

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 11:52:52 AM

On behalf of a Michigan resident...

" Medicaid was there when we needed it, everyone should be able to get healthcare if they need it, especially if their employer won't pay them a decent wage."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 11:58:14 AM

On behalf of a Michigan resident...

" People have been able to receive preventive care. People haven't had to go to the ER for routine care."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 11:59:23 AM

On behalf of a Michigan resident...

"Medicaid expansion has allowed my mother to have medical care without going bankrupt."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 12:00:26 PM

On behalf of a Michigan resident...

"I get access to a Doctor, and don't have to go through ER."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 12:01:23 PM

On behalf of a Michigan resident...

"Our daughter has been underemployed (mental health issues) and would not have health coverage without this program"

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 12:02:16 PM

On behalf of a Michigan resident...

" I'm a psychologist who works sick kids and changes under the ACA have significantly improved my patients access to mental healthcare!"

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 12:03:25 PM

On behalf of a Michigan resident...

" I believe it benefits those most in need of medical assistance due to their age, health, or educational/career/social disadvantages in our society. I believe by uplifting those at the bottom, we create safer, healthier communities for all. The expansion of the coverage provided options for those most in need, and it does so in a more equitable gender manner."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 12:04:38 PM

On behalf of a Michigan resident...

"It has helped me through several health issues that could have been potentially life threatening!"

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Ammendment
Date: Thursday, August 9, 2018 9:11:02 AM

To Michigan legislators,

There will come a day before I am 65 years old, that I will have to quit my job in order to take care of my aging mother. I would like to feel free to do that, knowing that I can apply for state sponsored health insurance and be covered while I care for her. I do not want work requirements for anyone over the age of 55. Parents of baby boomers are aging rapidly. We need to be able to care for them! If my mother ends up in a nursing home because I cannot care for her, it will cost my state a heck of a lot more to pay for that care than to pay for mine!!

Respectfully submitted,

[REDACTED]

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Medicaid expansion work requirements
Date: Thursday, August 9, 2018 9:04:24 AM

Love this! Great idea about time

Sent from my iPhone

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Thursday, August 9, 2018 9:01:55 AM

I don't support the proposed Medicaid work requirements that are being proposed. I think it's draconian and that it's, once again, punishing people for being poor.

We have a family member with a long history of mental illness. He's "able bodied" but not "able minded." Is this even being taken into account?

And adding even a small percentage to their fees can make this care inaccessible. Plus what's paying for the additional staff, administration and computer costs to monitor the program.

This is mean-spirited and not well thought.

[REDACTED]

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Thursday, August 9, 2018 8:56:03 AM

As a Christian, I believe there's only one Person's input we need on this:

*Then the King will say to those on his right, "Come, you who are blessed by my Father; take your inheritance, the kingdom prepared for you since the creation of the world. For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, I needed clothes and you clothed me, **I was sick and you looked after me**, I was in prison and you came to visit me."*

Then the righteous will answer him, "Lord, when did we see you hungry and feed you, or thirsty and give you something to drink? When did we see you a stranger and invite you in, or needing clothes and clothe you? When did we see you sick or in prison and go to visit you?"

*The King will reply, "Truly I tell you, **whatever you did for one of the least of these brothers and sisters of mine, you did for me.**"*

*Then he will say to those on his left, "Depart from me, you who are cursed, into the eternal fire prepared for the devil and his angels. For I was hungry and you gave me nothing to eat, I was thirsty and you gave me nothing to drink, I was a stranger and you did not invite me in, I needed clothes and you did not clothe me, **I was sick and in prison and you did not look after me.**"*

They also will answer, "Lord, when did we see you hungry or thirsty or a stranger or needing clothes or sick or in prison, and did not help you?"

*He will reply, "Truly I tell you, **whatever you did not do for one of the least of these, you did not do for me.**"*

Then they will go away to eternal punishment, but the righteous to eternal life.

Please note that the King made no mention of work requirements. If we claim to be Christians, our choice is clear.

[REDACTED]

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Application Extension Amendment
Date: Thursday, August 9, 2018 8:53:35 AM

The barriers to being able to successfully “enforce” and support individuals to comply with this mandate is to remove the barriers that interfere with an ability to work:

Here are the top three (although there are many more):

1. Affordable childcare (more likely most will be unable to pay for any childcare since most jobs available are, at most, minimum wage).
2. Affordable and available transportation. Again, since most likely these jobs will be, at most, minimum wage, recipients will not be able to afford their own transportation.
3. Work skills and ethics. This is not innate. Mentors and resources must be tangible and readily available and consistent over a period of time . This is not a quick fix.

Without addressing barriers, as well as identifying and providing supports and resources, just requiring someone to work does nothing but exacerbate continued poverty and reliance on the system. Systemic changes over a long period of time must be what drives any possibility of success) from a systemic point of view as well as a personal point of view).

Unfortunately, I have seen no evidence of any of these considerations attached to this published mandate.

Sent from my iPhone

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: "Demonstration Extension Application Amendment"
Date: Thursday, August 9, 2018 8:43:38 AM

To whom it may concern,

Please do not Implement work requirements for Medicaid. There are many many people who encounter barriers to employment who still deserve Health Care! If we want to have a society, we have to care about the other members in it. That means doing what we can to keep them healthy. Everyone knows that getting Health Care is not affordable without insurance. And for many people, insurance is not an option. My partner cannot afford insurance because it cost \$700 a month, and he only makes \$3000. When he goes to see his family physician, the charge is \$175. A required 20-minute appointment to get medication costs more than he makes in a day. And he has to take a day off just to go to the appointment, losing that income. Legislators who have never had to bear the burden of paying healthcare costs without sufficient income have no business restricting the health care of people who go through a daily struggle just to survive. the proposal to implement work requirements is based on a theoretical idea that putting pressure on people will help them improve. This is been shown again and again by data to be untrue. If you want people to improve, support them and give them the tools they need.

Thank you for your consideration.

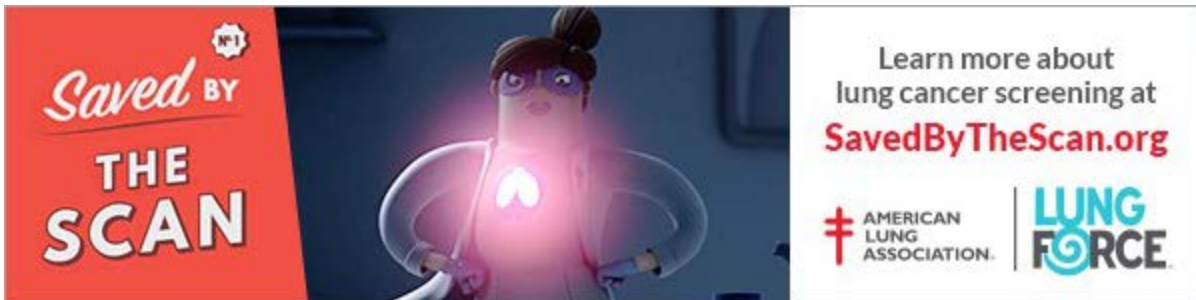
[REDACTED]

From: Ken Fletcher
To: [HealthyMichiganPlan](#)
Cc: [Hannah Green](#); [Erika Sward](#)
Subject: Demonstration Extension Application Amendment
Date: Wednesday, August 8, 2018 4:52:26 PM
Attachments: [Lung Association in Michigan Medicaid Sec 1115 Waiver Comments.pdf](#)

Good Afternoon,

Please find the American Lung Association in Michigan's comments to the demonstration extension application amendment of the 1115 waiver attached. As always don't hesitate to reach out if you have any questions. Thank you for the opportunity to comment on the amendments.

Kenneth Fletcher
Director of Advocacy
American Lung Association in Michigan and Ohio
PO Box 70031 | Lansing, MI 48908-0031
O: 248-220-5213 | C: 517-582-7688
Lung HelpLine: 1-800-LUNGUSA
[Lung.org](#) | Ken.fletcher@Lung.org





August 8, 2018

Nick Lyon
Director
Michigan Department of Health and Human Services (MDHHS)
333 S. Grand Avenue
Lansing, MI 48913

Re: Section 1115 Demonstration Extension Application

Dear Director Lyon:

The American Lung Association in Michigan appreciates the opportunity to submit comments on Michigan's Section 1115 Demonstration Extension Application.

The American Lung Association is the oldest voluntary public health association in the United States, currently representing the 33 million Americans living with lung diseases including asthma, lung cancer and COPD, including nearly 1.5 million Michiganders. The Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease through research, education and advocacy.

The American Lung Association in Michigan believes healthcare should be affordable, accessible and adequate. The Lung Association strongly supports the Healthy Michigan Program, which has extended coverage to 680,000 low-income individuals and families in the state.¹ This coverage helps lung disease patients access asthma medications to help them breathe, preventive services like tobacco cessation and lung cancer screening, and many other treatments to manage their conditions and stay healthy.

The purpose of the Medicaid program is to provide affordable healthcare coverage for low-income individuals and families. Unfortunately, Michigan's application does not meet this objective and will instead create new financial and administrative barriers that jeopardize access to healthcare for patients with asthma, COPD, lung cancer, and other lung diseases. According to one estimate by the Michigan House Fiscal Agency, up to 54,000 Michiganders will lose their coverage as a result of this waiver.² The American Lung Association in Michigan therefore opposes this proposal.

Under the waiver, individuals with incomes between 100 and 138 percent of the federal poverty level (approximately \$1,372/month to \$1,893/month for a family of two) would face new barriers to coverage after receiving 48 cumulative months of coverage through the Healthy Michigan program. These individuals would be required to pay monthly premiums equal to five percent of their income and complete or commit to an annual healthy behavior, unless they can demonstrate that they qualify for an exemption. Individuals who cannot meet this requirement will lose their coverage. A premium of five percent of monthly income will range from approximately \$50 to \$67 for an individual, a sizable cost for this low-income population. Research has shown that even relatively low levels of cost-sharing for low-income populations limit the use of necessary healthcare services.³ This means that patients with lung disease may cut back on the healthcare that they need to manage their condition and stay healthy. Additionally, the Lung Association is concerned that, instead of incentivizing healthy behaviors, conditioning coverage on completing an annual healthy behavior will reduce coverage for individuals in need of care. Ensuring that Medicaid enrollees have access to comprehensive health coverage that includes all of the treatments and services that they need to live healthy lives would likely be a more effective approach to improving health in Michigan.

American Lung Association in Michigan
Section 1115 Demonstration Extension Application Comments
August 8, 2018

Also under this waiver, individuals between the ages of 19 and 62 would be required to either demonstrate that they work at least 80 hours per month or meet exemptions. One major consequence of this proposal will be to increase the administrative burden on all patients. Individuals will need to attest that they meet certain exemptions or have worked the required number of hours on a monthly basis. Increasing administrative requirements will likely decrease the number of individuals with Medicaid coverage, regardless of whether they are exempt or not. For example, after Washington state changed its renewal process from every twelve months to every six months and instituted new documentation requirements in 2003, approximately 35,000 fewer children were enrolled in the program by the end of 2004.⁴ Battling administrative red tape in order to keep coverage should not take away from patients' or caregivers' focus on maintaining their or their family's health.

Failing to navigate these burdensome administrative requirements could have serious – even life or death – consequences for people with serious, acute and chronic diseases, including lung diseases. If the state finds that individuals have failed to comply with the new requirements for three months, they will be locked out of coverage for *at least* one month. Additionally, if the state finds that individuals have misrepresented their compliance, these individuals will be locked out of coverage for one year. People who are in the middle of treatment for a life-threatening disease, rely on regular visits with healthcare providers or must take daily medications to manage their chronic conditions cannot afford a sudden gap in their care.

The American Lung Association in Michigan is also concerned that the current exemption criteria may not capture all individuals with, or at risk of, serious and chronic health conditions that prevent them from meeting these requirements. While the Lung Association is pleased that patients will have the option to demonstrate that they qualify for an exemption through self-attestation, the reporting process still creates opportunities for administrative error that could jeopardize coverage. No exemption criteria can circumvent this problem and the serious risk to the coverage and health of the people we represent.

Administering these requirements will be expensive for Michigan. The Michigan House Fiscal Agency estimates that the state's administrative costs will be approximately \$20 million, in addition to one-time information technology costs of up to \$10 million.⁵ States such as Kentucky, Tennessee and Virginia have also estimated that setting up the administrative systems to track and verify exemptions and work activities will cost tens of millions of dollars.⁶ These costs would divert resources from Medicaid's core goal – providing health coverage to those without access to care – as well from other important initiatives in the state of Michigan.

Ultimately, the requirements outlined in this waiver do not further the goals of the Medicaid program or help low-income individuals improve their circumstances without needlessly compromising their access to care. Most people on Medicaid who can work already do so.⁷ A recent study, published in *JAMA Internal Medicine*, looked at the employment status and characteristics of Michigan's Medicaid enrollees.⁸ The study found only about a quarter were unemployed (27.6 percent). Of this 27.6 percent of enrollees, two thirds reported having a chronic physical condition and a quarter reported having a mental or physical condition that interfered with their ability to work.

The American Lung Association in Michigan also wishes to highlight that the federal rules at 431.408 pertaining to state public comment process require at (a)(1)(i)(C) that a state include an estimate of the expected increase or decrease in annual enrollment and expenditures if applicable. The intent of this section of the regulations is to allow the public to comment on a Section 1115 proposal with adequate information to assess its impact. However, on pages 14-15 of this proposal, the Department reuses budget neutrality estimates from an earlier proposal that are no longer relevant and



American Lung Association in Michigan
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August 8, 2018

states that “MDHHS expects annual HMP enrollment to decrease but the total number of beneficiaries who will be impacted is unknown at this time.” We urge the Administration to release updated enrollment and expenditures data and include this analysis in its application to the federal government to ensure the application meets federal requirements.

The American Lung Association in Michigan believes everyone should have access to quality and affordable healthcare coverage. Michigan’s Section 1115 Demonstration Extension Application does not advance that goal. Thank you for the opportunity to provide comments.

Sincerely,



Ken Fletcher
Director of Advocacy
American Lung Association in Michigan

¹ Michigan Department of Health and Human Services, Healthy Michigan Plan Enrollment Statistics, July 31, 2018. Available at https://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943_66797---,00.html.

² Michigan House Fiscal Agency, Legislative Analysis of Healthy Michigan Plan Work Requirements and Premium Payment Requirements, June 6, 2018. Available at: <http://www.legislature.mi.gov/documents/2017-2018/billanalysis/House/pdf/2017-HLA-0897-5CEEF80A.pdf>.

³ Samantha Artiga, Petry Ubri, and Julia Zur, “The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings,” Kaiser Family Foundation, June 2017, <https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/>.

⁴ Tricia Brooks, “Data Reporting to Assess Enrollment and Retention in Medicaid and SCHIP,” Georgetown University Health Policy Institute Center for Children and Families, January 2009.

⁵ Michigan House Fiscal Agency, Legislative Analysis of Healthy Michigan Plan Work Requirements and Premium Payment Requirements, June 6, 2018. Available at: <http://www.legislature.mi.gov/documents/2017-2018/billanalysis/House/pdf/2017-HLA-0897-5CEEF80A.pdf>.

⁶ Misty Williams, “Medicaid Changes Require Tens of Millions in Upfront Costs,” Roll Call, February 26, 2018, <https://www.rollcall.com/news/politics/medicaid-kentucky>.

⁷ Rachel Garfield, Robin Rudowitz, and Anthony Damico, “Understanding the Intersection of Medicaid and Work,” Kaiser Family Foundation, February 2017, <http://kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work/>.

⁸ Renuka Tipirneni, Susan D. Goold, John Z. Ayanian. Employment Status and Health Characteristics of Adults With Expanded Medicaid Coverage in Michigan. *JAMA Intern Med*. Published online December 11, 2017. doi:10.1001/jamainternmed.2017.7055

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 1:15:11 PM

On behalf of a Michigan resident...

" My grandparents are currently using Medicaid to pay for required nursing care for their advanced age, my cousin's son is severely disabled due to illness as an infant and Medicaid helps with his medication and periodic surgeries "

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 1:17:05 PM

On behalf of a Michigan resident...

" If someone has the need for care then Medicaid needs to be there."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 1:18:15 PM

On behalf of a Michigan resident...

" I have multiple cousins that work part time who are currently unable to work full time that are having positive health outcomes as a result of inclusion in Medicaid since the implementation of ACA. For one, this has meant access to a gynecologist for the first time in her life. For another, it means physical therapy to address a years-old back injury."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 1:19:40 PM

On behalf of a Michigan resident...

"My partner has chronic kidney disease and extreme congenital hypertension. He is a classical musician, which is not a highly paid career. He needs medicine and care from specialists just to stay alive. He discovered his disease when his kidneys failed and he almost died. He was uninsured and terrified. U of M covered him under a county-level charity program, otherwise he would have died. This program no longer exists. Healthy MI is the only thing keeping him alive."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 1:22:07 PM

On behalf of a Michigan resident...

"The State of Michigan is aware of the benefits of wellness/preventative healthcare services. Medicaid provides my family that service."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 1:29:21 PM

On behalf of a Michigan resident...

" I do in-home daycare and I am not eligible for unemployment. I can't justify charging low income families half of their paycheck to watch their children. I am low income and rely on Medicaid for my medical needs"

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 1:30:31 PM

On behalf of a Michigan resident...

**" Medicaid has helped keep low income individuals and families in good health,
which supports my community."**

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 1:32:00 PM

On behalf of a Michigan resident...

"More coverage allows people to sustain a certain level of health, enabling them to pursue their dreams and improve their lives and the lives of the people they love. What better benefit could we ask for?"

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 1:33:19 PM

On behalf of a Michigan resident...

" We had Medicaid when I was pregnant with my daughter and it was a lifesaver. We now are lucky enough to have blue cross blue shield but I will never forget that Medicaid was there when I needed it. Also, I'm a stay at home mom."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 1:34:44 PM

On behalf of a Michigan resident...

" More people have access to healthcare. Thus, more people can have fulfilling lives which includes employment."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 1:35:49 PM

On behalf of a Michigan resident...

" These changes do not apply to me because I am disabled and will exceed the age limit by the time it goes into effect, but without expanded Medicaid to begin with, I would have been unable to have the tests and Doctor visits necessary to get disability."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application
Date: Friday, August 10, 2018 1:40:08 PM

On behalf of a Michigan resident...

" Before losing health coverage from a clerical error my partner saw a doctor for the first time in 10 years! That is not an exaggeration. Now they have a serious health issue and CANT WORK but we are terrified by what it's going to cost now to just find out what is going on. "

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 1:41:11 PM

On behalf of a Michigan resident

" Medicaid pays for ongoing psychiatrist visits and medication which would be unaffordable without Medicaid."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 1:42:29 PM

On behalf of a Michigan resident...

" For my family, Medicaid has allowed affordable coverage for my son, who has an intellectual and developmental disability, maintain a healthy life into adulthood. I had to leave my job when he finished school to ensure proper care for him. When I left my job, my family lost its health benefits. Now we pay \$1,200 per month premium with a \$13,000 deductible from the ACA Exchange. My son, who has Medicaid coverage, has significant health needs. To maintain a healthy life, without Medicaid, we would be paying that \$13,000+ every year, in addition to the premium. It is important for our legislators and communities to note, that for people with I/DD, Medicaid is far more than just health care. Most don't understand that, and they should be more knowledgeable."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 1:43:38 PM

On behalf of a Michigan resident...

" Everyone has benefited from Medicaid coverage, because a healthy community is a strong community that can do more."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 1:44:33 PM

On behalf of a Michigan resident...

" By keeping families in our community healthy. By providing some reimbursement to hospitals for necessary care and helping to keep people out of the emergency room. "

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 1:46:07 PM

On behalf of a Michigan resident...

" My best friend just broke her foot badly and needed surgery, she cannot work with the injury and may lose her job but needs medical care. Medicaid was there for her."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 1:47:08 PM

On behalf of a Michigan resident...

" Medicaid provides essential health care access to thousands of Michigan residents. The expansion of Medicaid under the ACA was a great step forward in moving towards providing affordable health care to all Americans. This is a moral question."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 1:49:14 PM

On behalf of a Michigan resident...

" I am able to get adequate healthcare to be able to continue my education and become a productive citizen"

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 1:54:07 PM

On behalf of a Michigan resident...

" Everyone I know who has used Medicaid has been going through legitimate hardship and that last bit of safety net has protected them as fellow Michiganders. One friend lost her job coinciding with a diagnosis of MS. Medicaid allowed her to take care of herself and she now is a co-owner of her own small business. Two others were struggling with addiction and depression from the death of those close to them. One is now employed full time, one is employed full time and taking classes at the same time. When they were on the edge of everything Medicaid allowed them to get treatment and ultimately recover. They obviously wanted to work, but needed medical care to do so."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 1:55:18 PM

On behalf of a Michigan resident...

" Both a family member and I have received treatment through Medicaid that we would not have otherwise been able to receive. This allowed us to contribute back to society in valuable ways. I am generally very healthy and use very little that Medicaid provides, but I was able to care for my father during the end of his life without the additional fear of what would happen if something happened to me. In other, poorer developed countries around the world, this peace of mind is simply taken for granted. Surely the United States as the richest country in history and a country that finds enough money to fund a military bigger than the next twelve combined can provide what these other countries can."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 1:56:28 PM

On behalf of a Michigan resident...

" My son, who is a University of Michigan graduate, ran into problems in Chicago after doing Cancer Research for 6 years immediately after graduation. He moved home for a few months with a need to regroup and he wanted to move out west. He is ADHD, has anxiety and depression. Medicaid gave us a stop gap for 4 or five months where he could get his medicine again and was able to secure another job in Seattle at the University of Washington. He was not really able to function when he moved home. Medicaid made it so he could see a physician and find a new job. "

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 1:57:54 PM

On behalf of a Michigan resident...

" My children attend a title 1 public school and I know how much the parents and sometimes the entire families struggle with food insecurity. The Medicaid program has helped so many people who are trying to keep their heads above water."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 1:59:32 PM

On behalf of a Michigan resident...

" Providing access to health care enables low income residents to concentrate on other economic necessities, such as housing, childcare, transportation, and saving for the future."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:04:07 PM

On behalf of a Michigan resident...

" It is the right thing to do morally. I feel proud to live in a state that is trying to help its residents most in need."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:05:30 PM

On behalf of a Michigan resident...

" A healthy society helps everyone. Less recourse to emergency rooms. Less contagion (especially among children in school). I disapprove of work requirements."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:07:01 PM

On behalf of a Michigan resident...

" Medicaid is the stop-gap that prevents situations Michiganders experience at a specific time and place in their lives from defining their futures.

Without Medicaid, individuals that find themselves without access to affordable healthcare have to make choices about their immediate needs at the expense of their long term health. By ignoring a health issue today, a person can find themselves permanently disabled. As a state that means that we save money on Medicaid costs at the expense of lifetime support costs when an individual becomes incapacitated. This isn't good for our communities and it isn't the right way to treat people in crisis.

Without Medicaid, the pathway out of poverty is difficult, unlikely.

As a young adult and mother, I found myself relying on Medicaid to stay afloat after having major surgeries to preserve my ability to walk. Working three jobs I was able to provide housing, food and safe childcare for my family while working through school and trainings to prepare for a better future. Because of Medicaid, I knew that I didn't have to sacrifice my home, or my health, to make ends meet. While I am forever grateful for the three years that Medicaid provided for my family, I can now safely say that I don't ever expect to need any type of state assistance again. I have a great job (thanks to being able to finish my education), I pay for my healthcare, I own my home, I have savings in the bank, I have significant retirement savings and I have saved nearly \$100,000 for my children to attend college - so they never find themselves in my shoes.

Making Medicaid less accessible has long lasting consequences that far surpass any perceived savings. Medicaid is not the tool to force people into jobs that can't and won't ever be able to provide."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:07:55 PM

On behalf of a Michigan resident...

" My husband was under-employed and seriously ill (cardiac and renal issues) with no coverage whatsoever until Healthy Michigan was put in place. If not for this program, he would either be dead or we would be on the street - there was no way we would be able to pay the horrendously high medical bills."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:09:36 PM

On behalf of a Michigan resident...

" I had a mental health crisis, was hospitalized, and chose to resign from my job because I did not qualify for FMLA or short term disability since I had not worked there for an entire year. Medicaid has filled the gap for me, and I'm about to enter a PhD program as a funded Graduate Teaching Assistant where I will be able to get health care through the University. Without Medicaid, I would be bankrupt and potentially dead from not being able to afford mental health care."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:10:51 PM

On behalf of a Michigan resident...

" More people have been insured and help support our local small hospitals"

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:13:14 PM

On behalf of a Michigan resident...

" Medicaid coverage reduces unpaid care at local hospitals and providers, keeps my neighbors healthier, too. "

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:14:02 PM

On behalf of a Michigan resident...

" I have had chronic and severe asthma for my entire life. This condition forces me to attend the emergency room 3-4 times per year. I attend the Urgent Care at least as many times per year. My asthma prescriptions as well as other prescriptions that I receive are covered. "

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:14:55 PM

On behalf of a Michigan resident...

" Medicaid has enabled so many families in Michigan to have health insurance. No one should experience a financial crisis because they get sick and no sick person should be turned away when seeking treatment. This is the richest country in the world. We can afford to take care of our own."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:15:49 PM

On behalf of a Michigan resident...

" My children are on Medicaid and it has made the difference in being able to schedule routine appointments and checkups and get support when needed. "

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:16:57 PM

On behalf of a Michigan resident...

" My disabled son has independent living supports that are effective. Appropriate job training supports would be great but they don't exist yet. "

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:17:55 PM

On behalf of a Michigan resident...

"I'm a social worker and most of my clients are covered by Medicaid, many through Medicaid expansion. Medicaid coverage helps alleviate some negative health impacts of poverty (lead poisoning in children), besides covering necessary healthcare it is also a gateway through which many are identified and connected with additional resources they need- providers discover a patient is homeless, providers discover a disabled patient doesn't know how to apply for social security or even that they can, et cetera. "

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:18:48 PM

On behalf of a Michigan resident...

" I work with a large number of individuals who have received Medicaid coverage. This coverage has increased the health of the family as a whole, which has lessened stress for parents and allowed them to parent more effectively. Lowered stress and better health are directly correlated with lower rates of child abuse and neglect. Lower rates of abuse and neglect are directly correlated with lower long-term healthcare needs. So Medicaid coverage now saves the government significant amounts of money in the future. Medicaid should not be made more difficult to access. "

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:21:22 PM

On behalf of a Michigan resident...

" Members of my community have been able to see a doctor and obtain medical evidence necessary to apply for Disability due to medicaid coverage. They have been able to lead healthier lives, and work towards improvements leading to becoming productive members of society."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:22:54 PM

On behalf of a Michigan resident...

" Medicaid supported my family in the time of need during transition to new jobs (for about a year) and currently supports a disabled family member. "

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:24:14 PM

On behalf of a Michigan resident...

" Children and their families have health care leading to positive health outcomes. Kids and families will suffer if parents lose coverage due to work requirements."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:25:13 PM

On behalf of a Michigan resident...

" As a primary care physician, I have seen Medicaid allow disadvantaged people become more productive members of society. "

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:26:37 PM

On behalf of a Michigan resident...

" In the past year I ended up in the hospital 6 times and then needed to see several different types of specialists to finally determine why I had such a high blood pressure and risk of stroke even while on medication and eating properly. It took 6 months of continuous appointments to finally find the underlying medical condition and start to treat that so my blood pressure could improve. I missed numerous days of work in order to accomplish this and could barely pay my share of rent and buy enough gas to get to and from the appointments and work. During part of this time I was not working because I quit the job that was causing my blood pressure to spike so high that my vision went black and the paramedics worried I might have a stroke before making it to the hospital. During that 2 months I needed to not work while I began recovery and had doctors appointments several times per week. Under the new plan I would have been dealing with the stress of the work requirements while dealing with stress-induced risk of stroke. My toddlers might not have a mother any more if I had not been permitted to be off of work while reducing my risk of stroke. And the medical appointments continued once I was back to work, slightly over poverty income. So the 5% would have made me choose between electricity and medical. I already don't have frivolous expenses like pets or cable TV or parties, or even recent clothes despite my existing clothes being almost worn through and no longer fitting. There was nothing to get the 5% from. So I would not have insurance and who knows if my boys would be orphaned if I hadn't gotten the medical care I needed. "

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:27:32 PM

On behalf of a Michigan resident...

" I work with Medicaid recipients and most are very vulnerable and need support and resources."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:30:44 PM

On behalf of a Michigan resident...

" My daughter & her 2 children currently have Medicaid coverage. My daughter have been working for the same child care provider for 13 yrs and unable to afford their medical benefits after the kids. I'm struggling trying to afford health care for me & my son and I have been told my coverage is pretty good through my company."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:31:41 PM

On behalf of a Michigan resident...

" I know so many people that depend on Healthy Michigan Coverage to make their everyday lives work. This program saves lives and tax payer dollars when looking at the BIG PICTURE."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:32:27 PM

On behalf of a Michigan resident...

" Communities that have access to healthcare are more productive."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:33:30 PM

On behalf of a Michigan resident...

" As an oncology nurse for over 40 years I have seen financial hardship including bankruptcy for the uninsured/under-insured and have at least 4 head and neck cancer patients in my practice area alone who are cancer-free due to Healthy Michigan (admitted they would not have sought care if they were uninsured). "

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:36:32 PM

On behalf of a Michigan resident...

" Medicaid helps keep my severely disabled daughter alive. Despite being disabled she brings joy to everyone who comes into contact with her. She makes the world a better place."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:37:18 PM

On behalf of a Michigan resident...

" I was on the Healthy Michigan plan when it was first implemented. I've since incomed out of it. I was able to get a toothache fixed because of it. Now I pay about \$100/month through my employer for worse coverage that I don't use."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:38:30 PM

On behalf of a Michigan resident...

" Healthy Michigan prevented unnecessary hospitalization and personal bankruptcy."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:39:23 PM

On behalf of a Michigan resident...

" People with low incomes can get health care. That's a good in itself."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:40:09 PM

On behalf of a Michigan resident...

" A family member has been able to have access for the care of her daughter and for herself which she would otherwise not be able to afford."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:41:01 PM

On behalf of a Michigan resident...

" My son, who has multiple severe disabilities (both physical and developmental) has been on Medicaid since he turned 18. Medicaid has covered many costs of his health care which we would have been unable to afford "

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:42:39 PM

On behalf of a Michigan resident...

" Keeping people healthy in school or work and enhancing the health of the community as a whole...improving social determinants of health outcomes"

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:43:18 PM

On behalf of a Michigan resident...

