



Department of Medicaid

John R. Kasich, Governor
Barbara R. Sears, Director

April 30, 2018

The Honorable Secretary Alex Azar
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

RE: Group VIII Work Requirement and Community Engagement 1115 Demonstration Waiver Application

Dear Secretary Azar:

On behalf of Ohio, I respectfully submit the State's Group VIII Work Requirement and Community Engagement Section 1115 demonstration proposal.

Like many states, Ohio has focused on proposals to encourage work and community engagement among its able bodied, working age, Medicaid expansion population. Most recently, these efforts have catalyzed in State legislation enacted last summer which, in general, directed the Ohio Department of Medicaid (ODM) to establish a new eligibility requirement for the adult Medicaid expansion population (Group VIII) on work and community engagement. Since then, ODM has developed a proposal to operationalize the work and community engagement requirement in a pragmatic way that supports the underlying goals of promoting economic stability and financial independence while improving health outcomes.

The Group VIII Work Requirement and Community Engagement demonstration proposal meets the intent of the State law as well as federal guidance on the topic issued by the Centers for Medicare & Medicaid (CMS). And, it does so in a way that leverages existing State processes and systems, to minimize confusion and administrative burden.

Your consideration of Ohio's 1115 Waiver application is appreciated and if you have any questions or need additional information as you review, please do not hesitate to ask.

Sincerely,

Barbara R. Sears, Director
Ohio Department of Medicaid

Ohio Department of Medicaid

Group VIII Work Requirement and Community Engagement 1115 Demonstration Waiver

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SECTION I: PROGRAM DESCRIPTION

Demonstration Overview

In the summer of 2017, the Ohio General Assembly enacted House Bill 49 (HB 49), which included Ohio Revised Code (ORC) section 5166.37 requiring a new eligibility condition for the adult Medicaid expansion population (Group VIII).¹ This new eligibility condition encourages people to work while exempting those who, for one reason or another, are not required to work. To implement this important section of HB 49 and to improve Medicaid enrollee health and well-being through incentivizing work, the Ohio Department of Medicaid (ODM; referred to herein as “the State” or “Ohio”) developed a work and community engagement requirement for the Medicaid Group VIII population (the “Work and Community Engagement Requirement”). Specifically, to help improve health outcomes in Ohio and enhance individuals’ economic stability, Ohio is seeking Social Security Act Section 1115 Demonstration waiver authority to implement this statewide Work and Community Engagement Requirement.

It is widely recognized that poverty, food insecurity, housing, and employment status can impact an individual’s overall health. Indeed, there is a strong connection between improved health and being employed.² In Ohio, recent study results show a positive correlation between employment and health care coverage. Specifically, Group VIII survey respondents indicated that Medicaid coverage helped them maintain their employment or, if unemployed, helped them look for employment.³ Despite these encouraging results, there has been less than a two percent increase in Group VIII employment rates (as compared to pre-expansion figures).⁴ These findings emphasize that more can be done to promote and encourage work and community engagement efforts that help improve health outcomes and further promote the goals of the Medicaid program.

As a result, over the past several months, Ohio has engaged in design efforts to create the Work and Community Engagement Requirement. In the midst of these efforts, on January 11, 2018, CMS released the State Medicaid Director Letter, “Opportunities to Promote Work and Community Engagement Among Medicaid Beneficiaries.”⁵ The guidance includes a directive to states that “Individuals enrolled in and compliant with a TANF or SNAP work requirement, as well as individuals exempt from a TANF or SNAP work requirement, must automatically be considered to be complying with the Medicaid work requirements.” Ohio used this guidance to develop its proposed Work and Community Engagement Requirement for Group VIII that meets the intent of the recently enacted Ohio legislation.

In order to mitigate confusion amongst beneficiaries, reduce the administrative burden, and comply with the CMS guidance described above, ODM will align the Work and Community Engagement Requirement, as much as possible, with existing Supplemental Nutrition Assistance Program (SNAP) work requirements (including the Able-Bodied Adults Without Dependents (ABAWD) requirements). This includes adopting similar exemptions from, and activities to meet,

¹ <http://codes.ohio.gov/orc/5166.37v1>: “The Medicaid director shall establish a Medicaid waiver component under which an individual eligible for Medicaid on the basis of being included in the expansion eligibility group must satisfy at least one of the following requirements to be able to enroll in Medicaid as part of the expansion eligibility group: (A) Be at least fifty-five years of age; (B) Be employed; (C) Be enrolled in school or an occupational training program; (D) Be participating in an alcohol and drug addiction treatment program; (E) Have intensive physical health care needs or serious mental illness.”

² See CMS Community Engagement Guidance at pg. 2; see generally, “The Social Determinants of Health: It’s Time to Consider the Causes of the Causes.” Paula Braveman, MD, MPH and Laura Gottlieb, MD, MPH, “Public Health Rep. 2014 Jan-Feb 129 (suppl2): 19-31; “Social Determinants of Health” available at healthypeople.gov; “Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity,” Nov. 4, 2015 available at <https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>.

³ <http://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Assessment.pdf>

⁴ <http://www.medicaid.ohio.gov/Portals/0/Resources/Testimony/20170216-JMOC.pdf>

⁵ Available at <https://www.medicaid.gov/federal-policy-guidance/downloads/smd18002.pdf>

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the Work and Community Engagement Requirement. Due to this alignment, individuals who are currently meeting the SNAP or ABAWD work requirement will also meet the Work and Community Engagement Requirement and those who are currently exempt from the SNAP or ABAWD work requirement will be exempt from the Work and Community Engagement Requirement. Group VIII individuals who do not meet, and are not exempt from, the Work and Community Engagement Requirement must meet requirements that mirror the ABAWD requirements. A description of the Work and Community Engagement Requirement and qualifying community engagement activities are discussed in greater detail below.

To align as closely as possible with the SNAP and ABAWD policies,⁶ the Work and Community Engagement Requirement will utilize the following ABAWD exemptions for Group VIII adults:

- 50 years of age or older
- Physically or mentally unfit for employment
- Caring for a disabled/incapacitated household member
- Pregnant woman
- Parent/caretaker/individual residing in same house with minor child
- Applied for or receiving Unemployment Compensation
- In school at least half-time
- Participating in drug or alcohol treatment⁷
- An assistance group member subject to and complying with any work requirement under the Ohio Works First (OWF) program⁸
- Applicant for or recipient of Supplemental Security Income (SSI)

In addition, the following Medicaid-specific exemptions will be applied to the Work and Community Engagement Requirement:

- Participant in the Specialized Recovery Services Program⁹
- Eligible incarcerated individual

To align as closely as possible with SNAP and ABAWD policies, the Work and Community Engagement Requirement for non-exempt Group VIII individuals will mirror the ABAWD work requirement.

- The ABAWD work requirement policy is as follows:
 - Work or participate in a community engagement activity (or combination of the two) for a minimum of 20 hours per week (80 hours averaged monthly)
 - Community engagement activities include:
 - › SNAP education and training activities
 - › Job search/job readiness programs (for no more than 30 days)
 - › Work Experience Program (WEP)

⁶ See SNAP exemptions at [5101:4-3-11](#) of the Ohio Administrative Code.

⁷ Ohio has taken steps in recent years to ensure that individuals with behavioral health needs have access to the services they need. For example, Ohio has enhanced its behavioral health benefit and transitioned that benefit to managed care to further encourage coordination of physical and behavioral health services.

⁸ Ohio Works First is the financial assistance portion of the State's Temporary Assistance to Needy Families program, which provides cash benefits to needy families for up to 36 months.

⁹ Individuals diagnosed with a severe and persistent mental illness, certain diagnosed chronic conditions, or who are active on the solid organ or soft tissue transplant waiting list may be eligible for the Specialized Recovery Services (SRS) program (Ohio Administrative Code [5160:1-5-07](#)).

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Individuals will have appeal rights, including the right to appeal the State’s decision that an individual is not exempt from the Work and Community Engagement Requirement.

All Group VIII individuals will be provided an explanation of their rights and responsibilities, including information regarding the allowable activities that can be used to meet the requirement, reporting requirements, and the consequences of failing to meet the Work and Community Engagement Requirement. A written statement detailing the above information will be provided to all Group VIII individuals. All Group VIII individuals will be required to sign an acknowledgement of the information as part of their Medicaid eligibility application. As will be described in the document provided, individuals will be required to report any changes to their exemption status or their failure to meet the Work and Community Engagement Requirement to a County Department of Job and Family Services (CDJFS) office. Failure to meet the Work and Community Engagement Requirement will result in termination of Medicaid eligibility.

Demonstration Purpose and Goals

The 1115 Demonstration waiver application is submitted to comply with the legislative intent of the statute enacted by the Ohio General Assembly and to meet the requirements for community engagement waiver requests described in CMS guidance.

The goals of this 1115 Demonstration waiver are (i) to promote economic stability and financial independence, and (ii) to improve health outcomes via participation in work and community engagement activities.

Demonstration Hypothesis and Evaluation

To track progress toward program goals, the State has identified the following areas for its research and evaluation efforts. The table below presents a preliminary plan for how the State may evaluate its efforts, with possible future adjustments and subject to CMS approval. Based on CMS guidance, the State understands that it will be expected to provide an evaluation plan for CMS comment and approval within 180 days of 1115 Demonstration waiver application approval.

Methodology	Data Sources and Metrics
Hypothesis 1: Group VIII population will have improved health outcomes as a result of complying with the Work and Community Engagement Requirement.	
Track and compare health service utilization rates between pre- and post-levels for members of 1115 Demonstration waiver.	Claims data: <ul style="list-style-type: none">• Primary care encounters;• Specialist care encounters; and• Preventive care encounters. Public reports: <ul style="list-style-type: none">• Preventive service utilization in contiguous state Medicaid programs.
Track and compare chronic disease management compliance rates for pre- and post-1115 Demonstration waiver members.	Claims data on chronic disease management code. Comprehensive Primary Care (CPC) Program ¹⁰ data.

