



Talking Points for HB437 Waiver Comments

General

- By way of how the language is laid out in this bill, we are concerned with the number of fiscal cliffs newly eligible Utahns will face as they work their way out of poverty.
 - Parents can lose eligibility if their income rises above the 60% FPL—even if they are eligible for transitional Medicaid there’s no guarantee that their employer offers insurance coverage and they will find themselves without access to health insurance and therefor being punished for earning a higher income
 - Single adults can lose eligibility after 12-months if their income rises above 5% FPL—and this population is not eligible for transitional Medicaid
 - Single adults may also have perverse incentives to experiment with different substances if it guarantees them access to Medicaid
- This bill also targets what legislators have deemed “the neediest among us,” but this also means they are the most costly—likely having multiple co-morbidities and pent-up health needs. A full Medicaid expansion would spread the healthcare costs of covering this population among a more diverse risk pool, keeping per-person costs lower
- An estimated 16,300 Utahns will gain access to Medicaid coverage if this waiver is approved. There is no guarantee that this many Utahns actually do gain access to coverage this year or any year after because of the flexibility given to the Dept. of Health to adjust the poverty level up or down depending on the cost of covering these lives. A diverse risk pool would assist in keeping per person costs down, but that is not the route this bill takes. If 16,300 Utahns do in fact get coverage in 2018, that still leaves an estimated 46,700 Utahns left with no access to affordable, comprehensive healthcare coverage living below 100% FPL.

Utah Families

The expansion of the parent/caretaker population provides an opportunity to assure that all enrolled adults who currently meet PCR income and citizenship requirements are receiving PCR benefits. We recommend the Department assess the impact of additional enrollment barriers for adults with dependent children, and consider eliminating the optional deprivation of support requirement.

The State Plan Amendment and waiver should give the Department of Health flexibility to increase the eligibility threshold for adults with dependent children in the future.

In considering the current proposal, thousands of parents and potential parents will remain without health coverage:

- To effectively care for their own children, parents need their own health care. Parents above 60% FPL are still in the coverage gap. Coverage for parents is good for the whole family. When parents have access to health insurance they are better able to look after their family.
- When parents have insurance, they bring their children along. Enrollment numbers for children go up when parents get coverage. Utah has one of the highest rates of uninsured children in the nation. By extending coverage to more parent groups, children would benefit as well.

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- Parents-to-be also need access to prenatal care and services before pregnancy. The majority of adults in the coverage gap are of child-bearing age; many will start a family soon. The health of the parent affects the health of the child. A woman's health before pregnancy is a strong predictor of her health during pregnancy, and her child's health later in life. Adults need access to comprehensive care before they start a family.

Chronically Homeless, Criminal Justice, Mental Health & Substance Use

As the state drafts eligibility criteria, and looks for ways to define the population within appropriation, we would suggest the following from a behavioral health perspective:

- The seriously and persistently mentally ill population is currently eligible for Medicaid, falling within the disabled population. With good intentions, it has been suggested that one criteria the DOH could use, for a subset of the expansion population, is the diagnosis of a serious and persistent mental illness. Our understanding is that this has been suggested to alleviate the barriers faced by a portion of these individuals in navigating the disability/enrollment process - because of their mental illness (difficulty in making it to required appointments, etc.).
 - The difficulty in access to care for this population seems to stem not from eligibility, but from the pathway to enrollment, and would respectfully ask that you to consider addressing the enrollment barriers for the currently eligible, rather than creating a "newly eligible population" in order to help with their enrollment.
 - Of further concern is the confusion and possible disruption of continuity of care this population may experience in an integrated county as the consumer is eventually moved from the ACO system for their behavioral health care to the local authority system.
 - Additionally, please bear in mind that this population already has a large representation in both the "chronically homeless" and the "court-ordered population" priorities of this bill, whereby substantial numbers would be expected to enroll with new ease.
 - It seems the intention of this bill was to provide access to care to individuals "not currently eligible", not to create a new method of enrollment for the same population that is eligible today. For this reason we would ask that you NOT utilize this diagnosis as eligibility criteria.
 - We've heard mention that data from this partial expansion will be looked to in the future, as the state ponders pathways forward. This methodology may skew the data by incorporating a disproportionate woodwork affect and by incorporating the higher costs of the currently eligible disabled population.
- We believe the state would enjoy the highest rates of success in the criminal justice population by prioritizing those on county or state supervision, or those engaged in therapeutic courts such as Drug Courts.
 - We have heard discussions that the DOH is considering limiting eligibility for the criminal justice expansion population, to individuals released on parole from the State Department of Corrections. Please be aware that individuals released on parole have already cycled through local jails as high risk offenders, often multiple times, and have often been supervised through county probation services. In order to glean the greatest savings, it is imperative that resources also be dedicated at the county level. Through this pathway high risk individuals may receive timely access to services, be diverted from the prison system altogether, and save both state and county dollars.
 - Counties throughout Utah were asked to support HB 437, and did so, based upon the understanding that these resources would be dedicated to providing care for the vast number of individuals targeted

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through the Justice Reinvestment Initiative. Please do NOT limit participants for the criminal justice population of this waiver to those on parole through the State Department of Corrections.

- Offenders are at the greatest risk for relapse or recidivism upon release from jail. There is a window of enrollment opportunity while incarcerated, when a person is on their mental health medications and off illegal substances, that we may not see again until the person is booked back into jail. Please assist jails with an expedited enrollment process prior to release, as outlined in the bill.
 - Though we fund a DWS Medicaid Eligibility specialist that goes into the jail, she can only provide education and outreach as she is not allowed by DWS to carry applications out of the jail.
 - Additionally, jail inmates have very fluid release dates, and the vast majority will not have a known release date that can be verified within 30 days (as currently used in the prison expedited enrollment process). Should a pathway to enrollment prior to release be available, counties could then partner with local navigators, certified application counselors or fund additional seeded DWS Medicaid Eligibility Specialists to assist in this process, and dedicate a fax line.
- Once a state expands a Medicaid program, the next hurdle is supporting program participants to utilize their new benefit, and to do so in the most efficient manner (encouraging primary care access that may eventually reduce the need for emergent care, etc.).
 - In a county that wishes to participate in an integrated pilot, it is imperative that the integration “go live” date be congruent with the Medicaid Expansion start date, to prevent consumer confusion and hardships in switching plans a few months into the expansion, and due to the added costs to those at risk in serving this population. Homeless and very low income participants with behavioral health conditions are already struggling to meet their basic survival needs, and we believe it would be detrimental to their success to shift them from one program to another as they attempt to navigate their new health plan.

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