" Medicaid has lifted so many out of dire circumstances. This is a public good I gladly pay for."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:44:27 PM

On behalf of a Michigan resident...

" I served as the director of a free clinic in our community for 15 years. The HMP changed lives for the better. As I signed individuals up for HMP, I saw tears of joy, sighs of relief and determined individuals who intended to make healthy choices and take charge of their lives. It was heart breaking and heart warming all at once. Health care SHOULD be a right for all Michiganders not just the privileged."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:45:19 PM

On behalf of a Michigan resident...

" Family member had serious back infection that could have been deadly if not for access to health care."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:46:04 PM

On behalf of a Michigan resident...

" My family had medical coverage though my husband's job, but he has recently become unemployed and is having trouble finding a new job. I'm very grateful that are kids can be covered by Medicaid during this challenging time. They need checkups with vaccinations for school registration."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:46:48 PM

On behalf of a Michigan resident...

" We are the only civilized country without universal care. It is cruel and barbaric that we have to struggle to pay care costs like this. Losing our homes, etc. "

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:48:14 PM

On behalf of a Michigan resident...

" We are a stronger community when we care for the vulnerable."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:49:05 PM

On behalf of a Michigan resident...

" Thankfully, my family has never had to rely on Medicaid coverage. I realize that not everyone is as blessed as we are. A healthy community benefits us all. "

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:50:01 PM

On behalf of a Michigan resident...

" While we do not have Medicaid at this time, several years ago my children did and when my son had to have surgery, our primary (commercial) insurance would have left us with an \$8,000 copay, which would have crippled us. Medicaid covered the rest, which allowed us to not be trapped by a bill we couldn't pay."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:51:11 PM

On behalf of a Michigan resident...

" I believe everyone has a right to health care. The Medicaid expansion in Michigan has allowed low income folks to get needed care and are healthier. They are better able to care for themselves and others and seek employment. "

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:52:16 PM

On behalf of a Michigan resident...

" In addition to providing care for many of our elders in nursing homes or through home health services, the Medicaid expansion has meant that thousands of our community members have received important health care benefits enabling them to look for work - or remain at work. This is a positive for everyone in Michigan! "

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:53:08 PM

On behalf of a Michigan resident...

" I work hard to ensure that those who are not able to work (either permanently or temporarily) can get the care they need. Healthcare for ALL. It's the morally correct thing to do. "

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:56:51 PM

On behalf of a Michigan resident...

" I would have no other way of getting or staying on my medications for PTSD, major depressive disorder, and anxiety. My children would not have their medications for asthma, chronic acid reflux, and multiple allergies. Loss of insurance would have a severely negative impact on my family."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:58:04 PM

On behalf of a Michigan resident...

" Insuring the most vulnerable in our communities. Providing life saving and chronic disease management services for those who would likely go without. Many people on Medicaid already are working. The percent who do not and are physically, emotionally, economically able is a very small minority and there are many barriers in rural areas making gainful employment very difficult. In addition, Michigan Right to Work Laws provide workers in Michigan with little protection. I think the right way to approach this is to remove the income restriction for qualifying for Medicaid and open it up to every resident in the state of Michigan as a viable option for health insurance coverage. Each person will pay 3% of their gross income to fund the program. For example, someone making 24,000 per year would pay \$720 per yr; someone making \$240000 per year would pay \$7200 per yr. no copays, deductibles or out of pocket expenses. In this way every Michigan resident can benefit from, if they so choose, the program which our tax \$\$ help to support."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:58:49 PM

On behalf of a Michigan resident...

" A family member on profoundly developmentally disabled, while another is severely limited by physical disability and another by a mental health issue. Their access to Medicaid has provided irreplaceable support for their conditions. "

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:59:53 PM

On behalf of a Michigan resident...

" I have off and on struggles with keeping work due to PTSD/Anxiety, and have used Medicaid quite a bit. Under the VA, I don't have traditional emergent care and used it for that."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 3:00:46 PM

On behalf of a Michigan resident...

" My grand son is a full time college student, his parents cannot afford to carry him on their health insurance. He works part time which does not qualify him for employee health insurance. Being able to obtain Medicaid has been a blessing! "

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 3:01:43 PM

On behalf of a Michigan resident...

" We are able to get the medical help we need as senior citizens. Without it we would have no money to pay for the coverage we would need having preexisting conditions. It has allowed me to get my diabetic medicine and my husband's high blood pressure medication. Without the coverage we could not afford to pay for the medicine."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 3:04:03 PM

On behalf of a Michigan resident...

" Yes, Medicaid does help a lot of people. My daughter was on it and her daughter has it. Child care was an issue for them to work. Anyone working with insurance pays 30% of the premium, so I think 5% is reasonable."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 3:05:04 PM

On behalf of a Michigan resident...

" It has literally saved my life by allowing me to get an expensive test that showed that an organ was rotting in my body. Without coverage, I could not have gotten the test."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 3:05:57 PM

On behalf of a Michigan resident...

" A number of my family members are hardworking and industrious, but unable to find or hold jobs for multiple reasons. They have medical conditions that would go undiagnosed and treated without Medicaid."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 3:06:51 PM

On behalf of a Michigan resident...

" Individuals who have never had healthcare coverage now have the opportunity to manage their health."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 3:07:57 PM

On behalf of a Michigan resident...

" Healthy Michigan Plan has provided community members an opportunity to afford healthcare coverage for the first time in a long time. They are able to get comprehensive medical care and preventive services which will save them and the State a lot of money. We need to find ways to lower premiums and deductibles instead of adding additional work requirements. It is our duty to take care of ALL Michiganders, especially those who are most vulnerable."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 3:09:02 PM

On behalf of a Michigan resident...

" Medicaid was never designed to be a workforce development program. One great benefit to our community is that people who need it can continue to live and function with dignity. How many more people would be completely dependent on charitable resources that are already stretched thin should these new rules apply? These new, Republican-sponsored work rules are another attempt at weakening the "safety net" for low-income citizens. Such actions are reprehensible, especially in view of rising healthcare costs."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 3:09:54 PM

On behalf of a Michigan resident...

" Important mental health and surgery was possible because of Medicaid."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 3:10:00 PM

On behalf of a Michigan resident...

" I have been able to have my chronic conditions treated, so I have been able to stay healthy and contribute within my community, by advocating for others who are disabled. This is an issue of Humanity (i.e. being humane) and we all need to take care of each other. We NEED universal healthcare; Medicare for all! Do the right thing! NO CHANGES TO MEDICAID! Let compassion rule the day!"

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 3:11:20 PM

On behalf of a Michigan resident...

" Medicaid provides behavioral health care to our daughter in a manner that supports her to be included in the community and employed part time. "

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 3:12:14 PM

On behalf of a Michigan resident...

" I work in a Physical Therapy clinic. Our patients that are covered by Medicaid are able to be treated for injuries that they weren't able to take care of without Medicaid. This allows them to stay healthy so they can move. This reduces the burden in other areas of healthcare, if they aren't sedentary and getting diseases related to that. "

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 3:13:10 PM

On behalf of a Michigan resident...

" I'm a single mom working 2 jobs, well over full time hours. But the pay is low and no benefits are offered. Medicaid is the only insurance we have and couldn't afford anything else."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 3:14:10 PM

On behalf of a Michigan resident...

" It covers my sister and her wife who both have serious health issues and are disabled, but not disabled by Social Security standards. One has mental health issues and would probably kill herself without it. The other has some mental issues too but also physical ones. For me, I have 3 degrees but no job because I cannot find work, plus I have an infant, and a teenager who's disabled. This work requirement will do serious damage to many and throw us all under the bus again. People will lose their jobs because the health care facilities won't be able to afford them any longer. "

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 3:15:04 PM

On behalf of a Michigan resident...

" The Healthy Michigan Plan has kept my family alive. Without our health care coverage, we would lose our home. I do not know how we would survive without the Healthy Michigan Plan."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 3:16:17 PM

On behalf of a Michigan resident...

" Feels good being in a community where there is a safety net of a sorts for those in my community who need it."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 3:17:16 PM

On behalf of a Michigan resident...

" I am a single mother and full time student. Most places will only hire for thirty hours and below. I have a bachelor's and make just over minimum wage. I also have an internship, which is twenty free hours a week. I don't have time to get help when I'm sick. Added stress means I will never go. "

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 3:18:26 PM

On behalf of a Michigan resident...

" My parents have benefited from the Healthy Michigan Plan/Medicaid. They are older, have put in their years of work and are able to live a simple life on minimal income. These programs have helped them to keep up on their health issues without forcing them out of their home. Without these programs, they may have ignored serious health issues and may not be here today. My brother and his family of 6 has also benefited from these programs which helps keep them from bankruptcy for the second time. I have employee sponsored healthcare, pay premiums, co-pays, and deductibles. However, I still support Medicaid and the Healthy Michigan Plan 100%!"

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 3:19:13 PM

On behalf of a Michigan resident...

" It benefits mostly individuals and families with children who do not have little or no medical insurance."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 4:00:23 PM

On behalf of a resident of Michigan...

" I don't want my daughter to have to change her education track because someone has decided that what she is studying isn't "job related". I don't want people to lose coverage because they missed reporting their work or educational activities one month. I don't want people to lose their coverage because the only work they can find will not cover the cost of their childcare. I don't want people to lose their coverage because they don't have access to transportation."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 4:01:17 PM

On behalf of a Michigan resident...

" More people would go bankrupt from using the hospital, people may die earlier than necessary due to lack of treatment. Medical facilities will lay off staff because of funding woes. It's a snowball action. Please keep Healthy Michigan"

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 4:02:43 PM

On behalf of a Michigan resident...

" When looking at other first world countries, America is the only country putting people in debt in paying medical bills. We are supposed to be the greatest country in the world and yet our citizens are not being given basic Heath care without large debts. This needs to change. Biblically, Jesus took care of the broken. The same should be said for our government. It's hypocritical for some of these religious rights to want to abandon the poor then citing the Bible when doing it."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 4:03:27 PM

On behalf of a Michigan resident...

" Work requirements will cause members of my community to lose their health coverage. That will force people needing care to go emergency rooms, rather than to a doctor who knows them and their health needs. Without access to good healthcare they will find it harder to take care of their children, to go to school and to look for work."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 4:04:26 PM

On behalf of a Michigan resident...

" Efforts to create a law limiting access to the Healthy Michigan Medicaid program is of great concern to organizations like ours who are committed to ensuring access to health services for all as a foundation for promoting health equity in our communities. Employment and educational attainment are values we espouse and believe are essential determinants of health. However, as punitive tools designed to exclude those who have been chronically unemployed or disconnected to the education system, this is a misdirected, if not malicious effort.

If work and educational requirements are deemed necessary – and we hope Gov. Snyder will use reason in his assessment of this legislation – we strongly recommend that community engagement, increased job readiness resources, and educational counseling be included as part of the package.

Michigan was a leader among states in establishing a strong Healthy Michigan program. It will take time to demonstrate its ultimate value to the disenfranchised population of our state. This is not the time to be reducing access to our vulnerable population."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 4:05:11 PM

On behalf of a Michigan resident...

" My brother is not the only one in Michigan that faces major challenges. Show some basic human decency for the people in our community."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 4:08:08 PM

On behalf of a Michigan resident...

" The proposal now being considered may result in many currently out of work people becoming physically unable to obtain and maintain gainful employment because of poor health due to lost Medicaid."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 4:09:19 PM

On behalf of a Michigan resident...

" I am working. Adjunct professors, which make up approximately 60-70% of the faculty in universities and colleges across the country, are given courses to teach based on availability. We are paid per course we teach, and there are not many courses available in the summer. For example, last school year, I taught 5 courses in Fall (60 hours/week), 4 (48 hours/week) in Winter, and only 1 (12 hours/week) in the summer. This means that I've fallen far below the proposed required work hours. If I were penalized for keeping my job, and only working what is available, it would be unjust and severely counterproductive for both my career and my health."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 4:10:15 PM

On behalf of a Michigan resident...

" It only further complicates the lives of direct support staff. This will add one more factor to the ongoing challenge of finding qualified individuals to serve as direct support staff "

-

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 4:11:24 PM

On behalf of a Michigan resident...

" It will push the struggles back to ED for care and mental health care back to county responsibility for payments when general funds are not provided, causing programs to be cut. Idiocy in the work's, provide universal care medicare to all people. The state and the US is a world wide embarrassment with neglecting health needs, including mental health, prisons are not and should not be pipeline for mental health care, they do a pathetic job trying, homelessness increases, veterans also left out."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 4:12:09 PM

On behalf of a Michigan resident...

" Required work without transportation is just setting people up for failure"

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 4:13:02 PM

On behalf of a Michigan resident...

" People with disabilities are 2.5 times more likely to live in poverty, those who receive benefits lose part of their benefits for earning too much! Forcing people to work is not the answer! How about an economy where jobs pay a wage that allow for independence and ability to get off entitlements. This mindset to mandate work can only point to a GOP philosophy that all people are takers - a white person's warped sense of those in need. "

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 4:13:56 PM

On behalf of a Michigan resident...

" I feel people should work. But you can not work at fast food and pay for day care. Day care needs to be higher quality. Let's break the cycle by offering job training , quality care"

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 4:14:49 PM

On behalf of a Michigan resident...

" People will suffer because of these changes."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 4:15:50 PM

On behalf of a Michigan resident...

" Healthy people are folks that give back...keep the community going, provide jobs, work jobs, contribute to community shops/stores, economy works better, others get jobs too: day care providers, etc...It's good all the way around."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 4:17:03 PM

On behalf of a Michigan resident...

" Personally, I would not meet the work requirement. I do not attend school for 80 hours per month. Due to my degree program availability, I can only attend just enough to make it impossible to find a job to accommodate my school schedule. The work requirement will cause me to lose my Medicaid. Without it, I will lose my medication. For people with Multiple Sclerosis, if they do not take a medication, their disease progresses. MS progression could lead to paralysis requiring a wheelchair, blindness, incontinence, cognitive issues including memory loss, and pain among other symptoms. If I were allowed to finish school and keep my Medicaid, I will have a career and no longer need Medicaid. If I lose my Medicaid, I will no longer be able to work ever again and end up on Medicare and disability."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 4:18:00 PM

On behalf of a Michigan resident...

" Changes to the Medicaid program would remove the necessary supports for people to live independently and participate in their community to the fullest extent possible."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 4:18:59 PM

On behalf of a Michigan resident...

" I believe the lawmakers proposed these changes because they think everyone on Medicaid is a lazy bum. The truth is that families are already struggling enough and now the lawmakers (who already have the best healthcare thanks to taxpayers) want to makes families suffer even more by making recipients jump through hoops of red tape causing even more stress and anxiety and struggling. "

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 4:20:02 PM

On behalf of a Michigan resident...

" Having to pay 5% of our income would be devastating and unsustainable. The current living wage for Michigan for a family of 3 with one person working/one caregiver is \$43,287. (<http://livingwage.mit.edu/states/26>) The numbers don't add up - if we make \$25,000 a year, where does that \$1250 come from? Food? Housing? Transportation?

We are also in a catch 22 - our income is likely to go up this year, which is great. But once we are out of Healthy Michigan, healthcare costs become unaffordable. Last time I checked a catastrophic plan had a \$12,000 deductible and costs \$120/month. How is that affordable on an income of \$30,000-\$35,000? If this is still the case, I will forgo insurance (now that there is no penalty) and risk bankruptcy if there is a medical emergency. It doesn't make sense to pay almost \$1500 a year for a checkup and then have to pay \$12,000 out of pocket before my deductible is met.

The answer to ALL of these issues, in my opinion, is a single payer system or national healthcare system. People forgo healthcare, switch jobs, get married and stay married because of healthcare coverage. It's not just a poor people issue, it's a middle class issue too, speaking as one who flits between the two demographics. It's ridiculous that we as a society have to worry about healthcare so much. "

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 4:21:24 PM

On behalf of a Michigan resident...

" It's going to make a lot of people who need help but can't work go without any health care. Congress and state officials are punishing the elders and the poor. While they continue to get wealthier. Not everyone on Medicaid is on it to take advantage of the system. They are on it to survive."

From: Emily Schwarzkopf
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 4:29:17 PM
Attachments: [MLPP Public Comment - HMP.pdf](#)

Attached you will find the Michigan League for Public Policy's written comments.

Thank you,

--

Emily Schwarzkopf
Policy Analyst
Michigan League for Public Policy
Office: 517-487-5436 Cell: 517-507-6934
mlpp.org



August 10, 2018

Governor Rick Snyder
P.O. Box 30013
Lansing, MI 48909

Nick Lyon, Director
Michigan Department of Health and Human Services
333. S. Grand Ave.
P.O. Box 30195
Lansing, MI 48909

Dear Governor Snyder and Director Lyon,

I write today to express my concerns about the waiver amendment to the Healthy Michigan Plan which would require those on the program to meet a stringent work requirement and a requirement that certain individuals pay substantial premiums in order to maintain coverage. We continue to have the same concerns today as we did when the legislation that triggered this process moved through the Legislature and onto Governor Snyder for approval.

If you look very plainly at the intention of the Medicaid program, the program was designed to give people with low incomes health insurance and improve their health. Nowhere in the Medicaid statute does it say that work could and can be used as a determination of eligibility¹. From that view, Medicaid is a health insurance program, not a jobs program. And while we believe fundamentally that work requirements do nothing to improve the health of our fellow Michiganders, are likely to cause excessive costs to our state budget, burdensome paperwork for doctors, beneficiaries, and state workers and may cost people their health coverage if they struggle to qualify for exemptions or get a job – today, I would like to focus on three main areas of concern regarding Michigan’s Section 1115 waiver request.

¹ 42 U.S.C. 1396a(a)(10), which states that Medicaid is for “making medical assistance available” for all eligible populations, including the expansion population.

We are deeply concerned about the coverage losses that may occur as a result of these changes. And while we believe all enrollees in Healthy Michigan will be impacted in some way – it is important for us to know if people will lose coverage because of these restrictions, whether it be through non-compliance, the inability to find a job and therefore meet the requirements, an inability to pay their premiums, or even if they no longer receive coverage because they did find a job that offered health coverage. The nonpartisan House Fiscal Agency estimated that 54,000 could lose coverage² but this did not take into account people that may lose coverage due to inability to pay the 5% premium after 48 months and assumes that everyone eligible for an exemption is able to secure one. Given these qualifiers, it is our belief that the coverage losses could be much greater. We implore the department to do what it can to provide advocates and beneficiaries an accurate picture of the number of people that may be harmed from these new provisions.

In our letter urging Governor Snyder to veto the legislation³, we highlighted another major concern and that is the lack of resources for people to comply with these requirements. If this is the path that Michigan is going to take, we need to ensure that people have the resources to meet these requirements. As written, the department would need only to direct individuals to existing resources for job training, transportation, and child care – many of these resources are significantly lacking.

The debate around transit has been raging in Michigan for years and to date there has been no significant progress on this in any part of our state. In its 2018 report, the America Society of Civil Engineers graded Michigan's transit system a C- stating that "the reliability and availability of these services to many areas is inadequate, and some of the urban systems are unable to adequately meet transit demands."⁴

Affordable child care is also essential to ensuring that individuals can take care of their families. But research shows that child care remains unaffordable to parents with low or moderate wages. The average cost of care for one infant in a licensed child care center in Michigan exceeds \$10,000, dropping only to \$7,300 for a four year old – these costs would be significantly difficult to overcome in families that have more than one child. In the Midwest, annual child care expenses for two children (\$19,728) rival the costs of a college education and far exceed housing costs (\$17,188).⁵ The truth of the matter is that families may find that the cost of child care is too great of a burden and may choose not to work because affordable care is not available.

Transportation, affordable child care, and job training are essential investments that the state can make to ensure that those who must meet these stringent requirements can. We would urge the next administration and the next Legislature to look at ways to invest in these important work supports. The entire state would ultimately benefit from these investments.

Finally, we have grave concerns about the decision to rescind the state's marketplace option and move instead to a requirement that individuals above 100% of the federal poverty line pay a 5% premium plus participate in increasingly challenging healthy behaviors in order to maintain coverage.

² Kevin Koorstra, *Healthy Michigan Plan Work Requirement and Premium Payment Requirements*, House Fiscal Agency, June 2018, <http://www.legislature.mi.gov/documents/2017-2018/billanalysis/House/pdf/2017-HLA-0897-78EF78F9.pdf>

³ *Letter from Michigan League for Public Policy President and CEO urging Governor Snyder to veto SB 897*, <https://mlpp.org/wp-content/uploads/2018/08/snyder-letter-sb-897-veto-clean.pdf> (June 1, 2018)

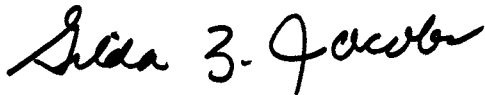
⁴ *Report Card for Michigan's Infrastructure*, https://www.infrastructurereportcard.org/wp-content/uploads/2016/10/FullReport-MI_2018-FINAL-1.pdf American Society of Civil Engineers (2018)

⁵ *Parents and the High Cost of Child Care*, Child Care Aware of Michigan (2017)

In Judge Boasberg's opinion in *Stewart vs. Azar* he concluded that the objective of Medicaid is not only to provide coverage, but also to reduce the costs of healthcare for low-income individuals and families.⁶ There is no doubt that these premium rates may make coverage unaffordable, especially for families with low-incomes. Five percent premium payments are unprecedented and have never been approved in any state. Premiums may significantly reduce enrollment and health coverage, rather than strengthen engagement in an individual's healthcare. It is also of concern regarding the requirement to participate in increasingly more challenging healthy behaviors. I worry that these individuals may not have easy access to options that would meet this definition.

The Michigan League for Public Policy has long advocated for the Healthy Michigan program and believes strongly that it has been of benefit to those that receive coverage through it and it has also benefitted the fiscal health of our state. Nearly 680,000 of our fellow Michiganders have received coverage through the program – that includes annual physicals, dental visits, cancer screenings, and prescription drugs. We are understanding of the limitations afforded to the department by ways of Public Act 208 of 2018 but we believe that for the reasons listed above and from the many comments you will receive that you should look closely at how these changes will impact the very people that have benefitted from the current success of the Healthy Michigan program.

Respectfully submitted,

A handwritten signature in black ink that reads "Gilda Z. Jacobs". The signature is written in a cursive, flowing style.

Gilda Z. Jacobs
President and CEO

⁶ See *Stewart v. Azar*, page 46, https://ecf.dcd.uscourts.gov/cgi-bin/show_public_doc?2018cv0152-74

From: MARK MCWILLIAMS
To: [HealthyMichiganPlan](#)
Cc: [ELMER CERANO](#)
Subject: Comments on Healthy Michigan Waiver Extension Request
Date: Friday, August 10, 2018 10:27:55 AM
Attachments: [HM Work Requirements waiver amendment comments 7-18.doc](#)

Greetings!

Here are written comments from Michigan Protection & Advocacy Service, Inc. (MPAS) on the proposed Healthy Michigan Medicaid waiver amendment.

Please feel free to contact me if you have any questions.

Mark McWilliams, Attorney
Director, Public Policy and Media Relations
Michigan Protection & Advocacy Service, Inc.
4095 Legacy Parkway, Suite 500
Lansing, MI 48911-4263
(517) 487-1755/(800) 288-5923
Fax: (517) 487-0827
mmcwilliams@mpas.org

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PROTECTION & ADVOCACY
SERVICE, INC.

Elmer L. Cerano, *Executive Director*

July 31, 2018

**Comments by Michigan Protection & Advocacy Service, Inc. (MPAS)
on Healthy Michigan Waiver Amendment 7/9/18**

Michigan Protection & Advocacy Service, Inc. (MPAS) is a private, nonprofit corporation mandated to advocate for people with disabilities in Michigan. MPAS appreciates the opportunity to comment on the July 9, 2018, Healthy Michigan Plan Waiver Amendment, particularly Section VI as it relates to the “workforce engagement” provisions. MPAS understands that MDHHS has been required to submit these amendments by state law, so we will not comment here on the merits of the workforce engagement provisions themselves or how they relate to the intent of the Healthy Michigan waiver, that is, “improving access to healthcare for uninsured or underinsured low-income Michigan residents” (p.5).

In Section VI, the initial program evaluations report specific improvements in mental health services under the waiver. Primary care providers noted that “coverage for ... mental health services [is a] previously unmet need being addressed by the Healthy Michigan Program” (p. 18). Among enrollees, 32.1% reported that they had at least one mental health condition, 56% knew that the Healthy Michigan Plan covered counseling for mental and emotional problems, and 38.2% said their mental health had improved (pp. 19-21).

The waiver amendment should specifically provide for evaluation of how these gains in mental health services will be affected by the changes in the waiver and the likely reduction in the number of people served (as noted in Section V). Michigan is currently experiencing a crisis in the provision of community mental health services and continues to experience problems with achieving mental health parity in private insurance. In this environment, maintaining gains in providing mental health services is crucial progress that should not be surrendered lightly.

Please contact Mark McWilliams, mmcwilliams@mpas.org, at (517) 487-1755 if you have any questions.

John McCulloch
President
Royal Oak

Veda A. Sharp
1st Vice President
Detroit

Terri Lynn Land
2nd Vice President
Byron Center

Hansen Clarke
Treasurer
Detroit

Jane Shank
Secretary
Interlochen

Thomas H. Landry
Immediate Past President
Highland

Pamela Bellamy, Ph. D.
Lansing

Alethea Brinkerhoff
Bloomfield Hills

Mark Lezotte
Detroit

Douglas P. Olsen
East Lansing

Paul Palmer
Lansing

Travar Pettway
Canton

Selena M. Schmidt
Shelby Township

Mark Stephenson
Troy

Mark Wiedelman
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Main Office:
4095 Legacy Parkway, Suite 500 • Lansing, MI 48911-4263
517.487.1755 (Voice or TTY)
800.288.5923 (Information and Referral)
517.487.0827 (Fax)

Marquette Office:
129 W. Baraga Ave., Suite A • Marquette, MI 49855-4644
906.228.5910
866.928.5910 (Toll Free)
906.228.9148 (Fax)

From: Darla Jackson
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 10:29:45 AM
Attachments: [Medicaid work requirements.pdf](#)

Hello,

Attached is a letter to be included in the public comments for the Healthy Michigan Plan 1115 Demonstration Waiver Extension Request Amendment. Please let me know if you have any trouble opening the attachment.

Thank you for the opportunity to provide feedback.

Darla Jackson

Human Services Specialist

jackson@meridian.mi.us

Phone 517.853.4204

Fax 517.853.4251

5151 Marsh Road | Okemos, MI 48864



Meridian Township
5151 Marsh Road
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P 517.853.4000
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Township Board:

Ronald J. Styka
Supervisor

Brett Dreyfus
Township Clerk, CMMC

Julie Brixie
Treasurer

Phil Deschaine
Trustee

Patricia Herring Jackson
Trustee

Dan Opsommer
Trustee

Kathy Ann Sundland
Trustee

Frank L. Walsh
Township Manager

August 10, 2018

MDHHS
Medical Services Administration
Bureau of Medicaid Policy and Health System Innovation
Attention: Medicaid Policy
P.O Box 30479
Lansing, MI 48909

To whom it may concern:

The Meridian Township Community Resources Commission opposes the portions of the proposed Michigan Section 1115 Medicaid waiver that mandates citizens to work in order to receive health care and to pay 5% of their income toward Medicaid premiums.

The University of Michigan Institute for Healthcare Policy and Innovation, Michigan League for Public Policy, and Citizens Research Council have all researched the issue and have come to the same conclusion: imposing a work requirement for Medicaid will create an unnecessary deterrent and result in poorer health for low-income residents. This research has been echoed by national organizations such as the Urban Institute and the Kaiser Family Foundation. The data indicates that the majority of current Medicaid enrollees are already working or have health conditions that prevent them from working, instituting a work requirement would cause an undue burden on those that are unable to work, and the state would incur a great expense to enforce the policy.

As a group of volunteers who are charged with helping ensure the human services safety net works as well as possible, we view Medicaid as a successful tool in getting and keeping households out of poverty and receiving cost-effective, life-saving health care. We urge you to preserve the current system and not mandate citizens to work or pay 5% of their income toward premiums in order to receive Medicaid.

Thank you for your consideration. Please feel free to contact me if you need any further information.

Sincerely,

Suzanne Brouse
Chair
Meridian Township Community Resources Commission

From: [HealthyMichiganPlan](#)
To: [Prokop, Jackie \(DCH\) \(prokopj@michigan.gov\)](#); [Boyce, Craig \(DHHS\)](#); [LaPres, Marie \(DHHS\)](#); [Green, Kellie \(DHHS\)](#); [Prokop, Jackie \(DHHS\)](#)
Subject: FW: Section 1115 Demonstration Extension Application Comments
Date: Saturday, August 11, 2018 12:42:01 PM
Attachments: [8-10-18 Work Requirements L.docx](#)

From: Jill Gerrie <jill.gerrie@arcmi.org>
Sent: Friday, August 10, 2018 12:58 PM
To: HealthyMichiganPlan <HealthyMichiganPlan@michigan.gov>
Subject: Section 1115 Demonstration Extension Application Comments

Hi,
Please see attached for comments regarding the Section 1115 Demonstration Extension Application for the Healthy Michigan Plan from the Arc Michigan.
Thank you,
Jill

Jill Gerrie
Project Coordinator
The Arc Michigan
1325 S. Washington Ave
Lansing, MI 48910
Direct Line: (517) 492-5029
Toll Free: (800) 292-7851 x 114
Fax: (517) 487-0303
Email: jill.gerrie@arcmi.org





1325 South Washington Avenue
Lansing, Michigan 48910
(517) 487-5426 or 1-800-292-7851
Fax: (517) 487-0303
Website: www.arcmi.org

Ron Kimball, President

Sherri Boyd, Executive Director

August 10, 2018

Dear Medical Services Administration,

The following are comments from The Arc Michigan regarding the Section 1115 Demonstration Extension Application for the Healthy Michigan Plan.

While we applaud the outcomes of the Healthy Michigan Plan and believe it should continue without change, the new work requirements are mean-spirited and are expected to increase the number of Michiganders without health insurance. Health care coverage should not be used as an employment program. The complexity of the requirements will increase administrative costs in a department that already lacks an adequate number of personnel and costs to administer and monitor will be excessive.

The new requirements for those with income between 100%-133% of the Federal Poverty Level after 48 months of coverage are punitive and misguided. That the State would require completion of a "healthy behavior" for continued coverage illustrates the lack understanding of the complex issues people face. It will also be nearly impossible to implement and verify without substantial additional costs.

