



Via email to sherri.trott@medicaid.ohio.gov

January 20, 2020

Director Maureen Corcoran
Ohio Department of Medicaid
State of Ohio
Columbus, Ohio 43215

Re: Medicaid Section 1115 Eligibility and Coverage Demonstration Implementation Plan –
Group VIII Work requirement and Community Engagement 1115 Demonstration Waiver
March 15, 2019

Dear Director Corcoran:

Ohio Consumers for Health Coverage (OCHC) has taken some time to review the Ohio Medicaid Work Requirement Implementation Plan and would like to provide feedback about its provisions. There are many aspects of the plan that we are pleased to see. There are a few aspects about which we have some concerns. We would welcome the opportunity to review any items described in this letter, or other topics related to the Ohio Medicaid Work Requirement. Please do not hesitate to reach out if you think such a meeting would be helpful to the process.

Areas of OCHC Support

1. Exempt Groups:

- a. Students: OCHC supports the definition of students which includes half-time students, students in GED programs, and students in occupational training. Including students engaged in various kinds of education and training activities encourages the learning Ohioans need to become educated, to train and retrain

for 21st century jobs, and to balance education with other life commitments.

- b. Unemployed Ohioans: OCHC supports the exemption for Ohioans receiving unemployment compensation (UC), as well as for those whose unemployment applications are pending. The weeks following a job loss are stressful, at best, and many Ohioans struggling with job loss are also facing threats to shelter and food. Recognizing that those who are seeking or receiving unemployment compensation are already showing their commitment to becoming employed by exempting them from reporting requirements while receiving UC provides ongoing stability for health care during a stressful time of transition.
 - c. Caretaker of a dependent: OCHC supports the exemption for all adults living in a household with a minor child, regardless of whether the adult is a parent or formal caretaker of the child. The definition Ohio Department of Medicaid is implementing recognizes the reality that households function in a multitude of ways, managing child care, familial assistance, and social and emotional support in a manner that often does not align with formal, legally-recognized roles.
2. Self-attestation: OCHC supports an expansive use of self-attestation and looks forward to monitoring this provision in action. Accepting self-attestation removes barriers to Ohioans who might otherwise struggle with obtaining documentation from potentially recalcitrant employers. Self-attestation also lessens the burden on willing employers attempting to provide compliant documentation. Removing these barriers helps working Ohioans remain covered by Medicaid, thereby bolstering their ability to work.
3. Good cause exceptions: OCHC supports the apparently-inclusive approach to granting exceptions for “good cause.” The explicit grounds for exception capture many circumstances that could interfere with someone’s efforts to work or volunteer in the community. Moreover, the extensive nature of the explicit grounds for exception suggests that ODM is prepared to evaluate requests for good cause exceptions broadly. As mentioned above, OCHC also supports the use of self-attestation to establish the grounds for exceptions.
4. Non-compliance; unlimited attempts to reach individuals before terminating: OCHC appreciates the significant commitment ODM is making to connect meaningfully with individuals from whom additional information is needed, before initiating Medicaid

termination. Not setting a pre-determined number of attempts provides flexibility for families and individuals who are hard to reach for any number of reasons, including unstable housing.

5. Termination; case worker MUST speak directly with the beneficiary: OCHC also recognizes the significance of requiring that a case worker directly communicate with an individual before terminating Medicaid. OCHC looks forward to monitoring the implementation of this provision.

Areas of OCHC Concern

1. Exemptions - excluded groups:
 - a. Caretakers of minor children or disabled/incapacitated adults, when the caretaker is not a member of the same household as the person for whom they are providing care: OCHC is concerned that only caretakers who reside in the same household as the person for whom they are caring are exempt from the Work Requirement. Families make a myriad of arrangements for the care of minor children or disabled adults, incorporating relatives and friends from a community, not merely a household. Self-attestation that an individual is caring for a minor child or a disabled adult should be grounds for exemption regardless of whether the caretaker resides with the individual requiring care.
 - b. Post-partum period beyond 60 days: Given our well-documented high infant and maternal mortality rates in Ohio, it is distressing that OCHC even needs to raise this issue. Women should be exempt for a full year post-partum. While one might assume that new mothers would be exempt under the exemption for an adult in the same household as a minor child, and likely many would be, there is a subset of post-partum women who fall outside this group. Regardless of whether a new mother is living with her baby, her health is rarely divorced from the health of the baby, as well as the health of any other children. Ensuring that a new mother's physical and behavioral health needs are met in supports her ability to care for her children. Extending the exemption for post-partum women to one year aligns with Ohio's commitment to improved maternal and infant vitality, regardless of household composition.
 - c. Post-partum period for women who experience pregnancy or early post-natal loss: For women suffering loss through miscarriage, stillbirth, or death of an

infant, the impact can be devastating. The risk of post-partum depression is even greater with women who have suffered such a loss; again, the need to ensure access to both physical and mental health care ensures women have the support they need. Conditioning Medicaid on work requirements during this painful period of recovery runs counter to our goal of healthy mothers and infants. OCHC recommends that ODM reconsider this group for an explicit exemption of an appropriate period following this loss. If the default period set by ODM is insufficient in an individual case, then that woman can seek an additional good cause exemption.

