

March 28, 2025

Acting Administrator Stephanie Carlton
U.S. Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

RE: AHCCCS Works Amendment Request

Dear Administrator Carlton,

On behalf of the State of Arizona and the Arizona Health Care Cost Containment System (AHCCCS), I am pleased to submit the enclosed application for Arizona's AHCCCS Works amendment proposal under Section 1115 of the Social Security Act.

Arizona has long demonstrated its commitment to innovation in Medicaid. Building on that history and experience, AHCCCS Works is designed to support "able-bodied adults" with the tools needed to pursue their educational goals, build their technical skills, and gain the income, independence, and fulfillment that come with employment.

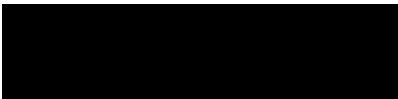
The requests of this waiver application are in alignment with House Bill 1092 passed by Arizona's Legislature in 2015. Pursuant to A.R.S §36-2903.09 and subject to approval from CMS, AHCCCS is required to pursue an 1115 waiver to:

1. Institute a work requirement for all "able-bodied adults" receiving Medicaid services,
2. Place on "able-bodied adults" a lifetime limit of five years of Medicaid benefits, and
3. Develop and impose meaningful cost-sharing requirements to deter both the nonemergency use of emergency departments and the use of ambulance services for nonemergency transportation or when it is not medically necessary.

The initiatives proposed in this waiver request were informed by a robust public input process. AHCCCS engaged with various stakeholders during the public notice process, through seven presentations at various new and existing forums, acquiring input from stakeholders across the state. In addition, we received extensive written commentary from stakeholders through email.

Thank you again for your consideration of the AHCCCS Works waiver amendment request. We appreciate your shared commitment to the objectives advanced in this proposal and your recognition of the positive impact that meaningful employment has on the health and stability of those served by AHCCCS.

Sincerely,


Carmen Heredia
Director

**Arizona Section 1115 Waiver Amendment
Request:
AHCCCS Works**

March 2025



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I. Summary

In accordance with A.R.S. [36-2903.09](#), the Arizona Health Care Cost Containment System (AHCCCS) is seeking to implement the following for certain adults receiving Medicaid services:

- The requirement to become employed, actively seek employment, attend school, or partake in Employment Support and Development (ESD) activities, with exceptions discussed below.
- The requirement to verify monthly compliance with the above requirements.
- The authority to limit lifetime coverage for “able-bodied adults” to five years, with exceptions discussed below.
- The authority to implement cost-sharing for non-emergency use of the Emergency Department and ambulance transport.

Arizona respectfully requests that the Centers for Medicare and Medicaid Services (CMS) waive sections of federal law and regulation as outlined below to the extent needed to effectuate these changes. The following proposal includes some programmatic features that were initially approved by CMS on January 18, 2019, but later rescinded on February 12, 2021. Arizona has reviewed the previous 2019 submission and made modifications to reflect changes in Arizona’s population and workforce needs. This present proposal also reflects an additional comprehensive public comment period held in February and March 2025.

II. Background

In 2015, the Arizona State Legislature passed Bill 1092, requiring AHCCCS to submit to CMS three 1115 Demonstration Waivers that:

1. Institute a work requirement for all “able-bodied adults” receiving Medicaid services,
2. Place on “able-bodied adults” a lifetime limit of five years of Medicaid benefits,
3. Develop and impose meaningful cost-sharing requirements to deter both the nonemergency use of emergency departments and the use of ambulance services for nonemergency transportation or when it is not medically necessary.

On December 19, 2017, AHCCCS submitted a formal 1115 Waiver Amendment Request titled “AHCCCS Works.” This amendment request would require non-exempt “able-bodied adults” between the ages of 19 and 55 to complete qualifying employment or educational activities for at least 20 hours per week to qualify for AHCCCS coverage.

On January 18, 2019, CMS approved Arizona’s “AHCCCS Works” request where the Demonstration Special Terms and Conditions specified that the state would implement the AHCCCS Works requirement no sooner than January 1, 2020. Implementation work for the program began and then was later halted in October 2019 due to ongoing litigation of similar Medicaid Work Requirement 1115 Demonstration Waivers. This program was then further delayed by the Public Health Emergency (PHE) in January 2020. The approval and subsequent authority for AHCCCS Works was then rescinded by CMS on February 12, 2021.

III. Overview

Social and economic factors, such as educational attainment and employment, can impact a person's health status. A number of studies have shown that employed individuals are both physically and mentally healthier, as well as more financially stable, as compared to unemployed individuals.¹ AHCCCS seeks to support Arizonans in pursuing their educational goals, building their technical skills, and gaining the income, independence, and fulfillment that come with employment.

To further this objective, Arizona proposes to encourage workforce participation for “able-bodied” members (defined as physically and mentally capable of working and not medically frail) who are at least 19 years old and fall within the definition of the Social Security Act (SSA) Section 1902(a)(10)(A)(i)(VIII) (henceforth referred to as the “Group VIII” population, who are individuals with incomes between 0 and 138% of the Federal Poverty Level (FPL) who do not qualify for Medicaid in any other category). Workforce participation may include: verifying that they are employed, attending school, participating in ESD activities, or any combination of these, for at least 20 hours per week. Individuals who are seeking employment would also fulfill the workforce participation requirement, consistent with those required to obtain unemployment benefits in the State of Arizona.^{2 3} Collectively, these activities are hereafter referred to as “AHCCCS Works” activities.

Certain individuals would be exempt from AHCCCS Works activities. Exempt populations are detailed in Section IV below. The comprehensive list of exemptions was originally compiled in 2017 and informed through the robust public engagement process that AHCCCS undertook while preparing its initial AHCCCS Works waiver request. At that time, AHCCCS received hundreds of comments from various stakeholders. Additional exemptions and changes were also added to the proposal following the 2025 public comment period where AHCCCS received hundreds of additional comments resulting in the following proposal.

AHCCCS will work with the Arizona Department of Economic Security (DES) to promote synergies between existing workforce development programs that support Arizonans, and will also create new supports to empower members. This will require an investment to scale existing programs and enhance infrastructure. Arizona requests the authority to leverage Medicaid funding to support these enhancements, which are designed to ensure AHCCCS enrollees have opportunities to meet the proposed requirements. The gains in education and employment that will result from this initiative will facilitate and enhance positive health outcomes for Arizonans.

Similarly, Arizona will establish new processes and procedures, including data sharing among state agencies and

¹ See, e.g., F.M. McKee-Ryan, Z. Song, C.R. Wanberg, and A.J. Kinicki. (2005). Psychological and physical well-being during unemployment: a meta-analytic study. *Journal of Applied Psychology*, 90 (1), 53-76. K.I. Paul, E. Geithner, and K. Moser. (2009). Latent deprivation among people who are employed, unemployed, or out of the labor force. *Journal of Psychology*, 143 (5), 477-491. Hergenrather K, Zeglin R, McGuire-Kuletz M, and Rhodes S. Employment as a Social Determinant of Health: A Systematic Review of Longitudinal Studies Exploring the Relationship Between Employment Status and Physical Health. *esdRehabilitation Research, Policy, and Education*. 2015;29(25):2-26. Hergenrather K, Zeglin R, McGuire-Kuletz M, and Rhodes S. Employment as a Social Determinant of Health: A Systematic Review of Longitudinal Studies Exploring the Relationship Between Employment Status and Mental Health. *Rehabilitation Research, Policy, and Education*. 2015; 29 (30): 261-290.

² In Arizona, to be eligible to receive unemployment benefits, individuals both engage in a “systematic and sustained effort to obtain work during at least four different days of the week” and make at least one job contact on each of those days. <https://des.az.gov/services/employment/unemployment-individual/instructions-completing-weekly-claim-ui-benefits>. Individuals must report compliance weekly.

³ AHCCCS will work with CMS on the implementation of how those employment search requirements will be monitored.

programs, to ensure efficiency in determining whether members are meeting employment and community engagement requirements.

Pursuant to Arizona Revised Statutes (A.R.S) § 36-2903.09, AHCCCS also requests a five-year maximum lifetime coverage limit for “able-bodied adult” members who are subject to the above requirement and do not fall under one of the exemptions. The five-year maximum lifetime coverage limit would become effective on the date of approval by CMS, and would not be retroactive to include previous times a person received Medicaid benefits.

IV. Waiver Amendment Proposal Details

A. Proposed Additional Eligibility Requirements under the Demonstration as Amended.

AHCCCS Works Requirements

Applicability

The AHCCCS Works requirements in this waiver amendment apply to all “able-bodied” members who are 19-55 years old, fall within the Medicaid new adult group (Group VIII), and are not otherwise exempt. The new adult group population includes individuals with incomes between 0 and 133% federal poverty level (FPL) — 138% including the 5% Modified Adjusted Gross Income [MAGI] income disregard — who do not qualify for Medicaid in any other eligibility category. These groups are often referred to in Arizona as the [Proposition 204](#) group (0 - 100% FPL) and the Adult Expansion group (100 - 133% FPL).

The AHCCCS Works requirements will not apply to individuals who meet any of the following conditions:

- Individuals who are at least 56 years old;
- Individuals who qualify for services through the Indian Health Service or Tribally-Operated Health Facilities, including but not limited to enrolled or affiliate members of federally-recognized American Indian/Alaskan Native (AI/AN) Tribes;
- Women up to the end of the 12-month postpartum period;⁴
- Former Arizona foster youths up to age 26;
- Individuals determined to have a serious mental illness (SMI);
- Individuals who have a qualifying SMI diagnosis;
- Individuals who are in active treatment with respect to a substance use disorder (SUD);
- Individuals currently receiving temporary or permanent long-term disability benefits from a private insurer or the government;
- Individuals who are receiving Supplemental Nutrition Assistance Program (SNAP), Cash Assistance, or Unemployment Insurance income benefits;
- Individuals who are determined to be medically frail;
- Individuals who have an acute medical condition (physical and/or behavioral) that would prevent them from complying with the requirements;
- Full-time high school students who are older than 18 years old;
- Full-time trade school, college, or graduate students;⁵

⁴Arizona currently provides 12-months of postpartum coverage to Medicaid-eligible pregnant individuals as described in section 1902(e)(16) of the Social Security Act.

⁵ Defined as 12 hours/week for undergraduate programs, 9 hours/week for graduate programs.

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- Victims of domestic violence;
- Individuals who are homeless or who were recently homeless up to six months post-housing;
- Individuals who have recently been directly impacted by a catastrophic event such as a natural disaster or the death of a family member living in the same household;
- Parents, caretaker relatives, foster parents, and legal guardians (per [A.R.S. 14-5209](#));
- Caregivers of individuals diagnosed with SMI;
- Caregivers of a family member who is enrolled in the Arizona Long-Term Care System (ALTCS);
- Individuals who are exempt from the Arizona Department of Economic Security (DES) Nutrition Assistance Work Requirement programs⁶;
- Individuals who were incarcerated within the last six months; or
- Veterans regardless of the discharge status.

It is important to note that by limiting these policies to Group VIII, some of the populations listed above do not automatically fall under the AHCCCS Works requirement provisions by virtue of their eligibility category (e.g., parents and caretaker relatives, postpartum women, former foster youth). This also means that certain populations outside of Group VIII, such as those who qualify for ALTCS, would be categorically exempt from the AHCCCS Works requirements. However, we are noting their exemption here for transparency purposes, particularly due to stakeholder concerns about applying the requirements to vulnerable populations.

As of February 2025, AHCCCS estimates that approximately 190,000 members will be subject to the work requirement and do not meet one of the existing exemptions for which AHCCCS currently has data for. To determine this estimate, AHCCCS calculated “able-bodied adults” to whom a work requirement would apply using the applicable populations detailed in the proposal above. AHCCCS then worked to determine the number of individuals who meet one of the proposed exemptions. These figures are included below. AHCCCS continues to refine this methodology to determine estimates of the population that will be required to comply with the work requirement. The table below provides a summary of the above preliminary estimates.

Population Category	Preliminary Estimate
Total Population prior to exclusions (Adults aged 19-55 and 0-133% of the FPL)	414,689
Number of members who meet exclusion criteria	222,944
Estimate of members to whom the work requirement will apply	~190,000

Requirements

“Able-bodied adult” members will be required to meet the following activities or combination of activities, for at least 20 hours per week to qualify for AHCCCS:

⁶ A list of exempt individuals to the Arizona Department of Economic Security Nutrition Assistance work requirements can be found at the following link:

<https://des.az.gov/services/basic-needs/food-assistance/nutrition-assistance/work-requirements-able-bodied-adult>

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- Be employed;
- Attending school;⁷ or
- Attending an ESD program. The definition of an ESD program includes:⁸
 - English as a Second Language courses;
 - Parenting classes;
 - Disease management education;
 - Courses on health insurance competency; and
 - Healthy Living Classes.

In addition, individuals who engage in job search activities similar to those required to receive unemployment benefits in Arizona would be deemed as meeting the AHCCCS Works requirements. This requires individuals to engage in a “systematic and sustained effort to obtain work during at least four different days of the week” and make at least one job contact on each of those days.

For individuals who are transitioning from the justice system, living in an area of high unemployment, or who otherwise face a significant barrier to employment, community service hours may count toward the required 20 hours per week.

Members subject to this requirement who do not qualify for an exemption and fail to meet the requirements will receive an initial 6-month grace period. Failure to comply after the grace period will result in a two-month suspension period unless the member reports and verifies that there was a good cause for non-compliance or initiates an appeal of the suspension. If, after the two-month suspension, the beneficiary meets all other eligibility criteria, eligibility will be automatically reinstated. Example circumstances giving rise to good cause may include the following:

- The beneficiary has a disability as defined by the ADA, section 504, or section 1557, and was unable to meet the requirement for reasons related to that disability;
- The beneficiary resides with an immediate family member who has a disability as defined by the ADA, section 504, or section 1557, and was unable to meet the requirement for reasons related to the disability of that family member;
- Illness of a household or family member requiring the care of the beneficiary;
- Illness of the beneficiary;
- Severe inclement weather (including a natural disaster); or
- A family emergency or other life-changing event (e.g., divorce, homelessness, domestic violence, birth or adoption, or death).

In alignment with [A.R.S. 36-2903.09](#), Arizona additionally requests the authority to “allow the [AHCCCS] administration to ban an eligible person from enrollment for one year if it is determined the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the requirements of subdivision (a) of this paragraph.”

⁷ As noted above, full-time college students will be exempt; for students who are attending school but not full-time, they may combine school hours with other activities to reach the required 20-hour total.

⁸ AHCCCS will determine the qualifying Employment Support and Development programs, as well as allowable community service activities, through a public process.

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Data Collection

To implement these requirements, AHCCCS will have to modify the data it collects from members as part of its application. AHCCCS is requesting that CMS allow it to require members to provide, as part of the application process, data necessary to determine both compliance with the AHCCCS Works requirements as well as exemptions. This includes, but may not be limited to, whether an individual: is receiving private disability benefits; is a foster parent, victim of domestic violence, or experiencing homelessness; and whether a person has experienced a catastrophic event. It will also include documenting employment search activities. As discussed below, AHCCCS will also want to offer an opportunity for members to demonstrate whether they are medically frail.

Lifetime Limit

Pursuant to A.R.S § 36-2903.09, AHCCCS requests a five-year maximum lifetime coverage limit for “able-bodied adult” members who are subject to the above AHCCCS Works requirements and do not fall under one of the exemptions outlined.⁹ The five-year maximum lifetime coverage limit would become effective on the date of approval by CMS, and would not include previous times a person received Medicaid benefits. Consistent with the AHCCCS Works requirements, the five-year lifetime limit would only apply to the “able-bodied adult” Group VIII population. For example, if a child was enrolled in AHCCCS for ten years before he or she turned 19, that period would not count toward the lifetime limit. Similarly, the time during which an exemption to the work requirement applied would not count toward the lifetime limit. Finally, consistent with the state statute, the time an individual complied with the work requirement but was still enrolled in AHCCCS would not count toward the lifetime limit.

B. Proposed Cost Sharing Requirements under the Demonstration as Amended.

Cost Sharing Non-Emergency Use of Emergency Department and Ambulance Transport

Pursuant to A.R.S § 36-2903.09, AHCCCS also requests the ability to develop and impose cost-sharing to deter both the non-emergency use of the Emergency Department (ED) and the use of ambulance transport when not medically necessary.

In order to determine whether the use of the above emergency services is necessary, AHCCCS will implement a post-visit medical review that will be applied only to the top 20% of ED utilizers. If it is determined that one of the above services was inappropriately used, AHCCCS will issue three separate warning notifications that will be accompanied by various educational materials and resources. If a beneficiary inappropriately utilizes one of the above services more than three times and three warnings are successfully issued, AHCCCS will impose a Copay in the amount of \$10 for each subsequent inappropriate utilization.

The above cost-sharing will be applied to “able-bodied adult” members who are subject to the above AHCCCS Works requirements and do not fall under one of the exemptions outlined.

⁹ That is, the same exemptions that apply to the AHCCCS Works requirement also apply to the five-year lifetime limit.

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C. Proposed Changes to the Delivery System under the Demonstration as Amended.

The delivery system for persons impacted by this proposed demonstration amendment will not vary from the State's current program features as described in the current State Plan and Demonstration.

D. Proposed Changes to Benefit Coverage under the Demonstration as Amended.

The benefit coverage for persons impacted by this proposed demonstration amendment will not vary from the State's current program features as described in the current State Plan and Demonstration.

E. Waiver and Expenditure Authorities Necessary to Authorize the Demonstration.

Below is a list of proposed waivers necessary to authorize this demonstration.

Waiver Authority Requested	Requirement	Brief Description
1902(a)(10)(A) and regulations in 42 CFR Part 435 to the extent that those provisions set forth the exclusive list of eligibility requirements.	AHCCCS Works Requirements	To allow the State to require all able-bodied adults to become employed, actively seek employment, or attend school or an ESD, and to permit disenrollment and prohibit re-enrollment of individuals who do not meet the requirements.
1902(a)(17) and 42 CFR 435.907 to the extent they restrict the State from requiring beneficiaries to provide information.	AHCCCS Works Requirements and Five-year Lifetime Limit	To allow the State to require members to provide additional information as part of the application process beyond what is required under federal law and to permit the state to deny or discontinue eligibility to persons who do not provide verification of compliance.
1902(a)(10)(A) and regulations in 42 CFR Part 435 to the extent that those provisions set forth the exclusive list of eligibility requirements.	Five-year Lifetime Limit	To allow the State to apply a five-year lifetime coverage limit for Group VIII individuals who do not comply with the work requirements and are not otherwise exempt from those requirements.

AHCCCS is also requesting expenditure authority to claim medical assistance costs under sections 1903(a)(3) and (7) and 42 CFR 433.15 costs associated with the design, development, installation, operation, and administration of systems necessary to implement AHCCCS Works.

F. Implementation of the Demonstration

Full implementation will depend upon a number of factors including the requirements ultimately approved and the administrative changes necessary to effectuate the changes.

Administrative Changes

AHCCCS will need to make changes to its systems to collect data that is not currently collected as part of the application process but will be required for implementation. This includes data such as number of hours worked and compliance with the work, educational, or ESD requirements. AHCCCS must also add data fields to capture exemptions. AHCCCS will work with CMS to develop a comprehensive definition of what members would be considered medically frail.¹⁰ This list will include, but is not limited to, members with cancer, HIV/AIDS, chronic substance abuse disorder, hemophilia, and end-stage renal disease (ESRD). Members will be identified through claims and encounter data, which is lagged, as well as a process by which members or providers can notify AHCCCS of the diagnosis to ensure timely application of their exemption.

AHCCCS will also work with the Arizona Department of Economic Security (DES) to leverage its existing workforce development programs. This partnership will require scaling DES programs and systems to accommodate the members who are subject to the work requirement and who take advantage of the opportunity to access the DES programs to gain employment and ESD opportunities. In addition, Arizona will have to electronically capture job search activities. As noted above, AHCCCS is requesting to leverage Medicaid funding for these enhancements rather than building new, Medicaid-funded, systems from the ground up.

Member Communication

Members will be notified of the AHCCCS Works requirements as part of the initial AHCCCS application process, or, for members currently enrolled, their first renewal after implementation. The application will include information about the requirement, what activities qualify toward meeting the requirement, the 6-month grace period to come into compliance, and that the member's eligibility will be suspended for not meeting the requirements after the grace period. It will also include information about changes in circumstances and time frames to come back into compliance. Every renewal notice will also include this information. Suspension notices will include information about how members may be re-enrolled after demonstrating compliance for 30 days.

The State and its contracted managed care organizations will be able to answer member questions regarding these changes and requirements and also coordinate engagement for members found out of compliance. AHCCCS will also make information publicly available on its website and contracted managed care organizations will include information in member handbooks.

Beneficiary Supports

Arizona will establish and provide beneficiary supports and modifications to help ensure all members subject to

¹⁰ Policies around the definition of medically frail would also go through the standard AHCCCS policy development process which includes a 45-day public comment period.

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the work requirement can effectively and meaningfully meet the requirement and stay eligible for Medicaid. This will include providing the public with information and community resources regarding available public transportation, child care support, language support for non-English speaking beneficiaries, and other general community resources to assist individuals with employment. AHCCCS will leverage the Arizona Department of Economic Security (DES) and its contracted managed care organization network to identify and disseminate these relevant resources and tools.

V. Evaluation Design

Research Hypothesis, Goals, and Objectives

The demonstration will test whether authorizing AHCCCS Works requirements and lifetime coverage limits for “able-bodied adults” enrolled in AHCCCS will increase the employment rate for those beneficiaries. The goal is to increase employment opportunities and reduce individual reliance on public assistance. The objectives include increasing the number of beneficiaries with earned income and/or the capacity to earn income, and reducing the amount of “churn” (individuals moving on and off assistance repeatedly) as a result of greater access to employment and employer-sponsored health insurance or health insurance through the Federally-Facilitated Marketplace.

Plan for Testing the Hypothesis

AHCCCS is proposing to test a series of hypotheses that will allow the state to: 1) evaluate its success in achieving the overall goals of the demonstration; and 2) identify opportunities for improvement to strengthen the demonstration. The table below outlines the proposed hypotheses for this demonstration and potential performance measures that would allow AHCCCS to effectively test each of the specific hypotheses:

Proposed Hypotheses	Proposed Performance Measure / Approach
The implementation of the AHCCCS Works requirements will increase the rate of “able-bodied adults” who are employed.	The number and percentage of “able-bodied adults” enrolled in AHCCCS who become employed during the demonstration period.
The implementation of the AHCCCS Works requirements will increase the rate of “able-bodied adults” who are actively seeking employment.	The number and percentage of “able-bodied adults” enrolled in AHCCCS that are actively seeking employment during the demonstration period.
The implementation of the AHCCCS Works requirements will increase the rate of “able-bodied adults” who are engaged in training or educational activities.	The number and percentage of “able-bodied adults” enrolled in AHCCCS that are attending school or an Employment Support and Development program, or both, at least twenty hours per week during the demonstration period.

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The implementation of the AHCCCS Works requirements will increase the average household income of “able-bodied adults” who are employed.	The average household income of “able-bodied adults” enrolled in AHCCCS over the demonstration period.
The implementation of the AHCCCS Works requirements will result in better health outcomes for those subject to the work requirement vs Medicaid beneficiaries not subject to the requirement.	Data will be drawn from a variety of sources to measure health outcomes including but not limited to claims/encounters, national/regional benchmarks, and interviews and surveys.

VI. Public Process

Pursuant to the terms and conditions that govern Arizona’s demonstration, Arizona must provide documentation of its compliance with the Demonstration of Public Notice process (42 CFR 431.408), the Tribal consultation requirements pursuant to Section 1902(a)(73) of the Act as amended by Section 5006(e) of the American Recovery and Reinvestment Act of 2009, and the Tribal consultation requirements outlined in STC 13.

Public Website

The demonstration amendment request was posted on the AHCCCS website for public comment on February 18, 2025, at (<https://www.azahcccs.gov/Resources/Federal/ahcccsworks1115waiver.html>). The web page includes a summary of Arizona’s demonstration amendment request, information on the public forums that were held, and the draft demonstration amendment proposal. In addition to the website posting, AHCCCS used social media accounts and electronic mail to notify interested parties about Arizona’s demonstration amendment proposal. Details regarding communication on the public forums can be found in **Appendix A**.

Stakeholder Meetings

AHCCCS presented the details of Arizona’s Demonstration amendment proposal during a hybrid Tribal Consultation meeting on February 4, 2025, and conducted three (two virtual and one hybrid) public forum meetings on February 27, 2025, March 4, 2025, and March 13, 2025. In addition, the demonstration amendment proposal was presented at AHCCCS Hot Topics on March 17, 2025, and the Office of Individual and Family Affairs Advisory Council on March 18, 2025. Stakeholders were also able to submit comments and questions on the proposed 1115 Waiver amendment request by email to: waiverpublicinput@azahcccs.gov or by mail to: AHCCCS, C/O OOD-Division of Public Policy and Strategic Planning; 801 E. Jefferson Street, MD 4200, Phoenix, AZ 85034. All comments must have been received by March 20, 2025. More information about the proposed 1115 Waiver amendment, including the proposed 1115 Waiver application and the full public notice and public input process, can be found at (<https://www.azahcccs.gov/Resources/Federal/ahcccsworks1115waiver.html>). Details regarding the public forum meetings can be found in **Appendix B**.

VII. Public Comment Summary

As part of Arizona’s “AHCCCS Works” Amendment, AHCCCS acknowledged, reviewed, and considered all comments received throughout the public input process. In total, AHCCCS directly engaged more than **589 stakeholders** across the state by presenting at **seven different forums** and stakeholder meetings. AHCCCS received **140 pieces of written and verbal input** during the forums and other community events, and obtained **252 pieces of written input through email**. These responses were obtained from various stakeholders including, but not limited to, family members, providers, tribal organizations, and consumer advocacy groups. Copies of written and verbal comments are included in **Appendix C**. A summary of key themes and additional recommendations obtained throughout the public input process are below. AHCCCS has considered all comments received to inform changes to the AHCCCS Works Amendment to create this present version. AHCCCS will continue to use the community feedback received to inform decisions around operational planning and policy revisions. In addition, AHCCCS will establish a stakeholder engagement process for these planned operational and policy improvements, where stakeholders will have further opportunities to provide input and inform implementation.

AHCCCS recognizes that input during the public comment period is necessary to address waiver concerns to meet beneficiary needs. To be inclusive of all feedback received, AHCCCS reviewed and categorized written and verbal comments made during public forums, meetings, and that were received through email. Feedback across key topic areas was categorized to better understand the stakeholder concerns. The commonly identified themes are found below.

1. Opposition to Lifetime Limits

Many stakeholders expressed concerns and strongly opposed the lifetime limit provision of the proposal. Stakeholders fear that the loss of coverage would lead to a decrease in preventative care and overall negative life and health circumstances. Furthermore, stakeholders noted that while lifetime limits appear to reduce Medicaid costs on paper, they believe in the long run the high-cost acute care and decline in population health would cost the healthcare system more due to hospitals and other providers absorbing the cost of uncompensated care, which may then be indirectly passed along to insured patients and private payers through higher charges. Other stakeholders expressed that lifetime limits would likely hurt low-income vulnerable older residents the most as they are more likely to exhaust their Medicaid coverage in their younger years. Finally, many stakeholders were concerned with the potential negative impacts that could result from lifetime limits during economic downturns, when unemployment rises, more Arizonans will likely seek AHCCCS coverage, only to potentially be denied due to previously exhausting the five-year allowance.

2. Concerns Surrounding the Overall Purpose of the Program

Throughout the public comment period, AHCCCS received several remarks from stakeholders who questioned how the proposal aligns with the goals and overall purpose of the Medicaid program. Many stakeholders explained that Medicaid is meant to be a “safety net” with the overall goal of providing health coverage, yet believed the AHCCCS Works proposal conflicts with this purpose due to the potential suspension and disenrollment if a member is non-compliant or if a member reaches their lifetime limit. Stakeholders believe the

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program will result in large numbers of members disenrolled for failure to meet monthly compliance requirements. Many stakeholders also referenced previous CMS recission of the 2017 AHCCCS Works approval, which cited that the proposal would “undermine access to care.” Additionally, many stakeholders referenced evidence from other states’ work requirements which have resulted in a loss of coverage instead of an increase in employment. Stakeholders expressed opposition to the proposal for these reasons.

3. Opposition to the Cost-Sharing Proposal

Stakeholder groups opposed the cost-sharing proposal and recommended the state pursue alternative, non-punitive, evidence-based programs to reduce avoidable ED utilization. Stakeholders also expressed concerns about the co-pay deterring individuals from seeking help, with particular concern for those with chronic conditions whose only option of seeking care may be the use of the ED with transport via ambulance. Several stakeholders also questioned how AHCCCS would define “appropriate” use of the ED.

4. Implementation Costs

Many stakeholders expressed concerns surrounding the potentially large costs associated with implementing a program of this nature. Many referenced the implementation of Medicaid work requirements in other states and expressed concerns that the AHCCCS Works program could result in similar costly outcomes. The large administrative costs associated with other state experiences such as Arkansas and Georgia were frequently cited throughout the comment period. AHCCCS also received many questions and concerns regarding how the state would verify compliance, review exemptions, and manage increased appeals.

5. Geographic Constraints

Throughout the public comment period, stakeholders shared many personal experiences and raised concerns about members who reside in remote/rural areas with limited transportation and employment options. Many expressed that in these rural communities, the costs of transportation to distant employment locations are often disproportionate in comparison to expected earnings in the form of Arizona’s minimum wage. Although some commenters appreciated the flexibility in the current proposal to allow for community service hours to satisfy the work requirement in areas of “high unemployment,” many asked for additional clarification on how areas of “high unemployment” would be determined. Stakeholders asked the state to consider additional flexibilities, beneficiary supports, and resources for members located in these more rural areas who may experience challenges meeting the requirements of the program.

6. Labor Market Constraints

Many concerns were raised by stakeholders who questioned the availability of jobs and feared how this may impact their Medicaid coverage if this proposal is implemented. Several shared their lived experiences in trying to find employment and referenced the current challenges jobseekers face while actively seeking employment. Other stakeholders pointed out that many Medicaid recipients already work, but are employed in low-paying

AHCCCS Works

jobs with fluctuating hours, which could make it hard to meet the hourly requirements.

7. Suspension Period and Appeals Process

Many stakeholders expressed concerns about the proposed 2-month suspension period, noting the potential for coverage interruption affecting vulnerable groups. Stakeholders expressed that gaps in care could disrupt critical health services and medication, especially for those with chronic conditions. Commenters also highlighted additional negative impacts that can arise from a lack of coverage such as adverse health outcomes, the spread of communicable diseases, and potentially, increased use of the Emergency Room by those who have lost healthcare coverage. Furthermore, some stakeholders were concerned with the additional burden placed on an individual to prove compliance while simultaneously dealing with a loss of healthcare.

8. General Support of the AHCCCS Works Program

Some comments received were supportive of the overall proposal for its inclusion of a work requirement and lifetime limit for those who are “able-bodied” between the ages of 19-55. Stakeholders in support of the proposal expressed the importance of employment and the related benefits. Stakeholders also expressed their belief that the proposal would facilitate fiscal responsibility and reduce fraud, waste, and abuse in the Medicaid program.

VIII. Budget Neutrality

This proposal will not have a material impact on the state’s budget neutrality model for demonstration number 11-W-00275/9.

APPENDIX A

Waiver Amendment Public Notice



Attend an AHCCCS Works Forum

In accordance with A.R.S. 36-2903.09, the Arizona Health Care Cost Containment System (AHCCCS) is requesting an amendment to the 1115 Research and Demonstration Waiver. The waiver amendment seeks authority to implement community engagement or work requirements and a five-year maximum lifetime benefit limit for a portion of the AHCCCS Medicaid population. Titled “AHCCCS Works,” the waiver amendment is designed to provide low-income, “able-bodied adults” the tools needed to gain and maintain meaningful employment, job training, and education.






AHCCCS presented the details about Arizona’s Demonstration amendment proposal during a hybrid Tribal Consultation meeting and will share further details at three (two virtual and one hybrid) public forum meetings. Details regarding the public forum meetings can be found below:

Forum Registration and Webinar Details

PUBLIC FORUMS	
Dates	Zoom Links
Tribal Consultation (Hybrid) February 4, 2025 8:30 a.m. — 4:30 p.m. AZ Time	Register in advance for this webinar: Or join by phone (US): 1.669.900.6833 1.719.359.4580 1.253.205.0468 1.253.215.8782 1.346.248.7799 1.408.638.0968 1.669.444.9171 Webinar ID: 843 0229 9804 Passcode: 002632912 In-Person Location: Arizona State Capitol Complex 1700 W. Washington St., Phoenix, AZ 85007
Public Forum #1 (Virtual) February 27, 2025 1:00 – 3:00 p.m. AZ Time	Register in advance for this webinar: Or join by phone (US): 1.719.359.4580 1.253.205.0468 1.253.215.8782 1.346.248.7799 1.408.638.0968 1.669.444.9171 1.669.900.6833 Webinar ID: 830 0081 5661 Passcode: 562924019
Public Forum #2 (Hybrid) March 4, 2025 1:00 – 3:00 p.m. AZ Time	Register in advance for this webinar: Or join by phone (US): 1.669.900.6833 1.719.359.4580 1.253.205.0468 1.253.215.8782 1.346.248.7799 1.408.638.0968 1.669.444.9171 Webinar ID: 854 0884 1982 Passcode: 663014711 In-Person Location: ADOT Training Facility 1130 N. 22nd Ave., Phoenix, AZ 85009
Public Forum #3 (Virtual) March 13, 2025 11:00 a.m. – 1:00 p.m. AZ Time	Register in advance for this webinar: Or join by phone (US): 1.669.444.9171 1.669.900.6833 1.408.638.0968 1.346.248.7799 1.719.359.4580 1.253.205.0468 1.253.215.8782 Webinar ID: 821 0229 8942 Passcode: 617282676

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AHCCCS is seeking authority to implement AHCCCS Works community engagement requirements, and a five-year maximum lifetime benefit limit for a portion of the Medicaid population. Comments can be submitted via email to waiverpublicinput@azahcccs.gov. The public comment period ends Thursday, March 20.


For more information, visit the AHCCCS Works webpage: <https://ow.ly/nLwl50V5v0k>


**Public Comment Period for
1115 Waiver Amendment
for AHCCCS Works**




Be Heard!

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Arizona Health Care Cost Containment System

March 10 at 11:00 AM · 🌐

AHCCCS wants to hear from you! Join us Thursday, March 13, from 11 a.m. – 1 p.m. to provide your input on our 1115 Waiver Amendment for AHCCCS Works. Register here: <https://ow.ly/Wpcj50V5uPY>

For more information, visit the AHCCCS Works webpage: <https://ow.ly/Et4L50V5uPX>

Public Comment Period for 1115 Waiver Amendment for AHCCCS Works *NOW OPEN!*



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Arizona Health Care Cost Containment System

February 28 at 11:01 AM ·

Join us Tuesday, March 4, at 1 p.m. in-person or virtually to provide your input on our 1115 Waiver Amendment for AHCCCS Works. Register: <https://ow.ly/W9Rv50V5qTN>

For more information and final session information, visit the AHCCCS Works webpage: <https://ow.ly/A0Cn50V5qTM>



2

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Arizona Health Care Cost Containment System

February 20 at 1:02 PM · 🌐

We need your input!

The public comment period is open until Thursday, March 20. AHCCCS is seeking authority to implement community engagement requirements, and a five-year maximum lifetime benefit limit for a portion of the Medicaid population.

Join us virtually Thursday, February 27, from 1-3 p.m. for a discussion on our proposed 1115 Waiver Amendment for AHCCCS Works. Register: <https://ow.ly/1cZr50V3Jsg>.

For more information and other upcoming sessions, visit the AHCCCS Works webpage: <https://ow.ly/kEmN50V3Jsh>

Public Comment Period for 1115 Waiver Amendment for AHCCCS Works *Now Open*



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ahcccsgov AHCCCS wants to hear from you! Join us Thursday, March 13, from 11 a.m. – 1 p.m. to provide your input on our 1115 Waiver Amendment for AHCCCS Works. Register at link in bio.

For more information, visit the AHCCCS Works webpage (link in bio).

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March 10

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For more information and final session information, visit the AHCCCS Works webpage (link in bio).

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February 28

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Public Comment Period for 1115 Waiver Amendment for AHCCCS Works

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ahcccsgov We need your input!

The public comment period is open until Thursday, March 20. AHCCCS is seeking authority to implement community engagement requirements, and a five-year maximum lifetime benefit limit for a portion of the Medicaid population.

Join us virtually Thursday, February 27, from 1-3 p.m. for a discussion on our proposed 1115 Waiver Amendment for AHCCCS Works. Register at link in bio.

For more information and other upcoming sessions, visit the AHCCCS Works webpage (link in bio).

3w




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February 20

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AHCCCS is seeking authority to implement AHCCCS Works community engagement requirements, and a five-year maximum lifetime benefit limit for a portion of the Medicaid population. Comments can be submitted via email to waiverpublicinput@azahcccs.gov. The public comment period ends Thursday, March 20.



For more information, visit the AHCCCS Works webpage: <https://ow.ly/QKUf50V5v0i>




**Public Comment Period for
1115 Waiver Amendment
for AHCCCS Works**



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Arizona Health Care Cost Containment System (AHCCCS)

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AHCCCS wants to hear from you! Join us Thursday, March 13, from 11 a.m. – 1 p.m. to provide your input on our 1115 Waiver Amendment for AHCCCS Works. Register here:

<https://ow.ly/pQVc50V5uPT>

For more information, visit the AHCCCS Works webpage: <https://ow.ly/BxAb50V5uPW>

Public Comment Period for 1115 Waiver Amendment for AHCCCS Works **NOW OPEN!**



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Join us Tuesday, March 4, at 1 p.m. in-person or virtually to provide your input on our 1115 Waiver Amendment for AHCCCS Works. Register: <https://ow.ly/8QjS50V5qTP>

For more information and final session information, visit the AHCCCS Works webpage: <https://ow.ly/30Ta50V5qTQ>



7



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We need your input!

The public comment period is open until Thursday, March 20. AHCCCS is seeking authority to implement community engagement requirements, and a five-year maximum lifetime benefit limit for a portion of the Medicaid population.

Join us virtually Thursday, February 27, from 1-3 p.m. for a discussion on our proposed 1115 Waiver Amendment for AHCCCS Works. Register: <https://ow.ly/wQTQ50V3Jsc>.

For more information and other upcoming sessions, visit the AHCCCS Works webpage: <https://ow.ly/P6pl50V3Jsb>

Public Comment Period for 1115 Waiver Amendment for AHCCCS Works *Now Open*



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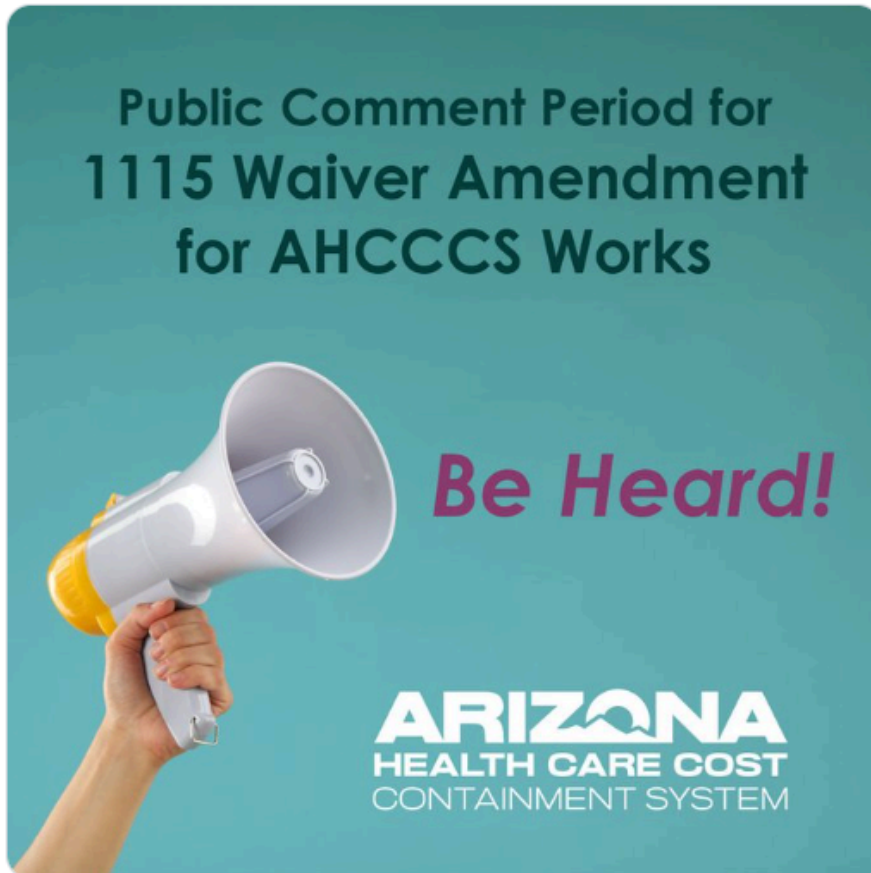
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AHCCCS is seeking authority to implement AHCCCS Works community engagement requirements, and a 5-year maximum lifetime benefit limit for a portion of the Medicaid population. Public comment period ends Thursday, March 20. ow.ly/yAQo50V5v0j



11:00 AM · Mar 17, 2025 · 88 Views



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March 10 at 11:00 AM · 🌐

AHCCCS wants to hear from you! Join us Thursday, March 13, from 11 a.m. – 1 p.m. to provide your input on our 1115 Waiver Amendment for AHCCCS Works. Register here: <https://ow.ly/Wpcj50V5uPY>

For more information, visit the AHCCCS Works webpage: <https://ow.ly/Et4L50V5uPX>

Public Comment Period for 1115 Waiver Amendment for AHCCCS Works **NOW OPEN!**



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Join us Tuesday, March 4, at 1 p.m. in-person or virtually to provide your input on our 1115 Waiver Amendment for AHCCCS Works. Register: ow.ly/nHkt50V5qTU

For more information and final session information, visit the AHCCCS Works webpage: ow.ly/CgUy50V5qTT



11:01 AM · Feb 28, 2025 · 110 Views





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We need your input! The public comment period is open until Thursday, March 20. AHCCCS is seeking authority to implement community engagement requirements, and a five-year maximum lifetime benefit limit for a portion of the Medicaid population. ow.ly/Y99Q50V3JzP

Public Comment Period for 1115 Waiver Amendment for AHCCCS Works *Now Open*



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1:02 PM · Feb 20, 2025 · 281 Views



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AHCCCS Home Page - Banner



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PLANS/PROVIDERS

AMERICAN INDIANS

RESOURCES

FRAUD PREVENTION

CRISIS SERVICES





Public Comment Period Open for AHCCCS Works Amendment





AHCCCS Community Presentations Web Page

Community Presentations

The Arizona Health Care Cost Containment System (AHCCCS) is hosting online forums to inform the community and gather feedback on the upcoming AHCCCS initiatives.

ASL interpretation and CART captioning services are available upon request. If you require these or other types of accommodations pursuant to the Americans with Disabilities Act (ADA), please contact PIO@azahcccs.gov at least seven business days prior to any meeting you wish to attend.

Date/Time	Meeting Name	Location	Details
March 4, 2025 - 1:00 p.m. to 3:00 p.m.	Public Forum #2	(Hybrid)	<p>In accordance with A.R.S. 36-2903.09, the Arizona Health Care Cost Containment System (AHCCCS) is requesting an amendment to the 1115 Research and Demonstration Waiver. The waiver amendment seeks authority to implement community engagement or work requirements and a five-year maximum lifetime benefit limit for a portion of the AHCCCS Medicaid population. Titled "AHCCCS Works," the waiver amendment is designed to provide low-income, "able-bodied adults" the tools needed to gain and maintain meaningful employment, job training, and education.</p> <p>Register in advance for this webinar: </p> <p>Or join by phone (US): 1.669.900.6833 1.719.359.4580 1.253.205.0468 1.253.215.8782 1.346.248.7799 1.408.638.0968 1.669.444.9171 Webinar ID: 854 0884 1982 Passcode: 663014711</p> <p>In-Person Location: ADOT Training Facility 1130 N. 22nd Ave., Phoenix, AZ 85009</p> <p>Flier </p>

March 13, 2025 - 11:00 a.m. to 1:00 p.m.	Public Forum #3	(Virtual)	<p>In accordance with A.R.S. 36-2903.09, the Arizona Health Care Cost Containment System (AHCCCS) is requesting an amendment to the 1115 Research and Demonstration Waiver. The waiver amendment seeks authority to implement community engagement or work requirements and a five-year maximum lifetime benefit limit for a portion of the AHCCCS Medicaid population. Titled “AHCCCS Works,” the waiver amendment is designed to provide low-income, “able-bodied adults” the tools needed to gain and maintain meaningful employment, job training, and education.</p> <p>Register in advance for this webinar: </p> <p>Or join by phone (US): 1.669.444.9171 1.669.900.6833 1.408.638.0968 1.346.248.7799 1.719.359.4580 1.253.205.0468 1.253.215.8782 Webinar ID: 821 0229 8942 Passcode: 617282676</p> <p>In-Person Location: ADOT Training Facility 1130 N. 22nd Ave., Phoenix, AZ 85009</p> <p>Flier </p>
Monday, March 17, 2025 - 11:00 a.m. to 11:30 a.m.	AHCCCS Hot Topics	On Zoom	<p>Overview of AHCCCS Works proposal. In accordance with A.R.S. 36-2903.09, the Arizona Health Care Cost Containment System (AHCCCS) is requested an amendment to the 1115 Research and Demonstration Waiver.</p> <p>Join us to hear an overview of AHCCCS Works.</p> <p>Register in advance for this event </p> <p></p>

OIFA Newsletter

[View as Webpage](#)

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

OFFICE OF INDIVIDUAL AND FAMILY AFFAIRS

Friday, February 21, 2025

Good morning,

Here's the latest from the AHCCCS Office of Individual and Family Affairs (OIFA).



AHCCCS Opens Public Comment on Work Requirements, Five-Year Lifetime Limits as Required by State Law

The Arizona Health Care Cost Containment System (AHCCCS) is seeking public input on a proposal to institute work reporting requirements as a condition of coverage. State law requires that the agency submit the proposal (known as AHCCCS Works) to the Centers for Medicare and Medicaid Services (CMS) by March 30 of each year.

[Read More](#)

AHCCCS News & Press Releases

HOME	AHCCCS INFO	MEMBERS/APPLICANTS	PLANS/PROVIDERS	AMERICAN INDIANS	RESOURCES	FRAUD PREVENTION	CRISIS SERVICES	
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CONTACT: PIO@azahcccs.gov

FOR IMMEDIATE RELEASE

February 19, 2025

AHCCCS Opens Public Comment on Work Requirements, Five-Year Lifetime Limits as Required by State Law

Phoenix, AZ—The Arizona Health Care Cost Containment System (AHCCCS) is seeking public input on a proposal to institute work reporting requirements as a condition of coverage. State law requires that the agency submit the proposal (known as AHCCCS Works) to the Centers for Medicare and Medicaid Services (CMS) by March 30 of each year. Public comment will be accepted through March 20, 2025.

In 2015, [SB1092 was passed into law](#) by the Arizona legislature, requiring AHCCCS to submit the request to CMS. The law requires AHCCCS to ask the federal government for permission to implement work reporting requirements and a 5-year lifetime limit on participation in Medicaid services for certain adults, as well as cost-sharing requirements to discourage non-emergency use of emergency services.

AHCCCS Works is a community engagement program that applies to specific groups of adults, ages 19 to 55. It requires certain Medicaid participants to engage in at least 20 hours per week of employment or educational activities to remain eligible for coverage. The program helps connect qualifying members to employment, job training, education, and volunteer service experience. Read more about the [AHCCCS Works proposal](#) and the categories of adults required to participate in the program.

This public comment period is one of many steps that must be taken before AHCCCS Works can be implemented. Public comments will be submitted along with the agency's submission to CMS. If approved, AHCCCS will share information about future opportunities for public engagement and a timeline for implementation.

On December 19, 2017, AHCCCS submitted a similar request that was eventually approved by CMS in January of 2019. Implementation of that approval, however, was put on hold in October of 2019 due to pending litigation of similar programs in other states. It was further delayed by the Public Health Emergency and was ultimately rescinded by CMS in 2021.

Join a Public Forum

Public comments provide an opportunity for AHCCCS and CMS to receive important feedback about the design and potential impacts of upcoming changes to the Medicaid program. Comments can be emailed to waiverpublicinput@azahcccs.gov, and interested individuals are welcome to attend an upcoming forum hosted by AHCCCS to learn more.

- Public Forum #1 (Virtual)
February 27, 2025 at 1:00 p.m. – 3:00 p.m. (AZ Time)
- Public Forum #2 (In-Person and Virtual)
March 4, 2025 at 1:00 p.m. – 3:00 p.m. (AZ Time)
- Public Forum #3 (Virtual)
March 13, 2025 at 11:00 a.m. – 1:00 p.m. (AZ Time)

Read the [Public Forum flyer](#) and [FAQ document](#) for more details.

About AHCCCS

Founded in 1982, the Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid agency that offers health care programs to serve Arizona residents. Built on a system of competition and choice, AHCCCS operates under an integrated managed care model, through a Research and Demonstration 1115 Waiver. Contracted health plans coordinate and pay for physical and behavioral health care services delivered by more than 100,000 health care providers to more than 2 million Arizonans.

APPENDIX B

Waiver Amendment Public Forum
Meeting Agendas, Slides and
Comments



TRI-AGENCY QUARTERLY MEETINGS

with Tribal Leaders, Tribal Health Directors, Tribal Members, Indian Health Services, Tribal Health Programs, and Urban Indian Health Programs

Date: Tuesday, February 4, 2025


Session Times: 8:30 AM – 9:00 AM: General Opening Session | 09:00 AM – 10:45 AM: AACIHC Town Hall | 11:00 AM – 12:30 PM: ADHS Tribal Consultation | 01:30 PM – 3:30 PM: AHCCCS Tribal Consultation

Meeting Format: Hybrid (Virtual and In-Person)

In-Person Location: AZ State Capitol Building, 1700 W Washington St. 2nd Floor Conference Room 200. Phoenix, AZ 85007

Registration: In-person attendance is reserved for Tribal leaders, Tribal delegates, I/T/U representatives, MCO Tribal Teams, and invited guests. All others are welcome to join virtually. Registration is **required**.


- Webinar Registration: [HERE](#) (You will receive meeting information after registering.)
- In-Person Registration: [HERE](#)

 TRI-AGENCY GENERAL OPENING SESSION 8:30 AM – 9:00 AM			
Time	Topic	Presenter(s)	Reference Documents
8:30 AM – 8:35 AM	Zoom Controls	Desiree Greene <i>AHCCCS Project Manager & SMAC Liaison</i>	
8:35 AM – 8:40 AM	Opening Blessing	Gerilene Haskon <i>ADHS Tribal Liaison</i>	
8:40 AM – 8:45 AM	Land Acknowledgement	Maria Ayala <i>AHCCCS Business Operations Manager</i>	

TRI-AGENCY QUARTERLY MEETINGS


with Tribal Leaders, Tribal Health Directors, Tribal Members, Indian Health Services, Tribal Health Programs, and Urban Indian Health Programs

8:45 AM – 8:55 AM	Opening Remarks	Angela Salazar-Willeford <i>Deputy Director of Tribal Affairs Office of the Governor</i>	
8:55 AM – 9:00 AM	Tri-Agency Format Overview	Mckayla Keams <i>AACIHC Executive Project Coordinator</i>	

 ARIZONA ADVISORY COUNCIL ON INDIAN HEALTH CARE			
AACIHC TOWN HALL 9:00 AM – 11:00 AM			
Time	Topic	Presenter(s)	Reference Documents
9:00 AM – 9:30 AM	AACIHC Policy Updates	Corey Hemstreet <i>Legislative Liaison</i>	
9:30 AM – 10:15 AM	Tribal Health Advisory Workgroup (THAW) Update	Mckayla Keams <i>AACIHC Executive Project Coordinator</i>	
10:15 AM – 10:45 AM	American Indian Health – Area Health Education Center (AIH-AHEC) Updates	Ernestine Nasingoetewa <i>Grants Program Coordinator</i>	
BREAK (15 MINUTES)			

TRI-AGENCY QUARTERLY MEETINGS

with Tribal Leaders, Tribal Health Directors, Tribal Members, Indian Health Services, Tribal Health Programs, and Urban Indian Health Programs

<div>  <div> ADHS TRIBAL CONSULTATION 11:00 AM – 12:30 PM </div> </div>			
Time	Topic	Presenter(s)	Reference Documents
11:00 AM – 11:02 AM	Welcome	Gerilene Haskon <i>ADHS Tribal Liaison</i>	
11:02 AM – 11:07 AM	Opening Remarks	Jennie Cunico <i>ADHS Director</i>	
11:07 AM – 11:30AM	ADHS Data Portal	Wesley Kortuem <i>ADHS Data Analytics Section Lead</i> Matt Roach <i>ADHS Vital Statistics Manager</i>	
11:30 AM – 11:40 AM	Congenital Syphilis Prevention Action Plan	Rebecca Scranton <i>ADHS Deputy Bureau Chief, Bureau of Infectious Disease and Services</i>	


TRI-AGENCY QUARTERLY MEETINGS

with Tribal Leaders, Tribal Health Directors, Tribal Members, Indian Health Services, Tribal Health Programs, and Urban Indian Health Programs

11:40 AM – 11:50 AM	Report Out: 2024 Arizona Heat Summit	Dr. Eugene Livar <i>ADHS Public Health Resiliency, Environment, and Policy</i>	
11:50 AM – 12:05 PM	Alzheimer's Disease and Related Dementia State Plan	Celia Nabor <i>ADHS Preventions Assistant Director</i> Teresa Aseret-Manygoats <i>ADHS Bureau Chief, Chronic Disease and Health Promotion</i>	
12:05 PM – 12:15 PM	Updates on Immunization	Nicole Clapeck <i>ADHS Bureau Chief, Immunization Services</i>	
12:15 PM – 12:25 PM	Open Floor	Tribal Leaders, Tribal Health Directors	
12:25 PM – 12:28 PM	Closing Remarks	Gerilene Haskon <i>ADHS Tribal Liaison</i>	
12:28 PM – 12:30 PM	Announcements & Adjourn	Gerilene Haskon <i>ADHS Tribal Liaison</i>	
LUNCH (60 MINUTES)			

TRI-AGENCY QUARTERLY MEETINGS

with Tribal Leaders, Tribal Health Directors, Tribal Members, Indian Health Services, Tribal Health Programs, and Urban Indian Health Programs

<div>  <div> AHCCCS TRIBAL CONSULTATION 1:30 PM – 3:30 PM </div> </div>			
Time	Topic	Presenter(s)	Reference Documents
1:30 PM – 1:35 PM	Tribal Consultation Notification	Christine Holden <i>AHCCCS Tribal Liaison</i>	
1:35 PM – 1:55 PM	Welcome & Director Updates <ul style="list-style-type: none"> • 2025-2029 Strategic Plan • 2024 Successes • FWA Humanitarian Response • Change in Federal Administration • On the Horizon 	Carmen Heredia <i>AHCCCS Executive Director</i>	
1:55 PM – 2:25 PM	Tribal Open Mic	Tribal Leaders & Appointed Delegates	
2:25 PM – 2:50 PM	1115 Waiver & State Plan Amendment (SPA) Updates <ul style="list-style-type: none"> • Reentry Services • Traditional Healing • AHCCCS Works • Four-Walls Exception • Medication Assisted Treatment (MAT) Rate Update 	Max Seifer <i>State Plan Manager & Health Policy Consultant</i>	

TRI-AGENCY QUARTERLY MEETINGS

with Tribal Leaders, Tribal Health Directors, Tribal Members, Indian Health Services, Tribal Health Programs, and Urban Indian Health Programs

Time	Topic	Presenter(s)	Reference Documents
2:50 PM – 3:10 PM	DFSM Updates <ul style="list-style-type: none"> American Indian Medical Home (AIMH) Program Intensive Outpatient Program (IOP) Services 	Toni Tapia <i>DFSM Integrated Services Administrator</i> Melina Solomon <i>DFSM Clinical Administrator</i>	
3:10 PM – 3:25 PM	Differential Adjust Payments (DAP)	Margaret Hackler <i>Value Based Purchasing Manager</i>	
3:25 PM – 3:28 PM	Closing Remarks	Carmen Heredia <i>AHCCCS Director</i>	
3:28 PM – 3:30 PM	Announcements & Adjourn	Britnee Endishee <i>AHCCCS Tribal Liaison</i>	



OIFA Advisory Council Agenda

Tuesday, March 18, 2025 10:30 AM - 12:00 PM

Purpose:

OIFA Advisory Council purpose is to bring together leadership of peer and family behavioral health service providers and peer and family advocacy groups to influence system structures and policies and to benefit from regular contact with each other and with AHCCCS Leadership.

This meeting will be recorded for internal purposes only - if that is a concern, please disconnect now.

Introductions of first time attendees 10:30 - 10:32

Approval of January Minutes 10:32 - 10:35

AHCCCS Updates - Alisa Randall 10:35 - 11:00

AHCCCS Works Update - Max Seifer 11:00 - 11:20

OIFA Updates 11:20 - 11:30

Peer Support Update - Chaz Longwell

- Listening Sessions

Jacob's Law Update - Cynthia Burr

AHCCCS Upcoming Events

Community Updates: 11:30 - 12:00

- NAMI AZ
- NAMI Valley of the Sun
- Peer and Family Career Academy
- AZ Peer and Family Coalition
- Northern AZ Peer and Family Coalition

Next Meeting: April 15, 2025

Welcome to AHCCCS Waiver Forum

While you are waiting TEST YOUR AUDIO.

You were automatically muted upon entry.

Please only join by phone or computer.

Please use the chat feature for questions or raise your hand.

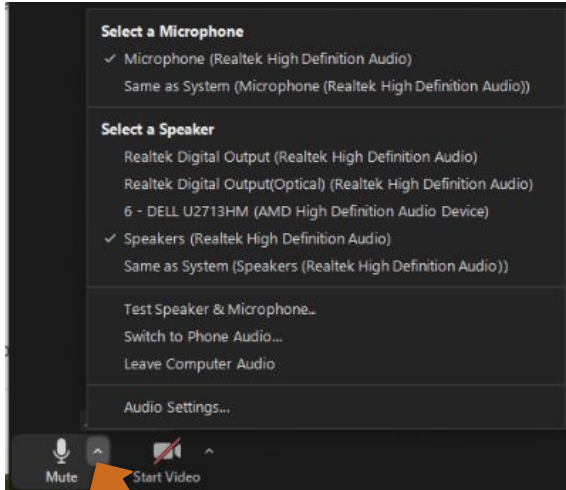
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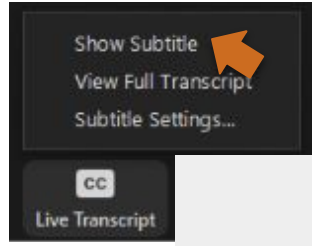
Zoom Webinar Controls

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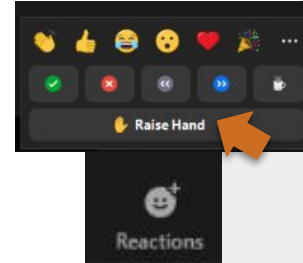
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Chat



KEYBOARD SHORTCUTS TO RAISE HAND

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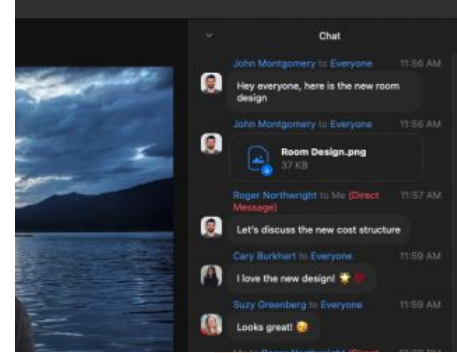
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AHCCCS Works 1115 Amendment

Max Seifer, Federal Relations Chief
AHCCCS Division of Public Policy and Strategic Planning



Section 1115 of the Social Security Act

- Allows states the flexibility to design Demonstration projects that promote the objectives of the Medicaid program,
- Demonstration projects are typically approved for a five-year period and can be renewed every five years, and
- Must be budget neutral, meaning that federal spending under the waiver cannot exceed what it would have been in absence of the waiver.

AHCCCS Works

Background

- In 2015, the Arizona State Legislature passed SB 1092, requiring AHCCCS to submit to CMS annually an 1115 Demonstration Waiver that implements:
 1. Medicaid Work Requirements,
 2. Lifetime Limits, and
 3. Cost Sharing for non-emergency use of ED and ambulance transport.



AHCCCS Works

Background Cont.

- In 2017, AHCCCS submitted an 1115 Waiver for the above which was later approved by CMS in 2019. Implementation for this program began however was quickly halted and the approval was rescinded by the Biden Administration.
- In order to comply with state law, AHCCCS is now re-submitting the waiver amendment request titled “AHCCCS Works.”

AHCCCS Works

Program Goals and General Employment Philosophy

- Increase the number and percentage of “able-bodied adults” who are employed, actively seeking employment, and/or attending an employment support and development program.
- For all people, work is not just a paycheck. Having a job is about:
 - Fostering empowerment,
 - Community inclusion,
 - Reducing stigma,
 - Increasing self-sufficiency, and
 - Many more benefits!

AHCCCS Works

Existing Employment Programs

- Employment programs are not new to AHCCCS, employment services are administered in a few different ways including:
 - AHCCCS/Behavioral Health: Pre- and post-employment services for individuals eligible for behavioral health services.
 - AHCCCS/ALTCS: Pre- and post-employment services for individuals eligible for the Arizona Long-Term Care System.
- Additional Information can be found at the following link:
<https://www.azahcccs.gov/AHCCCS/Downloads/EmploymentServices.pdf>

AHCCCS Works

Medicaid Work Requirements

- AHCCCS Works would require non-exempt “*able-bodied*” adults between the ages of 19 and 55 to meet the following activities or combination of activities for at least 20 hours per week (80 hours per month) to qualify for AHCCCS coverage:
 1. Be employed (including self-employment),
 2. Actively seek employment,
 3. Attend school (less than full time),
 4. Participate in other employment readiness activities, i.e., job skills training, life skills training & health education, or
 5. Engage in Community Service.

AHCCCS Works

Medicaid Work Requirements

- Members subject to this requirement who do not qualify for an exemption and fail to meet the requirements will receive an initial 6-month grace period.
- Failure to comply after the grace period will result in a two-month suspension period of Medicaid coverage unless the member reports and verifies that there was a good cause for non-compliance or initiates an appeal of the suspension



AHCCCS Works

Lifetime Limit and Eligibility Ban

- AHCCCS is also proposing to implement the following for “able-bodied adults” pursuant to A.R.S § 36-2903.09:
 - A five-year maximum lifetime coverage limit for able-bodied adult members who are subject to the previously mentioned AHCCCS Works requirements and do not fall under one of the exemptions outlined.
 - The authority to ban an eligible person from enrollment for one year if it is determined the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the AHCCCS Work requirements.

AHCCCS Works

Exemptions

In an effort to define “able-bodied” adults, the work requirements and lifetime limit will not apply to individuals who meet any of the following conditions:

- Individuals who are at least 56 years old;
- Individuals who qualify for services through the Indian Health Service or Tribally-Operated Health Facilities, including but not limited to enrolled or affiliate members of federally-recognized American Indian/Alaskan Native (AI/AN) Tribes;
- Women up to the end of the 12-month postpartum period;
- Former Arizona foster youths up to age 26;
- Individuals determined to have a serious mental illness (SMI);
- Individuals who are in active treatment with respect to a substance use disorder (SUD);
- Individuals currently receiving temporary or permanent long-term disability benefits from a private insurer or the government;

AHCCCS Works

AHCCCS Works Exemptions Cont.

- Individuals who are receiving Supplemental Nutrition Assistance Program (SNAP), Cash Assistance, or Unemployment Insurance income benefits;
- Individuals who are determined to be medically frail;
- Full-time high school students who are older than 18 years old;
- Full-time trade school, college or graduate students;
- Victims of domestic violence;
- Individuals who are homeless;
- Individuals who have recently been directly impacted by a catastrophic event;
- Parents, caretaker relatives, foster parents, and legal guardians;
- Individuals who are exempt from the Arizona Department of Economic Security (DES) Nutrition Assistance Work Requirement programs;
- Individuals who were incarcerated within the last six months;
- Veterans regardless of the discharge status; or
- Caregivers of a family member who is enrolled in ALTCS.

AHCCCS Works

Exemptions Cont.

- AHCCCS is also proposing a “good cause” exemption. Example circumstances giving rise to good cause may include:
 - The beneficiary has a disability and was unable to meet the requirement for reasons related to that disability;
 - The beneficiary resides with an immediate family member who has a disability and was unable to meet the requirement for reasons related to the disability of that family member;
 - Illness of a household or family member requiring the care of the beneficiary;
 - Illness of the beneficiary;
 - Severe inclement weather (including a natural disaster); or
 - A family emergency or other life-changing event.

AHCCCS Works

AHCCCS Works Cost Sharing

In addition pursuant to A.R.S § 36-2903.09, AHCCCS is proposing to implement cost sharing for the following:

- Non-Emergency use of the Emergency Department, and
- Non-Emergency use of ambulance transport when not medically necessary.

AHCCCS is proposing a post-visit medical review applied to the top 20% of ED utilizers. If services are determined to be inappropriately used, AHCCCS will issue three separate warnings before a copay in the amount of \$10 is imposed.

AHCCCS Works

AHCCCS Works FAQ

Q2: What happens if a member does not report enough hours or misses the monthly deadline?

A2: Members subject to this requirement who do not qualify for an exemption and fail to meet the requirements will receive an initial six-month grace period. Failure to comply after the grace period will result in a two-month suspension period unless the member reports and verifies that there was a good cause for non-compliance or initiates an appeal of the suspension. If after the two-month suspension, the beneficiary meets all other eligibility criteria, eligibility will be automatically reinstated.

AHCCCS Works

AHCCCS Works FAQ

Q3: How many people would be impacted by the work requirements?

A3: AHCCCS has completed preliminary calculations to estimate the number of impacted individuals. The preliminary calculations are as follows:

Population Category	Preliminary Estimate
Total Population prior to exclusions (Adults aged 19-55 and 0-133% of the FPL)	414,689
Number of members who meet exclusion criteria	222,944
Estimate of members to whom the work requirement will apply	~190,000

AHCCCS Works

Resources

- More information on the AHCCCS Works Waiver Amendment Request can be found at:
<https://www.azahcccs.gov/Resources/Federal/ahcccsworks1115waiver.html>
- The web page includes a summary of Arizona's Demonstration amendment request & the schedule (dates and times) of public forums.

