, 2017 3:29:08 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. As a concerned Arizonan, I strongly believe the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Thursday, January 12, 2017 3:22:33 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. As a concerned Arizonan, I strongly believe the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state. No one should be forced to not have health coverage.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. Further it is not clear how "able bodied" is defined. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education. You know as well as I that people who have incomes a tad over the cut off limit do not have the resources to get health care in any other way except by showing up in emergency rooms when their health deteriorates to emergency level, at which point they would not be able to work anyway.

Similarly, the creation of harsh punishments for those who fail to meet burdensome reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

I pray you consider our state's poor and guide our Medicaid system toward sustainable policy solutions that will benefit all Arizonans. I would be most happy to forego some roundabouts if the monies could be used to shore up the health system!

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Thursday, January 12, 2017 3:21:29 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. As a concerned Arizonan, I strongly believe the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Thursday, January 12, 2017 3:20:27 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver.

As a concerned Arizonan, I strongly believe the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Thursday, January 12, 2017 3:14:11 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. As a concerned Arizonan, I strongly believe the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Thursday, January 12, 2017 3:03:03 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. As a concerned Arizonan, I strongly believe the direction of our state's Medicaid

program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Thursday, January 12, 2017 2:51:39 PM

Dear Director Betlach,

Thank you for allowing the public to provide commentary on the proposed Medicaid waiver. As a concerned Arizonan, I strongly believe the direction of our state's Medicaid program influences Arizona's overall health system and the health outcomes of millions of people in our state.

While many aspects of the Medicaid waiver may prove beneficial to Arizonans, I must express concern about the proposed restrictions on "Able-Bodied" adults. I believe that health is a human right, and that Medicaid provides a critical lifeline to low-income individuals. AHCCCS provides relief from the uncertainty of poverty, which we know has more tangled roots than simply a lack of work or education.

Similarly, the creation of harsh punishments for those who fail to meet reporting deadlines penalizes those living in poverty and creates additional barriers to self-sufficiency.

Thank you for considering our state's poor and guiding our Medicaid system toward sustainable policy solutions that will benefit all Arizonans.

To: [Public Input](#)
Subject: Changes to AHCCS
Date: Thursday, March 30, 2017 10:05:31 PM

I hardly know where to begin. I am a 56 year old self employed individual who pays taxes every year despite the fact that I live below the poverty level; however I believe it is my duty to contribute to the benefits that I enjoy as a citizen of this country. I am currently enrolled in AHCCS and cannot afford to purchase insurance otherwise. I spent two and a half years caring for a terminally ill sister and ran through essentially everything I had in savings. In a concerted effort to keep my personal costs down, I generally forgo routine check ups and only use this benefit when genuinely needed.

With the current administration intently focused on repealing ACA, where in the world do our elected officials think people like me will get health care when they need it? My heart breaks for the direction our country and often, this state, is taking. I wake up in fear thinking that if this legislation passes and my health deteriorates, what am I to do? Go buy a gun, (which is so adamantly supported by our legislature) and just kill myself? Is that what we're coming to?

To: [Public Input](#)
Subject: Comment on SB1092 Legislative Directive Waiver Proposal
Date: Thursday, March 30, 2017 3:10:11 PM

I am a resident of Arizona. I just retired from 30 years of employment at El Rio Community Health Center, one of the main safety net providers in Pima County. I oppose the authority for AHCCCS to limit lifetime coverage for able-bodied adults to five years. This will result in fewer people having Medicaid coverage and will consequently place a large burden on safety net providers to provide affordable care to the most disadvantaged members of the community. It will also force individuals who are kicked off of Medicaid after the five year limit to seek care in more expensive settings such as Emergency Rooms. Furthermore, the requirement for able bodied adults to verify compliance with work requirements and family income on a monthly basis is a huge burden for the working poor and will result in more people losing coverage. I totally oppose this waiver proposal.

To: [Public Input](#)
Subject: SB1092 Comments
Date: Friday, March 17, 2017 6:49:10 PM

I'm completely opposed to all provisions in this bill.

This is very dangerous legislation targeting the poor and sick yet again. Who will determine who is "able bodied"? It opens the door for unqualified persons passing judgment on others with devastating effects. Further, it leaves Seniors, many of whom have dementia with no physical impairment but significant mental impairment, vulnerable and would be a disaster. It is simply cruel.

The vast majority of Medicaid recipients truly need it. They should not be punished for this feeble attempt to rid a handful of those who take advantage of it. Not worth pursuing this heavy handed, cruel measure.

Do not implement SB1092.

To: [Public Input](#)
Subject: AHCCCS
Date: Monday, March 27, 2017 6:52:23 AM

I do not support imposing a work requirement on Medicaid recipients or a 5 year limit on enrollment for able bodied participants. People who need medical care should receive it. This will cause people seeking care in emergency rooms, a very expensive option. It will impact our most needy and poor people. We must provide medical care to all of the people in our state.

To: [Public Input](#)
Subject: AHCCCS
Date: Sunday, March 26, 2017 9:36:06 PM

I am writing to voice my opposition to limiting medical benefits to a finite number of years. In my experience people use the services as needed. They are not abused. To limit services fails to comprehend how life works when one is poor.

I am also opposed to work requirements. People who are needy are often involved with other services and would be working if they could. Unfortunately low income people have higher rates of job instability and lower wages that subjects them to be the working poor. Those who are unable to work often have other issues that complicate their situation such as family members who require care or they have lack of transportation.

Please do not add these requirements. It would be a mistake.

To: [Public Input](#)
Subject: Arizona Medicaid Waiver
Date: Sunday, March 26, 2017 3:34:51 PM

Please DENY Arizona's medicaid waiver application.

NO on the work requirement as written.

NO on the 5 year life-time limit

One example of a person that would be unfairly treated.

Adult that is unable to work, is not a caregiver, and has chosen not to accept disability payments or has been wrongly denied or hasn't the mental capacity or contacts to properly apply or has a disability not recognized by the government.

Another.

An able-bodied working adult that is unable to earn more than 138% of the FPL.

I believe everyone should have access to healthcare and that everyone collectively should pay for it. (Fire Services, Police Services, Public Schools, Roads, Military, Health Care, at the least these)

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal - Constituent Comment
Date: Sunday, March 26, 2017 1:30:12 PM

I am writing this letter as a constituent, concerned mother and guardian of an adult classified as SMI in the behavioral health system and who has a cognitive disability which also qualifies him for services under the Division of Developmental Disabilities and he also has the ALTCS entitlement.

I become concerned when I see legislation move forward that does not have clarity or add unnecessary burdens that can result in either eligibility or a loss of a benefit for a vulnerable population such as individuals with disabilities. The term "able - bodied adults" as outlined below and throughout the bill is not clearly defined and can have dire effects for individuals who are moving towards their highest functioning level, but may never be able to care for themselves independently. I personally feel this level of oversight can be disruptive and interfere with an individuals process of growth due to the lack of clarity on what this means and the level of burden that it creates for individuals and their families/supports who help them on a regular and often times daily basis.

As a mother and guardian of an adult that requires a high level of support and encouragement to help him through his daily routines and to also help him reach his highest functioning levels on a daily basis. Our family member reaching his fullest abilities is more important for us and our son than anyone else, however it takes time and sometimes you have victories and there are times that you have to accept this is their best effort in some instances. I have seen my son learn how to do things that doctors told us as a child that he would never do, but I and my husband have also had to learn to accept and appreciate some of his limitations that could be lifelong. I say this to point out it is more important for a person or their family/supports that they reach their highest capability level than anyone else. However, this additional burden can be disruptive and I am concerned about the hardship this could cause for individuals and for those who are fortunate enough to have, their families/support systems that are helping them to function and survive in their daily lives considering the proposed monthly requirements.

This bill could add additional responsibilities to individuals or their families/supports that could hinder or interrupt the already full task of helping the individual to move towards other goals of them reaching their fullest potential. My son is fortunate to have his family (parents and siblings) and supports to help him in his journey, however please understand that it requires a great deal of sacrifice and time to help him function to his fullest capabilities and some days are better than others. Another unnecessary burden taken even more precious time away based on unnecessary bureaucracy.

I also understand that there are some individuals who may function at a higher level than my son who may be able to function as an "able bodied adult", however in my opinion that needs to be clearly defined because if it is misinterpreted, a person in sincere need may lose a much needed benefit that could cause them to decompensate which in my opinion we all will pay the price, however not nearly as much as that individual and their family/supports.

Excerpt from SB1092:

At the direction of the Arizona State Legislature and upon CMS approval, AHCCCS is proposing to implement the following requirements for "able-bodied adults" receiving Medicaid services:

- The requirement for all able-bodied adults to become employed or actively seeking employment or attend school or a job training program.
- The requirement for able-bodied adults to verify on a monthly basis compliance with the work requirements and any changes in family income.
- The authority for AHCCCS to ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements.
- The authority for AHCCCS to limit lifetime coverage for all able-bodied adults to five years except for certain circumstances.

Thank you for your time and considering my heartfelt perspective as a parent and caregiver. I believe there has to be perspective and strengths based approach.

To: [Public Input](#)
Subject: SB 1092 Public Comment
Date: Sunday, March 26, 2017 11:17:43 PM

To Whom It May Concern:

I'm in complete disagreement with this proposal. I specifically take issue with the maximum length of time someone will be allowed to be enrolled in Medicaid. I also disagree with the requirement that a person be working to receive the benefits.

I am a registered voter in Pima County.

To: [Public Input](#)
Subject: AHCCCS changes NOT
Date: Monday, March 27, 2017 7:35:35 AM

The Arizona legislature is hellbent on denying any form of benefit to the poor, disabled, and disenfranchised. The legislature's sacred belief in the private sector is misplaced and foolish. A lifetime cap on benefits is offensive and morally wrong. People are not entitled to work just because the Arizona legislature deems it so. This voter is keeping tabs on my state representatives and will vote against them if they attempt to restrict current federal guidelines. People living in their vehicles is Arizona's disgrace.

To: [Public Input](#)
Subject: Az Accccs
Date: Monday, March 27, 2017 7:46:56 AM

My daughter cannot work due to mental illnesses. What will we do?
Shall she suffer? She needs this coverage and has seen psychiatrists. She has been
Hospitalized twice. Do you think we are pulling a prank?

To: [Public Input](#)
Subject: Proposed changes to AHCCCS
Date: Monday, March 27, 2017 7:32:53 AM

Hello,

Do NOT allow this highly counterproductive effort to continue.

So many people who could be shut out of health care in Arizona includes adults who are caregivers for disabled children or elderly relatives; people with felonies who have trouble finding jobs; and people living in rural areas, people with chronic illnesses that wax and wane, plus many others. The changes are short-sighted and do not take into account the reasons that people might be on Medicaid.

Kicking people off of Medicaid because of the lifetime limit or work requirement will result in more uninsured people seeking care in emergency departments. This will NOT reduce costs but only shift them to those who are unable to pay, which will end up costing the state more anyway long term.

As a recent UA graduate said: "There is a whole culture of trying to reduce costs in ways that are cruel to people." Our great state is Arizona is famous for this but now is the time for a change in that regard especially! The people of Arizona DO NOT WANT these proposed changes to AHCCCS to go through.

To: [Public Input](#)
Subject: Waiver proposal
Date: Monday, March 27, 2017 6:53:05 AM

This does not make sense on either a moral or economic basis.

Morally, we have a responsibility to take care of our most vulnerable citizens. Vulnerable individuals, who, for a complex set of reasons are not able to work, still deserve the basic right to healthcare.

Economically, this makes no sense. Those individuals with no insurance will put off getting basic care and then present in our emergency rooms with more acute symptoms. The ERs are mandated to treat, at a high cost. These costs are passed on to all of us!

This proposal is bad legislation for all of us.

To: [Public Input](#)
Subject: Work requirement
Date: Monday, March 27, 2017 7:22:41 AM

I am writing to express my displeasure with the poorly thought out proposal to attach a work requirement to AHCCCS eligibility. It is wrong to punish the poor with such a requirement.

I am not poor, but many years ago, I was. I was unemployed and uninsured for 10 months. I spent all day every day looking for work, taking any temporary job I could get until I was finally able to get back on my feet. A health emergency during that time would have been catastrophic.

There are valid reasons people are unemployed, some of which are caused by governmental and societal factors beyond the control of the individuals needing health care.

Arizona's treatment of its poor is already inhumane in many instances. Please show some deeper understanding of the reasons for poverty and don't further scapegoat the vulnerable.

To: [Public Input](#)
Subject: AHCCCS - proposed restrictions
Date: Monday, March 27, 2017 9:03:40 AM

A society is judged by how it treats its most disadvantaged citizens.

The proposed restrictions do not take into account the many adversities that could prevent an individual from complying with them; the restrictions could cause dire poverty and even death to those suffering from circumstances beyond their control. Economic recessions, such as the 2008-present recession, can and probably will happen again. Such recessions are not within the control of someone who has used his 5 years of benefits. The rich and corporations thrive on a low wage economy that keep low wage workers from getting ahead or even making ends meet. Low wage workers who can't get insurance through their employment and can't afford ACA policies could easily find themselves facing early death from lack of health care.

Making disadvantaged people jump through bureaucratic hoops to show an inability to work could put or keep families in long-term poverty and could result in death.

Why does our government want to be part of such a mean-spirited, draconian plan to further enrich the richest while denying the poor at least food, shelter, and, in fact, life itself?

To: [Public Input](#)
Subject: Don't drop "able bodied" adults off the rolls
Date: Monday, March 27, 2017 9:03:54 AM

I was a case manager for long term care AHCCCS for many years, and because my clients were in the home setting (cheaper than SNF care) I also dealt with the families and their needs. There are so many family caregivers out there, for example, a woman in her forties caring for an elderly mother who has Medicare or a single mother with infants or preschool kids on KidsCare. These unpaid caregivers need coverage also! I had a client a few years ago whose husband had to stop working in his 50s due to a heart condition, and had no insurance. He wasn't on disability, but he couldn't afford his heart medication either. I was constantly worried about what would happen to my client (who had both physical and mental disabilities) if he suddenly dropped dead of a heart attack because he couldn't get healthcare for himself. I was able to pay him a little as a caregiver for some of her needs, but not much.

Rural healthcare would also be dealt a huge blow if people in those areas who are unable to get a "regular" job, by the state's definition. What about people who don't have reliable transportation? What about people out in the country who barter goods and services they need with their neighbors? If they need healthcare and go to their local (probably struggling) hospital, how is their care going to be paid for?

This move would cause not only suffering for the many people who need coverage, it would also punish healthcare providers who need to stay solvent,

To: [Public Input](#)
Subject: My comments for your consideration
Date: Monday, March 27, 2017 8:31:41 AM

To whom it may concern-

We support SB 1092 specifically as the language pertains to able-bodied Arizonans. We also support lifetime limits for those Arizonans on Medicaid.

In addition, we strongly recommend adding a drug testing provision for all those initially signing up for this benefit and believe that random drug testing and/or annual drug testing should also be part of this bill.

If you have any questions about our comments please do not hesitate to contact us/thnx/kwz

To: [Public Input](#)
Subject: No on Waiver Proposal
Date: Monday, March 27, 2017 8:51:59 AM

TWIMC:

Please record my objection to the proposal to request a waiver to put work requirements and lifetime limits on Arizonans enrolled in Medicaid.

To: [Public Input](#)
Subject: Please do not pass Medicaid Changes proposed in Arizona
Date: Monday, March 27, 2017 8:32:18 AM

To Whom it May Concern:

It does not seem fair to impose a working requirement for people on Medicaid in Arizona and also a lifetime limit for care. We will simple have more destitute sick people on the streets or in hospital emergency rooms with nowhere to turn. Please vote no on these changes which were also not passed by the federal government. Thank you

To: [Public Input](#)
Subject: Waiver Proposal comment
Date: Monday, March 27, 2017 9:02:06 AM

Being a 82-year-old, who has resided in Arizona ever since January 1978 and never needed to use AHCCS, I'm still NOT in favor of requesting a waiver from the federal government regarding capping AHCCCS or requiring work to be covered by it. Do NOT request such waivers, please. All Americans should be covered for healthcare, no exceptions.