Allowing people to lose health coverage with no viable alternative is not in the best interest of people with disabilities or without disabilities in the state of Michigan. Michigan should be waiting to see the outcome of the lawsuit in Kentucky and the modifications of the waiver needed for it to be legal before they begin implementing what is a very similar program. Michigan cannot and should not be tying insurance coverage to employment. Medicaid is a health insurance program NOT A WORK PROGRAM.

Sincerely,

Sherri Boyd
Executive Director



From: [HealthyMichiganPlan](#)
To: [Prokop, Jackie \(DCH\) \(prokopj@michigan.gov\)](#); [Boyce, Craig \(DHHS\)](#); [LaPres, Marie \(DHHS\)](#); [Green, Kellie \(DHHS\)](#); [Prokop, Jackie \(DHHS\)](#)
Subject: FW: Alcona Citizens for Health, Inc. - Healthy Michigan Plan Waiver Extension Amendment
Date: Saturday, August 11, 2018 12:43:19 PM
Attachments: [image003.png](#)
[Alcona Citizens for Health - HMP Waiver Extension Amendment.pdf](#)
Importance: High

From: Mary DeCaire <mdecaire@alconahc.org>
Sent: Friday, August 10, 2018 1:28 PM
To: HealthyMichiganPlan <HealthyMichiganPlan@michigan.gov>
Cc: Nancy Spencer <NSpencer@alconahc.org>; Loretta Bush <LBush@mpca.net>
Subject: Alcona Citizens for Health, Inc. - Healthy Michigan Plan Waiver Extension Amendment
Importance: High

Dear Ms. Prokop,

Please accept the attached letter of support regarding comments submitted by the Michigan Primary Care Association in response to the Healthy Michigan Plan waiver extension request amendment.

Respectfully,

Mary DeCaire

Administrative Projects Director
Alcona Health Center
989-358-3942
mdecaire@alconahc.org



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Administrative Annex

August 10, 2018

MDHHS
Medical Services Administration
Bureau of Medicaid Policy and Health System Innovation
ATTN: Medicaid Policy
P.O. Box 30479
Lansing, MI 48909

Submitted via email: healthymichiganplan@michigan.gov

Subject: Healthy Michigan Plan § 1115 Demonstration Waiver Extension Request Amendment

Dear Ms. Prokop:

The Alcona Citizens for Health, Inc. appreciates the opportunity to comment on the Michigan Department of Health and Human Services' (MDHHS) request for public comment on the Healthy Michigan Plan § 1115 Demonstration Waiver Extension Request Amendment.

Alcona Citizens for Health, Inc. is a Federally Qualified Health Center (FQHC) that provided care to 31,694 unduplicated patients in 2017 of which 11,137 were Medicaid patients. We have 14 clinics in a seven counties in Northern Michigan. We also provide Behavioral Health Therapy to students in 18 area schools. Alcona Citizens for Health, Inc. provides a full range of quality, affordable, comprehensive primary health care services, including medical, dental, and behavioral health services, either through direct care or through community referrals, regardless of insurance status or ability to pay for services.

Northern Michigan is an underserved rural area and in many cases we are their only access to medical care for these patients. With Medicaid expansion many families are able to have coverage and are receiving regular preventive care for the first time in many years. This has improved their overall health and helped to reduce Emergency Department utilization.

Alcona Citizens for Health, Inc. is writing to express our support for the comments submitted by the Michigan Primary Care Association (MPCA) in response to the Healthy Michigan Plan waiver extension request amendment. A summary of these comments is as follows:

Definition of medically frail

Federal statute allows states to create a unique medically frail definition to meet the state's needs under 42 CFR 440.315(f). Although being supportive of the process MDHHS proposes to use to identify medically frail individuals, MPCA is very concerned that the current list of ICD-10 diagnoses codes included in Appendix A, Attachment L, fails to include conditions such as clinical depression or anxiety that could prevent an individual from working. Penalizing an individual who cannot work but does not qualify for an exemption would contribute to a dangerous cycle of failure and worsening health outcomes.

MDHHS has the authority to include additional diagnosis codes. MPCA urges MDHHS to include diagnoses related to depression, anxiety, and other mental health conditions that are not otherwise included in the proposed waiver extension amendment. Specifically, MPCA requests MDHHS add diagnoses related to ICD-10 codes F063, F064, F309-F339, F410-F4312, F440, F600-F609, and F6381 to the state's definition of medically frail. MPCA strongly urges MDHHS to use this broadened definition of medically frail for both the workforce engagement and the cost-sharing requirements articulated in the waiver extension application.

Suspension of coverage for noncompliance with cost-sharing requirements

MPCA is extremely concerned by the lack of details relative to suspension of coverage for noncompliance with cost-sharing requirements for individuals with income between 100 and 133 percent of the federal poverty limit. Individuals covered by HMP make daily decisions on how to make ends meet, which makes careful consideration of cost-sharing compliance mandates important. MPCA encourages MDHHS to use its authority to specify how it will operationalize the suspension of coverage for noncompliance with the program's cost-sharing requirements.

MPCA recommends that MDHHS align compliance with cost-sharing requirements with the proposed workforce engagement requirements and allow an individual up to six consecutive months of the year to be noncompliant relative to cost-sharing. MDHHS should suspend eligibility only for individuals who have consistently failed to pay cost-sharing contributions for six consecutive months before the outstanding balance is sent to the Michigan Department of Treasury for garnishment of tax returns or lottery winnings. Additionally, MPCA urges MDHHS to develop and publicize the process by which individuals can restore HMP benefits. We believe this process should include a provision restoring coverage once an individual agrees to an outstanding balance payment plan and has made the first monthly payment. The state should accept the first payment on a mutually agreed upon payment plan as a good faith effort to be in compliance with the cost-sharing requirements.

§ 1115 demonstration waiver evaluation design

A core component of the § 1115 demonstration waiver is the inclusion of an appropriate evaluation component to assess the relevant hypotheses the demonstration plans to test. MPCA believes the stated objectives in the evaluation overview section of the amended waiver extension proposal falls short of fully evaluating this statutory mission statement. Specifically, MPCA strongly urges MDHHS to include evaluating the following components to test additional hypotheses supported by the statute's mission statement:

- The extent to which beneficiaries believe that workforce engagement requirements as a condition of HMP eligibility has a positive impact on personal health outcomes and financial well-being;
- The extent to which workforce engagement requirements improve health outcomes while covered by HMP; and
- Whether the costs in uncompensated care increase or decrease as a result of individuals losing coverage for noncompliance with workforce engagement requirements.

The Healthy Michigan Plan has been a large success in no small part due to the leadership of MDHHS to ensure all individuals have access to affordable coverage to improve health outcomes. Continued access to health coverage for all families currently enrolled in the HMP is critical. The HMP has allowed many Community Health Center patients to receive preventive services and make healthy lifestyle changes,

such as smoking cessation and weight loss. They also have the opportunity to receive critical services, such as dental, behavioral health and vision care. In the past, uninsured health center patients have been forced to choose between paying for health care and buying food for their family. With HMP coverage, these patients can see their primary care provider, follow through on referrals, and engage in their own care without having to make painful choices.

Alcona Citizens for Health, Inc. strongly believes MDHHS should use its authority to ensure the HMP remains a health coverage program and work in partnership with stakeholders to implement a fair, Michigan-based approach to workforce engagement requirements.

In closing, we appreciate the opportunity to comment on this issue. If you require any clarification on our comments, please contact me at nspencer@alconahc.org or at 989-358-3916.

Sincerely,

A handwritten signature in black ink that reads "Nancy Spencer". The signature is written in a cursive, flowing style.

Nancy Spencer
Chief Executive Officer
Alcona Citizens for Health, Inc.

From: [HealthyMichiganPlan](#)
To: [Prokop, Jackie \(DCH\) \(prokopj@michigan.gov\)](#); [Boyce, Craig \(DHHS\)](#); [LaPres, Marie \(DHHS\)](#); [Green, Kellie \(DHHS\)](#); [Prokop, Jackie \(DHHS\)](#)
Subject: FW: NMSS 1115 Comments
Date: Saturday, August 11, 2018 12:43:54 PM
Attachments: [Michigan Medicaid 1115 Comment LetterFINAL\[2001\].pdf](#)

From: Holly Pendell <Holly.Pendell@nmss.org>
Sent: Friday, August 10, 2018 1:39 PM
To: [HealthyMichiganPlan <HealthyMichiganPlan@michigan.gov>](#)
Subject: NMSS 1115 Comments

Please find attached comments from the National MS Society on the proposed 1115 waiver.

Holly Pendell
Director, Advocacy & Activist Engagement
[National Multiple Sclerosis Society](#)
614.515.4622 Holly.Pendell@NMSS.org



August 10, 2018

MDHHS
Medical Services Administration
Bureau of Medicaid Policy and Health System Innovation
Attention: Medicaid Policy
P.O. Box 30479
Lansing, Michigan 48909-7979
Re: Demonstration Extension Application Amendment

To Whom it May Concern:

The National MS Society appreciates the opportunity to submit comments on Michigan's Section 1115 Demonstration Extension Application.

Multiple sclerosis is an unpredictable, often disabling disease of the central nervous system that disrupts the flow of information within the brain, and between the brain and body. Symptoms range from numbness and tingling to blindness and paralysis. The progress, severity and specific symptoms of MS in any one person cannot yet be predicted but advances in research and treatment are leading to better understanding MS and moving us closer to a world free of MS.

The Society believes everyone, including Medicaid enrollees, should have access to quality and affordable healthcare coverage. While we are pleased MS is listed as an exempt condition on the medically frail list, so many other chronic and often debilitating conditions have not been included. The Society still opposes imposing work requirements and the administrative burden it places on Medicaid beneficiaries. Unfortunately, the proposed waiver will jeopardize access to care and will have harmful implications for patients.

The purpose of the Medicaid program is to provide affordable healthcare coverage for low-income individuals and families. Unfortunately, Michigan's application does not meet this objective and will instead create new financial and administrative barriers that jeopardize access to healthcare for patients with multiple sclerosis. According to one estimate by the Michigan House Fiscal Agency, up to 54,000 Michiganders will lose their coverage as a result of this proposal.ⁱ

Under the waiver, individuals with incomes between 100 and 138 percent of the federal poverty level (approximately \$1,372/month to \$1,893/month for a family of two) would face new barriers to coverage after receiving 48 cumulative months of coverage through the Healthy Michigan program. Under the waiver proposal, these individuals would be required to pay monthly premiums equal to five percent of their income and complete or commit to an annual

healthy behavior, unless they can demonstrate that they qualify for an exemption. Individuals who cannot meet this requirement will lose their coverage. A premium of five percent of monthly income will range from approximately \$50 to \$67 for an individual, a sizable cost for this low-income population. Research has shown that even relatively low levels of cost-sharing for low-income populations limit the use of necessary healthcare services.ⁱⁱ This means that patients with multiple sclerosis may cut back on the healthcare that they need to manage their condition and stay healthy. Additionally, the Society is concerned that, instead of incentivizing healthy behaviors, conditioning coverage on completing an annual healthy behavior will reduce coverage for individuals in need of care. Ensuring that Medicaid enrollees have access to comprehensive health coverage that includes all of the treatments and services that they need to live healthy lives would likely be a more effective approach to improving health in Michigan.

Also, under this waiver, individuals between the ages of 19 and 62 would be required to either demonstrate that they work at least 80 hours per month or meet exemptions. One major consequence of this proposal will be to increase the administrative burden on all patients. Individuals will need to attest that they meet certain exemptions or have worked the required number of hours on a monthly basis. Increasing administrative requirements will likely decrease the number of individuals with Medicaid coverage, regardless of whether they are exempt or not. For example, after Washington state changed its renewal process from every twelve months to every six months and instituted new documentation requirements in 2003, approximately 35,000 fewer children were enrolled in the program by the end of 2004.ⁱⁱⁱ Battling administrative red tape in order to keep coverage should not take away from patients' or caregivers' focus on maintaining their or their family's health.

Failing to navigate these burdensome administrative requirements could have serious – even life or death – consequences for people with serious, acute and chronic diseases, including multiple sclerosis. If the state finds that individuals have failed to comply with the new requirements for three months, they will be locked out of coverage for *at least* one month. Additionally, if the state finds that individuals have misrepresented their compliance, these individuals will be locked out of coverage for one year. People who are in the middle of treatment for a life-threatening disease, rely on regular visits with healthcare providers or must take daily medications to manage their chronic conditions cannot afford a sudden gap in their care.

The Society is also concerned that the current exemption criteria, while including MS, may not capture all individuals with, or at risk of, serious and chronic health conditions that prevent them from meeting these requirements, including individuals in the process of acquiring a MS diagnosis. While the Society is pleased that patients will have the option to demonstrate that they qualify for an exemption through self-attestation, the reporting process still creates opportunities for administrative error that could jeopardize coverage. No exemption criteria can circumvent this problem and the serious risk to the coverage and health of the people we represent.

Administering these requirements will be expensive for Michigan. The Michigan House Fiscal Agency estimates that the state's administrative costs will be approximately \$20 million, in addition to one-time information technology costs of up to \$10 million.^{iv} States such as Kentucky, Tennessee and Virginia have also estimated that setting up the administrative systems to track and verify exemptions and work activities will cost tens of millions of dollars.^v These

costs would divert resources from Medicaid's core goal – providing health coverage to those without access to care – as well from other important initiatives in the state of Michigan.

Ultimately, the requirements outlined in this waiver do not further the goals of the Medicaid program or help low-income individuals improve their circumstances without needlessly compromising their access to care. Most people on Medicaid who can work already do so.^{vi} A recent study, published in *JAMA Internal Medicine*, looked at the employment status and characteristics of Michigan's Medicaid enrollees.^{vii} The study found only about a quarter were unemployed (27.6 percent). Of this 27.6 percent of enrollees, two thirds reported having a chronic physical condition and a quarter reported having a mental or physical condition that interfered with their ability to work.

The Society also wishes to highlight that the federal rules at 431.408 pertaining to state public comment process require at (a)(1)(i)(C) that a state include an estimate of the expected increase or decrease in annual enrollment and expenditures if applicable. The intent of this section of the regulations is to allow the public to comment on a Section 1115 proposal with adequate information to assess its impact. However, on pages 14-15 of this proposal, the Department reuses budget neutrality estimates from an earlier proposal that are no longer relevant and states that "MDHHS expects annual HMP enrollment to decrease but the total number of beneficiaries who will be impacted is unknown at this time." We urge the Administration to release updated enrollment and expenditures data and include this analysis in its application to the federal government to ensure the application meets federal requirements.

The Society believes everyone should have access to quality and affordable healthcare coverage. Michigan's Section 1115 Demonstration Extension Application does not advance that goal. Thank you for the opportunity to provide comments.

Sincerely,



Holly Pendell
Director, Advocacy and Activism Engagement
National MS Society

ⁱ Michigan House Fiscal Agency, Legislative Analysis of Healthy Michigan Plan Work Requirements and Premium Payment Requirements, June 6, 2018. Available at: <http://www.legislature.mi.gov/documents/2017-2018/billanalysis/House/pdf/2017-HLA-0897-5CEE80A.pdf>.

ⁱⁱ Samantha Artiga, Petry Ubri, and Julia Zur, "The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings," Kaiser Family Foundation, June 2017, <https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/>.

ⁱⁱⁱ Tricia Brooks, "Data Reporting to Assess Enrollment and Retention in Medicaid and SCHIP," Georgetown University Health Policy Institute Center for Children and Families, January 2009.

^{iv} Michigan House Fiscal Agency, Legislative Analysis of Healthy Michigan Plan Work Requirements and Premium Payment Requirements, June 6, 2018. Available at: <http://www.legislature.mi.gov/documents/2017-2018/billanalysis/House/pdf/2017-HLA-0897-5CEEF80A.pdf>.

^v Misty Williams, “Medicaid Changes Require Tens of Millions in Upfront Costs,” Roll Call, February 26, 2018, <https://www.rollcall.com/news/politics/medicaid-kentucky>.

^{vi} Rachel Garfield, Robin Rudowitz, and Anthony Damico, “Understanding the Intersection of Medicaid and Work,” Kaiser Family Foundation, February 2017, <http://kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work/>.

^{vii} Renuka Tipirneni, Susan D. Goold, John Z. Ayanian. Employment Status and Health Characteristics of Adults With Expanded Medicaid Coverage in Michigan. *JAMA Intern Med*. Published online December 11, 2017. doi:10.1001/jamainternmed.2017.7055

From: Jared Burkhart
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 2:16:04 PM
Attachments: [2471_0001.pdf](#)

Please see the attached comments regarding the Michigan Work Requirement Medicaid Waiver. A hard copy has also been sent via USPS.

Jared Burkhart
Executive Director
Michigan Chapter American Academy of Pediatrics
[106 W. Allegan, Suite 310](#)
[Lansing, MI 48933](#)
P: 517-484-3013
C: 517-403-8533

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



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Executive Director

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jared.burkhart@miaap.org

August 10, 2018

MDHHS

Medical Services Administration
Bureau of Medicaid Policy and Health System Innovation
Attention: Medicaid Policy
P.O. Box 30479
Lansing, MI 48909-7979

Dear Director Lyon,

The Michigan Chapter of the American Academy of Pediatrics (MIAAP), a nonprofit organization representing over 1100 pediatricians from across the state, dedicated to the health, safety and well-being of all Michigan infants, children, adolescents and young adults, thanks you for the opportunity to provide comments on the proposed Michigan Department of Health and Human Services (MDHHS) Section 1115 Demonstration Extension Application.

We write today to express our concerns with this proposed application, which would create significant barriers for some low-income adults to access health coverage. These changes could have a negative effect on the health of our state and halt the significant progress we have made in decreasing our uninsured rate, which dropped from 12.1% in 2013 to 7.4% in 2016.¹

We are concerned with the following provisions in this proposed waiver extension application:

- **The work requirement, including a 1-year lockout period.** As proposed this provision would require Healthy Michigan Plan (HMP) Medicaid beneficiaries to work or participate in qualifying activities for an average of 80 hours per month to access health care. While we appreciate there are several populations that would be exempt from these requirements such as children and pregnant women, we remain concerned that Medicaid coverage might be punitively denied for those who are unable to otherwise meet this requirement.

¹ <http://files.kff.org/attachment/Fact-Sheet-Key-Facts-about-the-Uninsured-Population>

Studies have shown that 8 in 10 Medicaid eligible adults live in working families and almost 60% work themselves.² In regard to HMP, the University of Michigan published a study regarding the employment status of the adult Medicaid expansion population in the state and found that 48.8% of enrollees were either employed or self-employed and 5.2% were students. Another 11.3% of enrollees described themselves as being unable to work, citing significant barriers to employment, such as chronic conditions like cancer, diabetes, or asthma, and other functional limitations. This study concludes, "...the proportion of Medicaid expansion enrollees overall who were not working and possibly able to work if employment were available remained small".³

Therefore, it is not clear how the proposed work requirement will serve Medicaid enrollees or increase their access to medically necessary coverage and care. Moreover, the resultant coverage losses may not only harm the individual but children in the family as well. Research shows that when a parent does not have health coverage, a child is less likely to be insured.⁴

The waiver proposal would require that all beneficiaries attest to either meeting or being exempt from the new requirements monthly but does not indicate how individuals will accomplish this. Even those individuals who are meeting the work requirement could face obstacles in complying with this onerous reporting requirement. Thirty percent of Medicaid adults report they never use a computer, 28% do not use the internet, and 41% do not use e-mail.⁵ Additionally, Michigan is currently ranked 38th in the country for access to the internet.⁶ If reporting compliance with these rules is only to be done via an online tool, as is currently being done in Arkansas, this could result in many eligible individuals losing much needed coverage.

Additionally, this proposal would lock individuals out of Medicaid coverage for a period of 1 year "if a beneficiary is found to have misrepresented his or her compliance with the...requirements". Will beneficiaries have a means to appeal a decision that they have not complied with the program prior to losing coverage? What data sources will the state use to determine non-compliance? A yearlong lockout could not only interrupt an existing course of medically necessary treatment, but also block coverage when a significant diagnosis is reached, or injury occurs and may result in uncovered visits to emergency rooms.

Medicaid is in place to provide needed coverage to low-income residents—the majority of whom already work—who cannot afford private insurance. Adding an onerous work and documentation requirement of this sort counters the very nature of Medicaid as a health care lifeline for those most in need.

- **Inclusion of some former foster care youth.** While we appreciate that many former foster care youths are exempt from the work requirement, we do note the exemption is only for those under 21 years of age. Under the Affordable Care Act (ACA), all former foster care youth to age 26 are eligible for Medicaid coverage, making them a traditionally eligible group. Limiting access to coverage for this group could have serious implications. Former foster care youth are a particularly vulnerable population that have disproportionately high rates of both physical and behavioral health issues. Between 35-60% of youth entering foster care have at least one chronic or acute health condition that requires treatment, while

² <http://kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work>

³ <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2664514>

⁴ <https://www.cbpp.org/sites/default/files/atoms/files/10-20-06health.pdf>

⁵ <https://www.kff.org/medicaid/issue-brief/implications-of-work-requirements-in-medicaid-what-does-the-data-say/>

⁶ <https://www.usnews.com/news/best-states/rankings/infrastructure/internet-access>

between 50-75% have a behavioral health issue that may require mental health treatment.⁷ Putting up barriers to needed care for this population would result in both medical and financial hardships for those with the most need, many of whom are just starting the transition to adulthood.

- **Premiums for individuals between 100% and 133% of federal poverty level (FPL).** As proposed, Michigan's Medicaid extension waiver would require individuals earning between 100% and 138% (133%, with 5% disregard) of FPL to pay a premium of 5% of their income. While premium payments on the surface can seem nominal, research has demonstrated that cost sharing for individuals with low-incomes can prevent those eligible for programs from seeking coverage, and those enrolled in coverage from seeking care.⁸ While the state may see initial cost savings as people lose coverage due to lack of ability to pay, the state could see increases in uncompensated care costs as more people seek care in emergency departments. Additionally, this type of provision is likely to incentivize people to limit their incomes for fear of losing insurance coverage, as they likely will not be receiving insurance from their low-wage jobs. A 2014 study showed that only 28% of employees of private firms with low average wages obtain health insurance through their jobs, and 42% are not even eligible for employer sponsored coverage.⁹ This proposal only serves to punish individuals who are meeting the work requirement and obstruct the goal of increasing levels of employment of those living in poverty.
- **Increased administrative costs to the state.** We are concerned about added costs to the state that may result from these proposed work requirements. Work requirements do not only increase the administrative burden for enrollees, but for the state as well. As there is no information in the application regarding the administrative cost associated with the proposed waiver amendment, it is not clear what additional costs may be incurred by the state with respect to implementation. The exact costs to implement a tracking system and/or hire new staff to track compliance with the new requirements are yet unknown, however recent reports from Kentucky indicate administrative costs have jumped in that state by as much as 40% as it implements a work requirement there.¹⁰ Where would additional funding of this amount come from in Michigan? We are concerned that this additional administrative burden to the state could result in fewer resources to provide health care services and improve outcomes.

Thank you for the opportunity to provide comments on this Medicaid extension application. We hope the state takes the thoughts of Michigan's pediatricians into consideration as it contemplates serious changes to the Medicaid program. If you have questions regarding our concerns, please contact me at jared.burkhart@miaap.org or 517-484-3013.

Sincerely,



Jared Burkhart
Executive Director

⁷ <http://childwelfareparc.org/wp-content/uploads/2014/07/3-The-Affordable-Care-Act-and-Youth-Aging-Out-of-Foster-Care.pdf>

⁸ <https://www.kff.org/medicaid/issue-brief/premiums-and-cost-sharing-in-medicaid-a-review-of-research-findings/>

⁹ https://meps.ahrq.gov/mepsweb/survey_comp/Insurance.jsp

¹⁰ <https://www.forbes.com/sites/brucejapsen/2018/07/22/trumps-medicaid-work-rules-hit-states-with-costs-and-bureaucracy/#71daf9f866f5>

From: [HealthyMichiganPlan](#)
To: [Prokop, Jackie \(DCH\) \(prokopj@michigan.gov\)](#); [Boyce, Craig \(DHHS\)](#); [LaPres, Marie \(DHHS\)](#); [Green, Kellie \(DHHS\)](#); [Prokop, Jackie \(DHHS\)](#)
Subject: FW: MPCA Comments on 2nd Waiver Extension Amendment
Date: Saturday, August 11, 2018 12:39:23 PM
Attachments: [MPCA_HMP Revised 2nd Waiver Public Comments_Final.pdf](#)

Comments from MPCA..

From: Ryan Grinnell-Ackerman <rgrinnell@mpca.net>
Sent: Friday, August 10, 2018 2:16 PM
To: HealthyMichiganPlan <HealthyMichiganPlan@michigan.gov>
Subject: MPCA Comments on 2nd Waiver Extension Amendment

Good afternoon,
Please accept the attached letter from Michigan Primary Care Association detailing our public comments on the Healthy Michigan Plan 2nd waiver extension amendment.

**Ryan Grinnell-
Ackerman, MPA**

Policy and
Government Affairs
Manager

517.827.0884

(Office)

rgrinnell@mpca.net





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LANSING, MI 48917

101 SOUTH WASHINGTON SQUARE, SUITE 820
LANSING, MI 48933

August 9, 2018

Michigan Department of Health and Human Services
Medical Services Administration
Bureau of Medicaid Policy and Health System Innovation
ATTN: Medicaid Policy
P.O. Box 30479
Lansing, MI 48909

Submitted via email: healthymichiganplan@michigan.gov

Subject: Healthy Michigan Plan § 1115 Demonstration Waiver Extension Request Amendment

Dear Ms. Prokop:

The Michigan Primary Care Association (MPCA) appreciates the opportunity to comment on the Michigan Department of Health and Human Services' (MDHHS) request for public comment on the Healthy Michigan Plan § 1115 Demonstration Waiver Extension Request Amendment.

MPCA is the voice for 45 health center organizations in Michigan, including Federally Qualified Health Centers (otherwise known as community health centers or CHCs), FQHC Look-Alikes, and Tribal Health Centers. Michigan community health centers serve as the health home for more than 700,000 medically underserved Michigan residents, including more than 377,000 Medicaid beneficiaries, at over 300 sites throughout Michigan. Sixty-nine percent of CHC patients live below the federal poverty level and face multiple social and environmental factors that affect their health and ability to access health care services. MPCA's members provide a full range of quality, affordable, comprehensive primary health care services, including medical, dental, and behavioral health services, either through direct care or through community referrals, regardless of insurance status or ability to pay for services.

MPCA supports MDHHS's overall effort to comply with Public Act 208 of 2018 to ensure continuation of the Healthy Michigan Plan §1115 Demonstration Waiver through the amended waiver extension request. MPCA believes that to achieve better health in the state, the continued access to health insurance coverage for all 683,000 Michiganders currently enrolled in the Healthy Michigan Plan (HMP) is critical. The HMP has allowed many CHC patients to receive preventive services and make healthy lifestyle changes, such as smoking cessation and weight loss. They also have the opportunity to receive critical services, such as dental and vision care. In the past, uninsured health center patients have been forced choose between paying for health care and buying food for their family. With HMP coverage, these patients can see their primary care provider, follow through on referrals, and engage in their own care without having to make painful choices.



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MPCA strongly urges MDHHS to carefully design all elements of HMP that are not expressed in statute so as to limit the number of individuals that could be inadvertently harmed due to administrative complexities. MPCA's comments focus on the list of conditions qualifying individuals as medically frail; the suspension and the process to reactivate coverage for individuals struggling with the cost-sharing requirements of the amended waiver extension; and the details of the evaluation required as part of any § 1115 demonstration project.

Definition of medically frail

Federal statute allows states to create a unique medically frail definition to meet the state's needs under 42 CFR 440.315(f). MPCA supports MDHHS's proposed process to identify individuals who are medically frail using three methods: self-identification, claims analysis, and health care provider referral. MPCA believes this is the optimal approach to ensure continuity of care for individuals who require exemptions from the cost-sharing or workforce engagement requirements included in the waiver amendment.

Despite our support of the process for identifying medically frail, MPCA is concerned that the current list of ICD-10 diagnoses codes included in Appendix A, Attachment L, fails to include conditions such as clinical depression or anxiety that could prevent an individual from working. Penalizing an individual who cannot work but does not qualify for an exemption would contribute to a dangerous cycle of failure and worsening health outcomes. Medicaid, including the Medicaid expansion, was created to be a health program. Taking actions that have the potential to lead to worse health outcomes is contradictory to the spirit and intent of the law.

Because the statutory language allows the state to define medically frail, MPCA believes MDHHS has the authority to include additional diagnosis codes. MPCA urges MDHHS to include diagnoses related to depression, anxiety, and other mental health conditions that are not otherwise included in the proposed waiver extension amendment. Specifically, MPCA requests that MDHHS add diagnoses related to ICD-10 codes F063, F064, F309-F339, F410-F4312, F440, F600-F609, and F6381 to the state's definition of medically frail. MPCA strongly urges MDHHS to use this broadened definition of medically frail for both the workforce engagement and the cost-sharing requirements articulated in the waiver extension application.

Suspension of coverage for noncompliance with cost-sharing requirements

As part of the extension application for HMP, MDHHS is seeking to amend the eligibility and cost-sharing requirements for individuals with income between 100 and 133 percent of the federal poverty limit. Although these provisions are intended to comply with state statute, MPCA is extremely concerned by the lack of details relative to implementation of this provision.

Individuals covered by HMP make daily decisions on how to make ends meet, which makes careful consideration of cost-sharing compliance mandates important. MPCA encourages MDHHS to use its authority to specify how it will operationalize the suspension of coverage for noncompliance with the program's cost-sharing requirements. PA 208 of 2018 contains few specifics on the definition of noncompliance, nor does it specify the process by which a noncompliant individual can restore their eligibility. In the proposed workforce engagement requirements, individuals are allowed up to three months of noncompliance before a suspension of eligibility. Additionally, an individual is allowed up to three months of unpaid volunteer activity to count toward meeting the workforce engagement requirements, bringing the total to six consecutive months where an individual can maintain eligibility for HMP while not receiving compensation.



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MPCA recommends that MDHHS align compliance with cost-sharing requirements with the proposed workforce engagement requirements and allow an individual up to six consecutive months of the year to be noncompliant relative to cost-sharing. MDHHS should suspend eligibility only for individuals who have consistently failed to pay cost-sharing contributions for six consecutive months before the outstanding balance is sent to the Michigan Department of Treasury for garnishment of tax returns or lottery winnings. Additionally, MPCA urges MDHHS to develop and publicize the process by which individuals can restore HMP benefits. We believe this process should include a provision restoring coverage once an individual agrees to an outstanding balance payment plan and has made the first monthly payment. The state should accept the first payment on a mutually agreed upon payment plan as a good faith effort to be in compliance with the cost-sharing requirements.