AHCCCS Works

Public Comments

- Public comments or written testimony may be submitted to AHCCCS via email to waiverpublicinput@azahcccs.gov or via mail to:
AHCCCS, C/O OOD-Division of Public Policy and Strategic Planning
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034

Comments will be received through March 20, 2025



Questions or Comments

AHCCCS Works Waiver Amendment:
Community Forum Summary

AHCCCS held public forums regarding Arizona's AHCCCS Works Waiver Amendment request. Feedback was solicited at several agency meetings including three demonstration amendment public forum meetings (two virtual and one hybrid), which were attended by a variety of community stakeholders, AHCCCS Hot Topics, Tribal Consultation and OIFA Advisory Council. The table below summarizes questions and comments from the public and the agency's responses.

Forum #1

Name	Stakeholder Questions and Comments	AHCCCS' Response
Jennifer Wade	<p>Comment:</p> <p>I don't know what to say. I have an alphabet worth of medical conditions, none of which qualify as Disability, but do make work almost impossible. If I somehow, some way managed to work, by some miracle, it would exacerbate my issues, causing me to need MORE care than I otherwise would. The 5 year limit means that my family could mark on their calendars what month and year I'm going to die. Listening to this is heartbreaking and terrifying.</p>	
Christopher McNamara	<p>Question:</p> <p>Is there a definition of ""actively seek employment"?"</p>	<p>It's something that we'd likely work out during our implementation planning and would also seek additional public comment and public feedback on. There's currently not, the actively seeking employment is written into the state statute like that and that's really where we're at. Would definitely need some additional nailing down to do once the implementation work, if it were and when it would begin.</p>
Christopher McNamara	<p>Question:</p> <p>There are many disability diagnoses that do not necessarily fall</p>	<p>I would not say it's necessarily intentional. It is something that we are actively seeking feedback on currently. And so I'd really encourage that you include any diagnoses that you feel should</p>

	<p>under SMI or Substance Use Disorders. It would seem that these diagnoses are not included in the exemptions. Is that omission intentional?</p>	<p>be included for an exemption through a written public comment. And it's something that we can a thousand percent evaluate and consider for inclusion within the exemption list for this program.</p>
Allen GJersvig	<p>Question:</p> <p>Georgia and one other state have implemented work requirements and both are now trying to modify their plans. It appears membership and cost have not decreased. If AZ implements, will the cost of technology and personnel reduce the funds available for member benefits?</p>	<p>That's a very good question. And ultimately, it is likely too early to say for Arizona. We would have to really begin to reevaluate what that implementation plan would look like and better understand what costs would be associated with building out the systems to be able to check for compliance with the work requirements. It's a very important question and something that we have noted and unfortunately would just be too early to say for Arizona specifically.</p>
Vanuyen Pham	<p>Question:</p> <p>When Arkansas implemented Medicaid work requirements, it led to significant health coverage losses for patients. Similarly, New Hampshire halted its work requirements proposal due to significant anticipated losses in coverage. How is AZ planning to use these examples to ensure that patients here do not inadvertently lose coverage? Is there an estimate of the impact on community members who may lose coverage?</p> <p>Question:</p> <p>what does inappropriate use of the ED entail? Are there specific thresholds?</p>	<p>To kind of speak to the first part of some of the other states who have begun to implement, it's something that we are keeping a very close track of and have done quite a bit of extensive research to do our best to learn from the other states who have begun to implement. And so we've really begun like I mentioned, just researching and information gathering as much as possible and we'll take that with us to the negotiations and implementation if and when that time does come for this program. In terms of your second question, is there an estimate of the impact? Not quite yet. We have put together an estimate during our 2017 waiver proposal. However, we're in the process of updating that now to really understand exactly how many people this might impact. Again, this is our current proposal and we hope to have some figures very soon for that question. As soon as we do, we'll likely include that on our website at the same link that we provided earlier.</p>
George Galliher	<p>Comment:</p> <p>A big step to go from unemployed to 20 hours a week (80 hours a</p>	<p>Yeah, thank you so much, George, for your comment. We acknowledge that, of course, as well. And I think part of the thinking for that initial six month grace period will be partnered</p>

	month), it's a consistent big jump within the BH world.	with a lot of additional support coming from the agency as well that will get further worked out during the implementation process to really try and help support the member in meeting that requirement.
Andre Harris	<p>Question:</p> <p>I just wanted to double check here that individuals who qualify for AHCCCS and qualify for behavioral health services would have access through, let's say, behavioral health providers, you know, outpatient treatment centers, whoever, they'd have the ability to get like work readiness training of some sort. Could you?</p>	So we do have pre and post employment support that is available to certain members who do have certain behavioral health conditions, I can find a link and provide that for everyone in the chat today. And we'll have some more information for you, just a general resource that you can check out.
Michael Zenobi	<p>Question:</p> <p>Is the state prepared to be able to systematically receive all the various documentation or submissions to continuously monitor and extend a person's coverage under AHCCCS and under the AHCCCS works program.</p>	That is something that we had begun planning for and doing a lot of the implementation work the first time around when we had applied for the program in 2017. It's something that we have a lot of the foundational work started for, but would still very much so need quite a large amount of implementation work, If this program were to be approved again. A lot of times that implementation process is really worked out throughout our negotiation planning with CMS. We'll submit it to CMS, begin negotiations, and if an approval is issued, will then oftentimes get, let's say about a year or a few years to then implement the program and that's really when a lot of that systematic upgrades and changes will be needed to our systems to make sure that we can indeed support a program like this.
Jennifer Wade	<p>Comment:</p> <p>This seems unnecessarily cruel. AHCCCS already has strict income restrictions. No adult on AHCCCS is living a cushy life. They're most likely being taken care of by someone else.</p>	

Elizabeth Lorenz	<p>Question:</p> <p>Max thanks for your presentation. You said there's a 2 month suspension if a beneficiary fails to meet the requirements after the initial 6 month grace period. Does the beneficiary have to show they've met the requirements to get reinstated, or does the system automatically re-enroll them after 2 months? In other words, is the default that the suspension continues until the beneficiary proves they are meeting the requirements or that the beneficiary is reinstated after 2 months?</p>	<p>It's my understanding that after that two month suspension, the beneficiary would then be required to show compliance with the work requirement. That suspension would continue until compliance has been reached from the member themselves.</p>
Sara Lynn	<p>Comment:</p> <p>If you force people in my position to work 20 hrs a week, it will end up causing me to have to use child care. Which I would then qualify for through government assistance because the amount of money I could make in a week would not pay for my expenses and child care. So this would cost the system more money in support funds than I was receiving before the work requirement... Similarly, if you end up disqualifying a large amount of people from general medical assistance, we will see people flooding emergency rooms that legally have to treat anyone. The unpaid emergency services will sky rocket causing once again, this costs the system far more money because there is literally no limit to people racking up those emergency services. This law will not increase anyone's ability to join the workforce, it will strip so many people of mental healthcare and cause many more people to be less able to contribute to the workforce or support the community.</p>	
Rosa Ramos	<p>Comment:</p> <p>I am having a hard time seeing how not having a position would preclude healthcare. How does this correlate? What is the purpose of this? Perhaps I am missing something?</p>	

Allen GJersvig	<p>Question:</p> <p>What % and number of AHCCCS members are currently exceeding 5 years life time AHCCCS membership?</p>	<p>So a few different things, like I mentioned earlier, we're really in the process of trying to iron out what the total impact to our population would be. And I think to speaking to the question earlier about the question on the slides, if there were one thing to be changed from the slide deck, it would likely be that as soon as we have that information, we want to make that as available to you all. So once we get the total impact, that might be the one change you see to the slide of the total impact of members. Kind of to the second portion of that question regarding the five-year lifetime limit, we do not have an estimate for that one specifically. I wanted to also clarify in our proposal that the five-year lifetime limit would only start from the time we received approval from CMS. Previous utilization of the Medicaid program would not count towards that five years. So that data point isn't necessarily something that we may seek out quite as urgently as the total impact of the work requirement itself.</p>
Vanuyen Pham	<p>Question:</p> <p>What are the methods of reporting that will be used: electronic, phone, paper, etc.? Are there going to be interpreters/different language forms to reach people?</p>	<p>Ultimately, this would be further ironed out within our implementation planning. We do highly encourage if there would be let's say an easier method of reporting or a preferred method of reporting, that's all information that we would absolutely love to have through our public comment and receive from you all now. However, it has not really been decided quite yet and again would be ironed out during that implementation planning.</p>
Christopher McNamara	<p>Question:</p> <p>Is there currently an estimate for the number of current AHCCCS members that would fall into this "able-bodied" category?</p>	<p>Working on the estimates currently. We really want to encourage you all to submit any additional categories or groups that you feel should be exempted from the program. We by no means know everything and really want to seek input from you all in terms of who should and should not maybe be included</p>

		<p>within this program. And so thank you all again for your comments today. We'd greatly appreciate any written comments you might have as well.</p>
Jennifer Wade	<p>Question:</p> <p>Would cancer patients be included under this proposal?</p>	<p>We believe that they may be able to fall into that “good cause” exemption. However, again, we really want to encourage public comment on exemption categories in certain areas that we did leave out. Seeking cancer treatment, of course, would fall under that good cause exemption. However, if there is a stronger belief and a strong public input to try and include that in a more permanent exemption category, we highly encourage that and want more feedback from you all on these as well.</p>
Rosa Ramos	<p>Question:</p> <p>What about measures to support Arizona at Work/ Vocational Rehabilitation support where people are already trying to find jobs but are having a hard time. I think resources, time, support and manpower should be focusing on this.</p>	<p>I think that's a very big component of this program. And again, would encourage that to be included in a formal public comment to us as well. I can speak a little bit to the first time around that AHCCCS had proposed this program and received approval. A large portion of that implementation planning was dedicated to beneficiary supports and other services, to really help those meet the requirement. You're completely right that finding employment can be challenging at times. And so we wanted to really provide as many resources and support as possible to the members and so through implementation and again, kind of post-approval work, I'm nearly certain it'll be a very big portion of this program as well. Providing support and resources wherever possible to try and help address some of the challenges with finding employment.</p>
Jennifer Wade	<p>Question:</p> <p>How many people do you expect to be affected by this proposal?</p>	<p>AHCCCS estimates there will be roughly 190,000 members who will be required to meet the Medicaid Work Requirement.</p>

Allen GJersvig	<p>Question:</p> <p>If implemented, will AHCCCS use third party means to verify employment or disability? AZ was successful in using third parties during the unwinding period.</p>	<p>Again, probably would be something that would be worked out a little bit more with some of our eligibility and enrollment subject matter experts, and probably done through the implementation process. I imagine we will try and incorporate similar systems and processes that we've used in the past, such as the one you've mentioned. I would not say it's concrete yet, but we'll try and align with existing processes as much as possible.</p>
Stefanie Hymovitch	<p>Question:</p> <p>How does this proposal further or attempt to further the Medicaid program purpose (i.e., furnish medical assistance)?</p>	<p>I think this program tries to promote work as much as possible and as kind of touched on very briefly in some of the first few slides, all the positive benefits of work and of employment and other community engagement activities. A sense of community and self-sustainability as well. And I believe that's probably the best answer I can give to that question.</p>
Anonymous	<p>Question:</p> <p>What about members on the American Indian health plan AIHP? Tribal reservations have a high rate of unemployment.</p>	<p>So the actual same state law that requires us to submit this work requirement actually has a built-in exemption for tribal members as well. So tribal members are not subject to these work requirements and that again is built into the same state law reference, which we had in the slides there.</p>
Vanuyen Pham	<p>Question:</p> <p>Because a lot of details are still being worked on in terms of implementation and the impact on coverage, what does the process for this proposal look like moving forward? After the 3/20 deadline for public comment, will there be more public forums to review a more detailed plan of implementation, or is this the last chance for public comment before the work requirements/lifetime cap are enforced?</p>	<p>We're currently in our 1115 waiver proposal process right now. And so with that comes the standard kind of public comment period. As you mentioned, we'll submit at the end of March. From that period on, we will begin negotiations with CMS. Throughout the negotiation process, there often times isn't much stakeholder engagement. However, after the implementation or after the negotiation, excuse me, and if and when an approval is received from CMS, we likely at that time will also begin a second kind of forum of stakeholder outreach that is more so focused around implementation. Especially for larger programs like this that do have a large impact. That</p>

		stakeholder input and engagement is very important. Although I can't promise that if this program is approved, I highly anticipate there will be a more implementation focused stakeholder convening for this program.
Stefanie Hymovitch	<p>Question:</p> <p>How will the state budget for potential litigation, as seen in other states that have tried to implement this policy?</p>	I don't think I am necessarily the best person to respond to that. I will say again, the activity that other states have been going through in terms of a similar work requirement program is something that we're keeping a very close eye on and researching and taking notes as much as possible to try and improve our requirement for applying as well. So I can say that and I apologize, I don't have a better answer for you quite yet.
Vanuyen Pham	<p>Question:</p> <p>I am still curious about the data behind how many current AHCCS beneficiaries are considered able bodied and are not working and receiving Medicaid, if the purpose of these work requirements are to incentivize work. What are the numbers about how many current AHCCCS beneficiaries are expected to need to find work to meet the proposed new requirements? Would be helpful to know that data to see if these proposed changes will have a significant impact promoting work, if that is the intended goal</p>	AHCCCS estimates there will be roughly 190,000 members who will be required to meet the Medicaid Work Requirement. Preliminary estimates indicate that 222,944 members meet the exclusion criteria.
Ulises Gonzalez	<p>Question:</p> <p>Even though the American Indian health plan members would be exempt from the work requirement, would they still be subject to the cost shares or I guess penalties, for use of transport for non-emergency transport services for non-emergency events?</p>	Tribal members are exempt from all three provisions.

Jennifer Wade	<p>Question:</p> <p>What happens if there aren't enough jobs in Arizona to accomplish this? The unemployment rate is 3.8%, and people coming off of AHCCCS - especially if they've been on it long-term - will be disadvantaged in the job market, potentially making it impossible. I would encourage the agency to determine and disseminate the number of members with chronic diseases in this expansion population.</p>	<p>Thank you so much for bringing this up and for calling it out as well. You're correct there are several potential challenges that could be surrounding something like this.</p> <p>I think within our exemption or qualifying activities, counting job seeking activities as well, hopefully to try and address that as much as possible so that for those individuals who are actively searching and are just unable to find employment, they are still meeting the requirements for this program. Also have others such as school and other community service or employment support programs that also count as qualifying but really wanted to touch on that as well. So thank you for bringing that up. I think that's a great question.</p>
Anonymous	<p>Question:</p> <p>I understand that comments should be submitted to AHCCCS but should they be addressed to AHCCCS, CMS, or another entity? Who is the ultimate audience for comments? Thank you!</p>	<p>For comments for this particular public comment period, please address them to us AHCCCS. The final user of the public comments really includes both us as the Medicaid agency as we are preparing that final proposal to be submitted. However, CMS, the federal government, also does take into account those proposals as well. And once we do submit them to the federal government, CMS also does have their own public comment period as well. And so we encourage any public comments to be submitted to them once that time does come post submission too.</p> <p>Thank you so much. Both of us, both agencies, AHCCCS and the federal government really do take a look at the public comments.</p>
Stefanie Hymovitch	<p>Question:</p> <p>What criteria will be used to determine if someone is "able-bodied?" Will a doctor's note or evaluation be required? Additionally, how will the state ensure it has appropriate capacity to administer/oversee this work requirement?</p>	<p>So to kind of speak to the first part of the question, the "able-bodied", we're kind of defining it as the program for anyone who doesn't fall within any of the listed exemption categories.</p> <p>Again, don't necessarily love doing that because there are some exemptions that absolutely can work and we encourage work even if you do have some of those. But for the purposes of the</p>

		<p>work requirement, and for this program specifically, that's really what we're defining there. So anyone not falling within those exemptions. Again, a lot of work still needed to be done. We have a lot of the groundwork and foundational work from the first time that we had applied for this program in 2017. That same work would need really some updating, of course, for this time around and a lot of that would be ironed out throughout the implementation program and process. We wait largely until an approval from CMS is issued so we understand exactly what we will have to do and what changes will need to be made. From that time on, we'll then begin the implementation process. We'll have a much better understanding of what needs to be implemented once we have our final approval and know exactly what the program will look like.</p>
Jennifer Wade	<p>Question:</p> <p>Are the work requirements and the 5 year limit married together in this proposal, or is it possible that only one of them will end up implemented?</p>	<p>To provide a little bit of additional context, the state law requires us to submit a waiver for each one of those. CMS does have the authority to only approve certain aspects of a program. So there is a possibility that CMS may approve let's say the lifetime limit, but may not approve the work requirement. It is a possibility, of course, but the law requires us to submit a proposal for all three, if that makes sense.</p>
Lani Horiuchi	<p>Question:</p> <p>For individuals who are incarcerated who were active on AHCCCS prior to incarceration- will their AHCCCS still be re-activated post-release?</p>	<p>This really ties into some of the existing reentry initiatives that you may be hearing a bit about as well. So when a member who is on AHCCCS becomes incarcerated, their AHCCCS eligibility is suspended. Once they are released from the carceral setting, as long as they're still eligible for AHCCCS, their AHCCCS should be reinstated as well.</p>

Elizabeth Lorenz	<p>Question:</p> <p>How is this proposal different from the waiver proposed in 2017?</p>	<p>I'd say there's a few key differences from the waiver in 2017. The first time we had proposed for this program in 2017, we had actually separated out the Medicaid work requirement as well as the cost sharing requirement into separate waivers. So this new waiver includes all of the requirements by law into one. The next kind of big change for this waiver proposal is we have a few additional exception groups and categories that are included this time around that were not necessarily included in our 2017 proposal. And then I would say the last primary difference from this proposal is our proposal for a two-month suspension, rather than a termination, which is fairly similar however, the way that we are proposing to implement it kind of on the back end of our eligibility system is a little bit different as well.</p>
Elyse Overman	<p>Comment:</p> <p>I'd suggest considering rural areas where transportation is a barrier.</p>	
Jacquie DeVita	<p>Question:</p> <p>What is AZ prepared to do for childless adults if they no longer qualify for ACHHHS but require medication that is cost prohibitive? I ask about childless adults because I lost my job a few years back, before the ACA went into effect, and I nearly lost my life buying medication. By the time the ACA went into effect, I was dead broke and I had nearly lost my life.</p>	<p>It ultimately would be probably too early to say, and I don't believe we'd be able to speak directly on this. I believe this is referencing some of the federal kind of proposals that we're seeing at the more national or federal level. Again, we're following everything as closely as possible and preparing for different contingencies if certain proposals come down to us from the federal government. I apologize, don't believe I have a more formal or set answer for you today.</p>
Jennifer Wade	<p>Question:</p> <p>When would we most likely receive a notice or response about the</p>	<p>So we'll be submitting at the end of March to CMS. Once we do submit to CMS, we begin our negotiations process. Negotiations do not necessarily have a time limit for our waiver</p>

	<p>decision on these proposals is made?</p>	<p>programs.</p> <p>Some of our waiver programs take several years. Some of them are approved within a few months. So that program or that negotiation process is really the biggest kind of unknown and uncertainty in terms of timeline.</p> <p>Once that negotiation, if and when that negotiation process is complete and we receive an approval from CMS, we will then have in some time for implementation planning. That implementation planning will really include not only us internal to the agency preparing our systems and everything else needed for the program, but will also contain several notifications to members and stakeholders who are or may be impacted by the requirement as well. Again, we'll submit in March the negotiation process is really an uncertain time for how long that could take.</p>
Jennifer Wade	<p>Question:</p> <p>How might this proposal be affected by the new House bill to limit or severely cut AHCCCS if Federal funding falls below a certain %?</p>	<p>It's something that we are monitoring very closely. As I'm sure you're aware that the state legislative session is currently very active and things are changing on a daily basis. It would really depend on what the final version of that bill looks like. And even then, there were a few different bills that were kind of floating around a similar idea. Ultimately it would be something that we have to really evaluate on a bill to bill or very specific basis to see how it impacts this program.</p>
Jacquie DeVita	<p>Comment:</p> <p>I have a job now, so I'm no longer enrolled in the program, but it's terrible relying on one's job to stay alive. AHCCCS, for all its flaws, did save my life.</p>	

Forum #2

Name	Stakeholder Questions and Comments	AHCCCS' Response
Judith Keagy	<p>Question:</p> <p>What is defined as full-time student?</p>	<p>A full-time student would ultimately be defined during our implementation planning and it's something that we're seeking active feedback on. If there is a certain credit or hourly limit, then that would be greatly appreciated. Again, our requirement exemptions does also include part-time students for certain situations if there is that hourly requirement met as well. So the requirement for the work requirement is 20 hours per week and anything greater than that would meet that exemption.</p>
Celia Beier	<p>Question:</p> <p>Would eligibility require ongoing monthly income reporting for all employed FT or PT applicants, and work search reporting for unemployed applicants? And monthly updates/reviews to prove qualifying exemptions? Would all applicants be continuously submitting monthly updates to prove ongoing eligibility? Many otherwise eligible people will not be able to navigate this kind of monthly application process and will lose coverage even though they would qualify.</p>	<p>That primarily would be worked out through our implementation planning. As of right now, it will likely be some form of reporting and checking system. Something like that is what we're in the process and early stages of looking into what that would look like built out for a lot of our systems. So it would be kind of the member reporting those compliance with the requirements itself.</p> <p>Some of the exemptions likely would not need a monthly verification of the exemption and for which exemptions that would be would be outlined more thoroughly throughout the implementation planning for the program.</p> <p>Yeah, kind of back to the first response. Ultimately, it will be something that's out during our implementation planning. There likely will be a form of reporting and compliance kind of factor for this just to determine compliance with the program and meeting the requirements as well.</p>
Sara Hernandez	<p>Question:</p> <p>How will some of the exemptions be identified (such as Victims of DV, Illness, life changing events, etc)?</p>	<p>Ultimately, it will depend on the exemption category itself. Some of them we are able to pull from existing data systems that we might have sharing agreements for, others might be more on a self-attestation or reporting type situation. Depending on what the specific exemption is, if there is a recommended kind of method for us as an agency to verify or if there are certain ways that you all feel</p>

		would be more fitting to verify, that's actively things we're seeking additional information on. Again encourage any public feedback or input on similar situations like that.
Brenda Replogle	<p>Question:</p> <p>On the 5 year mark, is there any transition support or just a drop off? Love the exclusions for the life time section, since we are humans and life shows up.</p>	Our lifetime limit, if approved, would only start counting years or usage of Medicaid after the approval. So any previous usage would not count towards that lifetime limit. Another big portion of implementation planning would include a large amount of beneficiary supports for things very similar to your question. Not only the lifetime limits, but also the work requirements, seeing what resources we can share with the beneficiary to try and assist in meeting the requirement as much as possible. So again, not only for work requirements, but that will also be applied to the lifetime limit as well.
Anissa Gonzalez	<p>Questions:</p> <ol style="list-style-type: none"> 1. What is the anticipated cost associated with AHCCCS taking on monitoring, monthly reporting of staff members. And then you talked about also beneficiary support. Right now, I've seen that AHCCCS has kind of limited support and really relies on delegating out those kind of support services. So what do you anticipate will be the additional burden that abscess will have to take in order to sustain this model? 2. I'm curious too then if some of this beneficiary support is being pushed out to community partners or to other like nonprofit health centers? How are you guys accounting, I guess, for the extra burden on those guys if Medicaid is going to be limited? I work for an FQHC, and so if Medicaid is cut, we do anticipate having more patients on like a sliding fee schedule if they're not eligible for AHCCCS or other insurance. 	<ol style="list-style-type: none"> 1. In terms of your first question, we don't have a number quite yet that we're putting towards a lot of the systems or upgrades that will be needed. As I mentioned, it's something that we started to do in 2017 and began a lot of the implementation work. We have some of that kind of foundational work already built, of course, but would need some adjustment for this new program and so, don't have a number quite yet. In terms of the beneficiary support, very similar thing. However, we would work very closely with our health plans and other community-based organizations to really help push out as much resources and information as needed through that program. So no quite estimates yet. However, it is something that we'll be exploring very soon. 2. Things were actively taking feedback on now and trying to begin thinking about what that implementation planning will look like. Right now with where this is at in the proposal stage, we've really been more so focused on getting this proposal and making sure we're meeting the law and trying to see where we can adjust this proposal now to kind of build

	<p>3. What have y'all learned from the states that have implemented these workforce requirements or lifetime limits such as Arkansas or these other states that have tried to make this work? From what I've seen, it's increased ED usage and increased cost of healthcare. And since this was proposed 10 years ago, I'm just curious of what we've learned since then and how you guys are managing that.</p>	<p>the framework for later on. Still very good questions, just a little bit early for us to provide an answer quite yet.</p> <p>3. Very good question and very good point as well. A lot to learn for the most part. However, those other states were still very early on in a lot of the implementation. So we have a few months' snapshots for a lot of them. Like you mentioned, we saw some increased eligibility costs for a lot of those other states. We're trying to take that in as much as possible and make improvements to our own eligibility and compliance system to try and prevent anything similar like that happening in Arizona. Again, not too much in terms of some of the implementation planning, but it's something that we're researching and are keeping a very close eye on as well.</p>
Brenda Replogle	<p>Question:</p> <p>What are the intended outcomes for implementing this change? MCOs have workforce development teams and Member Advocates.</p>	<p>Overall, the general philosophy for a similar program is really pushing the benefits of work and trying to ensure that those who are able to work receive the benefits from work and we as a Medicaid agency are here to support and push for that process as much as possible.</p>
Sara Hernandez	<p>Question:</p> <p>How many suspensions is a member eligible? Is it indefinite?</p>	<p>This question kind of feeds into the five-year lifetime limit. So essentially, as many suspensions until that five-year lifetime limit is reached. And in this circumstance with how our proposal is written.</p>
Shirley Gunther	<p>Question:</p> <p>How will you track the five year limit time over a member's lifetime moving forward?</p>	<p>That is something that I would have to check with our data and systems teams on. I know there are many different existing kinds of ways that we can track a member, whether that be through some of our existing eligibility systems or even through other related systems. We'll have to take that one back for a more concrete answer, but also something we plan for in implementation as well.</p>

Celia Beier	<p>Comment:</p> <p>The HEA Plus system and DES are already so over burdened and difficult to navigate. This can't be implemented using the existing systems. Any financial gain from not providing care to Arizonans will be spent processing monthly applications.</p>	
Judith Keagy	<p>Question:</p> <p>Is there any flexibility on how often clients would have to report? What about just reporting when work status changes?</p>	<p>So the state law requires a monthly kind of reporting and compliance check. So we're implementing the program in compliance with the state law and are working to make sure we're still meeting all the requirements of the law. So that is most likely what it will include. Again, for the exemption question earlier, kind of looking into potential ways that we can try and simplify that process as much as possible while still, of course, complying with the state law.</p>
Anonymous	<p>Question:</p> <p>Given the AHCCCS historic data, what percentage of members do you estimate will most likely hit their five year limit within in the first five years of this policy going live?</p>	<p>Yeah, very good question and I think it touches on kind of the key point that it would not count previous eligibility. It's not something that we've been able to quite look at yet. Again, difficulties with some of the exemption categories and figuring out really who exactly it would apply to. 190,000 would be subject to the work requirement and therefore also the lifetime limit. I haven't had a chance to take that number and look at previous usage to see what the potential impact might be.</p>
Sara Hernandez	<p>Question:</p> <p>Regarding the ban - how do you determine if a person has been fraudulent in their reporting?</p>	<p>We have a very robust Office of Inspector General currently that does a lot of our Medicaid fraud and investigations, likely will follow some similar process. Again, it would be a new process for this type of program. But again, we would lean heavily on our agency or our team within the agency that does similar work already.</p>
Dina Norwood	<p>Question:</p> <p>Will suspensions carry the right to appeal and the right to continue benefits pending appeal?</p>	<p>So if a member who does not meet any of the exemption criteria or fails to meet the work requirement, there's that two month suspension. During that two month suspension, the member has all the same rights when it comes to appeals of that suspension. They</p>

		<p>can also submit for a good cause exemption as well, which is a little bit different than a standard appeal process. And that good cause exemption is the one we talked about earlier.</p> <p>If the member themselves gets sick or a family member gets sick, they can appeal through that process. But again, they are afforded all the same appeals and rights as a standard kind of eligibility determination would be.</p>
Rhiannon Ingram	<p>Questions:</p> <ol style="list-style-type: none"> 1. I have been in Arizona my entire life. And I just have some questions about your reason for justification for these work requirements. I have some data if you would like me to read this off to you. According to the Center on Budget and Policy Priorities. On a study as of March 2024, It's been concluded that most people already on Medicaid are working. Currently, an estimated 44% of recipients are working full time. 20% are working part time, as per IRS regulations. For those that are not working, by share of reason,12% are at home taking care of family,10% are ill or disabled, 6% are going to school. So by the logic or exclusion for the work requirements that you have laid out, that's about 92% of people. So what is your justification for implementing these work requirements? If most people are either already needing them or already meet the exclusion guidelines when only 8% of people would be the ones targeted. 2. So again, what is the justification for implementing these things if over 90% of the Medicaid recipients are already meeting exemptions or already meeting the requirements? It seems from my perspective that 	<ol style="list-style-type: none"> 1. I think there are two parts to this. First, we're working to implement it still in requirement by the law. So that's kind of our first step- still required by law to apply for and implement this program. The second part to your question is, I think you bring up very good points about those who maybe aren't working on Medicaid already have other things going on. Like you mentioned, either a caregiver or living with a disability. I think by us outlining the exemption list, or again, trying to make sure that these work requirements are not impacting any of those people that you mentioned or any of the people who are living with a certain condition or certain challenges that would ultimately make it ultimately be unreasonable to implement a work requirement on. Through that exemption list, we're really trying to target those who aren't able-bodied. And like you mentioned, a lot of them are probably already working as well. And really just trying to make sure we're not impacting those who are living with a disability or being a caregiver or any other kind of challenges you mentioned. 2. I think the short answer to that is to still comply with the state law. The state law is existing and is something that we have to follow as a Medicaid agency. And through this program we are working to implement it in the best way that we know how to impact those who we feel are able-bodied and should be able to work and not impact anyone who would have a challenge as a negative consequence and lose their Medicaid coverage.

	<p>this is going to eat up a lot of administrative or a lot of budget through administrative practices like surveillance of disabled people, ill people, literally less than 10% of Medicaid recipients. That administrative work will eat up the dwindling Medicaid budget, especially under the policies that Trump and his administration are proposing. So why again, are we putting in this much work against less than 10% of Medicaid recipients? If over 90% of recipients are already meeting either the exemptions or the requirements.</p> <p>3. How would these work requirements uphold Title 19 of the Social Security Act and making sure that we're protecting the lowest income earners? It has been shown in a multitude of studies that these work programs do not increase levels of employment, especially in areas that need it the most. So how would this protect our more rural Medicaid recipients where maybe there's a smaller economy and less job opportunities?</p> <p>4. So again, for our more rural low-income earners, how would this work requirement protect those that have less job opportunities by the misfortune of where they live? I understand you're saying that there are employments to or there are benefits to employment. I'm not arguing against that. And my question did not mention that. I'm specifically asking about those who have less job opportunities based on their location.</p> <p>5. With the ongoing COVID-19 pandemic, we're seeing a lot more immunosuppressed individuals as a result of</p>	<p>Again, short answer really to comply with the state law.</p> <p>3. I think by pursuing this work requirements program we're trying to promote many of the benefits that come with engagement with work or employment, or any of those activities, other related activities, whether it's life skills training or others. Work and other activities have shown to have a positive benefit on the member. And so we're really trying to lean into those positive benefits and trying to assist our members through that way, through employment supports and through gaining meaningful employment for them all.</p> <p>4. Through our exemption list we mentioned an exemption with the DES SNAP work requirements. If a member is exempt through that snap or through the DES work requirement program, they would also be exempt through AHCCCS Works. There are certain counties that are exempt from the DES program, more rural counties, and so again, through that exemption list, we're trying our best to not include anyone who would be impacted by this, again, like you mentioned, would be just simply unable to find work due to the place that they live. Through this program as well some of the qualifying activities we have is also seeking employment. And so we understand that there are several challenges surrounding finding employment, whether that be the job market or where you live. And still, again, seeking employment would count as a qualifying activity. So we want to include that as well.</p> <p>5. This is still very much so we're actively seeking maybe certain conditions or certain illnesses that should qualify you for an exemption that maybe we don't quite have yet. And so certain</p>
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	<p>post-viral syndrome You know, long COVID, which specifically mimics the likes of a condition called myalgic encephalomyelitis or colloquially known as chronic fatigue syndrome. What would you say to these individuals that would be impacted by this work requirement for illnesses that are damaging on a DNA level that prevent them from actually having the physical energy and capability from working but we also don't have enough research on. There are lots of illnesses that have arisen from this COVID-19 pandemic that are disabling a large share of the workforce currently, which is why we're having the issues now in the job market. So how, like, what would you say to those people that are impacted by this not as studied condition.</p> <p>6. So are you aware that conditions like myalgic encephalomyelitis can actually be worsened by physical activity up to an including things like as simple as thinking or preparing your own food. What about those people in the interim that are being forced to work with this condition because it's not yet included in the medical exemption, who would be actively damaging their health and their sustainability in society, in the economy while we wait and know more?</p> <p>7. I understand that this is still a proposal, but my fear is that we're running too fast with it. I know it can take years and I know it was delayed because of the initial recognition of COVID being a threat to health of general society. However, most of these initiatives do not take into account disability justice or systems of</p>	<p>things similar to conditions that you mentioned, absolutely, we want to know about them and want to try and include as much in the proposal as possible to, again, make sure it's only impacting those who are truthfully able-bodied and able to work without any other challenges kind of in their way. We also do have our good cause exemption that kind of outlines certain situations where it's just unlikely or too challenging for the individual to work, something like the situation you described, in my opinion, would very much so count for that good cause exemption and would go through that kind of process so that way they're not at least losing their Medicaid coverage because of it.</p> <p>6. It's still a proposal currently. We're in that process of trying to really make it the best version that we can and so there's no requirement now. It's not implemented currently. It would still be quite a while away and we have quite a long runway to get there. And so I think comments like yours that you bring to us are the most important now so we can try to implement them and work them into our proposal as much as possible. So thank you again for that.</p> <p>7. All great comments. And I want to reiterate the purpose of these forums, we're hosting three of them. The purpose of these forums is to hear those sorts of ideas and those sorts of points, to really raise those and we'd encourage everyone who's listening online or is in the room put those on paper as well, right? This is our initial approach to trying to figure out how do we, how do we make this requirement of the agency to implement or to request work requirements of our federal partners - How do we make that, A, align with the letter of the law and B make sure that it's actually meeting its intent, which is to ensure that we can encourage people to engage in</p>
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	<p>which disabled people use to survive. They are very much excluded. Historically and presently. So I ask that i ask you just take some time to consider. Do some reading, right? Things like action T4 in germany was very much a result of initiatives like this because it deemed people useless eaters. So I feel like we need to take the attention away from who we deem able-bodied and thus needed for the economy and those that are not. Because we need to avoid a culture of deeming people as worthy or not based on their productivity. By your definition.</p>	<p>community engagement society through work or otherwise. And so when you're raising the points about how do we consider this and its impact on rural residents, maybe there's something creative that we haven't thought of that you thought of, like maybe there's a phase-in approach of some sort where we start with certain geographic areas and gradually phase it in. Or maybe there's a request of community such as completely exclude rural populations. Or if there's some data out there that you've seen that you would encourage us to look at that says if it's beneath a certain threshold for per capita individuals and jobs, maybe that's an exclusion criteria. We really want to open up these sorts of conversations and we encourage everyone to write to us through the public comment period to ensure that we're getting as many of those ideas on paper so that when we go back to our desk and we start thinking, okay, we initially proposed it in this way based off of all the great ideas we heard from community partners and stakeholders, maybe we should tweak a few things. And then that version ultimately gets submitted to CMS and all of the public comments that come in in writing and even through these forums, they're also shared with CMS. So I want everyone to know that they don't fall on deaf ears, whatsoever. And we do seriously take all of these ideas into consideration when we're drafting our final proposal for CMS. Keep the ideas coming. Please, please put them on paper and let us know if there's ways that we should be modifying the original proposals in ways that we just haven't.</p>
Celia Beier	<p>Question:</p> <p>This has not been approved by CMS yet - correct? They rescinded approval for this program in 2021 (all the same reasons still apply from their letter denying the waiver) and</p>	<p>As you saw when I first started, we submitted a version of this to comply with the state law in 2017. We received approval of that old proposal in 2019. However, that approval was rescinded by the Biden administration at the time. After that, then you can think of it as being a clean slate. There's no more proposals out there, no approval</p>

	these comments are going to be submitted to CMS for consideration when they review the new application for waiver, right?	existing anymore. That's what this new proposal is doing. So it's a new proposal now. We're revamping it, making changes and trying to best fit our population as well. So no approval for this new program. This program has not been implemented either.
Judith Keagy	Question: Will the questions and concerns in the chat be part of the formal public comments?	Everything from our forums to our email to all these comments will be recorded as part of the formal application to CMS. All of our emails, all of our public comments, and even chat logs from these events will be included within our proposal and will be reviewed by us as well as CMS once we do submit it to them.
Celia Beier	Question: What about people living with HIV? Eligible as “medically frail”? Or will HIV+ people be subjected to lapses in medication leading to viral resistance and spread of infection? Applies to all chronic and/or communicable diseases, we are on the verge of other pandemic health emergencies right now.	We're very much so in our proposal period now and are seeking that input, seeking that advice for certain conditions that should be explicitly called out within our exemption category. As currently written, the HIV folks who are living with HIV are not currently explicitly called out within our exemption list, may qualify for medically frail when that is further determined throughout implementation. But again, something we encourage public input and feedback on.
Ana Roscetti	Question: Would AHCCCS consider using an ex-parte process using existing income information to verify work requirement eligibility without requiring a beneficiary to submit new information.	It is something that would be considered, however, I'm unsure of what the implementation may look like for that. Ex parte renewal is an eligibility check that we as an agency do to automatically verify some of the information we have, such as income from sister state agencies or other available income sources or data sources. I think the challenge with that is not many of those existing sources necessarily work for or exists for a work requirements program. And so I think in thinking of implementation maybe further down the road when systems are able to be built out, it's an automatic process like that would likely be ideal. However, again, would be down the road after systems and other eligibility systems are built out for that.

Sara Hernandez	<p>Question:</p> <p>Can you speak to the \$10 copay for cost sharing, how that number was identified?</p>	<p>So the number is subject to changes. That's part of our proposal. The state law requires that cost sharing be imposed, but does not require an amount.</p> <p>Cost sharing for AHCCCS (the \$10 amount) was generated from previous research that was had during the first time the proposal was submitted. The first time the proposal was submitted, there was some research that went into that copay amount, really aligning it with some of our other copay amounts for those who are subject to co-pays and the amount itself was made from that kind of research and correlation with the other programs.</p>
Anonymous	<p>Questions:</p> <ol style="list-style-type: none"> 1. Hi, I did some research since the last forum and it appears that there are multiple states that are trying to implement this type of program. Correct me if I'm wrong, presently the only state that actually has it implemented currently is Georgia. Is that correct? And I was wondering if they had been willing to share with other states their experience or their findings or anything. So it would be helpful to other states that are trying to implement these new programs. 2. In the planning stages, we know you're still in preliminary steps and so forth. I was wondering if the individuals, many of the individuals living with disabilities in Arizona are not aware that we have a specific program, I believe we're one of nine states, That has access in our state, It's called freedom to work. Where they can pay zero to \$35 is the max per month and have still the same access benefits however they're having a small copay based on their income. Is there a plan to educate members about that and are they eligible for that still?" 	<ol style="list-style-type: none"> 1. You're correct. Georgia is the only state currently to have a program implemented. Other states, as previously mentioned, such as Arkansas, had implemented it for a short period of time. Both of those states have been very willing to share lessons learned, if you will, throughout that process. Again, things that we're keeping very close note of and that we've had folks from the agency be able to attend calls with staff from those agencies. Again, lots that we're learning. A lot of the focus on that was more so directed towards implementation of the program, which again, is a little bit further ahead of where we're at currently but still things that we're keeping very, very close note of and eye on as well. 2. So there is a plan throughout that kind of six month transition phase, if you will. After approval, we're proposing a kind of six month grace period as well as that will be in addition to several additional months built for implementation that we will dedicate to what we call the beneficiary support system last time, our first kind of round. What that really includes is working with a lot of community-based providers, health plans, and other stakeholders on providing as much information and resources as possible. Programs like the one you mentioned will a thousand percent be included in those

		resources as well. Trying to educate members on not only existing programs, but anything new that comes out of this AHCCCS works proposal as well.
Anissa Gonzalez	<p>Question:</p> <p>How was the five-year lifetime limit established? Is that part of what was passed in the state law or is that left up to proposal? I'm curious about in the future, maybe people who are working in a low paying job relying on AHCCCS and then 20 years later needing that medical care again. How do we account for those folks?</p>	<p>The five-year lifetime limit is included in the state law and is explicitly called out in that law there as well. I do think you bring up a very good point, though. In terms of how we as an agency can think about usage that was from quite a while ago. You know, as you mentioned the way we're proposing it currently would not count for previous utilization but let's say this program is approved and you know 20 years down the line in the situation that you mentioned, I think there's additional safeguards or ways that we can maybe change the proposal to include something like that.</p>
Rhiannon Ingram	<p>Question:</p> <ol style="list-style-type: none"> 1. So about that five-year-lifetime limit thing. Based on the answer that you gave the previous speaker, that hasn't been thought out yet? 2. Who exactly like put this proposal together, like not names but just like is it administrators that work with the AHCCCS system? 3. I know the public forum meetings like this are being held for a reason, but there are lots of people who are disabled that can't make it to functions like this. Have there been any attempts to actually communicate with the disabled community here or even the homeless community here? 4. Do we know how this would work in terms of the larger public health infrastructure or currently lack thereof? For example, if COVID were to mutate again and start being more aggressive outright like it was in 	<ol style="list-style-type: none"> 1. There is a five-year lifetime limit that exists within the program. Some of the longer term implications of that have not yet because that was oftentimes something that would be worked out during our implementation planning. We haven't unfortunately really gotten that far due to where our program has been in the application process. Again, this is the purpose of these kind of public forums. We want to take all the input and feedback that you offer us. 2. Yeah, so it's a lot of our AHCCCS staff. We took the state law and what we did for this one was take that kind of initial draft from 2017, took what was previously approved, scrapped a lot of it, and then built up a lot of it as well. And that's kind of now where we're at in the proposal or the public comment process. From here, that same group in conjunction with our other state agencies and other key stakeholders will kind of look at all of our public comments and then make additional changes to the proposal. Primarily AHCCCS staff leading that process.

	<p>the earlier years of the pandemic. How do you think this would be... like involved in that sort of involved in that sort infrastructure. Do you think it would be like rescinded or halted otherwise or modified? Do we have any modified kind of, I guess, ideas or considerations from the past five years that we've experienced worldwide.</p>	<p>3. We have a lot of different outreach teams within the agency. We've posted on several different newsletters, all that touch different communities and different stakeholders within the community. Social media as much as possible and really all the other email channels. One of the goals of getting people both here in person and online is to, yes, do kind of the air game outreach, but also to reach out to individual organizations. So to your point about individuals living with disabilities, reaching out directly to Ability 360, reaching out to other like-provider associations that focus on that population. Reaching out to other advocacy groups that are key in advocating for individuals with disabilities is all part of the goal of actually receiving public comment from those who might have additional insight that maybe we didn't initially put on paper.</p> <p>4. Like you mentioned, looking back at the past five years, that was also part of the reason that the previous version was never fully implemented, the public health emergency first coming in. The federal government recognized that and even us in the state recognized that and therefore resulted in us putting a halt. That was in addition to the litigation and everything else going on at the time, but that was the result the first time. And I imagine it'll be a very similar kind of situation the second if there were a similar event.</p>
Brenda Replogle	<p>Question:</p> <p>Exemption states if there is a major life change, wouldn't that 20 year old person then have AHCCCS?</p>	<p>So the same exemption categories that we discussed for work requirements also apply to lifetime limits. And so it would only be Medicaid usage that's accumulated throughout that kind of eligibility group that isn't included within the exemption list. And so zero to 20 or excuse me, zero to 18 would not be included. And then once you turn 19, that's when that lifetime limit would start as our age is 19 to 55 for the program.</p>

Andrienise Valenti	<p>Comment:</p> <p>Earn a living. Do you know how ridiculous that sounds? Earn... a living. Loosely translated, those three words mean work or die. And that's exactly what you guys are proposing. We know that this doesn't work.</p> <p>And I think the head of that sentence is lost on so many because it's so common and it's been normalized. But that's what they mean. Work or die. Period. Full stop. Not only do all Arizona families pay into our Medicaid system as well as education and police presence through local taxes. According to Institute for Taxation on Economic Policy, as of January 2024, low income families pay more than double the amount of the top earning 1% in this state. More than double. That comes out to \$11.38 per \$100 earned. For the poor, the poorest. In our state compared with \$5.02 for the top earning 1%. Work or die. Most low-income families work more than one job at which they pay these income taxes at these rates. At the same time, they are less likely to have access to employer-based private health insurance plans due to the exorbitant costs of premiums, deductibles, and co-pays. Been a family and then Arizona's top 10%. That is to say Most people who are enrolled in Medicaid plans already work.</p> <p>What are you talking about? Implementing a work requirement that those who bear the greater financial burden of funding via income taxes And will also have the greatest need for the coverage from AHCCCS provides that they report that they have either worked hard enough or met some arbitrary community engagement goal. It's nothing more than a thinly veiled attempt to cut spending by leaving hundreds of thousands in our state without coverage. This means basic care, treatment for chronic health conditions, and prescription drugs, they would be snatched from Arizona</p>	
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	<p>families. In a best case scenario, this would result in delayed diagnoses. And thus limited treatment options, poorer health outcomes, and higher cost of medications even in this best case scenario, this would likely require individuals to either go into medical debt or sacrifice another basic need like food or shelter. What the fuck? The worst case scenario is that thousands die because they cannot access life-saving treatments for the cost of their prescriptions. They literally will have to work or die. It's been evidenced by attempts in Arkansas and Georgia that implementing these hurdles to healthcare does absolutely nothing to improve employment numbers. This approach is paternalistic in nature by rewarding those who meet arbitrary standards with something as basic as humane Healthcare. Even if these programs on their face actually worked, we are no longer in a time where it is easy to obtain gainful employment. In fact, with Mr. Trump occupying a stolen seat and rolling back initiatives on diversity, equity, and inclusion, which I will not abbreviate. And in some cases, accessibility. Obtaining gainful employment will be more out of reach than ever resulting in all of the aforementioned. Studies show that living in poverty already limits access to resources for healthy living, healthy food etc and lead to shorter life expectancies and higher rates of the leading causes of death. Work requirement initiatives are unnecessary, burdensome, classist, ableist hoops for those who pay the lion's share of the income taxes to fund to jump through for basic health care. A dangling parent. Being the chance of a continued life. For the poorest, most vulnerable, and again, most responsible for funding these programs via income taxes. As a Medicaid recipient and a trade school student with kids still living at home who also has invisible disabilities and has paid into this system with my taxes, and remained out of work after being abruptly fired in October, I</p>	
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	<p>demand my money's worth. I'm not going to settle for work or death. I demand that Arizona families in the poorest communities get what we paid for. Free Luigi.</p>	
Anissa Gonzalez	<p>Comment:</p> <p>Mine is just a comment because I agree with your sentiments totally full-heartedly. But I get what kind of bind AHCCCS is in. So this law was passed in 2015. It moved through the Senate in Arizona.</p> <p>And then was approved by the then governor. And so what's kind of held it up in the past has been some of these legal processes that have rescinded it and then allowed it to come full term again. I think. This proposed plan has some flaws, but I do think if you want to completely rescind the work requirement, getting into the legislative process, talking to legal, those are going to be your best points of action. Where AHCCCS is just like trying to carry out the law, which again, I agree with you. This is dumb it is literally work or die.</p>	
Rhiannon Ingram	<p>Question:</p> <p>I know for accessibility to things like AHCCCS there are income requirements right or like caps, I should say like just rules about how much money you make.</p> <p>I believe it's sitting at about 21,000-ish a year. I also remember correctly, Arizona has sub minimum wage allowances for our disabled population. How would these work requirements plus like minimum wage laws work together, do you think?</p>	<p>It's something that we're utilizing to kind of try and be able to track our members. So you're correct. This work requirement would only apply to those who are, it's called our expansion population, 0% to 133% of the federal poverty limit. I don't have that number specifically in my head of what that comparison is through Arizona minimum wage, but it is something our data teams have looked at and considered as well.</p>

Celia Beier	<p>Comment:</p> <p>The state saving money through the suffering, financial ruin, and death of the people this program is meant to serve. poor people do not need to be punished. Everyone is already doing everything they can.</p>	
Dina Norwood	<p>Question:</p> <p>What is the reason for the 5yr limit?</p>	<p>This is all in compliance with that state law that was passed in 2015. That state law requires three or requires us as a Medicaid agency to pursue and implement three different programs. That first being the Medicaid work requirement, the second being a five-year lifetime limit, and that third being the cost sharing for the non-emergency use of the emergency department. And so that's what this waiver is doing, complying with the state law pursuing the authority to implement those three programs.</p>
Brenda Replogle	<p>Question:</p> <p>The state is proposing this law right?</p>	<p>There's probably lots of chatter and you're probably hearing two separate versions. So this first version, the one that we're presenting today is our state law requirement. So this is our state proposal that we are submitting in compliance with that state law. At the same time, the newly elected Trump administration is back in office and you may hear chatter about maybe federal, more broad work requirements. If that were to pass at the federal level, that would supersede our state program most likely and then we would be required to comply with the federal program. So there's kind of two separate programs going on. Today's purpose and today's presentation is only on the state program, our state proposal, our state requirement.</p>

Forum #3

Name	Stakeholder Questions and Comments	AHCCCS' Response
Chris Rodriguez	<p>Questions:</p> <ol style="list-style-type: none"> 1. We represent folks with disabilities. A couple of comments and questions. Obviously, this is the beginning and I appreciate all this information. This seems like it's going to be a huge administrative hardship for you guys, but I'm sure you'll try and figure that out later. One of the questions that I had... is if the federal government ends up implementing work requirements on the federal level, will that supersede the way that Arizona is building its work requirement program? Or will these, assuming that the way that it's written currently gets approved by CMS, will those prevail? 2. On the five-year cap, is that 60 months over the lifetime of the individual provided that they don't qualify for one of the exemptions? Or is that five or 60 consecutive months or how does that work? 	<ol style="list-style-type: none"> 1. Addressing your comment/question, you're very much so right. You know, we had begun a lot of the implementation for this program in 2017. So we have a fair amount of the kind of groundwork built. However, again, still very much so needs some additional system changes to kind of be able to track a lot of that. So I appreciate that. Your second question is also a great one as well. As previously mentioned, this requirement is very specific to our Arizona state law. At the same time, there's a lot of new discussion at the federal level with the new federal administration talking about a potential more broad national or federal-based work requirement. If that were to come to fruition, most likely the federal program would actually supersede our Arizona state law program. So we'd be subject to the federal requirement, whatever that work requirement program might be, is the one that we would then have to pursue at that time. So the federal government would indeed or supersede, I should say, the state proposal or state program. 2. So that 60 month period or five year period, I meant to clarify, does not include prior utilization. So if this would be approved by CMS, that 60 month "Clock", if you will, would start at the time of approval going forward only. It also only counts for the time that that member is in this specific eligibility group. So from the age of 19 to 55 and then not meeting any of the exemptions. Any, again, prior utilization to that or any utilization, let's say under the age of 19 would not count. So it

		would only be applied to the time that the member spends within that eligibility group, 19 to 55, and then not meeting any of the exemptions there.
Halina Szyposzynski	<p>Question:</p> <p>Has anyone done analysis of what it will cost AHCCCS to implement these two components, versus how much will be saved by the requirements?</p>	<p>Ultimately, that's something that's being worked on currently. There's, of course, a lot of complexities to it. This is very much our proposal stage so it will ultimately depend on what CMS either does or does not approve from the proposal. And then also determines what CMS will approve from our methodology as well. And so there have not been any finalized numbers or public numbers related to that estimate quite yet, but it is something that's really very much so a work in progress currently.</p>
Brenda Munoz Furnish	<p>Comment:</p> <p>I'm an attorney with the William E. Morris Institute for Justice. I'm really making a comment. We oppose the waiver amendment request in its entirety and we ask AHCCCS not to submit the request to CMS. We think that the statutory mandate of ARS 36.29.03.09 violates the separation of powers doctrine in the Arizona Constitution. And so we don't think AHCCCS is obligated to file this request. We also think that the proposed request does not meet the federal requirements of furthering the objectives of the Medicaid Act. And the work requirements would lead to substantial Medicaid coverage losses. We will be filing detailed written comments before the deadline of March 20th, but we wanted to participate in this public hearing.</p>	<p>Brenda, thank you so much for your comment and for that additional feedback. We've definitely worked with our general counsel quite a bit throughout the proposal. However, definitely worth an additional kind of look into what you had mentioned here today. So thank you again for being here and for your comment.</p>
Brian Hummell	<p>Question:</p> <p>Definitions of medically frail and illness in relation to the exemptions piece. Are those already fleshed out or can you dig a little bit deeper into what exactly those two terms</p>	<p>Our proposal has another definition for medically frail that we have kind of linked to, it's my understanding it's more of a broad kind of federally accepted definition. However, really the definition for the purposes of this proposal and for the good cause exemption have not necessarily fully been finalized. And so that's really the biggest piece</p>

	mean?	that we're seeking additional feedback on from you all. If there are certain conditions or diagnoses that should be included within that kind of medically frail, broad term, we absolutely are here to hear it and want to hear it as well.
Alex King	<p>Question:</p> <p>My question has to do with the population of people whose ability to work or maintain work continuously comes and goes due to medical conditions or family situations. A lot of the people that are in this 190,000 person group are going to be people who have a hard time maintaining a job or continuously maintaining employment and benefits, because they come and go from those systems on a regular basis because of illnesses. And I'm curious if you have a vision of how that kind of reporting process and then tracking of this five-year period over time is going to take place for people who kind of come and go from the system?</p>	<p>First, to kind of address the proposal aspect of that question, it's something that we're, of course, very aware of and really tried to capture through a few different ways. First, seeking employment is considered a qualifying activity for the purposes of this. If an individual maybe isn't fully employed but are still seeking employment or kind of in between maybe jobs or roles, then that would still qualify. In addition to that, we also have that kind of broader good cause exemption that we really tried to propose and craft to catch any of these other kinds of circumstances that you're describing. Whether it be an illness or some other situation that ultimately prevents the member from being able to comply, we're hoping that those two kinds of hand in hand are able to still catch those members and still allow the member to, of course, stay on Medicaid. In terms of the tracking of it, that's really still a bit down the line. We have some very initial kind of groundwork that had been established in that 2017 proposal. However, much of the implementation will come during the CMS negotiations and then after the CMS negotiations to figure out exactly what we got approved for and then what exact system changes we will need to go forward there. And so still very early on in the process if there's, again, things we're actively seeking feedback on. So if there are certain components that you feel may be easier for those members in that kind of situation to report or comply with the work requirement., please let us know and we're happy to try and incorporate as much as possible in the implementation planning when that does come.</p>
Kari Ferrell	<p>Question:</p> <p>Can you please clarify again, is the 5yr limitation referring to</p>	<p>The lifetime coverage limit would equate to a maximum of 5 years (60 months) total, post approval from CMS and implementation.</p>

	consecutive or total of 60mos?"	
Drew Schaefer	<p>Question:</p> <p>I am from the William E. Morris Institute for Justice. As Brenda Munoz Furnish mentioned earlier, we oppose the waiver amendment in its entirety for a variety of reasons. But since there is only one state right now in the United States of America that has approved work requirements, that state is Georgia, we were curious if you have studied what's happened in Georgia with work requirements. Specifically, ProPublica put out a piece three weeks ago regarding the Georgia work requirements program called Pathways. And we're just interested to hear whether the data from Georgia has been studied? Whether the problems and challenges that have emerged in the Georgia Work Requirements Program have been considered and what is being done in relation to the question earlier about evaluating expenses and costs in relation to what's been seen in Georgia, which for those who haven't read the article, the reporting shows that nearly \$87 million was spent on the Georgia Pathways to coverage program. It ended up serving roughly 6,500 people. Again, this is the only place in the country that has a work requirements program and a lot of the money went to consultants and a lot of people were cut off from access to Medicaid, which seems at odds with the core purpose of the Medicaid program. So just interested to hear how deeply you've delved into the data and performance of that Georgia program since it's the only program in the country that you could look to to see how to do this uh particular experiment. Thanks.</p>	<p>Very good question. And although Georgia's the only one currently I guess you could kind of say still active, there's also several other states who have started to implement, Nebraska being one of them. And then there's also additional states who are actually in the same process as we are right now. Ohio had actually just submitted their work requirement, a new work requirement program last week. This national kind of landscape of what's going on with the work requirement programs and similar, whether it be other states or more nationally on the federal level is something that we're taking a very close look at. I will also say colleagues from Georgia and other states have been very open and willing to share kind of learned experiences and share challenges that they face throughout the process. And I know some of our leadership has been on similar calls discussing a lot of these kinds of challenges as well. And so it's something that we're keeping a very close eye on and watching as much as possible. Medicaid is a challenging beast, of course, because of just how many differences there are in many states but broadly speaking, these work requirement programs, there's still a lot for us to learn from other states who have gone through the process. A lot of that, of course, will be more so dedicated to that implementation planning, but it's definitely been top of mind as we've really built this proposal trying to give us as much flexibility as possible and avoid some of the situations that some other states and other colleagues have found themselves in due to similar programs. So very much so been top of mind. And yeah, we'll continue to be top of mind as we move forward throughout this process as well.</p>

Dane Binder	<p>Question:</p> <p>I work for Community Bridges and we serve a large number of homeless folks. So folks who are very transient, lack stable housing and have a difficult enough time submitting the required documents to get on Medicaid currently, without this work requirement, so proof of residency, you know, proof of citizenship. And so I wanted to know if AHCCCS gave any thought to how this will kind of ultimately roll out from like a grassroots level with respect to submitting documents through the HEA portal. And how can someone prove essentially that they're homeless?</p>	<p>I know ultimately probably a question for some of our more technical folks, however, it is something that's again been top of mind. The general kind of philosophy or goal for trying to establish this type of program is to really, first utilize any existing data sources that we have, any indicators or any other kind of keys that might tell us the person's status. For some situations such as income, of course, for us as a Medicaid agency, we have a little bit more readily available. I know there are certain indicators in our system that do indicate homelessness and it's something that we've really built out more so recently as we've recently been approved for our H2O, our housing program under the 1115 waiver and a lot of other additional housing initiatives as well. And so we can really build off of some of those existing work and existing programs to try and pull what we already know and what we can as much as possible. Certain, of course, exemption criteria, we just simply won't have really information on that. I think the most challenging one for us so far as we've been thinking about it is something like domestic violence survivors. Something like that, that we don't really have an easy indicator for or do not have an easy way to pull from some other existing system, that we'll have to think a little bit more. But things such as homelessness, I know we do have a few different created indicators already and trying to utilize those as much as possible throughout this process as well to make that reporting as easy as possible or just less repetitive, if you will.</p>
Dina Norwood	<p>Question:</p> <p>Hi, I work for Community Legal Services and we deal a lot with clients who are coming off of benefits and through no fault of their own. A lot of times they'd submit the required documentation and it doesn't get through, etc. These work requirements are going to require them to submit even more documentation, which I'm concerned that the agency may not have the ability. DES already doesn't have the ability to</p>	<p>Really a few different aspects that we've been thinking about this to try and make sure that, you're right, as of right now we don't quite yet have the systems built. We have a lot of the front, the foundation and kind of groundwork from the previous cycle. However, we really still need to implement a lot of that. And so I think we can do that through a few different ways. First, having a long enough implementation and runway time to really make sure that we as an agency are able to get our systems up to speed, whether that be staff or other infrastructure to really make sure it's worked to make sure the program is</p>

	<p>keep up with submissions, they are lost all the time through no fault of the applicant. What is in place to kind of enhance the systems?</p>	<p>implemented as intended, right? And members are not falling through the cracks, if you will, by submitting their documentation and then us as an agency or some other agency not having that. We're also trying to really align our program as much as possible with existing programs like you had mentioned, the DES program. We're trying to do that to not only prevent duplication of effort, but also really try and manage the load as much as possible to make sure that members who are submitting their documents, that documents are being received in an appropriate and an efficient way. So lots of communication that's been had with our sister state agency, DES and others who run similar programs like this as well. Very good, very good questions and ultimately, will all really be worked out throughout that implementation process where we will likely probably convene additional stakeholder groups like this throughout the implementation process to really bring some of these questions back and get some additional feedback on some of the nitty gritty of the program itself. So thank you so much for that question. And yeah, lots to come for sure.</p>
Amy R.	<p>Questions:</p> <ol style="list-style-type: none"> 1. At what point does a child age out? When they're 18? When they're 19? And what age are they no longer a child and become their own adult? In terms of AHCCCS. 2. So until my child turns 19, I would fall under the caretaker category exemption? 3. How do you prove you're looking for work? Because especially with Trump sending us into a recession and firing hundreds of thousands of people, it's going to be harder. How do we prove we're trying to get those hours that we're required to have? 	<ol style="list-style-type: none"> 1. There's a few different definitions for the purposes of this program. So this would apply to those ages 19 to 55. So once that member is then 19, that's when they would then be subject to the work requirement, assuming that they don't meet any of the existing exemption criteria. There's kind of one exception to that that you'll often hear for our former foster youth kiddos. So those who are in the former foster system age out at the age of 18, but oftentimes have benefits extended to 26. So if it's a former foster care kiddo, they do not have to comply with the work requirements until the age of 26. 2. Correct, yes. 3. Yeah, good question and something that we're really seeking

		<p>input on from you all if there's any recommendations for maybe easy or efficient ways that you could report that. As of right now, the process for doing that has not necessarily been finalized. We've floated around a few different potential ideas of just trying to verify that applications have been submitted or that you've sought a certain number of jobs or just attesting to the fact that you've done so. But again, really trying to seek that process out and seek input from you all on what that process might look like.</p>
Alex King	<p>Question:</p> <p>It sounds like a lot of the concerns from the community about the implementation of the program has to do with documentation and tracking. I'm curious on the tail end how you guys have talked about tracking, whether the system is working and whether the metric is more based on decreasing the number of people on AHCCCS and achieving that goal? Or making sure that the people that need access to AHCCCS have access? And whether the metrics for measuring the like effectiveness of this program down the line if this waiver goes through, is based on one of those two or both of those outcomes.</p>	<p>I think still really in the process of developing, but I think it'll largely be more so centered around the second piece, right? Our goal as a Medicaid agency is to make sure that those who meet AHCCCS eligibility, who are able to meet any other additional requirements that are imposed on us by law, such as the work requirement, are able to stay on Medicaid. And through that process as well, through our good cause exemption and through our exemption list, are really trying to make sure, again, that those who are eligible for Medicaid stay on Medicaid and that these work requirements only truthfully apply to those who are able to work and do not have large, otherwise challenging kind of circumstances present for them to to ultimately unable to meet the work requirement. And so largely centered around that second piece, but some of the metrics and ways that we'll be tracking the success of the program will still be finalized. As I mentioned early in the slide, the largest kind of goal for this is making sure that able-bodied adults and those who do not fall on these exemptions, promoting work as much as possible and increasing the amount and percentage of those who are working and able to seek additional qualifying activities, whether that be training or education or others.</p>

<p>Barry Brown</p>	<p>Question:</p> <p>Barry Brown with the Salt River Pima Maricopa Indian Community. And if I'm understanding what was in the slide, you're saying that this AHCCCS work program would exempt all Native Americans from the work requirement. I want to confirm that, number one.</p> <p>Comment:</p> <p>And number two, just a comment, please. And that is that we attended the Secretary's Tribal Advisory Committee meeting in Washington, D.C, which was held February 25th and 26th. The Secretary's Tribal Advisory Committee brings together tribal leaders from all IHS and HHS areas to meet quarterly with the secretary and normally somewhere between 10 and 12 sub agencies in the HHS. In that meeting, we strongly advocated also that if there's a federal requirement that arises which related to a work requirement, that tribes also be exempted from that. And if we're understanding AHCCCS works position on this correctl, we would appreciate if you could also advocate for that same thing in Washington, D.C. Should there be a federal effort to move forward with a work requirement that would supersede AHCCCS Works.</p>	<p>Related to your first question, it's not only an AHCCCS Works exemption. So you're correct, tribal members and tribal stakeholders would not be subject to any of these requirements. That's actually how it's written into the state law. So that state law reference that we had, Subsection A of that law kind of lists the three requirements for work requirements, lifetime limit, and then the cost sharing. Subsection B of that state law essentially says exactly what you had mentioned. Tribal members in Arizona are not subject to any of the above and so that exemption is protected by law in Arizona's case.</p>
<p>Amy R</p>	<p>Question:</p> <p>Hi again. So say people get kicked off of AHCCCS but don't have employer health care and Obamacare, of course Trump's gonna, there's no way he's going to extend the subsidy. So Obamacare is going to become outrageously expensive.</p> <p>So is AHCCCS taking into account any of that, that like if you push people off of AHCCCS and there's no way in the world</p>	<p>Really the kind of fine balance, if you will, that we're trying to squeeze ourselves into as a Medicaid agency of still operating under the law that we're required to apply for these programs and then also the realities of some of the existing conversations that are happening at the federal level. I think our proposal and our way to try and address this is that we've really outlined our suspension process. And so if a member does not meet the requirements of the work requirements, they will get suspended for two months. They won't necessarily get kicked off of AHCCCS, if that makes sense. After those two months,</p>