¹⁰ Ohio CPC is an investment in primary care infrastructure intended to support improved population health outcomes. CPC is a patient-centered medical home program, which is a team-based care delivery model led by a primary care practice that comprehensively manages a patient’s health needs. CPC has invested in analytic tools which should be able to provide relevant data to help evaluate this demonstration.

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Methodology	Data Sources and Metrics
Track and compare hospitalization and emergency department utilization rates for pre- and post-1115 Demonstration waiver members.	Claims data on emergency department visits.
Hypothesis 2: Supporting and encouraging member community engagement will result in transition to employer based coverage.	
Track number of members transitioned to employer-based coverage.	Group VIII survey
Hypothesis 3: Employment requirements will result in broader sustained employment over time.	
Compare the rate of sustained employment of Group VIII individuals prior to 1115 Demonstration waiver to the rate of sustained employment after implementation.	Group VIII survey
Track members' employment rates.	Group VIII survey

Demonstration Area

The Work and Community Engagement Requirement will operate statewide.

Demonstration Timeframe

The 1115 Demonstration waiver is requested for a five-year approval from July 1, 2018, to June 30, 2023.

Demonstration Impact to Medicaid and CHIP

The Work and Community Engagement Requirement is an additional post-eligibility criterion that non-exempt members of the Medicaid Group VIII population must meet to maintain their Medicaid eligibility. This requirement will not impact CHIP.

SECTION II: DEMONSTRATION ELIGIBILITY

Eligibility Groups

Only individuals in receipt of Medicaid in the Group VIII category will be appraised to determine if they also need to meet the Work and Community Engagement Requirement to maintain their Medicaid eligibility.

Eligibility Group Name	Social Security Act and CFR Citations	Income Level
Group VIII	Social Security Act section 1902(a)(10)(A)(i)(viii)	0–133% FPL plus 5% disregard

Work and Community Engagement Requirement – Eligibility Standards, Methods and Procedures

Once individuals are determined eligible for Group VIII, they will be appraised to determine if they also need to meet the Work and Community Engagement Requirement or if they meet an exemption to maintain their Medicaid eligibility. The Work and Community Engagement Requirement will be aligned with SNAP and ABAWD policies and procedures as much as possible. Individuals who are currently meeting SNAP or ABAWD work requirements will be deemed to be meeting the Work and Community Engagement Requirement. Individuals who are exempt from SNAP or ABAWD work requirements will be deemed exempt from the Work and Community Engagement Requirement. All other Group VIII individuals will be appraised to determine (i) if they meet any of the Work and Community Engagement Requirement exemptions, (ii) if they meet the Work Requirement, (iii) if they need supports to meet the Community Engagement Requirement, and (iv) if they face barriers to participating in work or community engagement activities.

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Exemptions

Group VIII individuals (who are not currently exempt from or deemed to be meeting the SNAP or ABAWD work requirements) will be allowed to self-attest to meeting an exemption from the Work and Community Engagement Requirement. The exemptions include the following:

- 50 years of age or older
- Physically or mentally unfit for employment
- Participant in the Specialized Recovery Services Program¹¹
- Caring for a disabled/incapacitated household member
- Pregnant woman
- Parent/caretaker/individual residing in same Medicaid household with minor child
- Applied for or receiving Unemployment Compensation
- In school at least half-time
- Participating in drug or alcohol treatment¹²
- Applicant for or recipient of Supplemental Security Income (SSI)
- Eligible incarcerated individual

Notification and Appraisal

A description of the Work and Community Engagement Requirement will be outlined in the Medicaid application.

Group VIII individuals will receive information regarding the Work and Community Engagement Requirement, the individuals' rights and responsibilities, and consequences of failure to meet the Requirement. Information regarding the Work and Community Engagement Requirement will be conveyed and documented through the work registration process and, if applicable, the appraisal and assignment of employment and training activities. This information will also be communicated to the individual in his or her notice of Medicaid eligibility and in other notices from the State related to his or her Medicaid enrollment.

Group VIII individuals not participating in the SNAP program will be provided information regarding the Work and Community Engagement Requirement in their notice of Medicaid eligibility. The individual will be notified that he or she must participate in an appraisal to assist him or her with meeting the Requirement. The appraisal, which will not require a face-to-face interview, will be initiated by the CDJFS within 30 days of Medicaid authorization and must be completed within 60 days of initiation. During the appraisal, the individual will receive information about the Work and Community Engagement Requirement, his or her rights and responsibilities, and consequences of failure to meet the Requirement. During the appraisal it will be determined (i) if the individual is exempt from the Work and Community Engagement Requirement, or (ii) if the individual is already participating in activities that meet the Work and Community Engagement Requirement. If the individual is not exempt from or not currently engaged in activities that meet the Requirement, activities that will enable the individual to meet the Requirement will be discussed in detail, including whether additional supports are needed to meet the Work and Community Engagement Requirement.

¹¹ Individuals diagnosed with a severe and persistent mental illness, certain diagnosed chronic conditions, or who are active on the solid organ or soft tissue transplant waiting list may be eligible for the Specialized Recovery Services (SRS) program (Ohio Administrative Code [5160:1-5-07](#)).

¹² Ohio has taken steps in recent years to ensure that individuals with behavioral health needs have access to necessary services. For example, Ohio has enhanced its behavioral health benefit and transitioned that benefit to managed care to further encourage coordination of physical and behavioral health services.

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As noted above, during the appraisal, individuals will have the opportunity to indicate whether they meet any of the exemptions and, if they do, will be required to attest through signed documentation regarding the exemption following the appraisal interview. If an individual is not exempt and determined to not be meeting the Work and Community Engagement Requirement, the individual will be assessed to determine whether supports are needed to help the individual meet the Work and Community Engagement Requirement. This assessment will be compliant with all federal anti-discrimination statutes and will assess any barriers to employment (including, but not limited to, medical diagnosis, individual's disabilities, etc.).¹³ Individuals who are determined to need additional support services to meet the Work and Community Engagement Requirement will be matched with all available community resources. If community supports are not available to enable an individual to meet the Work and Community Engagement Requirement, his or her assignment will be reviewed for a reasonable adjustment (which may include a good cause exception from the requirement). Such exceptions will be made on a case-by-case basis and individuals will have the opportunity to appeal such determinations. As further explained in Section III below, Ohio is seeking additional federal funds to be able to provide supportive services to individuals not already receiving such supports.

Due to significant variations in the employment market across Ohio counties, Ohio will also align the Work and Community Engagement Requirement with SNAP policies that provide a waiver of the ABAWD time limit to certain counties (i) whose 24-month average unemployment rate was greater than 120% of the national unemployment rate during the same 24-month period based on unemployment data from the U.S. Bureau of Labor Statistics, or (ii) which do not have a sufficient number of jobs to provide employment for individuals.

Work and Community Engagement Requirement – Allowable Activities

Non-exempt Group VIII individuals will need to meet the Work and Community Engagement Requirement. During the appraisal process, individuals will agree to a plan to meet the Work and Community Engagement Requirement. This plan will require the individual to meet a requirement that is similar to the ABAWD work requirement policies:

- The Group VIII Work and Community Engagement Requirement:
 - Work or participate in a community engagement activity (or combination of the two) for a minimum of 20 hours per week (80 hours averaged monthly)
 - Community engagement activities include:
 - › Education and training activities
 - › Job search/job readiness programs (for no more than 30 days)

Consequences for Failure to Meet & Reporting Requirements

Non-exempt Group VIII individuals who fail to meet the Work and Community Engagement Requirement will have their Medicaid coverage terminated. Individuals who lose Medicaid eligibility for failure to meet the Work and Community Engagement Requirement will have appeal rights.

All Medicaid beneficiaries are required to report any changes that could impact eligibility within 10 days. Given this requirement, Group VIII beneficiaries will be required to report if they are not meeting their Work and Community Engagement Requirement. If an individual is not meeting his or her Work and Community Engagement Requirement, the individual will be re-appraised. During the re-appraisal, the State will first determine whether the individual has a good cause reason (or exception) for not meeting the Work and Community Engagement Requirement. Good cause reasons

¹³ These include, but are not limited to, the Americans with Disabilities Act of 1990, Title VI of the Civil Rights Act of 1964, section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and section 1557 of the Affordable Care Act.

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would include circumstances beyond the individual's control, such as, but not limited to, illness, illness of another requiring the presence of the member, an emergency, the unavailability of transportation, or domestic violence. If there is no good cause reason, the State will then determine whether the individual qualifies for an exemption from the Work and Community Engagement Requirement. If the individual does not qualify for an exemption, he or she will be assigned to a new activity. If the individual does not agree to the new assignment, the individual will have his or her Medicaid coverage terminated.

Beneficiary Communication Strategies

Ohio will provide clear written communication to all Group VIII beneficiaries regarding the Work and Community Engagement Requirement policies and procedures. Current beneficiaries will receive a letter prior to the implementation date of the Work and Community Engagement Requirement detailing the new eligibility requirement and when the Requirement will be imposed.

Written information about the requirement will also be available on ODM's website and in all CDJFS eligibility offices.

Enrollment Limits

There are no enrollment limits proposed in this 1115 Demonstration waiver application.

Projected Eligibility and Enrollment

It is anticipated that enrollment in Group VIII will fluctuate over time as people become familiar with the Work and Community Engagement Requirement and as individuals gain and maintain private insurance coverage.

