NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

August 18, 2018

The Honorable Alex Azar, Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Azar:

Thank you for the opportunity to provide comments on Kentucky's Helping to Engage and Achieve Long Term Health (HEALTH) program, a demonstration project under Medicaid's §1115 of the Social Security Act. The National Health Care for the Homeless (HCH) Council is a membership organization representing federally qualified health centers and others who provide care for people experiencing homelessness in all 50 states, serving over 1 million individuals each year. In 2016, 51% of patients seen at HCH clinics were covered by Medicaid, but 36% of our patients remain uninsured—a rate four times higher than the general public. In Kentucky, six HCH programs served nearly 12,685 people experiencing homelessness in 2016. **These programs saw a dramatic decrease in the number of patients without insurance—falling from 81% uninsured in 2013 to 24% in 2016**—due to the expansion of Medicaid to poor, non-disabled adults.[1]

People experiencing homelessness tend to have very poor health and multiple chronic and acute conditions that require regular medical care, making Medicaid a critical component to accessing needed services. We have seen first-hand how Medicaid has improved access to care and health outcomes, enabling access to specialty care, substance abuse treatment and mental health care (among many other services). Medicaid is literally a lifeline for this very vulnerable population. Losing benefits because they are unable to meet work requirements, pay premiums, renew coverage in a timely manner, or report minor changes in employment and income will only worsen health, deepen uncompensated care for hospitals and community providers, and contribute to higher rates of disability. These provisions serve as barriers for health and stability for individuals experiencing homelessness and will result in the loss of coverage for a population who needs it most.[2] **As such, the National HCH Council is strongly opposed to the KY HEALTH proposal and urges HHS to reject it.** As detailed below, this waiver jeopardizes coverage and health care services for very vulnerable people, increases burdensome bureaucratic red tape for health care providers, and prolongs poverty and homelessness while discouraging employment.

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[1] National Health Care for the Homeless Council (May 2018). *Health Insurance Coverage at HCH Programs, 2016.* Available at: https://www.nhchc.org/wp-content/uploads/2018/05/health-insurance-hch-programs-2016.pdf.
[2] National Health Care for the Homeless Council (May 2018). *Barriers to Health and Stability: Medicaid Work Requirements & Other Restrictions.* Available at: https://www.nhchc.org/wp-content/uploads/2018/02/barriers-to-health-and-stability-medicaid-work-requirements-and-other-restrictions.pdf.

The KY HEALTH proposal jeopardizes coverage and health care services for very vulnerable people:

While exemptions for people who are homeless sound promising, the provisions in KY HEALTH only provide protection for up to six months—and only for a small segment of people experiencing homelessness. Kentucky plans to exempt people who have experienced homelessness for at least a year or at least four times in the last three years, but the vast majority of people living in shelters stay for six months or less.[3] The six-month exemption period offers too few people too little relief and will only delay the inevitable loss of coverage.

KY HEALTH requires the submission of paperwork to document compliance with requirements, but this will be especially difficult, if not impossible, for individuals experiencing homelessness to complete. There are many significant obstacles to finding and maintaining work for this population (or for proving an exemption), such as not having a mailing address, suffering from physical and behavioral health conditions, and having limited computer skills/access to the internet. Requiring individuals to provide documentation of their work will be yet another barrier for individuals who already struggle just to survive.[4]

Adding premiums and cost-sharing requirements only increase the cost of care for very low-income people, leading them to delay seeking help for their health conditions. While even a few dollars can seem insignificant, for those living in poverty, it is an enormous barrier when they already struggle to meet basic life essentials such as food, rent, and utilities. These additional provisions will inevitably lead to this population losing Medicaid coverage, and with it, a chance at accessing the very health care services that could increase their chances of gaining employment in the future.[5]

The KY HEALTH proposal increases burdensome red tape for health care providers:

While the additional requirements in the KY HEALTH proposal put a considerable burden on Medicaid beneficiaries, they will also significantly increase the work load for health care providers. Helping patients meet exemptions (such as medical frailty) only adds bureaucratic layers of paperwork and administrative burdens as providers must fill out eight-page "attestation forms" on patients. Our providers are already heavily regulated, and they have precious little time with patients to address underlying health care conditions. This proposal forces doctors to sacrifice providing care in favor of filling out forms, which compromises overall health and undermines the intention of the Medicaid program.

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[3] U.S. Department of Housing and Urban Development (HUD) (December 2017). *The 2016 Annual Homeless Assessment Report (AHAR) to Congress.* Available at: https://www.hudexchange.info/resources/documents/2016-AHAR-Part-2.pdf.

[4] Center on Budget and Policy Priorities (May 2018). *Harm to People Experiencing Homeless From Taking Away Medicaid for Not Meeting Work Requirements.* Available at: https://www.cbpp.org/research/health/harm-to-people-experiencing-homelessness-from-taking-away-medicaid-for-not-meeting.

[5] Samantha Artiga, Petry Ubri, and Julia Zur (June 2017). *The Effects of Premiums and Cost-Sharing on Low-Income Populations: Updated Review of Research Findings.* The Kaiser Family Foundation. Available at: http://files.kff.org/attachment/Issue-Brief-The-Effects-of-Premiums-and-Cost-Sharing-on-Low-Income-Populations.

The KY HEALTH proposal prolongs poverty and homelessness while discouraging employment:

Many of those on Medicaid already work, and those that do not work have significant limitations to employment.[6] Homelessness and poor health lead to illness and disability, which prevent individuals from working. Likewise, injury and illness can quickly disrupt employment by causing individuals to miss work and lose employment (and thereby lose income and the ability to pay rent). This is especially true for jobs in labor-intensive industries where injuries are common. Medicaid solves this Catch-22 by providing comprehensive health care and the stability needed to help people to get well and return to work. Loss of Medicaid coverage under the HEALTH proposal only exacerbates the spiral into poverty because vulnerable people are left ill, uninsured, and unemployable.

Overall, Medicaid is currently a program that works well for low-income Kentucky citizens, and provides critically needed health care services to address significant health conditions. Medicaid is a stabilizing force that then supports employment—not the other way around. The program is strongest—for patients and the providers who care for them—when it has the fewest barriers to care. The provisions of the KY HEALTH proposal undermine the intent of the Medicaid program and jeopardize the health and stability of thousands of low-income people. This proposal takes Kentucky in the wrong direction.

Thank you for considering our comments and our cited resources, attached separately. If you should wish to talk further about how Medicaid helps people who are homelessness, please contact Barbara DiPietro, Senior Director of Policy, at bdipietro@nhchc.org or at 443-703-1346.

Sincerely,

G. Robert Watts
Chief Executive Officer

[6] Rachel Garfield, *et al*, (June 2018). *Implications of Work Requirements in Medicaid: What Does the Data Say?* The Kaiser Family Foundation. Available at: https://www.kff.org/medicaid/issue-brief/implications-of-work-requirements-in-medicaid-what-does-the-data-say/