	<p>they can afford Obamacare and their employer doesn't have a healthcare option if you guys took that into account? What's going to happen to those people? Are they just left to die? Because they can't get their medicine.</p> <p>Comment:</p> <p>In terms of feedback or whatever, take that into consideration that if people get you know, say you get the job and the job pushes you off of, you make too much money now to qualify for Medicaid but Obamacare has become either non-existent because Trump hates it or so psychotically expensive that there's just no way whatsoever to afford Obamacare. Like maybe think about putting something in there to like, okay, there's no way these people can keep a roof over their head and pay for Obamacare at the same time, but we took Medicaid away from them. So maybe just have that in you guys' discussion that there's people that are going to fall through those cracks and end up dead because of it. So please keep that in you guys' feedback section or comment section or whatever."</p>	<p>that eligibility would be automatically reinstated. And throughout those two months, at any point in time, the member is also able to either verify for an exemption or verify that they are now working in which their Medicaid coverage would then be reinstated. And so I think you bring up some very good points and something that we've been very mindful of in trying to really craft the proposal with the two month suspension and then also the ability to come off of that suspension at any point in time, if you meet the requirements outlined.</p>
Amber Gus	<p>Question:</p> <p>I am wondering how this program's goal of getting able bodied adults into jobs or training/schooling is not redundant with respect to other programs like Arizona@Works?</p>	<p>I think it's a fair question and I think it's also okay for multiple programs to share a similar goal, such as trying to improve employment numbers. Again, this is the requirement for us from the state legislator, from the state law. And so we're working to really trying to improve that as much as possible and also not necessarily replace any existing programs like you mentioned, but really try and build off of those and utilize some of the existing supports that other programs such as Arizona Works has already built and maybe linking that to our Medicaid population, which is maybe something that hasn't necessarily been been done as much in the past. So I wouldn't necessarily say replacing any existing goals, but really just trying to build off of and establish new linkages with new agencies and existing</p>

		programs as well.
Drew Schaffer	<p>Question:</p> <p>What's the difference between being "suspended" and "kicked off" -- does a "suspended" AHCCCS member get benefits?</p>	<p>So a suspended member would not get benefits. However, the purpose for doing that is really to streamline some of our eligibility and enrollment processes on the back end, if you will. And so by placing a member in that suspended status, they're then able to more quickly verify their compliance with the program and then become a full Medicaid eligibility member, again, if you will. So it's really more of a process that allows us to quickly switch on and off, if you will, for that individual rather than that member then having to go through our full eligibility determination process where they would need to provide additional maybe income or family information. It's just a streamlining process for us to then hopefully reinstate benefits at a more quick pace at a quicker pace.</p>
Andy H.	<p>Question:</p> <p>I'm a 50 year old currently taking care of my elderly parents in their 80's. I wouldn't be comfortable leaving them alone for long periods of time. Could this type of situation potentially qualify for an exemption?</p>	<p>As of right now, in our proposal, it most likely would. Whether that be caregivers of a family member who's enrolled in ALTCS or the general kind of caretaker. If not one of those, could also very much so potentially qualify for the good cause exemption, which is also kind of detailed here. So again, most likely what we're aware of some of the very challenging situations and circumstances that many people are in. Caregiving and taking care of relatives is very much so a job in and of itself at times. Trying to be mindful of that as much as possible through this program. So thank you for highlighting that as well.</p>
MJ Simpson	<p>Question:</p> <p>Can you speak more on how you got to the 190,000 who would not be excluded from the work requirements based on qualifying for exemptions?</p>	<p>I kind of pulled up the slide that details this as well. So the way that we did this was first we looked at the full population group that would meet within this age group and within the eligibility category. So this is all adults who are between the ages of 19 and 55. And then are between a certain income level, which we call FPL or the federal poverty limit. And so this is a very specific eligibility group that this program would apply to. That's that total number of 400,000. From here, we then began to subtract the number of members who meet a certain exclusion criteria. Let's say we subtracted the number of</p>

		<p>individuals who are pregnant, the number of individuals who identified or who are tribal members or tribal stakeholders and then continually work down the list. From there, once we removed all the members who met an existing exclusion criteria, we then arrived at that 190,000 members. So that 190,000 members really represents the number of people who are between age 19 and 55, between zero and 130% of the federal poverty limit that would then be subject to the work requirements. We understand that there's likely a fair number of individuals within that category that are already working but that would then just have to verify compliance per se. But that's the total number of members that would be subject to these work requirements, that is 190,000.</p>
Jeannie Medina	<p>Question:</p> <p>When will this be passed or put in place?</p>	<p>So the state law that requires us to pursue these programs requires us to submit the application to CMS at the end of this month, so March 30th. Once we submit that application to the federal government, we'll then begin what we call a negotiations process. This negotiation process really is the biggest variable in the situation. There's no set timeline for it. It could take a few months. It could take years even. After the negotiations are done, if CMS approves the program, we would then build out the implementation timeline. Once we receive an approval, there would then probably be a few months to a year or so that allows us to really ramp up implementation, broadcast, of course, to our members. Essentially, what I'm trying to say is that once if and when CMS approves the program, it would not instantly start. From that time, we would then set a timeline for implementation and have a set go live date so everyone is aware and we can make sure all of our systems are up and running and in place as much as possible.</p>
Sara Hernandez	<p>Questions:</p> <ol style="list-style-type: none"> 1. What supports, if any, will the state put in place for qualifying populations to return to work (e.g., work readiness, childcare, etc.)? 	<ol style="list-style-type: none"> 1. A lot of this work will be really scoped out throughout the implementation process. This is really where a lot of our biggest focus was in 2017, the first time we had begun the program, was really trying to establish as many beneficiary supports as possible throughout this. Really, I think the first

	<p>2. How will cost sharing/co-pay be enforced?</p>	<p>step in that process is establishing relationships with a lot of existing organizations or existing resources that are out there now and then making those resources and making those other organizations available to the members who are subject to this work requirement. Again, it will be a very big piece of this program. However, we'll largely be focused on and worked through during the implementation process. Not a ton has been done through the proposal, but that will really be the highlight of implementation and probably be the largest focus of implementation throughout if and when that time does come.</p> <p>2. That is actually one that I will have to take back or might look to my team, I don't believe it's been something that's been fully contemplated yet, or I know we have a lot of existing processes in place, but I will have to take that one back.</p>
Amber Gus	<p>Questions:</p> <ol style="list-style-type: none"> 1. What efforts have been made to reach out to the AHCCCS-covered population to let them know about this public comment period? 2. So no direct notification to all individuals in the population that would be affected, such as via email or letters in the mail? 	<ol style="list-style-type: none"> 1. So of course, we're hosting these kinds of larger three forums. These forms were broadcasted on really all of our different social media channels. We did a lot of individual outreach to a lot of the different stakeholders and community advocacy organizations that we worked very frequently with. A lot of our leadership had made personal phone calls to those organizations to let them know about the public comment period. I know this forum had also received some additional news attention as well, and the forums were also broadcasted on a few different news posts online web news posts. We work very closely with a division within AHCCCS called OIFA or the Office of Individual Family Affairs. They are our strong advocacy arm within the agency and have shared through their newsletter as well as additional other kinds of AHCCCS newsletters that we had. We try to push this out as much as possible through every avenue and channel that we have access to and so you know, we received a fair amount of

		<p>comments and emails so far, always looking for more but I think we've been able to reach a fair amount of people so far.</p> <p>2. There is, to my knowledge, not a direct email sent to the population impacted. I think there are of course, we're concerned with trying to clarify as much as possible that this is just in its proposal stage and there are still potentially a lot of changes that could be made to this, whether by us or by CMS. So we reached out to as many advocacy organizations, our social media channels and everything else to really notify members of this. However, did not reach out directly just to try and prevent any confusion or additional worry regarding this being imposed immediately, which is not necessarily the case. It's still very much so in its proposal.</p>
Jeannie Medina	<p>Question:</p> <p>The 5 year max, does that mean someone can only be on AHCCCS for 5 years?</p>	<p>The law requires us to impose a five-year maximum lifetime limit for able-bodied adults. And so this is a five-year limit for members who are within this kind of “able-bodied” adult category and who are subject to the work requirements. So it's a five year max on individuals who are between the ages of 19 and 55 and that do not meet any of the existing exemption criteria. So if you meet one of the exemption categories, you would not be limited to only five years. But if you are between 19 and 55, and do not meet any of the exemption categories, then you would be subject to a five year maximum lifetime coverage until you are no longer in that age. So then once you get to 56, that technical lifetime limit would then go away.</p>
Amber Gus	<p>Question:</p> <p>What details do you have regarding reporting work hours for self-employed individuals?</p>	<p>Nothing really finalized quite yet. Again, a lot of that will be worked out during implementation. I think there are a few different ways that we may be able to really verify that. So whether you have a certain income whatever that income amount is above that kind of 80 hours per month, would definitely be one way that would probably be automatically verified. In addition to that, there may be some form of manual process if that for whatever reason unobtainable throughout</p>

		<p>the implementation process. So those are probably the two likely possibilities. However, again, we'll be really finalized throughout the implementation process and something we're seeking feedback on if there is an easy way to do that. Self-employed can be or mean a lot of different things to different people, really depending on what that line of work is and so really still wanting to make sure we capture that as best as we can throughout the proposal to make sure we're not establishing any undue burdens on that kind of reporting requirement or just verifying that you are meeting the requirement indeed.</p>
Amy R.	<p>Questions:</p> <ol style="list-style-type: none"> 1. What is CMS? So they will surely approve it right? So this is definitely going to happen, I assume. So what's the point of like the comments and the forums and stuff because it's not like us saying, please don't do this people without their insulin are going to die. It's not like you guys are going to say, okay, we're not going to do it. So what's the point, I guess, of like the forums and the comments? 2. And it really sounds like you guys don't really have like an idea of like how much it's going to cost to like do the administrative side of all of this versus how much you guys are going to save. And I keep reading that states that have done this in the past like it really didn't increase the amount of people that are working. It's just taking away people's medical insurance So why does Arizona want to do this? 3. So there was a law when Trump was president last time And since he's back, it's back coming into effect again? 	<ol style="list-style-type: none"> 1. CMS stands for the Centers for Medicare and Medicaid Services. They are the federal government, essentially. They are the federal Medicaid agency, if you will. So they oversee all of the individual state Medicaid agencies. So Medicaid is a program that is primarily run state to state and any large changes that we do, they have to approve. And the reason for that is primarily because they also fund a share of the state Medicaid program. And so in order for us to implement this program we have to put this proposal together and then submit it to CMS, to that federal government. They will review it, make sure it's in alignment with existing law or statute, and as long as they believe that it is in alignment, they then may approve the program. And if it's in alignment with their priorities then that's when we can implement it. So they're really the kind of oversight agency to each individual state. They're the federal component to Medicaid, which is a state and federal program. I think ultimately it's the state law still existing. So it was the decision of the Arizona state legislature in 2015 to pursue the program. We as the Medicaid agency are a nonpartisan agency as much as possible. We operate within whatever the existing law is at the time. We're not a political agency. We just operate within the law, unfortunately. We do our best that we can to still meet the needs of our members and kind of balance that line. And so

	<p>4. I know like as long as a kid is a full-time college student, they're exempt but what about that time where they're just trying to get their life going? Are they going to get stuck just you know, trying to get it like a piece of crap job at walmart that's going to keep that you know just that to try to either meet the work requirements or possibly qualify for like employer insurance, but they're still going to be so broke that they don't even have a chance to kind of build a real career and a real future and actually make money. I mean, we know Trump only loves his rich people but so maybe take into account like kids just starting out in life in their early 20s we don't want them just having to just get a piece of crap job to stay alive for their medical insurance instead of actually building a career. So you guys should take into account sometime right after they graduate college, or heaven forbid if they can even possibly afford to do it. You know, do you get what I'm saying like there's that they're starting trying to build their life. And if all they can do is get a job at Walmart to try to stay to keep medical insurance so they won't die because they were born sick, they don't have a chance of becoming anything more than just scrimping by paycheck to paycheck, you know?</p> <p>5. And you guys are still working out how we prove that looking for a job, I'm not even sure what falls under like volunteering but you know, you guys are still working all that out right on how to prove that you're trying.</p> <p>6. Sorry to take so much of your time, but I'm sure</p>	<p>the law is still in place, and that's ultimately the reason for the proposal today and for the forum today.</p> <p>2. I think for two reasons. First, to kind of address the first point there's not necessarily a guarantee that this program is approved or not approved. I know some members or some other stakeholders within the call and mentioned earlier that previously, the previous Trump administration had approved some and had not approved others. And really only one state had still implemented that program. And so there's really, I wouldn't say anything is certain, especially with the current environment. And so I think that's really the first component. And then the other component is public comment is still very important to us. And although the state law requires us to impose that work requirement, there's still some flexibility that we have as the agency. Medicaid agencies have to try and really make this program work as much as possible. And so we have that requirement. You're correct. We still have to apply for it. However, certain things like the exemption list or other components of the program are still very important to hear from the public for us. To make sure that we're doing what we can to still work within the existing state law, but also address as many comments or concerns as you or others may have.</p> <p>3. No, so it's a state law. So there's a difference between the state law, these are very good questions, Amy. Thank you so much for asking first off. In 2015, our state legislature passed the law. So our state government is a little bit different from the federal government, of course. The state government had passed this law that requires us to submit for a program and to implement a program like this. And then what had happened was in 2017 the first Trump administration, he had</p>
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	<p>there's other people out there like me that have a kid that's a kid that's getting closer to adulthood and is terrified about you know dying because they weren't lucky enough to be born healthy. And they're trying to start their lives and this could condemn them to some horrible terrible, you know, like, so... Sorry to take so much of your time, but especially since it seems like you guys don't even know if this is going to like save the government money or anything. Or, you know, if it's even help tell other than there was a law put on the books.</p> <p>7. I guess one other comment would be like, the pay or die documentary about people that can't afford their insulin are going to die. Keep that in mind too. Because it's really scary to know that because the medical corporations are so greedy that a \$5 bottle of insulin costs hundreds of dollars and people die because of that. And that's insane. So please take that into consideration that there's medicine out there that if people can't get it, they're going to die. Me being one of them. This is a very scary thing.</p>	<p>actually approved the program and we had begun some of the implementation for it. However, that implementation was halted at the time, there was some ongoing litigation, some lawsuits going on. As well as then that's when also the new Biden administration had come in and so the Biden administration had pulled away some of the approvals for some states, Arizona being one of them. And so because he pulled away that approval, we still, over the past few years, have technically had talked with CMS and said this state law still exists for us that we have to apply for this program. However, you had already shown us, and when I say you, I'm referring to the Biden administration at the time had already showed us that you were not going to approve it. Do we have to submit it again? And they would say essentially no. But now that the Biden administration is not there, the state law still exists, and so we still have to submit this as required by state law.</p> <p>4. Yeah, I completely hear you and I think that's why really we wanted to include not only two items on this list, so actively seeking employment would count. Obviously, the job market can be challenging for certain college graduates. And so as long as they're still seeking, they would not have to worry about these requirements. And then also four as well (referring to slide show). So maybe they graduated college but are doing some other kind of training for trying to get a new job or any other kind of similar related life skill training any other program similar to that would also qualify for this. And so by adding those two, we're really trying to be mindful of those situations and of those challenges that a lot of people face.</p> <p>5. Yeah. Correct. And that'll really be a lot of the implementation</p>
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		<p>phase where we'll likely kind of convene very similar forums to this once and if we have an approval from CMS, because at that point in time, we'll know exactly what the federal government has approved to be qualifying activities. And then that way we can exactly narrow down how we may need or want for members to verify that they are meeting these requirements. And so yeah, a lot of that will be worked out in implementation, but we'll likely have additional forums like this to seek input on those very specific facets of the program.</p> <p>6. Amy, you don't have to apologize. That is exactly what we're here for, right? This is exactly what we want to hear and need to hear and then also include within our proposal, right? Everything that is said today, everything that's written into us gets included in our proposal and it's additional fuel for us that we use to justify why we put the proposal the way we did. And so that's why these forms are so important to us and for the proposal and writing process and yeah, please do not apologize. You or anyone else. That's exactly what we're here for and trying to do today.</p>
Amber Gus	<p>Question:</p> <p>Thought of one more question. The 5 year lifetime limit is required by the AZ law, correct? Or is that portion of the program at all part of the negotiations with CMS and may not be implemented?</p>	<p>So the law does indeed require a lifetime limit. However, CMS does not technically have to approve all of them. This is not an all or nothing situation. A circumstance, CMS has the authority to maybe approve only the work requirement and maybe not lifetime limit or cost sharing. Ultimately, it's up to the federal government to decide, but that is a possibility. The law requires us to apply for a program that has these, it'll now be up to CMS to either approve all of them, one of them, or some combination of them. I hope that kind of helps provide some clarification.</p>

AHCCCS Hot Topics

Name	Stakeholder Questions and Comments	AHCCCS' Response
Bridget Swartz	<p>Question:</p> <p>How will AHCCS ensure that those who are disabled but not formally determined such for a variety of reasons are not considered ""able-bodied"" and dropped from coverage?</p>	AHCCCS has proposed various exemptions to make sure the individuals you are describing are not subject to the work requirements. Exemptions such as good cause, medically frail, and more.
Traci Gruenberger	<p>Question:</p> <p>To clarify, individuals who receive services through AZ Long Term Care (ALTCS) are exempt, is that correct?</p>	That is correct, certain disabilities would qualify. If you are receiving any other form of benefits, disability benefits or others such as ALTCS, you would not qualify for this program.
Jason Carpenter	<p>Question:</p> <p>Regarding the disability exemption, how will that be assessed? I work at a CRS clinic (MSIC in Flagstaff) where this could apply to many of our young adults with disabilities but who are not ALTCS/SSI/SSDI eligible. Thank you.</p>	This will ultimately depend on which eligibility group the individual falls into. By virtue of the program, many individuals outside of the "adult expansion" category would be automatically exempt from the program. Additionally, it will depend on the specific exemption the individual may fall into. This process would be finalized during implementation planning.
Jason Merrick	<p>Question:</p> <p>Will children, 0 to 18 yrs, be affected?</p>	This program would only apply to those 19-55 and same with the lifetime limit as well. Let's say a member is on AHCCCS from the age of 14 to 19, those years prior to the age of 19 would not count towards that lifetime limit. It would only be in the eligibility category and of course, when they're ages 14-18 they would not be subject to meet the work requirement either. So they would not be impacted by this program.
Deirdre	<p>Question:</p> <p>Does the \$10 copay apply retroactively, like to those instances that underwent review, or is it just for new</p>	The lifetime limit and all this program would only be proactive, it would not count for any previous usage of the Medicaid program. The same goes for our cost-sharing, it would be proactive from the date if and when approved by CMS going forward.

	instances that occur after the 3 warnings are given?	
Sandra Blaine	<p>Question:</p> <p>Will this work program be implemented to those that qualify for DDD services through Long Term Care?</p>	No, members with a disability and receive services from DDD would be exempt from the proposed program.
Jessica Gonzalez	<p>Question:</p> <p>Who determines what is non-emergency ambulance transport or not? For example; My daughter was requested to be taken via EMS by her on-call Neuro doctor to go to the ER and we live rural so we also had to be flown fixed wing for further testing even though we were stable but not baseline which was why they wanted her transported via EMS.</p>	Currently, we are proposing a post-visit medical review where it would likely be clinical staff determining whether the emergency services were appropriately used. In your example, because the service was requested by your neurologist, it is likely that the service was necessary and would not be subject to a warning or copay.
Darius Perry	<p>Question:</p> <p>Will the 190k be notified and if so, what is the time frame once approved?</p>	The time frame is ultimately still subject to change and will be a big part of negotiation and something that we are also seeking additional input or feedback from you all. Once there is an approval, oftentimes there is a full set time for implementation, not only implementation in the sense of making sure that all beneficiaries are notified, which will most likely be done through mail, email and any other form of communication channel we have. But also making sure that we as the Medicaid agency are staffed up and are ready to take on the infrastructure that running a program like this has. So that implementation time will likely be a year plus on top of the additional 6 months grace period that we offered. This gives a general highlight of what things may look like but again, that is subject to change through negotiations with our federal partners.
Sandra Blaine	<p>Question:</p> <p>Will this work program be implemented to those that qualify for DDD services through Long Term Care as they are not</p>	The exemptions that we have proposed would not only be for the work requirement program but also for the 5 year lifetime limit as well. So if an individual falls under any of the exemption categories, it would be for both the work requirement and for the lifetime limit.

	able bodied individuals and will the limit of 5 year medical benefits qualify to those that are DDD and ALTCS legible?	
Jason carpenter	Question: Can members who are CRS eligible be considered for exemption?	Absolutely. It's not explicitly called out currently in our proposal, however, information like this is exactly what we're looking for and evaluating now to include within our final version that gets sent to CMS here at the end of the month.
Sandra Blaine	Comment: He clarified that the work program does not apply to ALTCS eligible individuals. Does that mean that the 5 year cap for medical benefits does not apply to those that are ALTCS eligible and receive DDD services.	Correct, the proposed exemption list applies to both the work requirement and the lifetime limit.
Jasmine Cervantes	Question: Just to clarify- do the exemptions also apply to the cost-sharing?	No, the exemptions only apply to the work requirement and the lifetime limit.
Ryan Verley	Question: Have there been any efforts to determine the costs of implementation against the potential cost reductions for this program?	This is something that we are in the thick of trying to put a price on a lot of the implementation costs that will come about from this program. We are still required by state law to submit this program and so that hasn't necessarily been our main focus, we've more so been focusing our data teams on really understanding just how large of a population this will impact. However, that cost component is still very critical and top of mind for us.
Leslie Paulus	Question: If you are 56 yo and have had lifetime limit would you be able to get AHCCCS if you now have an exemption list criteria, cancer, disability etc.	56 is no longer part of the lifetime limit and the work requirement program. So even if you didn't qualify for one of the exemptions, at 56 you would then be able to get your Medicaid coverage again.

Victoria Struse	<p>Question:</p> <p>How is someone determined to be Medically Frail? Through a doctor's letter or statement?</p>	<p>It's something that has not yet been formally defined in our proposal. It is really one of the biggest things that we've been trying to seek additional feedback on from all of the forums that we have presented on this topic at so far. We understand that there's challenges and want to offer as much flexibility as possible through the more larger "catch all" exemption category that we are proposing. Any recommendations, advice or definitions that fits the needs of our members best, we are all ears and want to hear it as much as possible.</p>
Ryan Verley	<p>Question:</p> <p>Would the reporting for seeking work utilize the same reporting tool as Unemployment Benefits?</p>	<p>We don't have a definite answer quite yet. What we are really trying to do is align this program as much as possible with other existing programs and something like this would be a very likely possibility. However, again, we haven't quite got to the implementation phase so nothing is set in stone. We have worked very closely with DES so far and we'll continue to work through this with them and other agencies as well.</p>
Monique Cordova	<p>Question:</p> <p>How will this policy affect people in the age bracket (19-55) who are being evaluated for cognitive impairment but who do not yet have an official diagnosis?</p>	<p>Thank you, this policy would only impact these members if they do not qualify for one of the existing exemptions found within the proposal. These members may qualify for the medically frail exemption or the good cause exemption.</p>
Bridget Swartz	<p>Question:</p> <p>Will there be another opportunity for public comment as a result of the negotiations with CMS?</p>	<p>When we do submit it to our federal partner CMS, CMS then also holds their own public comment period for proposals. So that'll be the first area that you can also provide additional feedback. If and when approval is received for this program, we will then likely set up very similar forums to talk through implementation much more. So there will most likely be additional public forums at that time, however, that timeline is subject to change and uncertain if/when the approval may come for this program.</p>
Sandra Blaine	<p>Question:</p>	<p>The state law specifies that it is a lifetime measurement. However,</p>

	<p>If a person currently qualifies for one of the exemptions and then in the future no longer qualifies, does the 5 year start after the exemption stops? Is the lifetime measurement the time they received benefits prior to the exemption and then after the exemption or does it start over at 5 years after exemption?</p>	<p>we're trying to be as broad as possible with a lot of our exemptions to make sure that situations such as these are minimal.</p>
Hannah Woelke	<p>Question:</p> <p>Can receiving Vocational Rehabilitation services be added to the exemptions?</p>	<p>Yes. Currently those who are receiving vocational rehabilitation would likely be exempt from the AHCCCS Works requirements because in order to qualify for vocational rehabilitation the member must have certain disabilities.</p>
Anonymous	<p>Question:</p> <p>If somebody is disabled and they do not qualify for ALTCS, how will this impact them?</p>	<p>We're working on finalizing our exemption category as much as possible. Certain disabilities, whether you receive disability benefits from other state agencies, you would be exempt from the program. We are really trying to make sure that these work requirements do not apply to those who live with disabilities or other challenges that make it otherwise hard to meet the work requirement. We are operating within the state law as much as possible but are also trying to give as much flexibility through that exemption list. So if there are certain conditions or disabilities that you feel should be explicitly called out within our proposal, we're more than happy to hear it and want those recommendations and feedback and really encourage you all submit comments through email.</p>
Jaime Roberts	<p>Question:</p> <p>Is there an exemption for a family caregiver?</p>	<p>Yes, we currently have two different exemptions targeting caregivers: "Caregivers of a family member who is enrolled in ALTCS" and a more general "Parents, caretaker relatives, foster parents, and legal guardians (per A.R.S. 14-5209)."</p>
Leslie Paulus	<p>Comment:</p>	

	I think it is going to take a huge department to manage this.	
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OIFA Advisory Council

Name	Stakeholder Questions and Comments	AHCCCS' Response
Chaz Longwell	Question: Are veterans also included in the lifetime limit?	Yes. Those specified in the exemption category would not be subject to the work requirements/lifetime limits.
Libbi Rich	Question: Do we have any idea about how many of those ~190,000 are already working?	We're working on trying to put a number to it currently. We're seeing how many of the 190,000 have reported an income. However, at this moment we do not have a number but the goal is to include it in the final proposal. We understand that a fair number of these people are already working.
Kimberly Craig	Question: Any thoughts on verification required to meet for work requirements? How will it be verified?	We're seeking additional input if/when we get the program approved. Our goal is to utilize as much data and information we already have available and do not want to duplicate anything.
Janna Murrell	Question: Does this apply to all AHCCCS members or only those that are LTC eligible?	Does not apply to all AHCCS members, it only applies to a subset of AHCCCS members that are "able-bodied" adults between the ages of 19-55.

APPENDIX C

Waiver Amendment Public Comment Letters





18 March 2025

Carmen Heredia, Director
Arizona Health Care Cost Containment System
801 E. Jefferson St, MD 4200
Phoenix, AZ 85034

Re: Arizona Section 1115 Waiver Amendment Request: AHCCCS Works

Dear Director Heredia:

The American Heart Association (AHA) appreciates the opportunity to submit comments on the Arizona Section 1115 Waiver Amendment Request.

The AHA believes everyone, including Medicaid enrollees, should have access to quality and affordable health coverage. As the nation's oldest and largest organization dedicated to fighting heart disease and stroke, the AHA represents over 100 million patients with cardiovascular disease (CVD), including many who rely on Medicaid as their primary source of care.

The AHA is committed to ensuring that Arizona's Medicaid program provides quality and affordable health care coverage, and we are strongly opposed to Arizona's proposal to implement work reporting requirements, time limits, and emergency department and ambulance transport copays for Medicaid beneficiaries. These requirements would take away coverage from thousands of people in Arizona and jeopardize the health of people with CVD and other serious and chronic conditions. The AHA urges Arizona to not move ahead with this proposal and offers the following comments on the AHCCCS Works Demonstration:

Work Reporting Requirements

The AHCCCS Works Demonstration seeks to implement work reporting requirements for adults in the Medicaid expansion population aged 19-55 with incomes up to 138% of the federal poverty level (FPL), which is just over \$3000 per month for a family of three. These requirements are not about promoting work but about adding red tape that jeopardizes patients' access to care, and the AHA opposes them.

Work reporting requirements do not further the goals of the Medicaid program or help low-income individuals find work. The vast majority of those with Medicaid who can work already do so; nationally, 92% of individuals with Medicaid coverage under age 65 who do not receive Social Security disability benefits are either workers, caregivers, students, or unable to work due to illness.¹ Continuous Medicaid coverage can actually help people find and sustain employment. In a report looking at the impact of Medicaid expansion in Ohio, the majority of enrollees reported that being enrolled in Medicaid made it easier to work or look for work (83.5 percent and 60 percent, respectively).² That report also found that many enrollees were able to get treatment for previously untreated health conditions, which made finding work easier. Additionally, a study in The New England Journal of Medicine found that Arkansas's work requirement was associated with a significant loss of Medicaid coverage, but no corresponding

increase in employment.³ Terminating individuals' Medicaid coverage for non-compliance with these requirements will hurt rather than help Arizonans search for and obtain employment.

Beneficiaries who do not comply with the new requirements after an initial grace period will have coverage suspended for two months, at which point the state requests authority to disenroll individuals and prohibit them from re-enrolling in coverage. This would create gaps in care for patients and disrupt access to critical and often lifesaving services. Low-income populations are disproportionately affected by cardiovascular disease and these adults also report higher rates of heart disease, hypertension, and stroke. Medicaid serves as the coverage backbone for the health care services these individuals need, and gaps in care can seriously impact the health of CVD patients.

Additional processes to determine patient eligibility and participation in program requirements inherently create opportunities for administrative errors that jeopardize access to care. The waiver is unclear on reporting and enforcement of the work reporting requirements and good cause circumstances. The state does not have a clear process for how it will ensure that reporting is accessible to all enrollees, nor does it clarify if compliance will be solely determined with data matching. If the state intends to rely on data matching, there will undoubtedly be individuals whose data is incomplete, outdated, or not accurately captured by the systems in use.

The AHA urges the state to not move ahead with the proposed working reporting requirements.

Time Limits

The AHA is also opposed to time limits on Medicaid coverage. The state's proposed five-year time limit on how long someone can maintain Medicaid coverage does not promote the objectives of Medicaid. It is an arbitrary, harmful policy and could limit patients' access to critical treatment when they need it most. The federal government did not approve a nearly identical version of this policy proposed by Arizona in 2019,⁴ and the state should not move ahead with this proposal. People, regardless of income, need access to health care throughout their lives.

This policy runs counter to both the objectives of Medicaid and the demonstration's stated objectives of supporting Arizonans in gaining the "fulfillment that comes with employment." In Arizona, minimum wage is \$14.70, meaning that a family of three where one parent is working full-time at minimum wage would make \$2,352 each month, still falling well under 138% of the FPL (\$3,064 per month). Under the proposed time limit, working families with stable incomes would lose coverage despite complying with all other Medicaid eligibility requirements. Additionally, families and individuals in Arizona should not be penalized for having previously relied upon public benefits programs, including before this proposal goes into effect.

The AHA urges the state not to move ahead with the proposed time limit for Medicaid coverage.

Cost of Implementation

The AHA is concerned by the cost to implement this waiver's implementation. There will likely be large administrative costs given the complexity of tracking work activities, tracking months countable toward the time limit, implementing a new data collection process, and having a system in place to identify and track exemptions. For example, a GAO study of work reporting requirements estimated that the administrative costs could be up to \$272 million.⁵ In Georgia, the state spent over \$86 million within a

year of implementing the Georgia Pathways to Coverage Program,⁶ despite the low enrollment, and it is estimated that 90% of this was for administrative and consulting costs.⁷ Furthermore, the aforementioned changes in coverage status are likely to lead to churn, placing greater administrative burden on Arizona's Medicaid program. The administrative cost of churn is estimated to be between \$400 and \$600 per person.⁸ Arizona's Medicaid program is unprepared for the cost and administrative disruption of the proposed requirements. Redirecting these resources toward expanding coverage options and addressing barriers to enrollment could enhance program effectiveness and better serve eligible populations.

Lack of Detail

The AHA is concerned that Arizona's proposal lacks key details that prevents commenters from providing meaningful input on the proposed changes. The proposal states that enrollees who do not meet the work reporting requirements will be suspended from coverage and disenrolled for noncompliance. However, the demonstration fails to clarify if or when an individual would be disenrolled for noncompliance, and how or when beneficiaries will report their hours. While the state establishes a data collection process to determine compliance, it is unclear how often data would be checked or what reporting beneficiaries would be required to do. Furthermore, the demonstration fails to provide estimates of the impact of this waiver on enrollees, including the number of people who will lose coverage under the new requirements, the number of applicants who will be denied enrollment due to the new requirements, and the number of individuals who are expected to lose coverage as a result of the proposed five-year time limit. The AHA urges the state to clarify these points and reissue the proposal for another comment period of at least 30 days.

Conclusion

The AHA opposes work reporting requirements and time limits on coverage, as they are not in line with the goals of the Medicaid program. The waiver proposal threatens the continuity of care for patients, places undue administrative burden on patients and the Medicaid program, and lacks critical details. To protect access to affordable and quality health care for Arizonans, we urge the state not to move ahead with this proposal.

Thank you for the opportunity to provide comments.

Sincerely,
Eryn Streeter
State Government Relations Director
American Heart Association

¹ Tolbert, Jennifer et al. Understanding the Intersection of Medicaid & Work: An Update. KFF. February 4, 2025. Available at: <https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work-an-update/>

² Ohio Department of Medicaid, 2018 Ohio Medicaid Group VII Assessment: Follow-Up to the 2016 Ohio Medicaid Group VIII Assessment, August 2018. Accessed at: <http://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Final-Report.pdf>.

³ Benjamin D. Sommers, MD, et al. "Medicaid Work Requirements—Results from the First Year in Arkansas," *New England Journal of Medicine*. Published online June 18, 2019. Available at:

https://cdf.nejm.org/register/reg_multistep.aspx?promo=ONFGMM02&cpc=FMAAALLV0818B

⁴ Arizona Health Care Cost Containment System Demonstration Approval. Centers for Medicare and Medicaid Services. January 18, 2019. Available at: <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/az/Health-Care-Cost-Containment-System/az-hccc-appvd-demo-01182019.pdf#page=6>

⁵ Medicaid Demonstrations: Actions Needed to Address Weaknesses in Oversight of Costs to Administer Work Requirements. U.S. Government Accountability Office. October 1, 2019. Available at: <https://www.gao.gov/products/gao-20-149>

⁶ Coker, Margaret. "Georgia Touts its Medicaid Experiment as a Success. The Numbers Tell a Different Story. ProPublica. February 19, 2025. Available at: <https://www.propublica.org/article/georgia-medicaid-work-requirement-pathways-to-coverage-hurdles>

⁷ Miller, Andy and Rayasam, Renuka. "Georgia's Medicaid Work Requirements Costing Taxpayers Millions Despite Low Enrollment," KFF Health News. March 20, 2024. Available at: <https://kffhealthnews.org/news/article/georgia-medicaid-work-requirements-experiment-high-cost-low-enrollment/>

⁸ Swartz, Katherine et al. Reducing Medicaid Churning: Extending Eligibility For Twelve Months or To End of Calendar Year Is Most Effective. *Health Affairs* July 2015 34:7, 1180-1187 Available at: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2014.1204>



March 19, 2025

Carmen Heredia
Director
Arizona Health Care Cost Containment System
801 E. Jefferson St, MD 4200
Phoenix, AZ 85034

Re: Arizona Section 1115 Waiver Amendment Request: AHCCCS Works

Dear Director Heredia:

The American Lung Association appreciates the opportunity to submit comments on the Arizona Section 1115 Waiver Amendment Request.

The American Lung Association is the oldest voluntary public health association in the United States, currently representing the more than 35 million Americans living with lung diseases, including more than 1.1 million Arizonans. The Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease through research, education and advocacy.

The Lung Association is committed to ensuring that Arizona's Medicaid program provides quality and affordable healthcare coverage. The Lung Association is strongly opposed to Arizona's proposal to implement work reporting requirements, time limits, and emergency department and ambulance transport copays for Medicaid beneficiaries. These requirements would take away coverage from thousands of people in Arizona and jeopardize the health of people with lung disease and other serious and chronic conditions. The Lung Association urges Arizona to not move ahead with this proposal and offers the following comments on the AHCCCS Works Demonstration:

Work Reporting Requirements

The AHCCCS Works Demonstration seeks to implement work reporting requirements for adults in the Medicaid expansion population aged 19-55 with incomes up to 138% of the federal poverty level (FPL), which is just over \$3000 per month for a family of three. These requirements are not about promoting work but about adding red tape that jeopardizes patients' access to care, and the Lung Association opposes them.

Work reporting requirements do not further the goals of the Medicaid program or help low-income individuals find work. The vast majority of those with Medicaid who can work already do so; nationally, 92% of individuals with Medicaid coverage under age 65 who do not receive Social Security disability benefits are either workers, caregivers, students, or unable to work due to illness.¹ Continuous Medicaid coverage can actually help people find and sustain employment. In a report looking at the impact of Medicaid expansion in Ohio, the majority of enrollees reported that being enrolled in Medicaid made it easier to work or look for work (83.5% and 60%, respectively).² That report also found that many enrollees were able to get treatment for previously untreated health conditions, which made finding work easier. Additionally, a study in The New England Journal of Medicine found that Arkansas's work requirement was associated with a significant loss of Medicaid coverage, but no corresponding increase

in employment.³ Terminating individuals' Medicaid coverage for non-compliance with these requirements will hurt rather than help Arizonans search for and obtain employment.

Beneficiaries who do not comply with the new requirements after an initial grace period will have coverage suspended for two months, at which point the state requests authority to disenroll individuals and prohibit them from re-enrolling in coverage. This would create gaps in care for patients and disrupt access to critical and often lifesaving services. For a patient with COPD or asthma, a gap in healthcare coverage can disrupt access to medications needed to control their health condition and lead to an exacerbation that requires an emergency room visit costly to both the patient and the state.

The waiver is unclear on the reporting process for these requirements. The state does not have a clear process for how it will ensure that reporting is accessible to all enrollees, nor does it clarify if compliance will be solely determined with data matching. If the state intends to rely on data matching, there will undoubtedly be individuals whose data is incomplete, outdated, or not accurately captured by the systems in use. Navigating an appeals process can be time-consuming and burdensome. For individuals in active treatment for lung cancer or other lung diseases, a challenging appeals process could impact access to lifesaving treatment. Patients may not have the time or resources to complete a lengthy eligibility appeal, leading to loss of coverage.

The Lung Association is also concerned that the current exemption criteria may not capture all individuals with, or at risk of, serious and chronic health conditions that prevent them from working. For example, the application states that the definition of medically frail will be developed in the future, making it hard to comment on this aspect of the application at this time. Similarly, while the proposal states that individuals who are suspended from coverage may be reinstated if the state can verify that they had good cause circumstances, the reporting process for this is also unclear. Any reporting process for exempt enrollees and those with good cause circumstances will create opportunities for administrative error that could jeopardize people's coverage. No exemption criteria can circumvent these problems and the serious risk to the health of people with lung disease and other chronic conditions.

The Lung Association urges the state to not move ahead with the proposed working reporting requirements.

Time Limits

The Lung Association is strongly opposed to time limits on Medicaid coverage. The state's proposed five-year time limit on how long someone can maintain Medicaid coverage does not promote the objectives of Medicaid. It is an arbitrary, harmful policy and could limit patients' access to critical treatment when they need it most. The federal government did not approve a nearly identical version of this policy proposed by Arizona in 2019,⁴ and the state should not move ahead with this proposal.

People, regardless of income need access to healthcare throughout their lives. Limits on care can impact patients' access to critical treatment when they need it most. For example, a person with asthma who tries to enroll in Medicaid but is denied coverage because of the lifetime coverage limit could be unable to get the inhaler they need to breathe. Lung cancer treatment is a long process, and an estimated 30-50% of patients who are treated for non-small cell lung cancer with surgery still develop cancer

recurrence.⁵ If a lung cancer patient's coverage ends as a result of a lifetime coverage limit, they could be left without access to lifesaving treatment.

This policy runs counter to both the objectives of Medicaid and the demonstration's stated objectives of supporting Arizonans in gaining the "fulfillment that comes with employment." In Arizona, minimum wage is \$14.70, meaning that a family of three where one parent is working full-time at minimum wage would make \$2,352 each month, still falling well under 138% of the FPL (\$3,064 per month). Under the proposed time limit, working families with stable incomes would lose coverage despite complying with all other Medicaid eligibility requirements. Additionally, families and individuals in Arizona should not be penalized for having previously relied upon public benefits programs, including before this proposal goes into effect.

The Lung Association urges the state to not move ahead with the proposed time limit for Medicaid coverage.

Copayments for Non-Emergency Use of the Emergency Department

The Lung Association opposes the proposed copay for non-emergent use of ambulance transport or the Emergency Department (ED). These copays deter patients from seeking care, which can result in negative health outcomes for patients with acute and chronic diseases. For example, a study of enrollees in Oregon's Medicaid program demonstrated that implementation of a copay on emergency services resulted in decreased utilization of such services but did not result in cost savings because of subsequent use of more intensive and expensive services.⁶ Asthma alone is responsible for nearly 2 million emergency department visits each year in the U.S.⁷ People should not be financially penalized for seeking lifesaving care or transportation for a breathing problem, complications from a cancer treatment or any other critical health problem that requires immediate care. The Lung Association urges the state to not move ahead with this policy.

Cost of Implementation

The Lung Association is concerned by the cost to implement this waiver. There will likely be large administrative costs to the state given the complexity of tracking work activities, tracking months countable toward the time limit, implementing a new data collection process, and having a system in place to identify and track exemptions. For example, a GAO study of work reporting requirements estimated that the administrative costs could be up to \$272 million.⁸ In Georgia, the state spent over \$86 million within a year of implementing the Georgia Pathways to Coverage Program, despite the low enrollment, and it is estimated that three quarters of this was for administrative and consulting costs.⁹ Furthermore, the aforementioned changes in coverage status are likely to lead to churn, placing greater administrative burden on Arizona's Medicaid program. The administrative cost of churn is estimated to be between \$400 and \$600 per person.¹⁰ Arizona's Medicaid program is unprepared for the cost and administrative disruption of the proposed requirements.

Lack of Detail

The Lung Association is concerned that Arizona's proposal is lacking key details that prevents commenters from providing meaningful input on the proposed changes. The proposal states that enrollees who do not meet the work reporting requirements will be suspended from coverage and disenrolled for noncompliance. However, the demonstration fails to clarify if or when an individual would be disenrolled for noncompliance, and how or when beneficiaries will report their hours. While

the state establishes a data collection process to determine compliance, it is unclear how often data would be checked or what reporting beneficiaries would be required to do. Furthermore, the demonstration fails to provide estimates of the impact of this waiver on enrollees, including the number of people who will lose coverage under the new requirements, the number of applicants who will be denied enrollment due to the new requirements, and the number of individuals who are expected to lose coverage as a result of the proposed five-year time limit. The Lung Association urges the state to clarify these points and reissue the proposal for another comment period of at least 30 days.

Conclusion

The Lung Association remains opposed to work reporting requirements, time limits on coverage, and ambulance and ED copays as they are not in line with the goals of the Medicaid program and will jeopardize access to care for thousands of people with lung disease and other chronic conditions. In order to protect access to affordable and quality healthcare for Arizonans, we urge the state not to move ahead with this proposal.

Sincerely,



JoAnna Strother
Senior Director, Advocacy
American Lung Association in Arizona

¹ Tolbert, Jennifer et al. Understanding the Intersection of Medicaid & Work: An Update. KFF. February 4, 2025. Available at: <https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work-an-update/>

² Ohio Department of Medicaid, 2018 Ohio Medicaid Group VII Assessment: Follow-Up to the 2016 Ohio Medicaid Group VIII Assessment, August 2018. Accessed at: <http://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Final-Report.pdf>.

³ Benjamin D. Sommers, MD, et al. "Medicaid Work Requirements—Results from the First Year in Arkansas," *New England Journal of Medicine*. Published online June 18, 2019. Available at: https://cdf.nejm.org/register/reg_multistep.aspx?promo=ONFGMM02&cpc=FMAAALLV0818B

⁴ Arizona Health Care Cost Containment System Demonstration Approval. Centers for Medicare and Medicaid Services. January 18, 2019. Available at: <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/az/Health-Care-Cost-Containment-System/az-hccc-appvd-demo-01182019.pdf#page=6>

⁵ Uramoto H, Tanaka F. Recurrence after surgery in patients with NSCLC. *Transl Lung Cancer Res*. 2014 Aug;3(4):242-9. doi: 10.3978/j.issn.2218-6751.2013.12.05. PMID: 25806307; PMCID: PMC4367696.

⁶ Wallace NT, McConnell KJ, et al. How Effective Are Copayments in Reducing Expenditures for Low-Income Adult Medicaid Beneficiaries? Experience from the Oregon Health Plan. *Health Serv Res*. 2008 April; 43(2): 515–530. Available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC2442363/>

⁷ Agency for Healthcare Research and Quality. HCUPnet, Healthcare Cost and Utilization Project, 2006-2019.

⁸ Medicaid Demonstrations: Actions Needed to Address Weaknesses in Oversight of Costs to Administer Work Requirements. U.S. Government Accountability Office. October 1, 2019. Available at: <https://www.gao.gov/products/gao-20-149>

⁹ Coker, Margaret. "Georgia Touts its Medicaid Experiment as a Success. The Numbers Tell a Different Story. ProPublica. February 19, 2025. Available at: <https://www.propublica.org/article/georgia-medicaid-work-requirement-pathways-to-coverage-hurdles>

¹⁰ Swartz, Katherine et al. Reducing Medicaid Churning: Extending Eligibility For Twelve Months or To End of Calendar Year Is Most Effective. *Health Affairs* July 2015 34:7, 1180-1187 Available at: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2014.1204>

Arizona Chapter

INCORPORATED IN ARIZONA

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



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March 19, 2025

AHCCCS

C/O OOD-Division of Public Policy and Strategic Planning

801 E. Jefferson Street, MD 4200

Phoenix, AZ 85034

Dear Director Heredia:

The Arizona Chapter of the American Academy of Pediatrics (AzAAP) appreciates the opportunity to provide comments regarding the proposed Medicaid waiver amendment to add work requirements as a condition of Medicaid coverage for adults and impose time limits on coverage. The AzAAP is a nonprofit organization representing over 1,000 pediatric professionals from across the state and is dedicated to the health, safety and well-being of all Arizona infants, children, adolescents and young adults. While children are exempt from the requirements, parental coverage also affects children's economic security and their overall well-being. Children need healthy parents who can attend to their physical and emotional needs. When parents lose coverage, their ability to care for their children and their children's health will be adversely affected.

In addition, these requirements conflict with Medicaid's objective of providing medical assistance through health coverage. Also, work requirements do not promote employment because insurance coverage helps people get and stay healthy enough to find jobs and keep working. Indeed, many people are able to work because they can keep chronic and mental health conditions under control through AHCCCS coverage. Making work search a precondition for Arizonans to access health coverage adds yet another barrier to employment.

The time limits also do not promote the objectives of the Medicaid program, as they inherently limit coverage after an arbitrary period of time. When families do not have health care coverage, they delay receiving care allowing their health to deteriorate before seeking more expensive forms of care. The lifetime ban also will significantly increase the amount of uncompensated care. At a time when Arizona is experiencing healthcare workforce shortages, these increases in uncompensated care will create greater shortages because healthcare providers, hospitals and clinics cannot survive the loss of compensated care.

There also will be enormous administrative costs to the state given the complexity of tracking work activities, tracking months countable toward the time limit, implementing a new data collection process, and having a system in place to identify and track exemptions. A GAO report on work requirements found that estimated administrative costs could be up to \$272M dollars.

The experience of other states in implementing work requirements has been administratively cumbersome, with implementation topping \$26 million in Arkansas, which found no increase in employment among those subject to the new work requirements. In addition, Arkansas saw 18,000 adults lose coverage in a matter of months following implementation of the work requirements there. Arizona should learn from the experience of other states and not impose work requirements that are not effective and are more costly than expected.

If approved, the lifetime limit would lead to more people losing health insurance and being forced to use the emergency room as their only place for health care. The emergency room is the most expensive place to receive health care, and its overuse would burden the health care system for everyone. Children would undoubtedly be negatively impacted by their parents' health crisis and inability to pay for treatment. In addition, if someone who is subject to a one-year or lifetime ban becomes medically frail or eligible for an exemption, it is unclear if they will be able to have the ban lifted and obtain needed health care coverage.

Arizona's Medicaid system is nationally respected and acts as a critical safety net for hundreds of thousands of working families. Creating barriers for adults to maintain health coverage **will only hurt families and their children** by threatening their health and making it hard for them to get jobs and stay working while increasing administrative burdens on the state.

Thank you for the opportunity to respond to the waiver proposal.

Sincerely,



Mary Rimsza, MD, FAAP
AzAAP Advocacy Committee Chair

March 19, 2025

Carmen Heredia, Director
Arizona Health Care Cost Containment System
801 E. Jefferson St.
Phoenix, AZ 85034

Re: Public Comment on AHCCCS Works 1115 Waiver Amendment Request

Dear Director Heredia,

Thank you for the opportunity to comment on the proposed AHCCCS Works 1115 waiver amendment, particularly regarding its impact on AHCCCS members, health plans, providers, and the broader health care system.

The Arizona Association of Health Plans (AzAHP) members are the private sector contractors that administer the program on behalf of AHCCCS. Our members have deep experience in designing and implementing Medicaid programs and policies in ways that minimize burdens on both AHCCCS members and providers. We can provide a unique perspective on both the administrative complexity of major system changes, as well as the on-the-ground impact of how these programs impact members and our state's health care workforce.

We commend AHCCCS for its thoughtful approach and stakeholder engagement, and we look forward to continued conversation on these important issues, particularly around implementation and administration of program changes.

Community Engagement/Work Requirements

We understand why policymakers want to incentivize AHCCCS members to work. There is value for all Arizona residents to contribute to our collective economic and social well-being. And we have good news: AHCCCS members are working. We know this because since over the past year, the number of people on AHCCCS has declined by almost 200,000, most of whom because they obtained jobs that lifted them off the programs. We should all be celebrating these wins.

First we would like to emphasize that Congress and the Trump Administration, who are considering how to establish national Medicaid work requirements, should learn from Arizona. When lawmakers passed Arizona's work requirements in 2015, they allowed the Executive Branch to design a program that works for our great state. Stakeholder feedback conducted on these requirements both in 2017 and now again in 2025 demonstrated that such engagement is critical – there are many groups such as veterans, people in active substance

use treatment, those with acute medical needs, and more, who will be affected by these changes to Medicaid. We urge federal policymakers to use the experience in Arizona to support state flexibility in the design and implementation of any national requirements.

That said, we want to clearly convey that as Arizona designs its programs, it must carefully consider that community engagement requirements risk imposing substantial administrative burdens while reducing access to essential health services for vulnerable populations. Drawing on lessons from similar policies implemented in Arkansas and Georgia, it is critical to ensure that the AHCCCS program remains accessible and administratively efficient without unnecessary bureaucratic barriers.

Lessons from Prior Medicaid Work Requirement Implementations

The implementation of Medicaid work requirements in Arkansas in 2018 led to the loss of coverage for over 18,000 individuals within a matter of months due to administrative complexity, rather than actual non-compliance. Many beneficiaries faced difficulties in navigating reporting systems, were confused or unaware of reporting requirements, or experienced barriers related to digital literacy and internet access. Evidence showed that many of the individuals impacted were already working but struggled with documentation and reporting.¹

Similarly, in Georgia's Pathways to Coverage program, which was launched in 2023, early evidence suggests that the complex enrollment process and ongoing verification requirements have significantly limited participation, even among those who meet the eligibility criteria. News reports cite administrative costs of more than \$50 million, and possibly as much as \$80 million, to facilitate coverage of roughly 8,000 enrollees.² These examples demonstrate how program design can result in bureaucratic obstacles, rather than workforce engagement, determining access to Medicaid coverage.

Administrative Burden and Increased Bureaucracy

The AHCCCS Works proposal has the potential to create similar challenges, imposing new compliance and reporting requirements on both beneficiaries and health care providers. The administrative burden associated with tracking work or community engagement hours, verifying exemptions, and processing terminations and appeals will require significant state resources while also straining the capacity of health plans and providers. Indeed, Georgia learned this and is now verifying compliance only upon initial application and annual renewal.³

Determining Medicaid eligibility is exclusively a state responsibility. As AHCCCS identifies data sources that support the identification of exempt populations by health plans and providers, it should use existing portal and system tools (e.g., the DUGless system) to facilitate reporting. Health plans, which play a critical role in ensuring continuity of care, should not be burdened with additional bureaucracy that diverts resources away from patient care and quality

¹ [Reporting Requirements Matter \(A Lot\): Evidence From Arkansas's Medicaid Work Requirements | Health Affairs](#)

² [Georgia's Medicaid Work Requirement Blocks Its Most Vulnerable From Coverage — ProPublica](#)
[Get a job or lose Medicaid? Arkansas and Georgia show it's not that simple.](#)

³ [Eligibility | Georgia Pathways to Coverage](#)

improvement initiatives. Similarly, given Arizona's known health professional shortages, we are concerned about expectations that health care providers will be diverted from providing care to documenting patient ability to work. We encourage AHCCCS to develop a process that minimizes patient care disruption while still providing members with a process to document their needed exemption from these requirements.

Human Impact and Coverage Loss

Blanket work requirements do not account for the realities faced by low-income populations, including unstable job schedules, caregiving responsibilities, and chronic health conditions. Many AHCCCS members who would be subject to these requirements are already working or engaged in caregiving and other community activities but may struggle with verifying compliance under a rigid system. The risk of unintended coverage loss is substantial, leading to gaps in care, increased emergency room visits, and worse health outcomes, ultimately driving up overall health care costs. AzAHP appreciates that AHCCCS has identified appropriate exemptions to the requirements that attempt to minimize the impacts of potential coverage loss for non-compliances, and we encourage AHCCCS to monitor these impacts and make adjustments as appropriate. For example, rural and frontier areas in Arizona tend to have fewer available jobs, lack public transportation and fewer resources and rural residents may face additional barriers that should be monitored as the program is implemented. In addition, there may be caregivers for individuals other than children and ALTCS members who may also need exemptions. Ongoing flexibility will be important to ensure the requirements target only those intended.

Medicaid's primary role is to provide health coverage, not to serve as an employment program. While well intended, the introduction of bureaucratic hurdles to maintain eligibility should not undermine the program's mission and place undue strain on beneficiaries, health care providers, and the state's administrative resources.

Lifetime Limits

AzAHP opposed the Legislative proposal for a five-year life time limit requirement when it was enacted. In 2016 and 2017, we called this measure "draconian" in our comments regarding 1115 waiver application and we remain steadfast in our opposition to this legislative mandate today.

The statutory requirements for this proposal impose a heavy-handed and inflexible eligibility limit on our state's Medicaid program and do not account for individual needs. Members who reach this limit will no doubt still have health care needs and will end up crowding our hospital emergency departments for needed, but uncompensated care.

Establishing lifetime limits cannot be construed to advance the Medicaid program's core objective, will decrease both coverage and health outcomes and erode Arizona's health care delivery system.

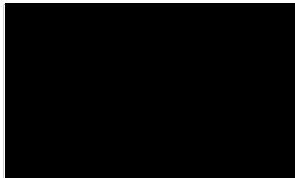
Emergency Department Copayments

While we understand the statutory requirement to request cost sharing for non-emergency use of the emergency department, we question the utility of these provisions. AHCCCS provides

reporting on Emergency Department use, and all AzAHP are engaged in efforts to educate members about the appropriate use of the Emergency Department as well as other options for seeking needed care.⁴ While required by statute, this effort seems administratively burdensome and will likely not request in changes to member behavior.

In conclusion, AzAHP thanks AHCCCS for its continued thoughtful approach to these statutory requirements. We urge AHCCCS to prioritize policies that ensure access to care and a stable health care delivery system without adding unnecessary burdens on the system. We also request involvement in the development of any related implementation plans to help advance those same goals. Thank you for the opportunity to provide input on this important issue.

Sincerely,



Beth Kohler
Chief Executive Officer

⁴ [2024AHCCCS ED Utilization Report.pdf](#)



March 20, 2025

Arizona Health Care Cost Containment System
C/O OOD-Division of Public Policy and Strategic Planning
801 E. Jefferson Street, MD 4200, Phoenix, AZ 85034
waiverpublicinput@azahcccs.gov

Dear AHCCCS:

The Arizona Hospital and Healthcare Association (AzHHA), the Health System Alliance of Arizona (The Alliance), the Arizona Medical Association (ArMA), the Arizona Alliance for Community Health Centers (AACHC), the Arizona Council of Human Services Providers (The Council), and the Arizona Academy of Family Physicians (AAFP) thank you for the opportunity to comment on the AHCCCS Administration's proposed AHCCCS Works Waiver Amendment that would implement a work requirement and a lifetime limit as required by Laws 2015, Ch. 7 (S.B. 1092). We understand that this is a very similar waiver proposal to the AHCCCS Works proposal AHCCCS submitted in 2017, which was approved by CMS in 2019 but later rescinded by the Biden Administration.

In this proposed waiver amendment, the Administration is requesting CMS approval to implement the following:

- The requirement for able-bodied adults between the ages of 19 and 55 in the Group VIII expansion population to be employed, to actively seek employment, to attend school, or to partake in Employment Support and Development activities for at least 20 hours per week, unless an exemption applies.
- The authority for AHCCCS to suspend such a beneficiary from enrollment for two months if the beneficiary fails to comply with the AHCCCS Works requirements, cannot show that a good cause exemption applies and does not initiate an appeal of the suspension.
- The authority for AHCCCS to ban such a beneficiary from Medicaid enrollment for one year if the beneficiary knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements.
- The authority for AHCCCS to limit lifetime coverage to five years for such beneficiaries accrued during the time they are subject to the work requirements and are non-compliant.
- The authority for AHCCCS to implement cost-sharing for non-emergency use of the Emergency Department and ambulance transport.

We appreciate the Administration's thoughtful approach to developing policies that are fair to the Medicaid population, stakeholders, and providers. However, we would like to express some concerns regarding the proposed work requirements and the five-year lifetime limit. We believe these aspects may not align with the core purpose of the Medicaid program, which is to serve as a safety net for individuals who may not otherwise have access to healthcare.

Additionally, we have some questions about the proposed policy requiring beneficiaries to pay cost-sharing for non-emergency use of the emergency department. Evidence from other states suggests that similar cost-sharing measures do not significantly reduce emergency department visits or lead to substantial cost savings, and we worry they may inadvertently have negative health implications.

Thank you for considering our input.

Work-Related Requirements

We support the Administration's pursuit of assisting members in finding employment. There is undoubtedly a link between health and employment status, in addition to an array of other health determinants. However, we have significant concerns regarding the proposed work requirements. The introduction of a policy requiring members to obtain work assumes that the approximately 500,000 beneficiaries who comprise the Group VIII population¹ electively abstain from work. Evidence from other states demonstrates that work requirements do not increase employment but instead lead to massive Medicaid disenrollment due to administrative complexities. In Arkansas, for example, over 18,000 Medicaid beneficiaries lost coverage within months of implementation—not because they were unwilling to work but due to reporting failures and systemic barriers.

It is important to consider that the relatively small percentage of the AHCCCS population subject to these requirements, along with the even smaller number of beneficiaries successfully securing employment, may not yield sufficient results to justify the program's implementation costs. Furthermore, if non-compliant, able-bodied adults face a two-month suspension, we may see an increase in emergency department visits due to their inability to afford care in other settings. This situation could lead to negative health outcomes and, ultimately, more expensive care. We hope for a collaborative approach to finding solutions that support both employment and healthcare access.

Work Requirement Exemptions

The proposed exemptions, which we agree are necessary, will significantly reduce the percentage of the AHCCCS population that will be subject to this proposal. We are concerned that the small percentage of AHCCCS beneficiaries subject to these requirements, and even fewer who find work, may not justify the program's administrative costs.

We also have concerns about specific populations that are subject to the work requirements. **Some of the exemptions are undefined or narrowly defined.** Consequently, they would not capture some individuals with chronic conditions, individuals with mental health conditions, seasonal workers, and caregivers of needy family members. Our concerns regarding undefined or narrowly defined exemptions include:

- **Understanding the definition of “medically frail.”** Does medically frail cover beneficiaries such as organ transplant recipients and those who have life-threatening diseases such as HIV or cancer who depend on their Medicaid coverage for access to life-saving medication and treatment? Without assurance of this coverage, these vulnerable populations will potentially suffer adverse health outcomes, poor quality of life, or even death.
- **Mental health conditions.** Individuals with mental health conditions separate and apart from substance use disorders often struggle with employment stability.
- **Rural Arizona.** We are also concerned about beneficiaries working in rural communities and seasonal industries. Fluctuating job availability means that some individuals may work overtime during some months of the year but fewer than 20 hours at other times. We encourage AHCCCS to look to Arkansas's experience. Arkansas was the first state to implement Medicaid

¹ See <https://www.azahcccs.gov/Resources/Downloads/PopulationStatistics/2025/Feb/PopulationbyCategory02182025.pdf>.

work requirements in 2018, mandating certain low-income adults to work or engage in community activities for at least 80 hours per month to maintain coverage. Over 18,000 individuals lost their Medicaid coverage, many from rural areas with limited job opportunities and poor internet access. Rural hospitals faced increased uncompensated care costs as patients delayed seeking care or turned to emergency services without insurance, straining their finances.

- **Able-bodied definition.** We also believe the age range included in the definition of “able-bodied” should be changed from 19-56 to 19-49 because individuals 50 years and older are more likely to suffer from chronic health conditions. These individuals need continued access to healthcare coverage to manage these conditions, remain healthy, and obtain healthcare services in lower-cost and acuity settings.
- **Parents, caretaker relatives, foster parents, and legal guardians.** We are concerned about the lack of a definition for the exemption for “parents, caretaker relatives, foster parents, and legal guardians.” S.B. 1092 only exempts sole caregivers of a family member under five years of age. Is this what the waiver contemplates, or does the exemption apply to caregivers of a child up to the age of 18? If a caregiver of a child who is five years old is required to work, the income generated could be insufficient to cover the cost of childcare. In some areas of the state, childcare may not even be accessible. We urge AHCCCS to consider the implications of how this exemption is defined should the program be approved.

We are concerned that the exemption for family caregivers is limited to those enrolled in ALTCS. Many individuals may not qualify for ALTCS but still require substantial home care. For instance, those who can perform most Activities of Daily Living (ADLs) but are at risk of falling need caregiver assistance. Similarly, individuals with serious mental illnesses may need support to manage daily activities and treatment, while those with dementia may require reminders for medications and assistance with daily tasks. Additionally, individuals who qualify for long-term care under a private health plan may still need caregiving, regardless of their ALTCS status.

While we support incentivizing employment and creating a path forward for individuals to exit the Medicaid system, we are very concerned that this proposal provides a great disservice to vulnerable individuals in need of health care who are not included in the current list of exemptions. Also, some employers do not offer comprehensive healthcare coverage to their employees. Without Medicaid coverage, these working individuals who also lack employer coverage will likely defer seeking care and suffer adverse health consequences.

Five-Year Lifetime Limit

We believe a five-year life limit on benefits is not only arbitrary and unfair to beneficiaries but also completely contrary to the purpose of the Medicaid program, which is to provide a healthcare safety net for Americans. A lifetime limit would disproportionately affect older beneficiaries, who are more likely to need health care services for chronic conditions. It would also jeopardize health outcomes and drive up uncompensated care and overall health-related expenditures.

Imposing a strict five-year cap on Medicaid eligibility ignores the dynamic health and economic realities that individuals encounter throughout their lives. We are deeply concerned that Arizonans who exhaust their five years of Medicaid in their youth may find themselves without essential coverage during critical times later on. As people age, their likelihood of requiring care for chronic health conditions increases, yet they may be ineligible for Medicare. Also deeply concerning is the scenario in which an individual becomes disabled after reaching their lifetime limit and would find themselves without a safety net. Furthermore, during economic downturns, when job losses rise, even more Arizonans will seek AHCCCS coverage, only to be denied healthcare options after exhausting their five years. This lifetime limit unnecessarily restricts access to vital medical services right when individuals need them most.

More generally, a lifetime limit would undoubtedly jeopardize health outcomes for all beneficiaries who lose AHCCCS coverage. Experience has shown that when individuals lose access to care, they delay treatment, which leads to worsened health conditions. There is value in preventative care and care management that contribute toward improved health outcomes for individuals who would otherwise be deemed "super-utilizers" in our healthcare system. For example, we know that those with hypertension and diabetes who go without access to ongoing care are more likely to be without life-supporting medication and suffer adverse health outcomes. Rather than promoting self-sufficiency, this policy will create unnecessary barriers to maintaining good health and preventing existing health issues from becoming more serious and potentially fatal.

In addition to the adverse impact on Arizona's patients, the state's healthcare providers will experience increased financial strain. The proposed lifetime limit will only compound the financial strain providers experience today. We are certain that providers, hospitals in particular, will see an increased reliance on costly emergency services, significantly inflating the burden of uncompensated care. Additionally, there will be greater reliance on Community Health Centers, who, while they serve everyone regardless of ability to pay, will have limited capacity to do so if inundated with a significant increase of uninsured patients. This financial strain on Arizona's already stressed primary care network will result in reduced access to care for all Arizonans, including Medicaid beneficiaries, causing additional financial. Ultimately, all providers in the state will be affected.

Lastly, we are concerned that this policy's unintended consequence will increase healthcare costs for Arizona taxpayers and decrease access to care for everyone.

Administrative Burdens and Implementation Challenges

We have many questions and concerns regarding aspects of the program's implementation that could affect its cost, success, and fairness to beneficiaries and providers. Following are questions and concerns we urge AHCCCS to consider:

- **Will the Administration assume that all able-bodied adults are compliant at the end of the initial 6-month grace period**, or will beneficiaries have to prove compliance or an exemption beforehand?
- **If a beneficiary falls into an exempt category, how will the beneficiary prove this to AHCCCS?** Beneficiary compliance reporting will be especially problematic for individuals living in rural areas with transportation and broadband barriers, for housing-insecure individuals, and for those working low-wage, unstable, or seasonal jobs who lack consistent internet access or paid time off to meet documentation requirements.
- **Will the Administration require ongoing monthly submissions by able-bodied adults to prove their compliance?** We understand that an able-bodied adult will lose coverage for two months if they fail to comply with the requirements, cannot show a good cause exemption, and do not appeal the suspension. Will AHCCCS require monthly submissions proving compliance, or will AHCCCS assume compliance and conduct randomized checks on the population to test for compliance and determine if an exemption applies?
- **In implementing the one-year suspension, how will AHCCCS determine if an individual has intentionally or unintentionally made a false statement regarding compliance or failed to report income changes?** The waiver proposal fails to explain how program administrators will differentiate between those who knowingly or unintentionally provide inaccurate information regarding compliance or income changes. We are concerned that, despite the stated intent, if a beneficiary accidentally misses the deadline to report a change in income or prove compliance, they may be inadvertently penalized and suffer from a lack of insurance for an entire year. At a minimum, if the program is implemented, AHCCCS should implement grace periods and re-enrollment assistance for individuals at risk of losing coverage due to administrative issues.
- **The program will cause excessive administrative burden for providers by straining the workforce and reducing the dollars available for patient care.** We are concerned that implementing the required two-month suspensions, one-year suspensions, and lifetime limits will impose significant administrative challenges on providers, creating an unnecessary burden on an already strained workforce. Tracking compliance will add a complex and resource-intensive data collection process for hospitals, community health centers, and other safety-net providers, diverting funds away from essential healthcare services and into administrative overhead. Increasing administrative expenses in this way ultimately reduces the dollars available for direct patient care, undermining the efficiency and effectiveness of the Medicaid program.

