



Testimony of the Corporation for Supportive Housing Concerning the Ohio Department of Medicaid's Application to CMS to impose Work Requirements on Medicaid Recipients

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Thank you for the opportunity to submit comments on the proposed imposition of work requirements on Medicaid recipients. CSH is a national non-profit with an Ohio office for the past fifteen years. Our mission is to advance supportive housing solutions that improve the lives of vulnerable people. In Ohio, we have assisted non-profits and state agencies in creating more than 3,000 cost-saving, supportive housing interventions for vulnerable Ohioans who would otherwise be homeless. These units save taxpayers money, improve the health and well-being of tenants, and help revitalize neighborhoods.

We understand the importance of work and frequently provide training to housing providers to improve employment opportunities for people living in supportive housing. Supportive housing is an evidence-based housing intervention for individuals that features long-term affordability and intensive, but voluntary services.

Imposing work requirements on Ohio's Medicaid population should be reconsidered for the following reasons:

1. *Work requirements will be expensive and result in reduced enrollment of vulnerable people in our state.*
 - The cost of implementing the provision would be burdensome and inefficient to the state, taxpayers, recipients, and providers.
 - Many vulnerable people, especially those who are homeless, will be inappropriately dropped from enrollment, making it more difficult for them to get the help they need.
2. *Work requirements are unnecessary.*
 - People want to work. This additional bureaucracy will do nothing to address the significant barriers faced by so many extremely low income Ohio residents – including unemployment in many communities, transportation, and discrimination. Instead, a work requirement would lead to low-income people losing their health coverage, an outcome totally at odds with the purposes of the law.
 - Nearly eight in ten non-disabled, non-elderly adults live in families where at least one member works, and sixty percent work themselves. Of those who are not working, more than one-third reported illness or disability as the primary reason for not working. Another thirty percent cited caretaking obligations as an impediment to work.
3. *Work requirements would increase the ranks of the uninsured and homeless, and hurt enrollees' ability to work rather than promote it*
 - Medicaid coverage help people get and keep good jobs. Locking them out of help they desperately need to stabilize and improve their lives could make it harder for unemployed people to find work. In surveying beneficiaries of the Medicaid expansion, for example, Ohio reported that three-quarters of beneficiaries who were looking for work said Medicaid made it easier for them to do so. For those who were currently working, more than half said that Medicaid made it easier to keep their jobs.



- Vulnerable people in our state, including those who experience homelessness, may not be connected to behavioral health services that they can reliably connect with and secure the documentation necessary to meet the exemption for chronic conditions. This new requirement could violate the civil rights protections contained in the Americans with Disabilities Act (ADA) and section 504 of the Rehabilitation Act, laws which make it illegal for states to take actions that have a discriminatory impact on people with disabilities.
4. *A work requirement won't move people out of poverty*
- Proponents claim that work requirements will move beneficiaries of safety-net programs out of poverty and into employer-sponsored coverage and “self-sufficiency.” This claim doesn’t withstand scrutiny. A study of the work requirement in the Temporary Assistance for Needy Families (TANF) program found that work requirements had little or no effect in increasing work or cutting poverty. In fact, the vast majority of people subject to the work requirement remained poor and some became poorer.
5. *There are better ways to promote work and independence*
- To truly help increase employment rates among people with Medicaid or those receiving housing assistance, voluntary employment supports programs are the evidence-based way to go. These programs are not punitive, and do not fly in the face of the Medicaid’s legal requirements and the facts surrounding effective strategies to end homelessness and other forms of housing insecurity.

During our work across Ohio over the past two years to support the state’s development of the Blueprint for Change: Aligning Resources for Results (the Ohio plan to end homelessness), we heard time and again from people who have survived homelessness about the vital importance of Medicaid benefits in their recovery from behavioral health challenges. I won’t forget the woman who had been on the street for many years and how the day she got her Medicaid card, she felt like she was finally human – that someone cared about whether she lived or died. There is no question that the state’s decision to expand Medicaid has saved thousands of lives. In order for the most vulnerable of these individuals to remain housed, Medicaid-funded services are essential. Please don’t set us back after all the progress we’ve made.