State Fiscal Year (SFY) 2018 estimates indicate there will be 709,923 individuals enrolled in Group VIII and, for SFY 2019 (DY1), the projected enrollment absent the waiver is expected to be 709,925 individuals. Ohio does not collect information regarding some of the exemptions that will be allowed under this proposal, and therefore the number of exempt individuals will likely be higher than we can currently estimate. The State believes that of the 709,923 Group VIII enrollees in SFY 2018, no more than 36,036 individuals will be considered not exempt and not currently working. While Ohio will work with all individuals who are not otherwise deemed to be exempt or already meeting the Work and Community Engagement Requirement to ensure that they have the tools and supports they need to comply, ODM is estimating that 50%¹⁴ of the 36,036 enrollees (or 18,018 individuals) subject to requirement will not comply and will lose their Medicaid eligibility. Because of eligibility processes and renewals, ODM anticipates there will be a lag in disenrollment for failure to comply with the Work and Community Engagement Requirement during the first months of the demonstration.

Demonstration Year	Projected Group VIII Enrollment
DY1	704,294
DY2	691,388
DY3	690,353
DY4	690,353
DY5	690,353

¹⁴ See Society of Actuaries Social Insurance & Public Finance Section "In the Public Interest Issue 16" Jan. 2018 pgs. 6-11. Jason Clarkson, Amanda Schipp, and Rob Damler available at [https://www.soa.org/Search.aspx?q=In%20the%20public%20interest,%20Issue%](https://www.soa.org/Search.aspx?q=In%20the%20public%20interest,%20Issue%20)

SECTION III: DEMONSTRATION BENEFITS

The 1115 Demonstration waiver application does not propose to change Ohio's Alternative Benefit Plan benefits (that Group VIII individuals receive) or impose new cost-sharing requirements. Enrollees will continue to receive the same benefits currently provided in Ohio's Alternative Benefit Plan.

Ohio recognizes that successful employment, education, or other community engagement is contingent on realities like access to transportation. For many, these are real barriers to meaningful community engagement and this 1115 Demonstration waiver application seeks to address these barriers first through supportive services. In existing screening processes for Ohio Department of Job and Family Services (ODJFS)¹⁵ program eligibility, individual needs for supportive services necessary to meet work requirements in TANF and SNAP are assessed by the local CDJFS. Group VIII individuals who are also eligible for and participating in SNAP or TANF Employment & Training activities will continue to receive supportive services such as transportation and job training opportunities, on an as-needed basis, through the CDJFS offices.

There may be Medicaid Group VIII individuals who are subject to the Work and Community Engagement Requirement but are not eligible for SNAP and/or TANF, and therefore, would not have access to ODJFS supportive services. In these cases, supports from other federal, state, and local programs will be considered and sought if the individual is in need and eligible to receive the services. If supportive services are necessary to meet the Work and Community Engagement Requirement, and absent availability of those supportive services from available sources and/or additional federal match to provide those services via Medicaid, Group VIII individuals subject to the Work and Community Engagement Requirement will be assessed for reasonable adjustments to the Requirement. Importantly, as discussed below, Ohio is requesting federal match for supportive services, such as transportation, to assist all Medicaid Group VIII individuals with meeting the Work and Community Engagement Requirement.

As mentioned, the 1115 Demonstration waiver will leverage existing work activities, including, but not limited to, WEP. WEP, which is operationalized by local CDJFS offices, aids TANF and SNAP recipients with obtaining work experience from private or government entities, while helping them meet TANF and SNAP work activity requirements. WEP can be designed in coordination with employment or other training programs and can be full- or part-time as long as the hours of participation are in accordance with the Fair Labor Standards Act (FLSA). Work initiated under WEP, while unpaid, requires the individual to perform in a manner similar to that performed by paid employees. Counties provide and pay premiums for Workers' Compensation insurance for individuals participating in the WEP program. If additional individuals participate in the WEP program in order to meet the Work and Community Engagement Requirement, this will require additional county funds to pay for increased Workers' Compensation insurance premiums.

There is a range of supportive services necessary to help individuals meet the Work and Community Engagement Requirement; however, there is a disparity in the amount and types of services available to Medicaid enrollees subject to the Requirement who do not qualify for TANF or SNAP and those enrollees who are in receipt of other public assistance benefits. Transportation support is especially critical and Ohio believes that access to reliable transportation is the primary factor in securing and maintaining employment. In some areas of the State, there are public or community transportation resources that may be leveraged; however, in many counties these transportation resources are limited. While this 1115 Demonstration Waiver application includes a good cause exception to the Work and Community Engagement Requirement for lack of transportation, a proactive approach toward transportation resources is needed.

¹⁵ The Ohio Department of Job and Family Services develops and supervises the State's public assistance, workforce development, unemployment compensation, child and adult protective services, adoption, child care, and child support programs.

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Ohio is requesting consideration of federal match for transportation costs to help meet its work and community engagement goals for the Group VIII population, similar to the existing federal match for non-emergency medical transportation (NEMT). Notably, NEMT resources will continue to be used to help Medicaid enrollees with substance use disorders (SUD) maintain treatment, participation in which exempts the individual from the Work and Community Engagement Requirement. Further, federal match is necessary to close the supportive service gap and ensure equal access to supports needed by enrollees to meet the Work and Community Engagement Requirement. Again, absent federal match, those Medicaid enrollees who do not qualify for existing supportive services, but need them in order to meet the Work and Community Engagement Requirement, will be assessed for reasonable adjustments to the Requirement. CMS should consider federal match for transportation and other supportive services necessary for employment.

In order to expand these supportive services to individuals who are not eligible for or not complying with SNAP or TANF programs, Ohio would need additional federal funds. Through this 1115 Demonstration waiver application, Ohio is requesting federal match for supportive services such as transportation to help all Group VIII individuals meet work and community engagement goals. Absent additional federal match to provide those services via Medicaid, Group VIII individuals subject to work requirements in these cases may be granted a good cause exception or other reasonable adjustments to the Requirement.¹⁶

SECTION IV: DELIVERY SYSTEM AND PAYMENT RATES FOR SERVICES

The 1115 Demonstration waiver application only impacts eligibility. Individuals eligible for Medicaid and who are complying with the Work and Community Engagement Requirement will continue to receive Medicaid coverage through the managed care plans as they do currently; however, as discussed in Section III, supportive services will be provided to individuals who are subject to the Requirement, but have barriers to meeting it. These include existing supportive services for TANF and SNAP enrollees provided by ODJFS and operationalized, in large part, by CDJFS offices. These supportive services will continue to be delivered by the counties in the same way to those who qualify for additional services today. With a federal match, the State will extend supportive services to Medicaid enrollees subject to the Work and Community Engagement Requirement, but who are not participating in TANF or SNAP Employment & Training activities. Absent federal match, supportive services will continue to be provided to those who are participating in TANF or SNAP Employment & Training activities. All other Group VIII enrollees will be assessed for reasonable adjustments to the Requirement.

SECTION V: IMPLEMENTATION OF DEMONSTRATION

Ohio's target date for implementing the Work and Community Engagement Requirement statewide is July 1, 2018. Individuals who apply for Medicaid on or after July 1, 2018, who are determined eligible for Group VIII will be notified through the application process that they may be subject to the Work and Community Engagement Requirement. The State will first check to see whether an individual is already in compliance with or exempt from SNAP or ABAWD work requirements and, if so, will be deemed as exempt from or meeting the Work and Community Engagement Requirement. If the individual is not receiving SNAP, the individual will then be appraised to determine whether he or she is subject to the Work and Community Engagement Requirement.

¹⁶ See, State Medicaid Director Letter, "Opportunities to Promote Work and Community Engagement Among Medicaid Beneficiaries" at pg. 7; available at <https://www.medicaid.gov/federal-policy-guidance/downloads/smd18002.pdf>.

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Individuals enrolled in Group VIII prior to July 1, 2018, will be subject to the Work and Community Engagement Requirement at their next eligibility renewal. The process will follow the same steps described above to determine whether the individual is subject to the Work and Community Engagement Requirement.

SECTION VI: DEMONSTRATION FINANCING AND BUDGET NEUTRALITY

CMS requires that all 1115 Demonstration waiver applications demonstrate budget neutrality. This application presents information regarding projected expenditures and enrollment.

These estimates are highly dependent upon assumptions utilized in the analysis including the assumed approval and implementation dates. As noted above, Ohio does not collect information regarding some of the exemptions that will be allowed under this proposal, and therefore the number of exempt individuals will likely be higher than the State can currently estimate.¹⁷

Historical Data

Please note that the Group VIII eligibility category began on January 1, 2014 (halfway through State Fiscal Year (SFY) 2014).

	SFY '14	SFY '15	SFY '16	SFY '17	SFY '18
Total Group VIII Expenditures	\$700,231,801	\$3,437,733,036	\$4,632,258,762	\$5,005,534,376	\$5,005,613,366
Eligible Member Months	1,673,081	6,424,714	8,295,879	8,644,113	8,519,075
Average PMPM	\$418.53	\$535.08	\$558.37	\$579.07	\$587.58

Projected Enrollment and Expenditures (Without Waiver)

It is assumed the Demonstration would start July 1, 2018 (SFY 2019).

	DY1	DY2	DY3	DY4	DY5
Total Group VIII Expenditures	\$5,115,323,854	\$5,329,197,790	\$5,552,893,712	\$5,787,368,141	\$6,031,924,971
Eligible Member Months	8,519,096	8,508,370	8,500,456	8,500,456	8,500,456
Average PMPM	\$600.45	\$626.35	\$653.25	\$680.83	\$709.60

Projected Enrollment and Expenditures (With Waiver)

It is assumed the Demonstration would start July 1, 2018 (SFY 2019).

¹⁷ Ohio understands that CMS has indicated that “states will not be permitted to accrue savings from a reduction in enrollment that may occur as a result of using this section 1115 authority.” See, State Medicaid Director Letter, “Opportunities to Promote Work and Community Engagement Among Medicaid Beneficiaries” at pg. 8; available at <https://www.medicaid.gov/federal-policy-guidance/downloads/smd18002.pdf>.