To: [Public Input](#)
Subject: AHCCCS
Date: Monday, March 27, 2017 9:29:13 AM

Please expand the program to help people who need assistance. I would prefer my tax dollars go to help those who need medical assistance rather than my tax dollars going to school vouchers that pay for rich kids' private schools. Maintaining a medical "safety net" for those needing it, makes economic sense.

To: [Public Input](#)
Subject: For AHCCCS Individual Must Work, Be Employed, In School or in Training
Date: Monday, March 27, 2017 10:10:04 AM

In order for any able-bodied person to receive AHCCCS, I agree they must either work, be employed, in school or in a training program. AHCCCS can not be a way of life without effort by the able-bodied receiver of the benefits making improvement in the ability of become independent of government assistance.

To: [Public Input](#)
Subject: Medicaid (ahcccs)
Date: Monday, March 27, 2017 9:27:48 AM

Access to medicaid (Ahcccs) is essential to millions of people who are low income for whatever reason,--physical disability, needs of family members, low-paying jobs that do not provide medical insurance. Not all people can extract themselves from this status in any given time period no matter how hard they want to and try. A cap on benefits in either amount or time, must not be placed. Also, because of the varying reasons for the need, employment must not be a condition of provision of care. Don't weaken or destroy our existing coverage.

To: [Public Input](#)
Subject: Medicaid Limits
Date: Monday, March 27, 2017 9:42:30 AM

Life is unpredictable. Please do not place lifetime limits or place work requirements on people enrolled in Medicaid. Everyone's circumstances should be individually and personally evaluated when necessary. Thank you,

To: [Public Input](#)
Subject: proposal to put work requirements and lifetime limits on Medicaid
Date: Monday, March 27, 2017 9:17:43 AM

As a nurse and educator, I oppose this proposal (Senate Bill 1092). It is unrealistic to think that all Medicaid patients will need it for only a short time and all of them will be able to work after a short time on Medicaid. Certainly we want everyone to be healthy enough to allow them to work, but that is not always possible. In an ideal world, perhaps, no one would need Medicaid for a long time, but for some people that may not be possible. We must not be so cruel and unthinking to put these constraints into law. Instead of punishing people, our efforts should be on helping able bodied people to develop the skills needed to find and obtain available jobs.

To: [Public Input](#)
Subject: AHCCCS
Date: Monday, March 27, 2017 11:19:14 AM

To whom It may concern:

I would like to share my issues with the proposed requirements for 'able-bodied' adults receiving Medicaid services.

1. You have the immediate need to define the term 'able-bodied'. When determining this definition, it is important to understand the cyclical nature of mental illness. One month an individual may meet the 'able-bodied' requirement, followed by periods of acute symptom exacerbation.
2. I oppose the policy of requiring able-bodied adults to verify on monthly basis compliance with the work requirements and any changes in family income. I also oppose the policy that would ban an eligible person from enrollment for one year if the person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements. I find this requirement to be burdensome and an administrative burden to both the claimant and to AHCCCS. According to the Kaiser Family Foundation, we know that 79% of adult and child Medicaid enrollees in Arizona are in families with at least one worker. For parents struggling to make ends meet in low-paying jobs, imposing a monthly reporting requirement with the penalty of a year lock out period only makes the goal of climbing out of poverty more difficult. Many people are able to work because of the AHCCCS coverage that keeps their chronic and mental health conditions under control. Work requirements would likely end in a loss of health coverage, adding to our unemployment and poverty rate.
3. I oppose the proposed lifetime coverage limit of 5 years for able bodies employees. Individuals who experience poverty are at significantly greater risk of mental illness and individuals experiencing mental illness often experience periods of wellness, interrupted by periods of severe illness. Imposing a 5-year lifetime limit on AHCCCS eligibility contradicts what is known about disability, chronic disease, and mental illness, and jeopardizes progress already gained by those covered by AHCCCS.

Thank you for the opportunity to comment.

To: [Public Input](#)
Subject: Comment of Waiver Proposal
Date: Monday, March 27, 2017 10:23:30 AM

To Whom It May Concern: This is a very, very bad legislative proposal which will hurt the bottom line of healthcare for all of us Arizonians. Please think about increasing participation in healthcare and not limiting it. We have allowed people to get healthcare at their doctor's offices through Medicaid expansion. This waiver will return us to the time when people use emergency rooms for their primary care. Have a heart.

Thanks for your consideration.

To: [Public Input](#)
Subject: Do not change Medicaid
Date: Monday, March 27, 2017 12:01:23 PM

Governor Ducey's plan to kick people off of Medicaid after five years will deprive thousands of working Arizonans of Medical care and will have the effect of putting many in a situation of being too sick to work. Arizona needs a healthy work force. Ducey's poorly thought out and cruel plan will have the exact opposite effect. This request for the waiver should be placed where it belongs ...in the trash bin

To: [Public Input](#)
Subject: medicaid changes
Date: Monday, March 27, 2017 11:12:16 AM

I am opposed to the changes requiring a lifetime limit and work requirement for Medicaid help for the poorest and sickest Arizonans.

My son is on AHCCCS because he has Multiple Sclerosis. He is 41 and is severely disabled. He cannot walk or use his hands; he is legally blind and has cognitive limitations. I shudder to think of the extra paper work required that would **prove** he cannot work--both for our family and for the state.

Many MS patients look like they can work for a while and then an unpredictable exacerbation puts them in the hospital. What employer would want such employees that are so unreliable through no fault of their own? In short, it would be extremely difficult for MS people to even find a job--given their limitations. MS people frequently suffer extreme fatigue and are very sensitive to heat. What employer would take on such a risk?

There are many others who cannot work for many, many reasons and the state would have to be the judge on their lives. That would take intrusive government to a whole new level.

Also what does a "life time limit" imply--suddenly, sick, poor and old people have no further help for medical care? Essentially a death panel by default. This would be immoral, cruel and repugnant. It would put another unpaid burden on hospitals when these desperate people turn up with complicated and neglected illnesses. Who will pay the hospitals then?

Please do not institute those changes.

To: [Public Input](#)
Subject: Medicaid Proposal
Date: Monday, March 27, 2017 11:02:48 AM

To whom it may concern,

I am writing to express my disapproval for the work requirement and lifetime ban Medicaid proposal.

I am a registered nurse and have been for over 30 years. I believe this proposal will cause serious harm to the people who need the most help.

There are many "able bodied" people who are not employable for various reasons. Additionally, there may not be appropriate jobs available.

Please, do not move forward with this proposal.

To: [Public Input](#)
Subject: AHCCCS Waiver
Date: Monday, March 27, 2017 12:14:08 PM

I oppose Arizona's request a waiver to restrict eligibility to AHCCCS. It is both cruel and a false economy. Such restrictions will not make people any healthier; they will end up in emergency rooms or with long-term chronic disabilities that will render them unable to work or pay for health care. There are many reasons so-called able-bodied adults might not be able to work within the limitations proposed. A blanket restriction penalizes many people unfairly.

As a taxpayer, citizen, and human being, I hope that Arizona will revisit and revoke this request to the Centers for Medicare and Medicaid Services.

Thank you for your consideration.

To: [Public Input](#)
Subject: changes to ahcccs
Date: Monday, March 27, 2017 12:25:24 PM

I think putting life time limits and work requirements for eligibility is totally short sighted and counterproductive. There are many, many people in AZ who are not on disability but are unable to work nonetheless. These include high medical users who have sever medical and mental health issues. I personally know many people who fall into this category. There are also a a high segment of our aging population that are still too young for medicare yet are unable to work due to health, age, and lack of work experience. It's impossible to do manual labor when you are 60 years old and have health issues. Regarding the life time limit- now this is just mean- so you have a person who is a high medical user who participates in preventive care after several major illness and boom- they get cut off. A good friend of mine would fall in this category. Remember when this state disallowed organ transplants for a few months until the bad PR got so bad the legislature reversed itself? Should we go back to that?

To: [Public Input](#)
Subject: Comments on SB 1092
Date: Monday, March 27, 2017 12:46:39 PM

Hello,

I write today to urge you to reconsider the proposed changes to Arizona's AHCCCS.

There are many reasons that people who are able bodied can not work. These can include being a full time caretaker of a parent or child. People who live in areas with no job availability. People who can't afford cars and don't live near public transit that have no way to actually get to any jobs. People are have a criminal background who are less likely to be hired. Many people are 'able bodied' yet unable to work. This requirement would penalize them for the wrong reasons. These are all humans who need health care, full stop.

And the lifetime cap on coverage is nothing more than punitive, punishing people who fall on hard times through no fault of their own. I know several people who were laid off repeatedly during the tough times of the 2007 - 2013 period. They were hard workers who had the misfortune of getting jobs at places that failed. Or their jobs left the area and moved to another state or country. Or a hundred other reasons that had nothing to do with their ability and desire to work. These are all humans who need health care, full stop.

Instead of figuring out how to give healthcare to the fewest people, please focus on expanding health care to ALL citizens of the state. Healthcare is a human right, not a privilege for those lucky enough to be born into the 'right' circumstances.

To: [Public Input](#)
Subject: Concerns
Date: Monday, March 27, 2017 1:12:07 PM

March 24, 2017

AHCCCS
c/o Office of Intergovernmental Relations
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034
publicinput@azahcccs.gov

To Whom It May Concern:

I would like to share my concerns with the proposed requirements for “able-bodied” adults receiving Medicaid services.

1. I feel the immediate need to define the term “able-bodied”.

When determining this definition, it’s important to understand the cyclical nature of mental illness. One month an individual may meet the “able-bodied” requirement, followed by periods of acute symptom exacerbation.

2. I oppose the policy of requiring able-bodied adults to verify on a monthly basis compliance with the work requirements and any changes in family income. We also oppose the policy that would ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements.

I find this requirement to be burdensome and an administrative burden to both the claimant and AHCCCS. According to the Kaiser Family Foundation, we know that 79% of adult and child Medicaid enrollees in Arizona are in families with at least one worker. For parents struggling to make ends meet in low-paying jobs, imposing a monthly reporting requirement with the penalty of a year lock out period only makes the goal of climbing out of poverty that much more difficult. Many people are able to work because of the AHCCCS coverage that keeps their chronic and mental health conditions under control. Work requirements would likely end in a loss of health coverage, adding to our unemployment and poverty rate.

3. I oppose the proposed lifetime coverage limit of five years for able bodied employees.

Individuals who experience poverty are at significantly greater risk of mental illness and individuals experiencing a mental illness often experience periods of wellness, interrupted by periods of severe illness. Imposing a five-year lifetime limit on AHCCCS eligibility contradicts what is known about disability, chronic disease and mental illness, and jeopardizes progress already gained by those covered by AHCCCS.

To: [Public Input](#)
Subject: human resource development
Date: Monday, March 27, 2017 12:20:19 PM

To whom it may concern:

This is to provide comments in regards to the Arizona Health Care Cost Containment System and the process of reapplication to the Centers for Medicare and Medicaid Services.

Noting Senate Bill 1092 passed in 2015 the restrictions and the definitions of "able-bodied" need serious reconsideration.

It is certainly respected that those who might make false statements need to recognize that penalties are necessary for lying to any state or federal agency.

I appreciate highly the reporting provided to the public by Stephanie Innes in the Arizona Daily Star. I have not attended hearings regarding this subject nor am I an expert in this particular domain of sociology or the delivery of healthcare. However, I am very sensitive to the process of developing vertical integration programs in education that have cross relationships to the skills of those in the mental health community in enhancing our service to Arizona and our nation.

In the interest of developing data-based criteria for policy development, I appreciate those who investigate these issues in real depth. I appreciate the reporting of Ms. Innes that, in a Tucson public hearing on January 27 regarding proposed changes in the Arizona programs that there were overwhelmingly negative reactions from approximately 90 people in attendance.

It was my impression from past reporting that only one insurer is now providing payment support for Medicaid in 13 of the 15 counties of Arizona. This leads me to believe that our processes of providing healthcare, mental health care, and associated program development are close to a universal healthcare system right now. I take as valid information the, and that AHCCCS currently enrolls more than a quarter of Arizona's population, or 1.9 million people. I am aware also that the general unemployment rate is in the range of 4.6%. This implies to me that we need to look at U-6 in addressing the challenge of enhancing the strength of the workforce of Arizona.

Individual motivation cannot be mandated by legislation. Furthermore, in an open system such as our nation which allows migration from state to state, optimization of program development to set an example of excellence is a very complex challenge.

The dynamics of human physical and mental health over a lifetime in the context today of translational medicine provide some insights into the predictability which is being attempted by legislators at the federal and state level.

Since I have taught Emergency Medicine in the past, I think I have a right to support the comment that "kicking people off of Medicaid because of the lifetime limit or work requirement will result in more uninsured people seeking care in emergency rooms."

I will be glad to share these observations with others who have considerable wisdom in regard to the issues involved. However, presently I would urge those that are dealing with guidelines for use of state and federal funds related to physical health, mental health, and the development of an effective workforce move very carefully in making any changes.

Should further input be of value to your deliberations, please advise me of how I can be most helpful to you.

To: [Public Input](#)
Subject: Re: AHCCCS Work Requirements
Date: Monday, March 27, 2017 1:15:39 PM

To Whom It May Concern:

I would like to share my concerns with the proposed requirements for “able-bodied” adults receiving Medicaid services.

1. I feel the immediate need to define the term “able-bodied”. When determining this definition, it’s important to understand the cyclical nature of mental illness. One month an individual may meet the “able-bodied” requirement, followed by periods of acute symptom exacerbation.

2. I oppose the policy of requiring able-bodied adults to verify on a monthly basis compliance with the work requirements and any changes in family income. We also oppose the policy that would ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements. I find this requirement to be burdensome and an administrative burden to both the claimant and AHCCCS. According to the Kaiser Family Foundation, we know that 79% of adult and child Medicaid enrollees in Arizona are in families with at least one worker. For parents struggling to make ends meet in low-paying jobs, imposing a monthly reporting requirement with the penalty of a year lock out period only makes the goal of climbing out of poverty that much more difficult. Many people are able to work because of the AHCCCS coverage that keeps their chronic and mental health conditions under control. Work requirements would likely end in a loss of health coverage, adding to our unemployment and poverty rate. 3. I oppose the proposed lifetime coverage limit of five years for able bodied employees. Individuals who experience poverty are at significantly greater risk of mental illness and individuals experiencing a mental illness often experience periods of wellness, interrupted by periods of severe illness. Imposing a five-year lifetime limit on AHCCCS eligibility contradicts what is known about disability, chronic disease and mental illness, and jeopardizes progress already gained by those covered by AHCCCS. Thank you for the opportunity to comment.

To: [Public Input](#)
Subject: We do not support AZ SB 1092
Date: Monday, March 27, 2017 12:40:19 PM

My husband and I ask the Centers for Medicare and Medicaid Services to reject this bill, as it will seriously undermine poor Arizonans' access to medical care by imposing lifetime limits and work requirements on Medicaid recipients. Populations that could be shut out of health care include adults who are caregivers for disabled children or elderly relatives, people with felony records who have served their time yet have trouble finding jobs and people living in rural areas. It will also result in more people seeking care in emergency rooms.

Thank you in advance for rejecting the state of Arizona's efforts to deny health care to some of Arizona's poorest residents.

To: [Public Input](#)
Subject: AHCCCS - requirements for "able-bodied adults" receiving Medicaid services -
Date: Monday, March 27, 2017 1:28:02 PM

To: Whom it may concern,

These requirements are absolutely unjust and unfair! The requirement for "able bodied people" to work in order to receive AHCCCS is ridiculous! To place a five year enrollment limit on AHCCCS is foolishness!

There are many, many people who appear "able bodied people" that are not! There are people who are mentally ill that are too ashamed or afraid to ask for help so their mental illness remains undiagnosed. A mental illness that prevents them from keeping a job. There are many, many people who have a criminal record who cannot get a job because of their past.

Are these people less valuable than "able bodied people"? I say absolutely not! They are equal! If this bill is passed it will make more problems not less. These people will not have access to preventative medical care. Will eventually become so sick that they will wind up at a hospital emergency room with a very serious condition. A condition that will cost the hospitals and the state tens of thousands of dollars to treat. To treat something that could have been avoided by a doctor simply prescribing a pill.

Also, this bill will open a plethora of civil lawsuits for the state. The people of Arizona are important regardless if they are "able bodied people" or not! Let me repeat this bill is unjust, unfair, and foolish!