Cost-Sharing for Non-Emergency Use of the Emergency Department and Ambulance Transport

Hospital emergency departments (ED) are required to remain open 24 hours a day, seven days a week. They are an expensive place to treat patients because of their high overhead and fixed costs. Understandably, state Medicaid programs want to discourage beneficiaries' use of the ED for non-emergent conditions in order to achieve cost savings. However, we are concerned about the likely effectiveness of this cost-sharing proposal. About half the states have implemented copayments as a way to dissuade "unnecessary" ED visits.² Several studies indicate that implementing copayments does not consistently lead to a significant reduction in overall ED utilization.³ Of course, this directly impacts the anticipated cost savings of the program. One study indicated that other factors, such as access to primary care, play a much larger role in determining ED utilization.⁴

Additionally, cost-sharing does not address the significant costs due to triage and EMTALA screening requirements. ED physicians and hospitals must perform medical screenings, including diagnostic procedures, to rule out an emergency medical condition before copayments can be assessed. The system would still have to absorb these costs, regardless of whether the ultimate diagnosis is emergent or non-emergent. These factors will offset any potential savings.

Further complicating the situation is the lack of consensus over what constitutes an inappropriate, non-emergent, or unnecessary ED visit. The RAND Corporation found that no two studies defined non-urgent visits in the same way.⁵ Additional studies have found that the inconsistency in how "non-emergency" visits are classified contributes to the varied and limited impact of copayments.⁶ While there are coding strategies that Medicaid programs can use to define a visit as emergent or non-emergent retroactively, these are based on a final diagnosis after diagnostic tests are run, not on the presenting symptoms. A 55-year-old who presents in the ED with chest pain may be discharged with a non-emergent diagnosis of GERD but must first be evaluated for a cardiovascular emergency. A recent study found that only 6.3 percent of ED visits were later determined to have primary care-treatable diagnoses based on ED discharge diagnosis.⁷ However, in these cases, 89 percent of patients experienced symptoms that mimicked the chief complaints of all ED visits. In short, we are concerned that copayments for "non-emergent" use of the ED may unfairly penalize some patients who are appropriately using the emergency department.

Additionally, we have concerns that this cost-sharing policy will deter patients from seeking necessary care, fearing that their condition will not be deemed sufficiently emergent. As you may know, the landmark RAND Health Insurance Experiment and additional recent studies back up this logic, finding that while co-payments could reduce overall healthcare utilization, they may also discourage necessary

² Michael Ollove. States Strive to Keep Medicaid Patients Out of the Emergency Department. The PEW Charitable Trusts. February 24, 2015. See <http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2015/2/24/states-strive-to-keep-medicaid-patients-out-of-the-emergency-department>.

³ "The Effect of Emergency Department Copayments for Medicaid Beneficiaries Following the Deficit Reduction Act of 2005", available at <https://pmc.ncbi.nlm.nih.gov/articles/PMC4441261/>. "Medicaid ED Copayments: Effects on Access to Emergency Care and the Practice of Emergency Medicine An Information Paper," available at <https://www.acep.org/siteassets/uploads/uploaded-files/acep/clinical-and-practice-management/policy-statements/information-papers/medicaid-ed-copayments---effects-on-access-to-emergency-care-and-the-practice-of-emergency-medicine.pdf>.

⁴ "Medicaid ED Copayments: Effects on Access to Emergency Care and the Practice of Emergency Medicine An Information Paper," available at <https://www.acep.org/siteassets/uploads/uploaded-files/acep/clinical-and-practice-management/policy-statements/information-papers/medicaid-ed-copayments---effects-on-access-to-emergency-care-and-the-practice-of-emergency-medicine.pdf>.

⁵ Lori Uscher-Pines. Applying What Works to Reduce Non-Urgent Emergency Department Use. RAND Corporation. May 22, 2013.

⁶ "The Effect of Emergency Department Copayments for Medicaid Beneficiaries Following the Deficit Reduction Act of 2005," available at <https://pmc.ncbi.nlm.nih.gov/articles/PMC4441261/>. "Medicaid ED Copayments: Effects on Access to Emergency Care and the Practice of Emergency Medicine An Information Paper," available at <https://www.acep.org/siteassets/uploads/uploaded-files/acep/clinical-and-practice-management/policy-statements/information-papers/medicaid-ed-copayments---effects-on-access-to-emergency-care-and-the-practice-of-emergency-medicine.pdf>.

⁷ Maria Raven, M.D., MPH, et al. "Comparison of Presenting Complaint vs Discharge Diagnosis for Identifying 'Nonemergency' Emergency Department Visits," *JAMA*. March 20, 2013.

care, potentially leading to negative health outcomes.⁸ Since many Medicaid recipients have low incomes, even small co-payments may deter them from seeking necessary care. In these cases, their condition will likely deteriorate, resulting not only in serious health consequences but also in a more costly visit when the beneficiary finally sees no other choice than going to the ED. This will also reduce any savings the Medicaid program might expect from this policy.

While we understand the attractiveness of using copayments to deter unnecessary ED utilization, we have reservations about the policy's effectiveness and are providing recommendations for AHCCCS' consideration.

- **We urge the Administration to couple any ED copayment requirements with efforts to expand access to primary care, specialists, and ambulatory clinics, as well as to increase urgent care locations and hours.** This policy attempts to reduce non-emergent visits to the ED by imposing a penalty without addressing the underlying reasons for this behavior and how it can be deterred. One reason patients use the ED for primary care treatable conditions is the inability to access primary care services and specialists in a timely manner. We acknowledge that increasing access to primary care, specialists, ambulatory clinics, and urgent care centers might necessitate additional funding for outpatient services, particularly for physicians who have been reluctant to accept new Medicaid patients because of poor reimbursement.
- **We recommend exploring frequent user diversion programs to help reduce “unnecessary” ED visits.** These initiatives identify individuals who frequently use EDs for primary care and provide them with targeted interventions, such as care coordination and case management, to address their underlying health and social needs.
- **We propose that AHCCCS consider implementing Primary Care Case Management Programs.** Some states have used Primary Care Case Management (PCCM) Programs, in which Medicaid beneficiaries are assigned to primary care providers, including Community Health Centers, who coordinate their healthcare services. We understand these programs exist largely in states without fully managed care, unlike Arizona. Still, there may be ways to incorporate the principles of PCCM through AHCCCS MCOs or other approaches to emphasize continuous primary care and address health issues promptly, which would reduce unnecessary ED visits.

We welcome the opportunity to collaborate with AHCCCS and health plans on such programs to better understand the impact and value that copayments may have on ED utilization and overall system costs.

⁸ <https://www.rand.org/health-care/projects/hie.html>, <https://www.acep.org/siteassets/uploads/uploaded-files/acep/clinical-and-practice-management/policy-statements/information-papers/medicaid-ed-copayments---effects-on-access-to-emergency-care-and-the-practice-of-emergency-medicine.pdf>

Conclusion

We appreciate the intent behind the AHCCCS Works waiver request to enhance cost-effectiveness and assist beneficiaries with gaining employment. While we understand the objectives behind the proposed work requirements, lifetime coverage limit, and cost-sharing measures, we are concerned about the possibility of significant coverage losses and adverse health outcomes that could arise from these changes.

In addition to the concerns discussed in this letter, we would like to call attention to the timing of the program's introduction of work requirements. As you may be aware, Congress is currently discussing a budget resolution that includes potential significant reductions in federal Medicaid funding. If any funding cuts are incorporated into the reconciliation bill, it may prompt AHCCCS and the state to make difficult programmatic adjustments. We believe that implementing the AHCCCS Works program during this uncertain period could present additional challenges for AHCCCS, its beneficiaries, and healthcare providers, possibly leading to confusion within Arizona's healthcare system. Therefore, we suggest that the implementation of this program, pending CMS approval, be postponed until we have a clearer picture regarding Medicaid program changes.

If approved, the AHCCCS Works program will be complex, and determining the best approach to implementing it will require considerable time and collaboration. We encourage the Administration to involve external stakeholders in discussions that can assist in operationalizing the program effectively and minimizing any potential negative impacts on the system, providers, and, most importantly, Medicaid beneficiaries.

We wish to ensure that the AHCCCS program continues to serve its crucial purpose without adversely affecting low-income individuals, chronically ill patients, and rural communities. If the AHCCCS Works initiative moves forward, we urge AHCCCS to prioritize access to care by exploring opportunities to expand exemptions, reconsider the lifetime limit, reduce administrative hurdles, and revisit cost-sharing policies. We are committed to collaborating on solutions that support workforce participation while safeguarding the health and stability of Arizona's most vulnerable populations.

Thank you for the opportunity to share our thoughts on the proposed AHCCCS Works waiver amendment. Please feel free to reach out if you have any questions or need further clarification.

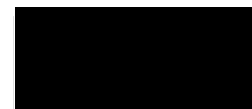
Respectfully,



Senior Vice President,
Policy & Advocacy
Arizona Hospital &
Healthcare Association



Brittney Kaufman
Chief Executive Officer
Health System Alliance of
Arizona



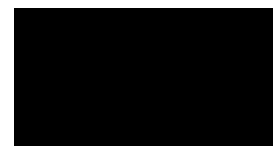
Nadeem Kazi, MD,
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Service Providers



Jessica Yanow, MPH
President and CEO
Arizona Alliance for
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Laura Dearing
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The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

March 20, 2025

Director Carmen Heredia
C/O OOD-Division of Public Policy and Strategic Planning
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034

RE: Arizona Section 1115 Waiver Amendment Request: AHCCCS Works

Dear Director Heredia,

The Arizona Section of American College of Obstetricians and Gynecologists (ACOG), representing more than 622 practicing obstetricians-gynecologists, welcomes the opportunity to provide comments on the Arizona Health Care Cost Containment System (AHCCCS) 1115 Waiver Amendment Request, AHCCCS Works. As physicians dedicated to providing quality care to all people seeking obstetric and gynecological services, we have serious concerns that the proposal in this waiver will decrease access to care in the Arizona Medicaid program. With those concerns in mind, we submit the following comments.

In this waiver, Arizona seeks approval of a similar request from a 2017 approval that was rescinded. The request proposes to implement work requirements with monthly compliance for “able-bodied” members who are at least 19 years old who are individuals with incomes between 0 and 138 percent of the Federal Poverty Level (FPL) and who do not qualify for Medicaid in any other category. Arizona also seeks to limit lifetime coverage for this population to five years and implement cost-sharing for non-emergency use of the Emergency Department and ambulance transport. ACOG strongly opposes these proposals for the reasons outlined below.

Work Requirements

AHCCCS asks CMS for permission to require “able-bodied” adult Medicaid beneficiaries, with some limited exceptions, to either be employed, attending school, participating in employment support and development (ESD) activities, or any combination of these, for at least 20 hours per week. **ACOG strongly opposes requiring anything resembling work or community engagement as a condition to receive benefits under the Medicaid program.**^{i,ii,iii} In June 2018, Arkansas became the first state to implement work and community engagement requirements in Medicaid, requiring adults ages 30-49 to work twenty hours a week, participate in community engagement activities, or qualify for an exemption to maintain coverage.^{iv} By April 2019, when a federal judge put the policy on hold, 18,000 adults had already lost coverage.^v Additionally, a study published in the *New England Journal of Medicine* found no evidence that Arkansas’ work requirement policy increased employment.^{vi} The proposal to

require these types of activities would unravel the gains made by the state's Medicaid expansion by reducing access to health care for those most in need, while increasing AHCCCS' administrative burdens and costs and failing to increase employment rates.

AHCCCS will have to modify the data it collects from members as part of its application to determine exemptions and eligibility requirements. Patients should consent to being screened and be aware that their screening results will be a part of the eligibility determination process. The state is proposing to add exemption categories, like victims of domestic violence, not typically included in the eligibility determination process. These are sensitive topic areas that people may be hesitant to report to a government program which then has the potential to disqualify them from coverage if they do not meet the work requirements. Regardless of how the data are collected, to protect patients from discrimination and other unintended consequences of collecting these data, consideration should be given to recording the minimum social care data required.

The state plans to work with CMS to develop a comprehensive definition of what members would be considered medically frail for exemptions. This list will include, but is not limited to, members with cancer, HIV/AIDS, chronic substance abuse disorder, hemophilia, and end-stage renal disease (ESRD). Members will be identified through claims and encounter data, which is lagging, as well as a process by which members or providers can notify AHCCCS of the diagnosis to ensure timely application of their exemption. AHCCCS should consider the administrative burden placed upon patients and physicians when considering policies for reporting exemptions. Administrative duties account for, on average, 24 percent of working hours for physicians.^{vii} Similarly, physicians often report that these duties negatively affect their ability to deliver high-quality care, lead to lower levels of career satisfaction, and result in higher levels of burnout.^{viii} Additionally, administrative complexities make it more challenging for beneficiaries to access needed care and threatens their eligibility if paperwork is not completed or processed correctly.

In addition to decreasing the number of insured Arizonans and being ineffective in increasing employment over time, these types of requirements would add considerable complexity and costs to Arizona's Medicaid program. State experience in implementing similar TANF requirements suggests that adding such requirements to Medicaid could cost Arizona thousands of dollars per beneficiary.^{ix} These additional costs would detract significantly from any savings the State anticipates the Medicaid program would save and would divert much-needed funds from beneficiary care to cover these new, unnecessary administrative costs. **This proposal will not bring about any positive gains to either AHCCCS beneficiaries or the State of Arizona.**

Lifetime Limits

Under this proposal, Arizona will impose a five-year lifetime limit on Medicaid eligibility for "able-bodied," expansion adults. Continuous access to Medicaid is crucial to addressing our nation's rising rate of maternal mortality.^x While some individuals are able to successfully transition to other sources of coverage, many are left in the untenable position of being uninsured shortly after a major medical event. The Centers for Disease Control and Prevention (CDC) considers insurance coverage disruptions to be one of many contributing factors to high rates of maternal mortality among the Medicaid-eligible population.^{xi} Unlike private insurance, current

federal law makes it clear that Medicaid is an entitlement program. The program was established to ensure that good health is not something that can only be achieved and maintained by people with financial means. Medicaid allows Americans to access the health care they need regardless of their socioeconomic status. A lifetime limit on Medicaid eligibility deprives beneficiaries a reliable health care safety net to protect them from the economic unknowns of everyday life to which we are all susceptible. Moreover, under this program, an “able-bodied” adult could very feasibly exhaust their lifetime limit before reaching the age of twenty-five, leaving them without health care during their childbearing years and endangering both their health and the health of any future children they may have. **A time limit on coverage in Medicaid is antithetical to the very purpose of the Medicaid program and threatens to bar people from access to needed medical care.**

In 2023, 9.8 percent of people in Arizona were uninsured and 20.4 percent were on Medicaid.^{xii} With the lifetime limits and the work requirements severely restricting access to the Medicaid program, ACOG is incredibly concerned about lack of coverage leading to poorer health outcomes for the state’s most vulnerable populations and the impact on providers who will be treating a larger number of uninsured patients. Adequate Medicaid reimbursement is critical to address the nation’s growing maternal mortality crisis.^{xiii, xiv} The U.S. has the highest maternal mortality and morbidity rate of all developed nations, with a rate of 32.9 deaths per 100,000 live births in 2021.^{xv} Reviewing 2018-2022 data, Arizona reported a pregnancy-related mortality ratio of 30 deaths per 100,000 live births, with stark racial disparities for American Indian/Alaska Native and Black individuals.^{xvi} The state maternal mortality review committee also reported that 90 percent of deaths were preventable.^{xvii}

Despite Arizona’s Medicaid rates when compared to other states, ACOG continues to hear from our members that payment rates in Medicaid are not sufficient, and many providers find it challenging to provide care for patients enrolled in Medicaid. This is exacerbated by Medicare’s inability to keep up physician payment with inflation, which is used as a benchmark for Medicaid payment rates.^{xviii, xix} ACOG appreciates that AHCCCS takes measures to ensure payment attracts and maintains a robust physician network; however, administrative burden, uncertainty of coverage, and higher uncompensated care cannot be overstated. The impact of low Medicaid payment rates and uncompensated care is particularly salient in rural communities where the loss of hospital-based obstetric care is associated with increases in pre-term births, distance traveled for obstetric care, and births in hospitals without obstetric units.^{xx} All these factors have been found to contribute to poor maternal and infant health outcomes, which are more prevalent in rural areas for Black, American Indian/Alaska natives and other non-white ethnic groups.^{xxi} **ACOG strongly discourages any policy intervention that would decrease provider reimbursement, increase uncertainty of coverage, and therefore threaten access to care.**

Cost-Sharing

AHCCCS requests the ability to develop and impose cost-sharing to deter both the non-emergency use of the Emergency Department (ED) and the use of ambulance transport when not medically necessary. Individuals seek care for non-emergent conditions for a variety of reasons,

including problems accessing services in more appropriate settings and difficulty of determining the urgency of symptoms.^{xxii} The American College of Emergency Physicians (ACEP) has expressed concern that copayments may deter patients from seeking appropriate emergency care, ultimately leading to avoidable and worse outcomes.^{xxiii}

Rates of ED utilization are higher for people living in areas with lower median income levels and higher community social vulnerability.^{xxiv} Rural EDs experienced a significant increase in patient visits between 2005 and 2016, growing by more than 50 percent despite a 5 percent decline in the rural population, driven in part by increased utilization by Medicaid beneficiaries.^{xxv} While we recognize the challenges associated with high rates of ED utilization, these realities support the finding that rural patients face unique barriers to outpatient, ambulatory, and primary care services. Addressing access and utilization challenges facing rural communities will require significant practice transformation, investment, and an expanded physician pool—resources that many rural communities lack. Imposing cost sharing for utilizing the ED will penalize rural people in Arizona impacted by the limitations of the rural health care system.

AHCCCS will implement a post-visit medical review for the top 20 percent of ED users. Many ED copays are implemented in a manner that does not meet the federal Prudent Layperson standard, which defines an emergency based on the expectation of a “prudent layperson” with “average knowledge” at the time of their admission.^{xxvi} This standard is a critical recognition that individuals may have reason to believe that they require emergency care, even if their condition is not found to be emergent by a trained medical professional. Without clarity on the safeguards Arizona hospitals have in place to ensure that they are meeting the prudent layperson standard, it is likely that patients have wrongfully been penalized in situations where they earnestly believed they needed emergency care.

Research is not clear whether copayments for non-emergent use of the emergency department achieves the intended purpose of decreasing non-emergent ED use.^{xxvii} However, there is evidence that increased cost sharing leads to delayed care for true emergencies and unmet health needs.^{xxviii} This effect is further compounded for women and women-headed households.^{xxix} Women, on average, earn lower wages, have fewer financial assets, accumulate less wealth, and have higher rates of poverty than men.^{xxx} Women are also more likely than men to report forgoing needed health care due to cost (28 percent of women vs. 21 percent of men).^{xxxi} Taken together, the potential benefits of this policy are far outweighed by the risks. **ACOG encourages Arizona to remove the request to apply a copayment for non-emergent ED utilization and ambulance transport and would encourage the state to pursue other non-punitive, evidence-based programs to reduce avoidable ED utilization.**

Conclusion

ACOG believes the AHCCCS Works 1115 waiver request will prevent people from accessing health insurance coverage and needed care. A large uninsured population leads to prolonged gaps in accessing lifesaving care and uncompensated care for providers. Additionally, and most importantly, any form of work requirements and lifetime limits are not commensurate with the objectives of the Medicaid program to ensure health care coverage and reduce health care disparities. For these reasons, **ACOG urges Arizona to remove any work requirements, lifetime limits, and copays for non-emergent ED use, from this, and all future 1115 waiver demonstrations.**

To discuss these recommendations further, please contact Tori Fewell, MD Chair of the Arizona section at tfewell@gmail.com or Taylor Platt, ACOG Senior Manager, Health Policy at tplatt@acog.org.

Sincerely,

Tori Fewell, MD
ACOG Arizona Section Chair

ⁱ Protecting and expanding medicaid to improve women's health. ACOG Committee Opinion No. 826. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2021;137:e163–8.

ⁱⁱ ACOG Statement on Recent Waiver Approvals that Limit Medicaid Coverage. October 21, 2020. Available at: <https://www.acog.org/news/news-releases/2020/10/acog-statement-on-recent-waiver-approvals-that-limit-medicaid-coverage>

ⁱⁱⁱ America's Frontline Physicians: Statement on Medicaid Work Requirements. January 12, 2018. Available at: <https://www.acog.org/news/news-releases/2018/01/statement-on-medicaid-work-requirements>

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^{vii} Rao SK, Kimball AB, Lehrhoff SR, et al. The Impact of Administrative Burden on Academic Physicians: Results of a Hospital-Wide Physician Survey. *Acad Med*. 2017;92(2):237-243. doi:10.1097/ACM.0000000000001461

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^x Medicaid and CHIP Payment and Access Commission. Medicaid's Role in Financing Maternity Care. January 2020. Retrieved from: <https://www.macpac.gov/wp-content/uploads/2020/01/Medicaid%E2%80%99s-Role-in-Financing-Maternity-Care.pdf>

^{xi} Building U.S. Capacity to Review and Prevent Maternal Deaths. (2018). Report from nine maternal mortality review committees. Available at:

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- ^{xxviii} Ibid.
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March 20, 2025



Carmen Heredia
Director
Arizona Health Care Cost Containment System
801 E. Jefferson St, MD 4200
Phoenix, AZ 85034

Re: Arizona Section 1115 Waiver Amendment Request: AHCCCS Works

Dear Director Heredia:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on the request to amend the Arizona Section 1115 Waiver Amendment Request titled AHCCCS Works released in February, 2025. ACS CAN is making cancer a top priority for public officials and candidates at the federal, state, and local levels. ACS CAN empowers advocates across the country to make their voices heard and influence evidence-based public policy change, as well as legislative and regulatory solutions that will reduce the cancer burden. As the American Cancer Society's nonprofit, nonpartisan advocacy affiliate, ACS CAN is more determined than ever to end cancer as we know it, for everyone.

While we understand that the Arizona Health Care Cost Containment System (AHCCCS) is legally required to apply for this waiver, **ACS CAN has grave concerns about the proposed AHCCCS Works Demonstration, and strongly urges its withdrawal from consideration.** Based on past experience in other states and the information in the proposal, ACS CAN is very concerned about the ability of people with cancer, cancer survivors, and those in need of cancer screenings to access Medicaid coverage in Arizona if this proposal moves forward.

ACS CAN Opposes Work Requirements in Medicaid.

The AHCCCS Works Demonstration seeks to implement work reporting requirements for adults in the Medicaid expansion population aged 19-55 with incomes up to 138% of the federal poverty level (FPL), which is just over \$3000 per month for a family of three. These requirements are not about promoting work but about adding red tape that jeopardizes patients' access to care. The vast majority of those with Medicaid who can work already do so; nationally, 92% of individuals with Medicaid coverage under age 65 who do not receive Social Security disability benefits are either workers, caregivers, students, or unable to work due to illness.¹

ACS CAN opposes tying access to affordable health care for lower income persons to employment or income as a proxy for employment, because cancer patients and survivors – as well as those with other complex chronic conditions – could be unable to comply and find themselves without Medicaid coverage. Many cancer patients in active treatment are often unable to work or require significant work modifications due to their treatment.^{2,3,4,5,6} Research suggests that between 40 and 85 percent of cancer patients stop working while receiving cancer treatment, with absences from work ranging from 45 days to six months depending on the

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treatment.^{7,8} Recent cancer survivors often require frequent follow-up visits⁹ and suffer from multiple comorbidities linked to their cancer treatments.^{10,11} Cancer survivors are often unable to work or are limited in the amount or kind of work they can participate in because of health problems related to their cancer diagnosis and treatment.^{12,13,14,15,16}

When work is required as a condition of eligibility, many newly diagnosed and recent cancer survivors, as well as those with other chronic illnesses could find that they are ineligible for the lifesaving care and treatment services provided through Arizona's Medicaid program. We also note that imposing work requirements on lower income individuals as a condition of coverage impedes individuals' access to prevention and early detection care, including cancer screenings and diagnostic testing. Work requirements further decrease the number of individuals with Medicaid coverage, regardless of whether they are or should be exempt.^{17,18}

We are also concerned that the current exemption criteria may not capture all individuals with, or at risk of, serious and chronic health conditions that prevent them from working. For example, individuals who have survived cancer – and are no longer undergoing cancer treatment that might flag them for an exemption in claims data – often continue to suffer from long-term treatment side effects or late- and long-term effects of their cancer. Some of these circumstances make cancer survivors unable to work, or unable to go back to the job they had before cancer treatment. Kicking a cancer survivor off Medicaid because they cannot work, or cannot find a job is not only unfair, but it also takes away crucial access to follow-up and survivorship care.

Additional processes to determine patient eligibility and participation in program requirements inherently create opportunities for administrative errors that jeopardize access to care. The waiver is unclear on reporting and enforcement of the work reporting requirements and good cause circumstances. The state does not have a clear process for how it will ensure that reporting is accessible to all enrollees, nor does it clarify if compliance will be solely determined with data matching. If the state intends to rely on data matching, there will undoubtedly be individuals whose data is incomplete, outdated, or not accurately captured by the systems in use. Individuals undergoing intense cancer treatment often have difficulty keeping up with paperwork or opening their mail and therefore will be particularly vulnerable to being cut off from coverage by mistake.

ACS CAN Opposes Time Limits on Medicaid Coverage.

The state's proposed five-year time limit on how long someone can maintain Medicaid coverage does not promote the objectives of Medicaid. It is an arbitrary, harmful policy and could limit patients' access to critical treatment when they need it most. The federal government did not approve a nearly identical version of this policy proposed by Arizona in 2019,¹⁹ and the state should not move ahead with this proposal.

ACS CAN strongly opposes any proposal that limits the amount of time an eligible individual can be enrolled in Medicaid. If individuals are suspended from coverage, they will likely have no access to affordable health care coverage, making it difficult or impossible for a cancer patient or recent survivor to continue treatment or pay for their maintenance medication until they come into compliance with the requirement. This is

particularly problematic for cancer survivors who require frequent follow-up visits and maintenance medications as part of their survivorship care plan to prevent recurrence²⁰ and who suffer from multiple comorbidities linked to their cancer treatments.²¹ It would also be a problem for individuals in active cancer treatment if they are not exempted – or do not realize they are exempt. Being denied access to one’s cancer care team could be a matter of life or death for a cancer patient or survivor and the financial toll that of this gap in coverage would have on individuals and their families could be devastating.

When individuals lose coverage, even for a short amount of time, it is difficult or impossible for those with cancer to continue treatment. For cancer patients who are mid-treatment, a loss of health care coverage could seriously jeopardize their chance of survival. The loss of coverage can be devastating to cancer patients and their families. Mostly recently, the link between disruptions in Medicaid coverage and worsened health outcomes was established among Medicaid-insured children and adolescents with blood cancers: lack of continuous Medicaid coverage was associated with advanced-stage diagnosis of lymphoma,²² and poorer survival.²³

ACS CAN is concerned about the costs of implementing this proposal.

There will likely be large administrative costs to the state given the complexity of tracking work activities, tracking months countable toward the time limit, implementing a new data collection process, and having a system in place to identify and track exemptions. For example, a GAO study of work reporting requirements estimated that the administrative costs could be up to \$272 million.²⁴ In Georgia, the state spent over \$86 million within a year of implementing the Georgia Pathways to Coverage Program,²⁵ despite the low enrollment, and it is estimated that 90% of this was for administrative and consulting costs.²⁶ Furthermore, the aforementioned changes in coverage status are likely to lead to churn, placing greater administrative burden on Arizona’s Medicaid program. The administrative cost of churn is estimated to be between \$400 and \$600 per person.²⁷ Arizona’s Medicaid program is unprepared for the cost and administrative disruption of the proposed requirements.

ACS CAN opposes imposing copays for ‘non-emergent’ use of Emergency Departments or ambulance transport.

The Department’s request to impose a copay for “non-emergent” use of the emergency department (ED) or ambulance transport could increase costs for cancer patients and deter them from seeking care. Cancer patients undergoing chemotherapy and/or radiation often have adverse drug reactions or other related health problems that require immediate care during evenings or weekends. If primary care settings and other facilities are not available, these patients are often directed to the ED. One study estimates there are 4 million adult cancer-related ED visits each year in the US.²⁸ The most frequent reasons cancer patients receive care in the ED are pain, fever, and weakness²⁹ – symptoms that are understandably alarming for patients undergoing invasive or toxic treatments like chemotherapy. This study also found that 77% of cancer patients did not make the decision to go to the ED alone: healthcare providers (40%, most commonly oncologists) and caregivers (36%) were the other reported decision-makers in these cases.³⁰

March 20, 2025



Low-income cancer patients should not be financially penalized for seeking care through or transport to the ED, regardless of their eventual diagnosis or how their visit was ultimately coded by the ED. Imposing this copay may dissuade an individual from seeking any care from an ED setting – even when it is appropriate for them to go to an ED. Penalizing enrollees, such as cancer patients, by requiring this copay could become a significant financial hardship for these low-income patients. We urge the state to remove this provision of the waiver.

Conclusion

The goal of the Medicaid program is to provide health coverage and access to care for people who need it. We do not believe the current proposal meets this goal. We urge the state to withdraw this proposal. If you have any questions, please feel free to contact me at [REDACTED]

Sincerely,

[REDACTED]
Brian Hummell
AZ/NM Government Relations Director
American Cancer Society Cancer Action Network

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Cohort Study (CANTO). JCO. 2020;38(7):734-743. doi:10.1200/JCO.19.01726

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Banner – University Family Care

5255 E Williams Circle, Ste 2050, Tucson, AZ 85711

www.bannerhealth.com/medicaid

Proposal Section	Banner Questions / Comments
Able-bodied adults	How are we defining able-bodied? People can be physically able-bodied but have other factors impacting ability to work, such as mental illness, etc. (current proposal only allows for SU and SMI exemptions, no GMH)
	Justice-involved – formerly incarcerated have requirements coming out of incarceration already (through probation/parole), why are they included and what additional supports would be required beyond what is already in place?
Requirements and Submission	What supports will the state put in place for qualifying populations to return to work (e.g., work readiness, childcare, etc.)?
	What proof/documentation is required?
	How will members provide proof of meeting requirements?
	Who is monitoring submission (AHCCCS? HPs?)
AHCCCS Ban	How is this being monitored and tracked?
	Who will be responsible for monitoring and tracking fraud?
5yr max lifetime coverage	How does this work for temporary disability/need for support?
	How will these lifetime limits be implemented and enforced?
	Are there considerations for individuals who go back and forth between definitions? Examples: <ol style="list-style-type: none"> Someone who may be on ACC, has a life-altering event, such as a car accident, and requires LTC/temporary supports while recovering, does not meet the “able-bodied” definition, later becomes mostly/fully independent and meets the definition of “able-bodied” Someone who is “able-bodied” and meets their 5yr max, turns 55 or no longer meets definition of “able-bodied”
Provider/Administrative perspective	This will increase the provider burden with the increased utilization of employment services.
	Will AHCCCS be increasing employment service rates to assist with the increase of service utilization?
Cost-Sharing	How will they enforce this?
	Most people are not intentionally misusing ER/Ambulance services. High utilizers most likely fall into one of the exemption

	categories (e.g., homeless population). Instead of, or in addition to setting three warnings and a co-pay, can we opt to provide wrap-around supports and education?
Other Suggestions, Recommendations, and Questions	Increased rates to address increased utilization will assist with commitment and turnover.
	We are concerned this requirement will result in people seeking to fit into an exemption category rather than focusing on seeking employment services. Particularly if there is not proper support in place. It may also place additional burden on health care professionals onto assisting members to fit requirements and away from their primary job duties. This would place additional stress/demands on an already limited health care work force.
	Per AHCCCS, employment services are an ALTCS and BH covered benefit. Has it been considered that you must be getting BH services to get employment services? Those not receiving BH may not know where to go for support services, may not want to enroll in BH services simply for employment services, and it may inundate Arizona@Work or other community programs, who are not prepared for an increase in service provision. Members who are not connected to the system, aren't going to have access to the support, as it's typically those in the exemption categories receiving it.



March 19, 2025

Carmen Heredia
AHCCCS Director
801 E. Jefferson
Phoenix, AZ 85034

Dear Director Heredia:

Children's Action Alliance (CAA) appreciates the opportunity to provide comments regarding the proposed Medicaid waiver amendment. We appreciate that AHCCCS is responding to a requirement by the Arizona Legislature and has worked to identify important exemptions to the AHCCCS Works program and provide a grace period.

CAA has concerns that otherwise eligible members will lose their AHCCCS coverage due to the work requirements and time limits which will worsen health outcomes, increase uncompensated care, and significantly increase administrative costs.

Children's Action Alliance (CAA) is a nonprofit organization that strives to create an Arizona where all children and families thrive. CAA advocates for the well-being of more than 1.6 million Arizona children and their families at the state capitol and in the community. CAA works with elected officials, community partners, and coalitions to protect Arizona's ability to meet the health care, education, and human services needs of vulnerable children and families.

Work Requirements

Arizona should not impose work requirements nor terminate or lock out individuals for failure to comply. As the federal courts have consistently found, work requirements do not promote the objectives of the Medicaid program, which is based on providing health coverage. Instead, they result in the loss of health care coverage. These types of requirements conflict with Medicaid's objective of providing medical assistance.

While children are exempt from the requirements, parental coverage also affects children's economic security and children's overall well-being. The loss of

coverage for parents who do not meet the new requirements will negatively affect the health and security of their children.

In addition, the evidence shows that work requirements do not promote employment. Health coverage itself is a work support – it helps people get and stay healthy enough to find jobs and keep working. Many people are able to work because they can keep chronic and mental health conditions under control through AHCCCS coverage. Making work search a precondition for Arizonans to access health coverage adds yet another barrier to employment.

The proposal would undoubtedly create churn of individuals who are in and out of compliance with the work requirement as they are moved into a “suspended” status. Churn not only creates gaps in coverage for enrollees but would also affect providers and disrupt beneficiary services. It also significantly increases the administrative burden and cost.

Time Limits

Time limits very clearly do not promote the objectives of the Medicaid program, as they inherently limit coverage after an arbitrary period of time. When families do not have health care coverage, they delay receiving care allowing their health to deteriorate before seeking more expensive forms of care. The lifetime ban will significantly increase the amount of uncompensated care.

If approved, the lifetime limit would lead to more people losing health insurance and being forced to use the emergency room as their only place for health care. The emergency room is the most expensive place to receive health care and its overuse would burden the health care system for everyone. Children would undoubtedly be negatively impacted by their parents’ health crisis and inability to pay for treatment.

There is also a question of whether someone who is subject to a one-year or lifetime ban, but then becomes medically frail or eligible for an exemption will be able to have the ban lifted and obtain needed health care coverage.

Administrative Burden

There will be enormous administrative costs to the state given the complexity of tracking work activities, tracking months countable toward the time limit, implementing a new data collection process, and having a system in place to identify and track exemptions. A [GAO report](#) on work requirements approved during the first Trump administration found that estimated administrative costs were up to \$272M dollars.

The experience of other states in implementing work requirements has been administratively cumbersome, with implementation topping \$26 million in Arkansas and \$53 million in Georgia.ⁱ Arkansas, the only state to remove coverage for not complying with work requirements, found no increase in employment among those subject to the new work requirements, but numerous Medicaid members lost their coverage, often due to not knowing about the compliance requirements.ⁱⁱ

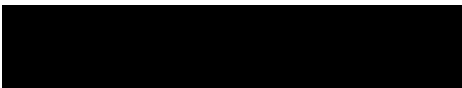
We support the state's goal to help individuals that are capable of work find and retain employment. We recommend the state pursue a voluntary work support program as implemented in other parts of the country that preserves coverage. Arizona should learn from the experience of other states and not impose work requirements that are not effective and are more costly than expected.

Summary

Arizona's Medicaid system is nationally respected and acts as a critical safety net for hundreds of thousands of working families. Creating barriers for adults to maintain health coverage **will only hurt families** by threatening their health and making it hard for them to get jobs and stay working while increasing administrative burdens on the state.

Thank you for the opportunity to respond to the waiver proposal.

Sincerely,

A solid black rectangular box used to redact the signature of Jennifer J. Burns.

Jennifer J. Burns
Director of Government Relations & Health Policy

ⁱ Hellmann, J. (2025, February 27). *Medicaid work rules have increased coverage loss, not employment - Roll Call*. Roll Call. <https://rollcall.com/2025/02/27/medicaid-work-rules-have-increased-coverage-loss-not-employment/>

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March 19, 2025

Att: Director Carmen Heredia
AHCCCS
801 E Jefferson St.
Phoenix, AZ 85034

Director Heredia:

Community Bridges, Inc. ("CBI") is a nonprofit healthcare provider formed in 1982 to provide comprehensive and integrated programs to treat substance use and behavioral health issues. Today, it is one of the largest statewide providers of such services, employing a workforce of about 2,000 employees and operating over 40 healthcare institutions, homeless shelters, and transitional housing programs.

CBI is aware of a request for a waiver amendment by AHCCCS that would institute a work requirement for all "able-bodied adults" receiving Medicaid services. CBI opposes this waiver amendment for the following reasons.

1. **Risk of Coverage Loss:** The work requirement could result in many of our most vulnerable patients losing their Medicaid coverage if they are unable to meet the employment criteria due to personal circumstances such as illness, caregiving responsibilities, or lack of job opportunities. This would leave them uninsured, forcing them to delay necessary care or, worse, rely on emergency services for care that could have been addressed earlier in a more cost-effective manner.
2. **Worsening Health Disparities:** We are particularly concerned that these requirements would disproportionately affect vulnerable populations, including those with chronic conditions, disabilities, mental health issues, and caregivers who may be unable to meet work expectations. This could exacerbate existing health disparities and make it even harder for these individuals to access the care they need.
3. **Negative Impact on Health Outcomes:** Forcing patients to meet work requirements to maintain coverage could lead to worse health outcomes. Many of these individuals would likely skip preventive care, routine check-ups, or treatments they cannot afford, leading to worsening conditions, more expensive care down the road, and ultimately poorer health for the community as a whole.
4. **Increased Emergency Room Use:** With many individuals losing coverage, we anticipate a rise in emergency room visits, as those who cannot access preventive care or necessary



treatments turn to ERs for help. This shift to emergency care—often more expensive and less effective for managing chronic conditions—would burden the healthcare system and further drive up costs for both providers and taxpayers.

5. **Impact on Behavioral Health Patients:** Individuals with behavioral health challenges would find it especially difficult to meet work requirements given that the focus of the waiver request is on those who are “able-bodied.” This approach fails to consider mental health parity and the particular needs of behavioral health patients. These patients would be unfairly penalized, reducing their access to the care they rely on, and worsening their health outcomes as a result.
6. **Priority Should Be Health, Not Employment:** Ultimately, we believe that Medicaid should focus on improving health outcomes for all individuals, regardless of their employment status. The proposed work requirement places an unnecessary barrier to care, shifting the focus away from health and wellness to employment, which is not the primary concern for individuals who need access to medical services.

In short, we are deeply concerned that the AHCCCS work requirement waiver would harm our patients, increase health disparities, and place undue strain on an already overburdened healthcare system. We urge AHCCCS to prioritize access to care and health outcomes, not employment status, for individuals in need.

Best regards,

John Hogeboom

CEO, Community Bridges, Inc.



3/20/2025

AHCCCS

C/O OOD-Division of Public Policy and Strategic Planning

VIA EMAIL to: waiverpublicinput@azahcccs.gov

**Re: Public Comments on AHCCCS Works Section 1115 Waiver
Amendment Request, 2025**

Disability Rights Arizona (DRAZ) submits the following public comment on the Arizona Health Care Cost Containment System (AHCCCS) Works Section 1115 Waiver Amendment Request (Amendment). DRAZ is Arizona's designated Protection and Advocacy (P&A) system for people with disabilities. We are a non-profit law firm that assists Arizonans with disabilities to promote and protect their legal rights to independence, justice, and equality.

If approved by the Centers for Medicare & Medicaid Services (CMS), the Amendment would impose both work requirements and a maximum five-year lifetime coverage limit on AHCCCS-eligible "able-bodied" individuals living between 0% and 138% of the federal poverty level (FPL). Such individuals are AHCCCS eligible through the **Proposition 204 group and/or the Adult Expansion group.**

DRAZ opposes the proposed work requirements because in general, work requirement policies put people with disabilities at serious risk of losing important healthcare benefits. Medicaid coverage helps more people work, particularly people with disabilities, than work requirements. Work requirements increase administrative burdens that take Medicaid away from people with disabilities, regardless of exemptions. Increasing employment of people with disabilities requires access to better health coverage and more employment supports, which is a winning policy strategy compared to examples of failed work requirement policies attempted in other states.

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www.disabilityrightsaz.org

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As of March 1, 2025,¹ 429,144 Arizonans are enrolled in AHCCCS through Proposition 204, and 65,033 Arizonans are enrolled in AHCCCS through the Adult Expansion. As such, almost 500,000 individuals would be impacted by this Amendment.

Although individuals who are determined to have a serious mental illness (SMI) or determined to be medically frail would be exempt from the requirements of this Amendment, many people with disabilities will be at risk of losing AHCCCS coverage if the Amendment is implemented.

Exemptions are not Effective

Many people with disabilities are Medicaid eligible through pathways not related to their disability, including income eligibility or eligibility as parents or caretakers, not because of their own disability. There is no real way to target work requirements on so called “able-bodied” individuals who allegedly lack sufficient incentive to work. In Arizona, this Amendment will impact AHCCCS applicants and enrollees with disabilities because, nationally, 20% of Medicaid enrollment due to old-age or disability is through income related eligibility², which includes the Proposition 204 and Adult Expansion population. As demonstrated in states that have tried work requirements for Medicaid and/or the Supplemental Nutrition Assistance Program (SNAP), disability exemptions are not effective to prevent people with disabilities from being subject to work requirements or other benefit limitations.

For example, when Arkansas implemented Medicaid work requirements, it included an exemption process for individuals unable to work due to disability. 30% of individuals that applied for the exemption reported one or more serious health conditions, but only 11% received an exemption to the Arkansas Medicaid work requirement.³ Nearly 20% of all SNAP enrollees subject to work

¹ AHCCCS Population By Category,
<https://www.azahcccs.gov/Resources/Downloads/PopulationStatistics/PopulationbyCategory03052025.pdf>

³ *How Medicaid Work Requirements Hurt People with Disabilities*, National Health Law Program, <https://healthlaw.org/resource/unfit-to-work-how-medicaid-work-requirements-hurt-people-with-disabilities-2/>

³ *How Medicaid Work Requirements Hurt People with Disabilities*, National Health Law Program, <https://healthlaw.org/resource/unfit-to-work-how-medicaid-work-requirements-hurt-people-with-disabilities-2/>

requirements are people with disabilities.⁴ In Ohio, almost one third of SNAP enrollees required to attend an employment and training program reported a physical or mental limitation.⁵

As has been demonstrated in other jurisdictions, even with an exemption for individuals with disabilities and SMI, this Amendment is likely to place people with disabilities at risk of being nevertheless subject to the work requirements and lifetime coverage limit.

Reporting Burdens for Otherwise Eligible Individuals will Increase

This Amendment will increase reporting burdens and red tape for AHCCCS members in the Proposition 204 and Adult Expansion groups because they will be required to report employment or eligibility for an exemption at application and every renewal. Many of the individuals who would be subject to these reporting requirements are already employed or would qualify for an exemption to the work requirement in the Amendment. Nationally, 64% of Medicaid enrollees are employed, 12% cannot work due to caregiving responsibilities, 7% cannot work due to attending school, and 10% cannot work due to disability.⁶

Increased reporting burdens will disproportionately impact people with disabilities. For example, people with mental health disabilities or intellectual disabilities may have difficulty understanding the reporting requirements to remain AHCCCS eligible. Filling out and submitting paper or online forms can also pose barriers for people with physical disabilities, who may also experience physical difficulty completing the paperwork.

The increased reporting burdens in this Amendment would place otherwise eligible individuals with disabilities at risk of losing AHCCCS coverage or being subject to the five-year lifetime coverage limit simply because their disability prevents them from complying with the additional reporting requirements. The eligibility verification process may also be more costly to AHCCCS than the healthcare services it would provide to the Proposition 204 and Adult Expansion groups.

The experience of other states that have attempted work requirements is

⁴ *Id.*

⁵ *Id.*

⁶ *Understanding the Intersection of Medicaid and Work: An Update*, KFF, <https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work-an-update/>

informative here. When Arkansas implemented Medicaid work requirements, nearly half of the target population reported having never heard of the policy or being unsure whether it applied to them.⁷ When Georgia implemented Medicaid work requirements, the administrative costs for the Georgia Medicaid program to verify compliance with the work requirements or eligibility for an exemption amounted to five times greater than healthcare spending.⁸

On balance, both the equities of not imposing an additional requirement that will disproportionately burden people with disabilities, and the costs of administering the requirements weigh against the Amendment.

This Amendment will Force People with Disabilities to Choose Between Work and AHCCCS Coverage.

People with disabilities are capable of employment when they receive necessary employment supports and reasonable accommodations. AHCCCS provides services that assist people with disabilities to obtain and maintain employment, such as home and community-based long-term services and supports (these services are generally not covered by employer-sponsored health plans), supported employment services, the Freedom to Work Medicaid buy-in program, and critical health care services that make people with disabilities healthier and better able to work. Medicaid expansions have increased the employment of people with disabilities by 6% in states that expanded Medicaid.⁹

However, people with disabilities still face barriers to employment, such as discrimination by employers, and the failure of employers to provide reasonable accommodations. Employed people with disabilities often only find low wage work, or may not be given enough hours by employers to fulfill the 20-hour work requirement in this Amendment. This leaves people with disabilities an impossible choice. Either seek an exemption to the Amendment, and be declared unable to work, which precludes the possibility of employment – or seek employment and be subject to the work requirement, facing the risk of losing AHCCCS coverage if these employment barriers faced by people with disabilities cannot be overcome.

⁷ *Top 10 Reasons Why Work Requirements Should Not Be Added to Medicaid*, National Health Law Program, <https://healthlaw.org/resource/top-10-reasons-why-work-requirements-should-not-be-added-to-medicaid/>

⁸ *Id.*

⁹ Jean P. Hall et. al., *Medicaid Expansion as an Employment Incentive Program for People with Disabilities*, 108 AM. J. PUB. HEALTH 1235 (2018), <https://pmc.ncbi.nlm.nih.gov/articles/PMC6085052/>

While the Amendment's intention is to encourage employment, the false choice it presents will operate to discourage people with disabilities from seeking employment due to the risk of losing AHCCCS coverage if employment barriers cannot be overcome.

The Lifetime Coverage Limit will Make People with Disabilities Less Healthy

As discussed above, AHCCCS coverage provides home and community-based long-term services and supports, and vital healthcare services, that make people with disabilities healthier and more able to seek and maintain employment. The ineffectiveness of exemption processes place people with disabilities at risk of not qualifying for the exemption even if they are eligible, and therefore being subject to the five-year lifetime coverage limit. Private health insurance coverage may not be a viable option for people with disabilities who are subjected to this lifetime coverage limit. 63% of all uninsured adults say they are uninsured due to the cost of private insurance coverage.¹⁰ The poverty rate among people with disabilities is over twice the rate for people without disabilities, making this even more of an acute issue for people with disabilities.¹¹ Additionally, the options for private coverage of long-term services and supports that AHCCCS covers are virtually nonexistent.

This arbitrary time-based coverage limit does not consider the healthcare needs of people with disabilities, and would deny people with disabilities AHCCCS coverage with few, nonexistent, or unattainable options for alternative private health insurance coverage. This inability to obtain affordable healthcare would in turn make people with disabilities less healthy and less able to seek or maintain employment.

Conclusion

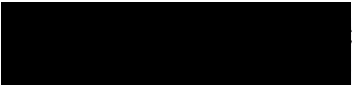
This Amendment will impose work requirements and a 5-year lifetime coverage limit on AHCCCS applicants and members eligible through Proposition 204 and the Adult Expansion. While the Amendment purports to impose these requirements only on “able-bodied” adults and exempt individuals who are SMI and/or “medically frail,” exemption processes are ineffective and people with

¹⁰ *Key Facts about the Uninsured Population*, KFF, <https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/>

¹¹ *Financial Inequality: Disability, Race and Poverty in America*, National Disability Institute, <https://www.nationaldisabilityinstitute.org/wp-content/uploads/2019/02/disability-race-poverty-in-america.pdf>

disabilities are inevitably still subjected to work requirements or coverage limits. The Amendment will also increase paperwork burdens and red tape for people with disabilities to prove their compliance or their eligibility for an exemption. This will cause otherwise eligible people with disabilities to lose AHCCCS coverage simply because of disability-related difficulties meeting burdensome reporting and paperwork requirements. People with disabilities aspire to employment but often face insurmountable barriers to obtaining and maintaining employment. This Amendment would force people with disabilities to choose between abandoning their hopes for employment by applying for an exemption, or attempting to find employment and risk losing AHCCCS coverage if employment barriers cannot be overcome. This will cause more people with disabilities to stop seeking employment in the hopes of maintaining AHCCCS coverage. The arbitrary five-year lifetime coverage limit in this Amendment will cause people with disabilities to lose AHCCCS coverage without options for affordable private health insurance coverage. Overall, this Amendment will cause otherwise eligible people with disabilities to lose AHCCCS coverage, thus making people with disabilities less healthy and less able to maintain employment.

DRAZ thanks AHCCCS in advance for considering these public comments. Please feel free to contact DRAZ Supervisory Attorney, Asim Dietrich, at adietrich@disabilityrightsaz.org for any follow-up questions regarding these public comments.



Supervisory Attorney for Investigations & Monitoring
Disability Rights Arizona



March 20, 2025

Carmen Heredia
Director
Arizona Health Care Cost Containment System
C/O OOD-Division of Public Policy and Strategic Planning
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034

Submitted electronically to waiverpublicinput@azahcccs.gov

Re: Arizona Section 1115 Waiver Amendment Request: AHCCCS Works

Dear Director Heredia:

On behalf of Families USA, thank you for the opportunity to comment on the Arizona Section 1115 Waiver Amendment Request pertaining to the proposed *Arizona Health Care Cost Containment System (AHCCCS) Works* program prior to submission to the Centers for Medicare and Medicaid Services (CMS).

Families USA is the longtime national, non-partisan voice for health care consumers, dedicated to achieving high-quality, affordable health care and improved health for all by working closely with organizations on the ground in Arizona and across the nation. Families USA greatly appreciates the opportunity to comment on AHCCCS Works, as the proposed amendment will significantly impact the lives of over 494,000 Arizonians who qualify for the state's Medicaid expansion¹—comprising 70% of Medicaid-enrolled adults in Arizona,² and 12% of all adults in the state.³

Families USA strongly opposes AHCCCS Works and urges AHCCCS to withdraw this harmful and economically destructive proposed amendment.

AHCCCS Works, as proposed, remains substantially the same as Arizona's two previous attempts to implement a Medicaid work reporting requirement.⁴ Like its failed predecessors, AHCCCS Works establishes onerous and punitive work and community engagement requirements for the Medicaid expansion population and imposes a five-year maximum lifetime coverage limit for members subject to AHCCCS Works requirements. While AHCCCS does not estimate how many Arizonians might be affected by these proposed policies, in 2017 the state estimated (on its 1115 waiver application to CMS) that AHCCCS Works would cause approximately 267,500 Arizonians to begin reporting work activities or exemptions to the state over five years starting in 2020.⁵

Families USA strongly opposes work reporting requirement programs as unnecessary bureaucratic barriers to care and coverage, when **92% of Medicaid enrollees across the country are already working or would meet an exemption because they are in school, ill or disabled, or caregiving.**⁶ These programs all create an immense administrative hurdle that makes it more difficult for eligible people—including working people, and especially rural Americans, people with disabilities, and veterans—to enroll in or maintain Medicaid coverage, and leave many working families uninsured, living sicker, dying younger, and one emergency from financial ruin.⁷ Lifetime coverage limits only exacerbate the many problems caused by work reporting requirements by permanently barring eligible people and populations from Medicaid. Furthermore, work reporting requirements and coverage limits under AHCCCS Works do not

promote Medicaid's primary objective—that is, to “furnish medical assistance.”⁸

As we outline in our comments below, AHCCCS Works will only serve to further threaten the financial security of Arizonians, directly undermining the will of the people who just voted in the national election for greater economic stability. The program would fail to improve employment, incur significant administrative costs for Arizona, and drive economic instability for Arizona families, as well as the hospitals and health system we all rely on. We strongly encourage AHCCCS to stand with their residents to protect access to Medicaid by ceasing their attempts to institute a work reporting requirement program.

I. AHCCCS Works does not meet Medicaid's primary objective of furnishing medical assistance; AHCCCS Works is contrary to Medicaid goals in that it serves to push eligible people off Medicaid coverage.

AHCCCS states its objective in implementing AHCCCS Works is to “support Arizonans in pursuing their educational goals, building their technical skills, and gaining the income, independence, and fulfillment that come with employment.”⁹ While every state should be concerned with providing their residents with education and employment opportunities, federal Medicaid law does not allow states to condition Medicaid eligibility on employment status or educational achievement.

The primary objective of Medicaid is to “furnish medical assistance,” as required by the Social Security Act.¹⁰ AHCCCS Works stands in direct opposition to this fundamental Medicaid objective, as the program will disenroll anyone who cannot meet monthly paperwork burdens to prove their work or exemption status. In addition, the program will indefinitely terminate Medicaid coverage for AHCCCS Works participants after five years. These policies, if implemented, will mean that thousands of otherwise eligible people will have no access to the health care services to which they are entitled. In 2019, researchers estimated that AHCCCS Works **would have caused up to 103,000 eligible Medicaid enrollees to lose coverage.**¹¹ This figure is just an estimate of the work reporting requirement impact and does not account for additional coverage losses resulting from the proposed five-year lifetime coverage limit, which could be substantial.¹²

Arizona has been on notice since at least 2016 that its proposed AHCCCS Works program—and the resulting coverage losses—does not meet Medicaid objectives. When CMS denied Arizona's first attempt at implementing AHCCCS Works in September 2016, it stated:

“Consistent with Medicaid law, CMS reviews section 1115 demonstration applications to determine whether they further the objectives of the program, such as by strengthening coverage or health outcomes for low-income individuals in the state or increasing access to providers. After reviewing Arizona's application to determine whether it meets these standards, CMS is unable to approve the following requests, which could undermine access to care and do not support the objectives of the program: monthly contributions for beneficiaries in the new adult group with incomes up to and including 100 percent of FPL; exclusion from coverage for a period of six months for nonpayment of monthly premium contributions; a work requirement; fees for missed appointments; additional verification requirements; and a time limit on coverage.”¹³

In January 2019, CMS again rejected AHCCCS' attempt to implement lifetime coverage limits stating these policies do not support the “important objective of the Medicaid program [that] is to furnish

medical assistance and other services to vulnerable populations.”¹⁴ Then, in October 2019, Arizona halted plans to implement AHCCCS Works, because it saw the litigation risk it would be under if it continued to pursue work reporting requirements, given that courts in other states had struck these harmful policies down for failing to support Medicaid objectives.¹⁵

By recycling its old waiver amendment, AHCCCS has again put forward a proposal that is not designed to furnish medical assistance; instead, Arizona’s program is designed to push people off Medicaid both in the short-term (by disenrolling them for failure to comply with onerous paperwork burdens), and in the long-term (by terminating enrollment after five years).

II. AHCCCS Works threatens working families, providers, and local economies.

Even if it could make the argument that AHCCCS Works promotes Medicaid objectives, AHCCCS cannot make the argument that this proposed program will achieve the stated goal to “support Arizonans in pursuing...employment.”¹⁶ As described above, AHCCCS Works will disenroll working people from Medicaid, leaving them without access to the health care services they need to stay healthy and working. But beyond coverage losses, work reporting requirements fail to improve employment, are expensive to implement, place unfair paperwork burdens on enrollees, drive economic insecurity for working families, and put hospitals and the health system at risk. Lifetime coverage limits only serve to exacerbate these many problems.

i. Work reporting requirements and lifetime coverage limits fail to improve employment.

No evidence shows that work reporting requirements result in higher employment rates.¹⁷ In fact, multiple government and independent analyses definitively conclude that these programs do *not* result in sustainable employment gains.¹⁸ For example, an evaluation of Arkansas’ work reporting requirement program found no evidence that low-income adults had increased their employment activities either in the first year or in the longer term.¹⁹ Requirements to report on work activities could not change the realities of Arkansas’ regional labor market, where factors beyond individual control—few job opportunities beyond low-wage retail and fast food, a shrinking labor market, lack of public transportation and employers that offer unpredictable work schedules—made it difficult for people to work more hours or for better pay.²⁰

These challenges are not unique, as low-income workers across the country experience similar employment conditions.²¹ AHCCCS has first-hand knowledge of Arizona’s labor market constraints from its prior attempt at implementing AHCCCS Works. In July 2019, Arizona significantly altered its then-proposed program implementation schedule, acknowledging that it needed time to implement the policy in “regions with limited employment, educational and training opportunities, accessible transportation and child-care services.”²²

There is no reason to conclude that the recycled version of AHCCCS Works will fare any better at combatting difficult labor market forces for low-income AHCCCS Works participants. Furthermore, AHCCCS Works cannot alter the availability of private health insurance for low-income residents. The state argues that AHCCCS Works will encourage people to find employer-sponsored insurance or health insurance through the Federally-Facilitated Marketplace, and, therefore, stop needing Medicaid altogether. However, AHCCCS incorrectly assumes that low-income populations have sufficient access to these insurance markets.

- In Arizona, fewer than half of private-sector employers offer health insurance.²³

- Medicaid-eligible individuals are more likely to have jobs where health insurance is rarely offered to employees, such as jobs offered by small businesses or in the agricultural and service industries.²⁴
- Obtaining insurance through the Federally-Facilitated Marketplace is out of reach for this population: the low-wages offered by many Arizona employers do not give workers enough income to purchase health insurance on their own.²⁵ By definition, the income levels of those who qualify for AHCCCS mean that an individual is working but making less than \$21,597 per year.²⁶
- In Arizona, 9.9% of residents are uninsured—health insurance is unaffordable and unavailable to these residents.²⁷

AHCCCS Works does not address the wider constraints of the health insurance market, where access to private insurance is unrealistic for low-income residents. Meanwhile, the program as designed will terminate coverage for anyone who fails to meet its paperwork requirements or who needs Medicaid for longer than five years. While AHCCCS argues these policies ensure “greater access to employment,”²⁸ in fact, the opposite is true: barring otherwise eligible people from the Medicaid program only makes it *more* difficult for working-poor adults to maintain employment.

- Research shows that Medicaid enrollees are *already* motivated to work to make ends meet (e.g., to pay utilities or buy food), and work reporting paperwork and lifetime caps do nothing to provide an additional incentive.²⁹
- Having access to Medicaid is in and of itself a job enhancer. When uninsured people obtain Medicaid, they report that the positive impact Medicaid has on their health helps them to do a better job at work and enables them to look for better-paying positions; in turn, better employment leads to health improvement.³⁰
- People with disabilities are also more likely to be employed if they have Medicaid, showing the impact access to health care services has on working ability.³¹

In short, because it forces people off Medicaid and does not create access to private health insurance, AHCCCS Works does nothing but add to the rolls of the state’s uninsured, with consequences for the health and working ability of its residents. Over time, Arizona’s lifetime limit proposal would hurt low-income older residents the most, as they are likely to exhaust their Medicaid coverage in their younger years. AHCCCS Works leaves vulnerable older residents with nowhere to turn for health coverage at a time when their health needs are greater and their out-of-pocket costs for buying coverage in the individual market is the highest.³²

ii. Work reporting requirements and lifetime coverage limits are expensive to implement.

Work reporting requirements are extremely costly to states and counties.³³ They require substantial financial resources to administer, and place a considerable financial burden on already strained state budgets, like Arizona’s.³⁴ While AHCCCS does not offer a proposed budget for implementing AHCCCS Works, the state’s proposal describes the considerable resources needed to effectuate this program change, stating, “[t]his will require an investment to scale existing programs and enhance infrastructure.”³⁵ AHCCCS’ proposal states that it will need data and information technology upgrades, infrastructure investments to existing workforce development programs, additional staffing at the Arizona Department of Economic Security to verify employment, and funding for communications to AHCCCS Works beneficiaries to explain to them changes under the program. In addition, the state will have to put in place a system to accurately track, on a monthly basis, all of the circumstances that would

exempt people from the lifetime limit, such as status with the following: disability, postpartum, serious mental illness, domestic violence and homelessness. These factors are hard to track in the normal course, let alone to account for over many years as people cycle on and off Medicaid. AHCCCS is setting up for itself an immense and expensive administrative burden.

While AHCCCS has not publicly released program cost estimates, there is ample data to show the costs of programs similar to AHCCCS Works. In a 2019 review of five similar state programs, the Government Accountability Office (GAO) estimated the average administrative cost to be \$267 per enrollee.³⁶ GAO's estimation does not account for all costs, such as increased payments to Medicaid managed care organizations to administer the program, which may be substantial.³⁷ And actual costs in a given state may be *much* higher: in Georgia, the state spent \$2,490 per enrollee in the first year of their work reporting requirement program,³⁸ with more than 92% of costs paying for program administration.³⁹

While GAO's figure does not account for inflation or the particulars of Arizona's system, we can use GAO's estimate to reasonably calculate AHCCCS Works program costs. Assuming AHCCCS Works applies to the same number of enrollees as previously estimated (269,500 over five years), then, at \$267 per enrollee, the program would cost an estimated ***\$71.9 million over five years (or \$14.4 million annually)***.

This price tag is hard to justify for a program that is unlikely to meet its objective to improve health or employment. What is even more difficult to justify is the opportunity cost, when one considers what these resources could support if deployed differently. With a conservative estimate of \$12.9 million in annual administrative costs:

- AHCCCS could instead extend one year of Medicaid to an additional 1,805 uninsured Arizonians (assuming current per year costs for the AHCCCS Medicaid expansion population).⁴⁰
- Arizona could instead support an additional 3,843 families with one year of Supplemental Nutrition Assistance Program (SNAP) benefits.⁴¹ Unlike the proposed AHCCCS Works, SNAP is a highly effective poverty-reduction policy for individuals and families which supports low-wage workers in volatile labor markets to keep them healthy and working.⁴²

iii. Work reporting requirements and lifetime coverage limits place unfair paperwork burdens on working Medicaid enrollees.

AHCCCS Works, as proposed, will place significant reporting burdens on Medicaid enrollees. While the waiver proposal does not detail the mechanics of how AHCCCS enrollees will report to the state, AHCCCS requests CMS to allow it to significantly modify the data it collects from members:

“AHCCCS is requesting that CMS allow it to require members to provide, as part of the application process, data necessary to determine both compliance with the AHCCCS Works requirements as well as exemptions. This includes, but may not be limited to, whether an individual: is receiving private disability benefits; is a foster parent, victim of domestic violence, or experiencing homelessness; and whether a person has experienced a catastrophic event. It will also include documenting employment search activities. As discussed below, AHCCCS will also want to offer an opportunity for members to demonstrate whether they are medically frail.”⁴³

Documentation in any one of these proposed areas may be unreasonably challenging for AHCCCS enrollees. Reporting hours worked can be especially difficult for people with multiple jobs, without internet or computer access, and/or with limited English proficiency.⁴⁴ Documenting legitimate

exemptions (including mental health conditions and other disabilities) is also a challenge, where individuals are unable to obtain medical records, physician testimony, and other required documentations.⁴⁵ Proposed requirements to document domestic abuse are especially concerning, as the act of doing this may put victims at greater risk of harm from their abusers.⁴⁶

What AHCCCS proposes is to construct a reporting barrier so high that program enrollees will be unlikely to meet it despite working more than 20 hours/week or having a valid exemption. Barriers to reporting are not hypothetical: in Arkansas, where Medicaid enrollees were subject to similar onerous data collection, 90% of Medicaid enrollees were unable to document any work activities or exemptions,⁴⁷ despite the fact that 95% of people subject to the state's program would have met all program requirements.⁴⁸

iv. Work reporting requirements and lifetime coverage limits drive economic instability for Arizona families.

As Governor Katie Hobbs has stated, “Many hardworking Arizonans struggle under the weight of large medical bills incurred through no fault of their own.”⁴⁹ In Arizona, one in four residents has medical debt in collections⁵⁰ and 14% of adults report delaying or avoiding needed care due to cost.⁵¹ Medicaid is an important way to assure Arizonians do not face the steep economic consequences of medical debt. With Medicaid, families have reduced exposure to medical debt, are better able to put food on the table and are less likely to be evicted from their homes.⁵²

Implementing a work reporting requirement and lifetime cap program that is expected to bar thousands from Medicaid coverage only further threatens the financial security of Arizona's most vulnerable residents. These threats are not hypothetical given the experience of impacted residents in other states: Arkansans who erroneously lost coverage because of the state's work requirement program had increased medical debt (averaging over \$2,200) and the program roughly doubled the portion of adults who reported having serious problems paying their medical bills, while increasing the portion that delayed needed care because of cost.⁵³ People who experience Medicaid disenrollment as a result of AHCCCS Works face the same exposure to medical debt, and AHCCCS' proposal does nothing to mitigate these concerns.

v. Work reporting requirements and lifetime coverage limits put hospitals and the health care system at risk.

AHCCCS Works, and accompanying Medicaid disenrollments, will also impact hospitals in Arizona that depend on Medicaid to keep them financially viable. According to a February 2025 analysis, three hospitals in Arizona—one-fifth of all hospitals in the state—are in danger of shuttering.⁵⁴ Arizona has already seen four long-term acute care hospitals close since 2015.⁵⁵ Furthermore, behavioral health hospital facilities in Arizona have seen uncompensated care costs (the cost of medical services provided but not reimbursed) nearly double since 2022.⁵⁶

Vulnerable hospitals in the state need support from AHCCCS to remain open and serving the wider community. However, programs like AHCCCS Works put hospitals at *greater* risk. Work reporting requirements drive up uncompensated care.⁵⁷ Medicaid is an integral part of addressing these problems. Medicaid provides health coverage for low-income patients and, thus, reduces uncompensated care, lowering the need or demand for hospital charity care and debt expenses for uninsured people.⁵⁸ Further, when people lose Medicaid (such as those pushed off Medicaid by work reporting requirements

or lifetime coverage limits), they are forced to seek care in expensive settings like emergency rooms, further straining hospital workers who are overburdened and understaffed.⁵⁹

The bottom line: AHCCCS Works doesn't work for Arizona.

Families USA urges AHCCCS to consider the economic impact and human toll of its proposed waiver amendment. At its core, AHCCCS Works does not promote the objectives of Medicaid as the proposed program is set up to keep low-income adults out of Medicaid, with a hefty price tag for Arizona taxpayers, hospitals and low-income health care consumers. Weakening the health care system with work reporting requirements and lifetime limits only worsens existing challenges and endangers the financial and physical health of Arizona families. We respectfully ask AHCCCS to cease its plans to institute Medicaid work reporting requirements and lifetime coverage limits in Arizona.

For questions or comments regarding the recommendations made in this letter, please reach out to Mary-Beth Malcarney, Senior Advisor on Medicaid Policy, Families USA at: mmalcarney@familiesusa.org

Thank you for your time and consideration.

Sincerely,



Sophia Tripoli
Senior Director of Health Policy

¹ "AHCCCS Population by Category," Arizona Healthcare Cost Containment System, March 2025, <http://azahcccs.gov/Resources/Downloads/PopulationStatistics/PopulationbyCategory03052025.pdf>.