§ 1115 demonstration waiver evaluation design

A core component of the § 1115 demonstration waiver is the inclusion of an appropriate evaluation component to assess the relevant hypotheses the demonstration plans to test. According to the statute authorizing the workforce engagement requirements of HMP, the goal is to leverage Medicaid to “assist, encourage, and prepare an able-bodied adult for a life of self-sufficiency and independence from government interference.” MPCA believes the stated objectives in the evaluation overview section of the amended waiver extension proposal falls short of fully evaluating this statutory mission statement. Specifically, MPCA strongly urges MDHHS to include evaluating the following components to test additional hypotheses supported by the statute’s mission statement:

- The extent to which beneficiaries believe that workforce engagement requirements as a condition of HMP eligibility has a positive impact on personal health outcomes and financial well-being;
- The extent to which workforce engagement requirements improve health outcomes while covered by HMP; and
- Whether the costs in uncompensated care increase or decrease as a result of individuals losing coverage for noncompliance with workforce engagement requirements.

The Healthy Michigan Plan has been a large success in no small part due to the leadership of MDHHS to ensure all individuals have access to affordable coverage to improve health outcomes. MPCA strongly believes MDHHS should use its authority to ensure the HMP remains a health coverage program and work in partnership with stakeholders to implement a fair, Michigan-based approach to workforce engagement requirements. In closing, we appreciate the opportunity to comment on this issue. If you require any clarification on our comments, please contact me at lbush@mpca.net or at 517.381.8000.

Sincerely,

Loretta V. Bush, MSHA
Chief Executive Officer
Michigan Primary Care Association



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LANSING, MI 48933

From: [HealthyMichiganPlan](#)
To: [Prokop, Jackie \(DCH\) \(prokopj@michigan.gov\)](#); [Boyce, Craig \(DHHS\)](#); [LaPres, Marie \(DHHS\)](#); [Green, Kellie \(DHHS\)](#); [Prokop, Jackie \(DHHS\)](#)
Subject: FW: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 12:46:34 PM
Attachments: [Representative Camilleri Medicaid Public Comment.pdf](#)

From: Rep. Darrin Camilleri (District 23) <DarrinCamilleri@house.mi.gov>
Sent: Friday, August 10, 2018 3:06 PM
To: HealthyMichiganPlan <HealthyMichiganPlan@michigan.gov>
Subject: Demonstration Extension Application Amendment

Good afternoon,

Attached you will find my comments on the Department's proposed extension of its Healthy Michigan Section 1115 Medicaid Demonstration. I ask that these comments be published on the state's waiver website as part of the public record. Thank you for your consideration.

Sincerely,

Darrin Camilleri
State Representative—23rd District



23RD DISTRICT
STATE CAPITOL
P.O. BOX 30014
LANSING, MI 48909-7514
PHONE: (517) 373-0855
FAX: (517) 373-5922
E-MAIL: darrincamilleri@house.mi.gov

MICHIGAN HOUSE OF REPRESENTATIVES

DARRIN CAMILLERI
STATE REPRESENTATIVE

August 10, 2018

The Honorable Rick Snyder, Governor
The State of Michigan
P.O. Box 30013
Lansing, MI 48909

Nick Lyon, Director
Michigan Department of Health and Human Services
333 S. Grand Avenue
Lansing, MI 48913

Dear Governor Snyder and Director Lyon:

On behalf of the 90,000+ constituents I represent in the Downriver area, including thousands served by the Medicaid program, I write in opposition to the Department's proposed extension of its Healthy Michigan Section 1115 Medicaid Demonstration. The proposal includes strict work requirements for recipients and would more than double premiums for certain individuals with incomes barely above the poverty line. These changes will effectively shut thousands of families out of accessing healthcare, posing a significant threat to the health and livelihoods of Michigan families as well as Michigan's economy.

For 50 years, Medicaid has successfully enabled families to access healthcare when they are struggling to make ends meet, treating patients with dignity by putting their lives and their health before their financial status. Medicaid was never intended to be a jobs program, and this proposal fundamentally undercuts the program's mission of improving health outcomes. It is, instead, likely to undo many of the gains we've made as a result of Medicaid expansion, especially for Michigan seniors, low income residents, and people with serious health conditions.

Further, this proposal will hurt Downriver's economy and in turn, Downriver families. Almost half a million people in Wayne County receive Medicaid, including almost 200,000 individuals receiving healthcare through Healthy Michigan. A work requirement with no accompanying attention to job training is likely to drive down wages for Downriver workers, especially those in the service industry and construction. At the same time, Michigan taxpayers will bear the brunt of the enormous administrative and uncompensated care costs caused by this proposal. In short, not only will health outcomes suffer, but this proposal threatens to negatively impact workers and families across Michigan.

Thank you for your time and consideration. I look forward to working with you to ensure all Michiganders can continue to access the healthcare they need. Finally, I ask that these comments be published on the state's waiver website as part of the public record.

Sincerely,

A handwritten signature in black ink, appearing to read "Darrin Camilleri". The signature is fluid and cursive, with a large loop at the end.

Darrin Camilleri
State Representative
23rd House District

From: [HealthyMichiganPlan](#)
To: [Prokop, Jackie \(DCH\) \(prokopj@michigan.gov\)](#); [Boyce, Craig \(DHHS\)](#); [LaPres, Marie \(DHHS\)](#); [Green, Kellie \(DHHS\)](#); [Prokop, Jackie \(DHHS\)](#)
Subject: FW: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 12:47:15 PM
Attachments: [CFF comments Michigan 1115 waiver.pdf](#)

From: Pudeler, Meghan <mpudeler@cff.org>
Sent: Friday, August 10, 2018 3:13 PM
To: HealthyMichiganPlan <HealthyMichiganPlan@michigan.gov>
Subject: Demonstration Extension Application Amendment

To whom it may concern:

Please find attached a written submission from the Cystic Fibrosis Foundation on Michigan's Healthy Michigan Plan Section 1115 Demonstration Waiver Extension Request Amendment. Thank you, please consider us a resource now and in the future.

Best,

Meghan Pudeler
State Policy Specialist
Cystic Fibrosis Foundation
(240) 482-2872
mpudeler@cff.org

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MDHHS
Medical Services Administration
Bureau of Medicaid Policy and Health System Innovation
Attention: Medicaid Policy
P.O. Box 30479
Lansing, Michigan 48909-7979

August 10, 2018

Re: Healthy Michigan Plan Section 1115 Demonstration Waiver Extension Request Amendment

To whom it may concern:

Thank you for the opportunity to comment on Michigan's Section 1115 Demonstration Waiver Extension Request Amendment. On behalf of people with cystic fibrosis (CF), we write to express our concern that work and community engagement requirements, lockout periods, and increased premiums are barriers to accessing the high-quality care that people with CF need. As such, we ask the state to specifically and automatically exempt people with cystic fibrosis from these requirements.

Cystic fibrosis (CF) is a life-threatening genetic disease that affects 1,111 people in Michigan and 30,000 children and adults in the United States. CF causes the body to produce thick, sticky mucus that clogs the lungs and digestive system, which can lead to life-threatening infections. As a complex, multi-system condition, CF requires targeted, specialized treatment and medications. Medicaid plays an important role in helping this patient population access the high-quality care and treatment necessary to maintain or improve health.

Continuous access to high-quality, specialized CF care is essential to the health and well-being of people with cystic fibrosis. Making work a condition of Medicaid eligibility threatens access to care for people with CF, as their ability to work can vary with changes in health status. Implementing lock-out periods for those who failed to meet reporting requirements further penalizes those who need care the most. Declines in health status due to pulmonary exacerbations, infections, and other events can arise quickly and can take someone out of the workforce for significant periods of time. Patients bear a significant treatment burden as well, amounting to hours of chest physiotherapy, delivery of nebulized treatments, administration of intravenous antibiotics, and/or other activities required to maintain or improve their health. Maintaining sustained employment may not be possible due to the time required to undergo necessary treatment, which includes an intense and time-consuming daily regimen.

Furthermore, we are concerned with the proposal to require individuals between 100%-133% of the federal poverty level to pay premiums of 5% of an individual's income. While we understand that the state currently has a cost sharing component for these individuals, more than doubling premiums costs may impose unmanageable health care costs on financially vulnerable and medically complex adults. Our research shows that while 99% of people with CF have insurance, one-quarter of people delay or

skip care due to cost concerns. Therefore, increasing premiums for this population could jeopardize their ability to maintain coverage and access care.

We appreciate the state’s decision to exempt a person who is “medically frail” or has a medical condition that results in a work limitation from these requirements — which reflects the important reality that health status can significantly affect an individual’s ability to search for and sustain employment. We strongly urge the state to include cystic fibrosis in list of conditions that will be automatically exempt from work requirements, lock-out periods and premiums.

As experts in cystic fibrosis care and research, please consider us a resource during the rulemaking and implementation process to minimize unintended errors and ensure our population is exempt. In particular, should the state decide to exempt people with cystic fibrosis, we can provide clinical expertise on service utilization, co-morbidities, and other factors that may help the state ensure people with CF are accurately captured by the state’s algorithm.

The Cystic Fibrosis Foundation appreciates the opportunity to provide input on these important policy changes. As the health care landscape continues to evolve, we look forward to working with the state of Michigan to ensure access to high-quality, specialized CF care and improve the lives of all people with cystic fibrosis.

Sincerely,

Mary B. Dwight

Senior VP of Policy & Advocacy
Cystic Fibrosis Foundation

Lisa Feng, DrPH

Senior Director of Policy & advocacy
Cystic Fibrosis Foundation

Martin E. Hurwitz, MD

Director, Pediatric Cystic Fibrosis Program
Michigan State University
East Lansing, MI

Richard H. Simon, MD

Director, Adult Cystic Fibrosis Program
University of Michigan
Ann Arbor, MI

Ibrahim Abdulhamid, MD

Director, Pediatric Cystic Fibrosis Program
Children’s Hospital of Michigan
Detroit, MI

Dana Kissner, MD

Director, Adult Cystic Fibrosis Program
Wayne State University Harper University Hospital
Detroit, MI

Samya Nasr, MD

Director, Cystic Fibrosis Program
University of Michigan Health System
Ann Arbor, MI

Myrtha Gregoire-Bottex, MD

Director, Cystic Fibrosis Program
Western Michigan University School of Medicine Affiliate
Kalamazoo, MI

John Schuen, MD

Director, Cystic Fibrosis Program
Helen DeVos Women and Children’s Center
Grand Rapid, MI

From: Wachendorfer, Allan
To: [HealthyMichiganPlan](#)
Subject: Medicaid Waiver Extension Application Amendment
Date: Saturday, August 11, 2018 12:33:27 AM
Attachments: [Medicaid Waiver Comments.doc](#)
Importance: High

Greetings,

Attached, please find my organizations comments on the Medicaid waiver extension amendment.
Thank you.

Allan Wachendorfer, LMSW-Macro
Director of Public Policy
National Association of Social Workers – Michigan Chapter
517-487-1548 ex. 11
awachendorfer.naswmi@socialworkers.org
www.nasw-michigan.org

Date: August 10, 2018

To: Michigan Department of Health and Human Services Medicaid Services Administration

From: National Association of Social Workers – Michigan Chapter

Subject: Michigan Medicaid Demonstration Extension Application Amendment

The National Association of Social Workers – Michigan Chapter is a membership organization of 6,000 social workers that works to grow and improve the profession of social work, support social work professionals in their work and continuing education, and improve the quality of life for all people. We have members in every county in Michigan – many of whom work for organizations or in private practices where they serve Medicaid clients, develop or run programs that benefit Medicaid clients, or see the impacts of barriers to health and human services on their clients.

Removing people from medical assistance due to non-compliance with work requirements is a bad idea. People need to be accountable and involved in their own self sufficiency, but removing their support network is shortsighted and counterproductive. People do not choose to remain in poverty if they have legitimate alternatives. They remain in poverty due to various obstacles to their self-sufficiency. Those obstacles often are not obvious but may include mental or emotional challenges, lack of education or experience, child care issues, family violence, homelessness, criminal records, or even a loss of hope that they could ever succeed. The proposed waiver exempts some of these individuals from work requirements but many will not meet the criteria in Michigan's waiver request.

At times, the system discourages self-improvement because people may lose coverage and supports if their earnings exceed a certain threshold. The coverage provided to Medicaid recipients is often more comprehensive and less costly than private insurance through the health care exchange. But the solution is not to remove essential benefits from the most vulnerable, but rather to strengthen supports and subsidies to those in the middle. All agree that our health care system - especially for those low income people with private insurance - needs improvement. The current proposal does nothing to improve their care but rather undermines health care for even more people.

There are a number of implementation concerns that should be addressed, including:

- explaining what will happen to people who lose eligibility;
- defining the verification process;
- examining the new rules' impact on timeliness standards for eligibility;
- considering technology upgrades and changes that will be required including cost;
- evaluating the impact of the program on Michigan's workforce, economy, budget and the overall effectiveness of the program.

Although NASW-Michigan oppose the concept of work requirements in general, if it is implemented, at least one additional option should be added under the qualifying activities that would satisfy the recipient's work requirements: The Michigan law that directed MDHHS to request the waiver (Michigan Public Act 208 of 2018) allows recipients to satisfy their work requirements in a number of different ways. Section 107 a (2) (g) offers the option of participating in unpaid work connections such as but not limited to internships. The state should clarify that this option includes voluntary participation in case management services designed to overcome barriers to self-sufficiency.

Medicaid funded case management services should be available to any participant consistently unsuccessful in meeting their work requirements. Modifications to the health risk assessment or other tools may be incorporated into the program allowing for screening, diagnosis and treatment designed to overcome barriers to self-sufficiency. Recipients could meet their requirements by developing a plan, working on barriers and engaging services that the case manager facilitates for their success.

Numerous studies have shown that poverty is the single biggest factor contributing to poor health outcomes. It is a greater predictor of health problems than smoking, alcohol abuse, obesity or drug addiction. By adding this case management option rather than terminating Medicaid eligibility, low income individuals may have a fighting chance of overcoming barriers to self-sufficiency and escaping from poverty.

Similar case management approaches have been used in vocational rehabilitation services, TANF, SNAP, ex offender programs, and services to people with a variety of issues such as developmental disabilities and mental health conditions. Many of these are already funded through Medicaid. A case management approach rather than mandatory work requirements was recently implemented in Montana and is showing promising results. Expanded supports are effective tools in helping individuals to reach their maximum potential. In the long run, the expansion of services to those unable to otherwise meet their work requirements will prove to be highly cost effective.

We appreciate the opportunity to comment on the proposed waiver. We know that the Department is required by law to submit this waiver request, and we hope the above questions and suggestions help the Department to better meet the health care needs of low income adults in Michigan.

Respectfully submitted,

Allan Wachendorfer, LMSW
Director of Public Policy
NASW-Michigan
517-487-1548 ex11
policy@nasw-michigan.org

From: Stacy Skiba
To: [HealthyMichiganPlan](#)
Cc: [Michelle Styma](#)
Subject: Healthy Michigan Plan - Request
Date: Saturday, August 11, 2018 9:23:39 AM
Attachments: [HMP Waiver Extension Request.pdf](#)
Importance: High

Hello,

Please find our comments related to the Healthy Michigan Plan attached. Don't hesitate to reach out with any questions.

Thank you,

Stacy Skiba
Administrative Director
Thunder Bay Community Health Service, Inc.
100 N. Ripley, Suite A
Alpena, MI 49707
(989)464-8049 Mobile
(989)354-2197 x 2145
(989)356-6524 Fax
sskiba@tbchs.org

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August 12, 2018

MDHHS

Medical Services Administration

Bureau of Medicaid Policy and Health System Innovation

ATTN: Medicaid Policy

P.O. Box 30479

Lansing, MI 48909

Submitted via email: healthymichiganplan@michigan.gov

Subject: Healthy Michigan Plan § 1115 Demonstration Waiver Extension Request Amendment

Dear Ms. Prokop:

Thunder Bay Community Health Service, Inc. (TBCHS) appreciates the opportunity to comment on the Michigan Department of Health and Human Services' (MDHHS) request for public comment on the Healthy Michigan Plan § 1115 Demonstration Waiver Extension Request Amendment.

Thunder Bay is a Federally Qualified Health Center (FQHC) that provides care to approximately 15,000 patients of which nearly 5,200 are Medicaid beneficiaries. Our organization has 4 primary care sites, 2 school-based health centers, and 14 additional schools which provide behavioral health services across 6 counties. Thunder Bay provides a full range of quality, affordable, comprehensive primary health care services, including medical, dental, and behavioral health services, either through direct care or through community referrals, regardless of insurance status or ability to pay for services.

The Medicaid expansion has allowed TBCHS to reach out to patients in need in our rural communities. We have increased the number of Medicaid beneficiaries who visit our health center and have been able to provide additional services to those patients who have not had previous access to care. Our goal is to build healthier communities and empower our patients to be accountable for their care and the Healthy Michigan Plan has allowed us to work toward achieving these goals.

TBCHS is writing to express our support for the comments submitted by the Michigan Primary Care Association (MPCA) in response to the Healthy Michigan Plan waiver extension request amendment. A summary of these comments is as follows:



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Definition of medically frail

Federal statute allows states to create a unique medically frail definition to meet the state's needs under 42 CFR 440.315(f). Although being supportive of the process MDHHS proposes to use to identify medically frail individuals, MPCA is very concerned that the current list of ICD-10 diagnoses codes included in Appendix A, Attachment L, fails to include conditions such as clinical depression or anxiety that could prevent an individual from working. Penalizing an individual who cannot work but does not qualify for an exemption would contribute to a dangerous cycle of failure and worsening health outcomes.

MDHHS has the authority to include additional diagnosis codes. MPCA urges MDHHS to include diagnoses related to depression, anxiety, and other mental health conditions that are not otherwise included in the proposed waiver extension amendment. Specifically, MPCA requests MDHHS add diagnoses related to ICD-10 codes F063, F064, F309-F339, F410-F4312, F440, F600-F609, and F6381 to the state's definition of medically frail. MPCA strongly urges MDHHS to use this broadened definition of medically frail for both the workforce engagement and the cost-sharing requirements articulated in the waiver extension application.

Suspension of coverage for noncompliance with cost-sharing requirements

MPCA is extremely concerned by the lack of details relative to suspension of coverage for noncompliance with cost-sharing requirements for individuals with income between 100 and 133 percent of the federal poverty limit. Individuals covered by HMP make daily decisions on how to make ends meet, which makes careful consideration of cost-sharing compliance mandates important. MPCA encourages MDHHS to use its authority to specify how it will operationalize the suspension of coverage for noncompliance with the program's cost-sharing requirements.

MPCA recommends that MDHHS align compliance with cost-sharing requirements with the proposed workforce engagement requirements and allow an individual up to six consecutive months of the year to be noncompliant relative to cost-sharing. MDHHS should suspend eligibility only for individuals who have consistently failed to pay cost-sharing contributions for six consecutive months before the outstanding balance is sent to the Michigan Department of Treasury for garnishment of tax returns or lottery winnings. Additionally, MPCA urges MDHHS to develop and publicize the process by which individuals can restore HMP benefits. We believe this process should include a provision restoring coverage once an individual agrees to an outstanding balance payment plan and has made the first monthly payment. The state should accept the first payment on a mutually agreed upon payment plan as a good faith effort to be in compliance with the cost-sharing requirements.

§ 1115 demonstration waiver evaluation design



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A core component of the § 1115 demonstration waiver is the inclusion of an appropriate evaluation component to assess the relevant hypotheses the demonstration plans to test. MPCA believes the stated objectives in the evaluation overview section of the amended waiver extension proposal falls short of fully evaluating this statutory mission statement. Specifically, MPCA strongly urges MDHHS to include evaluating the following components to test additional hypotheses supported by the statute's mission statement:

- The extent to which beneficiaries believe that workforce engagement requirements as a condition of HMP eligibility has a positive impact on personal health outcomes and financial well-being;
- The extent to which workforce engagement requirements improve health outcomes while covered by HMP; and
- Whether the costs in uncompensated care increase or decrease as a result of individuals losing coverage for noncompliance with workforce engagement requirements.

The Healthy Michigan Plan has been a large success in no small part due to the leadership of MDHHS to ensure all individuals have access to affordable coverage to improve health outcomes. Healthy Michigan has been such a great asset to our patients who previously lacked access to care. TBCHS strongly believes MDHHS should use its authority to ensure the HMP remains a health coverage program and work in partnership with stakeholders to implement a fair, Michigan-based approach to workforce engagement requirements.

In closing, we appreciate the opportunity to comment on this issue. If you require any clarification on our comments, please contact me at mstyma@tbchs.org or at (989)742-5002.

Sincerely,

Michelle Styma, CEO

Thunder Bay Community Health Service, Inc.

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Work Requirement for Medicaid
Date: Friday, August 10, 2018 10:04:16 AM

I am strongly opposed to a work requirement for Medicaid recipients. This regulation is unnecessary, as many Medicaid beneficiaries already work and the overwhelming majority of Medicaid fraud comes not from individuals but from companies making claims. Additionally, with a minimum wage of \$9.25/hour, many individuals would face strong barriers to even break even while working to even pay for transportation and childcare arrangements to allow them to hold a position. This law would only hurt the most vulnerable among us, and then we (the taxpayers) would simply end up paying MORE for their emergency care than we would for their Medicaid.

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Public Comment: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 10:24:15 AM

I am a resident of Grand Rapids, a Michigan taxpayer, and a regular voter. I would like to comment on Michigan's Medicaid work rules. I strongly oppose these work rules and think they are bad for the State of Michigan for the following reasons:

1) In the rest of the rich, industrialized countries of the world (EU, Canada, etc.) all citizens have access to universal healthcare. America is the only shameful exception to this pattern. Elsewhere in the world, ensuring access to health services for citizens is considered a key responsibility of government and denying access to healthcare is regarded as an infringement on human rights. This is why other countries have much better health outcomes than we have in America and much lower maternal and infant mortality rates.

2) Imposing work rules on Medicaid will add enormous administrative costs to the budget and expand bureaucracy. I thought Republicans wanted to give us smaller government and more efficiency. But this would add enormous inefficiencies into the system. The administrative cost per insured individual will go up at the same time that health outcomes worsen.

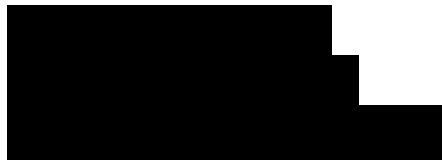
3) Most Medicaid recipients already work.

4) Many Medicaid recipients would run into child care and transportation barriers trying to comply with the work mandate.

Some people who are not in the workforce are at home taking care of children so that other people can be in the workforce. For example, a woman in her late 50s may be staying home to watch grandchildren during the day so her daughter can work. If that grandmother needs to get a job, the child care issues will become a crisis for that family and put them in an economic tailspin. There is a

lot of very real but unpaid work performed in our society by women. It is invisible and unpaid, but it's also adding value to our economy by reducing the need for employers or government services to supply affordable child care. Medicaid work requirements will be a blunt instrument that has numerous negative unforeseen consequences for families that have members at home doing vital caretaking work both for children and seniors.

Please implement public policy that leads to human flourishing! Our goal should be to make it easier for families to climb out of poverty, not give them more hoops to jump through.



From: [MSADraftPolicy](#)
To: [HealthyMichiganPlan](#)
Subject: FW: Work requirements
Date: Friday, August 10, 2018 10:44:49 AM

Sent: Friday, August 10, 2018 10:11 AM

To: MSADraftPolicy <MSADraftPolicy@michigan.gov>

Subject: Work requirements

Please do not change the rules, there are so many people in the world that medicad has has helped and changed lives and have given a second chance to. we the people are blessed to have a program like this. My mother in law lost her husband to a stroke. She also had some serious health problems that caused her not to be able to work. When her husband passed away she became homeless. She started receiving medicad to help her with the water on her brain and then 2 knee surgreys and the back problems and all the other Heath issues she was going threew due to bone detereation . With your help she is now back on her feet and is a certified to help in foster homes. Still to this day she has tears of joy and worry in her eyes. This is only one story there are alot more. Please keep Americans, michiganders heathy! You have saved my mom's life thank you.

[REDACTED]

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment Comment
Date: Friday, August 10, 2018 11:33:14 AM

Once again people at the bottom take a hit, and are now required to work to receive help. This while we give away our water almost for free to a multinational company that cares only for it's bottom line. So here is an idea,charge a reasonable rate for this water say what we pay, and give some of it to these people.

[REDACTED]

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Medicaid work requirements
Date: Friday, August 10, 2018 12:11:10 PM

This is ABSOLUTELY needed. Those who are truly disabled will be able to get a waiver.
Working in the ER, we see the contrast daily between those people and the medicaid recipients who have no health problems and brazenly tell me “thank you for working so I don’t have to”.
I have been working since I was 12 (nearly 50 years), this is an ethic taught by our parents. It is way past time to begin demonstrating such behaviors to the kids via example.
The current setup is NOT SUSTAINABLE.

[REDACTED]

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment"
Date: Friday, August 10, 2018 12:24:38 PM

I am against imposing a work requirement on Medicaid recipients. Many are poor, or have health issues that make working (or even getting hired) problematic.

I have a family member who received Healthy Michigan benefits in 2014. He is an addict, lost his job, and clearly was in no condition to work. He needed medical care to pay for his doctor visits, two hospitalizations, and his medications. Benefits did NOT cover addiction rehab, which he went through twice.

Healthy Michigan saved his life, I am convinced. He is now in recovery, and successfully working at a full time job with health benefits.

Everyone deserves help when they have serious health problems. Addiction is a medical condition, and needs to be treated if a person is to get back into society.

Ours is just one story. Health care for everyone should be the goal, and there should be no judgment involved.

[REDACTED]

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: "Demonstration Extension Application Amendment"
Date: Friday, August 10, 2018 12:38:50 PM

Sir/Madam:

Instituting a work requirement for people using the Medicare system is not in the best interest of Michigan residents. Many people have health issues that are not conducive to being able to work outside of their homes or, in some cases, perform any type of work at all.

Diabetes, Multiple Sclerosis, Psychiatric issues, severe asthma, etc. are health issues that may not manifest themselves in easily observed ways, yet, they can be crippling for those suffering from those conditions. Withholding their health care because they aren't working is not the solution for those people.

Please do not support this plan for Michigan residents. Sick individuals deserve health care whether they are able work or not work.

[REDACTED]

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: "Demonstration Extension Application Amendment"
Date: Friday, August 10, 2018 12:38:54 PM

I am 100 percent for the work requirement for able bodded people. I work for my insurance doubled I and have a huge deductible ever since the affordable care act was put in place. It's not fair that someone who is able bodded can get free healthcare with no deductible. I just had to take out a loan to pay my \$4,500 copay for a back surgery. How is this fair to the working people paying for all of this free healthcare? You should help those that work hard enough to get health care, not those who do not have g to support themselves.

[REDACTED]

[Sent from Yahoo Mail on Android](#)

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 1:11:09 PM

In my work experience with employees I find there are only two things. One is willingness and the other is ability. If someone is medically unable to work Medicaid is fine. Yet, if willingness is the issue then they need to be given motivation to work. Limiting their Medicaid is a good start.

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Healthy Michigan Plan 1115
Date: Friday, August 10, 2018 1:22:23 PM

I want to go on record as opposing this entire legislation. We do not need to get involved in a complicated to administer program that would yield a little money and a lot of hardship and resentment. This is not progressive but transparently designed to “encourage” people to work. Most of these people are truly unable to work, and, I fear, won’t qualify for a waiver. As a retired pediatric nurse, I know there are young adults out there who would be in jeopardy if their health care were interrupted for any reason. I am also concerned about mentally ill individuals who Just are not desirable employees. Don’t bother with this horrendous law.

Sent from my iPhone

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Medicaid work requirement
Date: Friday, August 10, 2018 2:40:37 PM

I'm saddened that Governor Snyder signed a bill that treats different people differently based on the unemployment rate in each county. I'm against it. Seems racist and unconstitutional to me.

[REDACTED]

Sent from my iPad

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Ammendment
Date: Friday, August 10, 2018 2:41:42 PM

I think the most important point to remember is Do No Harm. Each person's case needs to be considered individually and monitored monthly to make sure someone's health and safety is not compromised. What barriers are there for individuals besides their health, mental disability, child care responsibilities, education level, or transportation? If they are obese are they getting help with nutrition choices? Is there healthy food even accessible? Are they living in a safe and stable environment? If they do find a job, will they lose their benefits? These are complex issues that need to be considered.

Sent from my iPad

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 3:13:28 PM

Scenario: Working TWO part time jobs with NO benefits (because you can't FIND a full time benefited job in your field, in which you have a masters degree) and have student loans which take 1/3 of monthly income or more....then as a result of working more than 20 hours/week you don't even qualify for Medicaid anymore. Now you pay over \$100/month for a catastrophic plan only, since the deductible is over \$6,000 a year. This is one example of why this change is a disaster. There are plenty of part time jobs, but few that are actually full time benefitted career positions. Until this changes, there will be many many young adults who are one illness or accident away from financial ruin before they can even get started.

Sent from my iPhone

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: medicaid
Date: Friday, August 10, 2018 3:15:32 PM

I have worked and had insurance my whole life now at 58 I am struggling with a back issue and only thing I could go is get Medicaid –but due to working retail always and know that I am not able to work right now due to pain and having to see surgeon –it would be so painful to try and work let alone unfair to all others working there if I can't perform my job –do I like this NO but after 14 years of heavy lifting and loading at McSports (banckrupt) I now have horrible mess plus I have RA and that is not curable

Thank you

[REDACTED]
[REDACTED]

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Date: Friday, August 10, 2018 3:18:39 PM

I think there are too many little loop holes in this. Nothing really is spelled out specifically and too many open ended possibilities. I really hope this doesn't pass

[Sent from Yahoo Mail on Android](#)

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: About work requirements for the Healthy Michigan Plan!
Date: Friday, August 10, 2018 3:28:21 PM

It's reprehensible that we're even considering putting work requirements on Healthy Michigan. We are the wealthiest nation in the world. We are perfectly capable of taking care of our poorest and most destitute, no matter their personal stories or backgrounds. If someone is sick, they should be taken care of. I work full time. I am on the Healthy Michigan Plan. It has changed my life for the better, and all I want is the same for others, whether they work or not. We should not be valuing people solely on their work performance. We are nominally not a meritocracy and should not treat our citizens like we are one.