To: [Public Input](#)
Subject: AHCCCS proposal
Date: Monday, March 27, 2017 2:41:14 PM

I am writing you to oppose the proposed changes, specifically the lifetime cap and the work requirement.

My daughter is thankfully covered by Medicaid in another state, but I am using her as an example. She works, generally a 35-hour + week, but her employer doesn't offer her health insurance. She has a number of pre-existing mental health and physical conditions; without treatment, her ability to function is very compromised. With Medicaid coverage, she is able to continue to work and pay her bills and contribute to her community. If she had to pay for every doctor visit and prescription, she would not be able to. The expanded Medicaid was a blessing for her because it raised the income cap.

Not everyone under Medicaid can find a job, or a steady job, or is capable of working continually, as she is. Physical and mental conditions can come and go, and cause people to lose jobs even if they are sometimes able to do them. I fail to see how a work requirement could be fair and flexible enough for the people Medicaid is meant to help.

A big question looms: what happens to people who reach their lifetime cap? I'm sure they are not suddenly going to become rich and able to pay for their medical care. So once again it will fall to hospital emergency rooms to provide care and we will all end up paying for that.

There are many more issues with this plan, but these are the big concerns I see.

To: [Public Input](#)
Date: Monday, March 27, 2017 3:40:35 PM

03/24/2017
AHCCCS
c/o Office of Intergovernmental Relations
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034
publicinput@azahcccs.gov

To Whom It May Concern:

I hope someone is actually reading this, as I would like to share my concerns with the proposed requirements for "able-bodied" adults receiving Medicaid services. People with long term illnesses for instance are perpetually in varying stages of ability, which can be diagnosed improperly when determined by DES eligibility workers or some physician/psychologist who is overburdened with all these new case demands, showing that the state shouldn't leave this in the hands of office staff or overworked physicians.

1. I feel the immediate need to define the term "able-bodied".

When determining this definition, it's important to understand the cyclical nature of mental illness. One month an individual may meet the "able-bodied" requirement, followed by periods of acute symptom exacerbation. Leaving this determination up to an incompetent judge, such as an eligibility worker who has no idea of mental state of the person being determined would be nothing more than an opportunity to make some disabled mental patients suffer. A friend of mine was taken off of disability and is now in a spiral of drinking and drugs, having been tossed aside in a judgement by someone who doesn't care or even know about what she needs.

2. I oppose the policy of requiring able-bodied adults to verify on a monthly basis compliance with the work requirements and any changes in family income. I am crippled with a walking disability but could type, but with my felony record and mental depression, I am able to get help through going to 12 step meetings and need to stay in that balance. I also oppose the policy that would ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements.

I find this requirement to be burdensome and an administrative burden to both the claimant and AHCCCS. According to the Kaiser Family Foundation, we know that 79% of adult and child Medicaid enrollees in Arizona are in families with at least one worker. For parents struggling to make ends meet in low-paying jobs, imposing a monthly reporting requirement with the penalty of a year lock out period only makes the goal of climbing out of poverty that much more difficult. Many people are able to work because of the AHCCCS coverage that keeps their chronic and mental health conditions under control. Work requirements would likely end in a loss of health coverage, adding to our unemployment and poverty rate. Causing anyone to have to reapply and go through the waiting process will make many homeless and helpless, leading to suicide and complete mental breakdowns.

3. I oppose the proposed lifetime coverage limit of five years for able bodied employees.

Individuals who experience poverty are at significantly greater risk of mental illness and individuals experiencing a mental illness often experience periods of wellness, interrupted by periods of severe illness. Imposing a five-year lifetime limit on AHCCCS eligibility contradicts what is known about disability, chronic disease and mental illness, and jeopardizes progress already gained by those covered by AHCCCS.

"Fear is born from ignorance. We think that the other person is trying to take away something from us. But if we look deeply, we see that the desire of the other person is exactly our own desire—to have peace, to be able to have a chance to live. So if you realize that the other person is a human being too, and you have exactly the same kind of spiritual path, and then the two can become good practitioners. This appears to be practical for both." *Thich Nhat Hanh*

To: [Public Input](#)
Subject: Office of Intergovernmental relations
Date: Monday, March 27, 2017 1:32:36 PM

I would like to submit my input regarding the proposed changes to AHCCCS.

I am an able-bodied, small business owner who cannot afford health insurance. I was able to take advantage of the expanded medicaid that Governor Brewer enacted. I sent her an email explaining why I asked her to approve the expansion.

I am the guardian and full-time caregiver for my 78 year old mother who has advanced stage Alzheimer's disease. She lives with me 24/7, and I alone provide for all her needs. She is enrolled in the Arizona Long-term Care program. Without insurance, if I were to become ill and unable to care for my mother, she would become a ward of the state. The cost of providing insurance for people in my situation is minimal compared to the cost the state would incur if it would have to provide full time in-facility care.

I am sure there are many in my situation, and the numbers will only continue to grow given the increase of aged boomers and the inevitability of more and more people being diagnosed with Alzheimer's.

I urge you to continue to ensure that caregivers of incapacitated persons are eligible for AHCCCS under the expanded medicaid program.

Thank you for your consideration.

To: [Public Input](#)
Subject: Public bill 1092-do not support
Date: Monday, March 27, 2017 1:17:36 PM

This bill will only increase emergency room visits and deny those in need of health care services. Please vote no.

To: [Public Input](#)
Subject: waiver proposal
Date: Monday, March 27, 2017 3:21:36 PM

To Whom It May Concern:

These comments are intended to oppose the proposal based on support for our family member who greatly depends on health care coverage currently provided through Medicaid. Our son, who is single and 55, has been unemployed for several years... yet several times a week he beats the pavement looking for work and searches on line daily for work opportunities. Because he has not been able to match his work experience and skills to an employer in Tucson he has no income and depends on us for shelter and the support we can give him. My wife and I are over 75 and living on fixed income. We are deeply concerned that if our son loses his health care coverage and suffers an accident or costly illness we will lose our assets and fixed income..... as we will feel obligated to help pay for his expenses. Unlike others who feel they can or are forced to walk on debt, especially health care debt, we were raised to take care of our obligations. In this case however we strongly believe it would be unfair to have worked all our lives, paying taxes for a combined 140 plus years, only to be wiped out for the financial debt of a family member because he was targeted, excluded and treated like a second class citizen by the proposal under consideration.

Our son is one of the 300,000 individuals in AZ who greatly need health care coverage. Without the valuable help of Medicaid, people do not get annual physicals, do not get support for healthy living, do not get the medicine they need, and end up in emergency wards where incredible costs are often incurred, which in turn burdens taxpayers like us as we are expected to pick up profit shortfalls of care providers when we use their services.

We have been proud of Arizona and three other states for creating exceptions and making sure that hundreds of thousands of individuals are not denied what we believe is a basic human right.

Thank you.

To: [Public Input](#)
Subject: Do not impose waivers on AHCCCS
Date: Monday, March 27, 2017 5:39:43 PM

To the Office of Intergovernmental Relations

Please consider this email as part of the public response to the proposed waiver of AHCCCS that would place work requirements and a lifetime limit on AHCCCS beneficiaries. Our state has too many people in poverty who struggle to maintain steady employment. They need the medical and behavioral health services that AHCCS now provides to them. They should not be punished for being poor.

To: [Public Input](#)
Subject: Input
Date: Monday, March 27, 2017 5:51:27 PM

The proposed waiver request to significantly change AHCCCS is a bad policy decision on the part of the State of Arizona. It is neither economically sound nor does it provide a safety net for those who most need health insurance coverage.

First, re the economics of the proposal: it is well know that those not covered by health insurance use hospital emergency rooms as their first resort for medical care. This is a costly proposition in that it results in a great deal of uncompensated health care, which is then paid for by all of us. Second, those without health insurance and of low income often do not seek treatment until they are very ill or have developed a chronic condition such as diabetes. If they are treated with prescription drugs, it is common for these patients to stretch their prescriptions by taking medication every other day, or by taking half of a dose. Again, when they are really ill, they cost all of us a great deal of money. This waiver is a false economy for the state of Arizona.

I am president of the Board of Directors of the Sahuarita Food Bank, about 20 miles south of Tucson. We have two missions—to feed the hungry and to assist as many of our clients as we can in achieving more economic stability and self-sufficiency.

Here is the reality they face: Food bank clients are eligible to receive food if their income is at 185% of the federal poverty level and below. These individuals are struggling to sustain themselves and their families with adequate food, shelter and health care. Every single day is a challenge for many of them.

Here are our primary concerns, based on close acquaintance with our clients:

--[if !supportLists]--> 1. <!--[endif]-->On paper, the work/school/job training requirement may seem reasonable. However, the cost of childcare is prohibitive for many families. Many of our families in rural Pima County lack transportation, a real constraint on job hunting, working and even going to school.

2. Further, gaining the formal designation of long-term disability—one of the exceptions—is very difficult, and yet many of our clients deal with real and chronic disabilities.

3. The monthly reporting requirements are unduly rigorous, even for families that are not in poverty. 60% of our families do not have regular access to computers. You and I would have trouble filing monthly reports. For those in poverty, this is an onerous requirement, and frankly, seems designed to remove as many people from the program as possible.

--[if !supportLists]--> 4. <!--[endif]-->The five-year lifetime limit is completely unreasonable, as a good many of these families will not be able to move to a secure financial position during their lifetimes despite our hoping or wanting them to do so.

This does not mean that we will not work hard on our second mission—to help people improve their economic circumstances—but it is a journey and one which poor health will only further constrain. *Please do not pursue the waiver request.*

To: [Public Input](#)
Subject: Medicaid/AHCCCS
Date: Monday, March 27, 2017 5:09:22 PM

PLEASE DO NOT EVISCERATE MEDICAID!

To: [Public Input](#)
Subject: Proposal to put work requirements and lifetime limits on Medicaid
Date: Monday, March 27, 2017 5:40:35 PM

I am writing to express my opposition to the proposal spelled out in SB 1092 to regarding work requirements and lifetime limits on Medicaid. These changes would adversely impact the neediest of Arizona citizens. There is no lifetime limit to poverty, and refusing critical medical care for the poor is not in keeping with the values that we espouse in this state. Moreover, it would be counter productive, forcing the poor to use emergency rooms or forego medical treatment altogether. The work requirement could also backfire on those who live in rural areas, don't have access to transportation or the skills to become employed. While I assume that these changes have been enacted to catch people who could abuse the system, they will instead impact the vulnerable and the poor. Access to medical care shouldn't be used punitively.

To: [Public Input](#)
Subject: Public Comment on 2017 - SB 1092 Legislative Directive Waiver Proposal
Date: Monday, March 27, 2017 5:06:22 PM

Hello,

I am a resident of Pima County, Arizona, and am very concerned about the proposals in the 2017 Section 1115 Waiver potentially affecting Arizona's Medicaid programs (AHCCCS).

Specifically, the limit on lifetime coverage to five years (with some exceptions) may lead to a significant drop in coverage for those who are caught in a long-term cycle of poverty.

This waiver should be paired with additional plans to help those in a cycle of poverty lasting more than five years to somehow acquire employer-based coverage or other private coverage. It is possible that these individuals will recognize that coverage is no longer available to them in Arizona, and that families will choose to leave our state for other states that have more expansive Medicaid coverage. This does not solve their problem, but simply moves it.

Having experience in the justice system, I have seen how easy it is for some individuals to remain impoverished for a significant period of time, even if the person is working. This can be due to substance abuse or other behavioral health problems, lack of housing stability, childcare expenses, and other causes. If long-term causes of poverty such as these receive more attention in the waiver proposal, I will have a much easier time understanding its potential approval.

To: [Public Input](#)
Subject: Regarding my input on the State Medicaid proposal
Date: Monday, March 27, 2017 4:40:19 PM

>

> I am in complete favor of putting work requirements and lifetime limits on resident Arizonans enrolled in Medicaid. Additionally, I sincerely hope critical checks and balances will be put in place to preclude fraud and to establish criminal penalties for any related violations.

To: [Public Input](#)
Subject: sb 1092
Date: Monday, March 27, 2017 4:15:29 PM

VERY MEAN SPIRITED! i'm a republican, but i believe health care is a RIGHT for ALL americans regardless of their ability to pay.

To: [Public Input](#)
Subject: AHCCCS
Date: Monday, March 27, 2017 9:33:44 PM

I will make this brief as I am disabled and it is difficult to type for very long. I am one of the lucky ones. My husband has a group policy so for now I don't have to worry. But we never know what the future holds for us. This is a horrible idea and discriminates against though who most need our help.

Thank you for your attention.

To: [Public Input](#)
Subject: AZ Citizen Against SB 1092
Date: Monday, March 27, 2017 6:27:04 PM

As a tax-paying citizen of Arizona, I am against Senate Bill 1092.

I am against removing health care from any Arizona citizen who currently has access to it, and I encourage Arizona to work to include all of its citizens in quality health care. Removing access to quality health care from those citizens who currently have access to it, is immoral.

Having as many Arizona citizens with unrestricted access to quality health care benefits all Arizona citizens. Keeping our state population healthy helps us avoid opportunistic contagious diseases which may begin among people without health care.

Clearly SB 1092 will undermine access to health care for the most needy citizens of Arizona.

If SB 1092 restrictions are put into place, adults who are caregivers for disabled children or elderly relatives, people with felonies who have difficulty finding a job, and people living in rural areas of Arizona will be closed out of access to quality health care.

Removing people from Medicaid because of a lifetime limit or work requirements will result in more uninsured people seeking care in emergency rooms which can lead to dangerous situations for the general public.

Senate Bill 1092 will deny health care to some of Arizona's poorest residents. Certainly we are better than that.

I am against Senate Bill 1092 and any other legislation or regulations that deny quality health care to Arizona citizens.

To: [Public Input](#)
Subject: House bill 1092 and AHCCSS
Date: Monday, March 27, 2017 5:54:06 PM

I oppose the adoption of HB 1092. One reason is that In 2016, the federal government rejected SB 1092's lifetime limit and work requirement proposals on the grounds that those requests could undermine access to care. I believe the same is true this year as well.

If the Arizona legislature wants to remove people who are on AHCCSS, then they should pony up the dollars needed to help low income people overcome the obstacles - job development needs, mental health, and, foremost - pay up on the educational needs for everyone who has been shortchanged in AZ. Offer a free year of vocational training for people under 30 who have missed out, for instance.

Enacting HB 1092 puts the burden on the people who need this help, and who qualify now, rather than a pathetic Arizona state system of supporting low income and homeless folk.

To: [Public Input](#)
Subject: Input on proposed work requirement and lifetime limits
Date: Monday, March 27, 2017 10:24:53 PM

I am completely against the proposed changes for AHCCCS.

Able bodied adults cannot always work. In times of recession many people are not employed and even in a good economy the unemployment rate is not zero. Unemployment is higher among certain less privileged populations and this rule will hurt them. Many people are unemployed and have a long history of unemployment because of undiagnosed mental health issues. Drug use is another issue – people in recovery are often unemployed and need access to cover their prescriptions. Rules like this will put them back on the streets and back on drugs. None of this benefits us as a society.

The lifetime limits then add insult to injury. People who get sick after five years on AHCCCS now become the problem of hospitals and society at large. Their medical problems will become much worse because they have tried to ignore them rather than getting regular treatment.

I urge the state of Arizona to not make these proposed changes.

To: [Public Input](#)
Subject: Public Comment on the AHCCCS Waiver Proposal
Date: Monday, March 27, 2017 6:35:24 PM

March 27, 2017

RE: AHCCCS WAIVER PROPOSAL

As an actively practicing primary care physician in Arizona since 1989, I would like to state my opposition to the proposal to impose a 5-year lifetime AHCCCS enrollment limit on Arizona citizens.