² U.S. Census Bureau, U.S. Department of Commerce. "Public Health Insurance Coverage by Type and Selected Characteristics." *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2704*, 2023, <https://data.census.gov/table/ACSST1Y2023.S2704?q=S2704&g=040XX00US04>. Accessed on March 10, 2025.

³ U.S. Census Bureau, U.S. Department of Commerce. "Age and Sex." *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S0101*, 2023, <https://data.census.gov/table/ACSST1Y2023.S0101?q=S0101&g=040XX00US04>. Accessed on March 10, 2025.

⁴ "Letter to Administrator Seema Verma, U.S. Centers for Medicare and Medicaid Services," Arizona Healthcare Cost Containment System, December 19, 2017, <https://www.azahcccs.gov/shared/Downloads/News/AHCCCSWorks1115WaiverAmendmentRequest.pdf>; "Letter to Thomas Betlach, Director of the Arizona Health Care Cost Containment System," U.S. Department of Health and Human Services, September 30, 2016, <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/az/Health-Care-Cost-Containment-System/az-hccc-demo-ext-09302016.pdf>.

⁵ "Letter to Administrator Seema Verma, U.S. Centers for Medicare and Medicaid Services," Arizona Healthcare Cost Containment System, December 19, 2017, <https://www.azahcccs.gov/shared/Downloads/News/AHCCCSWorks1115WaiverAmendmentRequest.pdf>

⁶ Jennifer Tolbert, Sammy Cervantes, Robin Rudowitz, and Alice Burns, "Understanding the Intersection of Medicaid and Work: An Update," KFF, Feb 04, 2025, <https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work-an-update/>.

⁷ Jennifer Tolbert, Sammy Cervantes, Clea Bell, and Anthony Damico, "Key Facts about the Uninsured Population," KFF, December 18, 2024, <https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/>.

⁸ 42 U.S.C. § 1396-1(1) (2025), <https://www.law.cornell.edu/uscode/text/42/1396-1>.

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- ⁹ Arizona Section 1115 Waiver Amendment Request: AHCCCS Works, Arizona Healthcare Cost Containment System, February 2025, at page 4, <https://www.azahcccs.gov/Resources/Downloads/1115Waiver/AHCCCSWorksCommunityEngage1115WaiverAmendReq2025.pdf>.
- ¹⁰ 42 U.S.C. § 1396-1(1) (2025), <https://www.law.cornell.edu/uscode/text/42/1396-1>.
- ¹¹ Leighton Ku and Erin Brantley, “Medicaid Work Requirements in Nine States Could Cause 600,000 to 800,000 Adults to Lose Medicaid Coverage,” The Commonwealth Fund, June 21, 2019, <https://www.commonwealthfund.org/blog/2019/medicaid-work-requirements-nine-states-could-cause-600000-800000-adults-lose-coverage>.
- ¹² Natasha Murphy, “Project 2025 Medicaid Lifetime Cap Proposal Threatens Health Care Coverage for up to 18.5 Million Americans,” Center for American Progress, Jun 20, 2024, <https://www.americanprogress.org/article/project-2025-medicaid-lifetime-cap-proposal-threatens-health-care-coverage-for-up-to-18-5-million-americans/>.
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Director Carmen Heredia
Arizona Health Care Cost Containment System
801 E Jefferson St
Phoenix, AZ 85034

March 20, 2025

Re: AHCCCS Works Proposal

Dear Director Heredia:

The Health System Alliance of Arizona (The Alliance) would like to thank AHCCCS for its stakeholder engagement on the AHCCCS Works 1115 Waiver Proposal. We appreciate AHCCCS's ongoing efforts to improve a program that incentivizes employment and creates a path forward for individuals to exit the Medicaid system and gain employment. We look forward to working together on this issue as we continue to serve the AHCCCS members who rely on our care.

The Alliance appreciates expanding the list of exemptions in the waiver application to include individuals up to age 55 instead of 40. We also appreciate the newly proposed exemptions for veterans, natural disaster victims, individuals incarcerated in the last six months, and good-cause exemptions. We know that those over the age of 50 are much more likely to suffer from chronic healthcare conditions. These individuals need continued access to healthcare coverage to manage these conditions, remain healthy, and obtain healthcare services in lower-cost and acuity settings. We appreciate AHCCCS's acknowledgment of this important matter regarding the proposed change.

Representing the largest healthcare providers in Arizona, the Alliance is concerned with AHCCCS proposing to modify the definition of "able-bodied" adults. Although the terminology is modified for the required undertaking of 80 hours of work participation activities per month, the definition is essentially the same as in 2019 when it was first approved. Due to that nature, the Alliance feels that the definition again does not provide exceptions for individuals who are receiving disability benefits, nor does it provide broad enough exceptions to also account for those vulnerable populations who depend on their AHCCCS coverage for their ongoing healthcare needs, but who do not meet the strict eligibility criteria for federal disability benefits. For example, individuals who are suffering from a serious mental illness, are organ transplant recipients or have life-threatening diseases (such as cancer) depend on their Medicaid coverage for access to life-saving medication and treatment. Without assurance of this coverage, these vulnerable

populations will potentially suffer adverse health outcomes, poor quality of life, or even death.

Furthermore, there is value in preventative care and care management that contribute toward improved health outcomes for individuals who would otherwise be deemed “super-utilizers” in our healthcare system. For example, we know that those with hypertension and diabetes who go without access to ongoing care are more likely to be without life-supporting medication, suffer adverse health outcomes, and drive more costs into our healthcare delivery system.

The Alliance can support a system that incentivizes employment and creates a path for individuals to exit the Medicaid system and gain employment. However, we also know that many employers do not offer comprehensive healthcare coverage to their employees. So, while this program seeks to facilitate a path off of AHCCCS for many people, it fails to assure continued health care coverage. As hospital systems, we anticipate increased uncompensated care, emergency room utilization, and unnecessary and increased costs to our healthcare delivery system. Since these individuals will no longer have access to coverage in the absence of other healthcare coverage, these uncompensated care costs will be primarily borne by the hospital systems. For these reasons, The Alliance opposes the five-year lifetime limit for able-bodied adults.

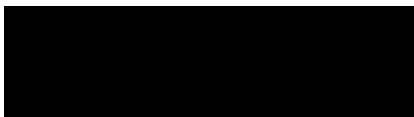
The Alliance believes a five-year life limit on benefits is not only arbitrary and unfair to beneficiaries but also contrary to the purpose of the Medicaid program, which is to provide a healthcare safety net for Americans. A lifetime limit would disproportionately affect older beneficiaries, who are more likely to need health care services for chronic conditions. It would also jeopardize health outcomes and drive up uncompensated care and overall health-related expenditures. Imposing a strict five-year cap on Medicaid eligibility ignores the dynamic health and economic realities that individuals encounter throughout their lives. We are deeply concerned that Arizonans who exhaust their five years of Medicaid in their youth may find themselves without essential coverage during critical times later on. More generally, a lifetime limit would undoubtedly jeopardize health outcomes for all beneficiaries who lose AHCCCS coverage. Experience has shown that when individuals lose access to care, they delay treatment, which leads to worsened health conditions. We are sure that providers, such as hospitals in particular, will see an increased reliance on costly emergency services, significantly inflating the burden of uncompensated care. Additionally, there will be greater reliance on community health center charity programs, causing additional financial strain on Arizona’s already stressed primary care network. Ultimately, all providers in the state will be affected. We are concerned that this policy’s unintended consequence will increase healthcare costs for Arizona taxpayers and decrease access to care for everyone.

The Alliance opposes the enrollment penalty for not reporting a change in family income as we believe it is too punitive. AHCCCS already has a robust Office of Inspector General and a fraud detection and prevention program. So, while we certainly would never advocate leniency for any individual who knowingly misrepresents information to enroll in the AHCCCS program, we believe that AHCCCS already has the resources and systems in place to identify and penalize those who decide to defraud the program. However, we appreciate that AHCCCS differentiates between those individuals who knowingly and unintentionally fail to report income changes to the Agency.

Lastly, as we all know, Congress is deliberating on the future of Medicaid programs nationwide. This deliberation has created enormous uncertainty about the future and structure of Medicaid enrollment, the level of coverage that will be afforded to patients, and the impact these changes will have on regulatory requirements and reimbursement for Medicaid participating providers. We believe our patients deserve to have certainty in their healthcare coverage. As providers and the largest employers in Arizona, we depend on certainty in our Medicaid program to plan for program improvement, innovation, and expansion. Given this uncertainty, the Alliance asks AHCCCS to consider the additional administrative and regulatory burden of the added process with these proposed changes. We want to avoid regulatory burdens on patients and providers that force eligible people to give up and not seek care.

We appreciate the opportunity to provide this feedback and hope you will consider it in the continued development of these quality strategies. We are happy to provide further details or clarification to our submitted feedback should you need it.

Sincerely,



Brittney Kaufmann
Chief Executive Officer



3/20/2025

Carmen Heredia
Director
Arizona Health Care Cost Containment System
801 E. Jefferson St, MD 4200
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Re: Arizona Section 1115 Waiver Amendment Request: AHCCCS Works

Dear Director Heredia:

The Leukemia & Lymphoma Society (LLS) appreciates the opportunity to submit comments on the Arizona Section 1115 Waiver Amendment Request.

At LLS, our mission is to cure blood cancer and improve the quality of life of all patients and their families. LLS exists to find cures and ensure access to treatments for blood cancer patients.

LLS is committed to ensuring that Arizona's Medicaid program provides quality and affordable healthcare coverage. LLS is strongly opposed to Arizona's proposal to implement work reporting requirements, time limits, and emergency department and ambulance transport copays for Medicaid beneficiaries. These requirements would take away coverage from thousands of people in Arizona and jeopardize the health of people with blood cancer and other serious and chronic conditions.

LLS urges Arizona to not move ahead with this proposal and offers the following comments on the AHCCCS Works Demonstration:

Work Reporting Requirements

The AHCCCS Works Demonstration seeks to implement work reporting requirements for adults in the Medicaid expansion population aged 19-55 with incomes up to 138% of the federal poverty level (FPL), which is just over \$3000 per month for a family of three. These requirements are not about promoting work but about adding red tape that jeopardizes patients' access to care, and LLS opposes them.

Work reporting requirements do not further the goals of the Medicaid program or help low-income individuals find work. The vast majority of those with Medicaid who can work already do so; nationally, 92% of individuals with Medicaid coverage under age 65 who do not receive Social Security disability benefits are either workers, caregivers, students, or unable to work due to illness.ⁱ Continuous Medicaid coverage can actually help people find and sustain employment. In a report looking at the impact of Medicaid expansion in Ohio, the majority of enrollees reported that being enrolled in Medicaid made it easier to work or look for work (83.5 percent and 60 percent, respectively).ⁱⁱ That report also found that many enrollees were able to get treatment for previously untreated health conditions, which made finding work easier. Additionally, a study in The New England Journal of

Medicine found that Arkansas's work requirement was associated with a significant loss of Medicaid coverage, but no corresponding increase in employment.ⁱⁱⁱ Terminating individuals' Medicaid coverage for non-compliance with these requirements will hurt rather than help Arizonans search for and obtain employment.

Beneficiaries who do not comply with the new requirements after an initial grace period will have coverage suspended for two months, at which point the state requests authority to disenroll individuals and prohibit them from re-enrolling in coverage. This would create gaps in care for patients and disrupt access to critical and often lifesaving services. Blood cancers and blood cancer treatments are highly variable in their intensity, acuity, pace of symptom onset, and length of treatment, and even patients who achieve long-term remission often require heightened surveillance for years after their primary treatment has ended. However, one factor remains constant: patients at any stage of their blood cancer journey need comprehensive, stable, and reliable health coverage access free of unnecessary or avoidable interruptions which can significantly impair a treatment plan and, consequently, a prognosis.^{iv} Burdensome new administrative hurdles that heighten the risk of a patient losing their coverage because of a missed or incomplete form will only harm patients, particularly those who may have missed their notices simply because they were in a hospital or managing an active period of complex treatment.

LLS is also concerned that the current exemption criteria may not capture all individuals with, or at risk of, serious and chronic health conditions that prevent them from working. Many other individuals with chronic conditions have some capacity to work but may still face substantial health challenges that require consistent coverage to manage their condition. Blood cancer patients may be more or less able to manage active employment depending on the stage and type of treatment they are receiving. Qualifying criteria such as those used by the state inherently create greater opportunities for administrative error and risk disenrolling or barring eligible people from coverage.

Additional processes to determine patient eligibility and participation in program requirements inherently create opportunities for administrative errors that jeopardize access to care. The waiver is unclear on reporting and enforcement of the work reporting requirements and good cause circumstances. The state does not have a clear process for how it will ensure that reporting is accessible to all enrollees, nor does it clarify if compliance will be solely determined with data matching. If the state intends to rely on data matching, there will undoubtedly be individuals whose data is incomplete, outdated, or not accurately captured by the systems in use. For instance, the state's application proposes exempting caretaker relatives: what centralized data source provides real-time caretaker status that could be used for this type of matching? The alternative to automated data matching is to add to the burden already faced by parents of children with cancer: more paperwork, more red tape, and more opportunity for a loss of the coverage that may be what keeps them healthy enough to care for their child.

LLS urges the state not to move ahead with the proposed working reporting requirements.

Time Limits

LLS is strongly opposed to time limits on Medicaid coverage. The state's proposed five-year time limit on how long someone can maintain Medicaid coverage does not promote the objectives of Medicaid. It is an arbitrary, harmful policy and could limit patients' access to critical treatment when they need it most. The federal government did not approve a nearly identical version of this policy proposed by Arizona in 2019,^v and the state should not move ahead with this proposal.

People need access to healthcare throughout their lives, regardless of income. As noted above, even cancer patients who achieve stable long-term remission are not suddenly able to forego care and coverage moving forward. Most cancer survivors will need regular scans, check-ups, primary and specialty care visits, and access to monitoring and surveillance that will exceed the needs of a person who was never diagnosed with cancer. Childhood cancer survivors, for instance, often experience a lifetime of heightened heart health needs as a result of the cardiotoxicity of pediatric cancer treatments. LLS does not believe that a cancer survivor with ongoing medical needs should be told they cannot access vital care as an adult simply because they have "used up" their available lifetime supply of Medicaid coverage. It is never appropriate for an arbitrary time limit on coverage to jeopardize anybody's needed care.

This policy runs counter to both the objectives of Medicaid and the demonstration's stated objectives of supporting Arizonans in gaining the "fulfillment that comes with employment." In Arizona, minimum wage is \$14.70, meaning that a family of three where one parent is working full-time at minimum wage would make \$2,352 each month, still falling well under 138% of the FPL (\$3,064 per month). Under the proposed time limit, working families with stable incomes would lose coverage despite complying with all other Medicaid eligibility requirements. Additionally, families and individuals in Arizona should not be penalized for having previously relied upon public benefits programs, including before this proposal goes into effect.

LLS urges the state to not move ahead with the proposed time limit for Medicaid coverage.

Copayments for Non-Emergency Use of the Emergency Department

LLS opposes the proposed copay for non-emergent use of ambulance transport or the Emergency Department (ED). These copays deter patients from seeking care, which can result in negative health outcomes for patients with acute and chronic diseases. For example, a study of enrollees in Oregon's Medicaid program demonstrated that implementation of a copay on emergency services resulted in decreased utilization of such services but did not result in cost savings because of subsequent use of more intensive and expensive services.^{vi} Nobody should be forced to question whether a medical event is severe enough to avoid a potential bill if they seek emergency care, particularly not individuals whose cancer or cancer treatments can leave them with a variety of symptoms, side effects, and comorbidities. It is not difficult to imagine common scenarios where a cancer patient has been advised

by their care team to seek emergency care if they experience certain symptoms or health events, yet the patient is later told that the visit did not meet the State's criteria for emergency care and they will thus be billed. LLS urges the state to not move ahead with this policy.

Cost of Implementation

LLS is concerned by the cost to implement this waiver's implementation. There will likely be large administrative costs to the state given the complexity of tracking work activities, tracking months countable toward the time limit, implementing a new data collection process, and having a system in place to identify and track exemptions. For example, a GAO study of work reporting requirements estimated that the administrative costs could be up to \$272 million.^{vii} In Georgia, the state spent over \$86 million within a year of implementing the Georgia Pathways to Coverage Program,^{viii} despite the low enrollment, and it is estimated that 90% of this was for administrative and consulting costs.^{ix} Furthermore, the aforementioned changes in coverage status are likely to lead to churn, placing greater administrative burden on Arizona's Medicaid program. The administrative cost of churn is estimated to be between \$400 and \$600 per person.^x Arizona's Medicaid program is unprepared for the cost and administrative disruption of the proposed requirements.

Lack of Detail

LLS is concerned that Arizona's proposal is lacking key details that prevents commenters from providing meaningful input on the proposed changes. The proposal states that enrollees who do not meet the work reporting requirements will be suspended from coverage and disenrolled for noncompliance. However, the demonstration fails to clarify if or when an individual would be disenrolled for noncompliance, and how or when beneficiaries will report their hours. While the state establishes a data collection process to determine compliance, it is unclear how often data would be checked or what reporting beneficiaries would be required to do. Furthermore, the demonstration fails to provide estimates of the impact of this waiver on enrollees, including the number of people who will lose coverage under the new requirements, the number of applicants who will be denied enrollment due to the new requirements, and the number of individuals who are expected to lose coverage as a result of the proposed five-year time limit. LLS urges the state to clarify these points and reissue the proposal for another comment period of at least 30 days.

Conclusion

LLS remains opposed to work reporting requirements, time limits on coverage, and ambulance and ED copays as they are not in line with the goals of the Medicaid program. To protect access to affordable and quality healthcare for Arizonans, we urge the state not to move ahead with this proposal.

Sincerely,

Kristina Kimball, Senior Manager of Government Affairs

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- ⁱⁱ Ohio Department of Medicaid, 2018 Ohio Medicaid Group VII Assessment: Follow-Up to the 2016 Ohio Medicaid Group VIII Assessment, August 2018. Accessed at: <http://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Final-Report.pdf>.
- ⁱⁱⁱ Benjamin D. Sommers, MD, et al. "Medicaid Work Requirements—Results from the First Year in Arkansas," *New England Journal of Medicine*. Published online June 18, 2019. Available at: https://cdf.nejm.org/register/reg_multistep.aspx?promo=ONFGMM02&cpc=FMAAALLV0818B
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- ^v Arizona Health Care Cost Containment System Demonstration Approval. Centers for Medicare and Medicaid Services. January 18, 2019. Available at: <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/az/Health-Care-Cost-Containment-System/az-hccc-appvd-demo-01182019.pdf#page=6>
- ^{vi} Wallace NT, McConnell KJ, et al. How Effective Are Copayments in Reducing Expenditures for Low-Income Adult Medicaid Beneficiaries? Experience from the Oregon Health Plan. *Health Serv Res*. 2008 April; 43(2): 515–530. Available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC2442363/>
- ^{vii} Medicaid Demonstrations: Actions Needed to Address Weaknesses in Oversight of Costs to Administer Work Requirements. U.S. Government Accountability Office. October 1, 2019. Available at: <https://www.gao.gov/products/gao-20-149>
- ^{viii} Coker, Margaret. "Georgia Touts its Medicaid Experiment as a Success. The Numbers Tell a Different Story." *ProPublica*. February 19, 2025. Available at: <https://www.propublica.org/article/georgia-medicaid-work-requirement-pathways-to-coverage-hurdles>
- ^{ix} Miller, Andy and Rayasam, Renuka. "Georgia's Medicaid Work Requirements Costing Taxpayers Millions Despite Low Enrollment," *KFF Health News*. March 20, 2024. Available at: <https://kffhealthnews.org/news/article/georgia-medicaid-work-requirements-experiment-high-cost-low-enrollment/>
- ^x Swartz, Katherine et al. Reducing Medicaid Churning: Extending Eligibility For Twelve Months or To End of Calendar Year Is Most Effective. *Health Affairs* July 2015 34:7, 1180-1187 Available at: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2014.1204>



March 20, 2025

Sent via email

waiverpublicinput@azahcccs.gov

Arizona Health Care Cost Containment System
C/O OOD- Division of Public Policy and Strategic Planning
801 E. Jefferson Street, MD 4200
Phoenix, Arizona 85034

Re: Comments to Arizona Section 1115
Waiver Amendment Request: AHCCCS
Works

Dear AHCCCS Division of Public Policy and Strategic Planning:

The William E. Morris Institute for Justice (“MIJ”) and Community Legal Services (“CLS”) submit these comments regarding Arizona’s Section 1115 Waiver Amendment Request: AHCCCS Works. CLS is a non-profit, civil legal services law firm that represents low-income Arizonans. MIJ is a non-profit organization that represents low-income and other marginalized Arizonans. Many of the people and communities we work for depend on the health care coverage and services provided by the Medicaid program, administered by the Arizona Health Care Cost Containment System (“AHCCCS”) in Arizona. CLS and MIJ are extremely concerned about the 2025 AHCCCS Works Amendment Proposal and oppose it in its entirety.

CLS and MIJ oppose the 2025 AHCCCS Works Amendment Proposal because (1) the statutory mandate that requires Arizona to submit a waiver violates the separation of powers doctrine as described in Article III of the Arizona Constitution; (2) it is contrary to the purpose of the Medicaid Act; (3) it would lead to substantial Medicaid coverage losses; (4) it would disproportionately impact people with disabilities; and (5) it has been

documented that mandatory work requirements are expensive for a Medicaid agency to administer and do not improve long-term employment outcomes. Our comments are detailed below.

Background

In 2000, Arizona voters enacted Proposition 204, which increased Medicaid eligibility for people up to 100 percent of the Federal Poverty Level (“FPL”). In addition, the Affordable Care Act (“ACA”), passed in 2010, created a new Medicaid eligibility group for adults earning up to 138 percent of the FPL. Enacting the new category under the ACA was optional for states but, in 2013, Arizona Governor Jan Brewer made the decision to protect Arizonans’ health and well-being by expanding Medicaid to cover all people who qualified for coverage in the expanded category. MIJ strongly supported the enactment of expanded Medicaid coverage in both eligibility categories.

Ensuring that Medicaid coverage and health care services are available to the Proposition 204 and Medicaid expansion groups has been extremely successful for the State of Arizona’s overall health and well-being. As of March 2025, 2,027,424 people in Arizona were covered by Medicaid. Of that number, 429,114 were people who fell into the Proposition 204 population and 65,033 were people who fell into the ACA expansion category.¹ The new adult eligibility categories filled problematic health care coverage gaps in Arizona, helped many people access health care, and improved health outcomes for low-income adults.² The creation of the new groups also cut uncompensated health costs, helped keep hospitals and clinics open, and created jobs in the health care industry.³

In 2015, Arizona passed a law, A.R.S. § 36-2903.09, that requires AHCCCS to apply to the federal Centers for Medicare & Medicaid Services (“CMS”) for waivers or amendments for permission to implement (1) work requirements for “able-bodied adults;” (2) a five-year maximum lifetime limit for “able-bodied adults;” and (3) cost-

¹ AHCCCS Population by Category (March 2025), <https://www.azahcccs.gov/Resources/Downloads/PopulationStatistics/PopulationbyCategory03052025.pdf>.

² Stephanie Innes, *Thousands of Arizonans Are at Risk of Losing Health Coverage if Trump Cuts Medicaid*, Arizona Republic (Dec. 16, 2024), <https://crh.arizona.edu/news/thousands-arizonans-are-risk-losing-health-coverage-if-trump-cuts-medicaid>.

³ Thomas C. Buchmueller, Betsy Q. Cliffs, and Helen Levy, *The Benefits of Medicaid Expansion*, JAMA Health Forum (July 15, 2020), https://jamanetwork.com/journals/jama-health-forum/articlepdf/2768596/buchmueller_2020_is_200078_1618430998.42428.pdf.

sharing for emergency department and ambulance transport use. In 2017, AHCCCS submitted to CMS a 1115 waiver request titled “AHCCCS Works” to impose work requirements and a five-year maximum lifetime limit for “able-bodied adults” to CMS. The “able-bodied adults” referred to in the waiver request included the Proposition 204 and the expansion Medicaid eligibility categories. In 2019, CMS approved the waiver request⁴, but rescinded the approval in 2021 before AHCCCS could implement AHCCCS Works.⁵

2025 AHCCCS Works Amendment Proposal

Four years later, AHCCCS plans to re-submit AHCCCS Works to CMS. In the 2025 AHCCCS Works Amendment Proposal, AHCCCS asks that CMS allow the implementation of the mandates outlined in A.R.S. § 36-2903.09.⁶ AHCCCS defines “able-bodied adults” as Medicaid applicants and recipients who are between 19 and 55 years old, who fall within the “Group VIII” adult population, and who do not qualify for an exemption. The Group VIII population category includes adults who have incomes between 0 and 138 percent of the FPL and who do not qualify for any other Medicaid eligibility category.⁷

The waiver amendment request exempts people from the work requirements proposed in AHCCCS Works who fall within the following categories:

- People who are at least 56 years old and older;
- People who qualify for services through the Indian Health Service or Tribally Operated Health Facilities, including but not limited to enrolled or affiliate members of federally-recognized American Indian/Alaskan Native Tribes;
- Women up to the end of the 12-month postpartum period;
- Former Arizona foster care youth up to age 26;

⁴ Letter from CMS to AHCCCS (Jan. 1, 2019), <https://www.azahcccs.gov/Resources/Downloads/CMSApprovalLetter.pdf>.

⁵ Letter from CMS to AHCCCS (June 24, 2021), <https://www.azahcccs.gov/Resources/Downloads/ArizonaCommunityEngage1115demoletter.pdf>.

⁶ 2025 AHCCCS Works Amendment Proposal, p. 3 (Feb. 2025), <https://www.azahcccs.gov/Resources/Downloads/1115Waiver/AHCCCSWorksCommunityEngage1115WaiverAmendmentReq2025.pdf>.

⁷ *Id.* at 4.

- People determined to have a serious mental illness (“SMI”);
- People who are in active treatment for a substance use disorder (“SUD”);
- People currently receiving temporary or permanent long-term disability benefits from a private insurer or the government;
- People who are receiving Supplemental Nutrition Assistance Program (“SNAP”), Cash Assistance, or Unemployment Insurance income benefits;
- People who are determined to be medically frail;
- Full-time high school students who are older than 18 years old;
- Full-time trade school, college, or graduate students;
- Victims of domestic violence;
- People who are homeless;
- People who have recently been directly impacted by a catastrophic event such as a natural disaster or the death of a family member living in the same household;
- Parents, caretaker relatives, foster parents, and legal guardians;
- People who are exempt from the Arizona Department of Economic Security (“DES”) Nutrition Assistance work requirement program;
- People who were incarcerated within the last six months;
- Veterans regardless of their discharge status; or
- Caregivers of a family member who is enrolled in the Arizona Long Term Care System (“ALTCS”).⁸

Individuals subject to AHCCCS Works must complete at least 20 hours of the following to qualify for Medicaid benefits:

- Work at a job; or
- Attend school; or
- Attend an AHCCCS approved Employment Support and Development Program, which includes:

⁸

Id. at. 5-6.

- English as a Second Language courses;
- Parenting classes;
- Disease management education;
- Courses on health insurance competency; and
- Healthy living classes.⁹

People who cannot satisfy the work requirements and who do not qualify for an exemption will receive an initial 6-month grace period.¹⁰ If a person does not fulfill the work requirements during the 6-month grace period, AHCCCS will suspend the person's benefits case for two months, unless the person can establish "good cause" for the non-compliance.¹¹ If the person can meet all other eligibility after the two-month suspension, AHCCCS will reinstate the person's benefits.¹² The 2025 AHCCCS Works Amendment Proposal lists the following examples of "good cause":

- The beneficiary has a disability as defined by the Americans with Disabilities Act ("ADA"), section 504, or section 1557, and was unable to meet the requirement for reasons related to that disability;
- The beneficiary resides with an immediate family member who has a disability as defined by the ADA, section 504, or section 1557, and was unable to meet the requirement for reasons related to the disability of that family member;
- Illness of a household or family member requiring the care of the beneficiary;
- Illness of the beneficiary;
- Severe inclement weather (including a natural disaster); or
- A family emergency or other life-changing event (*e.g.*, divorce, homelessness, domestic violence, birth or adoption, or death).¹³

⁹ *Id.* at 6.

¹⁰ *Id.*

¹¹ *Id.*

¹² *Id.*

¹³ *Id.* at 6-7.

I. The Statutory Mandate of A.R.S. § 36-2903.09 Violates the Separation of Powers Doctrine in Article III of the Arizona Constitution

Article III of the Arizona Constitution says the following about the separation of powers among the three branches of government:

The powers of the government of the state of Arizona shall be divided into three separate departments, the legislative, the executive, and the judicial; and, except as provided in this constitution, *such departments shall be separate and distinct, and no one of such departments shall exercise the powers properly belonging to either of the others.* [emphasis added].

Arizona courts have examined and determined when one department unconstitutionally usurps another's power, and enforced the principles governing separation of powers. In *J.W. Hancock Enterprises, Inc. v. Arizona State Registrar of Contractors*, the Arizona Supreme Court set out the following four-part test for a constitutional analysis of separation of powers and usurpation:

1. Is the power exclusively executive or legislative, or is it a blend?
2. Is there a coercive influence or a mere cooperative venture?
3. What is the nature of the objective sought, including whether the legislature may furnish special expertise or whether the legislature seeks to establish superiority in an area of essentially executive functions?
4. What is the practical result of the exercise of legislative power?¹⁴

The Arizona Supreme Court quoted the Kansas Supreme Court in adopting its test and framework for the constitutional usurpation analysis and listed a series of factors to be considered:

¹⁴ *J.W. Hancock Enterprises, Inc. v. Arizona State Registrar of Contractors*, 142 Ariz. 400, 405 (1984) (quoting *State ex rel. Schneider v. Bennett*, 219 Kan. 285, 290, 5 P.2d 786, 792 (1976)).

First is the essential nature of the power being exercised. Is the power exclusively executive or legislative or is it a blend of the two? A second factor is the degree of control by the legislative department in the exercise of the power. Is there a coercive influence or a mere cooperative venture? A third consideration of importance is the nature of the objective sought to be attained by the legislature. Is the intent of the legislature to cooperate with the executive by furnishing some special expertise of one or more of its members or is the objective of the legislature obviously one of establishing its superiority over the executive department in an area essentially executive in nature? A fourth consideration could be the practical result of the blending of powers as shown by actual experience over a period of time where such evidence is available.¹⁵

Arizona law establishes AHCCCS as an agency of the executive branch.¹⁶ AHCCCS may execute a broad array of functions advancing the core purpose of Arizona's Medicaid program, such as county-by-county operation planning including access to hospitalization and medical care services for AHCCCS members,¹⁷ establishment and management of a comprehensive system for assuring quality of care,¹⁸ development and management of a contractor payment system,¹⁹ coordination of benefits provided under the law to any member,²⁰ and various other specifically enumerated actions and administrative obligations.²¹

As explained in the Arizona Constitution, executive powers are separate and distinct from the lawmaking powers of the Arizona Legislature. The Arizona Constitution plainly and unambiguously prohibits non-executive departments from usurping the executive department powers (" . . . no one of such departments shall exercise the powers properly belonging to either of the others").

¹⁵ *Id.* (quoting *Schneider*, 219 Kan. at 290-91, 5 P.2d at 792-93).

¹⁶ [A.R.S. § 36-2902\(A\)](#).

¹⁷ [A.R.S. § 36-2903\(B\)\(1\)](#).

¹⁸ [A.R.S. § 36-2903\(B\)\(8\)](#).

¹⁹ [A.R.S. § 36-2903\(B\)\(7\)](#).

²⁰ [A.R.S. § 36-2903\(B\)\(10\)](#).

²¹ *See e.g.*, [A.R.S. §§ 36-2903](#) and [36-2903.01](#).

As part of the executive branch, AHCCCS has the primary authority to direct Medicaid payments and services in Arizona consistent with Arizona and federal law. AHCCCS must necessarily administer Arizona's Medicaid program to ensure the delivery of Medicaid coverage and services to AHCCCS members. AHCCCS must also comply with federal Medicaid Act requirements and procedures and ensure that Arizona remains in compliance with its legal obligations. Included in AHCCCS's executive powers and duties are decisions on whether to file a waiver amendment request with CMS, to further the legal objectives and mandates of the Medicaid Act.

A.R.S. § 36-2903.09 requires AHCCCS to:

[A]pply to the centers for medicare and medicaid services for waivers or amendments to the current section 1115 waiver to allow this state to:

1. Institute a work requirement for all able-bodied adults receiving services pursuant to this article...
2. Place on able-bodied adults a lifetime limit of five years of benefits...
3. Develop and impose meaningful cost-sharing requirements to deter both:
 - (a) The nonemergency use of emergency departments.
 - (b) The use of ambulance services for nonemergency transportation or when it is not medically necessary.

A.R.S. § 36-2903.09 usurps AHCCCS's core functions and power to operate, run, administer, and oversee Arizona's Medicaid program. AHCCCS – not the Arizona Legislature – runs Medicaid and has the authority to make determinations affecting the core purpose of the program. The power is primarily executive in nature.

Moreover, A.R.S. § 36-2903.09 is coercive in nature. The statute mandates that AHCCCS rigorously and reflexively apply for certain waivers, including a waiver regarding work requirements, irrespective of facts and circumstances surrounding the waiver proposals and their relation to Medicaid's core purpose and the agency's duties under statutory law.

Additionally, by its plain language, A.R.S. § 36-2903.09 seeks to establish legislative authority in an area of executive functions, without any proffer of special expertise from the Arizona Legislature on Medicaid program administration. And, finally, the practical implication of the operation A.R.S. § 36-2903.09 is that the State of Arizona – AHCCCS, as an independent executive agency – is bound to seek experimental Medicaid waivers, irrespective of whether they will help Arizonans access health care and services through Medicaid, in fulfillment of the federally state core purpose of the program.

In summary, A.R.S. § 36-2903.09 meets the elements of the Arizona Supreme Court’s test for unconstitutional usurpation. A.R.S. § 36-2903.09 requires an independent agency of the executive branch – Arizona’s Medicaid agency – to pursue waivers that conflict with other AHCCCS administrative and executive duties, regardless of surrounding circumstances or the need for the directed waiver. The mandate of A.R.S. § 36-2903.09 represents unconstitutional usurpation of executive branch power by the Arizona Legislature and cannot be the basis to mandate that AHCCCS submit the 2025 AHCCCS Works Amendment Proposal to CMS.

II. Demonstration Waivers under 42 U.S.C. § 1315(a) Must Promote the Objectives of the Medicaid Act and Test Experimental Goals

The Social Security Act grants the Secretary of the United States Department of Health and Human Services (“HHS”) limited authority to waive the requirements of the Medicaid Act. The Social Security Act allows the Secretary to grant a “[w]aiver of State plan requirements” in 42 U.S.C. § 1396a in the case of an “experimental, pilot, or demonstration project.”²² The Secretary may only approve a project which is “likely to assist in promoting the objectives” of Title XIX and may only “waive compliance with any of the requirements [of the act]...to the extent and for the period [the Secretary] finds necessary” for the state to carry out the project.²³

The current proposed waiver amendment request includes policies that would impede, rather than promote, the objectives of the Medicaid program by creating unnecessary barriers to enrollment and access to care. AHCCCS Works is an extreme experiment, detached from the legal framework for Medicaid waiver proposals.

²² 42 U.S.C. § 1315(a).

²³ *Id.*

Legislative history confirms that Congress meant for Section 1115 demonstration waiver projects to test experimental ideas. According to Congress, waivers were intended to allow only for “experimental projects designed to test out new ideas and ways of dealing with the problems of public welfare recipients” that are “to be selectively approved,” “designed to improve the techniques of administering assistance and related to rehabilitative services,” and “usually cannot be statewide in operation.”²⁴

In addition, the Ninth Circuit Court of Appeals stated the following about Section 1115 demonstration waivers:

The statute was not enacted to enable states to save money or to evade federal requirements but to ‘test out new ideas and ways of dealing with the problems of public welfare recipients.’ [citation omitted]...A simple benefits cut, which might save money, but has no research or experimental goal, would not satisfy this requirement.²⁵

Under *Beno v. Shalala*, the record of a waiver approval must show that HHS considered the impact of the demonstration project on those whom the Medicaid Act was enacted to protect.²⁶ Further, several circuit courts have held that the objective of the Medicaid Act is to provide medical assistance to those who cannot afford it.²⁷

AHCCCS explains that the objective of the 2025 AHCCCS Works Amendment Proposal is “to support Arizonans in pursuing their educational goals, building their technical skills, and gaining the income, independence, and fulfillment that come with employment.”²⁸ The AHCCCS Works objectives and plans do not align with, or further the purpose of, the Medicaid Act.

Making people participate in work requirements and imposing a five-year maximum lifetime coverage limit for those people have nothing to do with the objective

²⁴ S. Rep. No. 87-1589, at 19-20, *as reprinted* in 1962 U.S.C.C.A.N. 1943, 1961-62, 1962 WL 4692 (1962); See also H.R. Rep. No. 3982, pt. 2 at 307-08 (1981) (“States can apply to HHS for a waiver of existing law in order to test a unique approach to the delivery and financing of services to Medicaid beneficiaries.”).

²⁵ *Beno v. Shalala*, 30 F.3d 1057, 1069 (9th Cir. 1994).

²⁶ *Newton-Nations v. Betlach*, 660 F.3d 370, 380 (9th Cir. 2011) (relying on *Beno*).

²⁷ *Gresham v. Azar*, 950 F.3d 93, 99-100 (D.C. Cir. 2020).

²⁸ 2025 AHCCCS Works Amendment Proposal, p.4 (Feb. 2025), <https://www.azahcccs.gov/Resources/Downloads/1115Waiver/AHCCCSWorksCommunityEngage1115WaiverAmeandReq2025.pdf>.

of providing health care to low-income individuals and families. Cost-sharing for emergency room and ambulance services also do not further the purpose of the Medicaid Act. Further, AHCCCS Works fails to establish any demonstration value. In fact, as discussed further below, the 2025 AHCCCS Works Amendment Proposal would not result in increased employment and would ultimately limit enrollment in AHCCCS.

The 2025 AHCCCS Works Amendment Proposal is an unfortunate sequel to Arkansas Works, a Medicaid work requirements waiver proposal approved by CMS in 2018 and subsequently found unlawful in the federal court system. The United States Court of Appeals for the District of Columbia Circuit concluded that CMS's approval of Arkansas Works was unlawful because it did not advance the primary purpose of the Medicaid Act.²⁹ In finding CMS's approval of Arkansas Works unlawful, the Court identified the furnishment of medical assistance to vulnerable people as the primary purpose of Medicaid and stated the following:

Importantly, the Secretary [of CMS] disregarded this statutory purpose in his analysis. While we have held that it is not arbitrary or capricious to prioritize one statutorily identified objective over another, it is an entirely different matter to prioritize non-statutory objectives to the exclusion of the statutory purpose.³⁰

Work requirements, a five-year maximum lifetime limit, and cost-sharing for emergency room visits and ambulance services do nothing to further the objectives of the Medicaid Act and will only lead to Arizonans suffering and experiencing barriers to health care services. Arizona should not go down the path of proposing a non-health-care-related experiment fundamentally at odds with the core purpose of the Medicaid Act. Instead, the State should invest its time and energy improving the Medicaid program's accessibility and services for vulnerable Arizonans.

III. Work Requirements Would Lead to Substantial Medicaid Coverage Losses

If CMS grants the 2025 AHCCCS Works Amendment Proposal, many Arizonans who rely on Medicaid for their health care needs will lose coverage. Data from other states that have implemented work requirements shows that many adult participants lose

²⁹ *Gresham v. Azar*, at 103-104.

³⁰ *Id.*

Medicaid coverage for failure to comply with requirements that are hard for Medicaid agencies to administer and sometimes impossible for people to follow.

Arkansas implemented work requirements for the Medicaid expansion population in June 2018, and by the end of 2018, approximately 23 percent of Medicaid enrollees subject to the requirement – 18,164 people – lost coverage for failure to comply.³¹ The dramatic losses led the federal Medicaid and CHIP Payment and Access Commission (“MACPAC”), an advisory body for Congress, to write to then Secretary Azar and call for a “pause” in implementation.³² In a study published in the *New England Journal of Medicine*, Harvard researchers found that the Arkansas work requirements were associated with “significant losses in health insurance coverage in the initial 6 months of the policy but no significant change in employment.”³³

In New Hampshire, data showed even higher rates of non-compliance with work requirements. Of the approximately 25,000 individuals who needed to report activities, two thirds – nearly 17,000 people – did not report sufficient hours and were at risk of losing coverage.³⁴ Given the potential for this substantial coverage loss, New Hampshire paused the implementation of the work requirements before a court invalidated CMS’s approval of the project.³⁵ Researchers have estimated coverage loss rates of up to 41 percent when evaluating similar work requirements in other states.³⁶

³¹ See Ark. Dep’t of Human Servs., *Arkansas Works Program December 2018 Report*, 10 (attached); See also Robin Rudowitz et al., Kaiser Family Found., *A Look at November State Data for Medicaid Work Requirements in Arkansas* (December 2018), <http://files.kff.org/attachment/Issue-Brief-A-Look-at-November-State-Data-for-Medicaid-Work-Requirements-in-Arkansas>; Jennifer Wagner, Ctr. on Budget and Pol’y Priorities, *Medicaid Coverage Losses Mounting in Arkansas from Work Requirement* (Jan. 17, 2019), <https://www.cbpp.org/blog/medicaid-coverage-losses-mounting-in-arkansas-from-work-requirement>.

³² Penny Thompson, *Medicaid & CHIP Payment & Access Comm’n*, *MACPAC letter to HHS Secretary Regarding Work Requirements Implementation* (Nov. 8, 2018), <https://www.macpac.gov/wpcontent/uploads/2018/11/MACPAC-letter-to-HHS-Secretary-Regarding-Work-Requirements-Implementation.pdf>.

³³ Benjamin Sommers et al., *Medicaid Work Requirements: Results from the First Year in Arkansas*, 381 N. Eng.J. Med. 1073 (Sept. 2019).

³⁴ Letter from Jeffrey A. Meyers, *Comm’r N.H. Dep’t of Health & Human Servs. to Gov. Christopher T. Sununu et al.* (July 8, 2019), <https://www.dhhs.nh.gov/medicaid/granite/documents/ga-ce-findings.pdf> [hereinafter “Letter from Meyers”]; Holly Ramer, *N.H. Delays Work Requirement Compliance Deadline*, CONCORD MONITOR (July 8, 2019), <https://www.concordmonitor.com/New-Hampshire-delays-work-requirement-compliance-deadline-26844999>.

³⁵ Letter from Meyers (noting that otherwise New Hampshire would experience the “unintended loss of coverage for thousands of beneficiaries.”).

³⁶ Leighton Ku & Erin Brantley, The Commonwealth Fund, *Medicaid Work Requirements in Nine States Could Cause 600,000 to 800,000 Adults to Lose Medicaid Coverage* (June 21, 2019), <https://www.commonwealthfund.org/blog/2019/medicaid-work-requirements-nine-states-could-cause-600000->

Georgia implemented “Georgia Pathways to Coverage” as an alternative to Medicaid expansion and required work requirements for adults 19-64 with a household income of up to 100 percent of the FPL.³⁷ Georgia is the only state that currently enforces work requirements for its Medicaid recipients. The program is a failure. By the end of 2024, only 6,500 people were enrolled in the “experimental” program.³⁸ This is approximately 75 percent fewer than Georgia originally estimated. Many problems led to the program’s failure, including technical glitches and crashes of the program’s online portal, a customer service hotline that did not work, and a lack of employees to verify recipients’ compliance with the program.³⁹ Despite the low enrollment numbers, the program has cost Georgia taxpayers more than \$86 million.⁴⁰

If work requirements are implemented, Arizona will suffer the same fate as every other state who has tried to impose similar requirements on their residents who participate in the Medicaid program.

Many Arizonans will lose their Medicaid coverage for various reasons unrelated to their eligibility or need for health care. Most people on Medicaid would simply be unable to comply with the required number of work hours. In the Supplemental Nutrition Assistance Program (“SNAP”), known as Nutrition Assistance (“NA”) in Arizona, Able-Bodied Adults Without Children (“ABAWD”) are subject to work requirements. However, NA participants living outside of Maricopa County are exempt from work requirements due to a lack of available jobs in the rural counties. Currently, 14 out of 15 counties, the City of Buckeye, the City of Apache Junction, and 16 reservation areas in Arizona are under a waiver under the NA program because the unemployment rates there are at least 20 percent higher than the national average for the 24 month period from May

[800000-adults-lose-coverage](#) [hereinafter Ku & Brantley, Medicaid Work Requirements in Nine States]; *see also* Sara R. Collins et al., THE COMMONWEALTH FUND, *The Potential Implications of Work Requirements for the Insurance Coverage of Medicaid Beneficiaries: The Case of Kentucky* (2018), <https://www.commonwealthfund.org/publications/2018/oct/kentucky-medicaid-work-requirements>; Aviva Aron-Dine, Ctr. On Budget & Policy Priorities, *Eligibility Restrictions in Recent Medicaid Waivers Would Cause Many Thousands of People to Become Uninsured* (2018), <https://www.cbpp.org/research/health/eligibility-restrictions-in-recent-medicaid-waivers-would-cause-many-thousands-of>.

³⁷ State of Georgia Website on “Georgia Pathways to Coverage,” <https://pathways.georgia.gov/about-pathways> (last visited March 19, 2025).

³⁸ Margaret Coker, *Georgia Touts Its Medicaid Experiment as a Success. The Numbers Tell a Different Story*, ProPublica (Feb. 19, 2025), https://www.propublica.org/article/georgia-medicaid-work-requirement-pathways-to-coverage-hurdles?utm_source=sailthru&utm_medium=email&utm_campaign=majorinvestigations&utm_content=feature.

³⁹ *Id.*

⁴⁰ *Id.*

2022 through April 2024.⁴¹ The NA waiver is indicative of the difficulties in obtaining employment in a majority of the state.

Medicaid participants who do not also receive NA benefits and who live outside of Maricopa County would have an extremely hard time finding work and thus be at risk of losing their health care coverage. Medicaid recipients will face the same challenges in finding employment.

Moreover, over half of the people who receive Medicaid already work, with approximately 44 percent working full-time and 20 percent working part-time.⁴² Part-time workers receiving Medicaid would have problems meeting the work requirement hours due to the volatile nature of the low-wage job market.⁴³ Part-time workers also experience high rates of fluctuating hours and shifts, which would make it difficult for these workers to make up the rest of the AHCCCS Works hours through unpaid activities.⁴⁴

Many participants would also have difficulty attending school, participating in an Employment Support and Development program, or engaging in community service due to a lack of reliable transportation or telephone or internet service. Nationwide, half of households with incomes under \$25,000 have either no computer or no broadband internet access at home.⁴⁵ Further, persons with low-incomes are less likely to own a car

⁴¹ U.S. Dept. of Agriculture, Food and Nutrition Service, Ltr. to Ariz. Dept. of Economic Security Executive Deputy Director Rodgers, Supplemental Nutrition Assistance Program (SNAP) – Arizona Request to Waive Able-Bodied Adults Without Dependents Time Limit – Initial – Approval (Sept. 12, 2024), <https://fns-prod.azureedge.us/sites/default/files/resource-files/az-abawd-response-fy2025.pdf>.

⁴² Jennifer Tolbert, Sammy Cervantes, Robin Rudowitz, and Alice Burns, KFF, *Understanding the Intersection of Medicaid and Work: An Update* (Feb. 4, 2025), <https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work-an-update/#:~:text=This%20brief%20updates%20an%20earlier,disability%2C%20or%20due%20to%20school>.

⁴³ Kristin F. Butcher and Diane Whitmore Schanzenback, Center on Budget and Policy Priorities, *Most Workers in Low-Wage Labor Market Work Substantial Hours, in Volatile Jobs* (July 24, 2018), <https://www.cbpp.org/research/food-assistance/most-workers-in-low-wage-labor-market-work-substantial-hours-in-volatile>.

⁴⁴ Bivens & Fremstad; Tanya L. Goldman et al., Ctr. for Law & Social Pol., *The Struggles of Low Wage Work* (2018), https://www.clasp.org/sites/default/files/publications/2018/05/2018_lowwagework.pdf.

⁴⁵ Camille Ryan & Jamie Lewis, American Community Survey Reports, *Computer and Internet Use in the United States: 2015*, at 9 (2017), <https://www.census.gov/content/dam/Census/library/publications/2017/acs/acs-37.pdf>; Rachel Garfield et al., Kaiser Family Found., *Implications of Work Requirements in Medicaid: What Does the Data Say?* (Jun. 12, 2018), <http://files.kff.org/attachment/Issue-Brief-Implications-of-Work-Requirements-in-Medicaid-What-Does-the-Data-Say> [hereinafter Garfield et al., *Implications of Work Requirements in Medicaid: What Does the Data Say?*].

than their middle- or upper-income peers, and many low-income families do not have access to affordable public transportation, particularly in rural areas.⁴⁶

Further, the 2025 AHCCCS Works Amendment Proposal requires Medicaid participants subject to work requirements to report either monthly compliance or eligibility for an exemption. The additional administrative burdens of reporting would cause a significant decline in enrollment because many people would not receive adequate notice of the new requirements or would not understand the new requirements and, as a result, not comply with them. Data collection from other states consistently shows notification to participants is slow. For example, in Arkansas, two-thirds of participants polled had not heard of the new requirements⁴⁷ and many were unaware of or confused by the new requirements a full 6 months after implementation.⁴⁸ In addition, transportation barriers or a lack of access to reliable internet or telephone service would make it difficult for many participants to report compliance.

If Arizona were to impose work requirements on its Medicaid participants, like every other state that has tried similar measures, many people would lose their medical coverage. A five-year maximum lifetime limit and cost-sharing for emergency room visits and ambulance services will also lead to more people losing coverage. Research has shown that people who lose Medicaid experience a gap of some sort in medical insurance, leading to a reduction in access to care, increased delays for seeing a medical professional, and raises the risk of impoverishment due to increased medical debt.⁴⁹

Arizona should not waste money on a senseless experiment that will primarily harm health care access and the Arizona economy. Because the proposed experiment conflicts with the core purpose of Medicaid, AHCCCS must not submit the 2025 AHCCCS Works Amendment proposal to CMS.

⁴⁶ Federal Highway Admin., National Household Travel Survey Brief: *Mobility Challenges for Households in Poverty* (2014), <https://nhts.ornl.gov/briefs/PovertyBrief.pdf>; Samina T. Syed, Ben S. Gerber & Lisa K. Sharp, *Traveling Towards Disease: Transportation Barriers to Health Care Access*, 38 J. COMMUNITY HEALTH 976 (2013).

⁴⁷ Jessica Greene, *Medicaid Recipients' Early Experience With the Arkansas Medicaid Work Requirement*, HEALTH AFFAIRS BLOG, Sept. 5, 2018, <https://www.healthaffairs.org/doi/10.1377/hblog20180904.979085/full/>.

⁴⁸ MaryBeth Musumeci et al., Kaiser Family Found., *Medicaid Work Requirements in Arkansas: Experience and Perspectives of Enrollees* (December 2018), <http://files.kff.org/attachment/Issue-Brief-Medicaid-Work-Requirements-in-Arkansas-Experience-and-Perspectives-of-Enrollees>.

⁴⁹ Laura Dague, PhD and Rebecca Myerson, PhD, *Loss of Medicaid Coverage During the Renewal Process*, JAMA Health Forum (May 3, 2024), <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2818086>.

IV. Work Requirements in Medicaid Have Disproportionate Impacts on People with Disabilities

Medicaid work requirements will greatly impact people with disabilities, because it may be difficult for them to work. Research has shown that, nationwide, 34 percent of adults receiving Medicaid benefits, who were also not receiving disability benefits and were not working, live with multiple chronic conditions, and that 51 percent of these people have a functional limitation that could affect their ability to work.⁵⁰ People with disabilities also face discrimination that prevents them from obtaining and maintaining employment. For example, people with a disability are 26 percent less likely to be considered for a job, even if they are otherwise qualified for the position.⁵¹ Other structural barriers to employment include a lack of necessary work supports or reasonable accommodations.⁵²

According to the 2025 AHCCCS Works Amendment Proposal, people with disabilities may establish a “good cause” reason for not complying with work requirements, but before that happens, they may still be subject to at least a two-month suspension of their benefits.⁵³ Further, exemptions and other purported safeguards for people with disabilities in programs with work requirements do not work and significant numbers of people with a disability still lost their benefits. This is because such safeguards were too complex and difficult to navigate; many people also did not know about them.⁵⁴

Each year, hundreds of Arizonans who receive disability benefits through the Social Security Administration and live in CLS’ service area are determined to be

⁵⁰ Rachel Garfield et al., Kaiser Family Found., *Understanding the Intersection of Medicaid and Work*, Kaiser Family Foundation, at 8 (Aug. 8, 2019) <https://www.kff.org/report-section/understanding-the-intersection-of-medicaid-and-work-appendix/>.

⁵¹ Mason Ameri et al., *The Disability Employment Puzzle: A Field Experiment on Employer Hiring Behavior* (2015), https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2663198.

⁵² David Machledt, *How Medicaid Work Requirements Hurt People with Disabilities*, National Health Law Program (Dec. 2024), <https://healthlaw.org/resource/unfit-to-work-how-medicaid-work-requirements-hurt-people-with-disabilities-2/>.

⁵³ 2025 AHCCCS Works Amendment Proposal, p. 6-7 (Feb. 2025), <https://www.azahcccs.gov/Resources/Downloads/1115Waiver/AHCCCSWorksCommunityEngage1115WaiverAmeandReq2025.pdf>.

⁵⁴ MaryBeth Musumeci, *Disability and Technical Issues Were Key Barriers to Meeting Arkansas’ Medicaid Work and Reporting Requirements in 2018*, Kaiser Family Foundation (Jun. 11, 2019), <https://www.kff.org/medicaid/issue-brief/disability-and-technical-issues-were-key-barriers-to-meeting-arkansas-medicaid-work-and-reporting-requirements-in-2018/>.

“medically improved,” or in other words fit for work, by the Social Security Administration. Many of these determinations are based on incorrect information, which can only be challenged through a long and arduous appeals process, taking several years before a person even has a hearing to challenge the loss of their disability. One such CLS client had an intellectual disability that impacted his ability to sustain regular, ongoing employment. Though he likely would not meet any of AHCCCS’s proposed work exemptions, his disability limits him to jobs that would be considered sheltered employment. In order for this client to work, his employer had to make significant accommodations to enable him to perform the ordinary job responsibilities. This made it difficult for this client to not only find a job, but to keep one. Though this is one client’s story, his circumstances illustrate that the proposed waiver clearly fails to contemplate the harm it will have for Arizonans who are unable, through no fault of their own, to sustain employment on a regular basis, yet do not fit neatly into any of the work exemptions.

People with disabilities rely on Medicaid benefits to remain active members of their communities. Examples of the services and supports Medicaid may provide include receiving regular supplies of insulin for diabetes, consistent mental health medication, and personal care attendants who help with basic chores, cooking, and other daily activities.⁵⁵ Cutting Medicaid coverage for people with disabilities who cannot meet work requirements would be devastating for them, their families, and their communities. AHCCCS must do everything in its power to support Arizonans with disabilities and must not submit the 2025 AHCCCS Works Amendment Proposal.

V. Mandatory Work Requirements Do Not Improve Long-Term Employment Outcomes

AHCCCS’s stated objective of the 2025 AHCCCS Works Amendment Proposal is to “support Arizonans in pursuing their educational goals, building their technical skills, and gaining the income, independence, and fulfillment that come with employment.”⁵⁶ But research has consistently proven that work requirements does little to improve long-

⁵⁵ David Machledt, *How Medicaid Work Requirements Hurt People with Disabilities*, National Health Law Program (Dec. 2024), <https://healthlaw.org/resource/unfit-to-work-how-medicaid-work-requirements-hurt-people-with-disabilities-2/>.

⁵⁶ 2025 AHCCCS Works Amendment Proposal, p. 4 (Feb. 2025), <https://www.azahcccs.gov/Resources/Downloads/1115Waiver/AHCCCSWorksCommunityEngage1115WaiverAme-ndReq2025.pdf>.

term outcomes. As discussed above, a Harvard study found that the Medicaid work requirements in Arkansas did not cause huge changes in employment rates.⁵⁷ In fact, the number of people working more than 20 hours a week declined after implementation of the work requirements.⁵⁸ However, the researchers found a rise in the rate of uninsured individuals after implementation.⁵⁹

Research from other public benefit programs also shows that work requirements do nothing to improve long-term employment rates. Studies on Temporary Assistance for Needy Families (“TANF”) programs have found that imposing work requirements did not help people find stable employment and that most participants’ incomes remained low.⁶⁰ Studies also found that because work requirements caused more people to lose benefits, they led to an increase in extreme poverty.⁶¹

Evidence from the SNAP program also reveals that the imposition of work requirements does not change long-term employment outcomes for benefit recipients. In 2015, the U.S. Department of Agriculture awarded pilot grants to ten states—California, Delaware, Georgia, Illinois, Kansas, Kentucky, Mississippi, Vermont, Virginia, and Washington—to test strategies for providing Supplemental Nutrition Assistance Program Employment and Training (“SNAP E&T”).⁶² The 36-month pilot programs revealed the following key findings:

- Only three of the ten programs led to increased earnings;
- Only one pilot – California – led to increased employment and increased earnings;
- The benefits did not offset the costs of the pilots in seven out of the ten pilots;

⁵⁷ Benjamin Sommers et al., *Medicaid Work Requirements: Results from the First Year in Arkansas*, 381 N. Eng.J. Med. 1073 (Sept. 2019).

⁵⁸ *Id.* at 7.

⁵⁹ *Id.* at 6-9.

⁶⁰ Heather Hahn et al., Urban Inst., *Work Requirements in Social Safety Net Programs: A Status Report of Work Requirements in TANF, SNAP Housing Assistance, and Medicaid* (2017), <https://www.urban.org/research/publication/work-requirements-social-safety-net-programs-status-report-work-requirements-tanf-snaphousing-assistance-and-medicaid>.

⁶¹ LaDonna Pavetti, Ctr. on Budget & Policy Priorities, *Work Requirements Don’t Cut Poverty, Evidence Shows* (2016), <https://www.cbpp.org/research/poverty-andinequality/work-requirements-dont-cut-poverty-evidence-shows>.

⁶² Gretchen Rowe, James Mabli, Julie Hartnack, and Kelley Monzella, *Expanding Opportunities & Reducing Barriers to Work: Final Summary Report* (2022), <https://www.fns.usda.gov/research/snap-et/final-evaluation-pilot>.

- Rural areas faced challenges including but not limited to: limited availability of providers (employers), participant access, technology, public transportation, and employment opportunities;
- Over half of the participants who completed occupational skills training participated in multiple trainings in unrelated fields;
- In mandatory SNAP E&T programs, challenges with service delivery models can reduce participant engagement leading to noncompliance and sanctions;
- Sanctioned individuals had lower employment and earnings compared to those not sanctioned;
- Individuals were less likely to engage with the program or begin E&T activities if there were multiple participant handoff points and referrals between enrollment and accessing E&T services;
- Most work-based learning opportunities did not lead to permanent jobs.⁶³

As proven by past studies and the experiences of other states in attempting work requirements experiments, the work requirements proposed in the 2025 AHCCCS Works Amendment Proposal will not be successful and will, in fact, only lead to more people living in poverty, without healthcare.

Conclusion

For the above reasons, AHCCCS must not submit the 2025 AHCCCS Works Amendment Proposal with requests for (1) work requirements for “able-bodied adults;” (2) a five-year maximum lifetime limit for “able-bodied adults,” and (3) cost-sharing for emergency department and ambulance transport use. As explained above, the mandate of A.R.S. § 36-2903.09 is unlawful and AHCCCS cannot be compelled by the state legislature to file a waiver amendment request. Further, AHCCCS failed to show that these requests comply with federal requirements that such requests be experimental and related to the Medicaid Act. The proposals are also contrary to the objectives of the Medicaid Act. Moreover, work requirements will lead to massive coverage losses and do little to improve employment rates.

⁶³

Id.

AHCCCS Division of Public Policy and Strategic Planning

March 20, 2025

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The William E. Morris Institute for Justice and Community Legal Services thank AHCCCS for the opportunity to comment on the 2025 AHCCCS Works Amendment Proposal. Please contact us with any questions about our comments and we welcome the opportunity for further discussion.

Sincerely,

/s/ Brenda Muñoz Furnish

Brenda Muñoz Furnish

William E. Morris Institute for Justice

/s/ Dina Norwood

Dina Norwood

Community Legal Services



March 11, 2025

Carmen Heredia
Director
Arizona Health Care Cost Containment System
801 E. Jefferson St, MD 4200
Phoenix, AZ 85034

Re: Arizona Section 1115 Waiver Amendment Request: AHCCCS Works

Dear Director Heredia:

The National Multiple Sclerosis Society (Society) appreciates the opportunity to submit comments on the Arizona Section 1115 Waiver Amendment Request.

The Society mission is to cure multiple sclerosis (MS) while empowering people affected by MS to live their best lives. To accomplish this, the Society funds cutting-edge research, drives change through advocacy, facilitates professional education, collaborates with MS organizations around the world, and provides programs and services designed to help people with MS and their families live their best lives.

The Society is committed to ensuring that Arizona's Medicaid program provides quality and affordable healthcare coverage. The Society is strongly opposed to Arizona's proposal to implement work reporting requirements, time limits, and emergency department and ambulance transport copays for Medicaid beneficiaries. These requirements would take away coverage from thousands of people in Arizona and jeopardize the health of people with multiple sclerosis (MS) and other serious and chronic conditions. The Society urges Arizona to not move ahead with this proposal and offers the following comments on the AHCCCS Works Demonstration:

Work Reporting Requirements

The AHCCCS Works Demonstration seeks to implement work reporting requirements for adults in the Medicaid expansion population aged 19-55 with incomes up to 138% of the federal poverty level (FPL), which is just over \$3000 per month for a family of three. These requirements are not about promoting work but about adding red tape that jeopardizes patients' access to care, and The Society opposes them.



Work reporting requirements do not further the goals of the Medicaid program or help low-income individuals find work. The vast majority of those with Medicaid who can work already do so; nationally, 92% of individuals with Medicaid coverage under age 65 who do not receive Social Security disability benefits are either workers, caregivers, students, or unable to work due to illness.ⁱ Continuous Medicaid coverage can actually help people find and sustain employment. In a report looking at the impact of Medicaid expansion in Ohio, the majority of enrollees reported that being enrolled in Medicaid made it easier to work or look for work (83.5 percent and 60 percent, respectively).ⁱⁱ That report also found that many enrollees were able to get treatment for previously untreated health conditions, which made finding work easier. Additionally, a study in The New England Journal of Medicine found that Arkansas's work requirement was associated with a significant loss of Medicaid coverage, but no corresponding increase in employment.ⁱⁱⁱ Terminating individuals' Medicaid coverage for non-compliance with these requirements will hurt rather than help Arizonans search for and obtain employment.

Beneficiaries who do not comply with the new requirements after an initial grace period will have coverage suspended for two months, at which point the state requests authority to disenroll individuals and prohibit them from re-enrolling in coverage. This would create gaps in care for patients and disrupt access to critical and often lifesaving services. Losing access to coverage for someone living with MS would be catastrophic. MS is a highly expensive disease, with the average total cost of living with MS at \$88,487 per year^{iv}. Without coverage, most living with MS would be required to stop seeking treatment, leading to irreversible disease progression as well as costly stays in the hospital or rehab facilities due to relapses. These costs would ultimately fall to the state.

The Society is also concerned that the current exemption criteria may not capture all individuals with, or at risk of, serious and chronic health conditions that prevent them from working. MS typically does not take a straight path of progression. Individuals may go in and out of relapses where they have periods of near normalcy as well as periods of disability. This would potentially make it very difficult for someone to prove the need for an exemption.

Additional processes to determine patient eligibility and participation in program requirements inherently create opportunities for administrative errors that jeopardize access to care. The waiver is unclear on reporting and enforcement of the work reporting requirements and good cause circumstances. The state does not have a clear process for how it will ensure that reporting is accessible to all enrollees, nor does it clarify if compliance will be solely determined with data matching. If the state intends to rely on data matching, there will undoubtedly be individuals whose data is incomplete, outdated, or not accurately captured by the systems in use. For people living with MS, in particular, this administrative burden can present serious challenges. A major symptom of MS is cognitive challenges, often making even everyday tasks difficult. Adding



further administrative requirements may lead to missed or incorrect filings for people living with MS, ultimately forcing those who would otherwise qualify for coverage to be unenrolled.

The Society urges the state to not move ahead with the proposed working reporting requirements.

Time Limits

The Society is strongly opposed to time limits on Medicaid coverage. The state's proposed five-year time limit on how long someone can maintain Medicaid coverage does not promote the objectives of Medicaid. It is an arbitrary, harmful policy and could limit patients' access to critical treatment when they need it most. The federal government did not approve a nearly identical version of this policy proposed by Arizona in 2019,^v and the state should not move ahead with this proposal.

People, regardless of income, need access to healthcare throughout their lives. MS is a chronic condition that lasts the entire lifespan of the individual. Enacting time limits not only endangers the physical health of those living with MS, but the mental health as well. Stress is a major contributor to worsening MS symptoms and the fear of potentially losing coverage would likely lead to exacerbations or even full relapses.

This policy runs counter to both the objectives of Medicaid and the demonstration's stated objectives of supporting Arizonans in gaining the "fulfillment that comes with employment." In Arizona, minimum wage is \$14.70, meaning that a family of three where one parent is working full-time at minimum wage would make \$2,352 each month, still falling well under 138% of the FPL (\$3,064 per month). Under the proposed time limit, working families with stable incomes would lose coverage despite complying with all other Medicaid eligibility requirements. Additionally, families and individuals in Arizona should not be penalized for having previously relied upon public benefits programs, including before this proposal goes into effect.

The Society urges the state to not move ahead with the proposed time limit for Medicaid coverage.

Copayments for Non-Emergency Use of the Emergency Department

The Society opposes the proposed copay for non-emergent use of ambulance transport or the Emergency Department (ED). These copays deter patients from seeking care, which can result



in negative health outcomes for patients with acute and chronic diseases. For example, a study of enrollees in Oregon's Medicaid program demonstrated that implementation of a copay on emergency services resulted in decreased utilization of such services but did not result in cost savings because of subsequent use of more intensive and expensive services.^{vi} People living with MS cannot predict when a relapse may occur and it can take months to see a specialist. The ED with transport by ambulance may realistically be their best option of seeking treatment. The Society urges the state to not move ahead with this policy.