- d. Individuals who were incarcerated in the previous six months: The State of Ohio has taken some laudatory steps in recognizing and attempting to address the challenges facing our residents re-entering civil society following a period of incarceration. Obtaining employment is one significant hurdle they face. Reestablishing medical care is another. Providing this group with a six-month period following release to find employment and a medical home, stabilize any ongoing medical treatment, establish a means to meet needs for basic food and shelter, and reconnect with familial and community support is consistent with the recognition of struggle facing reentering citizens. This would be a wise investment in helping them successfully transition.
 - e. Homeless individuals: Lack of stable housing is a condition that wreaks havoc in people's lives. In addition to undermining health, it also jeopardizes employment, child care, and schooling. The dearth of affordable housing in the State, coupled with the high eviction rates, should impel the State of Ohio to include this group with those who are exempt from the Work Requirement.
2. Hours per month: No "banking" hours: OCHC appreciates ODM's decision to allow people to count any hours worked in a month to count towards the 80 hours required. A cut off at the end of the month is arbitrary in the life of a low-income, part-time employee. A minor illness in the last week of the month that causes a worker to miss work may have dire consequences, when the same circumstances on the first week of the month may not. Permitting the banking of hours will also provide some peace of mind to workers who experience both anticipated and unforeseen disruptions to their work schedules. Putting in place a system that permits the banking of hours seems

administratively feasible. OCHC recommends ODM reconsider this option.

3. Post-termination notice: OCHC realizes ODM has pledged to provide individuals who are terminated from Medicaid with information on how to obtain primary care and preventive care services at low or no cost. OCHC recommends that ODM also include with every notice of Medicaid termination information about the availability of ACA Marketplace health plans and the possibility of eligibility through a special enrollment period triggered by the loss of Medicaid. Notice of termination should also include information on how to locate a local application assistor and contact information for Federally Qualified Health Centers in the county who may be able to help with ACA Marketplace enrollment.
4. Reapplication following termination: OCHC appreciates that ODM will not penalize individuals who reapply following termination due to lack of compliance with the Work Requirement. However, OCHC remains concerned about delays in processing Medicaid applications and interruptions in medical care that may occur. OCHC understands that ODM has been focused on these delays and has made progress on processing the backlog of applications. While the backlog still exists, however, the interruption in medical care that will result from termination for non-compliance could be have significant health repercussions. OCHC hopes that the other protections against termination described above, i.e., requiring a caseworker to speak directly with an individual before terminating Medicaid, will ameliorate the harmful impact of such interruptions.

OCHC identified several areas where it requests additional information, as well as a question, about the Implementation Plan.

Requests:

1. Will ODM and County DJFS offices be using a 12-month continuous eligibility process for maintaining Medicaid coverage?
2. Will ODM use Managed Care Organizations to aid in notice and compliance with the Work Requirement? What are ODM concerns with doing so?
3. Will the job aids, FAQs, and other reference materials developed by ODM be available to the public?

4. How will ODM assure that any public-facing materials are written in a culturally-appropriate manner, including with regard to reading level.

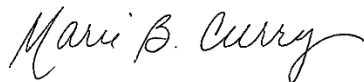
Question:

In the section entitled “Non-compliance,” ODM states that there is a “[r]isk of non-compliance if the state is unable to verify via data available through state systems and data sources that beneficiaries are complaint [sic].” OCHC is not clear about what is meant by “[n]on-compliance due to state’s inability to verify [compliance] via data available through state systems and data sources” (page 3, second item under “Non-Compliance”)? Can ODM offer some clarification on this point?

Conclusion

Thank you for your commitment to an open and transparent process, and for encouraging input from stakeholder and advocacy groups. OCHC welcomes the opportunity to review any items described in this letter or otherwise related to the Ohio Medicaid Work Requirement.

Sincerely,



Marie B. Curry
Co-Chair OCHC



Darold Johnson
Co-Chair OCHC