This is a terrible idea. There are tens of thousands of hard-working, tax-paying Arizonans who would be denied health care, and be subject to the risk of unnecessary illness and death, due to this proposed policy. I will list for you a sampling of the types of self-employed hard-working citizens who intermittently qualify for AHCCCS currently in my practice:

- Construction workers
- Maintenance workers
- Landscaping workers
- Housekeeping workers
- Handymen / Home repair
- Professional musicians
- Professional artists
- Freelance writers
- Freelance computer programmers
- Tutors
- Property managers
- Personal caregivers
- Towing services

As you can see from this list, there are a lot of real people who work hard and pay taxes, but who have either very low incomes, or receive work opportunities on an intermittent basis. These people have families, children, grandchildren, parents, and other dependents. It is very easy to see that over a lifetime of approximately 45 years of employment, many of these people will require over 5 years of medical coverage due to lack of employer-based or ACA options. The proposal to limit coverage to 5 years denies needed medical care to deserving citizens, puts all of them and their dependents at risk of financial ruin with any illness. Also, the shunting of care away from primary care and into the emergency room, a well-documented effect of low rates of coverage, strains an already dysfunctional healthcare delivery system.

To: [Public Input](#)
Subject: SB 1092
Date: Monday, March 27, 2017 9:16:52 PM

I am writing to strongly oppose the proposed changes to Arizona's AHCCC guidelines. Very vulnerable populations will not be eligible for health care under the proposal, including adults who are caring for disabled children over the age of six, adults who are caring for adult relatives in the home, as well as individuals who face tremendous challenges in finding employment because of life circumstances (including those with a felony conviction or a history of drug use). I also believe that there should be no lifetime limit on qualifying individuals for receiving AHCCC. Without health care for the most vulnerable members of our society, we all suffer. As a matter of fiscal reality, we will pay more to care for sick people who were unable to access health care on a timely basis than it would cost to provide timely care for them.

Please adopt a more humane approach to health care for impoverished Arizonans.

To: [Public Input](#)
Subject: AHCCCS Comment
Date: Tuesday, March 28, 2017 8:05:47 AM

Following are my views on this matter.

I oppose life time limits on otherwise eligible individuals to receive Medicaid when they are personally unable physically or mentally to work.

I have no objection to work requirements provided that:

- o the determination of "Able-Bodied" be entrusted to an independent body for determination, not the State, and that there are requirements for reapplication.
- o that the work requirement include documented volunteer time with any charity registered with the State corporation commission.
- o that exceptions include existing standards for high school students, sole caregivers of children and those subject to long-term disability.
- o that exceptions be expanded to individuals
 - who are principle caretakers for elderly or disabled relatives requiring ongoing assistance for basic daily living needs,
 - individuals who have committed felonies but cannot find work, if they are not subject to additional arrests,
 - those individuals who are undergraduates in state universities or colleges, if they are working at least part-time. I think this exception is important because people with undergraduate degrees statistically will make much more money in their lifetimes than those without, and that will be a net benefit to society.

I appreciate the opportunity to provide my views.

P.S. I have my own private health insurance and am subject currently to Medicare. I still work at age 69 and believe paying my taxes is a duty. I don't think it benefits society for penalizing people or their families further when health or physical abilities prevent them from having normal lives.

To: [Public Input](#)
Subject: AZ SB 1092 is bad for Arizona
Date: Tuesday, March 28, 2017 6:53:58 AM

My husband and I ask the Centers for Medicare and Medicaid Services to reject this bill, as it will seriously undermine poor Arizonans' access to medical care by imposing lifetime limits and work requirements on Medicaid recipients. Populations that could be shut out of health care include adults who are caregivers for disabled children or elderly relatives, people with felony records who have served their time yet have trouble finding jobs and people living in rural areas. It will also result in more people seeking care in emergency rooms.

Thank you in advance for rejecting the state of Arizona's efforts to deny health care to some of Arizona's poorest residents.

To: [Public Input](#)
Subject: Comment on waiver sb1092
Date: Monday, March 27, 2017 11:20:01 PM

To whom it may concern,

I am writing to you because of the changes you wish to make to AHCCCS. My wife and I made the move out to Phoenix a year ago in January, immediately we had to get Medicaid. You see, she's a type 1 diabetic and constantly needs medical supplies.

Now her condition does not mean she cannot work because she does every day. Thing is now we make too much to get her on Medicaid, but instead we can get a \$6400 deductible insurance plan. This is something we can't afford. If I purchased my wife's medications for 1 months supply it would be \$1140, and our insurance premium is \$600. This is half of our totally monthly income before deductions.

With my income I can support our household, and my wife can receive the healthcare she needs with AHCCCS. This is something she absolutely has to have to live. I am running out of options in Arizona when it comes to the welfare of my family, if this changes to hurt my wife we'll be forced to find a new location. The last thing we want is to move again.

I propose a small tax on the income of any household that has Medicaid. I would gladly pay you to take care of my wife. The trade of money and labor is the best I can give you for her life. Being taxed higher would be easier to pay than the deductibles and premiums I'm being offered. Also Arizona would then receive a new funding base with revenue to be allocated accordingly.

In closing, my wife and I are not the only two in this. We as Arizonans need you, the trustees of our healthcare and liberty, to protect us and help us grow. I think I speak for many when I say that trading a small tax for healthcare would be beneficial for both Arizona and Arizonans alike.

To: [Public Input](#)
Subject: Comment on Work Requirement to receive AHCCCS
Date: Tuesday, March 28, 2017 9:32:13 AM

I am opposed to the five year limit on AHCCCS for able bodied adults. My reasoning has to do with what I have experienced with a Seriously Mentally Ill (SMI) member of my family and the DES requirement to work in order to receive Cash Assistance.

I was serving as a family advocate for my SMI relative after she moved to Tucson from another part of Arizona. She was enrolled with a behavioral health provider and had been designated SMI for years. When going to DES (ResCare) to receive cash assistance she was treated very poorly and when explaining her SMI disability to the worker the worker expressed to her that she too, the worker, "had anxiety issues " as if an SMI determination was strictly related to anxiety just like the worker herself had. My relative is a single parent with a 4 year-old and was told that she had to work 20 hours a week or she would not receive cash assistance. She was never told that there was a medical form that she could get completed by her psychiatrist in order to lower the work requirement or verify her SMI status. My family member was humiliated and felt like the worker put her down and assumed that she was just trying to get out of work. My family member left so upset she eventually ended up on additional medication and refused to return without support from me or a member of her behavioral health treatment team. After several visits and my advocacy, a paper completed by her psychiatrist and a top official of the behavioral health provider meeting with ResCare, my family member was finally given permission to work 10 hours a week in order to get cash assistance. My family member has had multiple psychotic episodes and is currently in the process of applying for SSI through the SOAR program.

After considering the way my family member was treated by ResCare and the horrible feeling she had even entering the job placement office after being treated so poorly, I can't imagine how every adult who walks in such a place will ever want to walk back in that door if they have any kind of issue at all. My family member was clearly designated SMI – how will people be treated that are not in that situation, or had drug problems – I can't imagine it. The power that those working in these positions have over people is tremendous and there has to be sensitivity to people and their positions in order to treat people as human beings. We are now going to not only have them treat people like this to get cash assistance but treat them like this to receive any healthcare.

I would never have disagreed with this plan if I had not just gone through this myself for a family member. I will not use my name as my last name is the same as my family member and I would not want to compromise her confidentiality but I do want you to consider who might be making these life threatening decisions of who is allowed to have health insurance and who not. Without multiple people expressing and verifying my families member SMI status, she

would not have been allowed to be on AHCCCS and would be denied if the current system were in place today. Not everyone has this kind of support she had (I am a strong advocate as you can imagine). She would be on the streets, in jail (as has happened in the past when she is not medicated) or dead under this new system if the same person was to see her and make the determination.

I appreciate the ability to comment. It truly is a matter of life or death and if a current SMI can clearly be turned down how many other deserving people will also be turned away. By the way, my relative is now working part-time in a Peer Support position and doing well, no thanks to ResCare.

To: [Public Input](#)
Subject: Comments on Waiver
Date: Tuesday, March 28, 2017 9:17:33 AM
Attachments: [image001.png](#)
[oledata.mso](#)

Among populations that could be shut out of health care if the restrictions were to be put in place are adults who are caregivers for disabled children or elderly relatives; people with felonies who have trouble finding jobs; and people living in rural areas, state officials were told.

Kicking people off of Medicaid because of the lifetime limit or work requirement will result in more uninsured people seeking care in emergency rooms, the critics said. Ultimately it would end up denying health care to some of Arizona's poorest residents, they argued. This will cause additional administrative costs to implement and verify employment, household composition and income every 6 months which will increase the costs of health care. When we limit those vulnerable population from access to health care we shift costs form the States to the emergency rooms in hospitals. AS we have seen in the past when people are denied access they do not access preventative services and wait until their health has deteriorated to the point of costly care.

Thank you for the opportunity to comment

To: [Public Input](#)
Subject: Sb1092
Date: Tuesday, March 28, 2017 7:59:04 AM

What happens to the people unable to qualify for disability but are still unable to Work?

If these people are throw off of ahcccs then where do they get health care?

Right now everyone is entitled to get some sort of health, I feel if someone does not have money to buy what is required by law they should continue to get ahcccs.

To: [Public Input](#)
Subject: work requirements for Medicaid
Date: Tuesday, March 28, 2017 6:46:42 AM

I urge you not to put work requirements and lifetime limits on people enrolling for Medicaid in Arizona. That would lock people into a cycle of poverty, hopelessness and despair. Life changes, economy changes, health changes, family changes, politics change, environments change. Most of these changes are beyond our control, even for those of us with resources and the ability to provide for ourselves. A disability, a child with extended needs, an elderly relative, a job that has dissolved should not condemn a person.

If you can't see the humane side of this then look at the financial side. You are not saving money, you are passing the charge on to others. Is this so different from what you are accusing others of?

To: [Public Input](#)
Subject: proposed ammendment
Date: Tuesday, March 28, 2017 12:22:50 PM

I am opposed to the proposed amendment to the Section 1115 Waiver to AHCCCS. A similar amendment was rejected in January by the Federal Center for Medicare and Medicaid Services. That is likely to happen again to this one.

To: [Public Input](#)
Subject: Public Input for Able-Bodies People to Work, Be Employed, Or in School
Date: Tuesday, March 28, 2017 12:52:31 PM

I think any able-bodied person receiving government assistance should be on a limited basis for AHCCCS. The government should require proof of employment, training, or school. The person receiving any AHCCCS benefits should perform community service to re-pay the taxpayers. Hours of repayment should be based on minimum wage as to the dollar amount they are receiving. People would feel less obligated and feel that they are compensating for the services they are receiving.

To: [Public Input](#)
Subject: putting work requirements and lifetime limits on Arizonans enrolled in Medicaid
Date: Tuesday, March 28, 2017 10:51:14 AM

As a public health professional, I must write against employment and "lifetime limits" for AHCCS. The last century has been a century of emerging epidemics: Lyme disease, hantavirus, HIV, zika, ebola, to name just a few. Although rarely discussed, sexually transmitted infections continue to flourish. A recent report notes TB cases have increased in the US for the first time in decades.

No infectious agent does an interview to determine if you are out of work, seeking work, or have exceeded "lifetime limits," or, conversely, are currently employed and have adequate health insurance. Rather the infectious agent thrives and spreads where immune barriers are weakened and potentially effective treatments are delayed. Obstacles to health care access for any Arizonan hurts all Arizonans and distracts from problems that could be better addressed elsewhere in regional systems, e.g., education, tax structure, business-friendly environments, business incubators, and other strategies to increase employment.

To: [Public Input](#)
Subject: Re sb1092 legislative directive waiver
Date: Tuesday, March 28, 2017 1:00:23 PM

As someone who has worked with the elderly, I oppose this directive limiting healthcare for our elders. What does this say about us? Do we not care if the health of our elders deteriorates to the point of death? Please do not do this heartless measure.

This measure will increase the number of uninsured and flood our emergency hospitals rooms. AHCCCS covers the health of 1.9 million Arizonans.

Thank you for your consideration,

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Tuesday, March 28, 2017 9:48:49 AM

To Whom It May Concern,

I am writing to oppose any attempt to put caps or limitations on AHCCCS benefits. The vicissitudes of life have left four family members dependent on these benefits to one degree or another. My sister is bipolar with schizoaffective disorder and has been on federal disability for many years--she cannot work; she depends upon AHCCCS. My brother has severe depression and anxiety disorder; the medications he has been on cause weight gain and he has developed diabetes. He is marginally employed, but could never earn enough to acquire health insurance; he receives benefits from AHCCCS. My 84-year-old mother has bipolar illness and also receives AHCCCS benefits, which increases her Social Security check from \$513 to \$637 per month (and as you can imagine, that money is desperately needed). My 92-year-old father served in the Navy during WWII and is a veteran of the Battle of Okinawa. He will today (fingers crossed) be moved from the VA to the Arizona State Veteran's Home, where he will be entirely dependent upon AHCCCS payments to keep him there, at least until his Aid and Attendance application is processed, which will take many months nor is approval assured. In the fullness of time, my mother will be able to join him there and may have to rely on AHCCCS payments, as well. My father is a proud man, and it was never his intention that his family should be dependent in this way, but life is what happens when you're making other plans. I cannot care for all of them myself and I can't possibly carry them financially; I'm just praying that the cards I'm dealt going forward will allow me to take care of myself.

My dad served his country in time of dire need and I am asking that you consider him and people like him--all those unable to care for themselves through no fault of their own--and instead of limiting AHCCCS, expand it to more people. Arizona's economy will be healthier in the long run and its citizens will be healthier and happier. Poverty is miserable and disruptive to democracy.

To: [Public Input](#)
Subject: comment on AHCCCS waiver proposal
Date: Tuesday, March 28, 2017 2:25:54 PM

To whom it may concern, I'm offering my comments on the renewal and proposed changes to AHCCCS or Access for Arizona.

I am strongly AGAINST work requirements and lifetime limits for applicants or participants. Nothing has changed since 2016, when the feds rejected these restrictions. Arizona is still a poor state with high unemployment and child poverty at 25%. We are 48th on the educational scale, and have a 25% high school dropout rate. These are shameful statistics that reflect badly on the Arizona state legislature, where laws are passed and policy is decided. Let's not add to our embarrassment by kicking poor people off of the only health care available.

We need to maintain access to AHCCCS for as many people as possible. A healthy population stays out of emergency rooms, and pays state and property taxes. A healthy child finishes high school and enters college or tech school, becoming a productive citizen and taxpayer, instead of a criminal or dependent. Maintaining AHCCCS is financially prudent, socially responsible, and sensible in every way. Let's not degenerate into religious or ideological fanaticism. Please do what is best for this state and our future.

To: [Public Input](#)
Subject: Do not impose waivers on AHCCCS
Date: Tuesday, March 28, 2017 3:28:42 PM

To the Office of Intergovernmental Relations

Please consider this email as part of the public response to the proposed waiver of AHCCCS that would place work requirements and a lifetime limit on AHCCCS beneficiaries. Our state has too many people in poverty who struggle to maintain steady employment. As a member, we need medical and behavioral health services that AHCCCS now provides to us. We should not be punished for being poor.

To: [Public Input](#)
Subject: Medicaid Enrollees
Date: Tuesday, March 28, 2017 6:26:20 PM

I am completely against proposals to place limitations on AHCCCS and/or Medicaid program. I live in Tucson and see homeless people in Pima County on the street corners daily. Many of these people have mental illness, are homeless, live in all weather elements. There is no way they can hold jobs because they do not have skills or even a place to shower and dress appropriately for work. There are people that live in the poorest conditions. If they lose medical benefits, they won't have medical coverage. This proposal is too ambiguous. It does not spell out Medicaid for Seniors or retirees. This proposal leaves too many unanswered loose ends. Not every person that needs help has children or a disability. To place these sanctions on those in need is discriminatory. What specifically constitutes "an able-bodied Arizonan? Because someone "looks" able-bodied doesn't mean they are. A lifetime limit is not only absurd but unrealistic. Animals get better care in this state than people do. Where has humanity gone to? Even dogs and cats have shelters but not homeless people, who by the way are not all diagnosed as mentally ill. This proposal to restrict and limit care will only cause MORE uninsured people, more ER visits, higher costs to tax payers and force elderly people to work after they've spent their lifetime working. I vote NO to your undermining and underhanded way to carve human beings out of health care. NO to this proposal.

To: [Public Input](#)
Subject: Proposed AHCCCS changes
Date: Tuesday, March 28, 2017 4:07:04 PM

This message was sent securely using ZixCorp.

