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Maureen M. Corcoran
Director
Ohio Department of Medicaid
Bureau of Health Plan Policy
50 W. Town St, 5th Floor
Columbus, OH 43215

Re: Ohio Group VIII 1115 Demonstration Waiver Application

Dear Director Corcoran:

Thank you for the opportunity to provide comments on Ohio's proposal to waive current Medicaid rules and establish work requirements as a condition of eligibility for coverage under the Group VIII Medicaid category. The Ohio Council of Behavioral Health and Family Services Providers (the Ohio Council) appreciates the Ohio Department of Medicaid's (ODM) efforts to craft this demonstration waiver in a manner that would limit its impact on vulnerable Ohioans in need of health care. However, we offer these comments to share some concerns and offer recommendations aimed at: 1) improving the eligibility compliance process; 2) limiting costly administrative burdens for providers and patients; and 3) most importantly ensuring that otherwise eligible Ohioans do not lose access to critically important physical and behavioral health care.

Importantly, we also note that per the application, a stated goal of Ohio's work requirement waiver is to promote economic stability and improve health outcomes – yet we must also recognize that eliminating health care coverage from Ohioans who fail to overcome administrative hurdles and red-tape exercises will only increase costs and jeopardize the security and wellbeing of Ohioans and our communities.

Introduction:

The Ohio Council is a statewide trade and advocacy organization that represents more than 170 private businesses that provide community-based mental health, substance use, prevention, and family services throughout Ohio. As ODM knows, many Ohioans accessing critical community-based behavioral health services are only able to do so because they have coverage through Ohio's Medicaid program. Indeed, Medicaid is the primary health insurance coverage that has allowed many Ohioans, for the first time, to seek and obtain mental health and substance use treatment services. Without such coverage, Ohio's challenges with overdose deaths and rates of untreated mental illness, already too high, would be even worse. In short, access to Medicaid services for many in the Group VIII population has not only allowed Ohioans to access needed medical services but has also been a critical component of Ohio's efforts to develop and strengthen Ohio's system of

care for individuals seeking behavioral health services. Creating administratively costly and burdensome barriers to access health insurance coverage is misguided and poor policy, especially as Ohio has made such positive strides to address the opioid epidemic and mental health crisis that faces our kids, families, and communities.

General concerns:

It is well documented that the majority of Ohioans receiving health care through the Group VIII Medicaid category are working already. And those who are not are either taking care of a family member, retired, in school or unable to maintain employment due to a combination of reasons out of their control – including physical and behavioral health issues, and challenging socio-economic conditions in their communities that limit or prevent them from finding and securing consistent work or job training. ODM's 2018 [assessment](#) on the Group VIII population found that having access to health care is a significant factor in allowing Ohioans to obtain employment and earn higher wages. In contrast, while being engaged in work can be a valuable part of recovery for some people with substance use disorders or mental illness, simply being employed does not guarantee that a person will maintain their good health.

Notwithstanding the listed exemptions described in the waiver application, including Ohioans participating in an alcohol and drug addiction treatment program or having serious mental illness, the Ohio Council has concerns that the eligibility and compliance process will likely have a disproportionate negative impact on Ohioans with behavioral health conditions. Further, we are concerned that excessive administrative burdens will be placed on already stressed providers to verify eligibility and help clients maintain coverage.

Our experience informs us that there are many factors that might prevent a person with a serious mental illness or substance use disorder from completing the eligibility process under the proposed waiver, especially if they are not already participating in treatment or have pre-existing documentation of a diagnosis. Mental health and addiction continue to be highly stigmatized, and these exemptions do not encompass the wide range of mental health conditions, or individuals who may not have a diagnosis. Many people face barriers to completing the needed paperwork and required meetings, including lacking a permanent address, care-giving responsibilities, and transportation barriers. The proposal also imposes work requirements on incarcerated individuals upon release, placing an additional administrative burden on individuals as they deal with pressing needs like housing, food security, reconnecting with family, and finding employment.

Further, it is no secret that Ohio and the nation are experiencing a severe healthcare workforce shortage, especially in the mental and health and substance use treatment field. This workforce shortage has led to longer waiting times to access behavioral health services and great stress on the community behavioral health system generally. While the shortage of providers is felt statewide, the impact of the opioid epidemic in rural communities is even more acute – as the ongoing crisis has resulted in an excessive demand for treatment services with few qualified providers able to respond. All of these factors add to the myriad challenges that people with behavioral health conditions will encounter under this waiver.

Recommendations:

Given the above concerns, we have the following recommendations:

1. Consider exemption of the waiver requirements for counties designated by the Health Resources and Services Administration (HRSA) as Behavioral Health Workforce Shortage Areas.
2. Consider exemption for adults who serve as a primary caregiver for older adults, children, or persons with a disability.
3. Consider modifying exemption of participation in SUD treatment to also include participation in mental health treatment, and grant broad discretion to providers when determining whether a patient meets the standard of “intensive physical health care needs or serious mental illness,”
4. Consider exemption for those who cannot obtain employment due to a lack of public transportation.
5. Clarify that persons enrolled in Group VIII who receive SSDI remain in Group VIII until receipt of Medicare enrollment which occurs 24 months after the disability onset date. These individuals should be treated the same as SSI recipients who convert to ABD and not put at risk of termination.”
6. Grant broad discretion to providers when determining whether an individual meets the standard for participation in alcohol and drug treatment; and ensure the standard includes all forms of substance use treatment and mutual aid programs. This should not be limited to claims-based data.
7. Clarify that engagement in drug or alcohol treatment includes participation in any level of care within the past 12 months and includes time spent on a waiting list to access treatment, aftercare programs, and services that support long-term recovery.
8. Ensure that documentation to support exemptions (including documentation of MH/SUD related work barriers) can be completed by a wide range of providers and accepted by all local JFS offices and Medicaid authorities.
9. Ensure local JFS offices have flexibility to conduct waiver eligibility process and compliance efforts, while also taking into account local economic factors, treatment access barriers, and other county-specific factors.
10. The waiver application does not specify how individuals can demonstrate compliance or address inaccuracies when the third-party vendor and other data sources fail to verify their

eligibility. ODM must establish a clear and accessible reporting process to ensure that eligible individuals are not unfairly disenrolled due to errors or gaps in the data.

11. ODM and ODJFS must clearly delineate program standards and identify an individual with responsibility and accountability for implementing, training, and monitoring the work requirement programs for consistency and efficiency among Ohio's 88 counties.
12. Consider allowing for an 'exemption' self-attestation process and clarify that the individual's self-report is the full and final documentation required to meet any of the exemption categories and limit additional county prescribed requirements for additional documentation from a healthcare provider.

Conclusion:

The Ohio Council appreciates the opportunity to submit the above comments and recommendations. We are concerned that the implementation of the proposed waiver requirements will reduce access to critical mental health and addiction treatment services. This drastic change in Medicaid policy and practice will be a significant shock to the system and unfortunately to many Ohioans that rely on Medicaid for their health coverage. We encourage the administration to take all precautions and planning steps to ensure that if approved the necessary resources, training and information will be shared with all appropriate entities to support its implementation.

Thank you for your time and consideration.