Cost of Implementation

The Society is concerned by the cost to implement this waiver's implementation. There will likely be large administrative costs to the state given the complexity of tracking work activities, tracking months countable toward the time limit, implementing a new data collection process, and having a system in place to identify and track exemptions. For example, a GAO study of work reporting requirements estimated that the administrative costs could be up to \$272 million.^{vii} In Georgia, the state spent over \$86 million within a year of implementing the Georgia Pathways to Coverage Program,^{viii} despite the low enrollment, and it is estimated that 90% of this was for administrative and consulting costs.^{ix} Furthermore, the aforementioned changes in coverage status are likely to lead to churn, placing greater administrative burden on Arizona's Medicaid program. The administrative cost of churn is estimated to be between \$400 and \$600 per person.^x Arizona's Medicaid program is unprepared for the cost and administrative disruption of the proposed requirements.

Lack of Detail

The Society is concerned that Arizona's proposal is lacking key details that prevents commenters from providing meaningful input on the proposed changes. The proposal states that enrollees who do not meet the work reporting requirements will be suspended from coverage and disenrolled for noncompliance. However, the demonstration fails to clarify if or when an individual would be disenrolled for noncompliance, and how or when beneficiaries will report their hours. While the state establishes a data collection process to determine compliance, it is unclear how often data would be checked or what reporting beneficiaries would be required to do. Furthermore, the demonstration fails to provide estimates of the impact of this waiver on enrollees, including the number of people who will lose coverage under the new requirements, the number of applicants who will be denied enrollment due to the new requirements, and the number of individuals who are expected to lose coverage as a result of the proposed five-year time limit. The Society urges the state to clarify these points and reissue the proposal for another comment period of at least 30 days.



**National
Multiple Sclerosis
Society**

Conclusion

The Society remains opposed to work reporting requirements, time limits on coverage, and ambulance and ED copays as they are not in line with the goals of the Medicaid program. In order to protect access to affordable and quality healthcare for Arizonans, we urge the state not to move ahead with this proposal.

Sincerely,

Laura Hoch
Associate Vice President, State Advocacy & Policy
National Multiple Sclerosis Society

ⁱ Tolbert, Jennifer et al. Understanding the Intersection of Medicaid & Work: An Update. KFF. February 4, 2025. Available at: <https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work-an-update/>

ⁱⁱ Ohio Department of Medicaid, 2018 Ohio Medicaid Group VII Assessment: Follow-Up to the 2016 Ohio Medicaid Group VIII Assessment, August 2018. Accessed at: <http://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Final-Report.pdf>.

ⁱⁱⁱ Benjamin D. Sommers, MD, et al. "Medicaid Work Requirements—Results from the First Year in Arkansas," *New England Journal of Medicine*. Published online June 18, 2019. Available at: https://cdf.nejm.org/register/reg_multistep.aspx?promo=ONFGMM02&cpc=FMAAALLV0818B

^{iv} B. Bebo et al. The Economic Burden of Multiple Sclerosis in the United States. *Neurology*. May 3, 2022. Available at: <https://www.neurology.org/doi/10.1212/wnl.0000000000200150>

^v Arizona Health Care Cost Containment System Demonstration Approval. Centers for Medicare and Medicaid Services. January 18, 2019. Available at: <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/az/Health-Care-Cost-Containment-System/az-hccc-appvd-demo-01182019.pdf#page=6>

^{vi} Wallace NT, McConnell KJ, et al. How Effective Are Copayments in Reducing Expenditures for Low-Income Adult Medicaid Beneficiaries? Experience from the Oregon Health Plan. *Health Serv Res*. 2008 April; 43(2): 515–530. Available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC2442363/>

^{vii} Medicaid Demonstrations: Actions Needed to Address Weaknesses in Oversight of Costs to Administer Work Requirements. U.S. Government Accountability Office. October 1, 2019. Available at: <https://www.gao.gov/products/gao-20-149>

^{viii} Coker, Margaret. "Georgia Touts its Medicaid Experiment as a Success. The Numbers Tell a Different Story. ProPublica. February 19, 2025. Available at: <https://www.propublica.org/article/georgia-medicaid-work-requirement-pathways-to-coverage-hurdles>



**National
Multiple Sclerosis
Society**

^{ix} Miller, Andy and Rayasam, Renuka. "Georgia's Medicaid Work Requirements Costing Taxpayers Millions Despite Low Enrollment," KFF Health News. March 20, 2024. Available at: <https://kffhealthnews.org/news/article/georgia-medicaid-work-requirements-experiment-high-cost-low-enrollment/>

^x Swartz, Katherine et al. Reducing Medicaid Churning: Extending Eligibility For Twelve Months or To End of Calendar Year Is Most Effective. Health Affairs July 2015 34:7, 1180-1187 Available at: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2014.1204>

PASCUA YAQUI TRIBE

OFFICE OF THE CHAIRMAN



March 18, 2025

Arizona Health Care Cost Containment System (AHCCCS)
801 E. Jefferson Street
Phoenix, AZ 85034

Subject: Public Comment on AHCCCS Works Waiver Amendment Request

To Whom It May Concern,

We are writing to express our strong opposition to the proposed AHCCCS Works Waiver Amendment Request. The proposed AHCCCS Works Waiver Amendment raises serious concerns regarding its impact on tribal communities, particularly those served by tribally operated 638 healthcare facilities. The waiver's work and education requirements, combined with the five-year lifetime limit on Medicaid benefits for "able-bodied adults," create unnecessary barriers to healthcare access for American Indian and Alaska Native (AI/AN) individuals, many of whom are already disproportionately affected by social and economic challenges. The imposition of these requirements contradicts the federal government's trust responsibility and tribal treaties, which guarantee healthcare services to AI/AN people without conditions such as work mandates or arbitrary time limits. In other words, as an advocate for tribal sovereignty and the rights guaranteed under federal treaties, I find this proposal to be inconsistent with the United States' legal obligations to Native American tribes.

Impact on Tribal Healthcare Operations

The proposed work requirements and lifetime Medicaid limit create unnecessary barriers to accessing benefits for Native American community members who are already entitled to healthcare services through tribal treaties and federal trust responsibilities. While the proposal states that individuals receiving services through Indian Health Service (IHS) and tribally operated health facilities would be exempt, many Native American individuals do not exclusively rely on these facilities due to accessibility, specialty care needs, and provider availability. The waiver could result in:

- Increased administrative burdens for tribal healthcare providers to verify exemption status.
- Increased administrative burdens for State agencies to verify exemption status.
- Higher uninsured rates among Native American populations, leading to increased uncompensated care for tribally operated healthcare facilities.
- Greater financial strain on the IHS and 638-funded programs, which are already chronically underfunded and rely on Medicaid reimbursements to sustain operations.
- Loss of coverage for individuals who exceed the five-year limit, leaving them without access to necessary healthcare services.

Violation of Federal Trust Responsibility and Treaty Obligations

The United States has a legal and moral obligation to provide healthcare services to Native Americans, a commitment rooted in treaties, statutes, and Supreme Court precedent. This waiver undermines those obligations by imposing work requirements and lifetime limits that contradict the intent of Medicaid expansion under the Affordable Care Act (ACA), which sought to improve access to healthcare for vulnerable populations, including Native Americans. Specifically:

- Treaty obligations establish healthcare as a right, not a privilege, for tribal members. The waiver's restrictions violate these foundational agreements.
- The federal trust responsibility requires the U.S. government to ensure the health and welfare of Native American tribes, including access to Medicaid benefits for eligible members without arbitrary work requirements or time limits.
- The waiver does not account for the unique economic and employment challenges faced by tribal communities, where job opportunities may be limited, and traditional cultural practices, including subsistence activities and caregiving, are integral to daily life.

Barriers to Access for Native American Communities

Even though there is an exemption for individuals receiving care through IHS or tribally operated facilities, the waiver fails to recognize the realities of Native American healthcare access. Many tribal members utilize both IHS and non-IHS providers due to referral needs, location constraints, or the unavailability of certain medical services at their local tribal healthcare facility. The work requirements and lifetime coverage limit would disproportionately impact those who:

- Live in rural areas with limited job opportunities, making it difficult to meet the 20-hour per week requirement.
- Have chronic health conditions that do not qualify as "serious mental illness" or "medically frail" under the exemption criteria but still limit their ability to work.
- Engage in cultural and subsistence practices that do not fit within the narrow definitions of employment, education, or employment support and development (ESD) programs outlined in the waiver.
- Have already received five years of Medicaid coverage, regardless of their continued need for medical care.

Harmful Consequences of Medicaid Disenrollment

The proposal to ban individuals from Medicaid for a year due to alleged noncompliance, combined with the five-year lifetime coverage limit, is particularly troubling. Native American communities already face significant healthcare disparities, including higher rates of diabetes, heart disease, and mental health conditions. Denying coverage for an extended period or

permanently restricting access due to the five-year limit could have devastating consequences, leading to:

- Delayed or foregone medical treatment, exacerbating health conditions and increasing emergency care utilization.
- Increased financial hardship for tribal members who may already be struggling with poverty and systemic barriers to employment.
- Greater strain on tribally operated health facilities as they attempt to provide uncompensated care to disenrolled individuals.
- Long-term negative public health outcomes for Native American populations, as individuals lose access to preventive care and treatment for chronic conditions.
- Long-term utilization by uninsured tribal members would lead to a reduction in capacity. This would place a greater strain on facilities such as long-term care facilities, medical facilities in rural areas, hospitals, etc who depend on Medicaid funding.
- Long-term Medicaid cuts would have a significant negative effect on medical providers, particularly those who serve low-income populations, including tribally operated healthcare facilities, rural hospitals and community health centers.

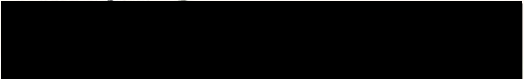

Conclusion and Recommendations

The AHCCCS Works Waiver Amendment is unnecessary, harmful, and inconsistent with the federal government's obligations to tribal nations. Instead of imposing punitive work requirements and arbitrary lifetime limits, AHCCCS should focus on policies that expand access to care, address social determinants of health, and respect tribal sovereignty. I urge AHCCCS and CMS to:

- Withdraw the proposed work requirement and lifetime Medicaid limit amendment and uphold the federal trust responsibility to Native American tribes.
- Ensure that tribal healthcare facilities and IHS continue to receive Medicaid reimbursements without unnecessary administrative burdens.
- Engage in meaningful consultation with tribal leaders and healthcare professionals before implementing policies that affect Native American communities.

Thank you for the opportunity to provide public comment. I strongly urge AHCCCS and CMS to reconsider this waiver amendment in light of its disproportionate harm to tribal communities and its violation of long-standing treaty obligations.

Sincerely,


Julian Hernandez
Chairman of the Pascua Yaqui Tribe


CC:

Yoendry Torres, Psy.D.
Director of Behavioral Health
Pascua Yaqui Tribal Regional Behavioral Health Authority (PYT-TRBHA)
Pascua Yaqui Tribe
[REDACTED]

Clare Cory, Ph.D.
Associate Director of Behavioral Health
Centered Spirit Programs - Guadalupe
Pascua Yaqui Tribe
[REDACTED]



March 20, 2025

Director Carmen Heredia
AHCCCS
801 E. Jefferson
Phoenix, Arizona 85034

Dear Director Heredia:

This letter is in response to the Agency's request for public comment on the proposed 1115 Waiver Amendment, which if approved, would enable the implementation of AHCCCS Works in Arizona.

As the largest provider of pediatric healthcare services in Arizona, Phoenix Children's is committed to pursuing policy solutions that ensure continuous access to care for the children in our community. We believe that implementation of the AHCCCS Works Program would jeopardize the continuum of care that Arizona's most vulnerable patients rely on to grow up happy and healthy.

Healthy parents raise healthy kids. If a parent is unable to qualify for an exemption under the work requirement, or reaches the five-year benefit cap in eligibility, then that parent is likely to lose health care coverage. This limits access to medical and behavioral care that is critical to the health and well-being of the entire household. Health care coverage and access to care are paramount to the healthy development of a child. When a parent loses health coverage, their children are also more likely to experience a gap in care. This limits a child's access to the medical, behavioral and developmental supports needed to thrive, while raising the likelihood of poor clinical outcomes and the development of chronic and untreated medical conditions.

We appreciate your continued commitment to the well-being of Arizona's children and careful consideration of policy changes that impact their care. We are happy to engage further to answer any additional questions or provide more information.

Respectfully,

[Redacted Signature]
Jennifer Carusetta
Vice President, Public Affairs & Advocacy



Carmen Heredia, Director
Arizona Health Care Cost Containment System (AHCCCS)
801 E Jefferson Street
Mail Drop 4200
Phoenix, Arizona 85034

Re: Public Comment on AHCCCS Works 1115 Waiver Amendment Request

Dear Director Heredia,

Terros Health appreciates the opportunity to provide feedback on the proposed AHCCCS Works 1115 Waiver Amendment. As an organization committed to integrated health care and improving the well-being of Arizona's most vulnerable populations, we recognize the intent behind this proposal to promote employment and personal growth. However, we have significant concerns regarding its potential impact on individuals with behavioral health challenges, chronic conditions, and economic instability.

Definition of "Able-Bodied" and the Need for Exemptions

The terms "able-bodied" and "actively seeking employment" remain vague within the proposal, creating uncertainty for individuals with health conditions that may not fully prevent them from working but still require accommodations. Without clear definitions and individualized assessments, people with chronic pain, anxiety, depression, or other disabilities could face undue burdens when attempting to meet the work requirement.

Additionally, while the waiver includes several exemptions, it does not account for individuals facing temporary yet serious hardships, such as those undergoing cancer treatment, experiencing family crises, or struggling with housing insecurity. It is crucial that these groups are considered to prevent unintended harm to vulnerable populations.

We would encourage you to consider clearly outlining the processes for exemptions and defining the duration of these exemptions and re-evaluation requirements prior to implementation.

Administrative Feasibility and Compliance Tracking

Ensuring compliance with AHCCCS Works will require a robust data infrastructure and significant administrative oversight. The proposal does not sufficiently outline how Arizona

plans to track real-time employment, job searches, or exemption requests without placing undue burdens on both the state and Medicaid recipients. Monthly reporting requirements may prove difficult for individuals with limited access to technology, those experiencing housing instability, or those who require assistance navigating bureaucratic systems.

Additionally, privacy concerns must be addressed to ensure sensitive information, such as disability status, employment status, or medical exemptions is protected while facilitating efficient and fair compliance tracking.

As you are considering how to implement these requirements and the infrastructure you will need, we would recommend considering simple, patient centered solutions that reduce barriers to successfully complying with these requirements.

Employment Barriers and Support Services

For many Medicaid recipients, securing and maintaining employment is not simply a matter of willingness but of access to essential support services. Lack of childcare, reliable transportation, or language assistance can create insurmountable obstacles, particularly for individuals in rural and underserved areas. We believe that requiring employment or job training as a condition of AHCCCs eligibility will also require an investment from AHCCCS in the necessary resources to make these requirements achievable. Expanding transportation options, increasing access to childcare, and offering job readiness programs that accommodate behavioral health conditions will be essential to ensuring this policy does not create additional hardship.

Lifetime Limits and the Impact on Health Outcomes

The proposed five-year lifetime limit on Medicaid coverage raises serious concerns. Many individuals who rely on AHCCCS have chronic or recurring conditions that require ongoing medical care. Limiting access to Medicaid after five years would not only disrupt their ability to receive necessary treatment but would also increase reliance on emergency departments, drive up health care costs, and worsen overall health outcomes.

Medicaid enrollment often follows economic cycles, and individuals may move in and out of eligibility based on shifting employment circumstances. A rigid lifetime cap does not account for these realities and will ultimately place greater strain on health care providers who serve uninsured populations. We urge AHCCCS to implement flexibility and consider exemptions for individuals with ongoing medical needs or those actively transitioning to stable employment but not yet eligible for employer-sponsored health coverage.

Implementation and Evaluation

The proposed timeline for implementing AHCCCS Works is ambitious, and it remains unclear whether the state is adequately prepared for the administrative and technological challenges

that will come with enforcing compliance. A phased rollout with periodic evaluations would allow for adjustments based on real-world impacts and stakeholder feedback. Additionally, success metrics should be clearly defined to ensure that this policy does not inadvertently worsen health outcomes for individuals subject to work requirements.

Terros Health urges AHCCCS to prioritize the well-being of Arizona's most vulnerable populations by ensuring this waiver amendment does not create unnecessary barriers to care. We appreciate the opportunity to provide feedback and welcome further dialogue to shape policies that truly support individuals on their path to employment and self-sufficiency.

Sincerely,

A solid black rectangular box used to redact the signature of Dr. Karen Hoffman Tepper.

Dr. Karen Hoffman Tepper
President and Chief Executive Officer
Terros Health



March 20, 2025

Carmen Heredia, Director
Arizona Health Care Cost Containment System
c/o OOD-Division of Public Policy and Strategic Planning
801 E. Jefferson Street MD, 4200
Phoenix, AZ 85034
Submitted via email: waiverpublicinput@azahcccs.gov

SUBJECT: AHCCCS Works

Director Heredia,

UnitedHealthcare Community Plan of Arizona (UnitedHealthcare) appreciates the opportunity to provide comments on the Arizona Health Care Cost Containment System (AHCCCS) Section 1115 Waiver Amendment Request: AHCCCS Works. We support AHCCCS's vision to address social and economic factors such as employment that can impact a person's health status and support Arizonans in pursuing educational goals, building technical skills and gaining income, independence and fulfillment that come with employment.

We value the State's commitment to stakeholder engagement and look forward to continuing working with AHCCCS as it refines the implementation of AHCCCS Works. Should you have any questions or seek further information about the feedback provided, please do not hesitate to contact me by phone or by email at jean_kalbacher@uhc.com.

Sincerely,

sent electronically

Jean Kalbacher
Chief Executive Officer
UnitedHealthcare Community Plan

AHCCCS Works Requirements

Several elements of the AHCCCS Works proposal are to be commended. AHCCCS has built on its extensive experience running an efficient Medicaid program as it has developed its thoughtful approach to addressing social and economic factors such as employment that can impact a person's health status. UnitedHealthcare appreciates the work AHCCCS has done and will continue to do to support Arizonans in pursuing educational goals, building technical skills and gaining income, independence and fulfillment that come with employment. In particular, the targeted use of technology and data verification processes to ensure consistency, efficiency and accuracy of work verification is a gold standard.

UnitedHealthcare also appreciates AHCCCS's thoughtful development of a targeted inclusion list. Under the proposal, AHCCCS Works requirements will not apply to individuals with disabilities, active caregivers, and individuals experiencing homelessness. We also support the 6-month grace period for failure to comply with the work requirement. Grace periods allow individuals additional time to demonstrate compliance without the potential for losing coverage. Grace periods are especially valuable in circumstances where an individual may have met the state's requirements but failed to report.

As noted by the state in its proposal, further clarification and guidance will be forthcoming regarding specific elements of the policy that must be effectuated prior to implementation. UnitedHealthcare welcomes the opportunity to partner with AHCCCS and recommends the state leverage its managed care organization (MCO) and provider partners to develop specific implementation plans and operational details necessary to implement the AHCCCS Works program.

As the state considers further refinements of the policy, we have identified areas for additional consideration based on our experience in other states that have implemented similar policies.

Recommendations

While AHCCCS has identified a comprehensive list of populations not subject to this proposal, the successful implementation of the AHCCCS Works program will be dependent upon accurately identifying and capturing information about which members are required and exempt from participation in the program. Based on our experience in other states, we have identified several best practices that AHCCCS may wish to consider helpful.

Leverage 834 Data

We encourage AHCCCS to identify status on 834 Eligibility files by matching excluded eligibility groups such as enrollees with serious mental illness (SMI), disabilities, etc. and add a specific indicator field on the file that denotes AHCCCS Works status. This data cross match will ensure that member data is accurately reported to MCOs and that we are able to provide

accurate information to members and providers about the status of an individual's AHCCCS Works participation.

This will also enable AHCCCS to update status and relay information to MCOs as frequently as eligibility transmittals are exchanged, allowing MCOs the ability to accurately share information with members about their status as needed.

Good Cause Exemptions

We recommend AHCCCS also work closely with its MCO and provider partners to ensure all relevant individuals are appropriately identified and categorized under the "Good Cause Exemption" exclusion criterion.

This should include continuing to work towards improved data exchanges, including file transfers, that would allow MCOs to provide updated member data to AHCCCS including via the new MIS. This will enable MCOs to effectively relay self-reported information from members that relate to AHCCCS Works requirements.

We also recommend AHCCCS consider leveraging Z codes that identify homelessness and other circumstances that may qualify as Good Cause Exemptions, including but not limited to:

- Z59.00 Homelessness unspecified
- Z59.01 Sheltered homelessness
- Z59.02 Unsheltered homelessness
- Z59.10 Inadequate housing unspecified
- Z59.11 Inadequate housing environmental temperature
- Z59.12 Inadequate housing utilities
- Z59.19 Other inadequate housing
- Z59.812 Housing Instability, housed, homelessness in past 12 months
- Z59.89 Other problems related to housing and economic circumstances
- Z59.9 Problem related to housing and economic circumstances, unspecified

However, AHCCCS should clarify that as with all other Medicaid eligibility requirements, exemption from AHCCCS Works will only be determined by the agency and not by individual MCOs. UnitedHealthcare also encourages AHCCCS to communicate this to providers and members, including through updated FAQs and other program guidelines which should specify that only AHCCCS—and not MCOs—will be making determinations of AHCCCS Works participation requirements.

We appreciate AHCCCS Works requirements described an "ex parte" approach to determining work requirements eligibility and compliance, including use of the Arizona Department of Economic Security platform, third party data sources, as well as reviewing household income, receipt of disability benefits, incarceration status, and other eligibility categories. Ex parte processes help reinforce strong programmatic consistency across enrollees while easing the administrative burden on the state, plans and consumers.

Administratively burdensome processes for enrollees, can lead to eligibility churn for individuals who meet eligibility standards and work targets, but miss reporting deadlines. In addition to a preference for ex parte work verification, the apps that beneficiaries can use on their phones are preferred to web-based portals.

We recognize there may be individuals who qualify for an exclusion category or are otherwise working who are not captured by the data sources AHCCCS leverages. We recommend that AHCCCS communicate the appeal process and timelines to members and allow individuals to remain enrolled in Medicaid coverage until a final decision is rendered.

Cost Sharing for Inappropriate Utilization

UnitedHealthcare partners with several states that have implemented co-pays for non-emergent utilization of emergency departments. In many of these states, however, the co-pays are collected at the time of service and the determination of whether a visit is an emergency is made by the treating clinician at the site of service. We recommend the AHCCCS Works proposal be similarly structured so providers can collect the co-pay from members **at the time of service**. Implementing a post-service co-pay determination decouples the action of in-appropriate ER utilization from the cost-implications. Additionally, a retroactive co-pay policy will require MCOs to process adjustments to provider claims payments and providers would have to follow billing and collection practices for securing co-pays from members.

AHCCCS also must ensure the individual's copay requirement is communicated to the MCOs in a timely manner so both providers and MCOs can administer the requirement appropriately. This data can be transmitted via the 834 file, prospectively.

If the policy is implemented as proposed, the state should clarify who will be responsible for conducting the post-service medical review, the timeline for when those claims must be submitted and reviewed, and expectations for providers regarding recoupment of co-pays from members.

Conclusion

Critical to successful implementation of a work requirements program are robust wrap around employment and workforce development supports to assist individuals in obtaining and maintaining employment. We enthusiastically support AHCCCS' efforts to connect members to employment supports and appreciate the significant efforts undertaken by AHCCCS and Arizona's MCOs to advance Medicaid Managed Care. We look forward to reflecting on lessons learned and continuing this work in 2025.

As has been highlighted by reviewing our own and the experiences of other MCOs with employment supports, critical to a successful employment program is a comprehensive, collaborative, and individualized approach to supporting enrollees.

To that end, we anticipate that the workforce development sector will incur additional burden to meet the heightened needs created by the work requirement. We recommend AHCCCS work with stakeholders to assess any opportunities to bolster capacity. UnitedHealthcare appreciates the opportunity to provide comments on the AHCCCS Works 1115 Waiver amendment. We appreciate that many of the AHCCCS program design elements align with an efficient and effective program design and urge the state to consider our recommendations to support smooth and successful implementation of the program. We encourage AHCCCS to partner with MCOs, community stakeholders and providers to continue developing the additional program implementation plans. We look forward to our continued partnership with AHCCCS in serving Arizona's Medicaid members. Should you have any questions or seek additional information, we are happy to engage in further discussion.



March 17, 2025

Submitted via: waiverpublicinput@azahcccs.gov

Carmen Heredia, MSW
Director
Arizona Health Care Cost Containment System
801 E Jefferson St
Phoenix, AZ 85034

Re: Arizona Section 1115 Waiver Amendment Request: AHCCCS Works

Dear Director Heredia,

ViiV Healthcare (ViiV) appreciates the opportunity to submit comments on the Arizona Health Care Cost Containment System (AHCCCS) Works Section 1115 Waiver Amendment Request.¹

- ViiV applauds AHCCCS for exempting people with HIV from participation in the proposed AHCCCS Works requirements

ViiV is the only independent, global specialist company devoted exclusively to delivering advancements in HIV treatment and prevention to support the needs of people with HIV and those vulnerable to HIV. ViiV remains singularly focused on improving the health and quality of life of people affected by HIV and has worked to address unmet needs in treatment and prevention. In collaboration with the HIV community, ViiV is committed to developing meaningful treatment and prevention advances, improving access to its HIV medicines, and supporting the HIV community to facilitate enhanced care, treatment, and prevention.

ViiV applauds the exclusion of people with HIV from the AHCCCS Works program requirements

We strongly support AHCCCS' recognition that for people with HIV, retention in medical care and adherence to treatment are essential. Individuals living with HIV require regular medical care, consistent access to antiretroviral medications, and comprehensive support services to effectively manage their condition. Work requirements that include people with HIV have the potential to disrupt this vital care continuum, leading to interruptions in medication adherence, increased risks of disease progression, and potential setbacks in achieving viral suppression.

Including people with HIV in these requirements could have increased HIV transmission. When a person with HIV takes their medicine as prescribed, without disruption, they are more likely to reach and maintain viral suppression, at which point they have zero risk of transmitting HIV to their sexual partners.² Despite groundbreaking treatments that have slowed the progression and burden of the disease, treatment of HIV is low: only half of people with HIV are retained in medical care, according to the interagency HIV.gov.³ Medicaid has played a critical role in HIV care since the epidemic began, and it is

¹ Arizona Health Care Cost Containment System (AHCCCS). Arizona Section 1115 Waiver Amendment Request: AHCCCS Works. February 2025. <https://www.azahcccs.gov/Resources/Downloads/1115Waiver/AHCCCSWorksCommunityEngage1115WaiverAmendReq2025.pdf>. Accessed March 12, 2025.

² National Institutes of Health. HIV Undetectable=Untransmittable (U=U), or Treatment as Prevention. May 21, 2019. <https://www.niaid.nih.gov/diseases-conditions/treatment-prevention>. Accessed February 25, 2025.

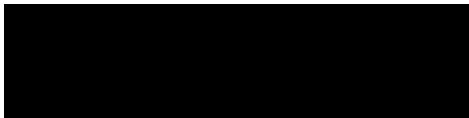
³ HIV.gov, HIV Care Continuum, October 27, 2022. <https://www.hiv.gov/federal-response/policies-issues/hiv-aids-care-continuum>. Accessed February 25, 2025.



the largest source of coverage for people with HIV.⁴ It is imperative to preserve continuous access to comprehensive health care, including treatment, for people with HIV in order to improve health outcomes and reduce new transmissions.

For these reasons, ViiV supports the proposed exemption for people with HIV from AHCCCS Works. Thank you for your consideration of our comments. Please feel free to contact me at Kristen.x.tjaden@viiivhealthcare.com with any questions.

Sincerely,



Kristen Tjaden
Government Relations Director
ViiV Healthcare

⁴ Kaiser Family Foundation. Medicaid and HIV, <http://www.kff.org/hiv/aids/fact-sheet/medicaid-and-hiv/>. Accessed February 25, 2025



March 6, 2025

Director Carmen Heredia
Arizona Health Care Cost Containment System
801 E Jefferson St. Phoenix, Arizona 85034

Re: Opposition to AHCCCS' 1115 Waiver Amendment Request – Work Requirements & Five-Year Lifetime Limit

Dear Director Heredia:

On behalf of Vitalyst Health Foundation, I would like to thank you for the opportunity to comment on AHCCCS' 1115 Waiver Amendment Request regarding work requirements and the five-year lifetime limit.

Vitalyst Health Foundation is a nonprofit organization dedicated to improving the health and well-being of individuals and communities across Arizona. We actively work to reduce the uninsured rate by partnering with AHCCCS and the Cover Arizona Coalition to connect individuals and families with coverage options. Given our commitment to ensuring healthcare access for all Arizonans, we strongly oppose the proposed waiver provisions, which would create unnecessary barriers to Medicaid coverage for vulnerable populations.

Pursuant to [Senate Bill 1092](#), AHCCCS seeks permission from the Centers for Medicare and Medicaid (CMS) to implement work reporting requirements, a 5-year lifetime limit on Medicaid participation for able-bodied adult individuals, and cost-sharing for non-emergency use of emergency departments.

Concerns with the Waiver Proposal

Work Reporting Requirements

Vitalyst strongly opposes the proposed work reporting requirements. While exemptions exist for certain individuals, the amendment would require able-bodied adults to report at least 80 hours of qualifying work-related activities each month or face a two-month coverage suspension.

[Evidence](#) from other states demonstrates that such requirements primarily lead to loss of coverage due to administrative burdens and confusion, rather than an increase in employment. Arkansas, for example, saw thousands of eligible Medicaid recipients lose coverage, not because they were unwilling to work, but due to difficulty navigating reporting requirements. These policies disproportionately harm individuals with caregiving



responsibilities, chronic illnesses, or disabilities, as well as those in rural communities where job opportunities and transportation options are limited. In addition, we understand that AHCCCS currently lacks the infrastructure to manage the administrative complexities of monthly suspensions, re-determinations, and compliance monitoring. The costs of implementing such a system would likely outweigh any projected savings. Arkansas' work requirement implementation, for example, cost the state and federal government [\\$26.1 million](#), with a significant portion of expenses going toward beneficiary notifications alone. In Georgia, it costs [\\$53 million](#) to run a similar program.

The proposed work requirement would increase uninsured rates, delay essential care, increase emergency room utilization, and place additional financial and operational burdens on Arizona's healthcare system.

Two-Month Suspension for Non-Compliance

The proposed two-month suspension for individuals failing to meet reporting requirements presents a serious public health risk. Coverage gaps can lead to delays in care, the spread of communicable diseases that were not addressed timely, and an increased reliance on emergency rooms. Suspending Medicaid benefits as a punitive measure contradicts the program's fundamental purpose of providing access to timely and essential healthcare services. For these reasons, we strongly oppose this provision.

Five-Year Lifetime Limit

The proposed five-year lifetime limit on AHCCCS coverage would severely impact low-income individuals, forcing them to forgo necessary medical care due to cost. This policy would:

- Increase reliance on emergency departments, particularly among individuals with chronic conditions.
- Restrict access to life-saving medications and treatments.
- Create financial instability for individuals facing unexpected medical emergencies.
- Require AHCCCS to invest in complex, long-term tracking systems, resulting in additional administrative costs.

Limiting Medicaid access contradicts the program's core mission of providing essential healthcare coverage to low-income and vulnerable populations. This provision would disproportionately harm such populations and create significant barriers to long-term health and economic stability.

In conclusion, Vitalyst Health Foundation strongly opposes AHCCCS' implementation of work reporting requirements and a five-year lifetime limit. These policies would place



unnecessary burdens on low-income Arizonans, reduce access to healthcare, and increase the state's healthcare system's costs. Instead of imposing punitive measures, Arizona should invest in or support programs that promote employment skills and job training to facilitate workforce participation and positive health outcomes.

We hope you reconsider these harmful provisions and prioritize policies that enhance healthcare access rather than restrict it.

Thank you for your time and consideration.

Sincerely,

A black rectangular box redacting the signature of Suzanne Pfister.

Suzanne Pfister
President and CEO
Vitalyst Health Foundation



Against proposed Arizona Medicaid (AHCCCS) amendment

1 message

Angelica Bennett

Thu, Mar 20, 2025 at 11:07 AM

To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

Hello,

I understand that there is consideration for a Medicaid amendment that would do the following:

1. Institute a work requirement for all “able-bodied adults” receiving Medicaid services (meaning that between the ages of 19 and 55 to complete qualifying employment or educational activities for at least 20 hours per week to qualify for AHCCCS coverage)
2. Place on “able-bodied adults” a **lifetime limit of five years** of Medicaid benefits
3. Develop and impose cost-sharing requirements to deter both the nonemergency use of emergency departments and the use of ambulance services for nonemergency transportation

I write because I am completely AGAINST this amendment and want to make my voice heard.

Angelica Bennett, MA, MAC, MEd, LPC



Angelica Bennett

Therapist



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(no subject)

1 message

Aubrey Brown

To: waiverpublicinput@azahcccs.gov

Tue, Feb 25, 2025 at 11:25 AM

I support the AHCCS work





Commenting Against

1 message

Amanda Farr [REDACTED]

Thu, Mar 20, 2025 at 5:23 PM

To: waiverpublicinput@azahcccs.gov

To whom it may concern,

As an able-bodied adult and [REDACTED] resident who has not personally benefited from AHCCCS, I would like to express my immediate and utmost displeasure at the mere notion that the least fortunate of us should be made to suffer further simply that those whose duty it is to care for them might further line their coffers.

It is, unfortunately, doubtless of controversy to suggest that it is the duty of the able bodied to care for those less fortunate. This should not be the case. Do we not already care for our less-able brothers and sisters? Is the purpose of AHCCCS not to free us from our otherwise burdensome obligation to pay for health insurance so that we might better care for those who need our help?

In the matter at hand, it is most clear to me that the benefits sowed by this amending of AHCCCS will not be reaped by Arizona citizens, nor the doctors or caregivers of our most needy, but instead by the amorphous elite that have tangled us in their web of deceptions and lies. They present themselves as necessary to the general welfare of our society, but my doubts are numerous.

The only costs which will be saved here are the costs to those who have already climbed the ladder, those who salivate at the thought of their pockets filling further, while those at the bottom of the pit reach desperately for the bottom rung of the ladder. This amendment seeks to raise the ladder one rung higher, and I cannot in good conscience support it.

Cordially,

A Concerned Citizen'



AHCCCS Waiver Input

1 message

Amanda McKeever Kabler [REDACTED]

Thu, Mar 20, 2025 at 2:17 PM

To: waiverpublicinput@azahcccs.gov

To whom it may concern,

As a long Arizonan who has never been in such a situation to require the use of Arizona's form of Medicaid (AHCCCS), this bill is infuriating.

I have lived my entire life in Arizona, and choose to live here each day. I am a proud servant to our community, and I know the value of providing safety nets and guardrails for the most vulnerable.

Without the safety nets offered through AHCCCS, others may not be able to be self-sufficient and help contribute to our economy and community. Those without support and security will often see crime as their only option.

I have always considered my tax dollars as an investment in my community and our overall health/wellness. To place these unnecessary restrictions on services that will literally help save lives, not add reasons for people to turn to crime, and contribute to the economy in the name of DOGE and cost-cutting is short-sighted.

This waiver is cruel and insulting to those who need assistance.

God help those who support these cutting measures and who will later need exactly these supports, because His help is all that will be left.

Do not leave my neighbors, my community, my state to suffer due to a broken system and headlines about cost cutting.

Let it be clear: This lifelong tax-paying property-owning voting Arizonan does NOT support these changes.

Regards,

Amanda McKeever Kabler

[REDACTED], AZ [REDACTED]



AHCCCS Works Waiver Amendment

1 message

Amy Muscarello

Thu, Mar 20, 2025 at 6:00 PM

To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

I am writing this letter to oppose the AHCCCS Works Waiver Amendment. While I can appreciate your desire to save money and limit fraud, I feel that this amendment would do more harm than good.

Let me address my concerns point-by-point:

- As someone who works in community mental health for FQHC clinics, I can assure you that the majority of individuals on AHCCCS that I see are trying to survive. Many of these individuals have ongoing struggles with their mental health, but do not qualify for SMI benefits, or they have chronic medical conditions that they cannot address without AHCCCS. Your employment stipulation does not consider the factors that affect one's ability to be employed but are not within one's control. These factors include, but are not limited to the job market, the economy, adverse life events, and an increase in symptomology.
- The proposed five-year lifetime limit on AHCCCS would potentially limit how much progress an individual could make. While I appreciate your efforts in trying to motivate people to be self-sufficient and not depend on the government, the reality is that we can never fully predict a catastrophic event. The recent COVID-19 pandemic is the most recent example. In fact, the pandemic continues to illustrate this because there are a number of people in the community who continue to struggle with long COVID---even after almost five years. If a lifeline such as AHCCCS was taken from them, I believe the overall impact would be way more expensive than allowing them to remain on AHCCCS for over 5 years. A more common example would be someone who struggles for five years, does well for decades, but then has an unforeseen devastating life circumstance before the age of 55.
- I also noticed that one of your exemptions to this amendment was people who are actively in treatment for substance abuse. As someone who works with those struggling with substance abuse, I appreciate this provision, but I don't think that it goes far enough. NAMI estimates that 51% of all individuals who struggle with substance abuse have an underlying mental health issue, such as depression, anxiety, PTSD, or bipolar disorder. The average person will deal with their symptoms for years before getting the appropriate treatment, usually due to stigmas around mental illness or not having access to treatment. Substance abuse becomes an attractive option to many people because drugs are easier to obtain than treatment. We see a similar pattern among people who struggle with chronic pain. Your amendment has the potential to make the self-medication issue in the community worse.

Please do not allow the AHCCCS Works Waiver Amendment. Allowing this amendment to go through would greatly restrict several communities' ability to get appropriate treatment. This would not only be despicable on a human level, but would also be financially devastating for the state.

Thank you,

Amy Muscarello



Please don't change AHCCCS

1 message

Amy R [REDACTED]
To: waiverpublicinput@azahcccs.gov

Tue, Mar 11, 2025 at 7:51 PM

Hi,

Please do not add work requirements or a lifetime limit to AHCCCS.

I work part time and homeschool my child since public school was a terrible experience for my child.

Having AHCCCS is literally a life saver. Without [REDACTED] and all the supplies required for my [REDACTED], I will die and my daughter will be an orphan since her dad already dead from [REDACTED]. My daughter has to have routine monitoring for the serious [REDACTED] she was born with.

Please do not kill us, and so many others, by taking away lifesaving medical coverage!

Thank you,
Amy Ried



No to work requirements and 5 year limit

1 message

Wendy Sampson

To: waiverpublicinput@azahcccs.gov

Thu, Mar 20, 2025 at 8:33 AM

Hello, I am writing regarding the proposed AHCCCS work requirements and 5-year lifetime limit.

1. The language focuses on "able-bodied" persons and does not specifically recognize the impact of mental health conditions on peoples' ability to engage in proposed work requirements.
2. Members would be required to prove compliance with work requirements or "medical frailty." This creates a double-bind for members unable to comply with work requirements due to mental health conditions and unable to prove "medical frailty" due to lack of access to medical evaluation and treatment. It is unclear what determines "medical frailty" and suggests responsibility for the burden of proof is on the member.
3. Mental health conditions are often life long conditions impacting functioning and ability to work consistently throughout lifetime. Many GMH clients with SMI-qualifying diagnoses are only functioning because of treatment. Taking away treatment will likely result in flood of mental health crisis and overload of hospitalizations which likely will be dangerous and costly.
4. Proposal does not address impact of mental health episodes and other common illnesses on consistent work requirements. Example, if someone is unable to work for three weeks due to a depression episode, would they be kicked off AHCCCS in the middle of medication adjustment period? Often there is at least a month long wait for psychiatry appointments and then medication adjustments take time to work.
5. Finally, it seems incredibly costly and labor intensive to evaluate these requirements.

Thank you for considering these concerns.

Sincerely,
Adelene Sampson



Medicaid 5-yr time limit - comments

1 message

Arlene Saper [REDACTED]

Thu, Mar 20, 2025 at 10:34 PM

To: waiverpublicinput@azahcccs.gov

Please add the following points:

Add Groups to the Exemption to the 5-yr. work plan :

Single mothers

Blind

What "Able-Bodied" means needs to be defined.

Some people may appear to be able-bodied, but due to some physical or mental disabilities (ie., H-EDS, Spinal problems, Cranial / Cervical prob) , they aren't able to work. A 5-yr. limit would harm them and a regular 20-hour work week would not necessarily be possible

Instead of automatically limiting people to 5-years, add a provision to revisit eligibility.

Those who have a disability or limitations that keep them from working, even though they appear able-bodied, should have a chance to be evaluated or re-evaluated before the 5yr. rule applies.

It often takes many years to get diagnosed with certain physical and mental disabilities, so those with a disabling condition need to be evaluated.

Thank you for taking the time to read and consider my comments.

Arlene



AHCCCS Works Input from Arizona Mad Moms

1 message

'Andrea Styles' via Waiver Public Input - AHCCCS <waiverpublicinput@azahcccs.gov>

Mon, Mar 17, 2025 at 8:44 AM

Reply-To: Andrea Styles [REDACTED]

To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

AHCCCS Leadership:

We acknowledge that individuals with SMI designation and/or that are receiving disability benefits will be exempt from Medicaid work requirements. As members of the Arizona Mad Moms we are united that the following situations must be added to the list of exclusions for Medicaid work requirements:

A) Caregivers of individuals with SMI. The shortage of SMI beds and services has created a population of unpaid caregivers that are playing a vital, yet unfortunate role in protecting both vulnerable adults and the public.

B) Individuals with SMI diagnoses, who have not received SMI designation.

Explanation: Many individuals with an SMI condition, diagnosed or undiagnosed, have NOT received the SMI determination due to the "voluntary" nature of the evaluation itself, the inherent requirement for 6 months of functional impairment, and the mandatory wait to reapply once denied. While SMI evaluations can be conducted in "involuntary" circumstances, these provisions are limited by beds, services and other restrictions. Any provisions for work requirements should consider SMI diagnoses apart from the formal SMI designation. *Ideally, such situations should lead to prompt SMI determination assessments.*

C) Individuals with SMI diagnoses that are not receiving disability or social security income benefits.

Explanation: Many individuals disabled by an SMI condition, diagnosed or undiagnosed, are not receiving federal benefits due to the onerous nature of benefit applications, and the lack of skilled benefit specialists available to this population (including in the current SMI clinic network). *Ideally, individuals in these situations should be promptly provided with skilled benefit specialists and legal support.*

Sincerely,

Mad Mom Andrea Stiles



Changes to ahcccs

1 message

Anne Sullivan

Sun, Mar 23, 2025 at 4:51 PM

To: waiverpublicinput@azahcccs.gov

Hello,

I'm sorry this is late input, but I just saw the article in the paper. I work with pregnant women on Ahcccs, and many do work but there will need to be better and more affordable childcare in AZ before more will be able to return to work.

Anne Sullivan, RN
Case manager

[Sent from Yahoo Mail for iPhone](#)



AHCCCS Works Input from Arizona Mad Moms

1 message

Antonio Alcazar

To: waiverpublicinput@azahcccs.gov

Sun, Mar 16, 2025 at 9:58 PM

AHCCCS Leadership:

We acknowledge that individuals with SMI designation and/or that are receiving disability benefits will be exempt from Medicaid work requirements. As members of the Arizona Mad Moms we are united that the following situations must be added to the list of exclusions for Medicaid work requirements:

A) Caregivers of individuals with SMI. The shortage of SMI beds and services has created a population of unpaid caregivers that are playing a vital, yet unfortunate role in protecting both vulnerable adults and the public.

B) Individuals with SMI diagnoses, who have not received SMI designation.

Explanation: Many individuals with an SMI condition, diagnosed or undiagnosed, have NOT received the SMI determination due to the “voluntary” nature of the evaluation itself, the inherent requirement for 6 months of functional impairment, and the mandatory wait to reapply once denied. While SMI evaluations can be conducted in “involuntary” circumstances, these provisions are limited by beds, services and other restrictions. Any provisions for work requirements should consider SMI diagnoses apart from the formal SMI designation. *Ideally, such situations should lead to prompt SMI determination assessments.*

C) Individuals with SMI diagnoses that are not receiving disability or social security income benefits.

Explanation: Many individuals disabled by an SMI condition, diagnosed or undiagnosed, are not receiving federal benefits due to the onerous nature of benefit applications, and the lack of skilled benefit specialists available to this population (including in the current SMI clinic network). *Ideally, individuals in these situations should be promptly provided with skilled benefit specialists and legal support.*

Sincerely,
Antonio Alcazar

To Whom it may concern,

I am writing to express my profound concerns about the proposed AHCCCS Works program and its potential impact on vulnerable Arizonans. Having reviewed the FAQs, I believe this program is deeply flawed and will create more hardship than it solves.

The 80-hour monthly community engagement requirement is unrealistic and punitive for many individuals. While the list of qualifying activities appears broad, the reality is that many AHCCCS members face significant barriers to participation. As the FAQs acknowledge, exemptions exist for those with serious mental illness, substance use disorders, disabilities, and other challenges. However, many individuals experience these challenges **without formal documentation**, leaving them vulnerable to the work requirement. Furthermore, the requirement overlooks the significant contributions of individuals already engaged in caregiving, part-time work, or other essential activities.

My primary concern is the potential for individuals to lose AHCCCS benefits due to non-compliance. The six-month grace period followed by a two-month suspension is inadequate. Losing healthcare coverage, even temporarily, can have devastating consequences. It can disrupt vital treatments, prevent access to medications, and exacerbate existing health conditions. **This will inevitably lead to increased emergency room visits and higher healthcare costs in the long run, directly contradicting the stated goal of fiscal responsibility.** The FAQs state that coverage will be reinstated after a 30-day period of compliance during the suspension. This creates a significant burden on the individual to prove compliance while simultaneously dealing with a loss of healthcare.

The proposed "good cause" exemption for unforeseen circumstances is vague and raises serious concerns. While examples like disability and illness are mentioned, the process for **determining "good cause" is unclear**. This lack of clarity will likely lead to **arbitrary decisions** and create additional barriers for individuals trying to maintain their coverage. The burden of proof will likely fall on the individual, who may lack the resources or ability to navigate the system effectively.

The FAQs mention a five-year lifetime limit for able-bodied adults. This provision is particularly alarming. It creates a permanent underclass of individuals denied access to essential healthcare, regardless of their circumstances. This policy is not only cruel but also short-sighted. Denying individuals access to preventative care will lead to more serious and costly health issues down the road, increasing the long-term burden on taxpayers.

Finally, I am concerned about the **lack of concrete data** on how many AHCCCS members will be impacted by this program. The FAQ states that AHCCCS is "currently assessing data." This suggests that this significant policy change is being pursued without a full understanding of its potential consequences.

This proposal is a **misguided attempt to address poverty and unemployment** that will ultimately harm vulnerable individuals, increase healthcare costs, and further strain our social safety net. We need solutions that address the root causes of poverty, such as access to education, job training, affordable childcare, and comprehensive healthcare, not punitive measures that will only exacerbate existing problems.

Sincerely,

Aurelie Buffin



Ahcccs changes

1 message

aeryncrichton via Waiver Public Input - AHCCCS <waiverpublicinput@azahcccs.gov>

Sat, Feb 22, 2025 at 3:37 PM

Reply-To: [REDACTED]

To: waiverpublicinput@azahcccs.gov

I disagree with all changes that have been put forward for ahcccs. Lifetime limits and work requirements put too big of a burden on low income people.

--

[REDACTED]





Against work requirements for Medicaid

1 message

Amanda Farr

To: waiverpublicinput@azahcccs.gov

Sun, Feb 23, 2025 at 7:22 PM

Hi,

I am writing during this comment period about work requirements for Medicaid.

I am not someone who has had to use Medicaid, but I do not believe work requirements should be required to receive these social benefits. There are some people who cannot work. Also, it is cruel to say that the only way you can get health insurance is to work. Healthcare should be a right.

Please reconsider the proposal to add work requirements to Medicaid. It will only hurt people and make a really complicated system that people eventually have to find a way around.

Amanda



Allen Gjersvig

Carmen Heredia
AHCCCS Director
801 E. Jefferson
Phoenix, AZ 85034

Dear Director Heredia,

As one who directed AHCCCS Community Partners' use of HEA-Plus, I appreciate the opportunity to comment regarding the proposed Medicaid waiver amendment. I know that AHCCCS is responding to a requirement by the Arizona Legislature and has worked to identify important exemptions to the AHCCCS Works program and provide a grace period.

Recent reports show that work requirements do not increase employment and may cause eligible Medicaid members to lose coverage because of additional confusing process barriers. According to a CBPP in a January 5, 2025, article, "Medicaid work requirements do not increase employment, research shows, and the Congressional Budget Office concluded that the 2023 House bill would lead to coverage loss with "no change in employment or hours worked." And a KFF Health News analysis "shows processing times have worsened since July 2023, when Georgia launched the nation's only active Medicaid work requirement program, "[Georgia Pathways to Coverage](#)."

AHCCCS should not implement work requirements because they are counterproductive. They will not increase employment, will cost millions of dollars to implement, and will likely jeopardize coverage for children and older Arizonans because of added administrative steps to enroll and retain coverage. While children are exempt from work requirements, their parents may not understand the steps they must take to enroll or retain coverage. Senior citizens are also at risk of losing their coverage for the same reasons. While much of the cost to develop and implement AHCCCS Works may be covered by Federal funds, Arizona and its residents will benefit more from not implementing work requirements.

Respectfully,

Allen Gjersvig



Opposition to Work Requirements

1 message

Arnob Kabir

To: waiverpublicinput@azahcccs.gov

Wed, Mar 19, 2025 at 10:16 AM

To whom it may concern:

I am in opposition to the addition of work requirements to medicare. It has been established that work requirements are ineffective in achieving the goal of improving employment, as shown from this study done at Harvard [here](#). This is a pointless measure whose purpose is to make politicians feel good about themselves while getting nothing done. Shameful.

Sincerely,

Arnob Kabir



AHCCCS Amendment

1 message

Ashlie Larriva [Redacted]
To: waiverpublicinput@azahcccs.gov

Thu, Mar 20, 2025 at 11:02 AM

I am NOT in support of the amendments to AHCCCS. It would have devastating effects on the clients I serve and help in my Arizona communities.





Ahcccs work requirement feedback

1 message

aliciamariel [REDACTED]

Mon, Feb 24, 2025 at 10:47 PM

To: waiverpublicinput@azahcccs.gov

Hello,

As a single mother and educator I struggle day to day to meet the basic needs of my family. I take my health seriously but also have health impairments that require prescription medications and regular Doctor visits. AHCCS makes that possible.

I am not opposed to proposed work requirements for able bodied adults, however I fail to see what placing a lifetime limit on benefits accomplishes.

We work and we work hard. The likelihood of me getting a raise high enough to cover medical costs (even with secondary Insurance) is improbable, and I am a college educated degree holding highly qualified educator. Where does that leave others who work in other essential industries that make even less in wages than myself and may not be guaranteed even a dime an hour raise annually?

I'm sure we all have a goal to grow within our profession, but that doesn't always equate to higher wages comparable to pay for essential health expenses for ourselves and in my case my family. I am their sole provider.

Yes, let us work or go to school to empower us with self respect and purpose, but what does placing a lifetime limit on financially assisted healthcare accomplish? As long as effort is being shown (consistent employment) , do not impose a lifetime limit leaving those most vulnerable at risk.

Do you choose to pay the electric bill or your heart medication? Do you pay the car insurance so you can legally drive and get to work (I live in a rural area with no public transportation) or your anti anxiety medication? These are real dilemmas that face hard working tax paying Arizonans every day.

Consider this when drafting AHCCCS changes.

Sincerely,

Ms. Alicia M. Behrens



(no subject)

1 message

Ashley Ostrowski



Mon, Mar 17, 2025 at 11:32 AM

To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

I would propose that individuals currently or have previously received employment services through VR or DDD also be waived from the AHCCCS Works requirements / have it not apply to them.

Ashley Ostrowski

Employment Services Manager



Apollo Spencer
[REDACTED]

20 March 2025

Dear Arizona District 2 legislators,

I hope this letter finds you well. I am writing to express my strong opposition to bill HB 2926, which would drastically reduce able-bodied adults' access to Medicaid. As a concerned citizen of Arizona, I believe that this proposal is harmful not only to the individuals who rely on Medicaid for essential healthcare, but also to our community as a whole.

Medicaid serves as a vital lifeline for millions of low-income individuals and families, including working adults who may not have access to employer-sponsored health insurance or cannot afford private coverage. By providing access to healthcare, Medicaid ensures that individuals can seek preventive care, manage chronic conditions, and receive timely medical treatments that prevent more serious, costly health issues from developing. Without this support, many would be forced to forgo necessary care, which could lead to worse health outcomes and ultimately higher costs for our healthcare system.

It is important to remember that not all able-bodied adults have equal access to employment opportunities or the financial means to pay for insurance. Some face challenges such as underemployment, disability, or barriers to securing a job with benefits. Medicaid is not only a healthcare program but a safety net that helps protect people during times of need.

Furthermore, denying Medicaid benefits to working adults undermines the principle of compassion and equity that our state stands for. Every person, regardless of their employment status, should have access to essential healthcare services, particularly when their health directly impacts their ability to contribute to their families and the economy. We should focus on expanding opportunities for individuals to improve their circumstances, not penalizing them during difficult times.

I urge you to vote against this bill and instead work toward policies that strengthen our healthcare system and ensure that all residents, regardless of their employment status, have access to the care they need. Access to healthcare is a fundamental right, and it is in all of our best interests to continue supporting policies that prioritize the health and well-being of every citizen.

Thank you for your time and consideration of my views. I hope you will make the decision to protect the health of all Arizona residents by opposing this harmful bill.

Sincerely,
Catherine "Apollo" Rose Spencer



Re: HB 2926

'Apollo' via Waiver Public Input - AHCCCS <waiverpublicinput@azahcccs.gov>

Thu, Mar 20, 2025 at 12:42 PM

Reply-To: Apollo [REDACTED]

To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

Hello,

HB 2926 disproportionately impacts single parents. How will they give adequate care to their children if they can't get health insurance without a full-time job? The people are suffering enough as it is. We've already seen the result of unrest towards health insurance companies. The state should be better, if not for its people's sake, than for its own.





AHCCCS work requirements

1 message

Amanda Rapp [REDACTED]

To: waiverpublicinput@azahcccs.gov

Wed, Feb 26, 2025 at 8:36 AM

To whom it may concern,

I am writing with some concerns about AZ requiring work restrictions for Medicaid. We are lucky that other states have tried this and failed so that we know it is a bad idea and can prevent harm to the citizens of AZ.

<https://www.cbpp.org/research/health/medicaid-work-requirements-could-put-36-million-people-at-risk-of-losing-health#:~:text=Work%20requirements%20have%20no%20upside,find%20or%20keep%20a%20job>.

There is proof that work requirements do not increase employment, decrease ability to get insurance and will increase costs. There are too many challenges to tracking compliance with the work requirements. This will just increase cost in trying to enforce with no actual added benefit.

Sincerely,

Amanda Rapp, [REDACTED]



5yr limit

1 message

Ar H [REDACTED]
To: waiverpublicinput@azahcccs.gov

Wed, Mar 12, 2025 at 6:52 AM

For this 5-year limit is that for everybody? I need to know more information on this because I'm disabled and rely on Medicaid for my Healthcare especially when it comes to my mental health. Who does the 5-year apply to? Can you guys be more specific thanks





Comments on Work Requirements

1 message

Aaron Sinykin

Thu, Feb 20, 2025 at 1:54 PM

To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

Hello,

I wanted to submit our feedback on the public comment period for Work Requirements.

We see good and bad in this proposal.

The Good:

- We are currently seeing a shortage in our caregiver workforce and having a work requirement might help bring those on the sidelines back into the workspace. 20 hours a week seems reasonable as well.
- We appreciate how the Long-Term Care AHCCCS members do NOT have the work requirement as that would not be feasible in most cases

The Bad or Concern:

- Based on the nature of our caregiving programs reimbursed through ALTCS EPD – The employees are unable to receive a livable wage because our rates are not high enough to pay them what they are truly worth. This has the effect of caregivers never really being able to pull themselves over this income line where they can afford insurance on their own. Insurance is certainly not affordable to providers like us to give to our employees. So having a 5-year cap will hurt our industry and our employees who are stuck because of the nature of the government program they are working on. We feel that all caregivers should have free AHCCCS insurance as an incentive to work in our industry and at these low pay rates. At least then there is some unique benefit to those willing to care for others at close to minimum wage.
 - We just can't hurt these people who are helping others

There is a win/win here!

Aaron Sinykin



Comment on AHCCCS Works

1 message

Alex Tyler

To: waiverpublicinput@azahcccs.gov

Wed, Mar 19, 2025 at 11:22 PM

As a tax paying citizen of Arizona, I must say I 100% oppose the AHCCCS works proposal in its current form. A lifetime limit on benefits for able bodied adults is very bad policy. For one it would place an immense and expensive administrative burden on the state. Currently, the state doesn't track the circumstances that would exempt a person from the lifetime limit, such as employment status, receipt of disability benefits, and whether he or she is a child's sole caregiver. To implement the time limit, Arizona would have to track all these factors on a monthly basis for each adult in its Medicaid program. The cost of this added bureaucracy would seriously limit any cost savings that would come about by arbitrary capping lifetime coverage. Over time, Arizona's time limit proposal would hurt older state residents the most. That's because anyone who lost a job during one or more recessions over the course of their adult life could exhaust their five-year limit on Medicaid coverage before they turn 65 and become eligible for Medicare. If they lost a job again in their near-retirement years, they'd have nowhere to turn for health coverage at a time when their health needs are greater and their cost of buying coverage in the individual market is the highest.

Work requirements are also terrible policy because ample evidence already shows that Medicaid coverage makes it easier for working-poor adults to work. For example, low-income workers in states that expanded Medicaid under the Affordable Care Act haven't experienced greater job loss, more frequent switching of jobs, or more frequent switching from full-time to part-time work than low-income workers in non-expansion states, Indiana University researchers found. Current estimates show that around 458,700 residents could lose their coverage with the imposition of this 5 year lifetime limit. I understand the desire to encourage work but we have other means of doing so, like through our Arizona@work program for welfare benefits.

In summary, if this policy is enacted it will lead to coverage loss, increased administrative burdens, and will not effectively promote employment, potentially harming low-income individuals' access to healthcare and economic stability.

Signed, a tax paying Arizonian.



Work Reqs for AHCCCS

1 message

Adrienne Vintila [REDACTED]
To: waiverpublicinput@azahcccs.gov

Sat, Feb 22, 2025 at 4:42 AM

Hi,

First off, I'm going to acknowledge the try in this. I'm also going point out that many of you seemingly haven't taken into consideration several things.

1) Placing a with req is redundant since a lot of people that receive benefits do work.

2) Place caps on privatized insurance or mandate employer pay a portion of the insane deductibles. I'll give you great example. My husband and I make to much for AHCCCS yet in order to pay to live we don't make enough to cover medical insurance. My husband was [REDACTED], you read that right, rare but he has [REDACTED]. Our [REDACTED] last year due to missed work but to mention paying out of pocket.... That's what insurance covers you say.. WRONG

You see, I just [REDACTED] and I can tell you that a) insurance is a scam b) insurers and providers both bulk the system with fraud. Did you know [REDACTED] is instructed to change diagnoses, purposely left untrained on electronic billing systems (that fun if we get caught, oopsie, biller didn't know bs), services that aren't rendered or are bullshit like child in state care due to abuse are billable and used almost everytime a claim is submitted. I can go on but let me break down the scam.

Go grab an EOB, going to need it to fact check me. Calculator ready? NOW take the average non gov employee monthly premium our is about [REDACTED] just for my husband, times it by 12, add your deductible [REDACTED] cause you have to pay that before insurance covers anything other then co-pays, now look at the out of pocket max and deduct that from your deductible and then add that total [REDACTED] to the sum of your yearly premium and deductible. Grand total for [REDACTED] and that's not including co-pays, meds, lab fees because in that small print most lab fees outside of hospital are not covered.

We paid and owed a vast majority of the [REDACTED] is cost us so far since [REDACTED]. Wait that's a year and a half, well damn look at that, out of pocket discounts vs insurance pays less and you just paid that CEO for a Bugatti collection

You see all insurers end up paying out the same Medicare/Medicade rates. Look at any health care provider contract. And here you think your making bank investing in stocks while the ATAR Capital guy from UAE is laughing at you.

3) Cutting people off is sure way to ensure AZs economy sinks - you need people healthy enough to work and by doing this, you're ensuring the illnesses, diseases, broken bones, et al chip away at the workforce. Do you really think corps are going to stay in a state with a lack of capable and able bodies?

My suggestion, screw Musk and Trump - not sorry - as well as the left. Both extremes are taking the US.. and I'm honestly sitting here in the verge of [REDACTED] and not giving a shit. The state can eat the tax, the medical expenses, loss of tax revenue from our paychecks.. I mean really, why try when our Reps are out to quickly line their own pockets and tell the rest of us tough shit? You think short term goals instead of setting things up for your blood line aka long term. You have to give a little to make a lot.

How about auditing the system and those that bill DCS? Ever think about just asking a random pool of people if they've received a specific service? Every think UHC and BCBS could commit fraud on a larger scale and you're only catch stupid things like a social worker never showing up for visit yet creating notes to bill -

did you ask that social worker why and offering no recourse for an honest answer (psst there told they have to meet quotas in billing - can't figure out why they would push notes through)

So from a piece of shit nothing that busted my ass and refused to falsify anything, bill claims without proper training in the application, and asked to many "why are we changing notes, dx, cpts, modifiers" that just got shit canned, to the bunch of you - yes all of you! - think things through. Trump and Musk are morons letting little get rich quick turds or megalomaniacs create policy.. grow a sac please.

Hey are you hiring? My college background is [REDACTED] history Not shabby for a ghetto raised woman that quit school in the [REDACTED] to raise her mother..

Have fun,

Adrinne



Waiver comments

1 message

Brent Maloney [REDACTED]

To: waiverpublicinput@azahcccs.gov

Thu, Mar 13, 2025 at 3:15 PM

I am writing to share my comments regarding the proposed waiver submission to CMS regarding work requirements.

In 2018, Arkansas instituted work requirements for Medicaid which resulted in thousands losing health care coverage. When people lose coverage, they no longer stop seeking medical care. They will utilize the ED for simple medical needs which will transfer costs to Arizonans who have coverage through their employer. Aside from limiting coverage, it will raise costs.

More than 26 million people in the United States receive Medicaid. Ten percent of those Americans cannot work due to a severe disability. Using the equivalent, but likely not precise, measure, an estimated 2.5 million Arizonans are on Medicaid. If 10% of those Arizonans were unable to work due to a severe disability, that would result in 250,000 Arizonans with disabilities without medical coverage— many of which likely have high medical needs.

I understand that AHCCCS is anticipating potential Medicaid cuts but submitting a waiver for work requirements is NOT viable solution for many in my community. I have friends who are unable to work due to developmental disabilities that have significant functional limitations preventing them from working. If they lose medical coverage, their life will be put at risk.

Please reconsider the submission of a work requirement waiver to CMS.

Thank you,
Brent Maloney



I do NOT support waiver amendment

1 message

Brandy M [REDACTED]
To: waiverpublicinput@azahcccs.gov

Thu, Mar 20, 2025 at 12:58 PM

Hello,

As a physician and Arizonan, I do NOT support the waiver amendment instituting a work requirement and lifetime limit of healthcare for “able-bodied adults.” Myself and my children all received state insurance during my residency, and without that, I wouldn’t be here. Healthcare is a right, not a privilege, and this waiver completely neglects those with developmental disabilities. Tax dollars are intended to provide basic necessities like healthcare. I do NOT support this waiver.

Regards,
Brandy Mills

Brandy Mills, MD, FAAD
Board-Certified Dermatologist
Desert Sky Dermatology



Work Requirement waiver

1 message

Brian@ [REDACTED]
To: waiverpublicinput@azahcccs.gov

Mon, Feb 24, 2025 at 10:50 AM

AHCCCS Administration,

As a [REDACTED] plus year resident of Arizona, with [REDACTED] adult children, we have contributed significantly to the Arizona Treasury with income, sales and property taxes.

We have been pleased with Arizona's long history of financial prudence and common sense approaches to governance.

I support work requirements for able bodied adults as a condition to receipt of free Medical coverage under the AHCCCS program. Additionally, I support life time maximum eligibility limits.

Both of these requirements, incentivize proper behavior and are reasonable expectations of adults.

Brian O'Sullivan

[REDACTED]



My Public Comment on the Proposed Amendment

1 message

bradleypeterson via Waiver Public Input - AHCCCS <waiverpublicinput@azahcccs.gov>

Thu, Mar 20, 2025 at 12:22 PM

Reply-To:

To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

To whom it may concern,

I am writing to express my strong opposition to the proposed amendment that would impose work requirements, a five-year lifetime limit on Medicaid benefits, and additional cost-sharing measures for AHCCCS recipients. I am deeply concerned that this amendment ties Medicaid expansion eligibility to federal funding thresholds, which could lead to the termination of coverage for many individuals if the federal match rate falls below 90%. These changes would be deeply harmful to thousands of Arizonans, including myself, who rely on AHCCCS for essential healthcare access.

As a young adult currently pursuing my education and seeking employment, I am one of many Arizonans working toward financial independence but still in need of healthcare coverage. Instituting work requirements fails to account for the realities of the job market, where many people—especially young adults—struggle to secure stable employment despite their best efforts. Penalizing low-income individuals for circumstances beyond their control would only exacerbate financial and health disparities.

Furthermore, a lifetime five-year limit on Medicaid benefits is deeply concerning. Healthcare is not a luxury—it is a basic human need. Many individuals experience periods of financial hardship throughout their lives, whether due to economic downturns, unexpected medical conditions, or other challenges. Capping benefits arbitrarily ignores the unpredictable nature of economic and personal hardship.

Lastly, imposing cost-sharing to deter emergency room and ambulance use risks discouraging people from seeking necessary care when they need it most. Many individuals on AHCCCS do not use emergency services frivolously, and financial penalties could lead to worse health outcomes by delaying urgent care.

This amendment would put thousands of low-income Arizonans at risk of losing access to essential healthcare. I strongly urge the rejection of these harmful provisions and instead would encourage a focus on policies that expand access to care rather than restrict it.

Thank you for your time and consideration.