I strongly disfavor the proposed SB1092's lifetime limits and employment requirements. This proposed change will dramatically increase cost to AHCCCS while worsening our Arizona residents' health, due to transfer of preventative and primary care to expensive emergency room and catastrophic inpatient care. Persons living in rural areas and areas with high unemployment would be unfairly shut out of healthcare, along with other vulnerable adults who would be unfairly denied health care.

To: [Public Input](#)
Subject: Section 1115 Waiver
Date: Tuesday, March 28, 2017 2:44:59 PM

March 28, 2017

Re: Section 1115 Waiver

I am respectfully requesting that you consider the following as you make decisions on the Section 1115 Waiver:

Serious Mental Illness Diagnosis

Please recognize the importance of providing AHCCCS medical coverage to people diagnosed with a Serious Mental Illness. While the proposal includes language as to “able bodied” that should protect SMI diagnosed people for the work mandate, it does not specifically call out coverage for those unfortunate people. We need language that clearly states that people who have a diagnosis of SMI are automatically covered by AHCCCS, in the absence of family/employer medical coverage.

Let’s be more humane than our current Social Security system! People with a documented diagnosis of Serious Mental Illness are routinely denied the meager assistance of SSI and are told that they are not disabled and should be working to support themselves, not applying for SSI or SSDI. Please don’t take away the very basics of medical care for these people as well.

Homelessness

Eliminating medical care for many people diagnosed as SMI will surely mean an increase in homelessness and further misery for those who are ill and do not have family who can (or will) help them. They do not want to be afflicted with the serious mental illness!!! The homeless population includes far too many veterans – those who served our country and are now discarded as unworthy of help.

Discrimination Against Childless Women

Another guideline or “rule” that increases costs and discriminates against some women is the quick approval of medical coverage for women who have children. While it is important that we provide medical care for children, it is not fair (nor logical cost-wise) to automatically also provide coverage for the mother of those children, while denying coverage for women who are childless. The childless woman may have made the responsible decision not to bring children into the world when she cannot provide for them.

Currently the message to women is clear: just have a child (or multiple children for increased benefits) and you will be eligible for assistance as well as medical coverage and other benefits. Please continue providing medical coverage for the children, but treat all women equally: cover women (and men), based upon their health, financial circumstances and ability to work, not simply because they have had children.

As a (finally) retired woman taxpayer, I do want our government make sound financial decisions and spend our tax dollars wisely. However, even more importantly, please make fair, long-term focused decisions.

I worked until I was 71, paying income taxes and social security. Now I am living on social security (no pension) and a very small IRA. Despite limited income, I also am continuing to support my SMI diagnosed adult child who is continually in jeopardy of losing just the basic medical coverage. There is no one else to help her!! Vested interest – yes; asking for logic and fairness – definitely yes!!

To: [Public Input](#)
Subject: senate bill 1092-changes
Date: Tuesday, March 28, 2017 1:42:39 PM

I am totally in favor of the states proposal to put work requirements and lifetime limits on Arizonans enrolled in Medicaid.
Thank you for listening.

To: [Public Input](#)
Subject: State proposal on Medicaid
Date: Tuesday, March 28, 2017 5:32:17 PM

I am writing to convey my *very strong opposition* to the state proposal to put work requirements and lifetime limits on Arizonans enrolled in Medicaid. I believe that SB 1092's proposed changes would have an extremely negative effect on adults who are caregivers for disabled children or elderly relatives; people with felony records who have trouble finding work; and people living in rural areas where job opportunities are few. Ultimately, such restrictions would deny health care to our poorest residents. This is unconscionable and shows a lack of compassion. I strongly hope that the Centers for Medicare & Medicaid Services reject Arizona's proposal.

To: [Public Input](#)
Subject: Comments
Date: Wednesday, March 29, 2017 6:34:59 AM

while the focus may be five year limits on able-bodied persons there are other issues that need addressing in my opinion as well. As far as the five year cap is concerned, I agree, those who can work, should be.

In addition, other thoughts.... Health care is not free, nor is anything else. To respect this fact, EVERYONE should have a co-pay to use health care. Even the poor. A co-pay means that people think about going to a doctor instead of just rushing to the health care system for attention.

I have one very good example in my life of a woman who completely abuses the ACHSS system in my opinion....she spends her life now going to doctors because she is qualified for ACHSS and after a lifetime of abusing her body with drugs and alcohol and no exercise, is sent for test after test after expensive test. There is no cure for what ails her and she has no 'governor' on her health care use. She has no job, and spends her conversational time telling everyone about the 'expensive' tests she gets on what seems like a weekly basis. The medical system is the attention she does not get elsewhere nor give to herself. A co-pay would be that 'governor' on her now new hobby, going to the doctor.....as would other incentives built into the system. Incentives like maintaining proper body weight, dietary and lifestyle changes. While hard to monitor exactly what people do, these issues need to be built in, and acknowledged. On one occasion, this woman went to the EMERGENCY ROOM for a cold sore in the corner of her mouth.

Co-pays can be designed to reflect income status, but a small copay for the poor is appropriate to make people realize they are consuming a product that has a COST!!! If this woman would have had to spend \$20 to go to the emergency room, she would have thought about it. \$10 to go to a doctor and \$15 for these tests.....how many would she choose then????????????????????????????????????

For those of us who have to pay big premiums and copays and in effect are paying for those like the woman I know who, in my opinion, abuse the system because it is 'free' this is frankly infuriating.

To: [Public Input](#)
Subject: Improving health statistics
Date: Tuesday, March 28, 2017 10:21:53 PM

AHCCCS is probably the best Medicaid program in the U.S.A., (one of the few ways we can be proud of Arizona.) However, what we really need is a better understanding of healthy living and of human psychology!

We are all exposed to germs in the air we breathe and the doorknobs we touch - because of the many people who have no health care or wellness education.

An improved Medicare for all in this country could do much to bring the average health statistics here up to the level of all other industrialized countries. When a federal government collects reasonable taxes in order to pay doctors and hospitals directly that is sensible health coverage and not socialized medicine. It saves money per capita to cover young people (who cost less, on average.) So Medicare for All would also improve our economy and cut down on paper work.

Thank you.

To: [Public Input](#)
Subject: Proposal to put work requirements and lifetime limits on medicaid
Date: Wednesday, March 29, 2017 2:01:21 AM

The proposal to put work requirements and lifetime limits on medicaid needs to be defeated.

This proposal dehumanizes, caregivers of children, disabled or the elderly, people living in rural areas, the poor, and people with felonies who have difficulty finding jobs.

This proposal is obscene.

I am against putting work requirements on health care.

I am against putting lifetime limits on health care.

Everyone should have health care.

We need to increase taxes to pay for it.

Period.

To: [Public Input](#)
Subject: Proposed Arizona Medicaid changes
Date: Tuesday, March 28, 2017 11:34:01 PM

To Whom it May Concern:

I am against changes in the administration of Arizona's Medicaid program that will deny people needed care because of factors outside their control. For instance, many young "able-bodied" people in Arizona cannot raise themselves up financially due to the poor quality of Arizona's under-funded public educational system. Vocational training is sparse and state support for post-secondary institutions is continually being cut. Despite repeated calls from state business leaders for a better-trained work force to fill modern business needs, the legislative majority and governor refuse to respond supportively. Does their devotion to no-tax ideology keep people from being sick or injured? Of course not! Yet their failure to support education does mean people can't earn enough to take care of their own medical needs. The mean-spirited and hypocritical restrictions embodied in SB 1092 should not be allowed to create additional hardships for Arizona citizens who are already barely getting by.

To: [Public Input](#)
Subject: RE: SB1092
Date: Tuesday, March 28, 2017 8:22:36 PM

To Whom it may concern:

I am asking AHCCCS not implement new requirements for "able-bodied adults" receiving Medicaid services. I do support efforts making AZ Medicaid efficient but suggest caution: those bumped off and have no coverage will be forced to use emergency services ultimately costing our state *more*.

I am "able-bodied" and self-employed but live with chronic illness that left me paying 90-105% of my monthly income to private health insurance before the AZ Medicaid expansion. I'm very thankful for this effective and well run program that benefits the health of Arizonans.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Wednesday, March 29, 2017 6:03:16 AM

I think every 'able-bodied' person SHOULD have to work or be in school to get assistance. I DO NOT think there should be ANY caps, once the person pulls their self out of poverty, with assistance, they will drop off the State Welfare rolls anyway. For some it will come sooner, others will take longer.

I want any Fed or State assistance to only go to US Citizens or LEGAL RESIDENTS! No more sanctuary cities, counties, or states! Every illegal should be reported promptly and removed from our state!

I ALSO WANT EVERYONE ON ANY FED OR STATE ASSISTANCE DRUG TESTED, **RANDOMLY**, TO REMAIN ON ASSISTANCE! IF THEY FAIL A DRUG TEST, IT SHOULD BE PERMANENT DISQUALIFICATION FROM ANY ASSISTANCE PROGRAM EXCEPT REHAB!

I ALSO THINK THAT MARIJUANA SHOULD BE EXCLUDED FROM THE DRUG TEST AND MADE LEGAL IN ARIZONA!

I am tired of my tax dollars supporting generations of welfare families.

To: [Public Input](#)
Subject: State Health Care
Date: Wednesday, March 29, 2017 6:39:02 AM

I agree with the proposed new restrictions for State Health care. I know of several able bodied persons on this program. Not fair!!
Please pass this

To: [Public Input](#)
Subject: ACCESS
Date: Wednesday, March 29, 2017 6:43:35 AM

Access to free healthcare is for the elderly and the disabled. It's about time people have to get off their butts and go to work and earn what they get . The tax payers of Arizona are all for Trump's bill.

To: [Public Input](#)
Subject: Changes in ahcccs
Date: Wednesday, March 29, 2017 7:04:47 AM

My son has ahcccs because he has been determined to have a serious mental illness. He does work, but he income is below the poverty level. The only way he has been able to get health insurance is through ahcccs. If there is a five year cap, he will have to go without insurance and medication.
Sent from my iPad

To: [Public Input](#)
Subject: DO NOT CHANGE AHCCCS PLEASE
Date: Wednesday, March 29, 2017 7:56:58 AM

Please do not take my health care! They say I am able body, But below the surface I have a lot of health complications.
I can not find a job, that I am able to do on a regular basis.
I am just touching the surface of all the hidden health issues.
And Im sure I am not the only person in Az that has these problems.

With out Mercy Care I would not go to the doctors at all... I would not be able to afford it.

Thank you

To: [Public Input](#)
Subject: SB1092
Date: Wednesday, March 29, 2017 6:55:07 AM

I work full time and my wife is able bodied but currently does not work. She takes care of our daughter full time and our daughter is thriving in terms of how smart she is. I do believe that all this time with her mother is crucial and she would not be as advanced if she was in a day care center which we cannot afford. If my wife got a job we'd lose access and have to pay for day care at the same time. I hope you consider situations like this before making s decision

To: [Public Input](#)
Subject: What does able bodied mean?
Date: Wednesday, March 29, 2017 7:01:10 AM

My concern about these changes>>who determines the able nosiness?? What happens to those who do not fit in either category? We should assure that all citizens are cared for

To: [Public Input](#)
Subject: access to healthcare
Date: Wednesday, March 29, 2017 8:30:11 AM

Everyone is unhappy about funding healthcare for some lazy slob who refuses to work and sits on his sofa playing video games. That said, none of us live in a bubble. That slob is behind me in the grocery line, takes books out of the library, goes to soccer games. If he is sick I want him to go to his primary care and get the treatment he needs. Making the emergency room his treatment of last resort endangers all of us and is the most costly solution.

To: [Public Input](#)
Subject: AHCCS changes
Date: Wednesday, March 29, 2017 7:57:17 AM

I believe AHCCS is on to something...try this.....

1. How about original 5 year cap ,

followed by ability to re-apply after one year with a 3 year cap?

Each of these need to be supplemented by an average 32 hr. Per week minimum wage income for at least one adult per every two adults over age 18 per household. Everyone can get some type of income if they try hard enough, as long as they are not mentally and / or physically disabled.

To: [Public Input](#)
Subject: Changes to AHCCCS
Date: Wednesday, March 29, 2017 8:20:35 AM

In my opinion, the proposed 5 year lifetime ban is absolutely abhorrently cruel. The role of government is to protect the safety and welfare of all of its citizens, regardless of situation, income, etc. PLEASE DO NOT ABANDON YOUR CITIZENS, ESPECIALLY THE LEAST AND MOST VULNERABLE AMONG THEM.

To: [Public Input](#)
Subject: Medicaid
Date: Wednesday, March 29, 2017 9:07:42 AM

My vote is that the legislature does not touch/modify medicaid as it stands today.

Thank you!

To: [Public Input](#)
Subject: AHCCCS
Date: Wednesday, March 29, 2017 10:52:55 AM

3/29/2017

AHCCCS
c/o Office of Intergovernmental Relations
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034
publicinput@azahcccs.gov

To Whom It May Concern:

I would like to share my concerns with the proposed requirements for “able-bodied” adults receiving Medicaid services.

1. I feel the immediate need to define the term “able-bodied”.

When determining this definition, it’s important to understand the cyclical nature of mental illness. One month an individual may meet the “able-bodied” requirement, followed by periods of acute symptom exacerbation.

2. I oppose the policy of requiring able-bodied adults to verify on a monthly basis compliance with the work requirements and any changes in family income. We also oppose the policy that would ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements.

I find this requirement to be burdensome and an administrative burden to both the claimant and AHCCCS. According to the Kaiser Family Foundation, we know that 79% of adult and child Medicaid enrollees in Arizona are in families with at least one worker. For parents struggling to make ends meet in low-paying jobs, imposing a monthly reporting requirement with the penalty of a year lock out period only makes the goal of climbing out of poverty that much more difficult. Many people are able to work because of the AHCCCS coverage that keeps their chronic and mental health conditions under control. Work requirements would likely end in a loss of health coverage, adding to our unemployment and poverty rate.

3. I oppose the proposed lifetime coverage limit of five years for able-bodied employees.

Individuals who experience poverty are at significantly greater risk of mental illness and individuals experiencing a mental illness often experience periods of wellness, interrupted by periods of severe illness. Imposing a five-year lifetime limit on AHCCCS eligibility contradicts what is known about disability, chronic disease and mental illness, and jeopardizes progress already gained by those covered by AHCCCS.

To: [Public Input](#)
Subject: Comment on Senate Bill 1092
Date: Wednesday, March 29, 2017 11:52:28 AM

I agree that "able-bodied" adults should be required to work, be going to school or be in a job training program to receive Medicaid. I agree with the exceptions and each case should be looked at carefully for eligibility. Adults gain a sense of pride when able to work! Some just need a hand up to gain education and job training.

I think it should be considered to have a tiered system of assistance. As applicants start to be employed, don't take away their assistance. Continue it to keep them at a living wage and slowly reduce the amount of assistance over the years as they are more able to support themselves.

Everyone really wants to work! Assistance programs tend to take away the dignity of those who need help the most. Let's change that philosophy from a "hand out" to a "hand up".

To: [Public Input](#)
Subject: Medicaid changes
Date: Wednesday, March 29, 2017 10:45:16 AM

To: AHCCCS

From: Teacher and taxpayer in public school system for 20 years; private school teacher for 15 years, now hospice worker.

I wish to voice my dissent for the possible Medicaid change to a five year limit. I have had Medicaid for over 5 years since I have become a religious order member and worker. I volunteer full time, 6 days a week for Soulistic Hospice. If my Medicaid is taken away I will have no way to pay for my medical bills for certain conditions that are not going to go away.

Please consider either taking away the 5 year limit or else making adjustments for those who have medical conditions that require frequent care, thank you.

To: [Public Input](#)
Subject: Objection to proposed eligibility requirements
Date: Wednesday, March 29, 2017 10:28:05 AM

I am writing to object to proposed changes in Medicaid eligibility in Arizona, which would place a five-year cap on coverage "able-bodied" adults in Arizona, as well as subject those using the system to more reporting requirements.

While the intent of these proposals is ostensibly cost-cutting, the potential benefit to Arizona taxpayers is expected to be very small. While marginal gains in savings may be warranted under some circumstances, they must be balanced against the costs and risks associated with them, which I believe are significant enough in this case to render the proposed benefit moot.