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	DY1	DY2	DY3	DY4	DY5
Total Group VIII Expenditures	\$5,101,705,407	\$5,228,695,366	\$5,445,054,913	\$5,674,512,563	\$5,914,423,100
Eligible Member Months	8,451,528	8,296,658	8,284,240	8,284,240	8,284,240
Average PMPM	\$603.64	\$630.22	\$657.28	\$684.98	\$713.94

While Ohio will work with all individuals who are not otherwise deemed to be exempt or already meeting the Work and Community Engagement Requirement to ensure they have the tools and supports they need to meet the Requirement, Ohio is estimating that 50% of them¹⁸ will not comply with the Work and Community Engagement Requirement and will lose their Medicaid eligibility.

Please see Exhibit A for the budget neutrality worksheet.

SECTION VII: LIST OF PROPOSED WAIVERS AND EXPENDITURE AUTHORITIES

1. Comparability of Eligibility Requirements: Section 1902(a)(10)(A)(i)(VIII) and 1902(a)(17)

To the extent necessary to enable Ohio to require work and community engagement as a condition to maintain eligibility for the eligibility category defined in 1902(a)(10)(A)(i)(VIII).

2. Provision of Medical Assistance: Section 1902(a)(8) and (a)(10)

To the extent necessary to enable Ohio to discontinue eligibility for, and not make medical assistance available to, beneficiaries who fail to comply with the Work and Community Engagement Requirement unless the beneficiary is exempted from the Work and Community Engagement Requirement.

3. Expenditure authority to the extent necessary to provide transportation services and other necessary supports to assist beneficiaries with meeting the Work and Community Engagement Requirement.

SECTION VIII: PUBLIC COMMENT PERIOD

Ohio's formal public comment period on the draft Group VIII Work and Community Engagement waiver was held from February 16, 2018, through March 18, 2018.¹⁹ During this period, the State received 945 submissions from a variety of sources including individuals receiving services, providers, stakeholders, and advocates.

Summary of the Public Comment Process

Ohio used the following methods to provide notice to the public about the opportunity for public comment:

- **Web postings** – On February 16, 2018, Ohio posted a public notice with a summary of the draft waiver and the draft waiver itself on ODM's website <http://medicaid.ohio.gov/RESOURCES/PublicNotices/GroupVIII-WRCE-1115.aspx>. An abbreviated version of the public notice with a link to the full notice was published online in the Register of Ohio.

¹⁸ As noted in Section II above, Ohio is estimating that approximately 36,036 Group VIII individuals will (i) not meet an exemption and (ii) not be deemed to already be meeting the Community Engagement Requirement.

¹⁹ The full public notice may be found at <http://medicaid.ohio.gov/RESOURCES/PublicNotices/GroupVIII-WRCE-1115.aspx>

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- **Electronic mailing** – Ohio Office of Health Transformation issued its newsletter to 4,410 subscribers on February 16, 2018.

Ohio provided the following methods for the public to provide input on the draft waiver, all of which were utilized. They included:

- **E-mail** – Ohio established a dedicated e-mail box named MedicaidWorks@medicaid.ohio.gov, which received a total of 277 e-mails by the March 18, 2018, deadline. Two constituent inquiries were sent to the Director of ODM.
- **Mailed** – Ohio provided a U.S. Postal Service address: Group VIII Work Requirements and Community Engagement 1115 Waiver, Bureau of Health Plan Policy, Ohio Department of Medicaid, 50 W. Town St, 5th Floor, Columbus, OH 43215. A total of 30 items were received via this method by the March 18, 2018, deadline.
- **Courier/Drop Off** – Ohio provided the Department street address for delivery of comments. Six hundred comments were dropped off at the Ohio Department of Medicaid's offices.
- **Testimony at public hearings** – Ohio held two public hearings on February 21 and March 1, 2018. The first hearing was held in Cincinnati, Ohio, and the second held during a Medical Care Advisory Committee meeting at the Department of Medicaid office in Columbus. Each hearing was documented by a stenographer. The director and assistant director were present to hear testimony. In Cincinnati, individuals volunteered to provide oral testimony and written comments. In Columbus, speakers were called in the order in which they signed in. Individuals were also able to view the proceedings via teleconference/webinar for the Columbus hearing.

At the public hearings, a presentation was given by ODM and ODM's contractor which provided an overview of the proposed Group VIII Work and Community Engagement Requirement and the process to provide feedback. Approximately 12 individuals attended the first hearing, at which nine testified. Approximately 31 individuals attended the March 1 hearing, at which 20 testified. Nine written comments were also received during the public hearings. All comments received were reviewed and considered in developing the final waiver proposal.

Summary of Public Comments and Modifications Made Based Upon Public Comments

ODM appreciates the time, effort, and consideration of individuals and organizations who submitted comments for consideration. Each comment was reviewed, and there were several comment themes that emerged, which are grouped together below with respective responses from ODM. Several comments helped inform updates to the budget neutrality estimates. While all comments received were carefully considered, the Waiver has not been modified other than for changes to the budget neutrality estimates and revisions to improve clarity.

The following table summarizes the approximate number of comments in favor of the waiver, opposed to the waiver, and neutral/unrelated to the waiver. Please note that 600 comments were dropped off at ODM's office. Those comments were generated by a survey that one of the advocacy groups developed to assist with soliciting comments in response to the waiver proposal.²⁰

While the survey template described the accompanying individual comments in opposition to the Work Requirement, for several it was challenging to determine whether the individual was actually in support of or opposed to the waiver. For example, some commenters first explained that they were not opposed to the waiver, but then provided comments

²⁰ This is evidenced by reference made to the survey in some of these comments. For example, "First off let me tell you how unhappy I am and how inconvenient it is for me to have to sit here and answer this stupid survey. Of course my family has benefited from Medicaid."

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or reasoning that made it seem as though the individual was opposed to the waiver.²¹ In those instances, the comment was designated as “neutral.” As such, the percentages below are approximations.

Support Waiver	4%
Oppose Waiver	93%
Neutral/Comment Unrelated to Waiver	3%

1. 1115 Waiver Process.

- a. A few commenters requested that the public comment period be extended beyond 30 days or had questions about how to provide testimony during the public hearings.

Response: *The 30-day timeframe for the public comment period is a federal requirement of the Waiver application process (42 CFR 431.408). There will be additional opportunity for stakeholders to comment on the Waiver and its implementation. Specifically, there is a 30-day federal stakeholder comment period once CMS has accepted the Waiver as complete. Additionally, ODM plans to address many Waiver details through the State rulemaking process, which requires its own public comment period.*

- b. Two commenters raised concerns that the proposed 1115 waiver evaluation would not represent the full negative impact of implementing work requirements on the Group VIII population.

Response: *ODM plans to collect and report Waiver impact data in a way that is accurate, efficient, and meaningful, the details of which will be negotiated with CMS as part of the waiver evaluation design.*

- c. A few commenters noted that more adults will lose Medicaid coverage than estimated in the draft waiver application.

Response: *While it is difficult to estimate with absolute accuracy who will and will not comply with the Requirement, the goal of this demonstration is to preserve access to Medicaid for those who qualify, while encouraging work and community engagement efforts among the non-exempt Group VIII Medicaid expansion adult population.*

2. Legal Authority to Implement Work and Community Engagement Requirement.

- a. A few commenters argued that imposing work requirements as a condition of continued Medicaid eligibility is illegal for one or more of the following reasons: the work requirement (i) is contrary to federal law and the purpose of Medicaid, (ii) violates HIPAA, the United States Constitution, and the Fair Labor Standards Act, and (iii) violates the Affordable Care Act’s maintenance of effort requirements for individuals between the ages of 18–19 subject to the Group VIII work requirement.

²¹ For example, one comment read, “I don’t oppose these new requirements on the people who depend on Medicaid for health care coverage. I am on permanent disability and I need the medical assistance they provide. I’m not able to work”

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Response: *Because the Centers for Medicare and Medicaid Services (CMS) has issued support for Medicaid work and community engagement requirements and because CMS has broad discretion to approve Section 1115 Demonstration Waivers, the Ohio Department of Medicaid does not believe the Ohio Work and Community Engagement Requirement is contrary to federal law. Because the Ohio Work and Community Engagement Requirement is designed to promote better mental, physical, and emotional health and to help individuals and families rise out of poverty and attain independence, the Ohio Department of Medicaid believes its Work and Community Engagement Requirement is in furtherance of federal Medicaid program objectives.*

- b. What are the HIPAA considerations in sharing medical information with County Departments of Job and Family Services?

Response: *As the entities responsible for processing Medicaid applications and determining eligibility, CDJFS's routinely receive protected health information and, accordingly, must meet corresponding HIPAA and federal Medicaid requirements. This will not change with the addition of work and community engagement requirements – any medical information shared with the CDJFS's related to the Work and Community Engagement Requirement will be governed by the same HIPAA and federal Medicaid confidentiality standards and processes currently in place.²²*

- c. Ohio's waiver request includes individuals who are between ages 18 and 50 in the work requirement. Yet, 42 U.S.C. §1396a(gg)(2) requires continuation of eligibility standards, methodologies, and procedures for children under age 19 through September 30, 2019. ODM has stated that they would like to have the work requirement in place by July 1, 2018, and individuals who are 18 and no longer in high school would be required to meet the additional criteria to remain eligible. §1396 a(gg) is not waivable under §1396a.

Response: *Maintenance of effort under 42 U.S.C. §1396a(gg)(2), which applies to children under 19 years of age (i.e. age 18 or younger), is not implicated by the proposed Work and Community Engagement Requirement. The Work and Community Engagement Requirement only applies to individuals eligible for Medicaid under the Group VIII category, which is comprised of adults age 19 through age 64 per 42 U.S.C. §1396a(a)(10)(A)(i)(VIII) and 42 C.F.R. §435.119(b)(1).*

3. Increased Administrative Burden/Expense for the State and Counties.

- a. Many commenters noted concerns that the Group VIII Work and Community Engagement Requirement would result in increased costs to the State and counties, and/or was not an effective use of taxpayer dollars. Others requested additional implementation time and a county fiscal and operational impact statement before implementation.