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 3:28:40 PM

I would like to make a comment on the work requirements Michigan is looking to put into effect for Medicaid eligibility. I have a 6 year old daughter who I have sole custody of. Her father is in and out of rehab/jail, and basically not part of her life.

I have been on Medicaid for two years. I lost my job in February at a retail store and decided to get into substitute teaching in order to spend more time with my daughter and have a schedule that was flexible enough to be fully involved in her life since her father is not.

Substitute teaching is a field that desperately needs employees. However, the demand is not consistently there. Some weeks I could probably get 3-5 days of work but not always. And not always in locations that make it worth the drive. Some weeks I might know my schedule ahead of time, other weeks I'm getting phone calls in the morning for a job in the same day. I have a degree, but unfortunately not in education. So, as a substitute I can only work 90 days in a school year. This work requirement for Medicaid while on the surface may seem like a good idea, in reality you will be pushing people out of fields that NEED employees. I love being a substitute teacher. I found my niche, but I may have to choose between a job I love or whether I can afford to go to the doctor when I'm sick.

With this work requirement, I will have to either marry my boyfriend to get on his insurance (which is something no human should be forced in to just so they can afford to go to the doctor) or I will have to find a new job that can guarantee me 20 hours (or 29, because the requirements keep changing and nobody can keep up).

I am active in the PTO at my daughter's school. I take her to swimming lessons. I put her on the bus. I take her to dance. I do everything for her, but I may lose my insurance because I have employment that is on demand versus consultant and the millions of different things that I do as a single parent doesn't suffice for "Work requirements".

When a teacher can't be in the classroom, it's important that someone is able to be there that is a good fill in. It would be a shame for our school systems, as well as similar seasonal/on call fields to lose good employees because health and survival have to be put first.

[REDACTED]

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 3:34:19 PM

Hi, I am a widow mother of two. Before my husband died we had health insurance. Unfortunately, now I have Meridian. I suffer with a medical condition. The Ortho Dr I see is not certified to perform surgery through Mercy and the insurance doesn't cover the procedure done at the surgery clinic where he can perform the surgery. So, I am stuck and will be for awhile until I get treatment covered. I may also be facing blood clots. With the cost of daycare and my kiddos schedule I cannot work. With my son being 12 daycares will not except his age and by that he is not mature to stay home alone. He has some anger issues. I need my health care so I can stay healthy for my kids. They lost their father ...they don't need to loose their mother. No employer is going to hire the minium work hours. I believe mothers and their kids should automatically be included until their kiddos reach a certain age where the parent could actually leave their kids home to go to work. Daycare all summer and out of all the breaks....most single parents have trouble paying bills, now to add daycare too. Keep the medical insurance for the women and children and those who need it most.
Thank you!

From: Robert Dorigo Jones
To: [HealthyMichiganPlan](#)
Subject: Healthy Michigan Plan Application Public Comment
Date: Friday, August 10, 2018 3:36:42 PM
Attachments: [Healthy Michigan Public Comment Michigan's Children.pdf](#)

Hello,

I'm writing to submit public comment from the organization Michigan's Children regarding the changes to the Healthy Michigan Plan. Thank you!

Best,

Robert Dorigo Jones
Policy and Outreach Associate
Michigan's Children
(517) 648-5072



Public policy in the best interest of children

Date: August 10, 2018

To: Michigan Department of Health and Human Services
Bureau of Medicaid Policy and Health System Innovation

From: Matt Gillard, President & CEO
matt@michiganschildren.org or (517) 485-3500

Re: Healthy Michigan Application Public Comment

Thank you for the opportunity to provide comment on the Healthy Michigan Plan's policy changes. Michigan's Children is the only statewide and independent voice working to ensure that public policies are made in the best interest of children and youth, from cradle to career, and their families, with a focus on policy solutions that improve equitable outcomes for children.

We know from over two decades of work with children, youth, and families; decades of overwhelming research; as well as common sense, that people are more likely to learn, and more likely to earn, when their basic needs are met. Children and youth who receive regular physical and behavioral health care services reap lifelong benefits: they attend school ready to learn, have stronger health outcomes, are more likely to attend college, and generate more tax contributions as adults. Healthy parents are more likely to be able to keep their children healthy, help in their communities and keep a job. We are concerned that the changes to the Healthy Michigan Plan will adversely impact child and family outcomes and do not support the changes.

We are concerned over the potential negative impact the changes could have on children and youth's access to primary health care services, despite exemptions for children and parents of children under age 6. Regardless of whether they themselves are covered, children and youth are far more likely to receive physical and mental health services when their parents have health care coverage. According to Johns Hopkins University researchers, when their parents are covered, kids are always more likely to see a medical professional for preventive care, which reduces both the need for future services and long-term state costs. When parents can go to the doctor, they're more likely to bring their kids, be they age three, seven or seventeen.

If their parents lose health care, not only will children and youth see fewer check-ups, out-of-pocket costs during emergencies may skyrocket, putting their families at financial risk. Medicaid enrollees borrow less money to pay for medical costs, a benefit that kids feel when their parents are more able to afford healthful food or new, safe housing. As a result of the proposed changes, children's health could be compromised not only through lost access to services, but also because their family resources will be spread even thinner.

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The Healthy Michigan changes would also exempt pregnant mothers, but research finds the health of a child depends on pre-conception parental health in addition to the mother's health during pregnancy. About half of pregnancies are unplanned, meaning at any point a young woman's health status could have implications for that of a baby. A parent's young adult years are critical for a baby's health: in Michigan, the average age of a mother at first birth is about 26 years old. Unfortunately, our statewide unemployment rate for young adults aged 20-24 in 2016, a year of robust economic health, was 8.4%. For 18- and 19-year-olds, the rate was closer to 16%. These double during economic recession, when older, more qualified workers compete for lower-paying jobs. Policymakers have already agreed that young adults deserve protection from market forces when it comes to health care: the Affordable Care Act guarantees young adults can remain on their parents' insurance until 26. In the face of economic challenges, rescinding health care coverage would place young adults, and their own future families, in a precarious position.

The policy could also have unintended consequences for youth who are transitioning out of the foster care system and working to establish themselves economically and educationally. Foster-affiliated youth often negotiate trauma and other needs. Current work and education requirements for other programs have been crafted around the unique challenges that these young people face far beyond the age of 21. Existing supports include fewer required hours than exist in this bill, as well as grace periods, recognizing the personal circumstances that might arise to pull young people temporarily off track without compromising services for the longer term. There is a lack of clarity regarding how existing protections for youth transitioning out of foster care will be reconciled with the proposed Healthy Michigan changes, and significant risk for this population.

Finally, Michigan's child care system lacks the capacity to guarantee quality care for every eligible parent or caregiver: state business practices and a history of low investment have driven hundreds of providers out of the system, to the point that 48% of low-income people, including the Healthy Michigan population, live in a child care desert, lacking access to licensed care. While many adults are already subject to work requirements and entitled to child care support, and although the plan exempts sole caretakers of children under 6 from work requirements, eligible two-parent families and families with children over the age of six already fall through the cracks, and they will continue to do so without systemic child care reforms.

A child's health ultimately relies upon the health of those around them. While exemptions from work requirements can protect some people, many will fall through the cracks. Hundreds of working families and young adults who will soon be starting families face barriers that could cost them coverage under the Healthy Michigan Plan changes, putting that cornerstone of a healthy life – regular health care services – in jeopardy for many children and youth.

Sincerely,



Matt Gillard

From: Brenda F. Jackson
To: [HealthyMichiganPlan](#)
Subject: Healthy Michigan Plan Program - Comments Letter
Date: Friday, August 10, 2018 3:41:16 PM
Attachments: [Healthy Michigan Plan Program - Comments Letter.doc](#)

Sent on behalf of Mr. Anthony King, CEO and Executive Director, The Wellness Plan Medical Centers.

Brenda Jackson

Executive Assistant
Office of the CEO & Executive Director
Anthony V. King, FACHE, MHSA
The Wellness Plan
7700 Second Avenue
Detroit, Michigan 48202
Phone: 313-202-8550
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bjackson@wellplan.com



Corporate Headquarters: 7700 Second Avenue, Detroit, MI 48202 313.202.8500

Health, Wellness and Quality of Life

August 12, 2018

MDHHS
 Medical Services Administration
 Bureau of Medicaid Policy and Health System Innovation
 ATTN: Medicaid Policy
 P.O. Box 30479
 Lansing, MI 48909

Submitted via email: healthymichiganplan@michigan.gov

Subject: Healthy Michigan Plan § 1115 Demonstration Waiver Extension Request Amendment

Dear Ms. Prokop:

The Wellness Plan Medical Centers appreciates the opportunity to comment on the Michigan Department of Health and Human Services' (MDHHS) request for public comment on the Healthy Michigan Plan § 1115 Demonstration Waiver Extension Request Amendment.

The Wellness Plan Medical Centers is a Federally Qualified Health Center (FQHC) founded 45 years ago and operates six medical centers in Wayne, Oakland and Macomb counties. We provide care to 24,198 patients of which 16,983 are Medicaid patients. The Wellness Plan Medical Centers provides a full range of quality, affordable, comprehensive primary health care services, including medical, dental, and behavioral health services, either through direct care or through community referrals, regardless of insurance status or ability to pay for services.

Through the expansion of Healthy Michigan we were able to provide services to an additional 2,000 patients. This provided additional access to services they would otherwise not have received.

The Wellness Plan Medical Centers is writing to express our support for the comments submitted by the Michigan Primary Care Association (MPCA) in response to the Healthy Michigan Plan waiver extension request amendment. A summary of these comments is as follows:

Definition of medically frail

Federal statute allows states to create a unique medically frail definition to meet the state's needs under 42 CFR 440.315(f). Although being supportive of the process MDHHS proposes to use to identify medically frail individuals, MPCA is very concerned that the current list of ICD-10 diagnoses codes

GATEWAY MEDICAL CENTER
 2888 West Grand Blvd.
 Detroit, MI 48202 / 313.875.4200

NORTHWEST MEDICAL CENTER
 21040 Greenfield
 Oak Park, MI 48237 / 248.967.6500

EAST MEDICAL CENTER
 4909 East Outer Drive
 Detroit, MI 48234 / 313.366.2000

HENDERSON MEDICAL CENTER
 44405 Woodward Ave
 Pontiac, MI 48341/ 248.858.3931

KEYS GRACE ACADEMY
 27321 Hampden Street
 Madison Heights, MI 48071 / 248.965.9900

PONTIAC MEDICAL CENTER
 46156 Woodward Ave
 Pontiac, MI 48341/ 800.875.WELL (9355)

Ms. Prokop
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included in Appendix A, Attachment L, fails to include conditions such as clinical depression or anxiety that could prevent an individual from working. Penalizing an individual who cannot work but does not qualify for an exemption would contribute to a dangerous cycle of failure and worsening health outcomes.

MDHHS has the authority to include additional diagnosis codes. MPCA urges MDHHS to include diagnoses related to depression, anxiety, and other mental health conditions that are not otherwise included in the proposed waiver extension amendment. Specifically, MPCA requests MDHHS add diagnoses related to ICD-10 codes F063, F064, F309-F339, F410-F4312, F440, F600-F609, and F6381 to the state's definition of medically frail. MPCA strongly urges MDHHS to use this broadened definition of medically frail for both the workforce engagement and the cost-sharing requirements articulated in the waiver extension application.

Suspension of coverage for noncompliance with cost-sharing requirements

MPCA is extremely concerned by the lack of details relative to suspension of coverage for noncompliance with cost-sharing requirements for individuals with income between 100 and 133 percent of the federal poverty limit. Individuals covered by HMP make daily decisions on how to make ends meet, which makes careful consideration of cost-sharing compliance mandates important. MPCA encourages MDHHS to use its authority to specify how it will operationalize the suspension of coverage for noncompliance with the program's cost-sharing requirements.

MPCA recommends that MDHHS align compliance with cost-sharing requirements with the proposed workforce engagement requirements and allow an individual up to six consecutive months of the year to be noncompliant relative to cost-sharing. MDHHS should suspend eligibility only for individuals who have consistently failed to pay cost-sharing contributions for six consecutive months before the outstanding balance is sent to the Michigan Department of Treasury for garnishment of tax returns or lottery winnings. Additionally, MPCA urges MDHHS to develop and publicize the process by which individuals can restore HMP benefits. We believe this process should include a provision restoring coverage once an individual agrees to an outstanding balance payment plan and has made the first monthly payment. The state should accept the first payment on a mutually agreed upon payment plan as a good faith effort to be in compliance with the cost-sharing requirements.

§ 1115 demonstration waiver evaluation design

A core component of the § 1115 demonstration waiver is the inclusion of an appropriate evaluation component to assess the relevant hypotheses the demonstration plans to test. MPCA believes the stated objectives in the evaluation overview section of the amended waiver extension proposal falls short of fully evaluating this statutory mission statement. Specifically, MPCA strongly urges MDHHS to include evaluating the following components to test additional hypotheses supported by the statute's mission statement:

- The extent to which beneficiaries believe that workforce engagement requirements as a condition of HMP eligibility has a positive impact on personal health outcomes and financial well-being;

Ms. Prokop
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- The extent to which workforce engagement requirements improve health outcomes while covered by HMP; and
- Whether the costs in uncompensated care increase or decrease as a result of individuals losing coverage for noncompliance with workforce engagement requirements.

The Healthy Michigan Plan has been a large success in no small part due to the leadership of MDHHS to ensure all individuals have access to affordable coverage to improve health outcomes. The Wellness Plan Medical Centers strongly believes MDHHS should use its authority to ensure the HMP remains a health coverage program and work in partnership with stakeholders to implement a fair, Michigan-based approach to workforce engagement requirements.

In closing, we appreciate the opportunity to comment on this issue. If you require any clarification on our comments, please contact me at aking@wellplan.com or at 313-202-8550.

Sincerely,

A handwritten signature in black ink that reads "Anthony King". The signature is written in a cursive style with a large, sweeping initial "A".

Anthony King
CEO and Executive Director

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 3:44:59 PM

I drive Uber. I don't make enough money to afford health insurance. I can't even afford to take 20 percent of my earnings and give them to the government. I'm super broke all the time, my car's suspension and steering components are worn pretty good and my tires cost 500 dollars to replace every 8 - 10 months. I can't work 20 hours a week sometimes because of what a car's suspension does to my brain and body. It compresses my spine, hurts my legs and lower back and sometimes at 33 years old I have to force myself up stairs to get into my apartment. My apartment costs 1100 dollars a month. Just about what I make in a month driving Uber after gas, food, oil changes, and many other things. Food costs 11 or 12 dollars for one meal. It costs upwards of 30 dollars a day to feed myself decent food and not McDonald's crap that hurts my body and brain. Healthy food is very expensive.. Especially when you're constantly on the go. I really need healthcare. I can't afford to pay out of pocket myself for doctor visits and the healthy Michigan plan has helped me incredibly. I wouldn't be able to seek physical therapy for my aching body.. I often feel much older than I am because of my physical issues.. I fell off a bike before I was driving Uber when I had no job. Someone played a dirty trick on me and others by covering the bike path with wood chips so my bike slid out from underneath me. I hit my head pretty good and ended up with a traumatic brain injury. Michigan healthy plan was there for me. I could have died.. My mother would have been an absolute wreck. She never tells anyone, but I'm her favorite son. ;o) out of three boys. Can you imagine raising three sons? I've been homeless in Michigan because I screw up a lot at work with things, never because of irresponsibility. Always on time to jobs. They just let me go very often because I can't get things down.. It makes me sad, really sad that I can't do things like other people. They'll call me slow at work, I try to pick it up but it's just not good enough. I got let go before from Value World because despite my efforts I could not sort by color and pattern of womens clothing.. Being a man I never took pride in clothing. I buy cheap clothes and wear em out until I can find more cheap clothes.. I really need the healthy Michigan plan and don't think I could work 20 hours a week.. I hurt constantly. I try to force myself to get out there and work but I seem to have failure written across my forehead. It's so disheartening.. I want to be like everyone else, but I'm held back by an unknown force.. I wish I could seek help for this but people I've seen therapists say I'm a failure themselves and that I need to try harder. I try very hard. They don't see the struggle. They don't know what's holding me back, I don't know what's holding me back except for body pains maybe. I wish there was something I could be successful at.. I'm constantly struggling to eat and pay my rent and car loan and car insurance.. My family is always so so mad at me for not being able to pay my car insurance. They threaten me.. I just want to be normal.. Like everyone else..

From: Darrel Thompson
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 3:50:45 PM
Attachments: [CLASP MI Waiver Comments State.pdf](#)

Hello Director Nick Lyon,

Attached are comments on the Healthy Michigan Plan §1115 Demonstration Waiver Extension Request Amendment from the Center for Law and Social Policy (CLASP).

Best regards,

Darrel Thompson

Research Assistant
Center for Law and Social Policy
1200 18th Street NW, Suite 200
Washington, D.C. 20036
(202) 809-9116
dthompson@clasp.org





Policy solutions that work for low-income people

August 10, 2018

Michigan Department of Health and Human Services
Medical Services Administration
Bureau of Medicaid Policy and Health System Innovation
Attention: Medicaid Policy
P.O. Box 30479
Lansing, Michigan 48909-7979

Re: Demonstration Extension Application Amendment

Dear Director Nick Lyon,

I am writing on behalf of the Center for Law and Social Policy (CLASP). CLASP is a national, nonpartisan, anti-poverty nonprofit advancing policy solutions for low-income people. We work at both the federal and state levels, supporting policy and practice that makes a difference in the lives of people living in conditions of poverty. In particular, these comments draw on CLASP's deep experience with Temporary Assistance for Needy Families (TANF) and the Supplemental Nutrition Assistance Program (SNAP), two programs where many of the policies proposed in this proposal have already been implemented – and been shown to be significant barriers to low-income people getting and retaining benefits. These comments also draw on CLASP's experience in working with six states under the Work Support Strategies (WSS) project, where these states sought to dramatically improve the delivery of key work support benefits to low-income families, including health coverage, nutrition benefits, and child care subsidies through more effective, streamlined, and integrated approaches. From this work, we learned that reducing unnecessary steps in the application and renewal process both reduced burden on caseworkers and made it easier for families to access and retain the full package of supports that they need to thrive in work and school.

CLASP submits the following comments in response to Michigan's Demonstration Extension Application Amendment and raises serious concerns about the effects of the amendment, as proposed, on the coverage and health outcomes of low-income Medicaid beneficiaries in Michigan. Medicaid plays a critical role in supporting the health and well-being of low-income adults and children and is not a government "interference," as suggested by Michigan. In fact, many Medicaid enrollees work in low-wage jobs where employer-sponsored health care is not offered or is prohibitively expensive. Others may have health concerns that threaten employment stability, and without Medicaid, would be denied access to the medical supports they need to hold a job, such as access to critical medications.

The Medicaid statute is clear that the purpose of the program is to furnish medical assistance to individuals whose incomes are not enough to meet the costs of necessary medical care and furnish such assistance and services to help these individuals attain or retain the capacity for independence and self-care. States are allowed in limited circumstances to request to "waive" provisions of the rule but the Secretary of Health and Human Services (HHS) may only approve a project which is "likely to assist in

promoting the objectives” of the Medicaid Act.¹ A waiver that does not promote the provision of affordable health care would not be permissible.

Among the state’s professed goals for the proposal is to increase access to health care and reduced uncompensated care. However, this proposal’s attempt to transform Medicaid and reverse its core function will result in Medicaid enrollees losing needed coverage, poor health outcomes, and higher costs. There is extensive and strong literature that shows, as a recent *New England Journal of Medicine* review concludes, “Insurance coverage increases access to care and improves a wide range of health outcomes.”² Moreover, losing health coverage will also make achieving work and education goals significantly more difficult for beneficiaries. This amendment is therefore inconsistent with the Medicaid purpose of providing medical assistance and should be rejected. It is also inconsistent with improving health and increasing employment.

Proposal to increase cost-sharing and participation requirements for individuals enrolled for 48 cumulative months

CLASP does not support Michigan’s proposal to require a monthly premium equal to 5% of income and eliminate eligibility for cost-sharing reductions for persons enrolled for 48 cumulative months. No rationale is provided for the changes in eligibility and cost-sharing to persons with 48 months of cumulative coverage. This proposed policy is essentially a punishment for maintaining employment with income between 100 and 138 percent of poverty but not increasing your earnings.

The reality of low-wage work is that many people work for poverty-level wages and do not substantially increase their earnings from year to year. In one study that followed a group of women who received welfare in an urban county in Michigan, the share of respondents who were working in “good jobs” (defined by a combination of wages, hours, and health benefits) increased from 8.3% in 1997 to just 29% in 2001. This is in spite of a historically strong labor market that resulted in labor force participation rates for single mothers that have not been seen since. As would be expected, the probability of holding a good job is higher for former recipients who worked steadily. However, even exceptionally regular employment did not guarantee progression to a good job; of the small fraction of respondents who had worked in every month of the past five years, only 55% were employed in good jobs in 2001.³

Proposals to Take Health Coverage Away from Individuals Who Do Not Meet New Work Requirements

CLASP does not support Michigan’s proposal to take away health coverage from individuals who do not meet new work requirements. Our comments focus on the harmful impact the proposed work requirements will have on Michiganders and the state. Michigan is proposing to implement a work requirement for beneficiaries who are between the ages of 19-62, unless they qualify for an exemption. Those who are subject to the work requirement will have to work or participate in other qualifying activities for 80 hours per month to stay enrolled in Medicaid. Medicaid enrollees will also be required to demonstrate that they are compliant with the work requirements through monthly verification. The penalty for not complying with the work requirement is disenrollment from Medicaid.

CLASP strongly opposes work requirements for Medicaid beneficiaries and urges Michigan to reconsider their approach to workforce development. Work requirements—and disenrollment for failure to comply—are inconsistent with the goals of Medicaid because they would act as a barrier to access to

health insurance, particularly for those with chronic conditions and disabilities, but also for those in areas of high unemployment or who work the variable and unpredictable hours characteristic of many low-wage jobs. The reality is that denying access to health care makes it less likely that people will be healthy enough to work. This provision would also increase administrative costs of the Medicaid program and reduce the use of preventive and early treatment services, ultimately driving up the costs of care while also leading to worse health outcomes.

Proposals to Take Health Coverage Away from Individuals Who Do Not Meet New Work Requirements Do Not Promote Employment

Lessons learned from TANF, SNAP, and other programs demonstrate that work requirement policies are not effective in connecting people to living-wage jobs that provide affordable health insurance and other work support benefits, such as paid leave.⁴ A much better focus for public policy is to develop skills training for jobs that are in high demand and pay living wages, help people get the education they need to climb their career ladder, and foster an economy that creates more jobs.

Another consequence of a work requirement could be, ironically, making it harder for people to work. When additional red tape and bureaucracy force people to lose Medicaid, they are less likely to be able to work. People must be healthy in order to work, and consistent access to health insurance is vital to being healthy enough to work.⁵ As reported by the University of Michigan, Medicaid expansion helped low-income Michigan residents look for employment and stay employed. In particular, the study highlights that most (55 percent) of those who were out of work said that coverage made them better able to look for a job and, among those who had jobs, 69 percent said they did better at work once they got covered.⁶ Making Medicaid more difficult to access could have the exact opposite effect on employment that supporters of work requirements claim to be pursuing.

Proposals to Take Health Coverage Away from Individuals Who Do Not Meet New Work Requirements Grow Government Bureaucracy and Increase Red Tape

Taking away health coverage from Medicaid enrollees who do not meet new work requirements would add new red tape and bureaucracy to the program and only serve as a barrier to health care for enrollees. Michigan's proposal would require Medicaid enrollees subject to new work requirements to demonstrate that they are meeting the requirements through monthly verification. Not only will this create considerable paperwork for Medicaid enrollees, but also significantly increase administrative costs. Tracking work hours, reviewing proof of work, and keeping track of who is and is not subject to the work requirement every month is a considerable undertaking that will be costly and possibly require new technology expenses to update IT systems.

One of the key lessons of the Work Support Strategies initiative is that every time that a client needs to bring in a verification or report a change adds to the administrative burden on caseworkers and increases the likelihood that clients will lose benefits due to failure to meet one of the requirements. In many cases, clients remain eligible and will reapply, which is costly to families who lose benefits as well as to the agencies that must process additional applications. The WSS states found that reducing administrative redundancies and barriers used workers' time more efficiently and helped with federal timeliness requirements.

Lessons from the WSS initiative is that the result of Michigan's new administrative complexity and red tape is that **eligible** people will lose their health insurance because the application, enrollment, and on-going processes to maintain coverage are too cumbersome. Additional evidence from Arkansas' first month of implementing work requirements also suggests that they create bureaucratic barriers for individuals who already work or qualify for an exemption. Over 7,000 Medicaid beneficiaries now have one month of non-compliance of the new requirement and will lose coverage if they have two more. As reported by the Center on Budget and Policy Priorities, many of those who failed to report likely didn't understand the reporting requirements, lacked internet access or couldn't access the reporting portal through their mobile device, couldn't establish an account and login, or struggled to use the portal due to disability.⁷

Proposals to Take Health Coverage Away from Individuals Who Do Not Meet New Work Requirements Do Not Reflect the Realities of Our Economy

Proposals to take away health coverage from Medicaid enrollees who do not work a set number of ours per month do not reflect the realities of today's low-wage jobs. For example, seasonal workers may have a period of time each year when they are not working enough hours to meet a work requirement and as a result will churn on and off the program during that time of year. Or, some may have a reduction in their work hours at the last minute and therefore not meet the minimum numbers of hours needed to retain Medicaid. Many low-wage jobs are subject to last-minute scheduling, meaning that workers do not have advance notice of how many hours they will be able to work.⁸ This not only jeopardizes their health coverage if Medicaid has a work requirement but also makes it challenging to hold a second job. If you are constantly at the whim of random scheduling at your primary job, you will never know when you will be available to work at a second job.

Proposals to Take Health Coverage Away from Individuals Who Do Not Meet New Work Requirements are Likely to Increase Churn

Michigan's proposal to take away health coverage from Medicaid enrollees who do not meet new work requirements is likely to increase churn. As people are disenrolled from Medicaid for not meeting work requirements, possibly because their hours get cut one week or they have primarily seasonal employment (like construction work), they will cycle back on Medicaid as their hours increase or the seasons change. People may be most likely to seek to re-enroll once they need healthcare and be less likely to receive preventive care if they are not continuously enrolled in Medicaid.

Disenrollment and lock out would lead to worse health outcomes, higher costs

After three months of non-compliance within a 12-month reporting period, Medicaid enrollees subject to new work requirements will be disenrolled from Medicaid. If they are not able to comply within 30 days following disenrollment, they will continue to be without coverage until they meet new work requirements. If a beneficiary is found to have misrepresented his or her compliance, the Medicaid enrollee would be locked out of coverage for a one-year period.

The lock-out period serves no purpose other than to be punitive and does not encourage work. The broadness of this language raises concern that beneficiaries who mistakenly and unintentionally provide inaccurate information may be locked out of having health insurance for a year. Given the unavoidable complexity that must exist to navigate the bureaucracy and red tape created by Michigan's proposal, it is

not unreasonable that beneficiaries may make errors on their paperwork.

Once terminated from Medicaid coverage, beneficiaries will likely become uninsured. Needed medical services and prescription drugs, including those needed to maintain positive health outcomes, may be deferred or skipped. Because people without health coverage are less likely to have regular care, they are more likely to be hospitalized for avoidable health problems and to experience declines in their overall health.⁹ Further, during the lock-out period, these now-uninsured patients present as uncompensated care to emergency departments, with high levels of need and cost—stretching already overburdened hospitals and clinics. This will only lead to poorer health outcomes and higher uncompensated costs for providers.

The impact of even short-term gaps in health insurance coverage has been well documented. In a 2003 analysis, researchers from the Urban Institute found that people who are uninsured for less than 6 months are less likely to have a usual source of care that is not an emergency room, more likely to lack confidence in their ability to get care and more likely to have unmet medical or prescription drug needs.¹⁰ A 2006 analysis of Medicaid enrollees in Oregon found that those who lost Medicaid coverage but experienced a coverage gap of fewer than 10 months were less likely to have a primary care visit and more likely to report unmet health care needs and medical debt when compared with those continuously insured.¹¹

The consequences of disruptions in coverage are even more concerning for consumers with high health needs. A 2008 analysis of Medicaid enrollees in California found that interruptions in Medicaid coverage were associated with a higher risk of hospitalization for conditions such as heart failure, diabetes, and chronic obstructive disorders. In addition to the poorer health outcomes for patients, these avoidable hospitalizations are also costly for the state.¹² Similarly, a separate 2008 study of Medicaid enrollees with diabetes who experienced disruptions in coverage found that the per member per month cost following reenrollment after a coverage gap rose by an average of \$239, and enrollees were more likely to incur inpatient and emergency room expenses following reenrollment compared to the period of time before the enrollee lost coverage.¹³

When the beneficiary re-enrolls in Medicaid—or qualifies for Medicare—after the lock-out period, they will be sicker and have higher health care needs. Studies repeatedly show that the uninsured are less likely than the insured to get preventive care and services for major chronic conditions.¹⁴ Public programs will end up spending more to bring these beneficiaries back to health.

Children will also be harmed by the proposal

It is important to recognize that limiting parents' access to health care will have significant negative effects on their children as well. Children do better when their parents and other caregivers are healthy, both emotionally and physically.¹⁵ Adults' access to health care supports effective parenting, while untreated physical and mental health needs can get in the way. For example, a mother's untreated depression can place at risk her child's safety, development, and learning.¹⁶ Untreated chronic illnesses or pain can contribute to high levels of parental stress that are particularly harmful to children during their earliest years.¹⁷ Additionally, health insurance coverage is key to the entire family's financial stability, particularly because coverage lifts the burdens of unexpected health problems and related costs. These findings were reinforced in a new study, which found that when parents were enrolled in

Medicaid their children were more likely to have annual well-child visits.¹⁸

Further, research shows that when parents have health insurance their children are more likely to have health insurance.¹⁹ Michigan's proposal to disenroll Medicaid enrollees from health coverage for not meeting a work requirement will reduce the number of parents with health insurance, which the evidence suggests will lead to children becoming uninsured. Michigan's plan would only exempt one parent of a child under 6 years of age, putting at risk the health care of all parents and their children 6 years of age and older.