The risk associated with this proposal is that people who are underemployed or unemployed (potentially as a result of structural unemployment), employable, and seeking work will not be able to afford health insurance once the five-year cap has been reached. This is a serious problem if it renders these people unemployable later, and Arizona state finances will ultimately suffer from the loss of tax revenue.

Whatever other rationale may be provided for this proposal, I believe this is a financially unsound move for the State and ultimately unjustifiable. I believe it is also unfair to people who are under- or unemployed as a result of economic hardship, it will impose an unreasonable bureaucratic burden on the State which will directly harm those aforementioned, and I object wholeheartedly to its adoption.

To: [Public Input](#)
Subject: Opinion
Date: Wednesday, March 29, 2017 9:18:03 AM

Why you should hold people accountable; success story.

When I had my son at age 20, I was a student at the University of Arizona, and I had nothing. In these situations you do what you know you need to do. I knew I would graduate and provide a good life for my child, but getting to that point was extremely difficult.

I applied for benefits from D.E.S and was approved for everything; food stamps, cash assistance, ahcccs, and child care. Between my benefits and the financial aid I was receiving from school, I was able to rent an apartment. My son started attending the E.C.E. program at the Tucson Jewish Community Center. I knew I was giving him the best start I could.

In order to receive child care benefits I was required to both go to school and work. I was able to obtain an awesome work-study job in my field at school through my financial aid.

Because I was held accountable and persisted through an incredibly difficult situation, and because of the help I recieved from D.E.S. and financial aid, I was able to graduate from both the University of Arizona and Pima College.

I am now married and have a great job in my field that pays very well. I would encourage anyone recieving benefits to use it as an opportunity to get an education. If going to college or searching for work is a requirement for receiving benefits, then it will just make those people better and lead them to self sufficiency. I am proof of that!

To: [Public Input](#)
Subject: AHCCCS - Proposed Changes
Date: Wednesday, March 29, 2017 12:11:48 PM

To the Office of Intergovernmental Relations

This email is part of the public response to the proposed waiver of AHCCCS that would place work requirements and a lifetime limit on AHCCCS beneficiaries.

There are many people in Arizona in poverty who struggle to maintain steady employment. They need the medical and behavioral health services that AHCCCS now provides to them. They should not be punished for being poor or disabled. It is not simply a matter of "going out and finding a job". If they could they would.

To: [Public Input](#)
Subject: AHCCCS
Date: Wednesday, March 29, 2017 12:06:00 PM

I oppose the proposed changes to AHCCCS requirements. I especially oppose the 5 year cap. This provision is just arbitrary and does nothing for our state. We need to cover more people and not just randomly kick people off of coverage.

Thank you for your consideration.

To: [Public Input](#)
Subject: AHCCS proposed changes
Date: Wednesday, March 29, 2017 12:28:42 PM

I'm apposed to the changes proposed to the AHCCS for Arizona. There are many 'full able-bodied adults' who are caring for others who are 'not full able-bodied people' and as caregivers, they are very important and also need medical coverage and care. It is generally a very difficult job and when it is family there is generally no financial compensation for this very hard work. Do not mess with what we have because it is working and what is proposed will not work!

To: [Public Input](#)
Subject: Feedback
Date: Wednesday, March 29, 2017 12:00:31 PM

I am a single mother of 2 children, AHCCCS has been a GREAT help for us especially when Obamacare was proposed and passed. I work a full time job and try to maintain my family, but things get hard. I have been on AHCCCS for more than 5 years, since I was a child coming from a low income class family it is hard to keep afloat sometimes.

This is ridiculous and I hope it does not pass, many people that are on Medicare/AHCCCS are low income families that can barely make it on a day to day basis. Living paycheck to paycheck is hard enough, now imagine having your medical insurance cut or worse only having it for 5 years?

Who will benefit from these cuts? Not the PEOPLE, not the low income COMMUNITIES. The senate proposing this has obviously never been on the other side of the coin.

To: [Public Input](#)
Subject: SB 1092
Date: Wednesday, March 29, 2017 12:46:38 PM

Hello,

I am a private citizen and Arizona resident and I wanted to weigh in on the proposal to to implement new AHCCCS eligibility requirements for able-bodied adults per SB 1092.

I strongly disapprove of your plans to require all able-bodied adults to become employed or actively seek employment or attend school or a job training program; to verify on a monthly basis compliance with the work requirements and any changes in family income; and to limit lifetime coverage for all able-bodied adults to five years.

Caring for a child or other family responsibilities may prevent AHCCCS recipients from working or going to school. These adults will still require healthcare and their employment or training status should not be a prerequisite to receiving it.

Monthly verification of status is too burdensome and time-consuming. Quarterly or semi-annually makes more sense.

Limiting lifetime coverage is just ridiculous. What happens after the 5-year time period if these individuals are unable to afford private insurance or obtain a job that provides it?

Medicaid should be about providing access to healthcare for all those who are unable to obtain it due to income limitations. It should be a right, not a privilege for an arbitrary group of needy people.

I strongly encourage you to NOT put these requirements for AHCCCS coverage in place.

To: [Public Input](#)
Subject: Section 1115 Waiver
Date: Wednesday, March 29, 2017 12:34:46 PM

03/29/2017

AHCCCS
c/o Office of Intergovernmental Relations
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034
publicinput@azahcccs.gov

To Whom It May Concern:

I would like to share my concerns with the proposed requirements for “able-bodied” adults receiving Medicaid services.

1. I feel the immediate need to define the term “able-bodied”.

When determining this definition, it’s important to understand the cyclical nature of mental illness. One month an individual may meet the “able-bodied” requirement, followed by periods of acute symptom exacerbation.

Personal Story Here (if applicable).

2. I oppose the policy of requiring able-bodied adults to verify on a monthly basis compliance with the work requirements and any changes in family income. We also oppose the policy that would ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements.

I find this requirement to be burdensome and an administrative burden to both the claimant and AHCCCS. According to the Kaiser Family Foundation, we know that 79% of adult and child Medicaid enrollees in Arizona are in families with at least one worker. For parents struggling to make ends meet in low-paying jobs, imposing a monthly reporting requirement with the penalty of a year lock out period only makes the goal of climbing out of poverty that much more difficult. Many people are able to work because of the AHCCCS coverage that keeps their chronic and mental health conditions under control. Work requirements would likely end in a loss of health coverage, adding to our unemployment and poverty rate. As a person with Crohn's disease, this issue directly impacts me.

3. I oppose the proposed lifetime coverage limit of five years for able-bodied employees.

Individuals who experience poverty are at significantly greater risk of mental illness and individuals experiencing a mental illness often experience periods of wellness, interrupted by periods of severe illness. Imposing a five-year lifetime limit on AHCCCS eligibility contradicts what is known about disability, chronic disease and mental illness, and jeopardizes progress already gained by those covered by AHCCCS.

Thank you for the opportunity to comment.

To: [Public Input](#)
Subject: AHCCCS CHANGES
Date: Wednesday, March 29, 2017 1:25:51 PM

To my Arizona Legislators:

The proposed changes to AHCCCS will burden an already burdened portion of our fellow citizens and will drive up the overall costs of health care as they will be forced to seek emergency rooms and hospital stays. Would anyone of us be happy to live under that system?

Access to good preventative medicine is a right, not a privilege.
Anything less than that is a sin.

To: [Public Input](#)
Subject: Proposed Waiver
Date: Wednesday, March 29, 2017 1:00:49 PM

Dear Sir/Madam,

I am writing in response to the waiver proposal currently under consideration. I have several concerns with the proposal. First, I think that assisting people to find work or become employable is a worthy goal. However, I do not think that their ability to access health care should be dependent upon their work status. The proposal is unclear about how individuals who may be physically capable of working but have mental health issues will be treated. Second, requiring monthly updates as to income and work activity is unduly burdensome and would cost substantial sums of money to track. It simply makes no sense. Quarterly or every six months is sufficient. Finally, I disagree with the lifetime cap. In the present state of country, it is impossible to guarantee that someone who is in their 30s now will only need 5 years of AHCCCS for their lifetime. If you want to propose five consecutive years and then a serious review, that would make sense. A flat 5 years no matter what is unreasonable.

In short, stop trying to deprive people of healthcare. Do not limit AHCCCS because you think people are getting something for free. HEALTH CARE IS A BASIC HUMAN RIGHT. PROTECT IT.

To: [Public Input](#)
Subject: SUBMITTING MY COMMENTS ON THE WAIVER PROPOSAL REGARDING AHCCCS (MEDICAID)
Date: Wednesday, March 29, 2017 1:08:08 PM

Ladies and Gentlemen:

Please do not put five-year or lifetime limits or work requirements for AHCCCS and please do not ban enrollees for a year if they fail to report a change in family income or made false statements about their compliance with work requirements.

Please include coverage on non-disabled, working-age adults without dependent children.

Also please do not shut out of health care for adults who are caregivers for disabled children or elderly relatives, people with felonies who have trouble finding jobs, and people living in rural areas.

Denying AHCCCS (Medicaid) coverage would result in more uninsured people seeking care in expensive emergency rooms.

Anyone with compassion should make it possible for people who need medical care to be able to obtain it.

To: [Public Input](#)
Subject: Arizona Section 1115 Waiver Amendment Request -- OPPOSE
Date: Wednesday, March 29, 2017 1:52:00 PM

March 29, 2017

RE: Arizona Section 1115 Waiver Amendment Request
Senate Bill 1092 Arizona Legislative Directives

I have been a taxpaying citizen of Arizona for more than 35 years. I am OPPOSED to the proposed requirements making it more difficult for low-income people to get health care through AHCCCS.

These regulations would put additional burdens on Arizona's poorest citizens and end up denying them health care – or driving them to seek health care in emergency rooms, which ends up delivering only temporary care for them and making health care more expensive for all of us.

Levying additional requirements on so-called “able-bodied adults” in order for them to receive healthcare through AHCCCS will harm, not help them.

These proposed additional requirements appear designed to punish people, rather than help them.

I oppose the proposed changes, including:

1. The imposition of lifetime limits on eligibility for ACHHHS for able-bodied adults. If people need additional help, they need additional help. Current minimum wage laws are not enough to lift individuals and their families out of poverty. Making it harder for people to afford health care just makes it harder for people to work.
2. Requiring all “able-bodied adults” to become employed or actively seeking work, attending school or a job-training program. Some of those people may be taking care of children, disabled relatives or spouses or elderly spouses or relatives. Some may have chronic diseases that make it hard to keep a job or attend work or a job-training program. This hard rule will harm people, not help them.
3. Requiring able-bodied adults to verify on a monthly basis compliance with the work requirements and changes in family income – this is much too frequent. The current rule is, I think, annual verification – which is fine.
4. Banning people for a year if they fail to verify.

Huge numbers of jobs were lost in Arizona during the Great Recession, and many, many, many people had a hard time finding even part-time jobs. That is still true for many of our residents.

In terms of how the people and the government of the State of Arizona should treat the poorer and sicker residents of our state, I hope that each and everyone of us remembers – there , but for the grace of God, go I.

The government does not guarantee each of us a good-paying job and cannot guarantee us good health. However the government can and must provide for any and all of its citizens when they fall on financial hard times.

To: [Public Input](#)
Subject: Proposed changes to Medicare are wrong headed
Date: Wednesday, March 29, 2017 3:38:39 PM

Dear Sir or Madam:

The proposed changes to Arizona's Medicaid program are counter productive. Do we in Arizona want to raise our citizens up by providing vital health services to the less fortunate among us? Or do we want to pull the rug out from under people who are just getting by by ripping away a modicum of medical services?

The lifetime limit for Medicaid for able-bodied individuals is unrealistic. In these challenging economic times, one of our citizens at any time could descend into the ranks of the poor. Are you telling individuals to be poor for only five years? Do you think that people want to have little money and resources? With basic medical care, low-income Arizonans have one less strike against them as they seek to become employed and thriving, thereby benefiting our economy and their own families.

Rather than a "one size fits all" work requirement -- which is an undue burden for caregivers, single parents and many others -- why not provide more effective programs in job training? Why not adequately fund our public schools so that more students can graduate with the skill set needed for gainful employment?

The burdens on emergency rooms are well known. We've got to do better with making health care available before an illness turns into an emergency.

Arizona should not be satisfied with emulating a third world country that can't and won't take care of its own. How can our politicians brag about "Arizona Awesome," yet turn their backs on our neediest.

Thank you for this opportunity to comment. Please toss off the inflexible chains of ideology and tap into your heart and sense of decency.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Wednesday, March 29, 2017 1:43:50 PM

Senate Bill 1092 is cruel, unnecessary and counterproductive.

It doesn't make sense to have a work requirement for AHCCCS because most of the enrolled adults are already working. According to the Kaiser Family Foundation, here is the family work status of the nonelderly with Medicaid in Arizona in 2015:

At least 1 Full Time Worker = 66%

Part Time Workers = 13%

Non-workers = 21%

These percentages show that 4 out of 5 families on AHCCCS have adults who are working full or part time. These are the families that make up the "working poor", the ones that Medicaid was designed to help in addition to the elderly and the disabled. The non-workers are mostly those who are actively looking for work, retired, work outside the labor market as family caregivers or students, or are unable to work because of an illness or disability. The number of enrollees outside of these categories who are not working or not looking for work is very small.

Proposals that would terminate Medicaid for those who do not meet a work requirement would increase the ranks of the uninsured; nearly all who would lose coverage would not have any other affordable health insurance options. Those losing coverage could experience declining health that would make it even harder for them to look for work or get and keep a job. People who lose Medicaid coverage because they don't meet a work requirement will still get sick. They will still need medical care, but they won't have insurance coverage to pay for that care. Because they are low-income, they may not be able to pay for all the care they receive. Unpaid costs will fall on local governments, states, or health care providers as uncompensated or charity care. Eventually, those costs will be passed on to other consumers, raising health care costs for everyone.

Medicaid coverage can help individuals and families move out of poverty. Making sure low-income people have and can keep Medicaid coverage can be an important part of a strategy to help individuals and families stay healthy and move out of poverty. Medicaid coverage helps families afford needed medical care and avoid medical debt. It is associated with improved financial health and security, and Medicaid coverage can help people stay healthy so they can work. There are better ways to promote work among Medicaid enrollees. A more productive approach would be to connect Medicaid enrollees to voluntary programs that can build skills or assist in job placement. Studies have shown that programs that focus on job

training, education, and skills building are the most successful at helping individuals find and sustain employment. Voluntary programs have been shown to be very effective in connecting low-income individuals with work—and they don't involve the negative health consequences that come from terminating peoples' health coverage.

Limiting the number of years a person can receive AHCCCS benefits is just plain cruel and heartless. Why punish poor people and take away their healthcare? What is that supposed to prove? I'm embarrassed and disgusted that the state of Arizona would even consider doing such a thing.

To: [Public Input](#)
Subject: Against section 1115 waiver in Arizona
Date: Wednesday, March 29, 2017 3:55:06 PM

Wednesday, March 28, 2017

AHCCCS
c/o Office of Intergovernmental Relations
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034
publicinput@azahcccs.gov

To Whom It May Concern:

I would like to share my concerns with the proposed requirements for “able-bodied” adults receiving Medicaid services.

1. I feel the immediate need to define the term “able-bodied”.

When determining this definition, it’s important to understand the cyclical nature of mental illness. One month an individual may meet the “able-bodied” requirement, followed by periods of acute symptom exacerbation.

2. I oppose the policy of requiring able-bodied adults to verify on a monthly basis compliance with the work requirements and any changes in family income. We also oppose the policy that would ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements.

I find this requirement to be burdensome and an administrative burden to both the claimant and AHCCCS. According to the Kaiser Family Foundation, we know that 79% of adult and child Medicaid enrollees in Arizona are in families with at least one worker. For parents struggling to make ends meet in low-paying jobs, imposing a monthly reporting requirement with the penalty of a year lock out period only makes the goal of climbing out of poverty that much more difficult. Many people are able to work because of the AHCCCS coverage that keeps their chronic and mental health conditions under control. Work requirements would likely end in a loss of health coverage, adding to our unemployment and poverty rate.

3. I oppose the proposed lifetime coverage limit of five years for able-bodied employees.

Individuals who experience poverty are at significantly greater risk of mental illness and individuals experiencing a mental illness often experience periods of wellness, interrupted by periods of severe illness. Imposing a five-year lifetime limit on AHCCCS eligibility contradicts what is known about disability, chronic disease and mental illness, and jeopardizes progress already gained by those covered by AHCCCS.