Response: *ODM anticipates that county administrative costs will total approximately \$12.8 million per year statewide for implementation of the Work and Community Engagement Requirement. The program's design leverages existing systems to reduce redundancies and increase efficiencies, which is expected to have a moderating effect on the number of Group VIII enrollees who require caseworker intervention during the appraisal and assignment processes.*

²² See also <http://medicaid.ohio.gov/FOROHIOANS/AlreadyCovered/NoticeofPrivacyPractices.aspx>

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For example, ODM has adopted exemptions that currently exist in the SNAP and ABAWD program. In addition, individuals who are currently meeting SNAP or ABAWD work requirements will be considered to be meeting the Work and Community Engagement Requirement. Individuals who are exempt from SNAP or ABAWD work requirements will be deemed exempt from the Work and Community Engagement Requirement. Further, system design will incorporate logic that consumes existing case information to determine whether enrollees meet an exemption from the Requirement or are engaged in work or another activity which meets the Requirement, resulting in less time spent by caseworkers to manually determine factors related to the Work and Community Engagement Requirement.

- b. Many commenters raised concerns that the Group VIII Work and Community Engagement Requirement would be difficult for the State and counties to implement and administer. Comments specifically addressed concerns with the burden of appraising individuals for exemptions and work requirement needs, and questioned how retroactive eligibility would work with this new requirement. Some commented on existing investments to improve efficiencies that would be undone with the Requirement (e.g., self-attestations, no-touch processing, and voice signature technology). Others cited administrative burdens (e.g., more appeals and state fair hearings).

Response: *ODM plans to implement the Waiver in a way that is least burdensome while maintaining the intent of the legislative mandate. As mentioned, this will include leveraging existing systems and processes to ease implementation and administration. ODM also plans to work with counties to minimize disruption and ensure as smooth of an implementation as possible. These and other details will be outlined in an implementation plan, details of which will be negotiated with CMS.*

4. Increased Burden on Individuals and Providers.

- a. Many commenters noted concerns that including the Group VIII Work and Community Engagement Requirement would result in additional burdens on an already difficult Medicaid application process. The commenters argued that as a result, the Requirement will serve as a significant barrier to health care and result in the most vulnerable individuals losing health care coverage. Some commenters referenced increased burdens on members to report on “good cause” exceptions.

Response: *As noted, ODM plans to implement the Waiver in a way that is least burdensome, while preserving access to Medicaid for those who qualify. Where a member is already meeting or exempt from SNAP or ABAWD work requirements, the member will be deemed to satisfy the Requirement. Additionally, the Waiver proposes to allow members to self-attest to good cause exception criteria.*

- b. A few commenters noted that the Group VIII Work and Community Engagement Requirement would result in additional administrative and financial burdens on providers (e.g., additional documentation for patients who are physically or mentally unfit for employment).

Response: *The Waiver proposes to allow beneficiaries to self-attest to the exemption and good cause exception criteria, including being physically or mentally unfit for employment.*

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Additionally, ODM intends to leverage existing claims data in order to determine automatic exemptions to the Requirement, which should reduce provider administrative burdens in this process.

- c. Eight commenters noted concern regarding the State and local agencies' abilities to implement and operate this program, with some specifically noting that CDJFS already takes a significant amount of time to process applications and that many people are not aware of the CDJFS role in Medicaid eligibility determinations.

Response: *ODM plans to work with counties to ensure as smooth of an implementation and transition as possible. Additionally, the purpose of aligning existing SNAP and ABAWD work requirements with the Work and Community Engagement Requirement is, in part, to minimize disruption to existing processes such as the Medicaid eligibility and redetermination processes.*

- d. One commenter suggested the requirement that individuals self-report changes in their eligibility status within 10 days should be changed to seven days to align with SNAP reporting requirements.

Response: *It is an existing Medicaid requirement (OAC 5160:1-2-08) that beneficiaries report changes in circumstances that would impact their eligibility within 10 calendar days. The intent here is to align the Work and Community Engagement Requirement with existing Medicaid policy and practice.*

5. Exemptions.

- a. Some commenters discussed how most Medicaid enrollees are already working or would meet one of the exemptions.

Response: *Group VIII Medicaid enrollees who are currently meeting the Work and Community Engagement Requirement or meet an exemption will maintain Medicaid eligibility.*

- b. Some commenters raised concerns that certain individuals who were identified in the draft waiver document as exempt from the Requirement would still be required to meet the Work and Community Engagement Requirement (including those with chronic conditions, the elderly population, those with severe and persistent mental illness, and full-time students).

Response: *Under the proposed Waiver, these individuals would be exempt from the Requirement. The details of Waiver components for the exemptions (e.g., "participation in drug/alcohol treatment" or "physically or mentally unfit for employment") will be defined in state regulations. As part of the State rulemaking process, the public will have an opportunity to comment on the proposed regulations.*

- c. Many commenters raised concerns that the list of exemptions should be expanded to include the following:
 - i. Chronic conditions

Response: *Individuals with certain chronic conditions or severe and persistent mental illness are exempt from the waiver if participating in the SRS Program. Otherwise, individuals with chronic conditions that cause limitations on their ability to work or participate in community engagement activities may be exempted as physically or mentally unfit for employment. The details of these exemptions (e.g., “physically or mentally unfit for employment”) will be defined in state regulations. As part of the State rulemaking process, the public will have an opportunity to comment on the proposed regulations.*

ii. Dual-eligibles

Response: *Members dually-eligible for Medicaid and Medicare are not part of the Group VIII Medicaid eligibility category and are not subject to the Requirement.*

iii. All parents/caretakers (including those who reside outside of the home, non-custodial parents, any caretakers of family members, and those parents who have recently lost custody of a child)

Response: *Parents or caretakers of children are exempt from the Requirement so long as they reside in the same house with the minor child.*

iv. Homeless individuals

Response: *Homelessness is not a unique category of exemption in the Waiver; however, homeless individuals may meet a good cause exception for life circumstances that create barriers to employment or community engagement.*

v. Incarcerated individuals and individuals recently released from incarceration

Response: *Incarcerated individuals are exempt from the Requirement. Individuals recently released from incarceration may meet another exemption, but are not exempt based on their recently released status.*

vi. Individuals on a waiting list for treatment or recently post-treatment

Response: *Individuals who are on a waiting list for residential substance use disorder (SUD) treatment would meet an exemption from the Work and Community Engagement Requirement. The details of Waiver components for the exemptions (e.g., “participation in drug/alcohol treatment” or “physically or mentally unfit for employment”) will be defined in state regulations. As part of the State rulemaking process, the public will have an opportunity to comment on the proposed regulations.*

vii. Women of childbearing age

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Response: *“Women of childbearing age” is not a unique category of exemption in the Waiver; however, a woman in the Group VIII population may meet another exemption.*

viii. Long-term care population

Response: *Individuals receiving long-term services and supports are exempt from the Requirement.*

ix. Seasonally employed

Response: *Individuals subject to the Requirement who are seasonally employed meet the Requirement so long as they work or participate in qualifying work or community engagement activities for an average of 80 hours per month.*

x. Self-employed

Response: *Individuals subject to the Requirement who are self-employed meet the Requirement so long as they work at least 20 hours per week (80 hours averaged monthly).*

xi. Former foster care youth

Response: *Individuals who qualify for Medicaid as former foster care youth are not part of the Group VIII Medicaid eligibility category and are not subject to the Requirement.*

xii. Military veterans

Response: *Military veterans are not a unique category of exemption in the Waiver; however, military veterans may meet another exemption.*

xiii. Individuals with pending disability determinations

Response: *Applicants for or recipients of SSI are exempt from the Requirement.*

xiv. All disabled individuals

Response: *Individuals who qualify for Medicaid based on their disability status are not included in the Group VIII Medicaid eligibility category and are not subject to the Requirement.*

xv. All individuals with substance use disorders

Response: *The details of Waiver components for the exemptions will be defined in state regulations. As part of the State rulemaking process, the public will have an opportunity to comment on the proposed regulations.*

- xvi. Individuals residing in an area with a disaster declaration

Response: *The Waiver does not propose a new exemption category for those living in an area with a disaster declaration; however, the good cause exception is intended to provide reasonable adjustments to the Requirement in circumstances such as these.*

- xvii. Victims of domestic violence

Response: *As described in the Waiver, domestic violence is specifically identified as an example of a good cause exception.*

- d. Some commenters expressed concern regarding how exemption determinations would be made and what would meet the definition of each of the exempted groups. For example, some commenters questioned the definition of participation in drug/alcohol treatment and the definition of physically or mentally unfit for employment.

Response: *The details of Waiver components like the exemptions (e.g., “participation in drug/alcohol treatment” or “physically or mentally unfit for employment”) will be defined in state regulations. As part of the State rulemaking process, the public will have an opportunity to comment on the proposed regulations.*

- e. A few commenters noted that exemptions did not align with the legislative mandate and the exemptions were too broad.