Sincerely,

Brad Peterson

**concern of upcoming amendment for AHCCCS (Arizona Medicaid)**

1 message

Brittany Thompson

Thu, Mar 20, 2025 at 11:50 AM

To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

To whom it may concern,

As a licensed practitioner in the mental health field for the people of Arizona, it is quiet concerning of the possible amendments to Medicaid. The concern of;

1. Institute a work requirement for all "able-bodied adults" receiving Medicaid services (meaning that between the ages of 19 and 55 to complete qualifying employment or educational activities for at least 20 hours per week to qualify for AHCCCS coverage)

This is a worrisome and unethical requirement to receive care and support. I work with a number of individuals who are "able-bodied adults" that cannot obtain work, due to mass layoffs , over saturated job market, increased cost of living, rise of childcare and adult need care. Many of the therapy sessions I have with these clients are processing the trauma of having the capability and skills to provide from themselves, but have yet to have a job say yes to them. Many of these patients are stay at home mothers, who make a choice to give up a career as childcare is out of there finical means or have limited access to quality care. Some of these patients are caring for elderly parents/family members, as the cost of these care facilities are not within their reach. This amendment is making a statement you are not worthy of care if you do contribute finically to the economy. When these individuals requesting these services need the support to stabilize to contribute to economy and provide for their family. Not having access to medical care will just increase long term issues thus leading to patient possibility loosing the capability to continue to be an able-bodied adult.

**Brittany Thompson****Therapist**

e. [REDACTED]

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Help!!! Please add these to your list!! This is crucial!

1 message

'Bethany Baltrusch' via Waiver Public Input - AHCCCS <waiverpublicinput@azahcccs.gov>

Sun, Mar 16, 2025 at 10:20 PM

Reply-To: [REDACTED]
To: waiverpublicinput@azahcccs.gov**Subject:** AHCCCS Works Input from Arizona Mad Moms**Email Text:**

AHCCCS Leadership:

We acknowledge that individuals with SMI designation and/or that are receiving disability benefits will be exempt from Medicaid work requirements. As members of the Arizona Mad Moms we are united that the following situations must be added to the list of exclusions for Medicaid work requirements:

A) Caregivers of individuals with SMI. The shortage of SMI beds and services has created a population of unpaid caregivers that are playing a vital, yet unfortunate role in protecting both vulnerable adults and the public.

B) Individuals with SMI diagnoses, who have not received SMI designation.

Explanation: Many individuals with an SMI condition, diagnosed or undiagnosed, have NOT received the SMI determination due to the "voluntary" nature of the evaluation itself, the inherent requirement for 6 months of functional impairment, and the mandatory wait to reapply once denied. While SMI evaluations can be conducted in "involuntary" circumstances, these provisions are limited by beds, services and other restrictions. Any provisions for work requirements should consider SMI diagnoses apart from the formal SMI designation. *Ideally, such situations should lead to prompt SMI determination assessments.*

C) Individuals with SMI diagnoses that are not receiving disability or social security income benefits.

Explanation: Many individuals disabled by an SMI condition, diagnosed or undiagnosed, are not receiving federal benefits due to the onerous nature of benefit applications, and the lack of skilled benefit specialists available to this population (including in the current SMI clinic network). *Ideally, individuals in these situations should be promptly provided with skilled benefit specialists and legal support.*

Sincerely,



AHCCCS Works Input from Arizona Mad Moms

1 message

Bob Connolly

To: waiverpublicinput@azahcccs.gov

Mon, Mar 17, 2025 at 9:22 PM

AHCCCS Leadership:

We acknowledge that individuals with SMI designation and/or that are receiving disability benefits will be exempt from Medicaid work requirements. As members of the Arizona Mad Moms we are united that the following situations must be added to the list of exclusions for Medicaid work requirements:

A) Caregivers of individuals with SMI. The shortage of SMI beds and services has created a population of unpaid caregivers that are playing a vital, yet unfortunate role in protecting both vulnerable adults and the public.

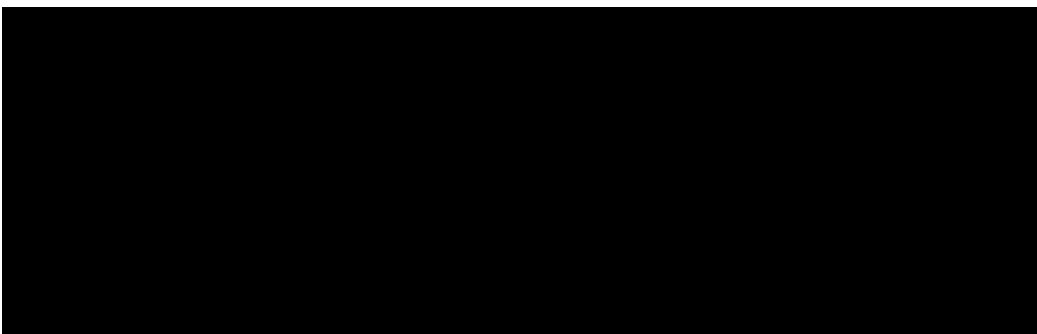
B) Individuals with SMI diagnoses, who have not received SMI designation.

Explanation: Many individuals with an SMI condition, diagnosed or undiagnosed, have NOT received the SMI determination due to the "voluntary" nature of the evaluation itself, the inherent requirement for 6 months of functional impairment, and the mandatory wait to reapply once denied. While SMI evaluations can be conducted in "involuntary" circumstances, these provisions are limited by beds, services and other restrictions. Any provisions for work requirements should consider SMI diagnoses apart from the formal SMI designation. *Ideally, such situations should lead to prompt SMI determination assessments.*

C) Individuals with SMI diagnoses that are not receiving disability or social security income benefits.

Explanation: Many individuals disabled by an SMI condition, diagnosed or undiagnosed, are not receiving federal benefits due to the onerous nature of benefit applications, and the lack of skilled benefit specialists available to this population (including in the current SMI clinic network). *Ideally, individuals in these situations should be promptly provided with skilled benefit specialists and legal support.*

Sincerely,
Dr. Bob Connolly



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(no subject)

1 message

Brian Mcdonley [redacted]
To: waiverpublicinput@azahcccs.gov

Thu, Feb 20, 2025 at 8:21 AM

With the work requirements does it apply to those that are disabled or on ssi that can't work and seniors at a certain age





AHCCCS Works Input from Arizona Mad Moms

1 message

Beth Pera [REDACTED]
To: waiverpublicinput@azahcccs.gov

Thu, Mar 20, 2025 at 6:21 AM

AHCCCS Leadership:

We Acknowledge that individuals with SMI designation and/or that are receiving disability benefits will be exempt from Medicaid work requirements. As members of the Arizona Mad Moms we are united that the following situations must be added to the list of exclusions for Medicaid work requirements:

A) Caregivers of individuals with SMI. The shortage of SMI beds and services has created a population of unpaid caregivers that are playing a vital, yet unfortunate role in protecting bot vulnerable adults and the public.

B) Individuals with SMI diagnosis, who have not received SMI designation.

Explanation: Many individuals with an SMI condition, diagnosed or undiagnosed, have NOT received the SMI determination due to the "voluntary" Nature of the evaluation itself, the inherent requirement for 6 months of functional impairment, and the mandatory wait to reapply once denied. While SMI evaluations can be conducted in "involuntary" circumstances, these provisions are limited by beds, services and other restrictions. Any provisions for work requirements should consider ***SMI diagnosis apart from the formal SMI determination assessments.***

C) Individuals with SMI diagnoses that are not receiving disability or social security income benefits.

Explanation: Many individuals disabled by an SMI condition, diagnosed or undiagnosed, are not receiving federal benefits due to the onerous nature of benefit applications, and the lack of skilled benefit specialists available to this population (including in the current SMI clinic network). ***Ideally, individuals in these situations should be promptly provided with skilled benefit specialists and legal support.***

My son was [REDACTED] **in 2019. We have not received a dime for his care. We have had to sell many of our belongings to continue to pay for his life because he cannot support himself in any way.**

PLEASE help us.

Sincerely,

Mad Mom Beth



AHCCCS Medicaid Work Requirements

1 message

Brianna [REDACTED]
To: waiverpublicinput@azahcccs.gov

Fri, Feb 21, 2025 at 7:48 PM

To whom it may concern,

I am against the implementation of work requirements and lifetime limits of Medicaid health insurance. These policies will only serve to harm those who are already most at risk in our state. Disabled people, low income people, and others who rely on this insurance make up over 2 million Americans in Arizona.

People are not always guaranteed insurance by working and putting lifetime limits on this will only serve to further disenfranchise those who need medical care most. Additionally, by placing a work requirement for health insurance limits access to what should be a guaranteed human right.

I urge you to reconsider this change as it will only hurt my fellow Arizonans and would end up costing the government more in the long run.

Thank you,
Brianna Speen



Medical Benefits

1 message

'Bethany Travis' via Waiver Public Input - AHCCCS <waiverpublicinput@azahcccs.gov>

Mon, Feb 24, 2025 at 8:48 AM

Reply-To: Bethany Travis [REDACTED]

To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

To Whom It May Concern,

I have already reached out to my local legislator about this but will provide some additional comments.

I believe AHCCCS needs to take into consideration those who are unfortunately the recipients of job discrimination, jealousy, workplace harassment, and racism. Also, to take into consideration that there are not enough decent jobs for self-respecting women.

As someone who is not able to get disability, I feel the weight of an income more than others. Please weigh these comments & make a level judgement.

Sincerely,
Bethany Travis





(no subject)

1 message

Becca HALVORSON

To: waiverpublicinput@azahcccs.gov

Sat, Feb 22, 2025 at 6:18 AM

I think that some recipient should find work or volunteer for community services. I also am a recipient of AHCCS and would be willing g to work in order to keep my AHCCCS availability.





Medicaid costs

1 message

Brande Walker

To: waiverpublicinput@azahcccs.gov

Fri, Feb 21, 2025 at 9:56 PM

Honestly, I can't understand why we are doing this? Can't you just ask AI to analyze this for you? This raises costs for everyone. I'm not on Medicaid but I know how this works. Stop it. If Obamacare had been implemented as written we'd have near universal coverage and a surplus right now it would be lowering the deficit not adding to it. Why Why Why????? I can't take the stupidity anymore. Just read below and stop with the lies.

Adding work requirements and lifetime limits to Medicaid is intended to reduce government spending by lowering enrollment and encouraging beneficiaries to "move on" to the private market or become self-sufficient. However, research and policy analyses suggest that while these measures may trim Medicaid expenditures in the short term, they also tend to create a host of unintended consequences that can drive overall healthcare costs upward.

Work Requirements

Intended Savings versus Real-World Impact

Proponents argue that by requiring recipients to work (or participate in approved activities), the program will shed those who could afford to transition to private insurance. In practice, however, studies—such as those summarized by the Commonwealth Fund—have found that a very high proportion of Medicaid enrollees are already working, in school, or engaged in caregiving activities. Consequently, the administrative burden and complexity of reporting work hours often lead to disenrollment of people who otherwise meet the income criteria but cannot navigate the requirements consistently.

Adverse Outcomes and Cost Shifting

When individuals lose Medicaid coverage due to these requirements, they are more likely to delay or forgo preventive care and instead rely on more expensive emergency services. For example, evidence from states like

Arkansas shows that disenrolled beneficiaries report delays in care and higher medical debt, which in turn can increase uncompensated care costs for hospitals. Additionally, the administrative costs of monitoring and enforcing work requirements can further erode any short-term savings, potentially shifting costs from the Medicaid program to other parts of the healthcare system .

Lifetime Limits

Reducing Coverage Duration

Lifetime limits would cap the total time an individual can receive Medicaid benefits, meaning that even if someone continues to have a low income or chronic health needs, they would eventually lose coverage once the limit is reached. Proposals such as those outlined in Project 2025 suggest that setting a finite “lifetime” on benefits is meant to curb long-term dependency and reduce expenditures .

Consequences for Health and Cost

The abrupt loss of coverage can lead beneficiaries to postpone necessary preventive and chronic care. Over time, this neglect can result in more advanced disease states that require costlier interventions and emergency care. Hospitals and other providers often absorb the cost of uncompensated care, which may then be indirectly passed along to insured patients and private payers through higher charges. Thus, while lifetime limits might lower Medicaid spending on paper, the resulting deterioration in population health and increase in high-cost acute care could drive up overall healthcare spending.

Net Effect on Overall Healthcare Costs

In summary, while both work requirements and lifetime limits are designed to reduce Medicaid enrollment and expenditures, their implementation has several adverse side effects:

- **Increased Uncompensated Care:** Reduced coverage leads to delayed or foregone care, forcing patients into expensive emergency or hospital-based treatment.
- **Administrative Costs:** The need to verify compliance with work requirements adds significant bureaucratic and operational costs.

- **Worsening Health Outcomes:** Loss of continuous coverage can lead to poorer long-term health, which eventually increases the cost of care across the healthcare system.
- **Cost Shifting:** Savings in Medicaid spending may be offset by higher costs incurred by hospitals and private insurers, as well as the broader economic impact of increased medical debt and financial strain on low-income individuals.

Overall, the savings projected by reducing Medicaid enrollment can be counterbalanced—or even surpassed—by the higher downstream costs associated with reduced access to timely, preventive care and the increased reliance on emergency services. This complex interplay means that while short-term Medicaid spending might fall, overall healthcare costs for the society could end up rising.

By considering both the direct effects on program spending and the indirect consequences on patient health and system-wide expenditures, policymakers must weigh the potential fiscal savings against the risk of higher long-term healthcare costs.

[REDACTED]



Non support of Proposed Amendment

1 message

Brenda Young [REDACTED]

Thu, Mar 20, 2025 at 10:13 AM

To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

Hello,

I sending this email to illustrate that I am NOT in support of the proposed amendment that would:

1. Institute a work requirement for all “able-bodied adults” receiving Medicaid services (meaning that between the ages of 19 and 55 to complete qualifying employment or educational activities for at least 20 hours per week to qualify for AHCCCS coverage)
2. Place on “able-bodied adults” a **lifetime limit of five years** of Medicaid benefits
3. Develop and impose cost-sharing requirements to deter both the nonemergency use of emergency departments and the use of ambulance services for nonemergency transportation

These limitations will greatly impact individuals access to continuing care.

Respectfully,
Brenda Young



Brenda Young

Therapist
[REDACTED]

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Sickness happens, evil may be prevented.

1 message

Cassandra Lauchlan [REDACTED]

Thu, Mar 13, 2025 at 4:29 PM

To: waiverpublicinput@azahcccs.gov

I am [REDACTED] years old. I got tremendously sick with [REDACTED] when I was [REDACTED]. There was no warning and there was nothing I could do to prevent it. I have rarely even been sick in my entire life. Very few seem to know that the thirties are when these horrors tend to show up. Just when you believe you may be starting your life, the walls cave in.

I've already been hit by setback after setback. The health companies that were shipping me my [REDACTED] have been bought out or the contracts terminated time after time. I've been fighting for my life amidst this constant churning and whirling set out to commercialize human lives. Every December has been dominated by dread as I wonder what shall be denied to me this year. What will I have to beg for.

Last year my [REDACTED] was at [REDACTED] when the human average is 12 to 14. I can tell you what death would feel like because I have almost slipped into now--more than once. I've been clawing my way back from that precipice only to be knocked down again by a [REDACTED] which I could only fight against at home with pedialyte and hope--and boy did I try. I hope no one else has to hear their 70 year old father whisper, "That's what my father died of." as they are lying in a hospital bed for the first time. I am his only daughter and youngest child.

I see people who are worse off than I everyday, and my heart breaks to know that they bear the same fears. They carry the same dread in their hearts as they try to hope for a better day. I can tell you this terror is paralyzing. It haunts your every moment.

We deserve a chance at life that I'm afraid this country will not grant us because of cruel and vindictive individuals. If the state does not choose to fight for us then there will be many like me, who are already living day to day scared out of our wits.

And these words, which may never be seen by human eyes, are all I can contribute.

I already know what death feels like, and now I get to learn the deepest depths of terror for something that is fully out of my control.

Sincerely,
Cassandra Louise Lauchlan.



(no subject)

1 message

Carmen Loya

To: waiverpublicinput@azahcccs.gov

Sun, Feb 23, 2025 at 7:44 PM

I been with access for a while now and it's helps me with my health cost due to my [REDACTED]. Yes it's a good idea to have work requirements if you are healthy and able to work. Quit helping the people that coming thru the border they are the ones that need to work . The United States alw ays give handout outs to other people instead of helping the people in their own towns. If they would give descent pay for Medicare we could eliminate Medicaid completely. And health insurance give help on prescriptions and other costs. Am afraid of losing my Medicaid but if comes to that I hope Medicare will give us more money to survive. God help us....



(no subject)

1 message

Carmen Loya



To: waiverpublicinput@azahcccs.gov

Thu, Mar 13, 2025 at 3:49 PM

Am [REDACTED] years old and every year I was afraid of losing my Medicaid. Now am stressing out cause Trump wants to take our life into his hands and doesn't care about us as seniors and low income families. He's always been for the rich and the billionaires. I pray every day and night that this won't happen, hoping God will hear my plead and sees am afraid for my health issues and medications. Plz help us as seniors, children...





AHCCCS Feedback -- Concerned Tax Payer

1 message

Christopher McGinley

Thu, Mar 20, 2025 at 11:27 AM

To: waiverpublicinput@azahcccs.gov

To Whom It May Concern,

As someone who has witnessed firsthand the impact of Medicaid (AHCCCS) on my family members during their times of need, I find this bill not only deeply frustrating but fundamentally unjust. I am a son, a community advocate, and a proud member of this state.

For many years, I've worked within Arizona's library system, helping connect people with vital resources and support. Without the safety net of Medicaid during challenging times, my family members—and by extension, our entire community—might not have had the opportunity to thrive and contribute in meaningful ways.

The tax dollars that funded access to healthcare for my loved ones were not an expense; they were an investment in their health, stability, and ability to contribute to our society. This bill, which claims to cut costs, is not a solution but a dangerous ideology that jeopardizes the well-being of vulnerable citizens, including many I've worked with directly—individuals who depend on access to healthcare to maintain their well-being and remain active, engaged members of our community.

What is truly at stake here is not just cost-saving; it's the very foundation of our collective responsibility. Libraries, like Medicaid, are a pillar of community support, and if we're "cutting costs" at the expense of public health and well-being, then what exactly are we paying taxes for? Who stands to benefit from this misguided proposal?

To those with the power to decide on this bill, you know what the right choice is. We, the people who have witnessed the real-world impact of these policies, will remember how you stand on this issue—whether you stop this bill or allow it to pass. Your actions today will echo in our communities for years to come.

- Chris



AHCCCS Works Input from Arizona Mad Moms

1 message

Carla Mitchell [REDACTED]
To: waiverpublicinput@azahcccs.gov

Mon, Mar 17, 2025 at 9:09 AM

AHCCCS Leadership:

We acknowledge that individuals with SMI designation and/or who are receiving disability benefits will be exempt from Medicaid work requirements. As members of the Arizona Mad Moms we are united that the following situations must be added to the list of exclusions for Medicaid work requirements:

A) Caregivers of individuals with SMI. The shortage of SMI beds and services has created a population of unpaid caregivers that are playing a vital yet unfortunate role in protecting both vulnerable adults and the public.

B) Individuals with SMI diagnoses, who have not received SMI designation.

Explanation: Many individuals with an SMI condition, diagnosed or undiagnosed, have NOT received the SMI determination due to the “voluntary” nature of the evaluation itself, the inherent requirement for 6 months of functional impairment, and the mandatory wait to reapply once denied. While SMI evaluations can be conducted in “involuntary” circumstances, these provisions are limited by beds, services and other restrictions. Any provisions for work requirements should consider SMI diagnoses apart from the formal SMI designation. *Ideally, such situations should lead to prompt SMI determination assessments.*

C) Individuals with SMI diagnoses that are not receiving disability or social security income benefits.

Explanation: Many individuals disabled by an SMI condition, diagnosed or undiagnosed, are not receiving federal benefits due to the onerous nature of benefit applications and the lack of skilled benefit specialists available to this population (including in the current SMI clinic network). *Ideally, individuals in these situations should be promptly provided with skilled benefit specialists and legal support.*

Sincerely,

Mad Mom Rachel



Input on Medicaid

1 message

Charles Provine [REDACTED]
To: waiverpublicinput@azahcccs.gov

Thu, Mar 20, 2025 at 1:41 PM

Hello, Charles Provine here.

I've used Medicaid to ensure my health is fine, and I give back to the healthcare company by helping them on a board of Medicaid recipients to better understand the situation from the member's perspective.

Medicaid should be expanded and support ALL preventative care measures, which it currently does not do well.

It is important to have some things covered and not allow others. For instance, more information on how to achieve long lasting results on weight and fitness. More news needed to help people get healthy and incentives to propel people to get healthy.

There should be no time limit on the years in Medicaid, but there should be really excellent regular healthcare. Help members get a hold of their finances by helping them eliminate debt. Help members find affordable housing. Help people find jobs but not sacrificing their healthcare.

Life can be wonderful, and Arizona can lead the country in healthcare availability. More clinics to triage situations that start at the ER. The ER should be for reservations sent over by clinics except in true emergencies. However, the system doesn't have good channels set up.

GET Arizona healthy by focusing on preventative healthcare. Help hospitals by using clinics to triage more people as a normal course of action. And set up the best system with Mayo's expansion and administration to overhaul the AHCCCS system that is fraught with inefficiencies. The insurance companies in the system are greedy with little benefit to show from their participation. They must add value by helping people instead of eating public money from poor administration of the programs.

There is a lot of opportunity in public health... Arizona could lead the country with a proactive approach to fix the gaping problems, and work to fix the rest. We can do so much that is currently missed. An Epigenetic era could be the best thing to ever happen to the country, and Arizona could really be that leader.

Best,
Charlie



Reevaluating Medicaid eligibility

1 message

cynredss@gmail.com [REDACTED]
To: waiverpublicinput@azahcccs.gov

Wed, Mar 19, 2025 at 9:37 AM

I appreciate the efforts to reign in the costs of Medicaid, but it is pointless to add a work requirement. If a person is able bodied and can work 20 hours a week they don't need Medicaid in the first place. I don't make people personal financial decisions or life choices so why should tax payers pay for it. Why is their application being approved in the first place. The second issue is Medicaid reinforces and rewards poverty. I have a child who has AHCCCS, and benefits and they would love to work but with limits on income and discrimination with employers not wanting to hire people with disabilities. You can quote any law you want with ADA, I am telling you what is happening in reality. I think Medicaid money is better spend first not giving it to able bodied people in the first place and spend more time and money on creating employment opportunities with private businesses (and I mean above McDonalds) that have real lasting effects. Budget cuts are going to happen that is a reality. The handouts must stop. Even if someone has a disability (I hate that word) they still need opportunities to be as self-sustaining as possible. The cultural mind shift needs to change you have to work and help yourself. No more handouts. Its insane the money we waste and the funds that are left over are for people who truly need it. How about an advertisement campaign on how to manage your money and be self-sustaining and improve your opportunities would be a better opt than wasting time on this.

Cynthia Reddy



Public Comment on Proposed "AHCCCS Works" Amendment

1 message

Chelsea Rumbo [REDACTED]
To: waiverpublicinput@azahcccs.gov

Thu, Mar 20, 2025 at 5:42 PM

To Whom It May Concern,

I am writing to express my strong opposition to the "AHCCCS Works" proposal that would impose work requirements, a five-year lifetime benefit limit, and additional cost-sharing measures. This amendment is not only harmful but also counterproductive—it will make it harder for people to get the healthcare they need to work and contribute to society.

I personally rely on AHCCCS for my healthcare. I have [REDACTED], both of which cause severe chronic pain, fatigue, and mobility issues. Additionally, I have [REDACTED], which require consistent medical care and medication. Before I was diagnosed, my symptoms became so severe that I had to leave my job as a sales associate because I could no longer work reliably. Without AHCCCS, I would not have been able to afford the medical tests necessary to diagnose and treat my conditions. And without treatment, I would have been unable to get back to work or continue my education. This amendment would have set me back years—if not indefinitely.

If this amendment is implemented, it will create unnecessary barriers for people like me who need healthcare in order to function. The added burden of proving disability, work status, or student status is not only frustrating and degrading, but it will also create an administrative nightmare that wastes taxpayer dollars. This will not "save" the state money—it will only push more people into crisis, keeping them from working or seeking the care they need until it becomes an emergency.

While I understand that AHCCCS is required to gather public input, I also want to make it clear that I am outraged that the proposal was even made in the first place. This proposal is a direct attack on low-income and disabled Arizonans, and it sends a clear message that our well-being is disposable. It is unacceptable, and I will remember this betrayal for the rest of my life, especially when it comes time to vote.

I urge AHCCCS to reject this proposal and to make it clear that the people of Arizona do not support these harmful changes.

Best Regards,

Chelsea Rumbo

[REDACTED]

[REDACTED]



House Bill 2926

1 message

Cara Schwertfager [REDACTED]

Thu, Mar 20, 2025 at 10:41 AM

To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

Hello,

I'm writing in regards to House Bill 2926. This bill concerns me as I have an autistic adult child who is "able bodied" but unable to work due to his condition. He will turn [REDACTED] next year and he will no longer be able to stay on my health insurance plan.

Autism can be extremely debilitating in many ways. Many entry-level jobs require individuals to interpret and respond to unspoken social cues, such as body language, tone of voice, or facial expressions. For someone with ASD, this can be difficult, leading to misunderstandings or missed opportunities to engage appropriately with coworkers, customers, or supervisors. Effective communication in the workplace often requires more than just clear verbal skills. It involves things like small talk, adapting language based on the audience, and understanding the nuances of conversations. A person with ASD might struggle with these aspects, potentially making interactions feel awkward or uncomfortable.

Unwritten rules about how to behave in a professional setting can be difficult to navigate for someone with ASD. These norms might include knowing when it's appropriate to take breaks, how to join group conversations, or how to communicate in a way that fits into the social dynamic of the team. Without clear guidance, they might unintentionally violate social expectations, which could lead to misunderstandings or even conflicts.

Many people with ASD have heightened sensitivities to sensory input, such as noise, light, or crowds. These sensory sensitivities can be overwhelming in busy or noisy work environments, making it difficult for the individual to focus or perform tasks effectively.

The combination of social challenges, difficulty interpreting expectations, and sensory overload can lead to anxiety. This stress can hinder their ability to function optimally in a work environment, making even basic tasks feel overwhelming.

When asked about trying out a part time job, my son's response was simply "There's no way, I'd go crazy."

Disability income is not an option for him. Qualifications are difficult to meet and he has a little bit of money in the bank that exceeds financial qualifications but not enough to live on.

If this bill is passed, he will not be able to receive health insurance by way of AHCCCS. If there is any hope of him being able to live independently, this bill creates another barrier for him to do so.

Thank you,

A concerned mother



Potential AHCCCS Change

1 message

Clifford Sweet

Thu, Mar 20, 2025 at 3:23 PM

To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

Hello,

The proposed changes to AHCCCS will be devastating to those with mental health and physical health concerns. I encourage representatives to reconsider this proposal as it will ultimately cost people's lives if it passes.

Thank you.



Clifford Sweet

Intake Specialist

e. [REDACTED]

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Opposition to AHCCCS Works Waiver Amendment

1 message

Chris Baker [REDACTED]
To: waiverpublicinput@azahcccs.gov

Thu, Mar 20, 2025 at 12:58 PM

To whom it may concern,

My name is Chris Baker. I live in [REDACTED] and work in [REDACTED]. I'm taking a moment during my workday to express my strong opposition to this amendment, especially the provisions regarding a lifetime limit for benefits and the cost-sharing requirements to discourage "non-emergency" use of emergency facilities.

I am a teacher. Some of my students and colleagues at school rely on this kind of assistance. Programs like Medicaid are one of the best uses of my tax dollars that I can think of. It's disheartening to me that this bad idea from the feckless Ducey administration is still coming back, zombie-like, to make difficult the lives of my fellow Arizonans.

If cost-cutting is such a pressing concern, may I suggest reconsidering irresponsible tax cuts for businesses, sweetheart deals for developers, and the nearly limitless, lavish overfunding of many of our law enforcement agencies.

Thank you for your time.
Chris Baker

Christina Cutshaw

Carmen Heredia
AHCCCS Director
801 E. Jefferson
Phoenix, AZ 85034

Dear Director Heredia:

My name is Christina Cutshaw and I am a faculty member at the University of Arizona College of Public Health. I also work at the United Way of Tucson and Southern Arizona. I am reaching out and commenting as a private citizen, but my views are informed by teaching and experience with engagement in women and children's health policy.

Briefly, I am writing to oppose the implementation of the AHCCCS Works project which includes work requirements and a five-year maximum lifetime benefit for certain Medicaid recipients.

I draw your attention to the following key points:

Most Medicaid adults under age 65 are working – why is a new program needed?

“Among adults under age 65 with Medicaid who do not receive benefits from the Social Security disability programs, Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI), and who are not also covered by Medicare...64% were working full or part time.” (1). Most others were in groups that would be excluded by your plan – e.g. people “not working due to caregiving responsibilities (12%), illness or disability (10%), or school attendance (7%). Analyses show that those that are working are in better health and have more education. Many people on Medicaid have disabilities that do not receive SSI or SSDI, which also likely interfere with work prospects and stability.

Other state Medicaid work programs have not been very successful. The federal government's Congressional Budget Office estimated that these programs will increase uninsurance and not employment.(1) In year one of Georgia's work program, they only enrolled 4500 people (vs. the 25,000 they planned on), and it cost \$40 M to implement. This is hardly an efficient or effective use of state and federal funds.(2) In Arkansas' program, more than 18,000 people lost coverage. (1)

Use of Medicaid is a work support. Many people who use Medicaid work in jobs that do not offer employer-sponsored healthcare. Losing health insurance may lead people to *less employment.* (1)

Why punish low-income people for not having jobs that don't offer better benefits? People that lose coverage will have to get healthcare eventually and they may end up in emergency rooms and driving up healthcare costs for other people as providers try to recoup uncompensated care.

Please reconsider this plan.

Thank you,

Chris Cutshaw

1. <https://www.kff.org/medicaid/issue-brief/5-key-facts-about-medicaid-work-requirements/>
2. <https://kffhealthnews.org/news/article/georgia-medicaid-work-requirement-red-tape/>



work waiver

1 message

crystal Fox [REDACTED]
To: waiverpublicinput@azahcccs.gov

Tue, Mar 18, 2025 at 2:32 PM

All those with Serious Mental Illness and those appealing that designation. Those that have a SMI qualifying diagnosis. If possible those that need to take take of a SMI designated individual that can not be left alone and is on the permanent supportive housing waitlist.

--

Crystal Fox RN, BSN

[REDACTED]

Co-Founder Arizona Mad Moms

National Shattering Silence Coalition, Policy Director Arizona





March 20, 2025

Carmen Heredia
Director
Arizona Health Care Cost Containment System
801 E. Jefferson St, MD 4200
Phoenix, AZ 85034

Re: Arizona Section 1115 Waiver Amendment Request: AHCCCS Works

Dear Director Heredia:

The Cystic Fibrosis Foundation appreciates the opportunity to submit comments on the Arizona Section 1115 Waiver Amendment Request. Our organization is committed to ensuring that Arizona's Medicaid program provides quality and affordable healthcare coverage. We are strongly opposed to Arizona's proposal to implement work reporting requirements, time limits, and emergency department and ambulance transport copays for Medicaid beneficiaries. These requirements could take away coverage from thousands of people in Arizona and jeopardize the health of people with cystic fibrosis (CF) and other serious and chronic conditions. The CF Foundation strongly urges Arizona to not move ahead with this proposal.

About Cystic Fibrosis and the Cystic Fibrosis Foundation

Cystic fibrosis is a progressive, genetic disease that affects the lungs, pancreas, and other organs. There are close to 40,000 children and adults living with cystic fibrosis in the United States—including more than 600 in Arizona—and CF can affect people of every racial and ethnic group. CF causes the body to produce thick, sticky mucus that clogs the lungs and digestive system, which can lead to life-threatening infections. As a complex, multi-system condition, CF requires targeted, specialized treatment and medications. For those with CF, health care coverage is a necessity, and interruptions in care can lead to irreversible lung damage and costly hospitalizations—compromising the health and well-being of those with the disease. More than one in three children and one in four adults living with CF in Arizona rely on Medicaid for some or all of their health care coverage.

As the world's leader in the search for a cure for CF and an organization dedicated to ensuring access to high-quality, specialized CF care, the Cystic Fibrosis Foundation accredits more than 130 care centers nationally—including two in Arizona—that provide multidisciplinary, specialized care in accordance with clinical practice guidelines. As experts in CF care, the CF Foundation and our care centers understand the critical role of adequate, affordable health coverage, including through programs like Medicaid.

Work Reporting Requirements

The Arizona Health Care Cost Containment System Works Demonstration seeks to implement work reporting requirements for adults in the Medicaid expansion population aged 19-55 with incomes up to 138% of the federal poverty level (FPL), which is just over \$3000 per month for a family of three. These requirements have not been shown to promote employment in other states, , can create coverage disruptions, may not adequately account for individuals who cannot work because of their health

condition, and rely on unclear and administratively burdensome processes that increase the risk of wrongful disenrollment, and the Cystic Fibrosis Foundation opposes them.

Work reporting requirements do not further the goals of the Medicaid program or help low-income individuals find work. The vast majority of those with Medicaid who can work already do so; nationally, 92% of individuals with Medicaid coverage under age 65 who do not receive Social Security disability benefits are either workers, caregivers, students, or unable to work due to illness.¹ Continuous Medicaid coverage can actually help people find and sustain employment. In a report looking at the impact of Medicaid expansion in Ohio, the majority of enrollees reported that being enrolled in Medicaid made it easier to work or look for work (83.5% and 60%, respectively).² That report also found that many enrollees were able to get treatment for previously untreated health conditions, which made finding work easier. Additionally, a study in *The New England Journal of Medicine* found that Arkansas's work requirement was associated with a significant loss of Medicaid coverage, but no corresponding increase in employment.³ Terminating individuals' Medicaid coverage for non-compliance with these requirements will hurt rather than help Arizonans search for and obtain employment.

Beneficiaries who do not comply with the new requirements after an initial grace period will have coverage suspended for two months, at which point the state requests authority to disenroll individuals and prohibit them from re-enrolling in coverage. This would create gaps in care for patients and disrupt access to critical and often lifesaving services. Consistent care and access to specialized therapies are necessary for people with cystic fibrosis, and any loss or gap in coverage—even for as little as one month—may put people with CF at risk of declining health.

The Foundation is also concerned that the current exemption criteria may not capture all individuals with, or at risk of, serious and chronic health conditions that prevent them from working. The proposal does not clearly define what qualifies as "medically frail" and fails to account for individuals with chronic conditions who have some capacity to work but may still face substantial health challenges. For instance, the ability of people with CF to work can vary with changes in health status. This lack of clarity around what conditions qualify for an exemption, and the inability for enrollees to self-attest whether they are capable of working, creates greater risk of disenrolling vulnerable populations from coverage.

Additional processes to determine patient eligibility and participation in program requirements inherently create opportunities for administrative errors that jeopardize access to care. The waiver is unclear on reporting and enforcement of the work reporting requirements and good cause circumstances. The state does not have a clear process for how it will ensure that reporting is accessible to all enrollees, nor does it clarify if compliance will be solely determined with data matching. If the state intends to rely on data matching, there will undoubtedly be individuals whose data is incomplete, outdated, or not accurately captured by the systems in use.

Time Limits

The Cystic Fibrosis Foundation is strongly opposed to time limits on Medicaid coverage. The state's proposed five-year time limit on how long someone can maintain Medicaid coverage does not promote the objectives of Medicaid. It is an arbitrary, harmful policy and could limit patients' access to critical treatment when they need it most. The federal government did not approve a nearly identical version of this policy proposed by Arizona in 2019,⁴ and the state should not move ahead with this proposal.

People, regardless of income, need access to healthcare throughout their lives, and people with CF rely on Medicaid for consistent, specialized care, including access to life-sustaining treatments. Restricting

Medicaid coverage to just five years fails to recognize the long-term, chronic nature of CF. Individuals who "time out" of Medicaid under this policy would be forced to navigate complex and costly private insurance markets, leaving them at risk of losing access to the treatments that keep them healthy.

This policy runs counter to both the objectives of Medicaid and the demonstration's stated objectives of supporting Arizonans in gaining the "fulfillment that comes with employment." In Arizona, minimum wage is \$14.70, meaning that a family of three where one parent is working full-time at minimum wage would make \$2,352 each month, still falling well under 138% of the FPL (\$3,064 per month). Under the proposed time limit, working families with stable incomes would lose coverage despite complying with all other Medicaid eligibility requirements. Additionally, families and individuals in Arizona should not be penalized for having previously relied upon public benefits programs, including before this proposal goes into effect.

Copayments for Non-Emergency Use of the Emergency Department

The CF Foundation opposes the proposed copay for non-emergent use of ambulance transport or the emergency department (ED). These copays deter patients from seeking care, which can result in negative health outcomes for patients with acute and chronic diseases. For example, a study of enrollees in Oregon's Medicaid program demonstrated that implementation of a copay on emergency services resulted in decreased utilization of such services but did not result in cost savings because of subsequent use of more intensive and expensive services.⁵ We urge the state to not move ahead with this policy.

Cost of Implementation

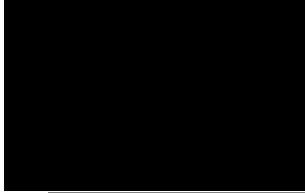
We are concerned by the cost to implement this waiver. There will likely be large administrative costs to the state given the complexity of tracking work activities, tracking months countable toward the time limit, implementing a new data collection process, and having a system in place to identify and track exemptions. For example, a GAO study of work reporting requirements estimated that the administrative costs could be up to \$272 million.⁶ In Georgia, the state spent over \$86 million within a year of implementing the Georgia Pathways to Coverage Program,⁷ despite the low enrollment, and it is estimated that 90% of this was for administrative and consulting costs.⁸ Furthermore, the aforementioned changes in coverage status are likely to lead to churn, placing greater administrative burden on Arizona's Medicaid program. The administrative cost of churn is estimated to be between \$400 and \$600 per person.⁹ Arizona's Medicaid program would face high costs and administrative disruption if the proposed requirements are implemented.

Lack of Detail

Our organization is concerned that Arizona's proposal is lacking key details that prevents commenters from providing meaningful input on the proposed changes. The proposal states that enrollees who do not meet the work reporting requirements will be suspended from coverage and disenrolled for noncompliance. However, the demonstration fails to clarify if or when an individual would be disenrolled for noncompliance, and how or when beneficiaries will report their hours. While the state establishes a data collection process to determine compliance, it is unclear how often data would be checked or what reporting beneficiaries would be required to do. Furthermore, the demonstration fails to provide estimates of the impact of this waiver on enrollees, including the number of people who will lose coverage under the new requirements, the number of applicants who will be denied enrollment due to the new requirements, and the number of individuals who are expected to lose coverage as a result of the proposed five-year time limit. We urge the state to clarify these points and reissue the proposal for another comment period of at least 30 days.

The Cystic Fibrosis Foundation remains opposed to work reporting requirements, time limits on coverage, and ambulance and ED copays as they are not in line with the goals of the Medicaid program. In order to protect access to affordable and quality healthcare for Arizonans, we urge the state not to move ahead with this proposal.

Sincerely,



Mary B. Dwight
Chief Policy & Advocacy Officer
Senior Vice President, Policy & Advocacy
Cystic Fibrosis Foundation

¹ Tolbert, Jennifer et al. Understanding the Intersection of Medicaid & Work: An Update. KFF. February 4, 2025. Available at: <https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work-an-update/>

² Ohio Department of Medicaid, 2018 Ohio Medicaid Group VII Assessment: Follow-Up to the 2016 Ohio Medicaid Group VIII Assessment, August 2018. Accessed at: <http://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Final-Report.pdf>.

³ Benjamin D. Sommers, MD, et al. "Medicaid Work Requirements—Results from the First Year in Arkansas," *New England Journal of Medicine*. Published online June 18, 2019. Available at: https://cdf.nejm.org/register/reg_multistep.aspx?promo=ONFGMM02&cpc=FMAAALLV0818B

⁴ Arizona Health Care Cost Containment System Demonstration Approval. Centers for Medicare and Medicaid Services. January 18, 2019. Available at: <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/az/Health-Care-Cost-Containment-System/az-hccc-appvd-demo-01182019.pdf#page=6>

⁵ Wallace NT, McConnell KJ, et al. How Effective Are Copayments in Reducing Expenditures for Low-Income Adult Medicaid Beneficiaries? Experience from the Oregon Health Plan. *Health Serv Res*. 2008 April; 43(2): 515–530. Available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC2442363/>

⁶ Medicaid Demonstrations: Actions Needed to Address Weaknesses in Oversight of Costs to Administer Work Requirements. U.S. Government Accountability Office. October 1, 2019. Available at: <https://www.gao.gov/products/gao-20-149>

⁷ Coker, Margaret. "Georgia Touts its Medicaid Experiment as a Success. The Numbers Tell a Different Story. ProPublica. February 19, 2025. Available at: <https://www.propublica.org/article/georgia-medicaid-work-requirement-pathways-to-coverage-hurdles>

⁸ Miller, Andy and Rayasam, Renuka. "Georgia's Medicaid Work Requirements Costing Taxpayers Millions Despite Low Enrollment," KFF Health News. March 20, 2024. Available at: <https://kffhealthnews.org/news/article/georgia-medicaid-work-requirements-experiment-high-cost-low-enrollment/>

⁹ Swartz, Katherine et al. Reducing Medicaid Churning: Extending Eligibility For Twelve Months or To End of Calendar Year Is Most Effective. *Health Affairs* July 2015 34:7, 1180-1187 Available at: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2014.1204>



(no subject)

1 message

Courtney Goff

To: waiverpublicinput@azahcccs.gov

Thu, Mar 20, 2025 at 10:55 AM

As an Arizonan I am NOT in support of this amendment.

Courtney Goff





Ahcccs

1 message

Cedric Hawkins

To: waiverpublicinput@azahcccs.gov

Thu, Feb 20, 2025 at 5:23 PM

In my opinion since covid happened it makes it harder for people to maintain work if it was a plan to get us sick so I believe we shouldn't have to work





AHCCCS Amendment Opposition

1 message

L C

Thu, Mar 20, 2025 at 2:20 PM

To: waiverpublicinput@azahcccs.gov

To Whom It May Concern,

As an able-bodied resident of Arizona who has not reaped any direct benefits from AHCCCS, I feel compelled to register my deep disapproval of any proposal that seems designed to disadvantage the less fortunate while enriching those who profit from our system. It is a matter of common sense—and indeed of moral duty—that those of us who stand on firmer ground should not subsidize policies that further entrench inequality under the guise of social welfare.

Must we, in our noble intent to assist the vulnerable, be forced to shoulder the additional burden of an ever-expanding government apparatus, one that appears more intent on padding its own resources than on truly aiding our community's most in need? The fundamental purpose of AHCCCS, it seems, has been twisted into a tool that releases its beneficiaries from personal accountability while providing a lucrative windfall for an unseen elite. These policymakers and administrators present their actions as a benevolent service to society, yet I remain skeptical of their motives.

The adjustments proposed in this amendment, in my view, do little to alleviate the hardships faced by our struggling citizens. Rather, they function as a mechanism by which those already secure in their position can climb even higher on the ladder of prosperity, leaving the disadvantaged to scramble even more desperately for a foothold. It is clear to me that the intended gains will accrue not to the Arizona citizens or the hardworking healthcare professionals caring for our most vulnerable, but to an abstract group that profits from deception and obfuscation.

For these reasons, I must express my unequivocal opposition to this amendment. I urge you to reconsider a policy that appears to sacrifice the well-being of our community's most in need on the altar of fiscal self-interest.

Sincerely,
A Concerned Citizen



Medicaid

1 message

christine jette [redacted]
To: waiverpublicinput@azahcccs.gov

Fri, Mar 21, 2025 at 7:14 PM

I disagree with all of your plans to require work, payment and time limits for Medicaid.Sent from my iPad



Medicaid work requirements don't work

1 message

coan.katy@gmail.com [REDACTED]
To: waiverpublicinput@azahcccs.gov

Sat, Mar 15, 2025 at 12:49 AM

I would like to express my significant concerns about the proposed Medicaid work requirements. Studies have previously demonstrated that work requirements do not significantly increase employment but do result in large numbers of people losing coverage due to bureaucratic hurdles and reporting issues. It is a minority of patients on Medicaid who are not working, and the majority of those patients are unable to work secondary to caregiving responsibilities, illness or disabilities, or school, which would already be exemptions.

Arizonans do not need additional barriers to obtaining healthcare, and the creation of a work requirement for Medicaid has already been shown to be ineffective in improving employment but has been shown to decrease access to care while increasing administrative burdens. This law will ultimately end up costing the state more money while decreasing the health of Arizonans.

Sent from my iPhone



Medicaid cuts

1 message

Christine Locke

To: waiverpublicinput@azahcccs.gov

Sat, Feb 22, 2025 at 2:29 PM

Health insurance is very expensive. I can afford it but a lot of people can't. If your income is low enough for you to qualify for Medicaid, you can't afford it. Please consider not punishing people for being part of the working poor.





Asking for input

1 message

Carla MORELLI [REDACTED]
To: waiverpublicinput@azahcccs.gov

Fri, Feb 21, 2025 at 8:45 AM

I strongly agree with adding limitations and work requirements for those receiving aid. In fact I would also reconsider some exemptions. These programs were and should be to lend a hand up not to be a permanent situation except in some circumstances. People who are able bodied and those with short term and/or short term need should transition to being contributors to society. There should be limits.

Carla Morelli
[REDACTED]



Public comment

1 message

chelsea.pindell via Waiver Public Input - AHCCCS <waiverpublicinput@azahcccs.gov>

Thu, Feb 20, 2025 at 6:55 PM



To: waiverpublicinput@azahcccs.gov

I think this is a great idea as it allows adults to be responsible, but I also think that the people who are working and actually trying to provide for their families are being hit harder by income limits and not qualifying. So it is almost a catch 22 if you work too much, you don't qualify if you don't work at all you qualify for everything.







AHCCCS Works Input from Arizona Mad Moms

1 message

Calvin Rogers [REDACTED]
To: waiverpublicinput@azahcccs.gov

Mon, Mar 17, 2025 at 8:22 AM

AHCCCS Leadership:

We acknowledge that individuals with SMI designation and/or that are receiving disability benefits will be exempt from Medicaid work requirements. As members of the Arizona Mad Moms we are united that the following situations must be added to the list of exclusions for Medicaid work requirements:

- A) Caregivers of individuals with SMI. The shortage of SMI beds and services has created a population of unpaid caregivers that are playing a vital, yet unfortunate role in protecting both vulnerable adults and the public.
- B) Individuals with SMI diagnoses, who have not received SMI designation.

Explanation: Many individuals with an SMI condition, diagnosed or undiagnosed, have NOT received the SMI determination due to the "voluntary" nature of the evaluation itself, the inherent requirement for 6 months of functional impairment, and the mandatory wait to reapply once denied. While SMI evaluations can be conducted in "involuntary" circumstances, these provisions are limited by beds, services and other restrictions. Any provisions for work requirements should consider SMI diagnoses apart from the formal SMI designation. Ideally, such situations should lead to prompt SMI determination assessments.

- C) Individuals with SMI diagnoses that are not receiving disability or social security income benefits.

Explanation: Many individuals disabled by an SMI condition, diagnosed or undiagnosed, are not receiving federal benefits due to the onerous nature of benefit applications, and the lack of skilled benefit specialists available to this population (including in the current SMI clinic network). Ideally, individuals in these situations should be promptly provided with skilled benefit specialists and legal support.

Sincerely,



Comment opposing Medicaid Work Requirement

1 message

Cynthia [REDACTED]
To: waiverpublicinput@azahcccs.gov

Thu, Mar 6, 2025 at 4:27 PM

Hello AZ AHCCCS,

I was born in AZ, my tribal nation is in AZ, my family lives, works, and receives higher education in AZ. Medicaid has been a part of our lives for keeping us healthy and alive in emergencies. I don't know when we will need Medicaid coverage again, but it's great to know it will be there for us if needed.

The US economy and jobs availability is not always stable or consistent for workforce development. By having a work requirement for health coverage will hinder many peoples lives and health outcomes. There is already the employer sponsored health insurance that is offered to some but not all employees, which provide unaffordable plans and insufficient coverage.

Medicaid is a safety net and is the biggest payor for many health care providers in the state. Medicaid coverage with no work requirements has kept AZ hospitals afloat financially and all health systems and professionals successful as the main payor for their services.

According to KFF, Georgia implemented this requirement for Medicaid and predicted enrolles to go down to 25K, but it actually went down to only 4,300 enrolles. This work requirement hinders the healthcare systems and providers to the point of hospitals closing down and health providers having more unpaid services due to uninsured patients.

My comment summarized: please oppose this work requirement and keep Medicaid accessible for all AZ residents to obtain optimal health, and maintain Medicaid coverage to support AZ health systems as a significant payor.

Thank you!
Cynthia Solis-Murillo



Public Comment on AHCCCS Works Waiver Amendment Request

1 message

Deirdre Demers [REDACTED]

Thu, Mar 20, 2025 at 9:11 PM

To: waiverpublicinput@azahcccs.gov

I am a [REDACTED] resident and have worked in public health and human services here for over 15 years. I am writing to share my concern about the AHCCCS Works proposal.

If you feel the state legislature would be open to listening, I'd be happy to share the plethora of evidence and arguments against Medicaid work requirements from the Congressional Budget Office, National Health Law Program, Center on Budget and Policy Priorities, Urban Institute, Georgetown University Center for Children and Families, Commonwealth Fund, KFF, peer-reviewed research published in scholarly journals, real-life experiences in Arkansas and Georgia, and more. It is likely that this waiver will deprive Arizonans of medical coverage, drive up costs of uncompensated care throughout the health system, and overburden the state government departments and employees charged with administering the burdensome requirements.

Nevertheless, I understand that AHCCCS is required to submit this waiver by state law. Thank you for your attention to the lived realities of AHCCCS members and the flexibilities that you have built into the draft thus far. I appreciate your additional consideration of the following points.

Inability to communicate with enrollees, or poorly created communications materials themselves, are often responsible for negative consequences that accompany these types of policies. Please word all communications very simply, ask real consumers to evaluate them before use, translate them into all applicable languages for AHCCCS members, and allow both electronic and paper bidirectional communication since one or the other may be prohibitive to some. The initial announcement can require an acknowledgment of receipt to easily identify those enrollees requiring follow-up. In addition to utilizing all possible contact methods for enrollees, AHCCCS can take advantage of the provider information inherent in its member records to solicit provider assistance in reaching members.

Monthly documentation is burdensome for both the agency and the Medicaid recipient. Reporting work activities every 6 months, with the expectation that reported time will average out to 80 hours per month, would be more practical. Investing in technology solutions to draw information from existing data stores, such as medical or educational or employment records, while adhering to privacy protections would similarly streamline the process for all involved.

While the list of accepted activities is broad and can include a combination of activities, unique consideration may be warranted for people with very limited English proficiency who speak a less common language. English language classes, an accepted activity, are typically not as extensive as 20 hours per week; and it may be unlikely to find opportunities in the appropriate language for other activities, such as parenting classes or volunteering, to satisfy the time requirement.

Many of the exempt categories in the AHCCCS Works proposal will require clarification in order to be operational, such as medical frailty, domestic violence, or being unhoused. I implore you to work directly with communities who have lived experience of these conditions to thoughtfully construct definitions and expectations for documentation. Moreover, general outreach to vulnerable

communities and/or those who serve them would likely help unearth additional categories for exemption, such as people in vocational rehabilitation programs or long-term reentry programs.

Community health workers (CHWs) are already well-positioned to work with Medicaid beneficiaries and are often relied on by their communities for interpreting health information. Building CHW support into the administration of the new policy would not only ensure community understanding and improve reporting compliance, but it would also greatly reduce the administrative burden on government departments and even expand CHW workforce opportunities. A core CHW role is assessing needs and connecting individuals to relevant resources – and in this way, as CHWs link AHCCCS enrollees to resources for employment, skills training, or English language learning, they will more fully advance the stated goal of engaging more Arizonans in employment and other fulfilling activities.

Thank you for your time.

Deirdre Demers, MPH



AHCCCS requirements

1 message

'Denise Johnson' via Waiver Public Input - AHCCCS <waiverpublicinput@azahcccs.gov> Thu, Mar 20, 2025 at 11:26 AM

Reply-To: Denise Johnson [REDACTED]

To: waiverpublicinput@azahcccs.gov

Please do not make it more difficult to get or remain on public healthcare.

In fact, expand the program and offer it to all adults regardless of age, income, working status, or residency status.

Sent from my iPhone



Outrage

1 message

danica Novakovich <[REDACTED]>
To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

Thu, Mar 20, 2025 at 10:02 PM

'To whom it may concern,

As an able-bodied adult and [REDACTED] resident who has not personally benefited from AHCCCS, I would like to express my immediate and utmost displeasure at the mere notion that the least fortunate of us should be made to suffer further simply that those whose duty it is to care for them might further line their coffers.

It is, unfortunately, doubtless of controversy to suggest that it is the duty of the able-bodied to care for those less fortunate. This should not be the case. Do we not already care for our less-able brothers and sisters? Is the purpose of AHCCCS not to free us from our otherwise burdensome obligation to pay for health insurance so that we might better care for those who need our help?

In the matter at hand, it is most clear to me that the benefits sowed by this amending of AHCCCS will not be reaped by Arizona citizens, nor the doctors or caregivers of our most needy, but instead by the amorphous elite that have tangled us in their web of deceptions and lies. They present themselves as necessary to the general welfare of our society, but my doubts are numerous.

The only costs which will be saved here are the costs to those who have already climbed the ladder, those who salivate at the thought of their pockets filling further, while those at the bottom of the pit reach desperately for the bottom rung of the ladder. This amendment seeks to raise the ladder one rung higher, and I cannot in good conscience support it.

Cordially,

A Concerned Citizen'



Please don't impose this amendment

1 message

Donna Shepard [REDACTED]
To: waiverpublicinput@azahcccs.gov

Thu, Mar 20, 2025 at 11:09 AM

To whom it may concern,

I am an "able bodied adult" by definition, but as someone trying to still get disability I rely on AHCCCS for the care I need. I'm [REDACTED] and it's been a challenge to get a job let alone keep one in these economic times when it's impossible to stay awake without medications. AHCCCS has been a lifesaver for me and I'm not sure I could even be insured outside of it because of my pre-existing conditions.

These amendments would be devastating to others in my boat, and would be detrimental to the wellbeing of fellow Arizona citizens. I implore you to not pass this, it'll do more harm than good in the long run. There's other ways to save money gutting a community lifeline is not one of them.

Thank you,
Donna Shepard



AHCCCS Works Input from Arizona Mad Moms

1 message

'Dawn Sukis' via Waiver Public Input - AHCCCS <waiverpublicinput@azahcccs.gov>

Tue, Mar 18, 2025 at 7:37 AM

Reply-To: Dawn Sukis [REDACTED]

To: waiverpublicinput@azahcccs.gov

AHCCCS Leadership:

We acknowledge that individuals with SMI designation and/or that are receiving disability benefits will be exempt from Medicaid work requirements. As members of the Arizona Mad Moms we are united that the following situations must be added to the list of exclusions for Medicaid work requirements:

A) Caregivers of individuals with SMI. The shortage of SMI beds and services has created a population of unpaid caregivers that are playing a vital, yet unfortunate role in protecting both vulnerable adults and the public.

B) Individuals with SMI diagnoses, who have not received SMI designation.

Explanation: Many individuals with an SMI condition, diagnosed or undiagnosed, have NOT received the SMI determination due to the "voluntary" nature of the evaluation itself, the inherent requirement for 6 months of functional impairment, and the mandatory wait to reapply once denied. While SMI evaluations can be conducted in "involuntary" circumstances, these provisions are limited by beds, services and other restrictions. Any provisions for work requirements should consider SMI diagnoses apart from the formal SMI designation. *Ideally, such situations should lead to prompt SMI determination assessments.*

C) Individuals with SMI diagnoses that are not receiving disability or social security income benefits.

Explanation: Many individuals disabled by an SMI condition, diagnosed or undiagnosed, are not receiving federal benefits due to the onerous nature of benefit applications, and the lack of skilled benefit specialists available to this population (including in the current SMI clinic network). *Ideally, individuals in these situations should be promptly provided with skilled benefit specialists and legal support.*

Sincerely,

Mad Mom DawnSent from my iPad



(no subject)

1 message

dawn cornell

To: waiverpublicinput@azahcccs.gov

Thu, Feb 20, 2025 at 6:49 PM

As for my kids and I this would be devastating. I can not work outside the home because I have a disabled adult son who needs 24 hour care which his siblings and I provide. So they can not work outside of the home either. And they and myself also have health conditions. 80 hours a month would be insane anyway. Most people on Medicaid have to have this type of health insurance because they are poor and have health conditions, some of which are severe and need daily medical care. And regular doctor visits and medications that they could not otherwise afford. If it weren't for Medicaid they'd have nothing. No way of having any medical care. Without this insurance most would probably die. We are not called indigent for no reason. Working for medical insurance when you never need it is probably one thing but when you have the need for regular medical care and prescriptions and simply cannot work that is something totally different. And if the people on Medicaid are working and have health conditions they should also be left alone. Thank you for allowing public feedback. I hope it truly helps prevent this from becoming a requirement.



Waiver for employment

1 message

'Di Desmet' via Waiver Public Input - AHCCCS <waiverpublicinput@azahcccs.gov>

Thu, Mar 20, 2025 at 10:22 AM

Reply-To: Di Desmet [REDACTED]

To: waiverpublicinput@azahcccs.gov

Hello,

I am a parent/caretaker for my son who has been deemed [REDACTED] He also receives benefits from the government because of his disability.

Under the law, is he exempt from working? He is currently receiving AHCCCS.

If you are considering limiting or eliminating this service for him ...it would have serious consequences on his overall health and welfare. I'm afraid he would end up homeless. From no fault of his own, he had a [REDACTED] when he was around [REDACTED] years old. He was diagnosed with a type of [REDACTED]. He has been on several different medications to help with his symptoms; however, none have helped him that much.

Housing for the SMI population is a terrible problem in the state of Az. More needs to be done in that area. Only the wealthy can provide the lifetime care one needs if they have an SMI.

Thank you for wanting public comments. I hope the lawmakers will consider my input on the matter.

Regards,

Diane DeSmet

Sent from my iPhone



Do not support new amendment to AHCCCS

1 message

'Danielle Flores' via Waiver Public Input - AHCCCS <waiverpublicinput@azahcccs.gov>

Thu, Mar 20, 2025 at 11:55 AM

Reply-To: Danielle Flores [REDACTED]

To: waiverpublicinput@azahcccs.gov

Hello,

I am writing as an citizen of Arizona about the amendment to AHCCCS funding/new rules for eligibility. I do not support these changes as they would greatly impact Arizona citizens who need help. Please do not pass this amendment.

Thank you,
Danielle Flores



Work Requirement Proposal

1 message

Dawn Grout

Sun, Mar 23, 2025 at 12:57 PM

To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

I strongly support the addition of the work requirement proposal for the ahcccs program as it is written. There are plenty of exemptions included that I don't believe this would be a detriment to those who truly are unable to work. Too many people take advantage of these programs and we need to be more diligent on weeding out those that don't want to make an effort to take care of themselves.

Dawn Grout



Work Requirements for Medicaid

1 message

Darlene Jones [REDACTED]
To: waiverpublicinput@azahcccs.gov

Sat, Feb 22, 2025 at 3:04 PM

AHCCCS Work 1115 Waiver

AHCCCS Works is a community engagement program that applies to specific groups of adults, ages 19 to 55. It requires certain Medicaid participants to engage in at least 20 hours per week of employment or educational activities to remain eligible for coverage. The program helps connect qualifying members to employment, job training, education, and volunteer service experience.

COMMENT:

I am in complete agreement of the work requirement as long as it is for everyone ages 19-55 except those who are under DDD (even then if high enough functioning they work). I am not for women being left out of the work requirement. Women should be treated exactly the same. When I went to school in the [REDACTED] I needed books for college. I had a child and was single at the time. I had a full time job and went to school full time. I was still required to have a card filled out by employers 5 times a week to show I was actively looking for work, even though I was working. Women on constant welfare are not being educated nor learning how to care for children while they work. We need all members of our society to participate in it and have to stop supporting single women that continually stay home and have babies. We pay for those children yet we pay for our own children and have to work too. I also agree with the 5 year limit. I hope the 5 year limit means 5 years only even if you do not have insurance or employment.

Thank you for allowing the comment

Darlene Jones



Health benefits

1 message

'DIANE KINZEL' via Waiver Public Input - AHCCCS <waiverpublicinput@azahcccs.gov>

Fri, Feb 21, 2025 at 1:15 PM

Reply-To:



To: waiverpublicinput@azahcccs.gov

Some people have health issues to where they can't work, and aren't accepted for social security disability!!!! Donald Trump is destabilizing our country at every end!!!! I dont recognize the USA anymore!





AcCCS works waiver

1 message

'D.L. Nelson' via Waiver Public Input - AHCCCS <waiverpublicinput@azahcccs.gov>

Thu, Mar 20, 2025 at 1:16 PM

Reply-To: "D.L. Nelson" [REDACTED]

To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

To whom it may concern,

I would like to give my comments on the proposed changes to AHCCCS, while I've never needed to use AHCCCS, I've had family members who have. It can be hard for people with severe health conditions to get disability labels. Secondly, a life time maximum of 5 years will only run up er costs in the end as the poor/homeless will run out of their maximum and then there will be nothing. Thirdly, as the higher and higher signals point to either a recession or a desperation, this will just be another thing that hinders the poor in making it any where near successful. My final comment is i clearly member a tax hike to pay for AHCCCS for the poor, was this mismanaged? I think if you take it back the the public you'll see that they also don't want the 5 year life time maximum.

DIONE NELSON

[Yahoo Mail: Search, Organize, Conquer](#)



Comment on proposal changes to AHCCCS coverage based on work requirements

1 message

Diane Rumbo [REDACTED]

Thu, Mar 20, 2025 at 5:47 PM

To: waiverpublicinput@azahcccs.gov

To Whom it may concern,

I am not in favor of the changes proposed to AHCCCS coverage based on work requirements. It does not take into consideration that it may take years to receive a diagnosis, let alone identify a treatment plan for people with disabling symptoms. My adult daughter is a good example of this. She has chronic pain and has been on a journey for the last several years to receive a good diagnosis so that she can get the treatment she needs. Her symptoms make it difficult to stand for long periods of time. She also experiences extreme fatigue. These are just two of the symptoms she experiences. She has a desire to be a contributing person to society, so she has continued to pursue the appropriate diagnosis and treatment. These symptoms have made it difficult to work consistently. She is pursuing an education with the hope of becoming a web developer. Again, her symptoms make it difficult. Her doctors are working through treatment plans currently and still do not have the full diagnosis. If she loses her health insurance, it will make it nearly impossible for her to achieve her goals. Sometimes, chronic illness is a long and difficult journey, even with insurance.

This is an example of how our tax dollars should be used. My daughter is one example of where cutting her insurance actually ensures that she will need help from society. Others are in this boat as well. Why would we want to limit our citizens from becoming productive? I understand the need to cut costs, but this is not the place to do it. I also believe that it will cost more to administer this program. This is a burden we should not want to hit AHCCCS.

As a side note, I am a registered Republican. This change affects all people, no matter where your political affiliations lie.

Diane Rumbo



AHCCCS

1 message

Diane Sampson [REDACTED]
To: waiverpublicinput@azahcccs.gov

Thu, Feb 20, 2025 at 8:21 PM

I am legally disabled, and can't work or do community service, through no fault of my own. Please do not cut off my benefits! Diane Sampson, [REDACTED]





Oppose work requirements for AHCCCS

1 message

Eric Steele [REDACTED]

Tue, Mar 18, 2025 at 5:34 PM

To: waiverpublicinput@azahcccs.gov

Hello,

I greatly oppose the creation of work requirements for AHCCCS recipients as it is cruel, inefficient, and a waste of taxpayer funds. Research after research shows that such requirements do nothing but waste more than they save. This is just another opportunity for conservatives to be cruel to less fortunate people already struggling to survive. The whole purpose of a civilization is to provide for the people, especially those struggling.

Thank you,
Eric Steele



AHCCCS restrictions will be a barrier to employment

1 message

Elizabeth Chanley [REDACTED]
To: waiverpublicinput@azahcccs.gov

Thu, Mar 20, 2025 at 4:14 PM

Hello, I've used AHCCCS and would like to explain why the proposed restrictions would be a BARRIER to employment for many people.

To be hireable, people need to be healthy enough to hold a job. If health insurance is tied to stable employment, how exactly is someone who needs care supposed to get hired in the first place?

Disability benefits are intended for folks who have no chance of ever working again, and the application process takes years. It is NOT for people whose health problems can be fixed or managed, IF they can access care.

So, what are people supposed to do if they fall into this grey area of needing care, but not being quite so disabled that they qualify for disability? Kill themselves? Die in a ditch, homeless?

Most people I know have suffered multiple layoffs in the past five years, and had it take over six months to find another job, by no fault of their own. With the Feds' seeming determination to destroy the economy, it's going to be easy for the average person to hit a five year coverage cap.

People can live relatively normal, productive lives with certain chronic conditions like diabetes. But, if the illness isn't consistently managed due to gaps in healthcare coverage, people are much more likely to become permanently disabled, and emergency room frequent fliers.

My personal story: I graduated school for an "in-demand" trade in 2009, just as the recession hit. I was one of the best in my class, applied everywhere I could find, and only got a single call back years later. I was competing for entry jobs vs laid off folks who had decades of experience. I ended up taking part time jobs with no insurance in the interim, until I became unable to work due to needing [REDACTED] surgery. As this was before the low-income Medicaid expansion and no insurance I could afford would cover me, I spent several years rotting in unimaginable agony, wondering if I would ever recover without surgery, or would be forced to euthanize myself. I only survived off the generosity of family and friends. I finally got the care I needed after the ACA went into effect, but it had taken so long that my future health and employment prospects were worse off than if it'd been dealt with immediately.

So, I ask that you not doom people to a lifetime of disability, or the choice of being burdens on their families vs suicide or homelessness, when health coverage is all they need to put their skills back into the economy and become self-sufficient.

- Elizabeth Chanley, [REDACTED]



Input on AHCCCS Work Requirement

1 message

Liza Kurtz [REDACTED]
To: waiverpublicinput@azahcccs.gov

Tue, Mar 18, 2025 at 5:02 PM

To Whom It May Concern:

My name is Elizabeth Kurtz and I am a resident of [REDACTED], Arizona writing to comment publicly on the proposed AHCCCS Works Waiver Amendment Request. I am writing to share my opposition in the strongest possible terms to the proposal to add work requirements for able-bodied adults in certain age ranges as a condition for receiving AHCCCS. My objections are both moral and practical. Morally, why should anyone's willingness to work determine their ability to access compassionate and appropriate healthcare? Has the state of Arizona truly stooped so low that we are rationing survival only to those we deem as adding to society in narrow, poorly-defined ways? This proposal is shameful.