To: [Public Input](#)
Subject: AHCCCS
Date: Wednesday, March 29, 2017 4:09:39 PM

03/29/2017

c/o Office of Intergovernmental Relations
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034

To Whom It May Concern:

I would like to share my concerns with the proposed requirements for “able-bodied” adults receiving Medicaid services.

1. I feel the immediate need to define the term “able-bodied”.
When determining this definition, it’s important to understand the cyclical nature of mental illness. One month an individual may meet the “able-bodied” requirement, followed by periods of acute symptom exacerbation.

Personal Story Here (if applicable).

2. I oppose the policy of requiring able-bodied adults to verify on a monthly basis compliance with the work requirements and any changes in family income. We also oppose the policy that would ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements.

I find this requirement to be burdensome and an administrative burden to both the claimant and AHCCCS. According to the Kaiser Family Foundation, we know that 79% of adult and child Medicaid enrollees in Arizona are in families with at least one worker. For parents struggling to make ends meet in low-paying jobs, imposing a monthly reporting requirement with the penalty of a year lock out period only makes the goal of climbing out of poverty that much more difficult. Many people are able to work because of the AHCCCS coverage that keeps their chronic and mental health conditions under control. Work requirements would likely end in a loss of health coverage, adding to our unemployment and poverty rate.

Personal Story Here (if applicable).

3. I oppose the proposed lifetime coverage limit of five years for able bodied employees.

Individuals who experience poverty are at significantly greater risk of mental illness and individuals experiencing a mental illness often experience periods of wellness, interrupted by periods of severe illness. Imposing a five-year lifetime limit on AHCCCS eligibility contradicts what is known about disability, chronic disease and mental illness, and jeopardizes progress already gained by those covered by AHCCCS.

To: [Public Input](#)
Subject: Proposed AHCCCS
Date: Wednesday, March 29, 2017 4:35:17 PM

I am a registered voter in Sierra Vista. I strongly oppose the proposed changes to AHCCCS. Arizona is better than this.

To: [Public Input](#)
Subject: sb-1092
Date: Wednesday, March 29, 2017 4:16:47 PM

if able bodied people are able to find work or are going to school, or are working poor the state should in no way put a life time limit on their ability to have medical help in Arizona. also requiring such residents to report every month is the most stupid waste of taxpayer dollars and a ridiculously amount of hardship on Arizonans to make time to report every month when they need to be in school or at their job. I can tell already that this will lead to more forms and more inclusiveness into peoples lives and nothing more than a state governed nightmare on the working poor citizens of Arizona. for all those who supported this legislation shame on you

To: [Public Input](#)
Subject: About Proposed changes to Arizona Health Care Cost Containment System, AHCCCS
Date: Wednesday, March 29, 2017 5:13:53 PM

I am writing to urge you to PLEASE do not put the 5 year lifetime limit on AHCCCS. We are eternally grateful for the help from AHCCCS which has been a lifesaver for a chronic health condition that requires long term medical follow up treatment. Without AHCCCS we would not be able to get affordable and necessary coverage. And the loss of AHCCCS would result in certain death without access to continued medical care and lifesaving medications. AHCCCS has meant the difference between being able to be a productive human being and death. If there was a lifetime limit where this coverage would be stopped when the limit is reached, that would be a death sentence. We have not always been recipients of Medicaid, but due to a series of unfortunate events at a very bad time, we are so thankful for help from AHCCCS and the hope it has given us. Please take this into consideration and do not put a lifetime limit on AHCCCS recipients.

Thank you for taking the time to read this.

To: [Public Input](#)
Subject: SB 1092 Legislative Directive Waiver Proposal
Date: Wednesday, March 29, 2017 5:01:19 PM

I am writing to voice my concern and opposition for this proposal. Specifically, how will able-bodied low-income mothers or fathers be supported if they are the sole caretaker for their children or disabled family member?

Will parents who are "working" as stay-at-home mothers/fathers be forced to gain additional employment or else be kicked off Medicaid? Taking care of children is a JOB, and an expensive one if you have to pay for it.

Is there financial support with this legislation to put children in safe and regulated child-care so the parent can go to other jobs?

It does not help our economy to kick full-time caretakers off of healthcare, or make them choose between their own health and the safety of their children. There are too many horror stories of children put in unsafe care situations because their parents had no affordable child care alternative.

This legislation MUST protect families, not punish parents and care-takers.

I pay over \$800 a MONTH for my child to attend full-time day care, and I am lucky I make an good income to be able to do so. Most citizens seem to be unaware of how expensive even the cheapest licensed daycare is (I've never seen less than \$700/month for infants). Throwing able-bodied caretakers off healthcare stands to put children and families at risk, and therefore I strongly oppose this legislation that stands to do more long term harm than good.

To: [Public Input](#)
Subject: Changes To Access
Date: Wednesday, March 29, 2017 5:32:06 PM

I do not agree with the proposed changes to Ahcccs health care regarding the five year maximum term coverage.

Some people with chronic debilitation conditions are not able to work and pay for insurance, as they are either on disability incomes or working in low paying jobs that they may only be able to perform on a part-time basis.

I believe limiting a person to Ahcccs health care for no more than five years is unfair to the citizens in need of that care and Arizona needs consider the long term health of it's citizens, not to be determine by a calendar, but by a condition.

Thank you.

To: [Public Input](#)
Subject: proposed AHCCCS changes
Date: Wednesday, March 29, 2017 5:20:31 PM

- Since the federal government covers most of the cost of Medicaid making the work requirement and lifetime limit changes would not save the state of Arizona significant amounts of money.
- It makes sense NOT to make these changes. Arizona has developed a reputation of being mean spirited in its dealings with its residents. Adding work requirements and lifetime limits would add credence to the reputation of mean spiritedness.
- Instead of putting limits on insurance coverage why not offer the same insurance coverage to all citizens. All citizens would like to have the same coverage as the lawmakers of our land and state are provided at taxpayer expense.
- As a result of denying insurance coverage to low income citizens of Arizona, medical facilities in the state will have many more nonpaying patients, and the citizens of Arizona will pay these bills in higher costs for treatment.
- Not only should Medicaid continue to cover medical needs, but should include comprehensive dental and eyecare for all patients enrolled in the program.
- It is important for all citizens to be treated with dignity and respect. Taking away benefits or denying benefits because they were not born with the advantages that most of the decision makers were born with is inhumane and mean spirited. We need to be a state with the reputation of being fair-minded, compassionate, and concerned for the welfare of all of its citizens.

NO TO WORK REQUIREMENT AND LIFETIME LIMITS
YES TO HUMANE, COMPASSIONATE CARE FOR ALL

CITIZENS

To: [Public Input](#)
Subject: Medicaid services
Date: Wednesday, March 29, 2017 6:27:16 PM

The draconian restrictions on Medicaid/AHCCCS applicants are counterproductive. They will end up costing taxpayers more, as these citizens have only expensive emergency room care available. Preventive and early intervention care is much less costly. Also healthy people are more employable, making them taxpayers. Making applications more difficult is also not only cruel but increases administrative costs.

Certainly do not put a limit on years of care! Do you think diabetes or asthma is going away in a certain number of years? Many chronic diseases last a lifetime, but if treated well, can keep the patient productive.

Penny wise and pound foolish to make any of these negative changes—and I doubt the penny wise part!

To: [Public Input](#)
Subject: Waiver proposal re Medicaid beneficiaries SB 1092
Date: Wednesday, March 29, 2017 6:37:21 PM

To Arizona State Government:

I oppose Arizona's effort to obtain a waiver requiring that "able-bodied" Medicaid beneficiaries work to be eligible for benefits. This assumes that there would be a substantial number of beneficiaries who may be "gaming the system," as is said. Let me tell you about my step brother.

He came to live with and take care of our 90+ year-old father when his mother died in 2014. He left his life and job in California to become a full-time family caregiver, as do so many people. As such, he has become a participant in what may be called the informal economy of family caregiving.

I encouraged him first to apply for health insurance under the Affordable Care Act, but his situation seemed too complicated to pursue coverage there. I then encouraged him to apply for Medicaid. He resisted, and I couldn't figure out why. Finally he told me he had never taken any kind of government assistance and did not want to do so. He continues to be without health insurance.

I share this story as a rebuttal to the notion that there are lots of able-bodied folks out there who could be working in traditional jobs but are not doing so in order to qualify for Medicaid. There are many people in situations like my step-brother's, who may or may not be on Medicaid. In his particular case, he chose not to even apply for coverage, due to his principles.

To: [Public Input](#)
Subject: Waiver proposal
Date: Wednesday, March 29, 2017 6:46:54 PM

Dear

Please do not accept the Arizona AHCCCS (Medicaid) waiver proposal to enact strict(er) work requirements, lifetime limits, and one-year bans for those who might not fully comply with reporting requirements. This would hurt the people who need help the most, and in the long run cost all citizens more. Medicaid is an important lifeboat for those among us who are in the most dire of financial situations. It is hard for many to try to understand the many difficulties these fellow citizens face and rather than making a system of getting healthcare harder, we should make it easier.

While there may be the very few who take advantage of the system, as a business person I recognize that "the cost of doing business" in any system unfortunately includes paying for some waste. Rather than taking a sledgehammer to the system and hurting many innocent beneficiaries, other more targeted approaches to minimizing these situations can be implemented.

Many philosophies adhere to some version of societies being judged by how they treat the most vulnerable among them, we are a nation that is, relative to most of the world, resource rich and we should be willing to give a hand, for however long it is needed to the most needy among us.

To: [Public Input](#)
Subject: Acchs proposal
Date: Wednesday, March 29, 2017 6:49:26 PM

This proposal will only add more bureaucratic mess, confusion, and paperwork to the system. It seems these types of attempts at changing the system are always based on the belief that people are cheating. Perhaps some are, but most are not and need the help and compassion devoid in these proposals. The larger bureaucracy required to implement and maintain this legislation will not be cost effective, will require years of mixed up attempts at certifying applicants. Besides depriving most of the people who apply for it, of the necessary care they need and deserve to have in America, it is too expensive to enact and implement. This is a useless, near-sighted idea by politicians with only mediocre vision and creativity. Run this idea through a brain trust first and get a better idea.

To: [Public Input](#)
Subject: Support!!
Date: Wednesday, March 29, 2017 7:59:54 PM

I totally support the changes that President Trump would like to make to AHCCCS!

To: [Public Input](#)
Subject: ahcccs
Date: Wednesday, March 29, 2017 9:07:06 PM

I am very much against lifetime limits for ahcccs health insurance. I am disabled and without this help I would have to choose between my 12 medications and food. I am also against work requirements.

To: [Public Input](#)
Subject: ahcccs proposed changes
Date: Wednesday, March 29, 2017 9:11:24 PM

I am very much opposed to lifetime limits on ahcccs. People do not suddenly stop being poor or disabled after 5 years.

To: [Public Input](#)
Subject: lifetime limits for ahcccs health insurance
Date: Wednesday, March 29, 2017 9:14:48 PM

Please do not enact lifetime limits for medicaid. Too many people (including children) would be hurt.

To: [Public Input](#)
Subject: Accountability for ahcccs users
Date: Wednesday, March 29, 2017 9:27:52 PM

As a tax payer In a higher tax bracket I am pleased and relieved that changes will Be made. There are folks out there taking advantage of our tax payers (48%). The first folks we need to take off are the illegals and folks hiding their full income. Some are on ahcccs and living in million dollar homes. Enough is enough I can barley afford our out of pocket insurance along with what already comes out of my paycheck.

To: [Public Input](#)
Subject: AHCCS
Date: Wednesday, March 29, 2017 9:54:29 PM

Please do not cut back on providing AHCCS services. I have an adult child who needs medical services. He would be without medical care if you change the guidelines already in place.
Thank you.

To: [Public Input; bruce plenk](#)
Subject: Comments on Arizona's request for Section 1115 Waiver
Date: Wednesday, March 29, 2017 10:07:59 AM

Ladies and Gentlemen:

Please accept these comments on Arizona's proposed Medicaid waiver request.

1-Five year lifetime limit: This should be rejected as incompatible with the reality of health insurance in our state, as well as the nation as a whole. When low income Arizonans need health care assistance from AHCCCS, it often reflects a lack of health coverage from employers or an inability to access other health insurance coverage. There is no fair and reasonable way that any Arizonan could predict how many years of assistance they might need in their lifetime. Such a limit is unfair, inhumane, and not based on reality. This was correctly rejected by CMS as undermining access to care. Nothing has changed in that regard.

2-Work or training requirement: This provision should also be rejected as incompatible with the primary purpose of Medicaid and AHCCCS: providing health care to low-income Arizonans. AHCCCS is not a job training program. Such a requirement for "able-bodied" recipients should not be a part of a health insurance program. This requirement merely makes getting needed health care more difficult.

3-One year ban for reporting violations. This is another bad example of a "one-size does not fit anyone" requirement. Failing to report changes in income or work requirements may in some circumstances justify temporary exclusion from the program, but this will likely only result in more emergency room visits, since necessary health care is just that-necessary. Hiring additional staff to monitor details of alleged income misreporting and excluding some otherwise eligible Arizonans from AHCCCS will only make our state healthier. This provision should be deleted!

4-Monthly reporting regarding income and work compliance. This is also unnecessary and unacceptable, except for those who favor a larger state bureaucracy of bean counters. Monthly reporting is simply an unnecessary burden on AHCCCS recipients as well as on AHCCCS staff. Using valuable staff time (hiring freeze prevents staff expansion) to review thousands of monthly reporting forms is a total waste of resources. Reporting at 6 month intervals or annually or in the event of substantial changes should be satisfactory. Providing the health benefits which would make Arizona, especially our kids, healthier should be the focus of the program, not paper pushing. Reject this.

Each of these proposals is unnecessary, punitive, unrelated to providing needed health care and likely to restrict the availability of reasonable health care. We should all be working to improve the overall health of ALL citizens of our state, not using bureaucratic shields to hurt parts of our population who need help getting needed medical attention.

To: [Public Input](#)
Subject: comment of AZ Senate Bill 1092
Date: Wednesday, March 29, 2017 9:57:43 AM

I am absolutely in favor of a strict limit on the time an able-bodied individual may be enrolled.

Further, able-bodied enrollees should be employed, actually looking for work (not just pretending to), or a full time student. In some cases, an individual in a bona-fide job training program would fill that requirement.

I am personally acquainted with two people who receive benefits under (AZ) AHCCCS claiming to be disabled. One is a very good tennis player and the other is a part-time hunting guide, fully capable of walking 8-10 miles in a day.

Anyone applying for AHCCCS who makes false claims about a disability or stipulated work requirements should be barred from receiving benefits for a period of FIVE years.

***I am a registered voter and I vote.
thank you for your time,***

To: [Public Input](#)
Subject: SB1092 comment
Date: Wednesday, March 29, 2017 9:41:39 AM

Hello, I am employed by a company that provides mental health services to AHCCCS members. Imposing a 5 year limit on AHCCCS eligibility and requiring members to be working seems punitive and counterproductive and could imperil thousands of jobs all over the state of Arizona in the healthcare sector (hospitals, doctors' offices, mental health agencies, substance abuse treatment providers). Arizonans have made it clear, time and again through voter initiatives, that we want our population to have insurance and access to medical treatment. This improves not only the lives of those on AHCCCS, but improves the well being of our communities and our state.

I am emphatically AGAINST the changes being requested in the SB1092 proposal and feel that the state should not be requesting any such waiver from Health and Human Services.

To: [Public Input](#)
Subject: changes to AHCCCS
Date: Wednesday, March 29, 2017 8:34:49 AM

I would not support changes to AHCCCS regarding the 5-year limit as I am afraid my son would not be covered. He is a healthy male with the exception of his mental illness: he has been identified as SMI by the State of Arizona.

I want to also recommend that the state find a different provider for mental illness treatment. The current provider rewards its doctors/prescribers for not prescribing certain medicines - we have been told that "off the record" several times. Unfortunately, these are medicines that work for my son. We worked with doctors for over three years to find the right combination of medicines, and now we are told they will no longer be prescribing them. Sad, very sad.