Response: *The legislative mandate states the following: “The Medicaid director shall establish a Medicaid waiver component under which an individual eligible for Medicaid on the basis of being included in the expansion eligibility group must satisfy at least one of the following requirements to be able to enroll in Medicaid as part of the expansion eligibility group: (A) Be at least fifty-five years of age; (B) Be employed; (C) Be enrolled in school or an occupational training program; (D) Be participating in an alcohol and drug addiction treatment program; (E) Have intensive physical health care needs or serious mental illness.” The Waiver meets these parameters, while following federal CMS guidelines regarding program alignment with existing work requirements in other public assistance programs.*

6. Churn/Continuity of Care Concerns.

- a. Some commenters expressed concerns that the Group VIII Work and Community Engagement Requirement will create unnecessary churn on and off Medicaid resulting in an increase in (i) uninsured Ohioans, (ii) health care costs, (iii) emergency room use, and (iv) uncompensated care. One commenter noted the Waiver will result in an additional financial burden on Disproportionate Share Hospitals. Some of these comments noted that without health care coverage individuals could suffer from missed or late diagnoses resulting in poor health outcomes and increased costs.

Response: *ODM will work to preserve access to Medicaid for those who qualify and to implement the Waiver in a way that is least burdensome, including preventing disruption in eligibility for those who are already meeting or are exempt from the Requirement. ODM is equally committed to helping those who are subject to the Requirement, but are not currently meeting it, to comply through employment or community engagement activities; however, ODM recognizes that some individuals may not meet the Requirement and will lose eligibility. These and other outcomes will be measured in the Waiver evaluation.*

- b. One commenter raised a concern about the proposed lock-out period for non-compliance with the Work and Community Engagement Requirement. The commenter noted that it is unclear how long a re-appraisal takes to determine whether the individual has good cause or meets an exemption and whether the individual would lose coverage during this determination period.

Response: *The Waiver does not propose a lock-out period for non-compliance with the Requirement. The Work and Community Engagement Requirement is a condition of continued eligibility so individuals participating in the appraisal and re-appraisal processes would maintain Medicaid coverage during the determination period.*

7. Meeting the Work Requirement.

- a. Many commenters noted that there are many barriers to finding and maintaining a job or community engagement activity that would meet the requirement including: inconsistent hours, low wages, lack of transportation, lack of child care, criminal records, dental issues, and the sheer lack of available jobs and volunteer opportunities. Commenters noted that finding and maintaining a job can be even more difficult for individuals with mental health/substance use disorders. Commenters also noted concern that many individuals in Group VIII already have a lot of things competing for their time and trying to supplement their low wage/inconsistent hours with community engagement activities will be difficult. A few commenters noted that there could be many reasons why someone does not/cannot work and many unforeseen reasons why an individual may not meet the Work and Community Engagement Requirement. Moreover, at least one commenter noted that individuals can only participate in work search activities for 30 days.

Response: *It is ODM's intent to help eliminate barriers to employment or community engagement for Group VIII members subject to the Requirement, including leveraging existing supportive services such as transportation. Notably, the Waiver requests a federal match for supportive services. The Waiver also accounts for reasonable adjustments for those who may be subject to the Requirement but unable to work, and allows for self-attestation.*

- b. A few commenters noted that the Group VIII Work and Community Engagement requirement is racially biased and will disproportionately affect African-Americans and Latinos, specifically due to the manner in which the ABAWD time limit waiver, and by extension Medicaid's alignment with that waiver, is applied on a county-wide, rather than metropolitan or municipal, basis. The commenters further noted that the ABAWD waiver exempts rural counties, which have a primarily white population, from the ABAWD time limit, while racial and ethnic minorities who reside in urban areas with similar

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unemployment rates will be required to participate in activities to meet the Work and Community Engagement Requirement.

Response: *In following CMS guidelines, the Waiver aligns the proposed Medicaid Work Requirement, including exemptions, with those currently existing in other programs. The federally-approved SNAP program in Ohio currently provides work exemptions for counties with high unemployment rates, not metropolitan areas. That same exemption will be applied in this Waiver. The intent of applying this exemption is, again, to align work programs as much as possible.*

- c. Three commenters noted that individuals suffering from domestic violence or those individuals receiving domestic violence counseling will have a difficult time meeting the Group VIII work and community engagement requirement.

Response: *Victims of domestic violence would meet the good cause exception criteria and would be exempt from the Requirement.*

8. General Opposition.

- a. Many commenters noted their general opposition to and concern regarding the Group VIII Work and Community Engagement Requirement. Some commenters stated that health care should be a basic right and Medicaid is an essential health program. In addition, some commenters noted that there are already work requirements for SNAP. Some commenters noted they believe the work requirement will not end poverty, improve health, or increase employment. Some commenters noted that this requirement would result in a reversal of the gains made by Medicaid expansion and this requirement will likely have unintended consequences.

Response: *ODM will work to preserve access to Medicaid for those who qualify, while encouraging work and community engagement with the goal of improving health outcomes. As stated in CMS guidance, “there is a growing body of evidence that suggests that targeting certain health determinants, including productive work and community engagement, may improve health outcomes.”*

- b. A few commenters were concerned that the Requirement was too complex and it was not clear how the Requirement would be operationalized.

Response: *ODM plans to implement the Waiver in a way that is least burdensome on counties and enrollees, including efforts to reduce complexities and redundancies. As mentioned, this will include aligning existing systems and processes already in use in SNAP and ABAWD to ease implementation and administration. These and other details will be outlined in an implementation plan, details of which will be negotiated with CMS.*

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9. **General Support.** At least 38 comments received were in support of the Group VIII Work and Community Engagement Requirement noting, among other things, that community activity promotes interest in the community and promotes self-sufficiency.

Response: *The goals of the Waiver are to promote economic stability and financial independence, and to improve health outcomes via participation in work and community engagement activities. ODM appreciates the supportive comments that reflect the objectives and goals of the Waiver.*

10. **Other.** ODM received a few comments that were not related to the Group VIII Work Requirement and Community Engagement 1115 Demonstration.

Response: *Some comments were in response to other Waiver proposals, while some were related to case issues or questions. The comments received that were unrelated to the Group VIII Work Requirement and Community Engagement 1115 Demonstration application were referred to the appropriate State agencies or ODM business areas.*

11. **Questions.** As part of the public comment process on the Group VIII Work Requirement and Community Engagement 1115 Demonstration Waiver proposal, ODM received approximately 100 questions. These questions have been summarized and grouped together by theme.

- a. ODM received questions related to the 1115 waiver process; mainly related to costs and benefits. These questions have been summarized and grouped together as follows:

- i. Will this be an unfunded mandate on the counties? Is this a budget neutral initiative if it costs counties local funds to implement? Because these new requirements are Medicaid-specific, are allowances being considered, or is this really a broader unfunded consequence?

Response: *ODM anticipates that county administrative costs will total approximately \$12.8 million per year statewide for implementation of the Work and Community Engagement Requirement. The program's design leverages existing systems to reduce redundancies and increase efficiencies, which is expected to have a moderating effect on the number of Group VIII enrollees who require caseworker intervention during the appraisal and assignment processes. For example, ODM has adopted exemptions that currently exist in the SNAP and ABAWD program. In addition, individuals who are currently meeting SNAP or ABAWD work requirements will be considered to be meeting the Work and Community Engagement Requirement. Individuals who are exempt from SNAP or ABAWD work requirements will be deemed exempt from the Work and Community Engagement Requirement. Further, system design will incorporate logic that consumes existing case information to determine whether enrollees meet an exemption from the Requirement or are engaged in work or another activity which meets the Requirement, resulting in less time spent by caseworkers to manually determine factors related to the Work and Community Engagement Requirement.*

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- ii. How much will the Waiver cost to implement and how much will this cost the taxpayers? What are the savings? If it costs more to cover few people, how is this justified? How much more will we spend on eligibility determination to find the few thousand people who could work but are not doing so? Where is the evidence that the cost of administering this waiver and the burden on families to submit proof of work would not make this entirely a waste of taxpayer dollars that could be going to care for Ohioans?

Response: *The estimated Waiver costs are described in the budget neutrality section.*

- iii. How will the “full benefits” and “true cost” be assessed and evaluated once implemented?

Response: *Federal regulations require states to evaluate and report on overall Waiver operations and individual metrics like care outcomes (42 CFR 431.424, 42 CFR 431.428). The “full benefits” and “true costs” outcomes of the Waiver will be assessed and evaluated as part of this evaluation and reporting process.*

- b. ODM received questions related to the administrative requirements of the Waiver, including the burden/costs of those responsibilities. These questions have been summarized and grouped together as follows:

- i. Who will be responsible for implementation of the work requirements and the various exemptions? How are the work requirements going to be administered? How is Cuyahoga County going to administer these requirements? Will the State provide information to the County Departments of Job and Family Services (Counties) on exemptions, or will the responsibility fall to Counties? How will the proposal impact counties, including staffing, increased volume of bureaucratic work? Will counties receive additional support to meet these requirements?

Response: *ODM will work with counties regarding training and systems testing to ensure that counties are as prepared as possible to implement the changes. ODM anticipates that county administrative costs will total approximately \$12.8 million per year statewide for implementation of the Work and Community Engagement Requirement. The program’s design leverages existing systems to reduce redundancies and increase efficiencies, which is expected to have a moderating effect on the number of Group VIII enrollees who require caseworker intervention during the appraisal and assignment processes. For example, ODM has adopted exemptions that currently exist in the SNAP and ABAWD program. In addition, individuals who are currently meeting SNAP or ABAWD work requirements will be considered to be meeting the Work and Community Engagement Requirement. Individuals who are exempt from SNAP or ABAWD work requirements will be deemed exempt from the Work and Community Engagement Requirement. Further, system design will incorporate logic that consumes existing case information to determine whether enrollees meet an exemption from the Requirement or are engaged in work or another activity which meets the Requirement, resulting in less time spent by caseworkers to manually determine factors related to the Work and Community Engagement Requirement.*

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- ii. There will be a tremendous cost to agencies serving this population to help them maintain enrollment. What support will be available to assist these agencies? This program is planned with a relatively short lead time; are there resources in place to implement this smoothly?