Support services will be inadequate

Child care is a significant barrier to employment for low-income parents. Many low-income jobs have variable hours from week to week and evening and weekend hours, creating additional challenges to finding affordable and safe child care. Under Michigan's proposal, parents whose children are older than 5 years are subject to the work requirements. Finding affordable and safe child care for children is difficult and a barrier to employment. Requiring employment in order to maintain health care, but not providing adequate support services such as child care, sets a family up for a no-win situation. Even with the recent increase in federal child care funding, Michigan does not have enough funding to ensure all eligible families can access child care assistance.²⁰

Proposals to Take Health Coverage Away from Individuals Who Do Not Meet New Work Requirements Will Harm Persons with Illness and Disabilities

Many people who are unable to work due to disability or illness are likely to lose coverage because of the work requirement. Although Michigan proposes to exempt individuals who currently receive temporary or permanent long-term disability benefits from a private insurer or the government or designated as unfit to work or medically frail, in reality many people who are not able to work due to disability or unfitness are likely to not receive an exemption due to the complexity of paperwork. A Kaiser Family Foundation study found that 36 percent of unemployed adults receiving Medicaid—but who are not receiving Disability/SSI—reported illness or disability as their primary reason for not working. In Michigan, this rate increases to 39 percent.²¹

New research shows a correlation between Medicaid expansion and an increased employment rate for persons with disabilities.²² In states that have expanded Medicaid, such as Michigan, persons with disabilities no longer have to qualify for SSI in order to be eligible for Medicaid. This change in policy allows persons with disabilities to access health care without having to meet the criteria for SSI eligibility, including an asset test. Other research that shows a drop in SSI applications in states that have expanded Medicaid supports the theory that access to Medicaid is an incentive for employment.²³ Jeopardizing access to Medicaid for persons with disabilities by the policies proposed in Michigan's proposal will ultimately create a disincentive for employment among persons with disabilities.

Further, an Ohio study found that one-third of the people referred to a SNAP employment program that would allow them to keep their benefits reported a physical or mental limitation. Of those, 25 percent indicated that the condition limited their daily activities,²⁴ and nearly 20 percent had filed for Disability/SSI within the previous 2 years. Additionally, those with disabilities may have a difficult time navigating the increased red tape and bureaucracy put in place to administer a work requirement,

including proving they are exempt. The end result is that many people with disabilities will in fact be subject to the work requirement and be at risk of losing health coverage.

Proposals to Take Health Coverage Away from Individuals Who Do Not Meet New Work Requirements Will Harm Returning Citizens

Having a criminal record can make it extremely difficult to find a job and meet work requirements. Research shows that roughly half of returning citizens are still unemployed one year after release.²⁵ These individuals face many legal and social impediments to finding and retaining employment which can build stability and reduce the risk of recidivism. Taking away health coverage for not working a set number of hours per month only exacerbates this challenge. People with criminal records face many more legal barriers to employment such as occupational licensing bans that preclude them from obtaining even low skilled and entry level positions. Even an arrest record can be a long-term barrier to finding and keeping employment since many businesses conduct background checks; a recent survey found that 96 percent of employers conduct background checks on job applicants that include a criminal history search.²⁶

Michigan's proposal would subject returning citizens after only six months of release to work a set number of hours per month. Many people with criminal records need more time, training, and hands-on assistance to find adequate employment. Access to benefits, such as Medicaid can mean the difference between an individual successfully reintegrating into society, or recidivating.

Former foster youth are likely to lose coverage

The Affordable Care Act (ACA) included a provision to help improve the health of young adults who often have significant health care needs and are more likely to be uninsured than their peers –youth up to age 26 previously in foster care and enrolled in Medicaid. This provision was also intended to reduce disparities in access to health insurance between former foster youth and other young adults who can stay on their parents' private insurance until age 26.

For youth who enter into foster care, between 35 and 60 percent have at least one chronic or acute health condition that needs treatment.²⁷ The chronic health issues that impact youth involved in the foster care system continue to be problematic for youth who ultimately age out of the foster care system. Youth who have aged out of foster care are more likely than their general peers to have a health condition that limits their daily activities.²⁸ Despite the intention of the ACA and the evidence surrounding the health of these youth, Michigan's proposal takes away health coverage from former foster youth who are older than 21 years of age and do not work a set number of hours per month, jeopardizing their general health and well-being over time.²⁹

Budget neutrality information is insufficient

The state's proposal does not include budget neutrality information that is necessary to evaluate the anticipated impact of the proposal. The proposal does not provide any estimate of the number of people who are expected to become disenrolled from Medicaid. The proposal states, "[Michigan] expects the annual HMP enrollment to decrease but the total number of beneficiaries who will be impacted is unknown at this time." Michigan should provide details about the anticipated change in enrollment in

the state and corresponding budget implications. Without this detail, it is impossible to fully understand the impact of the proposal.

Conclusion

Our comments include citations to supporting research and documents for the benefit of Michigan's Department of Health and Human Services in reviewing our comments. We direct the Department of Health and Human Services to each of the items cited and made available to the agency through active hyperlinks, and we request that these, along with the full text of our comments, be considered part of the formal administrative record on this proposal.

Thank you for considering CLASP's comments. Contact Suzanne Wikle (swikle@clasp.org) with any questions.

All sources accessed August 2018.

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- ³ Johnson, Rucker C., and Mary E. Corcoran. 2003. “The Road to Economic Self-Sufficiency: Job Quality and Job Transition Patterns after Welfare Reform.” *Journal of Public Policy Analysis and Management*, Vol. 22, issue 4, pp. 615–29.
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- ⁵ Jessica Gehr and Suzanne Wikle, “The Evidence Builds: Access to Medicaid Helps People Work,” February 2017, CLASP, <https://www.clasp.org/publications/fact-sheet/evidence-builds-access-medicaid-helps-people-work>.
- ⁶ Renuka Tipirneni, Jeffrey Kullgren, John Ayanian, Edith Kieffer, Ann-Marie Rosland, Tammy Chang, Adrienne Haggins, Sarah Clark, Sunghye Lee, and Susan Goold, “Medicaid Expansion Helped Enrollees Do Better at Work or in Job Searches,” University of Michigan, June 2017, <http://ihpi.umich.edu/news/medicaid-expansion-helped-enrollees-do-better-work-or-job-searches>.
- ⁷ Jennifer Wagner “Commentary: As Predicted, Eligible Arkansas Medicaid Beneficiaries Struggling to Meet Rigid Work Requirements” Center on Budget and Policy Priorities, July 2018, <https://www.cbpp.org/health/commentary-as-predicted-eligible-arkansas-medicaid-beneficiaries-struggling-to-meet-rigid>.
- ⁸ Liz Ben-Ishai, “Volatile Job Schedules and Access to Public Benefits” CLASP, September 2015, <https://www.clasp.org/sites/default/files/public/resources-and-publications/publication-1/2015.09.16-Scheduling-Volatility-and-Benefits-FINAL.pdf>.
- ⁹ Kaiser Family Foundation, “Key Facts About the Uninsured Population” September 2017, <http://kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/>.
- ¹⁰ Jennifer Haley and Stephen Zuckerman, “Is Lack of Coverage A Short or Long-Term Condition?,” Kaiser Family Foundation, June 2003, <http://kff.org/uninsured/issue-brief/is-lack-of-coverage-a-short-or/>.
- ¹¹ Matthew J. Carlson, Jennifer DeVoe, and Bill J. Wright, “Short-Term Impacts of Coverage Loss in a Medicaid Population: Early Results From a Prospective Cohort Study of the Oregon Health Plan,” *Annals of Family Medicine*, 2006, <http://www.annfam.org/content/4/5/391.short>.
- ¹² Andrew Bindman, Amitabha Chattopadhyay, and G. M. Auerback. “Interruptions in Medicaid coverage and risk for hospitalization for ambulatory care-sensitive conditions,” *Annals of Internal Medicine*, 2008, <https://www.ncbi.nlm.nih.gov/pubmed/19075204?dopt=Abstract>.
- ¹³ A.G. Hall, J.S. Harman, and J. Zhang, “Lapses in Medicaid coverage: impact on cost and utilization among individuals with diabetes enrolled in Medicaid,” 2008, <https://www.ncbi.nlm.nih.gov/pubmed/19300311?dopt=Abstract>.
- ¹⁴ Ibid.
- ¹⁵ Jack Shonkoff, Andrew Garner, “The Lifelong Effects of Early Childhood Adversity and Toxic Stress,” *Pediatrics*, December 2011, <http://pediatrics.aappublications.org/content/early/2011/12/21/peds.2011-2663>.
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- ¹⁷ National Scientific Council on the Developing Child and National Forum on Early Childhood Program Evaluation, “Maternal Depression Can Undermine the Development of Young Children,” Center on the Developing Child, Harvard University, Working Paper 8, 2009, <http://developingchild.harvard.edu/resources/maternal-depression-can-undermine-the-development-of-young-children>.
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- ¹⁹ Stephanie Schmit, Rebecca Ullrich, Patricia Cole, and Barbara Gebhard “Health Insurance: A Critical Support for Infants, Toddlers, and Families” (Washington, DC: CLASP and Zero to Three, 2017) <https://www.clasp.org/sites/default/files/publications/2017/10/Health%20Insurance%20FINAL%2010-3->

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²⁰ Center for Law and Social Policy “Child Care in the FY 2018 Omnibus Spending Bill” (Washington, DC: CLASP, 2018) <https://www.clasp.org/sites/default/files/publications/2018/03/Child%20Care%20in%20the%20FY%202018%20Omnibus.pdf>.

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²² Jean Hall, Adele Shartzter, Noelle Kurth, and Kathleen Thomas, “Medicaid Expansion as an Employment Incentive Program for People with Disabilities.”

²³ Aparna Soni, Marguerite Burns, Laura Dague, and Kosali Simon, “Medicaid Expnsion and State Trends In Supplemental Security Income Program Participation”, August 2017, <https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2016.1632>.

²⁴ Ohio Association of Foodbanks, Comprehensive Report: Able-Bodied Adults Without Dependents, 2015, http://admin.ohiofoodbanks.org/uploads/news/ABAWD_Report_2014-2015-v3.pdf.

²⁵ Adam Looney and Nicholas Turner, “Work and Opportunity Before and After Incarceration,” The Brookings Institution, March 2018, p. 1, available at this link: <https://www.brookings.edu/research/work-and-opportunity-before-and-after-incarceration/>; J. Petersilia, *When Prisoners Come Home: Parole and Prisoner Reentry*. Chicago, Ill: University of Chicago Press, 2003; J. Travis, *But They All Come Back: Facing the Challenges of Prisoner Reentry*, Washington, D.C.: Urban Institute Press, 2005.

²⁶ Survey: ‘Employers Universally Using Background Checks to Protect Employees, Customers and the Public,’ National Association of Professional Background Screeners (NAPBS), (November 2016 - February 2017), available at this link: <http://www.esrcheck.com/wordpress/2017/08/03/survey-finds-96-percent-of-employers-conduct-background-screening/>.

²⁷ Dina Emam and Olivia Golden “The Affordable Care Act and Youth Aging Out of Foster Care: New Opportunities and Strategies for Action” State Policy Advocacy and Refrom Center, April 2014 <https://www.clasp.org/sites/default/files/public/resources-and-publications/publication-1/The-Affordable-Care-Act-and-Youth-Aging-Out-of-Foster-Care.pdf>.

²⁸ Ibid.

²⁹ Joy Stewart, Hye-Chung Kum, Richard P. Barth, and Dean F. Duncan “Former foster youth: Employment outcomes up to age 30” Children and Youth Services Review, January 2014 <https://www.sciencedirect.com/science/article/pii/S0190740913003800>.

From: Hassan Jaber
To: [HealthyMichiganPlan](#)
Subject: Healthy Michigan Plan §1115 Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 4:01:04 PM
Attachments: [ACCESS Public Comment_HJaber.pdf](#)

Good afternoon,

I am writing on behalf of ACCESS in response to the request for public comment on the proposed Healthy Michigan Plan Medicaid Section §1115 Demonstration Waiver Extension Request Amendment - please see the attached letter. I would like these comments published on the state's waiver website as part of the public record.

Thank you.

Hassan

Hassan Jaber
Executive Director & Chief Executive Officer

Connect with us | [ACCESS](#) | [Arab American National Museum](#) |
[National Network for Arab American Communities](#) | [Center for Arab American Philanthropy](#)





August 10th, 2018

Mr. Nick Lyon, Director
Michigan Department of Health and Human Services
Medical Services Administration
Bureau of Medicaid Policy and Health System Innovation
Attention: Medicaid Policy
P.O. Box 30479
Lansing, Michigan 48909-7979

RE: Healthy Michigan Plan §1115 Demonstration Extension Application Amendment

Dear Director Lyon:

I am writing on behalf of ACCESS, the largest Arab American community nonprofit organization in the United States, whose vision is to create a just and equitable society with the full participation of Arab Americans, in response to request for public comment on the proposed Healthy Michigan Plan Medicaid Section 1115 Demonstration Waiver Extension Request Amendment (hereafter referred to as “the waiver”). We serve to share the impacts that this proposal would have on the communities we serve with respect to their economic, social, and cultural well-being.

Over the past 5 years, the ACCESS Navigator Program has been able to connect thousands in our community to health care such as Medicaid and the Marketplace, and it provides a wide variety of enrollment-related services. Access to coverage has improved the health and wellbeing of our community and has made a lasting impact on them. Medicaid has made it possible for our clients to reach their lifelong goals of pursuing higher education, finding and retaining employment, and ultimately leading empowered and fulfilled lives. A work requirement will compromise the health of these individuals, making it more difficult for them to work or go to school.

At the ACCESS Medical Center, we see a large patient population dealing with chronic health conditions, substance abuse and mental health disorders that rely on consistent medications and treatment. Because of their conditions, these populations face additional barriers in gaining consistent and fulltime employment. This waiver will cause these populations, along with many others, to move in and out of eligibility for Healthy Michigan, potentially locking them out of coverage and treatment, posing a risk far too large for their health and wellbeing. We are also concerned about the bureaucratic process associated with the waiver including paperwork submission, and fear that many clients who indeed qualify for an exemption will also be at risk of losing their coverage regardless of their eligibility.

This proposed act would significantly alter and undermine the Healthy Michigan Plan, a Medicaid expansion program. It is estimated that, through this act, approximately 540,000 Healthy Michigan enrollees will be subject to the 80-hour per month work requirement and project a 5-10% decline in enrollment, or up to 54,000 coverage losses. This implementation will act to deny vital services to patients who rely on the Healthy Michigan Plan to live a healthy life.

The proposed act would threaten the ability for people to work along with their ability to stay healthy. If those on the Healthy Michigan Plan should fall ill, their ability to work would be significantly hindered and this could very well lock them out of coverage. As a result, Michiganders must sacrifice

their health, in one way or another. Let it be reminded that the Medicaid program is aimed at providing health care coverage and improving health outcomes. It is not a jobs program, and should not be treated as such.

One of hundreds of stories we hear at ACCESS is that of Jordan, a 30-year-old man from Ferndale. He has been working since the age of 18, as a teacher and later as a recruiter. In 2014, he began to suffer from a chronic and life-threatening throat infection which prevented him from working. He previously had insurance through his employer, but he lost his job in 2017 due to extended hospital stays and sick days. Uninsured and out of work, Jordan would not be able to treat this condition that almost cost his life on multiple occasions. Jordan visited ACCESS where he was able to obtain Medicaid coverage. Medicaid has already saved his life through emergency room visits and continued treatment. Coverage will also allow him to undergo surgery and finally put an end to this ongoing issue. Now that he's able to afford treatment, he can begin to rebuild his life after unemployment.

Another one of our clients, Mary, was involved in a car accident in 2016, where she hit her head on the dashboard. After she received scans at the hospital, she was told she had a brain tumor that had been growing for two years. She immediately visited one of our Navigators at ACCESS to apply for Medicaid, since she was not insured before then. Once on Medicaid, Mary began intensive chemotherapy treatment and had to quit her job. Unable to take care of herself, her daughter stepped in to help. Her daughter was a Detroit police officer, but due to the unpredictability of her career, she resigned and found employment closer to home to both pay her mother's medical bills and to get home as quickly as possible. Since this job was a huge step down from being part of the Detroit Police Department, Mary's daughter was left without healthcare – she came to ACCESS, as well, to apply for Medicaid. When Mary heard about the Work Requirement Bill potentially being passed, she began working at a bakery out of fear that her Medicaid would be stripped from her. A woman who is having poison dripped into her body is working a job that requires her to be on her feet and near ovens – fearing that if she doesn't, she will not have healthcare. We acknowledge that Mary would qualify for an exemption from the work requirement, but without submitting the right type or amount of paperwork by the right deadline, she may not receive one. Mary is at risk of losing Medicaid, her lifeline, as a result of the waiver's policies, despite the fact that she's currently working.

Not every case is going to be as severe as Mary's or Jordan's. However, there will be likely be many others who are working and eligible for an exemption, like Mary, or unable to work but ineligible for an exemption, like Jordan, who will slip through the cracks and suffer should this waiver be implemented. It is evident that Medicaid has impacted our clients' and community members' lives in the most positive of ways. Medicaid has allowed for our community to build dignified lives and live the American Dream. This proposed act would severely hinder that very ability of our clients.

Sincerely,



Hassan Jaber
ACCESS Executive Director & CEO

From: Chelsey Moon
To: [HealthyMichiganPlan](#)
Subject: Healthy Michigan Plan § 1115 Demonstration Waiver Extension Request Amendment
Date: Friday, August 10, 2018 4:03:49 PM
Attachments: [Public comment on the Healthy Michigan Plan § 1115.docx](#)

Please view the attached letter

Chelsey Moon
Health Care Outreach and Enrollment Specialist
Certified Application Counselor
Bay Mills Health Center
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Bay Mills Health Center
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August 12, 2018

MDHHS
Medical Services Administration
Bureau of Medicaid Policy and Health System Innovation
ATTN: Medicaid Policy
P.O. Box 30479
Lansing, MI 48909

Submitted via email: healthymichiganplan@michigan.gov

Subject: Healthy Michigan Plan § 1115 Demonstration Waiver Extension Request Amendment

Dear Ms. Prokop:

The Bay Mills Health Center appreciates the opportunity to comment on the Michigan Department of Health and Human Services' (MDHHS) request for public comment on the Healthy Michigan Plan § 1115 Demonstration Waiver Extension Request Amendment.

Bay Mills Health Center is a Federally Qualified Health Center (FQHC) that provides primary care to one out of every ten residents of Chippewa County. In 2017, 24 percent of our patients were beneficiaries of Medicaid and Healthy Michigan Plan. Bay Mills Health Center provides a full range of quality, affordable, comprehensive primary health care services, including medical, dental, and behavioral health services, either through direct care or through community referrals, regardless of insurance status or ability to pay for services. We are the only dental provider in Chippewa County that accepts Medicaid patients.

Bay Mills Health Center is also an Indian Health Service facility. As more tribal people enrolled in Healthy Michigan Plan, claims in the Indian Health Service Purchased Referred Care (PRC) program decreased by 15 percent compared to 2013. When more tribal people have health coverage, limited funds in PRC become available to tribal people without options for health coverage. In addition, Bay Mills Health Center has extended hours of operation and expanded services due to a 26 percent increase of patients served compared to 2013.

Bay Mills Health Center is writing to express our support for the comments submitted by the Michigan Primary Care Association (MPCA) in response to the Healthy Michigan Plan waiver extension request amendment. A summary of these comments is as follows:

Definition of medically frail

Federal statute allows states to create a unique medically frail definition to meet the state's needs under 42 CFR 440.315(f). Although being supportive of the process MDHHS proposes to use to identify medically frail individuals, MPCA is very concerned that the current list of ICD-10 diagnoses codes

included in Appendix A, Attachment L, fails to include conditions such as clinical depression or anxiety that could prevent an individual from working. Penalizing an individual who cannot work but does not qualify for an exemption would contribute to a dangerous cycle of failure and worsening health outcomes.

MDHHS has the authority to include additional diagnosis codes. MPCA urges MDHHS to include diagnoses related to depression, anxiety, and other mental health conditions that are not otherwise included in the proposed waiver extension amendment. Specifically, MPCA requests MDHHS add diagnoses related to ICD-10 codes F063, F064, F309-F339, F410-F4312, F440, F600-F609, and F6381 to the state's definition of medically frail. MPCA strongly urges MDHHS to use this broadened definition of medically frail for both the workforce engagement and the cost-sharing requirements articulated in the waiver extension application.

Suspension of coverage for noncompliance with cost-sharing requirements

MPCA is extremely concerned by the lack of details relative to suspension of coverage for noncompliance with cost-sharing requirements for individuals with income between 100 and 133 percent of the federal poverty limit. Individuals covered by HMP make daily decisions on how to make ends meet, which makes careful consideration of cost-sharing compliance mandates important. MPCA encourages MDHHS to use its authority to specify how it will operationalize the suspension of coverage for noncompliance with the program's cost-sharing requirements.

MPCA recommends that MDHHS align compliance with cost-sharing requirements with the proposed workforce engagement requirements and allow an individual up to six consecutive months of the year to be noncompliant relative to cost-sharing. MDHHS should suspend eligibility only for individuals who have consistently failed to pay cost-sharing contributions for six consecutive months before the outstanding balance is sent to the Michigan Department of Treasury for garnishment of tax returns or lottery winnings. Additionally, MPCA urges MDHHS to develop and publicize the process by which individuals can restore HMP benefits. We believe this process should include a provision restoring coverage once an individual agrees to an outstanding balance payment plan and has made the first monthly payment. The state should accept the first payment on a mutually agreed upon payment plan as a good faith effort to be in compliance with the cost-sharing requirements.

§ 1115 demonstration waiver evaluation design

A core component of the § 1115 demonstration waiver is the inclusion of an appropriate evaluation component to assess the relevant hypotheses the demonstration plans to test. MPCA believes the stated objectives in the evaluation overview section of the amended waiver extension proposal falls short of fully evaluating this statutory mission statement. Specifically, MPCA strongly urges MDHHS to include evaluating the following components to test additional hypotheses supported by the statute's mission statement:

- The extent to which beneficiaries believe that workforce engagement requirements as a condition of HMP eligibility has a positive impact on personal health outcomes and financial well-being;
- The extent to which workforce engagement requirements improve health outcomes while covered by HMP; and
- Whether the costs in uncompensated care increase or decrease as a result of individuals losing coverage for noncompliance with workforce engagement requirements.

The Healthy Michigan Plan has been a large success in no small part due to the leadership of MDHHS to ensure all individuals have access to affordable coverage to improve health outcomes. Tribal people and surrounding community members have gained access to health care and we have been able to offer patients more services. Bay Mills Health Center strongly believes MDHHS should use its authority to ensure the HMP remains a health coverage program and work in partnership with stakeholders to implement a fair, Michigan-based approach to workforce engagement requirements.

In closing, we appreciate the opportunity to comment on this issue. If you require any clarification on our comments, please contact me at abreakie@baymills.org or at (906)248-8327.

Sincerely,

Audrey Breakie
Health Center Director
Bay Mills Health Center

From: Cooper, Lisa Dedden
To: [HealthyMichiganPlan](#); [Stiffler, Kathleen A. \(DHHS\)](#)
Cc: [MSAPolicy](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 4:05:17 PM
Attachments: [AARP.Comments.Sec1115Waiver.8.10.2018.pdf](#)

Dear Acting Director Stiffler,

Attached please find AARP Michigan's comments regarding the State of Michigan's proposed amendment to its Section 1115 Demonstration Extension Application.

As always, we appreciate the opportunity to work with the Department in support of the Healthy Michigan Plan.

If you have any questions or if there is further information we can provide, please feel free to contact me or AARP Michigan State Director Paula Cunningham directly.

Thank you.

Lisa Dedden Cooper | AARP Michigan | Manager of Advocacy
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August 10, 2018

Mr. Nick Lyon, Director
 Michigan Department of Health and Human Services
 333 S. Grand Avenue
 Lansing, MI 48913

Re: §1115 Demonstration Waiver Extension Application Amendment - Healthy Michigan Plan

Dear Director Lyon,

AARP Michigan welcomes the opportunity to submit these comments regarding the State of Michigan's proposed amendment dated July 9, 2018, to its Section 1115 Demonstration Extension Application.

AARP is the nation's largest nonprofit, nonpartisan organization dedicated to empowering people age 50 and over to choose how they live as they age. With approximately 1.4 million members in Michigan, AARP advocates on issues that matter most to people age 50+ and their families with a focus on health care, financial security and personal fulfillment.

First and foremost, AARP Michigan strongly supports the long-term continuation of the State of Michigan's Section 1115 Demonstration Program known as the Healthy Michigan Plan. Healthy Michigan has been successful at bringing health coverage including primary care to nearly 700,000 people in Michigan, and approximately 36% of Healthy Michigan enrollees – an estimated 243,000 people – are ages 45-64.

Our intention in submitting these comments is to urge the Michigan Department of Health & Human Services (MDHHS) to interpret the *exemptions* to the work engagement requirements set forth by Public Act 208 of 2018 as broadly as possible to minimize the risk that older adults who rely on Healthy Michigan will lose their primary care health coverage, and to interpret the *qualifying activities* as broadly as possible in recognition of the obstacles to employment that are disproportionately faced by older adults in Michigan.

Chronic Health Conditions in Older Adults

Older adults are particularly vulnerable to deterioration in function and health status if they don't have health coverage. As AARP and AARP Foundation described in our amicus brief filed on April 6, 2018, in the ongoing *Stewart v. Azar* federal lawsuit over the State of Kentucky's Section 1115 waiver request:

Prevalence of chronic conditions, including both physical and mental health conditions, increases significantly with age. Based on health care expense data, the Agency for Healthcare Research and Quality found that 57% of persons from ages 55 through 64 have at least two chronic conditions. An additional 20.3% of these persons have one chronic condition, and only 22.7% have no chronic condition.

Since its launch in 2014, Healthy Michigan has begun to create better health outcomes for older adults in Michigan who would lack primary care without it. Many older adults – particularly those in their 50s and 60s – have chronic conditions or functional limitations that hinder their ability to work but may not rise to a programmatic definition of disability. Having access to primary care means people can access medicine to manage chronic conditions such as diabetes, asthma and arthritis, which allows them to continue to lead productive lives. On the other hand, people in their 50s and 60s who do not have access to health care to manage chronic conditions become less able to maintain their family’s financial security through work as their health declines, and they ultimately end up requiring more costly health care due to complications from health conditions left unmanaged.

In particular, AARP urges the MDHHS to broadly interpret the exemptions for “Beneficiaries who are designated as medically frail” and “Beneficiaries with a medical condition that results in a work limitation according to a licensed medical professional order” to protect against older adults with chronic health conditions losing the Healthy Michigan coverage they need to manage their conditions.

Older Adults in the Michigan Workforce

Older adults who are unemployed face additional obstacles to finding new work, and it typically takes them longer to do so compared with younger workers. The average time an unemployed person spends looking for work is 36.2 weeks for people ages 55 to 64 and 32.9 weeks for people ages 65 and over, compared to 24.8 weeks on average for workers generally. Jobseekers ages 55 and older are also more likely than younger jobseekers to experience long-term unemployment. In March 2018, 29 percent of jobseekers ages 55 and older were long-term unemployed (looking for work for 27 weeks or more) compared with 19.4 percent of jobseekers in the 16 to 54 age group. Other obstacles that older workers may face include:

- Displaced or laid off older workers may need to learn new skills to transfer from one sector to another, and may even need help learning to search and apply for jobs online.
- Older adults are more likely to be serving as a family caregiver for an aging spouse or parent.
- Two out of three workers between ages 45 and 74 say they have seen or experienced age discrimination at work.

AARP urges the MDHHS to broadly interpret the qualifying activity described as “Job search directly related to job training” to recognize the extended period of time that unemployed older adults are likely to need to find a new job. Additionally, AARP urges the MDHHS to interpret the exemption for “A caretaker of an incapacitated individual even if the incapacitated individual is not a dependent of the caretaker” to encompass the experience of Michiganders serving as a family caregiver for an aging spouse, parent or other relative whether in their own home or in their loved one’s home. Michigan’s family caregivers devote an estimated 1.2 billion hours in unpaid care to loved ones at a total value of about \$15 billion a year. The average family caregiver is a 49-year-old female taking care of her mother for nearly 20 hours per week.

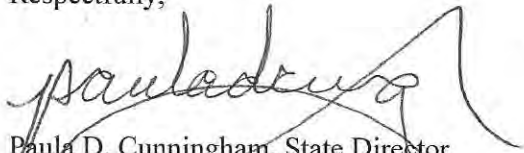
Workforce Engagement Requirements

One concern we would like to raise is with respect to the workforce engagement provision in Section II of the waiver application. This provision would require beneficiaries between the ages of 19-62 to work or engage in specified educational, job training, or community service activities for at least 80 hours per month to remain covered through the HMP unless they qualify for an exemption.

AARP believes that this provision seeking to impose a work requirement is not authorized by Section 1115 of the Social Security Act because it is not “likely to assist in promoting the objectives” of the Medicaid Act. 42 U.S.C. § 1315(a). Specifically, this provision is not likely to assist in promoting the objective of enabling the State of Michigan “to furnish medical assistance [to individuals and families] whose income and resources are insufficient to meet the costs of necessary medical services and rehabilitation and other services to help such families and individuals attain or retain capability for independence or self-care.” 42 U.S.C. § 1396-1(1). It would also present an unnecessary barrier to health coverage for a sector of Michigan’s population that is most in need of coverage. This includes the many individuals who have recurring periods of illness due to chronic and behavioral health conditions who may not be exempt from the work or job search/training requirements. Moreover, the recent court ruling in the *Stewart v. Azar* case reaffirmed these concerns, stating that work requirements would not help to furnish medical coverage consistent with Medicaid program objectives.

Thank you for the opportunity to express these comments on behalf of AARP and Michigan’s older adult population. If you have any questions or if there is further information we can provide, please feel free to contact Lisa Dedden Cooper, Manager of Advocacy for AARP Michigan, at 517-267-8923 or LCooper@AARP.org.

Respectfully,



Paula D. Cunningham, State Director
AARP Michigan

From: Nicole Felix
To: [HealthyMichiganPlan](#)
Cc: [Bragg, Darryl \(DHHS\)](#); [Tara O'Neil](#); [Samantha Dane](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 5:19:27 PM
Attachments: [MER_Healthy Michigan Plan 1115 Demonstration Waiver Extension Request Amendment Feedback.docx](#)

This message was sent securely using ZixCorp.

Good Afternoon,

Please see attached for Meridian's feedback on the Demonstration Extension Application Amendment due on or before August 12, 2018.

Thank you,

Nicole

Nicole M. Felix
Sr. Manager of Operations
Meridian
1 Campus Martius, Suite 700
Detroit, MI 48226
www.mhplan.com

d. 313-324-9065
p. 313-324-3700 x21241
f. 313-324-9066
c. 313-820-0580

Ask me about our Meridian Family Values!