Also, he no longer has a doctor he can talk to face-to-face. We have been told by La Frontera that those doctors are reserved for court ordered patients. So, because my son has his act together he only gets to see a doctor via tele-conferencing. He has no opportunity to develop a relationship with the doctor, nor the doctor with him. Especially with mental illness, it is important to form these relationships so patients feel more comfortable talking about their issues. Unfortunately, with doctors being changed on him and now the tele-conferencing set up, he feels lost. (Yes, we have talked with his case worker and told, we have no choice.)

I understand it is all about money; I work at Pima Community College and although we are a state school, we get no state funding. (Just us and Maricopa CC have been singled out; UA, ASU, NAU getting funding with increases, and other CC get funding...makes you wonder. Community Colleges are a platform that allows low income, first generation students, at-risk students to be successful in college, whether they go on to a 4-year school or go directly into employment.)

To: [Public Input](#)
Subject: Medicaid changes.
Date: Wednesday, March 29, 2017 8:01:10 AM

Please do no implement changes. The new regulations would bring hardship to many people.

To: [Public Input](#)
Subject: Death of Us Medicare Recipients for the saving of a few bucks...Plus this equals loss of medical jobs....
Date: Wednesday, March 29, 2017 7:57:51 AM

My name is _____ and I'm a PTSD survivor at this moment...This can change at any time and can depend on medical treatment and medications... Some of us can not work and some can but the difference in opinion on who can and can't can make a huge difference and if anyone gets this opinion wrong then we could die. If our depression medicine is cut off which we cannot pay for even rent and electric utilities in the same pay check usually and with the cost of everything going up the cost of depression medication will not be obtainable and the outcome will be grave....I know so many people that will just basically lay down and die. They have been told to trust and take a medication that will make them better...Some of them court ordered to do so and this medicine makes you essentially addicted from the fear of not having just one does will make you have a massive list of withdraw symptoms worse than heroin or opiate withdraw. I would rather have opiate withdraw then to withdraw from the following medications and some would be deadly to all of which who take them and most people do not know who would be taking these medications and that the withdrawal would be so detrimental to ones health and how normal of a medication it is for almost 79% of Americans with health issues and or behavioral health issues would be taking. The following medications are; Effexor ER, Effexor, Pristiq, Wellbutrin mixed often prescribed with another medication that causes the same symptoms of withdraw as both Effexor and Pristiq..., lorazepam, Clonazepam, Xanax, Valium, and other drugs like Lithium or Prozac or Depacote. These medications are commonly prescribed and can help out tremendously and save lives with constant contact with a doctor and behavioral health counselors. They also save lives of families and the public. If there were more outbursts from the insane out there or people that are boarder line crazy enough to have road road rage and flip out and shoot someone or get fired and go postal as they say or a entire list of other issues from them having bipolar disorder and or schizophrenia or other disorders that can be hazards to ones health and to the public for the normal issues we face in life that drive one to flip out and commit these horrific acts. People that are medicated on these drugs are for a reason and some of these people are not fully let's say diagnosed with disorders but the limited medication they are on allows them to work and function and the second you take that away or even make them think they are going to loose it then the fear and anxiety already start going up and increase the issues we may face. Ask the call centers about how mean and violent and crazy people are on the phone with cancelled appointments and missed transportation to doctors appointments... This is the only thing holding these people inside their home away from the public with their internalize scary thoughts...We should all be seeing the deaths caused by the mass shooter who shot Gabby Gifford's and I do not say his name. I will not say his name but look at him...He was sick...They knew it and if he was on medication and being examined then he might not have flipped out but since he was not and he was boarder line then he would have been someone you guys would have said can hold a job and function and the day you gave him these sometimes horrible meds and then "made us better" then you go and take them away making a new list of problems then you are going to cause mass casualty in our state....Mass amounts of people who are boarder line crazy and the only reason why they aren't is because someone I'll equipped to make the decision says they are not "SMI" or "Mentally Ill" and then they have to appeal and appeal in order to actual have their medical diagnosis be set as they are crazy. You almost have to hurt someone and go off in public to be called crazy and marked as crazy and now you guys are going to pull the mental health away from people....Talk about stupid. It's funny that the police now are trying to send people to CrC for drugs and for calls about people that are having issues vs taking

them to jail and mental health is the reason why they are having a bad day and being called on to the police and so the police officers are trying to take them there first to get them help from what makes them reach out for attention or get them into a physical altercation or in this scary predicament they are in... Might be drugs.... Anyhow why does it matter if they cannot afford the help and you put them on a medication that when one dose is missed then they are made to feel mentally unstable and homicidal and suicidal. When you are taken to the CRC or hospital for mental health or a problem with mental health medication they ask you every time if you want to hurt anyone else or your self.... The doctors number one determination of that visit and mandatory evidence needed professional diagnosis of is whether or not the patient is a danger to themselves or the public. If you do make this decision you will be making the public at risk and the mentally ill a danger in mass quantities for a long time. It sometimes took years to get these people on the right medication and the right dose and the right treatment plan with the right doctors at the right facility and even now it's almost impossible to get an appointment for a missed dose or a refill early or if your having a reaction then you will be screwed and let alone watch the free health Care being taken away and watch how long it screws up the treatment plan for every patient that was making progress and getting the long overdue help... Sometimes people needed the help for years and we're stealing and robbing and hurting to self medicate and finally they are in a treatment program and off drugs and trying to just survive but are not deemed mentally unstable and you guys take away the insurance.... Well guess what he's gonna do.... He's going to rob cheat and hurt and not care because he will know that no one cares and his only reliable way it feeling mentally better is in his hands and that all he is is judged and lied too and treated like a number and that illegals can get free medical treatment and an American can't and other irrational thoughts into how the world is out to get him and now you have this guy and thousands of others like him egged on and basically huddling at bust stops all over town and each pissed off and building on each other's anger and the problems will get worse and worse and worse and all to save a dollar.... The issue is not how to save a buck because with saving a buck you will cut jobs and cut costs and essentially shouldn't have been in business in the first place. The idea of any business like the local businesses that say they have to fire employees because the wage increase.... No! Wrong answer!!! When you have to increase pay you increase sales to increase and cover the pay and profit margins. The thought of cutting costs and firing is stupidity. The goal in business is to grow and to eventually pay yourself and shareholders and employees more money.... The idea is to become bigger or sustain and make more profit and maintain profitability and steadily grow with the demographics. The scared man's cut and run tactics of wage increase equals fire people and cut hours operation and this is how you loose your ass in business. The procedure is to lower the profits from each item and increase traffic with the lower prices and this will increase volume and hence you will need to be open longer hours to provide for your customers needs and wants and work on productivity not firing. The insurance game needs to look at what its paying for in hospitals. Do not let them raise the cost of a Band-Aid to account for the 10 Band-Aids prior the people without insurance didn't pay for... Make the price right and make the price of the illegals and non payers a separate line item like a write off. Then figure out a way to pay for it another way. Steadily increasing the cost of a band aids to cover the cost of each one you had taken without payment and everyday another one is taken and not paid for then we need a new system.

I have to take medicine everyday that I eill die for sure or have to go to the hospital everyday for medicine that is expensive and I'll die for sure if I don't. I also have PTSD and I'm not smi even though I have filed for it and should be smi but some idiot assumed I'm not and I should be and have no reasn not to be either disabled or getting medical all the time asill die if I don't have certain meds that I cannot afford over the countertop as it's over a few dollars a pill. But luckily insurance keeps me alive.... Thank God cause I cannot thank the government Because

the stress me.out and cause some.of my mental stress and phobia and anguish due to the sad rich get richer and poor should go away and die attitude they seem to have.

Please let me speak to someone who is high enough up in the ladder there to make a public statement actual be heard and matter. Most of us feel this same way and to have someone who makes thousands of dollars a year tell us who make less than a thousand a year tell us we don't need our insurance and we can work....They need to hear our voice. How does a guy that's33 make less than that per year and have to fear loosing his insurance.

To: [Public Input](#)
Subject: Against proposed Changes to AHCCCS
Date: Wednesday, March 29, 2017 6:31:37 AM

I agree we need to get people off assistance that are just being lazy but in the economy we have today, limits are not reasonable. I believe the work program should be tied to the money given and not connected to health care.

That way the under educated, disabled and elderly have a way to prove they are not able to work. Some disabilities can not be seen and too many people do not realize this. Many are not mentally able to comply with these directives and fall through the cracks. These programs have been tried before and they have failed for various reasons.

We don't need more people dying from lack of care or homelessness. It is embarrassing as a nation. I never thought I would be ashamed of my nation but at 55 when I talk to people around the world, that is exactly how I feel. We don't care for our people. A nation can not be strong if it is not healthy and well educated. We are failing on both counts.

To: [Public Input](#)
Subject: AHCCCS Absolutely Must Be Kept
Date: Thursday, March 23, 2017 5:35:37 PM

Low income people absolutely need AHCCCS health care. My daughter is schizoaffective (bipolar and hears voices). She is also learning disabled and cannot work. Having health care for doctors and medication is vital!

Cut tax loopholes for the wealthy to save money for AHCCCS.

To: [Public Input](#)
Subject: Section 1115 Waiver - Public Comment
Date: Wednesday, March 22, 2017 11:00:06 AM

March 22, 2017

AHCCCS
c/o Office of Intergovernmental Relations
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034
publicinput@azahcccs.gov

To Whom It May Concern:

I would like to share my concerns with the proposed requirements for “able-bodied” adults receiving Medicaid services.

1. I feel the immediate need to define the term “able-bodied”.

When determining this definition, it’s important to understand the cyclical nature of mental illness. One month an individual may meet the “able-bodied” requirement, followed by periods of acute symptom exacerbation.

2. I oppose the policy of requiring able-bodied adults to verify on a monthly basis compliance with the work requirements and any changes in family income. We also oppose the policy that would ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements.

I find this requirement to be burdensome and an administrative burden to both the claimant and AHCCCS. According to the Kaiser Family Foundation, we know that 79% of adult and child Medicaid enrollees in Arizona are in families with at least one worker. For parents struggling to make ends meet in low-paying jobs, imposing a monthly reporting requirement with the penalty of a year lock out period only makes the goal of climbing out of poverty that much more difficult. Many people are able to work because of the AHCCCS coverage that keeps their chronic and mental health conditions under control. Work requirements would likely end in a loss of health coverage, adding to our unemployment and poverty rate.

3. I oppose the proposed lifetime coverage limit of five years for able bodied employees.

Individuals who experience poverty are at significantly greater risk of mental illness and individuals experiencing a mental illness often experience periods of wellness, interrupted by periods of severe illness. Imposing a five-year lifetime limit on AHCCCS eligibility contradicts what is known about disability, chronic disease and mental illness, and jeopardizes progress already gained by those covered by AHCCCS.

3/21/2017

AHCCCS

c/o Office of Intergovernmental Relations
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034
publicinput@azahcccs.gov

To Whom It May Concern:

I would like to share my concerns with the proposed requirements for “able-bodied” adults receiving Medicaid services.

1. I feel the immediate need to define the term “able-bodied”.

When determining this definition, it’s important to understand the cyclical nature of mental illness. One month an individual may meet the “able-bodied” requirement, followed by periods of acute symptom exacerbation.

The proposed waiver defines “able-bodied” adults as individuals who are physically and mentally capable of working. I am a person with a disability who is able to work if I receive the necessary health care and support services. Without these health care and support services, my disability would worsen and I would no longer be able to work. If I am defined as “able-bodied” simply because I am able to work if I receive the healthcare I need, I will lose my Medicaid benefits and no longer be able to work.

2. I oppose the policy of requiring able-bodied adults to verify on a monthly basis compliance with the work requirements and any changes in family income. We also oppose the policy that would ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements.

I find this requirement to be burdensome and an administrative burden to both the claimant and AHCCCS. According to the Kaiser Family Foundation, we know that 79% of adult and child Medicaid enrollees in Arizona are in families with at least one worker. For parents struggling to make ends meet in low-paying jobs, imposing a monthly reporting requirement with the penalty of a year lock out period only makes the goal of climbing out of poverty that much more difficult. Many people are able to work because of the AHCCCS coverage that keeps their chronic and mental health conditions under control. Work requirements would likely end in a loss of health coverage, adding to our unemployment and poverty rate.

I am able to work only because of the health benefits I receive through the AHCCCS program. It would be extremely burdensome for me to prove that I am working on a monthly basis in order to keep my AHCCCS eligibility. Even though I am working, I would likely miss my monthly reporting requirements and lose my health care as a result.

3. I oppose the proposed lifetime coverage limit of five years for able bodied employees.

Individuals who experience poverty are at significantly greater risk of mental illness and individuals experiencing a mental illness often experience periods of wellness, interrupted by periods of severe illness. Imposing a five-year lifetime limit on AHCCCS eligibility contradicts what is known about disability, chronic disease and mental illness, and jeopardizes progress already gained by those covered by AHCCCS.

I have a permanent lifelong disability. It will not improve after 5 years. I depend on the support services provided to me through the AHCCCS program and through its Arizona Long Term Care program. Long-term care is not provided by private insurance companies, so AHCCCS is the only place I can get the long-term care services I need. Imposing a lifetime limit on my benefits means I will lose my health care after 5 years and likely die as a result (not exaggerating).

P.S. I am making these statements in my individual capacity as a disabled citizen of Arizona. I am not making the statements on behalf of any organization, agency, or advocacy group.

To: [Public Input](#)
Subject: SB1092
Date: Tuesday, March 21, 2017 8:26:00 AM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)
[image006.png](#)

I speak against SB1092.

1. I personally work with approximately 400 individuals in crisis per year, 40% of those are typically AHCCCS eligible.
2. Of the 40%, 50% are homeless and most are not employable, have no identification, birth certificate, social security card, etc...
3. Many of these homeless individuals get placed into housing that allows them to work for room and board, doing odd jobs around the facility and would not constitute full-time employment under the AHCCCS guidelines.
4. A good majority of these homeless are struggling with mental illness yet would not qualify for an SMI status, therefore leaving them without insurance or hope of getting better.

Bottom line is that we would be creating an entire homeless population that would be uninsured.

Is this really what we want?

Please do not pass SB1092

AHCCCS

c/o Office of Intergovernmental Relations
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034
publicinput@azahcccs.gov

To Whom It May Concern:

We would like to share our concerns with the proposed requirements for “able-bodied” adults receiving Medicaid services.

1. We feel the immediate need to define the term “able-bodied”.

When determining this definition, it’s important to understand the cyclical nature of mental illness. One month an individual may meet the “able-bodied” requirement, followed by periods of acute symptom exacerbation.

For instance, people who have bipolar disorder experience periods of months during which they have no acute episodes and are able to work. However, they also experience acute episodes of depression and mania, which can last weeks and prevent the person from being able to function at work. These episodes are unpredictable and recur irregularly throughout the person’s life.

2. We oppose the policy of requiring able-bodied adults to verify on a monthly basis compliance with the work requirements and any changes in family income. We also oppose the policy that would ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements.

We find this requirement to be burdensome and an administrative burden to both the claimant and AHCCCS. According to the Kaiser Family Foundation, we know that 79% of adult and child Medicaid enrollees in Arizona are in families with at least one worker. For parents struggling to make ends meet in low-paying jobs, imposing a monthly reporting requirement with the penalty of a year lock out period only makes the goal of climbing out of poverty that much more difficult. Many people are able to work because of the AHCCCS coverage that keeps their chronic and mental health conditions under control. Work requirements would likely end in a loss of health coverage, adding to our unemployment and poverty rate.

Persons with mental disorders would be over-burdened by this requirement due to cognitive deficits often created by the nature of their illness. Difficulties with attention and concentration as well as other cognitive symptoms are shared by many of the mental disorders as one notices just looking through the diagnostic criteria listed in the DSM-V. These cognitive deficits make fulfilling a monthly verification a difficult task to both remember and to perform. Their focus should be on obtaining and following through with care, not performing a monthly task that is redundant since changes in family income is already a requirement.

3. We oppose the proposed lifetime coverage limit of five years for able bodied employees.

Individuals who experience poverty are at significantly greater risk of mental illness and individuals experiencing a mental illness often experience periods of wellness, interrupted by periods of severe illness. Imposing a five-year lifetime limit on AHCCCS eligibility contradicts what is known about disability, chronic disease and mental illness, and jeopardizes progress already gained by those covered by AHCCCS.