Response: *ODM plans to work with the spectrum of public and private partners that will be involved in Waiver implementation. Again, this will include training and system support. Additionally, the Waiver is requesting federal match for supportive services, such as transportation, to assist all Medicaid Group VIII individuals with meeting the Requirement.*

- iii. How will changes in enrolled/disenrolled status be tracked and how will the providers be notified of this changing population? How will the State identify and track beneficiaries who are transitioning through assisted living arrangements as they emerge from drug and alcohol treatment but are not yet fully ready to resume a regular work schedule?

Response: *Changes to eligibility status will continue to be updated and reported in the Provider Portal, which providers are encouraged to access and review. In terms of individuals who may be exempt based on certain chronic conditions, those individuals will be able to self-attest to meeting an exemption.*

- iv. With Ohio Benefits currently undergoing a Disability Determination and Behavioral Health Redesign and launching Ohio Benefits 2.0, is there appropriate IT capacity to support implementation? Further, are the State and county reporting systems able to support this level of nuance and eligibility fluctuation in an expeditious timeframe?

Response: *ODM is in the process of updating IT systems and processes for Waiver implementation. These IT updates are independent of other changes to Medicaid and ODM does not anticipate difficulties due to IT capacity.*

- c. ODM received questions related to member and provider burdens. These questions have been summarized and grouped together as follows:

- i. Has the State taken into account the cost of uncompensated care that will be thrust on providers? Particularly as former Medicaid recipients will use the emergency rooms for regular care and maintenance of chronic conditions, and higher costs resulting from delayed diagnoses?

Response: *While it is difficult to estimate with absolute accuracy who will and will not comply with the Requirement, the goal of this demonstration is to preserve access to Medicaid for those who qualify, while encouraging work and community engagement efforts among the non-exempt adult Medicaid expansion population (Group VIII). The State expects a minimal impact on the rate of uninsured residents; however, in order to help decrease the burden of uncompensated care costs, Ohio will continue to provide supplemental funding through the State's Hospital Care Assurance Program (HCAP).*

- ii. How are current Medicaid enrollees impacted (e.g., will all enrollees have to reapply for Medicaid or will this occur at re-determination)? Will the State maintain retroactive coverage periods for Medicaid enrollees, including those who are reinstated after providing proof of

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employment or waiver eligibility? How will various Medicaid populations be notified of the requirement (e.g., mobile and/or homeless populations)?

Response: *Group VIII individuals not participating in the SNAP program will be provided information regarding Work and Community Engagement Requirement in their notice of Medicaid eligibility. The individual will be notified that he or she must participate in an appraisal to assist him or her with meeting the Requirement. The appraisal, which will not require a face-to-face interview, will be initiated by the CDJFS within 30 days of Medicaid authorization and must be completed within 60 days of initiation. The appraisal will include a review of whether the individual is already meeting the Requirement, whether he or she is exempt, and if the enrollee is not exempt, the supportive services that might be needed to meet the Requirement. The State is not planning any changes to its retroactive coverage policy as a result of the Waiver.*

- iii. What happens if an enrollee has lost/does not have appropriate documentation (e.g., ID to prove their age or other information) and how will that low-income individual pay to replace the document?

Response: *Individuals who do not have appropriate identification or documentation (for employment or eligibility reasons) will be connected with supportive services to help them obtain that documentation.*

- d. ODM received a number of questions related to exemptions. These questions have been summarized and grouped together as follows:

- i. How will “physically or mentally unfit for employment” be defined for the purposes of being exempt from the work requirements and will this be defined by diagnosis or service utilization data? If a person is likely to be considered medically unfit, what is the process for securing a medically-backed statement indicating an exemption? What happens if a person is denied or does not qualify for SSI (e.g., due to asset restrictions) and faces obstacles to appealing the decision, but genuinely cannot work?

Response: *The details of Waiver components like “physically or mentally unfit for employment” will be defined in state regulations. As part of the State rulemaking process, the public will have an opportunity to comment on the proposed regulations. Individuals who are unable to work due to disability, but who do not qualify for SSI, may qualify for another exemption.*

- ii. How will this impact those receiving treatment for mental illness? How do people prove they are receiving treatment? Is there a time limit or cap on how long a person can receive treatment? Does this waiver include provisions to prevent loss of medical coverage for those who have mental illness and/or addictions, participating in treatment? How will “participating in drug or alcohol treatment” be defined for exemption purposes? Will someone who is on a wait list for treatment services due to lack of provider capacity be exempt from the requirements? Will someone who has progressed through early treatment and recovery services and moved into a

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recovery house while still in early recovery be categorized as “participating in drug or alcohol treatment” or will they be required to meet the work requirement?

Response: *The details of Waiver components for the exemptions will be defined in state regulations. As part of the State rulemaking process, the public will have an opportunity to comment on the proposed regulations. Individuals will be permitted to self-attest to meeting an exception.*

- iii. Does this waiver include provisions to prevent loss of medical coverage for those who are medically frail? How will individuals meet a “medically frail” exemption (42 CFR 440.315(f) defines “medically frail” as “individuals with serious and complex medical conditions”)? What if they are pending disability?

Response: *The Waiver exempts those who are “physically or mentally unfit for employment,” which will be defined in state regulations. As part of the State rulemaking process, the public will have an opportunity to comment on the proposed regulations. Additionally, applicants for or recipients of SSI are exempt from the Requirement. The regulations located at 42 CFR Part 440 Subpart C, including 42 CFR 440.315, are not related to Medicaid eligibility or the Work and Community Engagement Requirement.*

- iv. Does this waiver include provisions to prevent loss of medical coverage for individuals residing in a region with a disaster declaration?

Response: *The Waiver does not propose a new exemption category for those living in an area with a disaster declaration; however, the good cause exception is intended to provide reasonable adjustments to the Requirement in circumstances such as these.*

- v. Does this waiver include provisions to prevent loss of medical coverage for being a primary caregiver who may not reside with the person receiving care?

Response: *Parents or caretakers of children are exempt from the Requirement so long as they reside in the same house with the minor child.*

- vi. Does this waiver include provisions to prevent loss of medical coverage for those who are involved with criminal justice system confinement?

Response: *Incarcerated individuals are exempt from the Requirement. Individuals recently released from incarceration may meet another exemption, but are not exempt based on their recently released status.*

- vii. Does this waiver include provisions to prevent loss of medical coverage for those who have other unavoidable exceptions?

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Response: *The good cause exception included in the Waiver is intended to account for life circumstances, such as emergencies or lack of transportation, which would create barriers to meeting the Requirement.*

- viii. How will the State ensure domestic violence and family violence victims in shelters or hiding have access to full Medicaid as they seek counseling and services to treat their trauma?

Response: *Victims of domestic violence would meet the good cause exception criteria and would be exempt from the Requirement.*

- ix. What is the plan for children aging out of foster care?

Response: *Individuals who qualify for Medicaid as former foster care youth are not part of the Group VIII Medicaid eligibility category and are not subject to the Requirement.*

- x. Will individuals who graduate from school but are delayed in finding work be exempt?

Response: *Recent graduates who are subject to the Requirement, but are delayed in finding work, are able to meet the Requirement through eligible community engagement activities such as education and training activities and job search/job readiness programs.*

- xi. Will providers of services, such as homeless shelters, accessed by individuals in Group VIII be able to give their assessment of the people they serve and their ability to meet the Work and Community Engagement Requirement? Is there any way people who work at the shelter can say people are unable to work or volunteer because of their mental state? Even if they are not receiving formal mental health services or treatment?

Response: *Individuals who are subject to the Requirement, but who meet an exemption or good cause exception will self-attest to meeting the criteria. An individual may choose to include advocates or organizations in their self-attestations.*

- xii. What about day laborers? Sometimes they work 25 hours per week and then 10 hours the next week? What would happen to someone with a job like a day laborer?

Response: *Individuals subject to the Requirement who are seasonally employed are able to meet the Requirement so long as they work or participate in qualifying community engagement activities for an average of 80 hours per month.*

- xiii. What constitutes “volunteer work”? What happens if organizations have to turn volunteers away? What happens if you can’t find a place to volunteer?

Response: *Volunteer work is defined under existing SNAP and ABAWD regulations (OAC 5101:4-3-20) as the following: “Unpaid work’ includes any activity in which the individual exerts*

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strength or faculties to do or perform something for which no compensation is received and that benefits the community or a member of the community that does not reside with the individual.”

- xiv. The exemptions are too broad; are there statistics on who would be left after allowing these exemptions?

Response: *The Waiver exemptions are intended to meet the legislative intent of the statute enacted by the Ohio General Assembly and to meet the requirements for community engagement waiver requests described in CMS guidance, including alignment with other work requirement programs.*

- e. ODM received questions related to churn and continuity of care. These questions have been summarized and grouped together as follows:

- i. Has the State taken into account how this will likely result in cost shifting to other payers by charging higher prices to those who are privately insured including Ohio’s state employees? How much of the "savings" will come back in higher costs for the care of others who are covered?

Response: *The State has taken into account how this may result in cost shifting to other payers. While the State acknowledges that a number of enrollees will face disenrollment, ODM does not expect the disenrollment numbers to be so great that it causes a substantial, or even minimal, cost-shift to the privately insured.*

- ii. How does the State of Ohio plan to meet the health care needs of the 36,036 Ohioans that it estimates will not meet an exemption or the Community Engagement Requirement (a number that could well be a substantial underestimate of those who will lose their health care)? Has the State considered that some of those who lose insurance under this waiver will likely become too sick to work due to lack of care for acute or chronic conditions that fail to get treated? What will happen to beneficiaries who lose employment (and therefore coverage) because of illness and how will the State handle these individuals? How many will lose their jobs related to lack of care for acute conditions that will result in missing work and getting fired?

