

National Association of Social Workers Office of the Executive Director

Elizabeth J. Clark, PhD, ACSW, MPH Executive Director

October 26, 2011

Donald Berwick, MD Administrator Centers for Medicare and Medicaid Services U.S. Department of Health and Human Services ATTN: CMS-2349-P PO Box 8016 Baltimore, MD 21244-8016

RE: CMS-2349-P (Medicaid Program; Eligibility Changes under the Affordable Care Act of 2010)

Dear Dr. Berwick:

On behalf of the 145,000 members of the National Association of Social Workers (NASW), I am pleased to submit our comments on the proposed rules for the Medicaid program eligibility changes under the Patient Protection and Affordable Care Act of 2010.

NASW is a strong supporter of the Affordable Care Act and we applaud the replacement of Medicaid's complex categorical groupings and limitations with an expansion of Medicaid eligibility to all individuals under age 65 with incomes at or below 133% of the Federal poverty line (FPL). This important change will help reduce state-by-state variation in eligibility for Medicaid. More importantly, it will make the Medicaid program accessible to an often overlooked, yet vulnerable population - low-income adults under age 65 without dependent children.

We offer, for your consideration, the following recommendations to strengthen the proposed regulations.

Changes to Medicaid Eligibility/Individuals Above 133 Percent FPL [§435.218]

Although the expansion of eligibility is a positive step, 133% of FPL (\$14,483 for a one-person household in 2011) remains an extremely low threshold. All efforts should be made to encourage states to raise the income threshold, through the simplified mechanisms created by the proposed rules to cover those with incomes above 133% FPL.

Residency Definition for Adults Age 21 and Over [§435.403(h)] Residency for CHIP Eligibility [§ 457.320]

We are pleased to see that residency for both children and adults will be determined based upon the location where they are living and have intent to reside, including "without a fixed address." This will be of great benefit to homeless individuals and families, as well as those engaged in seasonal/day labor, who move frequently in search of employment. However, we have questions relating to this new residency definition:

- Will "no fixed address" be an option on the Medicaid/CHIP application form?
- By what mechanism will those without fixed, stable addresses be able to indicate "intent to reside," as the residency definition requires? Will the address of an emergency shelter or post office box be acceptable?
- How will CMS ensure that states treat those without stable housing in a fair and consistent manner that does not jeopardize eligibility and enrollment?

Ultimately, single individuals and families without stable housing will require more assistance to overcome enrollment barriers and engage in health services. It is important that state Medicaid programs not introduce additional barriers related to lack of address.

Applications [§ 435.907]

We commend CMS for proposing rules that create a "no-wrong door," simple, streamlined health care coverage eligibility and enrollment process, which includes application assistance and electronic verification of eligibility. Specifically, we strongly support the following elements:

- a single, streamlined Medicaid/CHIP application, which can be completed on-line, by phone, in person, by mail, or by fax, and signed electronically;
- redetermination of eligibility using existing data available to state agencies whenever possible, or otherwise by pre-populated forms that enrollees can reply to on-line, in person, by phone, by mail, or by fax without losing coverage;
- the adoption of 12-month continuous eligibility;
- an explicit option for states to accept self-attestation of eligibility criteria.

We strongly encourage CMS to craft Medicaid/CHIP applications, forms and other communications at a basic language level, recognizing that only 12 percent of English-speaking adults in the United States have proficient health literacy skills. This will help a greater number of people successfully navigate the process on their own, reduce incomplete/ incorrect applications, and help agencies concentrate on assisting those who are most vulnerable in navigating the application process.

Verification of Income and Other Eligibility Criteria [§435.940 and §435.956]

As noted above, we support the proposal to "expressly permit States to accept attestation of information related to eligibility, including income, age, birth date and State residency, without requesting paper documentation." We strongly endorse self-attestation because at-risk populations – including homeless individuals and those with mental illnesses— are often not in regular possession of personal documentation. We encourage CMS to issue very clear guidelines and requirements to states on this issue, to prevent states from introducing barriers to enrollment based on the need for paper documentation.

Considerations for Adults and Children in Complex Family Coverage Situations

We urge CMS to consider the impact of the proposed rules on children and adults in complex family coverage situations. For example:

- families with members who may be eligible for different type of coverage (e.g., employer-sponsored insurance, CHIP, Medicaid or Exchange coverage);
- families in which members have different immigration statuses;
- Children living apart from at least one parent (such as with a single parent, non-married parents, grandparents, or other relatives).

Each of these populations may be vulnerable to complex enrollment rules and processes – and should be protected and actively considered as the proposed rules move toward finalization.

The social work community is pleased with the upcoming Medicaid expansions which will allow many of our uninsured clients to access the comprehensive health care services they so desperately need. We look forward to continuing to work with CMS on the implementation of the Affordable Care Act. Please let us know if we can offer any assistance as you move forward with this important initiative.

Sincerely,

Elizabeth J. Clark, PhD, ACSW, MPH

Elizabeth & Clark

Executive Director