INTEGRITY | **PASSION** | **VISION** | **QUALITY**

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Document Name: Healthy Michigan Plan 1115 Demonstration Waiver Extension Request Amendment Feedback

Date: 8/10/2018

Document	Topic	Feedback/Questions/Recommendations
Section 1115	Hardship Exemption	<ul style="list-style-type: none"> • How will “Hardship Exemption” be tracked, by whom, and how will plans be notified? How will this be operationalized and within what timeframe would this exemption go live? Is this exemption currently present in any other assistance program in MI? • What is defined as “family emergency” are these instances self-reported by the members as work requirements as being reported? More elaboration needed here • With the recent denial of work requirements as proposed by other states, how will this request be amended to adjust for the reasoning for the declined waiver in other state programs?
Attachment D	Healthy Behavior Goals	<ul style="list-style-type: none"> • Attachment D outlines the expectation that the health behavior goals become more challenging year over year. <ul style="list-style-type: none"> ○ Are challenges being defined by the providers via the office visit, etc.? Is the Healthy Behavior goals section that was added to the 2018 HRA still applicable? More clarification is needed surrounding this expectation to avoid manual, last minute, administrative efforts to be undertaken by the MHPs. ○ What evidence/guidance was used in outlining this requirement? It also states that goals must be reviewed with PCPs and that an attestation must be obtained.
Attachment C	Disqualified/Member has exceeded months allowed	<ul style="list-style-type: none"> • Attachment C outlines that once a member who falls between 100-133% FPL has been on HMP for a cumulative 48 months, their MIHA will no longer be utilized. <ul style="list-style-type: none"> ○ Who will be tracking this? ○ Will the MIHA vendor be overseeing this piece?
Attachment C	Cost Sharing Reduction Changes- Post 48 Months Cumulative Enrollment	<ul style="list-style-type: none"> • “Complete or commit to an annual healthy behavior with effort given to making the healthy behaviors in subsequent years incrementally more challenging.” <ul style="list-style-type: none"> ○ Who is going to monitor this? ○ How is, “incrementally more challenging” defined? Will they receive different healthy behavior options? Will this prompt another HRA change?
Attachment D	Health Risk Assessment	<ul style="list-style-type: none"> • “Existing enrollees will also be encouraged to make subsequent year healthy behaviors incrementally more challenging, working with their primary care provider to build on the goals of previous years.”

		<ul style="list-style-type: none"> ○ Many Medicaid members do not consistently see the same PCP. In the event that a member sees a different PCP annually, how will this be accounted for?
Attachment D	Cost-Sharing Obligations	<ul style="list-style-type: none"> ● Attachment D, p. 9: says that this is the case of members “have had 48 months of cumulative eligibility coverage will not be eligible for incentives and will be suspended from HMP if they fail to complete a health behavior or pay cost-sharing obligations”. <ul style="list-style-type: none"> ○ Does this mean that it only applies when a member doesn’t complete a healthy behavior option/falls into CFP or is it for any member who exceeds the 48 months of cumulative eligibility coverage?
Attachment D	Tobacco Cessation	<ul style="list-style-type: none"> ● Attachment D outlines that existing members must review their progress on their previous years goals with their PCP to track if the member achieves or has made significant progress. <ul style="list-style-type: none"> ○ How is this to be tracked? ○ Who does this need to be reported to and how often? ○ Will previous HRAs be made available for the PCP? ○ If the beneficiary has changed PCP since last HRA completion, is there a barrier in this requirement? ○ Will the health plans be responsible to compare previous responses via the goals process?
Attachment D	Wellness Programs	<ul style="list-style-type: none"> ● Attachment D, p. 4: States “MDHHS will work with the managed care plans to ensure uniform standards are applied for determining annual improvement through these activities”. <ul style="list-style-type: none"> ○ Does this mean that all Wellness Programs across plans will be the same? If not, how will uniformity be determined?
Attachment L	Medical Exemption Request Forms	<ul style="list-style-type: none"> ● Attachment L, p 1: There are questions similar to that noted for the Application for Health Coverage and Help Paying Costs/Medical Exemption Request form on the HMP HRA. <ul style="list-style-type: none"> ○ Will these be pulled from the HPs’ 5944 and used as well?

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 4:02:34 PM

I can understand the work/education idea for some people but can see where it would be an issue for many people in my situation.

I am 60 and have a health issue that requires a quarterly injection of medicine that costs \$7500.00 for each injection. If I am required to work, two things could happen: #1- I would make too much money to qualify for Healthy MI Insurance (my spouse receives social security) so I would be in jeopardy of not being able to afford the medication.

#2- I would have difficulty working due to my medical condition (I retired 3 years ago).

I work hard at keeping my body moving to keep the disease from progressing rapidly. Some days are better than others. But, who decides when a person is considered medically frail? What would those guidelines be? One person may see qualifying medical issues completely different than another. This is very concerning to me.

Thank you for the opportunity to voice my concerns.

[REDACTED]

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstation extension Application Amendment
Date: Friday, August 10, 2018 4:06:03 PM

I am very much against work requirements for Medicaid recipients. I work with the poor and I feel I have some experience with Medicaid recipients and their struggles. For the most part, our clients do work at least 20 hours, many of them have full time jobs. Sometimes they are at the mercy of life events, a car that dies, an injury or illness, the illness of a child or family member and suddenly they cannot work. Or their employer decides to cut their hours because things are slow that month. You are giving employers a lot of power here. And a requirement of 30 hours is too much.

This sounds like a record keeping nightmare, and a very expensive one at that. Healthcare is not something we should be playing games with. These can literally cause the death of our people here in Michigan.

If you really want to get people off the Medicaid rolls, they need good paying jobs. No one can support themselves working 40 hours for \$10 or \$11, much less their families. They also need reliable public transportation, quality childcare and safe, affordable housing. If you want to spend lots of money, spend it there, instead on record keeping for a punitive program. These are not lazy people trying to live off the state, stop treating them as such.

[REDACTED]

Sent from my iPad

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Medicaid
Date: Friday, August 10, 2018 4:09:37 PM

I am a permanently disabled woman in Jackson County Michigan. I was working two jobs when I became ill. I couldn't continue to work. I lost my health insurance and had to rely on medicaid to receive life saving treatment. It took 2 years to qualify for Medicare. I think this law was written by someone who has no idea what it's like to become deathly ill out of nowhere and I believe that people who want to work but are too sick will end up suffering a great deal. In short, it's a terrible idea.

[REDACTED]

Happy Connecting. Sent from my Sprint Samsung Galaxy S® 5

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration extension application amendment
Date: Friday, August 10, 2018 4:25:07 PM

Why is it always the knee jerk reaction to assume poor people are lazy, welfare queens? Does it make us all feel better about ourselves as we flaunt our privilege like some shiny badge of honor? I have some money and I work. Therefore since you don't have money must mean you don't work, so I'm going to punish you for being poor.

The facts don't support this assumption. The fact is that a majority of benefit recipients are children.

Being poor isn't a crime. It IS damned hard work, however. I'm opposed to this draconian measure.

[REDACTED]

Get [Outlook for Android](#)

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Medicare working requirement
Date: Friday, August 10, 2018 4:36:03 PM

This is cruel and unjust. My son suffers from mental and physical disabilities and stress from this requirement just adds to his daily suffering! Much of the public needing this benefit qualify because of illness or disabilities that make it difficult for them to work and you are attacking this group with this insensitive and cruel requirement. These people are suffering to be on this and you have to punish them too. How cruel! I protest this requirement.

[REDACTED]

[Sent from Yahoo Mail on Android](#)

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: demonstration extension application amendment
Date: Friday, August 10, 2018 4:40:11 PM

I am opposed to requiring Medicaid recipients to work to be eligible for benefits. Here are some of my reasons:

How is someone who has nothing supposed to suddenly have childcare and transportation available to get to a job that is not necessarily near them?

If a job is available, and isn't nearby, where do the resources come from for that person to move to the area where it is? This would also mean leaving/losing any support system they have in place where they currently live.

Once someone is trained for a job, and there is no opening for them, what then? That sounds like they will either be tossed away, or live in a limbo where they are told over and over that they have to learn to do this or that, then get nothing for it.

The whole proposition sounds like creating an underclass that has to prove they aren't stupid or lazy. In comparison, the schemes to drug-test people applying for assistance have weeded out offenders with numbers akin to 1 in 1,000,000.

[REDACTED]

From: Pat Clark
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 5:10:14 PM

Persons living with HIV should be categorically defined as medically frail and therefore exempt from the requirements.

I have numerous clients who are dependent on the life-saving medications to treat HIV but whose access to these may be denied due to the work requirement you are looking at enacting.

Many people have numerous issues and some side effects but those are not always significant enough to qualify them for disability. They are often accepting jobs at fast food or similar types of employment that can come and go easily. When they are experiencing the effects of living with HIV it may impact their ability to make it to work that day causing them to lose the job. Finding another can be daunting.

Please consider people living with HIV, regardless of their disability status, to be categorically defined as medically frail and therefore exempt from the requirements to work.

Please feel free to reach out if you have questions or need more information.
Pat

Pat Clark
Director of Client Services
EIS, NMCM, HOPWA, Tobacco & QM Supervisor
CARES
(269)-210-7577

Language Matters in Reducing Stigma!

People before their diagnosis: "**person living with HIV**" instead of HIV+ or infected
Stage 3 HIV or AIDS diagnosis rather than "full-blown AIDS"
Transmission, diagnosed, acquired, or contracted not infected or caught

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From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: "Demonstration Extension Application Amendment"
Date: Friday, August 10, 2018 5:12:54 PM

It seems foolish to implement work requirements for the state's Medicaid expansion recipients without knowing the consequences. How many people will this impact? How much will it cost to implement? What will happen to the people who fall through the cracks? This seems nothing more than a political effort by the those looking to appeal to their base in the fall election. The cost of living has increased and yet wages have not, so many people look to state and federal programs to help make up for this gap. Please, instead of penalizing those who need help, why not raise the minimum wage and implement programs that actually help people. [REDACTED]

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Opinion on work requirements for HIV positive people
Date: Friday, August 10, 2018 5:44:06 PM

Persons living with HIV should be categorically defined as medically frail and therefore exempt from the requirement.

I sit on the board at Community AIDS Resources and Education Services in Kalamazoo. I see so many of our clients that need this exemption.

[REDACTED]

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 6:37:58 PM

I think even entertaining the thought of work requirement is stupid. Most users are already working for [REDACTED] poor wages and the rest are either elderly or disabled and cannot work.

Just my two cents but the few that might be able bodied are probably just between jobs. Unless you are actively finding them work, you should not punish them for needing help.

Please reconsider your requirement.

Thank you!

From: [REDACTED]
To: [REDACTED]
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 6:43:38 PM

"Demonstration Extension Application Amendment"

Hello,

I am an employer in an economically depressed county in the Upper Peninsula. I oppose your work requirement proposal for expanded Medicaid, because, from my experience as an employer, I can tell you that it is virtually impossible for workers in this area, even those with two jobs, to count on receiving 80 hours of work every single month of the year.

In a tourism and education dependent employment area like ours, there are months, specifically November and May, as well as potentially December and June, in which business dips so drastically, that a worker who may even significantly exceed 40 hours per week during the busy season, simply will not be able to work 80 hours per month. This is also due to the dramatic seasonal variation, and would be further magnified if our area were tourism only dependent, as many areas of Michigan are.

Most of Michigan north of Grand Rapids, Lansing and the broad Detroit area, is tourism dependent, and therefore susceptible to dramatic swings in demand for labor hours. This clearly indicates that Michigan is a poor fit for a work requirement designed as this one.

Sincerely,

[REDACTED]

From: [REDACTED]
To: HealthMichiganPlan
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 7:31:07 PM

I am concerned about the addition of work requirements in order to receive benefits. There are people receiving these health care benefits that cannot work. How would you separate them out? Will you require a physician's evaluation? (I apologize if this is covered in your attachments, but I could not get them to download.)

Some people have become disabled before they qualified for Social Security disability, or never got a chance in the work force due to disability. This is their only hope.

People in general do not WANT to receive a hand out. Contrary to what some politicians seem to believe, people prefer to work. However, physical or mental conditions could exist to keep them from working. Yes, even 20 hours a week could be too much.

I see a need to create a separate program for job training and a "talent pipeline for employers". People WANT to work, but cannot afford to live on minimum wage jobs. But this is a different issue.

Please pay attention...if "enrollment exceeded initial expectations", then there is a need for better health care options. With the gutting of The Affordable Care Act, people cannot get the insurance they need. Those with disabilities or other extenuating circumstances are even less able to get any other coverage.

Quotes above taken from <https://na01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bridgemi.com%2Fpublic-sector%2Fhave-opinion-michigan-medicaid-work-rules-weigh-quickly&data=02%7C01%7Chealthmichiganplan%40michigan.gov%7Ccfb0e796ec246c840e908d5f195849%7Cd5fb708737742ad966a892ef47225d1%7C0%7C1%7C636695406673158281&psdata=zwm4gm9kpBHGqT%2FzDeVkydE5D717VyHGdCEzmWyZM%3D&reserved=0>

Thank you,
[REDACTED]

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Medicaid
Date: Friday, August 10, 2018 7:49:32 PM

I am against the 20hr week or 80 hr month work requirement if it puts people just over the income limit to qualify for Medicaid, and they can't afford other health insurance.
Sent from my iPhone

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 8:18:15 PM

I believe that for each and every single program to help Michigan citizens that there will be people who abuse that system. You can fill loopholes all you want, but they will find others and take advantage of the situation. I don't like it and I wish they'd spend their energies in some other way. But it is, in my view, a fact that will happen no matter what.

But I also believe that the majority of recipients of assistance or any other program intended to help citizens truly need and benefit by the assistance. I'm a believer in a hand-up and not a hand-out, but sometimes the hand-out is what they need right then to gather their energies to start again or simply to keep on living the kind of life the rest of us take for granted.

I always use this example: Remember in elementary school that time the teacher punished the entire class for what one or maybe two kids did? Remember that feeling in your stomach and the shouting in your mind "I didn't do anything wrong, why am I being punished?" Imagine instead, now, that you are an adult who has complied with all that the state of Michigan has asked of you in order to receive the money or assistance that lets you eat every day, get the medical care you need every day, lets you go to school, lets you keep your child or grandchild in an educational daycare program, whatever. We provide so much for so many. Why do we want to let a few wreck it for the many? Yeah, those people don't deserve it and they may get away with it for their entire lives and teach their children to abuse the system as well. But I'd rather spend my extra energy on finding more ways to help the people who need the help, will use the help wisely, and that many of them will someday find a way beyond needing that help and stand on their own. That gives them dignity. It gives the people who, though ill and confined in their movements, dignity to make it as best they can on their own.

Don't punish the good, deserving people because of the despicable ones who abuse the system. The good, deserving people will be thankful for the dignity we help them keep; the despicable couldn't care less about us or anyone else.

Make all of them work? No! Make some of them work? No! Provide dignity-enhancing work opportunities without it being a requirement to get help

and NOT reduce their assistance until they want you to reduce it? YES! I believe the good, deserving people will be glad and proud to do what they can to give back. I shout NO to any law or program that requires people to work or struggle at something in order to receive their assistance. Would I like to see those lazy-asses and system-abusers caught and forced to work? Oh, yeah! Just like anyone else (except them!) would. But not at the expense of causing more misery to even one good and deserving person.

Thank you for reading. I'm sure this commentary will only end up as a check mark in the "against" column, but I hope that you, the reader, and anyone you might share it with will feel the sincerity and humanity behind my words. If nothing else, I'd like you to agree with me that there will always be abusers but the good people shouldn't be punished because of them.

Thank you,

A large black rectangular redaction box covering the signature area.

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Public Comment on Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 8:23:57 PM

dTo: MDHHS
Re: Demonstration Extention Application Amendment\

From: [REDACTED]

To whom it may concern,

I am writing to oppose the waiver and 80 hour/month work requirement for Medicaid recipients for the following reasons:

Medicaid was not created as a work program, and the requirement of work to receive Medicaid violates Federal law, and will instigate costly court cases which the State will lose.

Only a small percentage of "able-bodied" people who are on Medicaid do not work. The costs of extra paperwork, and the stress the paperwork will provoke does not justify a work requirement. The expansion of the ACA already served to help people work while they are on Medicaid.

There are many people on Medicaid who serve as support to their family members who do work, or who are parents of small children, or who are caregivers to people who can not live independently. I understand that caregivers would be exempt under the new rules, but it still adds more paperwork, more stress and worry about qualifying to an already stressed population of people. Caregivers have particular challenges, are vastly underpaid, yet are essential servants in the healthcare system. In the US the millions of caregivers lose 3 trillion in retirement, wages and benefits, and their personal health suffers, making them more likely to become disabled/chronically ill and impoverished themselves. The state of MI should be streamlining health services, eliminating paperwork, and providing extra support (even a livable income) for caregivers due to the essential role they play and the long and short term sacrifices they make for our healthcare system. This waiver does the opposite.

Anecdotally, I have family members who are chronically ill but not sick enough to be considered disabled by the Social Security Administration. One family member has just survived cancer. Another has severe generalized anxiety disorder and social phobia. Still another has chronic IBS, and another has Neurofibromitosis. They are limited in their ability to work even 20 hours a week. Because healthcare in the US is tied to employment, and they can not work full time, they have resorted to Medicaid in order to receive the important life-saving care they require. Some of these individuals would most likely be considered "able-bodied" by the new requirements and would thus lose their healthcare, which would aggravate their conditions and cause them to become fully disabled.

Personally, I have been a caregiver my entire adult life. I have worked to help family members manage their healthcare with medications, doctor's visits, managing appointments and applications, coordinating services with caseworkers and health professionals. I have been in

the roles of counselor, mentor, home nurse, advocate and receptionist day and night. Our system is paperwork heavy when it doesn't need to be, complicated when it can be simple, and it seems to me, designed to discourage sick people from accessing care rather than the opposite. After years of working, and watching my health decline due to the pressures of caring for the sick 24/7, I have just recently been diagnosed with an autoimmune disorder. I fear for my own future. Will I, too, lose my Medicaid health coverage-after years of sacrifice and service? Should my health take a further turn for the worse, who will be my caregiver? I, and people like me, have been champions of the forgotten sick, the workhorse underlings of the health system, underpaid or not paid anything at all and with little thanks and recognition. I gave up personal happiness and a career to help others. I gave up financial security and retirement. And now I am being told by my government that I am lazy, no good, not worth having insurance because I now don't have a regular job? I believe I am justified in being angry. ***It is just possible, you know, to be a valuable member of a community, a charitable person who works hard and yet not be rich, and not be employed.***

Thank you for taking the time to read this. Please do not enact this policy change.
Sincerely

██████████

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 10:17:03 PM

Hello my name is [REDACTED] I am writting to comment in regards to the proposed amendments requiring medicade recipients to work or go to school. I am 32 years old with 3 children who all as well as myself depend on this insurance. I have fibromyalgia, asthma, clots in my lungs (from unknown causes), thrombocytopenia. The last two of which I have been diagnosed with in the last year. The fibromyalgia affects my nerves and muscles as well as my brain causing memory lapses, severe pain which most days makes it very hard to move. There is no cure or pill that helps my fibromyalgia symtoms. The muclee relaxers I do take to attempt to help ease the pain are not much but are the best they can do for me. Those alone are \$65+ a month. The clots and asthma affect my breathing. I am on blood thinners and an inhaler for those and those alone would cost me \$120. The thrombocytopenia is a blood disorder that causes my.platelets and my.immune system to attack themselves. I have to go get weekly lab work and infusions that cost well over \$1000 each. I have tried to work over the years but my health always gets in the way and employers never seem to understand or want to work with a person as I'll as I am. I don't know how a person like me would survive working let alone being without the important things/my insurance. I have to use a walker to get around most days. The fear of loosing my insurance because I can't meet the requirements scares me not only for myself but my children as well. I realize this is fairly long so I will stop here but please feel free to email me.back with any questions or concerns and thank you for you time.

Regards,

[REDACTED]

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Comments on work requirement for Medicaid recipients
Date: Friday, August 10, 2018 10:17:55 PM

This change in the law concerns me. I am a beneficiary of the state's Medicaid plan. I am divorced with 2 children. Currently I do have a job but it is part-time. Employers keep part-time workers to less than 20 hrs weekly because then they do not need to offer health insurance. My job is at my son's school which is ideal for commuting, the hours enable me to work without loss of pay to childcare. My 2 children have an age difference of 5 yrs, which means they attend different schools neither of which we qualify for bus service. They are too young to stay home alone, childcare costs would eat a substantial portion of any pay, and I do not have family near in the area to "help". I work hard and transport them and raise them on my own. The one thing I've needed is health insurance which thankfully helps me stay healthy to care for my kids. If a work requirement has minimum hours attached to it, it realistically needs to be under 20 hrs. Employers of part-time employees aren't going to give 24hrs or such per week because they would have to offer health insurance. They hire under 20hrs or full-time. And fulltime employees obviously get company health insurance. I don't think health insurance should be attached to a work requirement. Perhaps food stamps should be. But please give people like me peace of mind that if I'm injured or I'll be taken care of... years ago I had an episode of major chest pain.. I had no insurance at the time, having lost it in divorce and being a college student. My daughter was 18 months old. I took a chance and did not go to ER because the cost would have broken me. Luckily I wasn't having a heart attack... but no one should feel they can't see a doctor because of insurance.

[REDACTED]

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Date: Friday, August 10, 2018 10:42:03 PM

Please pass the bill requiring recipients to work for benefits. Also please put a cap on how long people can be on assistance. It is an assistance program not a life-long benefit. Tax payers are tired of giving out free rides. Everyone should work unless disabled which should be investigated to ensure that is the case.

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration extension application amendment
Date: Friday, August 10, 2018 11:01:30 PM

I'm a stay at home mom of three, while their father works full time. We can't afford day care, nor do I trust to put my kids in day care. And I will continue to be a stay at home mom until my youngest starts school full time. It's unfair to assume that because I don't work outside the home that I'm sitting around doing nothing.

[Sent from Yahoo Mail on Android](#)

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 11:14:46 PM

Public Comment on Medicaid Work Requirements:

I do not support the policy that Medicaid recipients be required to work to receive health benefits. Health benefits should not be conditional. In addition, the cost of tracking and maintaining this requirement would better be spent improving workers' wages and employment training programs. Most adults who are able to work do so. Many have poor wages or limited hours.

Thank you,

[REDACTED]

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Work for medicaid
Date: Friday, August 10, 2018 11:19:16 PM

A bad plan. There should be no connection between employment and receiving Medicaid.

[REDACTED]

[REDACTED]
[REDACTED]

[REDACTED]

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Friday, August 10, 2018 11:21:35 PM

I am a person who benefits from expanded Medicaid. Without this health coverage, I would have died several times over. It is my Medicaid coverage that allows me to even CONSIDER working in the first place. Without it, I would not be able to work and I'd have to apply for disability, something I have been desperately trying to avoid. Because of the Healthy Michigan program I have been able to get access to medical care that has changed my life. I am happy to say that I'm starting EMT training in September, a goal that I wouldn't even dream of if not for my health coverage. I'm going to be a Paramedic, to give back to the community and the state that has supported me.

Without the Healthy Michigan program and expanded Medicaid, people are going to die. Not just a few people here and there, but thousands. I am utterly sickened by politicians who push for death by legislation. If politicians really care about the poor, they need to put their money where their mouth is. Either that, or those politicians should have the courage to publicly admit that they strive to purposefully kill thousands of American citizens just because they are poor.

Please do everything you can to keep the program (and the people of Michigan) alive.

Thank you,
[REDACTED]

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 12:04:06 AM

Hello,

I am writing to voice my objection to work requirements for people getting medical coverage under the Medicaid Expansion.

I lost my sales job at 51. Turns out, not only does no one want to hire you at that age, it was impossible for me to get an interview. I tried to get hired in my field (biotech sales) for 7 years. I also went without health insurance for that time. The Medicaid Expansion finally allowed me to see a doctor again, and I am grateful for that.

I am now 63 years old. I cannot get Medicare for 2 more years. Please don't make me be uninsured again.

Sincerely,

[REDACTED]



Virus-free. www.avast.com

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 12:27:53 AM

To whom it may concern:

I am firmly in opposition to the Michigan Section 1115 Medicaid waiver that mandates citizens to work in order to receive Medicaid and to pay 5% of their income toward Medicaid premiums. I believe that the measure is unnecessarily harsh and will result in devastating outcomes to an already vulnerable population.

In working with low-income populations for the past eleven years it has become abundantly clear that access to healthcare is essential to keeping lower income households healthy and housed. Many of the households that I have worked with face one or more barriers to overall success, from mental health issues to transportation and child care challenges to lack of access to affordable housing, and the ability of those households to be enrolled in Medicaid has been instrumental in keeping them financially stable. To impose work requirements and require the households to pay 5% of their income toward Medicaid premiums would wreak havoc on households that are already struggling to stay afloat financially.

The proposed Medicaid waiver was reportedly enacted to save the state money, and as a tax-paying Michigan resident, I understand the need for fiscal responsibility; however I do not support a measure that will do so at the cost of the health of low-income people. Please consider preserving the existing system and not impose work requirements or the 5% Medicaid premium.

Thank you for your consideration.

[REDACTED]

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 1:43:56 AM

To whom it may concern,

I spent nearly two years in various parts of Michigan for a 501(c)3 trying to explain the Affordable Care Act and Healthy Michigan plan to a variety of groups and individuals willing to listen. It was my experience that what the public needed, and continues to need to this day, is not a work requirement, but rather an education on how to access affordable health care through either channel, but especially through Healthy Michigan.

Most of the citizens of our state eligible for the Healthy Michigan plan likely would be exempted with this proposal, but those who are not are going to suffer. This proposal seems based on the idea that there are perfectly healthy people withdrawing from the workforce for no reason other than personal choice, though framed now as though they're needed workers in a healthy economy. Though anecdotal, this was not my experience.

Those affected are those on the margins, and in the absence of Healthy Michigan, they'll be forced to either purchase a lesser plan in the marketplace or continue to go without healthcare, which is the most likely outcome, and which will likely harm them in the near term and all of us in the long term. They've ended up in this situation much more likely due to a lack of viable opportunity rather than choice.

In my time with them, again, it was understanding the insurance scenarios and options, the necessity of coverage, and the responsibility that accompanies Healthy Michigan that are needed more than any work requirement.

Healthy Michigan has been a success of which we should all be proud. This work requirement would be a shame upon us for no reason.

Regards,

[REDACTED]

Sent from my iPhone

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: [REDACTED]
Date: Saturday, August 11, 2018 5:08:48 AM

Work rules re: Medicaid would impact the most vulnerable individuals covered by the program. Many already work and the Medicaid was never intended to be a workforce program. I strongly oppose this requirement. [REDACTED]
[REDACTED]

Sent from my iPad

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Working requirements for Medicaid
Date: Saturday, August 11, 2018 7:32:14 AM

I am vehemently against this, LBJ signed Medicaid into LAW FOR THE POOR, not for those able boded etc. what about all the kids under 8 not pulling their weight ? This states going to turn into the south quick! The Supreme Court will block this , and you should be ashamed of yourself yourselves. Most places are having trouble trying to hire and your going to pimp out temps on the federal govt assisted MEDICAID plan? What's next making the elderly work 60 hr if their in public housing or on food stamps? Too many ethical points and makes Michigan my state look like Mitch McConnells Kentucky where people have amputated legs and are missing teeth cause they deny them Medicaid. [REDACTED]

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 7:32:59 AM

Ask Gretchen Whitmer, she helped get the original extension for the Obamacare bill . She wouldn't endorse this with a ten foot pole

I am totally against this, remember this wasn't designed for the POOR ya know the people we be helping to be washing toilets, if so then every government contractors family should do community service cause WE the tax payers pay for them . We just passed massive tax cuts that could've prevented this .

LBJ signed Medicaid into LAW FOR the POOR,not for those rich enough to buy human or Aetna etc. you think people like whipping out their cards places? There's zero fraud and 80hours a week is 880.00 a month! That is illegal, you don't define age gender or anything when defining hours! This ain't Kentucky nor will it ever be! what about all the kids not pulling their weight ? Or you u going to go Deep South and make them work too?

This states going to turn into the south quick! The Michigan Supreme Court will can block this , and you should be ashamed of yourself yourselves. Most places are having trouble trying to hire and your going to pimp out temps on the federal govt assisted MEDICAID plan? What's next making the elderly work 60 hr if their in public housing or on food stamps? Too many ethical points and makes Michigan my state look like Mitch McConnells Kentucky where people have amputated legs and are missing teeth cause they deny them Medicaid. [REDACTED]

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 8:50:28 AM

The proposed Healthy Michigan Plan §1115 Demonstration Waiver Extension Request Amendment is arbitrary and capricious. It includes more exceptions than applications, increases bureaucratic intervention in people's daily lives and threatens their health and well being based on, among other things, insurance codes that can easily be mistaken and can jeopardize access to care with little recourse or ability to correct the mistake. It unduly increases the administrative burden placed on recipients, likely will cost a grossly excessive amount of money to implement and maintain, and is based on bias and fears of misuse rather than genuine public good. It assumes malice and indolence in Michigan's citizenry, whom the state is meant to serve, and thus codifies malicious retribution for perceived and unsubstantiated claims of misuse. Further, it masks penalization of need as incentive for good health, when that incentive is a threat and blackmail device putting access to care in the line and nothing more.

This amendment is in absolute bad faith and should not be enacted.

Sincerely,

[REDACTED]

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Comment: Healthy Michigan Plan §1115 Demonstration Waiver Extension Request Amendment
Date: Saturday, August 11, 2018 9:57:59 AM

Hello,

I am a citizen of Michigan, resident in Lansing.

I strongly OPPOSE the Medicaid work requirements amendment. Study after study demonstrates that work requirements do not work, as recipients are now required to find and pay for child care while they make poverty-level wages. But you know that. You know that you are merely trying to prolong the suffering of people of color. We know you are nothing but racists.

These requirements are nothing more than thinly-veiled racist policies to "punish" people of color who already live under institutionalized racism and centuries of abuse and legal discrimination from white republicans. Disgusting. You have no idea what it is like to be poor. Meanwhile, you are more than happy to give out government handouts to your white friends in agricultural counties all over the state. SHAME ON YOU, THIS IS CLEARLY ANOTHER RACIST POLICY FROM THE MICHIGAN RACIST REPUBLICANS.