Response: *ODM will work to preserve access to Medicaid for those who qualify and to implement the Waiver in a way that is least burdensome, including preventing disruption in eligibility for those who are already meeting or are exempt from the Requirement. ODM is equally committed to helping those who are subject to the Requirement, but are not currently meeting it, to comply through employment or community engagement activities. The State recognizes that some individuals may not meet the Requirement and will lose eligibility. The impact of eligibility loss and uninsured rates, health care costs, and other outcomes will be measured in the Waiver evaluation.*

- iii. How will the State ensure homeless and unstable families and individuals have access to Medicaid if they don't have a home?

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Response: *Homelessness is not a unique category of exemption in the Waiver; however, homeless individuals may meet another exemption or a good cause exception, which are included in the Waiver to account for life circumstances that create barriers to employment or community engagement.*

- f. ODM received questions related to meeting the work requirement, including concerns regarding access to work and community engagement activities and supportive services. These questions have been summarized and grouped together as follows:

- i. Does the 1115 waiver provide workforce funding to coach residents to gain skills and employment? Will the job training be usable and accessible and will it be there for all of these newly uninsured to prevent the loss of coverage? For example, how are consumers with little or no computer skills, without internet access, and who have limited education and work skills or experience going to access job search and job training systems that rely solely on computer skills? In addition, for those not literate, what accommodations will be offered to encourage participation and continuity of care?

Response: *The allowable education and training activities, as well as job search and job readiness programs, are designed to provide job training and a variety of skills to participants. Instruction will be available both in person and online and may include basic education components such as high school or equivalent education, remedial education, adult basic education, basic literacy education, and education for an individual with limited English proficiency.*

- ii. Is it equitable that high-poverty counties are waived for requirements but high-poverty municipalities are not? Will the State extend high-poverty community exemptions to applicable municipalities?

Response: *In following CMS guidelines, the Waiver aligns the proposed Medicaid work requirement with those currently existing in other programs, including exemptions. SNAP currently provides work exemptions for counties with high unemployment rates, which is a federal standard. That same exemption will be applied in this Waiver. The intent of applying this exemption is, again, to align work programs as much as possible.*

- iii. If an enrollee does not meet the work requirements and their coverage is terminated, will there be a penalty or a period in which they cannot reenroll for coverage if their eligibility status changes or they become able to meet the work requirements?

Response: *The Waiver does not propose a penalty or lock-out period for non-compliance with the Requirement.*

- iv. Is there going to be information about getting a job, GED, and other job skills training? What resources will be used to help Medicaid recipients know which activities count as community engagement, and how will these be made available in each community? What are options for

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people who may not have access to the approved list of community engagement due to location or transportation issues?

Response: *During the appraisal, the individual will receive information about the Requirement, including activities and resources available that will enable the individual to meet the Requirement. The appraisal will also review whether additional supports, like transportation, are needed to meet the Requirement. Efforts will be made to connect the individual with supportive services and, if none are available, he or she will be assessed for a reasonable adjustment to the Requirement.*

- v. The proposal indicates that Ohio is requesting matching federal funds to offer necessary transportation for getting to employment and community engagement activities. What alternative plans are in place to provide supportive services should the federal government not provide matching funds? If additional resources are necessary to implement the work requirement and provide supportive services, would those funds come from the existing Medicaid budget to the determinant of providing care?

Response: *As noted, ODM has requested federal match for supportive services to help Group VIII individuals meet the Requirement. If these funds are not available, and if necessary community supportive services are not available for an individual to meet the Requirement, that individual will be assessed for reasonable adjustments to the Requirement.*

- vi. Will current non-exempt individuals in Group VIII be given a reasonable amount of time to meet the Work and Community Engagement Requirement?

Response: *Group VIII individuals not participating in the SNAP program will be provided information regarding the Work and Community Engagement Requirement in their notice of Medicaid eligibility. Group VIII Individuals currently in receipt of Medicaid will receive notification of the Requirement prior to implementation, as well as in their notice of continuing Medicaid eligibility at renewal. The individual will be notified that he or she must participate in an appraisal to assist him/her with meeting the Requirement. The appraisal, which will not require a face-to-face interview, will be initiated by the CDJFS within 30 days of Medicaid authorization and must be completed within 60 days of initiation. The appraisal will include a review of whether the individual is already meeting the Requirement, whether he or she is exempt, and if the enrollee is not exempt, the supportive services that might be needed to meet the Requirement.*

- vii. What constitutes a change in employment status? For example, temporary furlough or seasonal fluctuations in employment schedule or employment status. Will there be a requirement to provide regular work status updates to ODM?

Response: *Medicaid beneficiaries are required to report any changes that could impact eligibility within 10 days. Given this requirement, Group VIII beneficiaries will be required to report if they are not meeting the Requirement, including reporting changes in employment status that cause the enrollee's employment to decrease below 80 hours per month.*

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g. ODM also received general comments unrelated to the categories described above. These questions have been summarized and grouped together as follows:

- i. How will the 1115 Medicaid waiver increase access to mental health and substance abuse assessments and treatment? Will the 1115 waiver help fight the opioid epidemic?

Response: *While the purpose of the Waiver is to comply with the legislative intent of the statute enacted by the Ohio General Assembly and to meet the requirements for community engagement waiver requests described in the CMS guidance, the Waiver includes practical exceptions for those with behavioral health needs. Additionally, outside of this Waiver, Ohio has taken steps in recent years to ensure that individuals with behavioral health needs have access necessary services. For example, Ohio has enhanced its behavioral health benefit and transitioned that benefit to managed care to further encourage coordination of physical and behavioral health services.*

- ii. Does a work requirement for Medicaid/health care benefits for this subpopulation of Group VIII truly positively benefit the stakeholders? Where is the research that demonstrates its efficacy, especially as related to other policies such as job creation programs? Where is the evidence that these 36,000 folks would benefit from a work requirement? Who is to say that the only result from this waiver would not be worse health outcomes and exacerbation of our opioid epidemic as people lose coverage? If these eventualities were to occur, would this waiver still be considered "promoting the objectives of the program"?

Response: *ODM will work to preserve access to Medicaid for those who qualify, while encouraging work and community engagement with the goal of improving health outcomes. As stated in the CMS guidance, "[there is] a growing body of evidence [that] suggests that targeting certain health determinants, including productive work and community engagement, may improve health outcomes."*

- iii. How will the State ensure that Medicaid work activities support business growth and stability?

Response: *The Waiver does not propose to measure business growth and stability directly; however, the goals of the Waiver are to promote economic stability and financial independence, and to improve health outcomes via participation in work and community engagement activities. A healthy, engaged workforce has individual benefits and benefits to the larger community.*

DEMONSTRATION ADMINISTRATION

Contract information for the State's point of contact for the demonstration is as follows:

Name and Title: Barbara Sears, Director

Email Address: MedicaidWorks@medicaid.ohio.gov

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EXHIBIT A

	<u>Historical</u>					
	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	5-Years
Total Group VIII Expenditures	\$ 700,231,801	\$ 3,437,733,036	\$ 4,632,258,762	\$ 5,005,534,376	\$ 5,005,613,366	\$ 18,781,371,340
Eligible Member Months	1,673,081	6,424,714	8,295,979	8,644,113	8,519,075	
PMPM Cost	\$418.53	\$535.08	\$558.37	\$579.07	\$587.58	
Trend Rates						
		<u>ANNUAL CHANGE</u>				5-Years Average
Total Group VIII Expenditures		390.94%	34.75%	8.06%	0.00%	63.51%
Eligible Member Months		284.00%	29.13%	4.20%	-1.45%	50.22%
PMPM Cost		27.85%	4.35%	3.71%	1.47%	8.85%

	<u>Projected Enrollment and Expenditures w/o Waiver</u>					
	DY 1	DY 2	DY 3	DY 4	DY 5	Total w/o Waiver
Total Group VIII Expenditures	\$ 5,115,323,854	\$ 5,329,197,790	\$ 5,552,893,712	\$ 5,787,368,141	\$ 6,031,924,971	\$ 27,816,708,468
Eligible Member Months	8,519,096	8,508,370	8,500,456	8,500,456	8,500,456	
PMPM Cost w/o Waiver	\$600.45	\$626.35	\$653.25	\$680.83	\$709.60	
Trend Rates						
		<u>ANNUAL CHANGE</u>				
Total Group VIII Expenditures	2.19%	4.18%	4.20%	4.22%	4.23%	4.21%
Eligible Member Months	0.00%	-0.13%	-0.09%	0.00%	0.00%	-0.05%
PMPM Cost	2.19%	4.31%	4.29%	4.22%	4.23%	4.26%

	<u>Projected Enrollment and Expenditures w. Waiver</u>					
	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	Total w Waiver
Member Months w Waiver	8,451,528	8,296,658	8,284,240	8,284,240	8,284,240	
Projected ESTSERVICECOST w Waiver	\$ 5,101,705,407	\$ 5,228,695,366	\$ 5,445,054,913	\$ 5,674,512,563	\$ 5,914,423,100	\$ 27,371,522,601
PMPM Cost w Waiver	\$ 603.64	\$ 630.22	\$ 657.28	\$ 684.98	\$ 713.94	
Trend Rates						
		<u>ANNUAL CHANGE</u>				
Total Group VIII Expenditures	1.92%	2.49%	4.14%	4.21%	4.23%	3.76%
Eligible Member Months	-0.79%	-1.83%	-0.15%	0.00%	0.00%	-0.50%
PMPM Cost	2.73%	4.40%	4.29%	4.21%	4.23%	4.28%

	<u>Projected Enrollment and Expenditures w. Waiver - Change Chart</u>				
	DY 1	DY 2	DY 3	DY 4	DY 5
Total Group VIII Expenditures	\$ (13,618,447)	\$ (100,502,424)	\$ (107,838,799)	\$ (112,855,579)	\$ (117,501,871)
Eligible Member Months	(67,568)	(211,712)	(216,216)	(216,216)	(216,216)