[REDACTED]

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 10:07:10 AM

I am a type one diabetic and am on the Medicaid. I am an 38 year old artist and designer and am in the process of building my own design business that is slowly gaining traction and not quite profitable yet. I work at minimum 50 hours a week- some of that work results in income, other times its R and D and pro bono work that will hopefully lead to income in the future. Medicaid has allowed me to take the risk and quit my full time corporate job to follow my dream and while feeling secure that my diabetes will be able to be controlled. I am healthy thanks to my daily medication and regular doctor visits. I dont have a lot of money presently and am incredibly grateful for the assistance I am receiving while I'm working towards a place where I will not longer need any.

I would ask that the changes to Michigan Medicaid take in to account people like me who are working for themselves to achieve higher goals.

Thank you

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 10:57:22 AM

Regarding work requirements for Medicaid recipients:

I have a niece with chronic drug abuse and psychiatric problems. She has three children aged 9, 4, and 1 and is a high school dropout. Historically, she has been unable to maintain employment for very long. She also struggles to push paper when it is required to maintain eligibility for services.

We, the members of the family without these challenges, are already waist-deep and decades into efforts to help her get and stay clean and address her ongoing psychiatric issues. We are already heavily impacted by the need to protect the kids (to the degree this is possible). Much time and effort goes into day-to-day care and support: roof over the head, food in the kids' tummies, rides to the methadone clinic, encouragement to get back into rehab. Battles and anxiety about how much help is too much, and whose turn it is to step up.

Rules like this are not going to make her more functional than she is. What they will do is increase the burden on family, impacting our health, workforce participation, and ability to care for our own children and seniors. I expect it will also cause further turmoil in the medical system insofar as hospitals will be unable to turn her away for emergency care and she will lose access to other, less costly providers.

The unstated assumption of such rules is that people receiving Medicaid are able to work, or volunteer, or seek work, and are choosing not to. I would not hire my niece, who lacks a diploma, transportation, or child care, and who is not at all easy to get along with. Jobs for workers without education are so very limited, and public transportation is spotty and at times unreliable. I expect that even if my niece is able to get out to volunteer, she will create problems, or will be unable to maintain the required documentation.

There are some very troubled people in our society and I have one such person in my family. Social insurance programs like Medicaid don't only protect the person with the immediate need – they affect all the others around that individual. Many families include a heroin addict, and based on what I have seen, this rule needs fine tuning for them, and for those with psychiatric conditions. It is not at all realistic to expect the rule to affect their choices and capacities and opportunities.

Regards,

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 1:59:06 PM

On behalf of a Michigan resident...

" My fiance may lose her coverage. It's hard enough to convince her to make a doctor's appointment, and without coverage, I'm afraid she'll put off seeing a doctor until she's too sick to function (like she used to), and she'll probably get me sick, too. Affordable, quality health care is absolutely a right - and a societal necessity."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 1:59:58 PM

On behalf of a Michigan resident...

" If my brother were forced to work for health insurance he would be unable to do so and he would lose his health insurance, which means he would not be able to receive his medical treatment needed. He should be considered disabled."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:00:56 PM

On behalf of a Michigan resident...

" Medicaid work requirements would limit the ability for individuals and families caring for school-aged children, sick, or elderly family members and present significant challenges for transportation and community child care. Additionally, as the Lansing community is very diverse, lack of training in language and skills, could present significant issues in the hiring process. Medicaid work requirements only make life harder for the working poor and add an unnecessary and thoughtless layer of bureaucracy to the state."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:01:42 PM

On behalf of a Michigan resident...

" The work requirement will cause individuals to lose healthcare and healthcare professionals will lose much needed dollars!"

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendmet
Date: Saturday, August 11, 2018 2:02:59 PM

On behalf of a Michigan resident...

"I believe the work requirement will create a barrier to people seeking health coverage. I also feel it will further stigmatize the poor."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:04:14 PM

On behalf of a Michigan resident...

" I work with people and their families who are part of the Medicaid Waiver program. Just the idea of this gives them great concern and anxiety as they care for their family members or are disabled themselves. I am concerned who is going to track all these "Exemptions" or how it will be tracked. Many of these folks are already some of our most vulnerable and in need of care. I am a full time employed person who does have to pay for my health care. 5% to some of these folks is a LOT of money. "

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:05:36 PM

On behalf of a Michigan resident...

"I'm worried about negative health outcomes and bankruptcy for my patients"

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:06:37 PM

On behalf of a Michigan resident...

" It will cost the state money to track. People would not get care they need. More will return to getting really ill and forced to use ED for care. People will lose health care jobs."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:07:28 PM

On behalf of a Michigan resident...

" Ask hospitals and ERs how they will accommodate these changes."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:08:43 PM

On behalf of a Michigan resident...

" Decreased health of any one person negatively affects the health and welfare of others, whether family members, classmates, coworkers, or others using a shared public space!!"

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:09:49 PM

On behalf of a Michigan resident...

" The possible loss of health care coverage due to failure to work increases risk of serious health consequences or risk of financial ruin. "

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:10:47 PM

On behalf of a Michigan resident...

" The changes would negatively impact individuals ability to receive health care and medication that they could afford to access"

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:11:36 PM

On behalf of a Michigan resident...

" I worry about children being left home alone, or with abusive/neglectful caregivers while the parents are fulfilling the work requirement."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:12:56 PM

On behalf of a Michigan resident...

" I'm the only private doula and childbirth educator in my city, so I wouldn't be able to continue providing those services because I would have to stop being self-employed and find a job with benefits. In order to do that, I'd most likely have to sell my house and leave the city, if not the state. This would provide a lot of disruption in my family, as I'm the only daughter of my elderly father who lives in town. I'm also a single parent of a toddler, who would lose contact with the rest of her family in the state. I'd also have to shut down the hostel I've been running since 2015 that attracts hundreds of tourists to my small city every year. It's one of only 2 hostels in the state. I also just enrolled in graduate school and that wouldn't be possible if I lost my Medicaid, either."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:13:57 PM

On behalf of a Michigan resident...

" My clients would have enormous bills if they didn't have Medicaid. They are on fixed incomes and Medicare doesn't cover enough of the cost."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:15:12 PM

On behalf of a Michigan resident...

" In my brothers instance, these changes would be devastating to his health."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:19:03 PM

On behalf of a Michigan resident...

" Changes would increase untreated medical conditions. Concerns this will increase need for police response and increase in crime in all areas of the state"

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:19:57 PM

On behalf of a Michigan resident...

" The work requirements are unrealistic demands of people who are already at a vulnerable point in their lives financially."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:20:51 PM

On behalf of a Michigan resident...

" My brother would definitely lose his health care if work requirements were put into place. Because of his medical issues (anxiety, ADHD and Lupus) as well as lack of access to transportation where he lives, it's very difficult for him to hold a steady job. "

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:22:48 PM

On behalf of a Michigan resident...

" I cannot work 20 hours a week. My children are traveling & in school from 8-4:30p Monday through Thursday September to June. Friday my preschooler has no school whatsoever. I would have to first find before & after school care, with one full day on Friday. Then I have to secure employment to solely pay for it as I'm certain my deadbeat ex would only add more debt to the support he owes. I would need a job that allows me to work within the parameters of my children's school hours, or afford childcare. The math isn't hard. It just doesn't add up. "

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:24:10 PM

On behalf of a Michigan resident...

" My sister would be without coverage and she would not be able to manage her mental health disorders in any realistic way, thereby making her worse off."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:24:43 PM

On behalf of a Michigan resident...

" Members of my community would lose their access to healthcare, causing a decline in the overall health of my community and an increase to overall costs."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:25:18 PM

On behalf of a Michigan resident...

" Some employers will pray on those needing to work by paying little (unlivable) wages."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:26:10 PM

On behalf of a Michigan resident..

" We lack public transportation in many parts of Michigan, and all of Michigan lacks reliable public transport. Also over the summer, who will watch children of parents that are forced to work? These problems will lead to more than just financial struggle among those on Medicaid."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:26:49 PM

On behalf of a Michigan resident..

" I bet more people will use the emergency room for routine matters, increasing costs on all of us."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:29:00 PM

On behalf of a Michigan resident...

" We need to find employers who would be willing to hire those in our community whom have difficulty obtaining jobs due to being out of the workforce for many years/have had a criminal record."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:29:23 PM

On behalf of a Michigan resident...

" I'm concerned that these requirements will cause many people who desperately need health insurance to lose it."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:30:49 PM

On behalf of a Michigan resident...

**" People in my community will lose health care making for an unhealthy community.
Causing poorer performances in school, work and other places."**

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:32:26 PM

On behalf of a Michigan resident..

" My young adult child will not be receiving a diploma. She may not be approved by SSI. So how will she support herself and get an employer to train and have a job coach by her side while also providing her health insurance. She has many pre existing conditions."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:32:56 PM

On behalf of a Michigan resident...

" It's the right thing to do for my community, people shouldn't die because their employer won't pay them a living wage. My tax money can help support them until the government holds them accountable. They are hardworking people that deserve to be treated with dignity and respect."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:33:35 PM

On behalf of a Michigan resident...

" These changes affect all of us, as overflowing emergency rooms because people can't fulfil work requirements to keep insurance has proven a costly and inefficient way to attempt healthcare cost reductions-it also decreases quality of care to anyone in the community and increases premium pricing in effort to offset the enormous cost."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:34:16 PM

On behalf of a Michigan resident...

" The work requirements would force people unable to work due to disability, depression, mental illness, to take jobs that would put their health and well-being at risk."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:35:14 PM

On behalf of a Michigan resident...

" Many in the community might not receive the care they need. Consequently, this could also create more cost to the public and public health concerns."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:36:03 PM

On behalf of Michigan resident...

" Child care, transportation, and job training are all necessary for recipients to meet this work requirement. These essential elements do not appear to be part of the proposal."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:36:51 PM

On behalf of a Michigan resident...

" Lack of day care would make it nearly impossible to comply."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:37:40 PM

On behalf of a Michigan resident..

" Too many people would lose the only healthcare they have."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:38:31 PM

On behalf of a Michigan resident...

" Any change in Medicaid that reduces benefits, requires burdensome paperwork or increases co pays or out of pocket charges will greatly impact the quality of life for my loved ones"

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:39:40 PM

On behalf of a Michigan resident...

" My mom works, but hours are fluctuating all the time, so my concern is if she goes below your threshold will she be [expletive]?"

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:40:48 PM

On behalf of a Michigan resident...

" Both of my cousins are at a level of income where paying for insurance would have negative affects. One takes care of her mother and cannot work full time; adding work requirements would be an additional expense if she had to switch to the exchange. For my other cousin who does not work full time, the lack of care would exacerbate his back problems and he would be able to work even less and/or have sharply reduced quality of life."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:41:29 PM

On behalf of a Michigan resident...

"My partner is a highly trained classical musician. He makes money but not enough to afford health insurance. He plays for Ann Arbor symphony orchestra, the Michigan Philharmonic, Fint, Saginaw and Dearborn. He teaches private students. He works 70+ hours a week not including practicing. Because he is not paid hourly he would have to quit his music career and go to work at some low-paid wage job, work LESS than he does now, just to meet an hourly wage requirement. He will be forced to choose between staying alive or giving up music, which is his entire life. This is cruelty and may wind up driving us both out of state (and I will take my company with me).

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:42:15 PM

On behalf of a Michigan resident...

" Work is not easy to come by with 1000 people applying for the same job. If I'm out of work it's because I can't find work, not because I'm lazy. If I find work, that doesn't guarantee Healthcare coverage"

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:43:30 PM

On behalf of a Michigan resident...

" I work up to 24 hours a week so I have no problem with the work part. I also am 62 and in good health now, but I have had health issues before that I needed help paying large medical bills with"

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:44:18 PM

On behalf of a Michigan resident...

" My daughters father and a friend never had steady health care until the expanded ACA Medicaid. They would wait and use the ER which is vet expensive and their health has suffered"

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:45:16 PM

On behalf of a Michigan resident...

" If I or anyone in my family or community were to become seriously ill and unable to work, should we just lie down and die? What would be the point of the Medicaid program?"

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:48:20 PM

On behalf of a Michigan resident...

" I don't see work requirements as beneficial. I think it will cost more than what Republicans think it will save. It's like drug testing welfare recipients. It's a gimmick for votes but the math doesn't add up."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:50:40 PM

On behalf of a Michigan resident...

" I work a limited number of hours each week, it will be difficult to find another source to count as hours each week."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:51:22 PM

On behalf of a Michigan resident...

" If we ever needed Medicaid as a safety net again it would not be there for us because I refuse to do anything other than stay home with my children. I'm sure many people will lose their health insurance coverage under these new policies and it's going to cost the state and hospitals more money."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:52:10 PM

On behalf of a Michigan resident...

" I think it would cause bankruptcy for some in my community, but the worst impact would be death due to neglected health issues"

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:53:12 PM

On behalf of a Michigan resident...

" So many people don't have a car or access to public transportation or childcare. Especially in the city, there are no jobs for people who haven't been employed in a long time and have no skills."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:53:56 PM

On behalf of a Michigan resident...

" We will get sick, lose our jobs and not be able to work then lose everything and die. I'm guessing this is totally acceptable in Lansing."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:54:58 PM

On behalf of a Michigan resident...

" Keeping a job and required work hours is impossible and no way could meet these requirements due to anxiety, depression and Aspergers."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:55:48 PM

On behalf of a Michigan resident...

" While it is my understanding that persons with I/DD are exempt from these changes, I interact with people in our community who have little access to reliable private or public transportation. Our busing service is very limited. There is no Uber driver. They have food and housing insecurities and AFFORDABLE child care is out of reach. Quality mental health care is rare. All of these factors can affect a person's ability for long term training and employment without a VERY compassionate and dedicated employer."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:56:55 PM

On behalf of a Michigan resident...

" Implementing these unfair and arbitrary work rules would force many to lose their health insurance, which is a basic human right. If a woman has a child and is unable to find or afford child care, she does not deserve to lose healthcare. If the family car breaks down and we are so impoverished we cannot afford to fix it so we lose transportation to work and thus work, we do not want to also lose our healthcare. A healthy Michigan is a strong Michigan. Without healthcare, the entire system crumbles and leaves the poor in the dust."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:57:38 PM

On behalf of a Michigan resident...

" Hospitals would quit getting some of their reimbursement and people in our community would not get needed care."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:58:35 PM

On behalf of a Michigan resident...

" People will go without coverage, negative health outcomes, more ER visits, lack of prevention."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 2:59:32 PM

On behalf of a Michigan resident...

" The measure of a state is the way it treats the least advantaged. These proposals punish the poor and create unmanageable bureaucratic burdens for the state. Decouple health care from work! Let's do what most of our peers have managed to do and treat health care as a basic right owed to all. It will save us money in the long run. Yes there will be disruption, but our current path is unsustainable and stupid."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 3:00:36 PM

On behalf of a Michigan resident...

" I already spend so much time trying to interpret Medicaid documents for friends who are still learning English as resettled refugees. As a native speaker with a college degree I can barely navigate through the documentation or a phone call on their behalf as it is (so many hours on hold only to be passed back and forth...). It's already incredibly burdensome for Mom working as fast and hard as she can to learn English and find a job (with a disabled husband and 4 children). This ironically will make it more difficult for her to find work with the additional time (and headache and stress) of dealing with another level of bureaucracy - a completely unnecessary one. Please take the money it would take to implement this needless program and put it into direct assistance. Thank you."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 3:01:40 PM

On behalf of a Michigan resident...

" I'm afraid we'll see more negative health outcomes and medical bankruptcies."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 3:02:12 PM

On behalf of a Michigan resident...

" Seems like an excellent way to have people rely on expensive ER visits to take care of minor health-related concerns"

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 3:02:46 PM

On behalf of a Michigan resident...

" My daughter who is disabled lives in a different state. I thank God she does not have to deal with this sort of barrier to the services she needs. She is barely able to handle the paperwork already required to receive needed help. Sick people, seriously disabled people should NOT have to deal with another level of bureaucracy."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 3:03:31 PM

On behalf of a Michigan resident...

" These changes to Medicaid act as an additional barrier for individuals in crisis. As a community, we need to remove the barriers and empower and prepare individuals to be able to meet their own needs."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 3:04:56 PM

On behalf of a Michigan resident...

" My community will be affected by the long term consequences that will results from individuals losing medical care when they are unable to complete the requirements due to lack of transportation, education or any of the other many factors that make it difficult for individuals in crisis to add additional burdens to their plates."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 3:05:35 PM

On behalf of a Michigan resident...

" For the moment, we are both covered: my husband through Medicare and myself through my workplace. But who knows what the future may bring? It would be reassuring to know that this essential safety net is in place for ALL Michiganders."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 3:06:44 PM

On behalf of a Michigan resident...

" I want my neighbors and community members to have access to health care. It's a right everyone should have."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 3:07:31 PM

On behalf of a Michigan resident...

" I believe it would increase poverty in my community. Most people on Medicaid are in desperate need of help and need more opportunities for support, not more rules that would require more paperwork and communication with the government. I consider myself an intelligent and well-supported individual, and it was very difficult for me to navigate finding Medicaid services that were covered under my plan. If I had had to do this when I had a mental health crisis (I was covered by other insurance at the time) I do not think I would have been able to. For those with mental health issues, even those who seem to function well with these issues as I did, having to file more paperwork with the government or having to try to find a job or volunteer opportunity would be extremely stressful and I think a lot of people would fall through the cracks and lose their insurance. This would only encourage a greater downward spiral that would lead to more sick people in poverty, and these are people who need and deserve the most help."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 3:08:31 PM

On behalf of a Michigan resident...

" There will be more people without insurance. People will go back to using the local Hospital Emergency room for medical care. Of course, this will be a huge burden to our hospital, but the STATE will save money. I believe health care is a right not a luxury item that only wealthy people can afford to have. Before the expansion many of the people I worked with had full time jobs but were still eligible for Medicaid. This subject makes me so mad that this State of Michigan just wants people to die if they can't afford insurance. If Michigan had a LIVING WAGE there would be no need of Medicaid or food stamps."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 3:09:21 PM

On behalf of a Michigan resident...

"People in areas where there are few jobs nearby will suffer. Most people on Medicaid are unable to work. "

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 3:18:28 PM

On behalf of a Michigan resident..

" I want to live in a community where people look out for each other, not where people are left to fend for themselves."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 3:19:25 PM

On behalf of a Michigan resident...

" I am enrolled full-time in school as well as working 20 hours per week and interning another 15-20 hours per week. Work requirements as a concept would not affect me in particular because I have no children and I have access to reliable transportation. I am concerned about the paperwork requirements, and that I may miss a form or someone may not properly document my forms and I would be penalized."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 3:20:08 PM

On behalf of a Michigan resident...

" Individuals on Medicaid will be negatively affected by these changes because it simply is not that easy to meet the work requirements. If people could work and find a job to sustain themselves and their families, they would. These proposed changes assume that people on Medicaid are less than and that is insulting. Again, we can afford to take care of our sick. We have to."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 3:20:49 PM

On behalf of a Michigan resident...

" Undoubtedly, this will lead to fewer people having health coverage which affects the health and wellbeing of an entire community."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 3:21:39 PM

On behalf of a Michigan resident...

" I believe kicking people off of this minimal form of health insurance impairs the economic and social development of all residents of Michigan. Who is going to care for us old people in the many ways we will need assistance, or work in our businesses, industry, schools, etc if the incoming work force is undereducated because of chronic health issues so often associated with life in poverty? This idea of work requirements instead of work supports is to make some politician look like he's a tough guy, instead of a stupid guy."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 3:22:23 PM

On behalf of a Michigan resident...

" Without it, many wouldn't receive care they need, some would die, those who received any care would only get emergency care from hospitals with bills they can't pay back. Especially for clients who are homeless, the last thing they need is more barriers."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 3:23:03 PM

On behalf of a Michigan resident...

" These changes will negatively impact my community. Most of the time, the families I work with are doing everything they can to keep their heads above water. They are looking for work or are working as much as they are able to. Imposing even more restrictions and requirements will result in wasted hours of time as individuals fill out paperwork (which is difficult on its own, let alone if the individual has a disability or low level of schooling) and spend their limited time and resources on transportation to a job that might not be a good fit simply to fulfill the requirement. Also consider the vast amount of resources that will have to be spent by the state government in order to track all of this. I'd much rather spend that money on a family needing healthcare."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 3:25:35 PM

On behalf of a Michigan resident...

" These changes could hurt individuals who cannot locate employment, and those who should receive disability benefits, but cannot due to lack of medical evidence."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 3:26:13 PM

On behalf of a Michigan resident...

" These changes will negatively affect the already stressed disabled family member and his family caregivers, adding more anxiety, more paperwork, etc."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 3:26:56 PM

On behalf of a Michigan resident...

" My husband is an adjunct professor at various colleges. Only a handful of full-time positions become available each year. My field was decimated in 2008 and has not recovered in this past decade. Regardless of this, both of us have not stopped looking for work."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 3:27:44 PM

On behalf of a Michigan resident...

" A healthy community is a productive community. The less trouble people have staying alive, the more they can contribute to society, and so it is worth it for everyone in the country to ensure that their neighbors have access to good health care. Based on this, I am generally opposed to creating barriers to receiving low-cost treatment when an individual is unable to financially support themselves due to life circumstances, and subsidized preventative care is just cost effective vs the likely alternative."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 3:28:40 PM

On behalf of a Michigan resident...

" Would increase spread of communicable diseases with no adequate treatment available, seen at this time with more resistant strains of gonorrhea. Would also increase inadequacies of community support for families under stress of poor educational opportunities, lack of adequate transportation, childcare, housing at low income levels"

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 3:29:48 PM

On behalf of a Michigan resident...

" Medicaid allows the healthcare system to "come alongside" people who are marginalized in every other aspect of their lives so that they can become contributing members of society... isn't that what we all want?"

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 3:30:19 PM

On behalf of a Michigan resident...

" My community feels better that we can assist others that are falling through the cracks which appear to be an ever increasing population. Our communities would also be less safe due to desperate people."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 3:36:32 PM

On behalf of a Michigan resident...

" I think it will make people have to jump through hoops and do more paperwork, losing insurance even if they are qualified, and then we all pay when they go to the ER and the costs can not be recouped."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 3:37:18 PM

On behalf of a Michigan resident...

" If people do not have access to healthcare they cannot work or be productive members of society."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 3:38:08 PM


On behalf of a Michigan resident...

" I live in a community with no effective mass transit, limited affordable day care. I personally lost a job in 2006 my department went from 4 full-time RNs to 1 after cut backs were made to off-set financial losses incurred by the healthcare system due to uncompensated care."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 3:39:09 PM

On behalf of a Michigan resident...

"I hope my daughter would meet an exception. However I'm not sure. She does attend a workshop but it isn't Medicaid certified, and it isn't 80 hours a month. And whether or not she meets an exception I am afraid you are chipping away at the system that helps keep her alive."

From: 
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 3:40:16 PM

On behalf of a Michigan resident...

" Michigan's family caregivers are the foundation of Michigan's long-term care system, caring for the majority of Michigan's seniors who require assistance. According to the Family Caregiver Alliance National Center on Caregiving, family caregivers provide billions of dollars in uncompensated care each year:

- At \$470 billion in 2013, the value of unpaid caregiving exceeded the value of paid home care and total Medicaid spending in the same year, and nearly matched the value of the sales of the world's largest company, Wal-Mart (\$477 billion). [AARP Public Policy Institute. (2015). Valuing the Invaluable: 2015 Update.]**
- The economic value of the care provided by unpaid caregivers of those with Alzheimer's disease or other dementias was \$217.7 billion in 2014. [Alzheimer's Association. (2015). 2015 Alzheimer's Disease Facts and Figures.]**

These statistics demonstrate the tremendous monetary value of uncompensated caregiving. This could be lost Under Senate Bill 897 if a care recipient cannot meet the strict medical guidelines outlined. Family caregivers who currently receive Medicaid benefits would be forced to make a no-win choice. That choice is between providing uncompensated care for their care recipient and dropping out of Medicaid or staying in Medicaid and meeting the work requirements that preclude them from providing uncompensated care. Leaving caregiving to maintain Medicaid coverage could lead to placement of the care recipient into a much costlier institutional setting such as a nursing home. If the caregiver chooses to forgo Medicaid coverage for their own healthcare needs, it could cause them to have significantly poorer health outcomes due to lack of access to medically necessary services. That has negative cost implications as well."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 3:41:13 PM

On behalf of a Michigan resident...

" I am the director of a small free health clinic in southern Michigan, which is open one night a week. Prior to HMP we were seeing about an average of 65 patients a week. Since HMP our numbers have drastically dropped. If these changes happen I expect our numbers to grow, which is not what we want to happen. The goal of every free clinic is to put themselves out of work, wouldn't it be wonderful for everyone in your community to have health coverage? In the past few years our donor base has decreased as we don't have the high need. But, I do not see the community stepping up if our need goes back to where it was 15 years ago when we opened."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 3:42:24 PM

On behalf of a Michigan resident...

" Tells the individual/family/community that the State really "doesn't care" about those who are already suffering and who are truly in need!"

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 3:43:04 PM

On behalf of a Michigan resident...

" Work requirements pervert the purpose of Medicaid. They are intrusive and unreasonable and are designed to push people off Medicaid, plain and simple, as part of the right-wing Republican agenda of undoing the social safety net."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 3:43:43 PM

On behalf of a Michigan resident...

" Our community will suffer under these new rules. Employers will balk, prospective users will be afraid and overwhelmed. We need a healthy society!"

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 3:44:48 PM

On behalf of a Michigan resident...

" I have a number of friends whose children are on Medicaid, I don't know if they could meet the work requirements in hours, but not a single one of their children should lose coverage because they don't have the money to pay for daycare so that they can work. I recently heard that the Grand Rapids area is short about 4,000 daycare spots. I don't know if that is accurate, but I know that I stopped working when I had a second child because the cost of childcare nearly outpaced my wages.'

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 3:54:48 PM

On behalf of a Michigan resident...

" People will lose needed health care coverage. Some may actually die as a result."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 3:55:34 PM

On behalf of a Michigan resident...

" I believe a lot of Medicaid recipients do in fact, work. Why burden those who are trying to do the best that they can with unnecessary requirements?"

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 3:56:14 PM

On behalf of a Michigan resident...

" I believe they would have a negative impact on the most vulnerable of people. While there are many who have a bus they can take, or a bike to ride - there are just as many who do not. Those barriers are probably impacting their ability to find and maintain employment in the first place. I also think that it would create a huge amount of confusion to begin charging a premium. Saying 5% - 5% of what ? That's a completely ambiguous amount that might be far more than a person in poverty can afford. Secondly - it creates more paperwork for DHHS and an already overburdened system. Who will process all of that paperwork? Will it cost more than we save?"

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 3:57:23 PM

On behalf of a Michigan resident...

" Our area has no public transportation for folks to get to work or to training they might need. The paperwork for the recipients, the social services workers, the healthcare employees and employers would be unmanageable."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 3:58:14 PM

On behalf of a Michigan resident...

"If work requirements are implemented many in my area will be forced to take entry level and very low pay jobs just to keep basic insurance. The additional transportation and child care costs make this an endless cycle of poverty.

Why should a human have to beg for such a basic level of dignity in the richest country in the world?"

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 3:59:37 PM

On behalf of a Michigan resident...

" I worry that a work requirement will mean that thousands will lose their health benefits, that the costs to public health and hospital systems will increase dramatically, and that all of Michigan will suffer from the effects of medical bankruptcy, increased homelessness, and an increase in unemployment as workers will need to leave jobs to care for ill loved ones."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 4:00:23 PM

On behalf of a Michigan resident...

" Adding more regulations only makes it more difficult and more costly."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 4:01:12 PM

On behalf of a Michigan resident...

" I believe the proposed changes would have a negative effect on the very small percentage of those on Medicaid who are not already working or would otherwise be exempt under the proposal. I believe the cost to monitor and these changes far exceeds any potential benefits as access to work, the availability of work In rural communities is both scarce or too far away to make it practical or realistic."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 4:02:06 PM

On behalf of a Michigan resident...

" They would simply not be able to comply due to the severity of their conditions, at least not without accommodations that would be more costly to supply than were worth. It makes no sense, fiscal or otherwise."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 4:03:12 PM

On behalf of a Michigan resident...

" It would not change my current situation, but would negatively impact the community at large by putting excessive burdens on low- lower-middle income families."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 4:03:59 PM

On behalf of a Michigan resident...

" I work with women who are trying to get back on their feet. The barriers they already face just trying to feed their families, hold down a job with a sick child or being sick themselves, get to work if they can find a job that pays enough to feed their families and if the family is trying to get out of a violent household, work with the legal system are enough! These changes are another way to punish someone for being poor. This program no track of success in any other state and it won't here in Michigan."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 4:04:55 PM

On behalf of a Michigan resident...

" Making a complicated system more complicated. Managing new requirements may disrupt coverage"

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 4:05:47 PM

On behalf of a Michigan resident...

" My grandson is worried that he will no longer qualify since he is not always able to meet the required amount of work hours. Finishing college in the 18 months is his priority, so he can become a well functioning member of society!"

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 4:06:27 PM

On behalf of a Michigan resident...

" The changes to the coverage would affect us as my husband and I are not able to work. We both have medical conditions. I can't drive so I would need transportation to and from a job. Also who is going to hire someone with certain medical conditions?"

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 4:07:13 PM

On behalf of a Michigan resident...

" I think health care shouldn't put people out of their homes and they have enough to worry about without being frightened to get health care because of the cost."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 4:07:58 PM

On behalf of a Michigan resident...

" Fewer people would get vaccines. More people would use the emergency room for primary care."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 4:09:18 PM

On behalf of a Michigan resident...

" Those who have kids or have transportation barriers would be unfairly burdened by the work requirements. Members of my community work very hard to get by and losing their health coverage would be disastrous to their livelihoods. Losing Medicaid will lead to people not getting preventive health services and increased use of emergency rooms. Ultimately, this will lead to higher costs for the state and its taxpayers. This issue is of concern to all Michiganders, not just those who are on Medicaid."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 4:10:01 PM

On behalf of a Michigan resident...

" I am almost at retirement age, and I fear that these changes will adversely impact my ability to qualify for and receive Medicaid."

From: [REDACTED]
To: [HealthyMichiganPlan](#)
Subject: Demonstration Extension Application Amendment
Date: Saturday, August 11, 2018 4:10:41 PM

On behalf of a Michigan resident...

" My brother is on the autism spectrum and has never been able to work outside the home but doesn't qualify for disability. He had no training, no transportation and no one would hire him. I have severe Generalized Anxiety Disorder. What I make from in home child care I'm sure wouldn't be enough to meet requirements but working outside the home results in panic attacks."