In addition to morally objectionable, adding work requirements of AHCCCS would be expensive, wasteful, and inefficient. Data demonstrates that in the few states that *do* impose work requirements, many recipients of Medicaid do not understand work reporting requirements or do not have internet access that would permit them to report their work. Instead, Medicaid recipients who are fulfilling requirements but not able to report them are removed from the program and punished by being unable to re-enroll for long periods. Furthermore, evidence from similar work requirements in parallel programs such as TANF and SNAP show that work requirements *do not improve employment outcomes for recipients*. Far from encouraging increased workplace participation, they actually *reduce* individuals' ability to find employment by removing their ability to receive healthcare if they do not work within a certain period. Being healthy and pain-free enough to work is a vital precursor to having employment, and adding additional barriers to AHCCCS removes people's ability to reach a place where they are healthy enough to seek employment.

Lastly, this proposal solves a problem that does not exist. 56% of individuals in Arizona under the age of 65 who have AHCCCS are already employed. Many of the remainder fall into one of the 20 categories that would be excluded from AHCCCS work requirements. The additional bureaucratic resources (tracking systems, staff resources) and funding needed to enact a work requirement would, therefore, do nothing productive. This proposal is inefficient, unnecessary, and a waste of taxpayer money.

Thank you.

Sincerely,
Elizabeth C Kurtz



(no subject)

1 message

ELIZABETH Mccassalin 

Fri, Feb 21, 2025 at 7:00 AM

To: waiverpublicinput@azahcccs.gov

Some people are more disabled than others, but some could definitely work part time. The basic money given to recipients is not enough to live, which is also taxed. Their money, for one, should not be taxed. The allowed income from work is around \$1100, but if you do make money, your needed Healthcare is jeopardize.





Medicaid Work Requirements for AHCCCS

1 message

Edward Rios [REDACTED]

Thu, Feb 20, 2025 at 2:50 PM

To: waiverpublicinput@azahcccs.gov

In my opinion Work Requirements in order to receive AHCCCS benefits is counter productive for the people who truly need AHCCCS benefits. Unhoused citizens of this state, along with unemployed citizens of this state will be impacted, by said work requirements. I have experienced both first hand. I was unhoused for 5 years. While living on the streets, it was a 24hr. a day job just to survive living unhoused. Not to mention the abuse from law enforcement, the fine citizens of this state, and other unhoused people. It's impossible to find work or even look for work due the fact that, I hadn't showered for days, weeks or sometimes months. With no identification, or Social Security Card. With this new (AHCCCS Work Requirements) program. I would have been without health insurance at a point in my life when I needed it the most.

Although I'm housed I am still homeless. For 13 months I have been looking for a job. I'm still currently unemployed. I believe it's bad idea to punish me by taking away my health insurance simply because I can't find work.

There's more factors involved in the AHCCCS program than employment. I know you cannot comprehend where I'm coming from. But I can guarantee you I'm not alone in this situation.



Please

1 message

Elizabeth Skinner

To: waiverpublicinput@azahcccs.gov

Fri, Feb 21, 2025 at 1:40 PM

Hi

I've been on Medicaid for [REDACTED]. I cannot work due to the full time job these diseases already are. If I'm forced to work part time or something else I may not be able to make ends meet with the basic care I already require.

Please do not make this a law. I beg for your mercy!!! I'm already in the [REDACTED] lawsuit and another lawsuit [REDACTED]

[REDACTED] My income is very limited due to my poor health and inability to even keep a stable job. Thank you.





Azahcccs work requirment

1 message

'Elaine Whittemore' via Waiver Public Input - AHCCCS <waiverpublicinput@azahcccs.gov>

Thu, Feb 20, 2025 at 7:30 PM



To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

Yes I am completely in favor of work or community requirements for Ahcccs benefits. I also agree with a maximum term limit for the benefits. I absolutely feel this should be imposed right away. The program is being abused and long past due for review and changes.

[Yahoo Mail - Email Simplified](#)





proposed changes in Medicaid eligibility

1 message

'Frank Bergen' via Waiver Public Input - AHCCCS <waiverpublicinput@azahcccs.gov>

Fri, Mar 14, 2025 at 11:34 AM

Reply-To: Frank Bergen [REDACTED]

To: waiverpublicinput@azahcccs.gov

The proposed changes in eligibility for Arizona's Medicaid program (AHCCCS) would make it more difficult for many current and future Arizonans to access health care and to be able to afford that care. In expanding Medicaid following the passage of the federal Affordable Care Act in 2010, Arizona recognized its population included many, perhaps 20%, of its residents who are dependent on medical insurance provided by federal and state governments. Why now shrink the eligible population? Please do no such thing.

Thank you.

Franklyn J. Bergen
[REDACTED]



New Medicaid Amendment

1 message

Fredy Garcia

To: waiverpublicinput@azahcccs.gov

Thu, Mar 20, 2025 at 11:01 AM

To whom it may concern,

As a lifetime "able bodied adult" that has been able to utilize access to Medicaid (AHCCCS) several times and for a short term, this bill is infuriating. I am a partner, a son, brother and much more. I have worked 5+ years in health care here in Arizona.

Without that safety net during those unavoidable times, I may not be able to contribute to our community in the ways that I have and am doing now. Whatever small amount of our tax dollars went to keep me healthy and able was absolutely worth the investment for our overall well being. This bill is not only a reckless ideology in the name of "cost cutting", but a slap in the face to all of the patients I've served (and saved several lives) and the homeowners moving into the homes I build.

This is the epitome of what our tax dollars are actually for. If we're "cutting costs" on our community's well being, then what the hell are we even paying taxes for, and more importantly who stands to benefit from this proposal?

To anyone that has any say in whether this passes or not, we all know that you know what's right and we will remember you if this bill is stopped and even more so if it's allowed to pass.

Sincerely,
An able-bodied citizen



Fwd: Input Work Requirement

1 message

AHCCCS PIO <pio@azahcccs.gov>

Mon, Mar 24, 2025 at 8:05 AM

To: waiverpublicinput@azahcccs.gov, PIO - AHCCCS <pio@azahcccs.gov>



Public Information Office AHCCCS

801 E. Jefferson St.
Phoenix, AZ 85304

602.417.4950
pio@azahcccs.gov
azahcccs.gov



----- Forwarded message -----

From: **'Faith Knight' via PIO - AHCCCS** <PIO@azahcccs.gov>

Date: Sun, Mar 23, 2025 at 7:01 AM

Subject: Input Work Requirement

To: <PIO@azahcccs.gov>

If required on a case by case basis, I would support a work requirement. I think that people who may not have much experience in securing a job, may need assistance in locating employment or a community service opportunity in the area in which they live. Some may need a transportation plan if the job is outside of their locality. Once again, if consideration is given to individual circumstances, I would also support working beyond age 55 since many of the working class work to social security's full retirement age.

Faith knight

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Work requirement

1 message

Gary Carbonneau [redacted]
To: waiverpublicinput@azahcccs.gov

Sun, Mar 23, 2025 at 7:40 AM

Please do not institute work requirements for ahcccs. This only adds bureaucratic costs to the process and these regulations are extremely difficult to define and enforce. Moreover, since hospitals are required to treat anyone presenting with health issues it will dramatically increase traffic at emergency rooms and the cost will be passed on to the insured population.

Gary Carbonneau
Sent from my iPhone



AGAINST AHCCCS Amendment

1 message

Gina Wehling

Thu, Mar 20, 2025 at 1:42 PM

To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

To Whom It May Concern,

I am a provider of collaborative integrative health services providing care for individuals in the community and I DO NOT Support the AHCCCS amendment! I repeat I do not support this, it is harmful to the community, expensive to the tax payers, and hurting the job market. Please do not do more harm to people. Everyone is suffering already and the suffering is only going to get more pervasive.

I do not Support the following AHCCCS Amendment:

1. Institute a work requirement for all “able-bodied adults” receiving Medicaid services (meaning that between the ages of 19 and 55 to complete qualifying employment or educational activities for at least 20 hours per week to qualify for AHCCCS coverage)
2. Place on “able-bodied adults” a **lifetime limit of five years** of Medicaid benefits
3. Develop and impose cost-sharing requirements to deter both the nonemergency use of emergency departments and the use of ambulance services for nonemergency transportation

Thank you for your time.



Gina Wehling

Therapist

e. [REDACTED]

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Working with disability

1 message

Gail Cobb [redacted]
To: waiverpublicinput@azahcccs.gov

Thu, Feb 20, 2025 at 9:14 PM

Some disabled people are not able to work so they should be able to access service and health care





AHCCCS LEGISLATION COMMENT

1 message

[Redacted]
to: waiverpublicinput@azahcccs.gov

Thu, Mar 20, 2025 at 3:14 PM

To whom it may concern,

As a lifetime "able bodied adult" who knows and cares about several Arizonans who have been able to utilize access to Medicaid (AHCCCS) several times and for a short term, this bill is infuriating. I am a woman, mom, stepmom, wife, a partner, a daughter, sister and much more.

Without that safety net during those unavoidable times, they may not be able to contribute to our community in the ways that they have and are doing now. Whatever small amount of our tax dollars went to keep them healthy and able was absolutely worth the investment for our overall well being.

This bill is not only a reckless ideology in the name of "cost cutting", but a slap in the face to ALL Arizonans.

This is the epitome of what our tax dollars are actually for. If we're "cutting costs" on our community's well being, then what the hell are we even paying taxes for, and more importantly **who stands to benefit from this proposal?!**

To anyone that has any say in whether this passes or not, we all *know* that you know what's right, and we will remember you if this bill is stopped and even more so if it's allowed to pass.

REPRESENTATION OF YOUR CONSTITUENTS MATTERS MORE THAN THE MONEY TO BE MADE FROM THIS TRAVESTY. If it does not matter more to you, then you're in the wrong job.

Sincerely,
An able bodied citizen

Regards,
Gretchen Lane



Able bodied adult ahcccs1 message

'Garrett Shaver' via Waiver Public Input - AHCCCS <waiverpublicinput@azahcccs.gov>

Thu, Mar 20, 2025 at 12:35 PM

Reply-To: Garrett Shaver [REDACTED]

To: waiverpublicinput@azahcccs.gov

To whom it may concern,

I am a long time citizen of our state and understand well the difference between having healthcare and not. This amendment would not affect me at all, as I am both disabled and have been continuously employed at least part time since before I was 16 years old. I also know people currently on ahcccs and people who have had to use it for brief periods due to circumstances beyond their control. The only thing this amendment will do is increase healthcare costs across the board for everyone, this will increase the number of uninsured and those uninsured will not be able to pay for services, so they will have to abuse our emergency medical services in order to get help that should have been provided by a cheaper source. In addition to this, this will cause people to die, not because we can't afford to pay for them, but because someone made a choice to be cruel instead of offering those less fortunate the opportunity for proper healthcare.

I understand there is some contingent that believe that everyone on Medicaid who is "able bodied" is just someone who is lazy, but that isn't the case, and taking away such a significant safety net from people who have so little is simply cruel. The U.S. is the most wealthy nation in the world and can absolutely afford to take care of our most vulnerable citizens.

Best regards,
A concerned citizen



AHCCCS Works Proposal – Medicaid Work Requirements

1 message

Gabriel Tomaeno [REDACTED]

To: waiverpublicinput@azahcccs.gov

Mon, Feb 24, 2025 at 2:59 PM

Dear AHCCCS Leadership,

I am writing to express my strong opposition to the proposed **AHCCCS Works** program, which would impose work reporting requirements as a condition of Medicaid coverage. While I understand the intent behind encouraging employment and self-sufficiency, this policy would ultimately **harm vulnerable populations**, increase **administrative costs**, and **reduce access to essential healthcare services**.

Key Reasons This Proposal Is Harmful:

1. Work Requirements Will Lead to Coverage Loss for Eligible Individuals

- Evidence from other states, such as Arkansas, has shown that **work requirements primarily result in people losing coverage**, even when they meet the requirements.
- Many eligible recipients struggle to comply due to **bureaucratic hurdles** such as reporting difficulties, lack of internet access, or job instability.

2. The Proposal Ignores Barriers to Employment

- Many Medicaid recipients **already work** but are employed in **low-wage, unstable jobs** with fluctuating hours, making it difficult to meet rigid reporting requirements.
- Rural and underserved areas **lack sufficient employment opportunities**, and many jobs available to Medicaid recipients **do not provide health insurance benefits**, leaving people uninsured.

3. Administrative Costs Will Increase Without Meaningful Savings

- Implementing a work reporting system is **expensive and inefficient**. Other states have seen **millions in administrative costs** with no significant reduction in Medicaid spending.
- Arizona taxpayers will be burdened with funding a system that **does not improve health outcomes or significantly reduce Medicaid enrollment**.

4. Healthier Populations Contribute More to the Workforce

- Medicaid provides crucial access to healthcare, **allowing individuals to stay healthy enough to work**.
- Creating barriers to healthcare **will lead to worse health outcomes**, resulting in increased emergency room visits and **higher long-term healthcare costs for the state**.

5. Legal and Federal Challenges Are Likely

- Courts have **struck down** similar proposals in other states, ruling that Medicaid's primary purpose is to provide healthcare—not to impose work conditions.

- The Centers for Medicare and Medicaid Services (CMS) has previously denied or revoked work requirement waivers, making it **highly unlikely this policy will be approved or sustained**.

A Better Alternative:

Rather than implementing punitive work requirements, AHCCCS should focus on **expanding job training and support programs** that help Medicaid recipients **gain stable employment without the risk of losing healthcare coverage**. Programs that promote **education, job placement, and affordable childcare** would be far more effective in fostering financial independence than restrictive and harmful work mandates.

For these reasons, I urge AHCCCS to **withdraw** the AHCCCS Works proposal and instead pursue policies that support both employment and healthcare access.

Thank you for considering this feedback. I appreciate the opportunity to provide input on a policy that will deeply affect Arizona's most vulnerable residents.

Sincerely,
Gabriel Tomaeno

--

Gabriel Tomaeno

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(no subject)

1 message

Glenda Wafflard [redacted]
To: waiverpublicinput@azahcccs.gov

Fri, Feb 21, 2025 at 8:42 AM

Yes I totally agree. They should have been doing this decades ago.





Public Comment – Opposition to Proposed AHCCCS Amendment

1 message

Heather Benson

Thu, Mar 20, 2025 at 2:46 PM

To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

Dear AHCCCS Waiver Public Input Team,

I am writing to express my strong opposition to the proposed AHCCCS amendment, which would impose work requirements, a five-year lifetime benefit cap, and additional cost-sharing measures for Medicaid recipients. These changes would have devastating consequences for Arizona's most vulnerable populations and place an undue burden on the healthcare system, particularly for Federally Qualified Health Centers (FQHCs) and community health organizations that serve patients with significant social determinants of health challenges.

The proposed work requirement fails to account for the complex realities many AHCCCS recipients face, including caregiving responsibilities, chronic health conditions, and fluctuating employment opportunities. Limiting Medicaid benefits to five years would result in long-term negative health outcomes, increasing emergency department utilization and uncompensated care costs. Additionally, implementing cost-sharing for emergency services disproportionately affects low-income individuals, potentially deterring them from seeking necessary care.

These policy changes contradict AHCCCS's mission to provide accessible, equitable healthcare to those in need. I urge you to reconsider and reject this amendment in order to protect Arizona's healthcare safety net and ensure that Medicaid remains a lifeline for those who rely on it.

Thank you for your time and consideration.

Sincerely,
Heather Benson



Heather Benson

BHMP Manager

e. [REDACTED]

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**RE: [EXTERNAL] AHCCCS Opens Public Comment on Work Requirements**

1 message

'Brown, Heidi P' via Waiver Public Input - AHCCCS <waiverpublicinput@azahcccs.gov>

Thu, Mar 20, 2025 at 9:04 AM

Reply-To: "Brown, Heidi P" [REDACTED]

To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

Cc: [REDACTED]

Good Morning,

*Sending on behalf of Mercy Care*FAQ [AHCCCS Works Proposal FAQ \(2025\)](#)

A1- what are the AHCCCS work requirements

Recommending AHCCCS include a definition of the following

- **Job or life skills training –**
- **Job search activities –**
- **Community service –**
- **Employment Support and Development (ESD) program items listed on [AHCCCS Works 1115 Waiver Amendment Request](#)**

Q2: Who is required to participate in AHCCCS Works?

Recommend including the language “non-disabled” or “does not have a disability”

Q3: who is exempt from AHCCCS Works?

Recommend adding individual enrolled in RSA Vocational Rehabilitation program

Q8: What happens if a member does not report enough hours or misses the monthly deadline?

Recommend AHCCCS define “good cause for non-compliance”?**DES defines good cause.** <https://des.az.gov/services/basic-needs/food-assistance/nutrition-assistance/work-requirements-able-bodied-adult>

Thank you,

Heidi



Vote NO to the Strike-Everything Amendment HB2926!

1 message

Haley Evans

To: waiverpublicinput@azahcccs.gov

Thu, Mar 20, 2025 at 9:50 PM

Vote NO to the Strike-Everything Amendment HB2926!

I've been able-bodied my entire life, aside from brief periods of disability that most Americans experience such as recovering after surgery. However, I have paid taxes into Medicare and Medicaid my entire working life as well for the sole purpose of creating a safety net for people in need. Nearly everyone will need this help at some point and I would like my money to go to the purpose it was intended. Shrinking these programs is ludicrous and will devastate the already-fragile healthcare system we rely on, particularly hospitals.

If this asinine bill passes, every cent of tax paid into these programs needs to be refunded to the citizens who paid into them. Do your jobs and protect the majority of your voters instead of constantly trying to shrink what few protections we have.



"able bodied adult"

1 message

Haylee Hambles [REDACTED]
To: waiverpublicinput@azahcccs.gov

Thu, Mar 20, 2025 at 11:33 AM

I am a single mom to a toddler and a recipient of ahcccs and this amendment would dramatically reduce my ability to get benefits. I have a non school aged child, I have struggled to find affordable child care and do not have family support. This amendment would not only hurt me but many other single parents, child care is expensive, every dollar I would make would have to be put right back into child care all so that i could qualify for AHCCCS. My employment is already extremely limited and with the withdrawal of DEI I am no longer protected for employment. This is cruel, I have a [REDACTED] year old little girl. I am turning [REDACTED] this year and have worked and paid into the system for most of my life since I was 16 with the exception of the last 2 years. Just 4 years ago I was looking at buying a house.... now I am barley able to pay rent. I am horrified by this amendment. It feels like another attack on families.

Haylee Hamblin - [REDACTED] AZ resident



No to Work Requirements

1 message

Hanna Monfalcone [redacted]
To: waiverpublicinput@azahcccs.gov

Fri, Mar 21, 2025 at 3:48 PM

Please do not implement work requirements.



AHCCCS Works Waiver Amendment

1 message

Hannah Woelke [REDACTED]

Mon, Mar 17, 2025 at 11:49 AM

To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

To Whom it May Concern:

Here are my comments:

- Individuals with disabilities who are receiving services through RSA Vocational Rehabilitation should be included in the exemptions.
- Would people in the later stages of pregnancy be included under the 'medically frail' exemption? Many people are put on bedrest or are unable to work leading up to their delivery date.
- The exemption for homelessness should be extended to six months post housing, like the incarceration exemption, due to the complex process of reintegration.
- Would halfway houses or other supported living options be included as 'active treatment' for substance use? These services are generally considered a step down from in-patient treatment, but the addict is still in a highly vulnerable position and in need of access to professional help.

Thank you,

Hannah Woelke (she/her)

**Why I share my pronouns*

Executive Director

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

desertsurvivors.org



Please don't hurt AHCCCS

1 message

Jack Abbott [REDACTED]
To: waiverpublicinput@azahcccs.gov

Thu, Mar 20, 2025 at 11:50 AM

I rely on it for my [REDACTED] medication.



**AHCCCS WORKS WAIVER AMENDMENT**

1 message

Jennifer Pulliam [REDACTED]
To: waiverpublicinput@azahcccs.gov

Thu, Mar 20, 2025 at 2:19 PM

My name is Jennifer Lewis and I use AHCCCS for my medical insurance. I have [REDACTED] surgery and [REDACTED] surgery that I am having to undergo here in the next few months and I work at [REDACTED]. I am only allowed to work minimal hours each week because of corporate standards, which means I do not make enough each month to receive benefits or to rent an apartment and have already been denied food stamps because I supposedly make too much each month for that kind of help. I have been on the waiting list for housing since 2021, but ended up being homeless with my dog anyways, while working at [REDACTED], so I really had no way to stay at the homeless shelters. I had finally got the chance to actually get on the section 8 list last November 2024, but was denied because my mom allowed me to sleep on her couch to get me off of the streets, so to them I had a house and didn't need the help with the housing anymore.

This waiver is also going to deny people that are actually getting help to deal with other ailments, such as substance abuse, too. I am seeing a substance abuse counselor for [REDACTED], and because of this waiver, it will deny me my health insurance in a whole, because I am trying to better myself and get help with this dependency. It will deny my counseling, which I need and I am having improvements with, it will deny my surgery and any physical therapy that will come after that, it will deny my medications for my [REDACTED], medications for [REDACTED] and any other meds that I might need once my surgeries are done. It will deny me, as a woman, the ability to take care of my health in a whole, because I am being told that I do not meet their new requirements.

I need these surgeries and I do not make enough to have personal insurance, so I need AHCCCS in order to pay for this. I believe that this waiver is not only unethical and unlawful, but will deeply hurt everyone in the community, in our state and in the entire country, if indeed, this is taking place to everyone across the board. This waiver needs to be stopped so we can still have a way to take care of ourselves without being denied our health and life because we can't pay out of pocket, we have certain ailments, or do not have proper insurance.

Thank you very much for your time and consideration in this matter.

Sincerely,
Jennifer R. Lewis



AHCCCS Works Input from Arizona Mad Moms

1 message

Jennifer Milham [REDACTED]

Mon, Mar 17, 2025 at 6:32 AM

To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

AHCCCS Leadership:

We acknowledge that individuals with SMI designation and/or that are receiving disability benefits will be exempt from Medicaid work requirements. As members of the Arizona Mad Moms we are united that the following situations must be added to the list of exclusions for Medicaid work requirements:

A) Caregivers of individuals with SMI. The shortage of SMI beds and services has created a population of unpaid caregivers that are playing a vital, yet unfortunate role in protecting both vulnerable adults and the public.

B) Individuals with SMI diagnoses, who have not received SMI designation.

Explanation: Many individuals with an SMI condition, diagnosed or undiagnosed, have NOT received the SMI determination due to the "voluntary" nature of the evaluation itself, the inherent requirement for 6 months of functional impairment, and the mandatory wait to reapply once denied. While SMI evaluations can be conducted in "involuntary" circumstances, these provisions are limited by beds, services and other restrictions. Any provisions for work requirements should consider SMI diagnoses apart from the formal SMI designation. *Ideally, such situations should lead to prompt SMI determination assessments.*

C) Individuals with SMI diagnoses that are not receiving disability or social security income benefits.

Explanation: Many individuals disabled by an SMI condition, diagnosed or undiagnosed, are not receiving federal benefits due to the onerous nature of benefit applications, and the lack of skilled benefit specialists available to this population (including in the current SMI clinic network). *Ideally, individuals in these situations should be promptly provided with skilled benefit specialists and legal support.*

Sincerely,

Mad Mom Jennifer



Work Requirements

1 message



Fri, Feb 21, 2025 at 8:00 PM

To: waiverpublicinput@azahcccs.gov

I used help one time and WORKED to get off it. There is no adult with children that should NOT HAVE TO WORK. It is a disgrace that this has. It been looked at AND enforced for so many years. It's sad.





Oppose HB2926

1 message

Joshuadavidstark [redacted]
To: waiverpublicinput@azahcccs.gov

Thu, Mar 20, 2025 at 10:40 PM

I am writing to urge you to vote NO on HB2926. As someone who benefitted from AHCCCS as a child, I know firsthand how vital access to healthcare is for Arizona families. Cutting costs at the expense of our most vulnerable residents is not only harmful but also financially shortsighted—when people lose access to preventive care, emergency care and long-term costs to the state increase significantly.

Protecting AHCCCS is not just the right thing to do; it is the most fiscally responsible choice for Arizona. Please stand with your constituents and oppose HB2926. Thank you for your time and consideration.

Sincerely,
Josh Stark

Sent from my iPhone



AHCCCS Works proposal 2025

1 message

Julie Williams [REDACTED]
To: waiverpublicinput@azahcccs.gov

Mon, Mar 10, 2025 at 9:15 AM

Thank you for making it possible to comment on the proposal.

I certainly support using government money wisely. I believe that this proposal could work in the long term if there are supports for the people whom it affects. These include:

Affordable health care so emergency department and ambulance use is less needed. This will also increase the likelihood that people remain able bodied.

The five year limit should not be absolute. Over time, people who are fragile can lose the ability to care for themselves and sink out of view to the rest of society. Support for people in this category is essential, to help them maintain health and build a life that will let them move forward after the five years.

So many people are one week away from homelessness, a month from serious illness; and these issues can be addressed. Government can act compassionately when it sees its citizens as fellow travelers, not leeches or lazy grifters.

Thank you for listening.

Julie Williams





AHCCCS Works Input from Arizona Mad Moms

1 message

Julie Wilson

Mon, Mar 17, 2025 at 5:05 PM

Reply-To: jwilson914@gmail.com

To: waiverpublicinput@azahcccs.gov

Hello AHCCCS Leadership:

We acknowledge that individuals with SMI designation and/or that are receiving disability benefits will be exempt from Medicaid work requirements. As members of the Arizona Mad Moms we are united that the following situations must be added to the list of exclusions for Medicaid work requirements:

A) Caregivers of individuals with SMI. The shortage of SMI beds and services has created a population of unpaid caregivers that are playing a vital, yet unfortunate role in protecting both vulnerable adults and the public.

B) Individuals with SMI diagnoses, who have not received SMI designation.

Explanation: Many individuals with an SMI condition, diagnosed or undiagnosed, have NOT received the SMI determination due to the "voluntary" nature of the evaluation itself, the inherent requirement for 6 months of functional impairment, and the mandatory wait to reapply once denied. While SMI evaluations can be conducted in "involuntary" circumstances, these provisions are limited by beds, services and other restrictions. Any provisions for work requirements should consider SMI diagnoses apart from the formal SMI designation. *Ideally, such situations should lead to prompt SMI determination assessments.*

C) Individuals with SMI diagnoses that are not receiving disability or social security income benefits.

Explanation: Many individuals disabled by an SMI condition, diagnosed or undiagnosed, are not receiving federal benefits due to the onerous nature of benefit applications, and the lack of skilled benefit specialists available to this population (including in the current SMI clinic network). *Ideally, individuals in these situations should be promptly provided with skilled benefit specialists and legal support.*

Sincerely,

Mad Mom Julie



Employment should not be a requirement for AHCCCS

1 message

Jessica Andrews

To: waiverpublicinput@azahcccs.gov

Fri, Mar 7, 2025 at 4:32 PM

I'm writing to comment on the AHCCCS proposal to institute work reporting requirements as a condition of coverage.

I believe strongly that employment should not be a requirement for AHCCCS. Most people (92%) receiving Medicaid, and therefore AHCCCS [are already working](#), or already meet an exemption (illness, student, etc). You may think because of that this proposal doesn't affect too many people, when in fact it has a huge chilling effect. Many more AHCCCS enrollees who would remain eligible would be at risk of losing coverage because of the administrative burden and red tape related to reporting requirements. When Arkansas enacted such a policy, 18,000 people lost coverage, many of whom were eligible.

These coverage losses will not only reduce access to care and worsen health outcomes, but will likely make it more difficult for many people to find or keep a job. Thus, work requirements may be self-defeating on their own terms.

AHCCCS enrollees targeted by work requirement proposals [already have a strong incentive to work](#): without working, they can get health care but usually little other assistance, and they generally are very poor. Enrollees who are seemingly able to work but aren't employed typically lack not motivation, but work supports such as job search assistance, job training, child care, and transportation assistance; they may also face challenges such as an undiagnosed substance use disorder, domestic violence, the need to care for an ill family member, or a housing crisis.

The primary effect of work requirements will be less access to care, worse health outcomes, and less financial security. I don't know about you, but I'm hoping for a healthier Arizona, not a sicker one.

Thank you,
Jessica Andrews



Saving Ahcccs

1 message

Jane Brown [REDACTED]
To: waiverpublicinput@azahcccs.gov

Wed, Mar 19, 2025 at 12:46 PM

Please continue to collect and apply the hospital assessment thus saving healthcare for many.

A few years ago a friend of mine (who was in his [REDACTED]) developed severe [REDACTED] that prevented him from [REDACTED] well enough to perform his job duties at the 99-Cent store.

Luckily, he qualified for AHCCCS; and he was able to get the [REDACTED] surgery he needed to keep working.

Thousands of Arizona residents are “working poor,” reliably working at 24 to 32-hour-a-week jobs. They need healthcare.

Please save our Medicare expansion.

Thank you;

Jane Brown
[REDACTED]



Medicaid Able-bodied Adults Amendment

1 message

Jared Conn [REDACTED]
To: waiverpublicinput@azahcccs.gov

Thu, Mar 20, 2025 at 11:21 AM

To whom it may concern:

Leave AHCCCS alone. Do not impose these new restrictions on it. A lot of vulnerable people need it, and while people with SMI may be able-bodied, a lot of them are not able to work due to their mental illness. This amendment completely forgets about them. Furthermore, as the richest nation in history, it is our responsibility to take care of people who cannot take care of themselves. DO NOT vote for this amendment.

Sincerely,
Jared Conn,
A Concerned AZ Resident



Medicaid Work Requirements

1 message

John Eakins

Mon, Feb 24, 2025 at 4:55 PM

To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

I believe people who receive government subsidies should work, if they can.

Some people cannot reasonably be expected to work, and some who might like to work are not able to perform a job. Some of those people who are not able to perform a job, might be able and willing to work at a task with very close supervision, but that supervision would likely cost more than the benefit the person is receiving.

We (the people of Arizona and of the USA, through our legislative representatives) might be able to define a set of criteria to apply to people receiving a government subsidy to define which of those people are able to work and which are not. But no matter how expertly or detailed the criteria would be defined, there will be a large percentage of those people that don't exactly fit the defined criteria. (Now, if you don't believe that, you should stop reading my input right here.)

So what would we do to figure out whether the people who don't exactly fit the criteria should work to receive the benefit? We could simply ignore the problem and declare that these people either find a job or not receive the benefit. That might be the "efficient" way to make that decision, but it might not be the humane way to do it.

I believe, to be a government that treats all its citizens humanely, you must have intelligent, compassionate people to closely look at those people not exactly fitting the criteria to decide how to make allowances for them to do the work they can to receive the benefit—the subsidy.

That might be an expensive proposition, to hire people specifically for this job of reviewing a person's ability to meet the work criteria. I don't think you can throw this additional job to the social workers we already have. They are already overworked. I suppose you could hire more general social workers and add this job to all of their workloads, but I think it is, or will be, a very specialized skill that is needed, one that current social workers may need additional training to do well.

That ends my suggestion about what is needed to make work requirements work. But I think the legislature should be honest about why they want to establish work requirement in law.

My opinion is that Republicans think anyone taking a handout is more than likely simply lazy and looking for something for nothing, and Republicans want to lower government expenses, preferably by eliminating payouts to people who are likely to vote for


Democrats.

Democrats, on the other hand, seem to think that everyone is honest and should be taken at their word that they cannot work and that rich people who are likely to vote for Republicans should pay for it.

Government will not work if you cannot find middle ground. Sometimes middle ground is expensive, sometimes there is profit in the form of taxes paid.

If our governmental goal is to provide opportunity for the ambitious and provide protection for the weak, then we must not assume that the ambitious are always either ruthless or deserving or that the weak are always either saints or cheats.

John Eakins





AHCCCS Works

1 message

via Waiver Public Input - AHCCCS <waiverpublicinput@azahcccs.gov>

Thu, Feb 27, 2025 at 3:51 PM

Reply-to: [REDACTED]

To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

Good afternoon,

I am completely opposed to the five-year lifetime limit in benefits proposed by this program. I honestly can't believe it is even under consideration. Just let people die? No way.

I also hope the work requirement is applied very sparingly so that people who really can't work don't get swept up in it.

Kind regards,

Jane Gulde





Work Requirements

1 message

via Waiver Public Input - AHCCCS <waiverpublicinput@azahcccs.gov>

Fri, Feb 28, 2025 at 5:14 PM

Reply-to: [REDACTED]

To: waiverpublicinput@azahcccs.gov

Thank you for the opportunity to provide public comment. I'm opposed to the five year limit on AHCCCS eligibility because poverty is not a 5 year problem. Job loss and financial hardship are not conditions people choose for themselves. Financial hardship can occur for many reasons throughout a person's lifetime and career.

This is an example of a short-sighted public policy that will create more problems by increasing the number of uninsured people, and driving up the uncompensated care cost burden for hospitals, medical providers, and people who rely on commercial insurance.

John Hoie



AHCCCS Works Input from Arizona Mad Moms

1 message

Jane Jepson [REDACTED]
To: waiverpublicinput@azahcccs.gov

Mon, Mar 17, 2025 at 8:36 AM

AHCCCS Leadership:

We acknowledge that individuals with SMI designation and/or that are receiving disability benefits will be exempt from Medicaid work requirements. As members of the Arizona Mad Moms we are united that the following situations must be added to the list of exclusions for Medicaid work requirements:

A) Caregivers of individuals with SMI. The shortage of SMI beds and services has created a population of unpaid caregivers that are playing a vital, yet unfortunate role in protecting both vulnerable adults and the public.

B) Individuals with SMI diagnosis, who have not received SMI designation.

Explanation: Many individuals with an SMI condition, diagnosed or undiagnosed, have NOT received the SMI determination due to the “voluntary” nature of the evaluation itself, the inherent requirement for 6 months of functional impairment, and the mandatory wait to reapply once denied. While SMI evaluations can be conducted in “involuntary” circumstances, these provisions are limited by beds, services and other restrictions. Any provisions for work requirements should consider SMI diagnosis apart from the formal SMI designation. *Ideally, such situations should lead to prompt SMI determination assessments.*

C) Individuals with SMI diagnoses that are not receiving disability or social security income benefits.

Explanation: Many individuals disabled by an SMI condition, diagnosed or undiagnosed, are not receiving federal benefits due to the onerous nature of benefit applications, and the lack of skilled benefit specialists available to this population (including in the current SMI clinic network). *Ideally, individuals in these situations should be promptly provided with skilled benefit specialists and legal support.*

Sincerely,

JaneJepson
AZ Mad Mom
NAMI Volunteer



AHCCCS Works 1115 Waiver Proposal

1 message

J K <[REDACTED]>
To: waiverpublicinput@azahcccs.gov

Tue, Feb 25, 2025 at 2:39 PM

Dear Director Heredia:

I am writing this letter to express my concerns regarding the 2025 AHCCCS Works Amendment Proposal. While I understand that Arizona state legislation requires the Arizona Health Care Cost Containment System (AHCCCS) to apply to the Center for Medicare and Medicaid Services (CMS) by March 30 of each year for this waiver, I am concerned that actual implementation of these changes would result in a fruitless and wasteful use of resources and money, not to mention the loss of critical healthcare for millions of Arizonans. The Supreme Court has not made a ruling regarding the legality of work requirements or lifetime limits as they pertain to Medicaid. It is my understanding that Federal courts ruled against the previous Trump administration's approvals in Arkansas, Kentucky, and New Hampshire, halting implementation in Arkansas and preventing it in the other two states. I believe Arizona's Medicaid program should remain as is, without any changes, until the Supreme Court makes a definitive ruling on the legality of work requirements and lifetime limits for Medicaid.

In addition, the current waiver proposal, as it stands, is confusing and inconsistent. If the 5-year maximum lifetime coverage applies to individuals who are under 56 years old, then shouldn't the upper limit of the work requirements age be 5 years below that number? That is, AHCCCS Works should only apply to "able-bodied" AHCCCS adults who are 19 to 50 years old, not 19 to 55 years old.

Thank you for your time and consideration.



AHCCCS Works Waiver Amendment Request

1 message

Joshua Leslie

Thu, Mar 20, 2025 at 9:35 AM

To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

As a local constituent and healthcare provider employing 200 mental health clinicians working with 8 Federally Qualified Health Centers in Arizona this would have devastating effects on the entire care continuum. We are deeply opposed to this amendment.

Joshua Leslie
Founder/CEO
Ascend Healthcare



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Comment on work requirements

1 message

'Joyce Millard' via Waiver Public Input - AHCCCS <waiverpublicinput@azahcccs.gov>

Wed, Feb 19, 2025 at 3:43 PM

To: waiverpublicinput@azahcccs.gov

1. Ease of use- streamline and simplify every aspect of compliance or my son with a developmental disability will never be able to use it.
2. Clearly state, using plain language, and bold-faced type, how to contact a live person for assistance.
3. Adequately staff phone lines and support positions so people and their families will actually be able to access the help they need, when they need it.
4. Grace periods- allow for mistakes and misunderstandings to occur without loss of coverage or penalties.





AHCCCS Works Input from Arizona Mad Moms

1 message

Janet Nash

To: waiverpublicinput@azahcccs.gov

Mon, Mar 17, 2025 at 8:31 AM

AHCCCS Leadership:

We acknowledge that individuals with SMI designation and/or that are receiving disability benefits will be exempt from Medicaid work requirements. As members of the Arizona Mad Moms we are united that the following situations must be added to the list of exclusions for Medicaid work requirements:

A) Caregivers of individuals with SMI. The shortage of SMI beds and services has created a population of unpaid caregivers that are playing a vital, yet unfortunate role in protecting both vulnerable adults and the public.

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C) Individuals with SMI diagnoses that are not receiving disability or social security income benefits.

Explanation: Many individuals disabled by an SMI condition, diagnosed or undiagnosed, are not receiving federal benefits due to the onerous nature of benefit applications, and the lack of skilled benefit specialists available to this population (including in the current SMI clinic network). *Ideally, individuals in these situations should be promptly provided with skilled benefit specialists and legal support.*

Sincerely,

Mad Mom Janet



Work requirements:

1 message

Julie Odom [redacted]
To: waiverpublicinput@azahcccs.gov

Fri, Feb 21, 2025 at 6:17 PM

You are looking for a way to deny the publics most vulnerable people like physically disabled adults to work like teenagers when some of them can barely get out of bed and do a few necessary self care chores and then ban them to 5 years worth only of health care coverage, so what are they supposed to do for the rest of their life when they are sick just lay done and die, have you lost your ever loving minds????????,,





No work requirements for Medicaid

1 message

Jason Puckett [REDACTED]
To: waiverpublicinput@azahcccs.gov

Thu, Mar 20, 2025 at 10:55 AM

Do not put work requirements on Medicaid. Are you people insane? Health care should be a right, not a privilege. Stop attacking the poor. They're dying in the streets as is!

Sincerely,
Jason Puckett
[REDACTED], AZ





(no subject)

1 message

Jessica Rawdon

To: waiverpublicinput@azahcccs.gov

Thu, Feb 20, 2025 at 8:40 PM

On the issue of getting medical it could help some gain employment, but also have to think about is there enough jobs for people to be able to meet this requirement. In the case of my own adult son who has tried to gain employment has had a difficult time with being hired on with any potential employer. Over the last year he has put in applications went to interviews and than been told they went with someone else? My question with trying to make getting medical a work requirement what can be done with the ones who are seeking work but no one wants to hire them? Will this mean they wont get the medical because a potential employer declines to give them a shoot at doing that job? How would that be fair to the person who has done everything to find work but, keeps getting rejected. This is a personal issues that one of my own adult children have come across. And he currently has no medical but, was told he is an able body to go to work. So he cant get the medical attention he needs because no one will hire him.

Jessica Cuellar Portillo



AHCCCS Waiver Input

1 message

'John Strauss' via Waiver Public Input - AHCCCS <waiverpublicinput@azahcccs.gov>

Thu, Mar 20, 2025 at 12:31 PM

Reply-To: John Strauss 

To: waiverpublicinput@azahcccs.gov

To whom it may concern,

As a lifetime “able bodied adult” although I’ve been fortunate to have private insurance, this bill is infuriating. I am a dad, a husband , a son, brother and uncle. Multiple members of our extended family have had to use the AHCCCS system as a safety net.

I have worked 20+ years in here in Arizona. I am now working at  contributing to our society.

Without that safety net during uncertain economic times, I may not be able to contribute to our community in the ways that I have and am doing now. Whatever small amount of our tax dollars that goes towards keeping people healthy, is absolutely worth the investment for our overall well being.

This bill is not only a reckless ideology in the name of “cost cutting”, but a slap in the face to all of the patients served (and saved several lives) and Arizonans at large. **This bill will harm single mothers, children and our vulnerable elders.**

This is the epitome of what our tax dollars are actually for. If we’re “cutting costs” on our community’s well being, then what the hell are we even paying taxes for, and more importantly ****who stands to benefit from this proposal?!****

To anyone that has any say in whether this passes or not, we all ***know*** that you know what’s right, and we will remember you if this bill is stopped and even more so if it’s allowed to pass.

Sincerely,
-John Strauss



Opposing the AHCCCS Amendment

1 message

Justin Thompson [REDACTED]
To: waiverpublicinput@azahcccs.gov

Thu, Mar 20, 2025 at 11:37 AM

I am writing to express my strong opposition to the proposed AHCCCS 1115 Waiver Amendment, which seeks to reintroduce work requirements, lifetime benefit limits, and increased cost-sharing for Medicaid recipients. If passed, this amendment will have devastating consequences not just for Arizona's most vulnerable citizens, but for our healthcare system and economy as a whole.

Hurting the Most Vulnerable

This amendment unfairly targets low-income individuals, people with disabilities, and those dealing with chronic illness. While it claims to apply only to "able-bodied adults," the reality is that many Medicaid recipients face significant barriers to employment whether it's lack of transportation, caregiving responsibilities, undiagnosed or untreated medical conditions, or the fact that many low-wage jobs don't offer consistent hours or health benefits. Requiring 20 hours of work per week to keep Medicaid will only push people further into financial instability and worsen health disparities.

And then there's the five-year lifetime limit. As if medical needs follow a set schedule. People don't just stop needing healthcare after an arbitrary time period. Chronic illnesses don't disappear, and financial hardships don't magically resolve. This policy sets people up for failure, ultimately leading to increased ER visits, hospitalizations, and a higher burden on taxpayers when uninsured individuals can no longer afford basic care.

Weakening Healthcare for Everyone

This isn't just about Medicaid recipients—it's about the entire healthcare system. Cutting off thousands of people from coverage will drive more uninsured individuals to emergency rooms, which are legally required to treat them regardless of their ability to pay. Hospitals will be forced to absorb these costs, leading to increased healthcare

prices for everyone. Insurance premiums will rise, and hospitals—especially those in rural areas—will be at greater risk of closure.

Not to mention the public health impact. When people lose access to preventive care, diseases go undiagnosed and untreated, increasing the spread of illnesses and driving up healthcare costs across the board. This isn't just an attack on Medicaid—it's an attack on public health and economic stability.

Crippling Arizona's Workforce and Economy

Healthy people contribute to a strong workforce. This amendment does the exact opposite by forcing people to choose between work and their health. If someone has to meet work requirements to qualify for Medicaid but loses their job due to an illness, injury, or even a fluctuating work schedule, they're left with no coverage and no way to get better. It's a cycle designed to keep people down, not lift them up.

Businesses will also suffer as employees struggle with untreated medical issues, leading to higher turnover rates and reduced productivity. Instead of encouraging self-sufficiency, this policy makes it harder for people to maintain stable employment.

A Smarter Approach

Rather than punishing people for their circumstances, Arizona should be investing in policies that expand access to healthcare, improve job training programs without threatening medical coverage, and address the real reasons people struggle to find stable employment. Strengthening our healthcare system benefits everyone—it reduces long-term costs, keeps our communities healthier, and ensures Arizona remains a state where people can work, live, and thrive without fear of losing access to basic medical care.

I urge you to reject this harmful amendment and focus on real solutions that help, rather than hurt, Arizona's people and economy.



(no subject)

1 message

'Juan Valenzuela' via Waiver Public Input - AHCCCS <waiverpublicinput@azahcccs.gov>

Sat, Mar 22, 2025 at 5:44 AM

Reply-To: Juan Valenzuela [REDACTED]

To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

To whom it may concern, As a lifetime "able bodied adult" that has been able to utilize access to Medicaid (AHCCCS) several times and for a short term, this bill is infuriating. I am a dad/stepdad, a partner, a son, brother and much more. I have worked 10+ years in behavioral health here in Arizona, 5 of those being front lines in a [REDACTED]. I am now a carpenter, contributing to our ongoing housing shortage. Without that safety net during those unavoidable times, I may not be able to contribute to our community in the ways that I have and am doing now. Whatever small amount of our tax dollars went to keep me healthy and able was absolutely worth the investment for our overall well being. This bill is not only a reckless ideology in the name of "cost cutting", but a slap in the face to all of the patients I've served (and saved several lives) and the homeowners moving into the homes I build. This is the epitome of what our tax dollars are actually for. If we're "cutting costs" on our community's well being, then what the hell are we even paying taxes for, and more importantly who stands to benefit from this proposal?! To anyone that has any say in whether this passes or not, we all know that you know what's right, and we will remember you if this bill is stopped and even more so if it's allowed to pass. Sincerely, An able bodied citizen

[Yahoo Mail - Email Simplified](#)



Work requirement for Ahcccs

1 message

Janice Wallace



Thu, Feb 20, 2025 at 6:12 PM

To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

To whom it concerns,

Work requirements will HURT the people who NEED care. This only punishes people who are in need. Tying health care to employment doesn't function well for people who, for WHATEVER reason, need HELP. This requirement only serves to demonize the poor and those in need. As it is, employees on minimum wage can NOT afford health care. That is the fault of businesses and the politicians for not keeping wages in line with rising prices and increased rents and other expenses.

Janice





Comments on Amendment to House Bill 2926

1 message

Kevin Attwood

Thu, Mar 20, 2025 at 11:32 AM

To: waiverpublicinput@azahcccs.gov

Good afternoon,

This amendment would severely harm people with low income. Some of those receiving Medicaid are supporting families, are retirees,, or are disabled in someway. The term 'able-bodied', while defined, Still open to interpretation, and therefore ripe for discrimination. This amendment flies in the face of the spirit of this act established by President Lyndon Johnson's administration. And also further discriminate, those who are low income, by no fault of their own, by the current presidential administration.

Instead of cutting Medicaid benefits, increasing minimum wage in the state of Arizona would be much more beneficial to the state. Those not earning enough would have a better chance to earn more and find their way off of Medicaid benefits. Additionally, higher incomes mean higher tax revenue. Medicaid is not a handout, for many it is a source of survival. We need to be better as a nation about taking care of all of our citizens, not just those who are 'able bodied' or wealthy, or exhausting themselves to get rich. Please vote this amendment down.



Public comment: Work Requirements

1 message

Kavita Bernstein [REDACTED]

Wed, Mar 19, 2025 at 10:02 AM

To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

Good morning,

Please find my comments on pending Work Requirements that would impact those on Medicaid.

Disproportionate Impact on Vulnerable Populations:

Many individuals who rely on AHCCCS are already facing significant barriers to employment. These include chronic health conditions, disabilities, caregiving responsibilities, or lack of access to reliable transportation or child care. Imposing work requirements could leave many of these individuals without health coverage, exacerbating their challenges.

Health and Financial Stress:

For people who are struggling with health issues, the added pressure of meeting work requirements can increase stress and worsen their health. It can also force individuals into low-wage or unstable jobs, potentially causing more harm than good in terms of overall well-being.

Ineffectiveness in Improving Employment:

There is little evidence that work requirements actually lead to sustained employment for people with health issues or other barriers. In fact, studies from states that have implemented work requirements, like Arkansas, show that many people simply lost coverage without gaining meaningful work, largely because the requirements are too difficult to meet.

Administrative Complexity and Costs:

Enforcing work requirements adds layers of bureaucracy and administrative overhead, diverting resources that could be used for direct health services. This creates inefficiencies, especially when individuals might struggle to report compliance or prove eligibility.

Increased Health Disparities:

Medicaid expansion has been shown to improve health outcomes, particularly for low-income populations. By cutting off coverage for people who cannot meet work requirements, these policies could lead to worse health outcomes, deepen racial and economic disparities, and undermine the original goals of Medicaid.

The "Working Poor" Issue:

Many people who are working full-time still qualify for AHCCCS due to low wages. For these individuals, a work requirement does not address the root issue: inadequate pay. Instead of helping them access the care they need, these policies may simply punish those who are already struggling to make ends meet.

In summary, work requirements can harm the very people that AHCCCS was designed to assist, adding unnecessary complications and contributing to negative health, financial, and social outcomes.

Kavita

Kavita Bernstein

She / Her / Hers

VP of Programs and Impact | Candelen

[REDACTED]

[REDACTED]

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Comment on Proposed Changes to AHCCCS Eligibility

1 message

Kailey Rumbo [REDACTED]

Thu, Mar 20, 2025 at 8:28 PM

To: waiverpublicinput@azahcccs.gov

Hello,

I'm writing to submit a comment on the proposed changes to AHCCCS eligibility. The proposed changes will restrict adults who are in the process of getting a diagnosis for a disability, such as an autoimmune disorder, from coverage. In many cases it takes years to get a diagnosis, therefore there is a population of people who appear able-bodied according to the proposed rule but in fact have a disability but are seeking care to get a diagnosis. These people may be unable to work under the proposed rule's conditions, and then would lose insurance coverage and be unable to get a diagnosis and the proper care they need to be able to recover and find employment.

Please consider this comment when reviewing the proposed changes to AHCCCS eligibility.

Thank you,
Kailey Rumbo



AHCCCS Works Input from Arizona Mad Moms

1 message

'Kim Appleby' via Waiver Public Input - AHCCCS <waiverpublicinput@azahcccs.gov>

Mon, Mar 17, 2025 at 8:16 AM

Reply-To: Kim Appleby [REDACTED]

To: waiverpublicinput@azahcccs.gov

AHCCCS Leadership:

We acknowledge that individuals with SMI designation and/or who are receiving disability benefits will be exempt from Medicaid work requirements. As members of the Arizona Mad Moms, we are united that the following situations must be added to the list of exclusions for Medicaid work requirements:

A) Caregivers of individuals with SMI. The shortage of SMI beds and services has created a population of unpaid caregivers that are playing a vital, yet unfortunate role in protecting both vulnerable adults and the public.

B) Individuals with SMI diagnoses who have not received SMI designation.

Explanation: Many individuals with an SMI condition, diagnosed or undiagnosed, have NOT received the SMI determination due to the "voluntary" nature of the evaluation itself, the inherent requirement for 6 months of functional impairment, and the mandatory wait to reapply once denied. While SMI evaluations can be conducted in "involuntary" circumstances, these provisions are limited by beds, services, and other restrictions. Any provisions for work requirements should consider SMI diagnoses apart from the formal SMI designation. Ideally, such situations should lead to prompt SMI determination assessments.

C) Individuals with SMI diagnoses who are not receiving disability or social security income benefits.

Explanation: Many individuals disabled by an SMI condition, whether diagnosed or undiagnosed, are not receiving federal benefits due to the onerous nature of benefit applications, and the lack of skilled benefit specialists available to this population (including in the current SMI clinic network). Ideally, individuals in these situations should be promptly provided with skilled benefit specialists and legal support.

Sincerely,
Kim Appleby



AHCCCS Works Waiver Amendment Request

1 message

Kelsey Boelts [REDACTED]
To: waiverpublicinput@azahcccs.gov

Thu, Mar 20, 2025 at 2:19 PM

Good afternoon,

I'm writing in regards to the AHCCCS Works Waiver Amendment Request.

I strongly urge my representative to vote NO on HB2926. Stripping Medicaid support from those who truly need it is not only unjust but also harmful to our communities. This bill would take essential healthcare away from vulnerable individuals, and I urge you to stand against it. Please protect those who rely on Medicaid and vote against HB2926.

Thank you for your time and consideration.

Kelsey Boelts
[REDACTED], AZ resident since 1995



Work requirement and lifetime limits

1 message

K Carbello

To: waiverpublicinput@azahcccs.gov

Sat, Feb 22, 2025 at 1:55 PM

.....are dumb.

30 + years of failed work programs and work requirements that contribute heavily to the cycle of poverty, abuse and neglect of children and vulnerable adults and social determinants of health, it seems that this request is as arbitrary as the work programs and requirements.

Rather than a work requirement or another failing work program, perhaps the request could be to do a study on how effective these programs have been as creating the largest homeless population our nation has ever experienced. Better yet, maybe the request could be to have an annex at one of the recovery centers that the new leadership of Health and Human Services is proposing for people with mental health and substance abuse disorders. Only this one would be for able bodied adults to successfully meet work requirements.

I think that would be the best idea and the one that would be the most successful.



Vote against SB 1092

1 message

'Kathy' via Waiver Public Input - AHCCCS <waiverpublicinput@azahcccs.gov>

Fri, Feb 21, 2025 at 10:33 AM

Reply-To: [REDACTED]

To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

A vote for SB 1092 hurts the most vulnerable. Voting for it is punitive and cruel.

[Yahoo Mail: Search, Organize, Conquer](#)





Allowing seniors to stay with loved ones

1 message

Kris Hartland

To: waiverpublicinput@azahcccs.gov

Sun, Mar 23, 2025 at 7:51 AM

Hello,

I had my Mother who was on Ahcccs a few years back come to live with me, I was paid by the state through the Ahcccs program, which kept her out of state run facilities that would have cost the state thousands more. The state paid me about \$800 per month (not much but with her Social Security it was about \$1800), it however was better than putting her into a facility and we got to bond before she passed away.

I highly recommend this as an alternative to state run facilities.

Sincerely,

Kris Hartland



Re Medicaid -Public input

1 message

Ken Jacobsen [REDACTED]

Tue, Feb 25, 2025 at 1:52 PM

To: waiverpublicinput@azahcccs.gov

Hello,

Please put me down as not only supporting Medicaid as it is, but I also support making it universal. I'm not the only American that is praying for a system like Canada's that guarantees coverage for everyone. If Canada can afford it, why can't the USA? What is stopping you?

My own experience with Medicaid:

I'd been self employed for [REDACTED] and paid for personal health insurance though it got more and more outrageously expensive. After it was found I had a [REDACTED] (which I was told wouldn't be a problem for decades if at all) I could no longer able get health insurance at all. The 2008 recession left me with no work for two years and nearly drained my life savings entirely. Then I was in an accident that [REDACTED]. I was in intensive care for [REDACTED] and it took [REDACTED] months to recover. I was very fortunate to get in the "spend down" program, which the AZ governor not long after cancelled. So Medicaid paid for absolutely everything. But I got in by the skin of my teeth and most in my situation end up bankrupt and destitute. Who can support that?

Sincerely,
Ken Jacobsen
[REDACTED]



AHCCCS Works Input from Arizona Mad Moms

1 message

' via Waiver Public Input - AHCCCS <waiverpublicinput@azahcccs.gov>

Mon, Mar 17, 2025 at 8:01 AM

Reply-to: " " "

To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

AHCCCS Leadership:

We acknowledge that individuals with SMI designation and/or that are receiving disability benefits will be exempt from Medicaid work requirements. As members of the Arizona Mad Moms we are united that the following situations must be added to the list of exclusions for Medicaid work requirements:

A) Caregivers of individuals with SMI. The shortage of SMI beds and services has created a population of unpaid caregivers that are playing a vital, yet unfortunate role in protecting both vulnerable adults and the public.

B) Individuals with SMI diagnoses, who have not received SMI designation.

Many individuals with an SMI condition, diagnosed or undiagnosed, have NOT received the SMI determination due to the "voluntary" nature of the evaluation itself, the inherent requirement for 6 months of functional impairment, and the mandatory wait to reapply once denied. While SMI evaluations can be conducted in "involuntary" circumstances, these provisions are limited by beds, services and other restrictions. Any provisions for work requirements should consider SMI diagnoses apart from the formal SMI designation. *Ideally, such situations should lead to prompt SMI determination assessments.*

C) Individuals with SMI diagnoses that are not receiving disability or social security income benefits.

Many individuals disabled by an SMI condition, diagnosed or undiagnosed, are not receiving federal benefits due to the onerous nature of benefit applications, and the lack of skilled benefit specialists available to this population (including in the current SMI clinic network). *Ideally, individuals in these situations should be promptly provided with skilled benefit specialists and legal support.*

Sincerely,

Mad Mom Kathy



Strong Opposition to HB 2926 and the Lifetime Five-Year Limit

1 message

Kylee Oakes

To: waiverpublicinput@azahcccs.gov

Thu, Mar 20, 2025 at 11:53 AM

I am writing to express my strong opposition to HB 2926 and the lifetime five-year limit it places on Medicaid eligibility for able-bodied adults. This provision is deeply concerning and completely unacceptable.

Life is unpredictable, and financial hardships can happen multiple times throughout a person's life. Limiting Medicaid coverage to just five years—regardless of future financial need—is cruel and short-sighted. People who face job loss, illness, or other struggles may need that coverage again, but under this bill, they will be left without access to care simply because they have used their allotted time.

It is deeply unfair to force individuals into a situation where they:

- Cannot afford private insurance, but
- No longer qualify for Medicaid, despite being financially eligible.

This will leave many Arizonans uninsured, putting their health and well-being at risk. No one should be punished for experiencing multiple financial struggles in their lifetime.

I urge you to reject HB 2926 and any legislation that imposes arbitrary lifetime limits on Medicaid eligibility. Arizona's Medicaid program should be a safety net that people can rely on whenever they fall on hard times—not just a temporary lifeline with an expiration date.

Thank you for your time and consideration.

Sincerely,

Kylee Oakes



House Bill 2926 Opposition

1 message

'Katelyn Radu' via Waiver Public Input - AHCCCS <waiverpublicinput@azahcccs.gov>

Thu, Mar 20, 2025 at 3:31 PM

Reply-To: Katelyn Radu [REDACTED]

To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

To whom it may concern,

I am writing to express my strong opposition to the proposed amendment to House Bill 2926. As an Arizona native who has worked in healthcare that has primarily served AHCCCS patients for 15+ years and is deeply concerned about the well-being of our community, I believe these changes would have devastating effects on the patients we serve and the broader community, including negative repercussions on Arizona's workforce and economy.

1. Work Requirement:

The imposition of a work requirement for adults between the ages of 19 and 55 would unfairly burden individuals who may be facing barriers to employment, such as disabilities, caregiving responsibilities, mental health challenges, systemic barriers, or other extenuating circumstances. It's not as simple as, "these people can work, they just choose not to." Did we also forget that DEI is being abolished? Companies can and likely will easily refrain from hiring the candidate with disabilities if they feel accommodations and training will be too much work, OR if they're prejudices make that decision. Additionally, this requirement does not only impact "able-bodied" adults. Children may still retain their healthcare, but that may not matter much if their parents fall into this category and lose their own healthcare as a result. Parents have to put the oxygen mask on themselves BEFORE putting it on their children.

2. Lifetime Benefit Limit:

Placing a lifetime limit of five years on Medicaid benefits would leave many individuals without access to essential care, particularly those who face chronic illnesses or disabilities that require long-term, ongoing medical treatment. This would exacerbate health disparities and increase the strain on other public health programs, hospitals, and community resources. When someone is born with or develops a disability, they can't tell it that it can only exist for 5 years. This limit is absurd.

3. Cost-Sharing Requirements:

Healthcare costs ALREADY deter people from seeking care. This could lead to more serious health conditions developing, ultimately increasing healthcare costs and reducing the overall health of our communities. Emergency situations should not be dictated by financial constraints; instead, these requirements would likely result in people delaying necessary care, leading to worse health outcomes and higher healthcare costs down the line. Again, more strain on the community and economy.

Furthermore, the proposed changes would have devastating cascading effects on Arizona's workforce, especially within the healthcare sector. Fewer patients mean fewer jobs. This reduction in patient volume could directly result in job losses within agencies that treat high numbers of Medicaid patients, including the one I work for that works tirelessly to expand access to mental healthcare to the country's most vulnerable populations. The broader ripple effect throughout the state's economy would be staggering. Our economy is struggling as it is, unemployment rates are continuing to increase, and the job market is hard enough.

We NEED TO STOP limiting access to healthcare! Our country is unhealthy, diseased, and dying. These are human beings we're talking about. This is people's livelihood. We are continuously regressing in healthcare advancements and the lawmakers WE voted for, need to take a stand and fight for what's right. Medicaid is a critical program that ensures access to healthcare for those who need it most, and any amendments that restrict this access will have long-term negative consequences for both individual health and the economic well-being of our state and country.

Sincerely,

A concerned, compassionate human



AHCCCS LAW

1 message

'Karen Trumbull' via Waiver Public Input - AHCCCS <waiverpublicinput@azahcccs.gov>

Fri, Feb 21, 2025 at 12:05 PM

Reply-To: [REDACTED]

To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

I agree on what you are wanting to change. Having them so some work and the 5 yr lifetime limit.

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Comments on proposed amendment

1 message

Laura Barket

Thu, Mar 20, 2025 at 3:20 PM

To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

This is nothing short of horrifying and prejudiced against the poorest and most vulnerable. It is completely shameful. I find it so difficult to contain my rage and disapproval for this blatant prejudice and punishment of people deemed lesser than everyone else simply because they are poor.

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(no subject)

1 message

Lavonnia Begay

To: waiverpublicinput@azahcccs.gov

Thu, Feb 20, 2025 at 4:10 PM

On the Navajo reservation, there is no job, if you live out in the remote areas, you have to drive over 50 miles, just to get somewhere, and the only jobs they offer is the one below minimum wage 7.50 an HR. The wear and tear on your vehicle, plus the gas to go back and forth is too much, the prices of gas keeps going up. The rent prices in the cities are outrageously high, the electric bill, the gas bill, everything are so high, if you don't have a professional positions, you make minimum wage. Nothing covers that. I would suggest something that will do hand on training, like trade or vocational training at our local chapter s, free of charge, I would go for. I would love to learn computer from basic to professional. I'm retired from work, I'm on a fixed income, I also have health problems, I'm on AHCCCS only.



Opposition to Arizona Medicaid Work Requirements and Lifetime Limits

1 message

Lexie Berger [REDACTED]
To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

Thu, Mar 20, 2025 at 3:23 PM

To whom it may concern:

I am writing to express my strong opposition to the Amendment supporting the "AHCCCS Works" program. These measures would disproportionately impact vulnerable populations who rely on Medicaid for essential health services with devastating effects on not only individuals, but on the entire care continuum as well.

I urge you to reconsider these proposals and take a more compassionate approach that supports the health and dignity of all Arizonans, regardless of their employment status or income level.

Thank you for your attention to this important issue.

Kind regards,
Lexie Berger



Lexie Berger

Therapist

e [REDACTED]

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(no subject)

1 message

Lynn Blackmore [redacted]
To: waiverpublicinput@azahcccs.gov

Fri, Feb 21, 2025 at 7:03 AM

I think people who are capable of working should quit sponging off the system. Not just medical but food stamps too. I am [redacted] on disability and can't get medical and barely get any food stamps.





ACCESS Work Requirements Public Comment

1 message

L Baird [REDACTED]
To: waiverpublicinput@azahcccs.gov

Thu, Feb 20, 2025 at 3:59 PM

The answer is no. Most adults who have ACCESS are elderly or disabled. This fact is well known! Yet these attacks on the most vulnerable continue. Anyone who is on ACCESS who can work, who can get a job, already has!

I am a medical provider so I work with this population, so I know firsthand the devastation of these HUMAN BEINGS losing insurance! They are medically fragile! If you do this, they will lose coverage. And if you are HUMAN, you should not be able to look yourself in the mirror.

Signed,
A HUMAN anonymous medical provider





AHCCCS Works Input from Arizona Mad Moms

1 message

Lisa Dane [REDACTED]
To: waiverpublicinput@azahcccs.gov

Mon, Mar 17, 2025 at 11:36 AM

AHCCCS Leadership:

We acknowledge that individuals with SMI designation and/or that are receiving disability benefits will be exempt from Medicaid work requirements. As members of the Arizona Mad Moms we are united that the following situations must be added to the list of exclusions for Medicaid work requirements:

A) Caregivers of individuals with SMI. The shortage of SMI beds and services has created a population of unpaid caregivers that are playing a vital, yet unfortunate role in protecting both vulnerable adults and the public.

B) Individuals with SMI diagnoses, who have not received SMI designation.

Explanation: Many individuals with an SMI condition, diagnosed or undiagnosed, have NOT received the SMI determination due to the “voluntary” nature of the evaluation itself, the inherent requirement for 6 months of functional impairment, and the mandatory wait to reapply once denied. While SMI evaluations can be conducted in “involuntary” circumstances, these provisions are limited by beds, services and other restrictions. Any provisions for work requirements should consider SMI diagnoses apart from the formal SMI designation. *Ideally, such situations should lead to prompt SMI determination assessments.*

C) Individuals with SMI diagnoses that are not receiving disability or social security income benefits.

Explanation: Many individuals disabled by an SMI condition, diagnosed or undiagnosed, are not receiving federal benefits due to the onerous nature of benefit applications, and the lack of skilled benefit specialists available to this population (including in the current SMI clinic network). *Ideally, individuals in these situations should be promptly provided with skilled benefit specialists and legal support.*

Sincerely,

Mad Mom Lisa Dane



Public comment from Arizona nurse practitioner

1 message

Lindsey Ellis [REDACTED]
To: waiverpublicinput@azahcccs.gov

Thu, Mar 20, 2025 at 9:18 PM

I am a family nurse practitioner in [REDACTED] that works with a large number of Medicaid/AHCCCS patients. I also hold a public health Masters degree from Johns Hopkins University. I have been in clinical practice for nearly 15 years, and I worked exclusively with Medicaid patients in a primary care practice for 7 years.

I have reviewed the 1115 Waiver Amendment Request "AHCCCS Works" and I am staunchly opposed to its implementation.

In my many years of practice, there were few (if any) patients on Medicaid that did not meet criteria for exception to your work requirement. You are legislating for a problem that does not exist. My first question upon learning of these work requirements was "How many people might be on Medicaid/AHCCCS that don't already qualify for an exception to the work requirement?" I then reviewed your documents in detail and was profoundly displeased to read in the FAQ document that "AHCCCS is currently assessing data to determine an estimate of the number of members who would be required to participate in AHCCCS Works. This document will be updated once an estimate is complete." I can tell you that the answer to this question is that a negligible number of people would be required to participate. Why would our elected leaders fathom creating this requirement before knowing the answer to this question???

Therefore, in requiring AHCCCS members to submit documentation of an exception to the work requirement or compliance with the work requirement, a large and expensive bureaucracy will be needed for monitoring and enforcement. The stated aim is to cut costs of Medicaid/AHCCCS. In fact, AHCCCS Works will have the opposite effect. This amendment will be quite costly for Arizona's taxpayers.

The real purpose of this requirement is to create red tape and barriers for our citizens who are most in need of care, and ultimately, to push people off of Medicaid. People on Medicaid are among the least privileged and most vulnerable in our society. It would be difficult for anyone to comply with such burdensome monthly reporting requirements. People will fail to comply--or even understand-- the requirements will lose their coverage. This may have the effect of saving dollars in the short term, but it is basic public health knowledge that uninsured people have higher healthcare costs when they end up in emergency rooms and intensive care units and require higher levels of care that could have been prevented with health insurance and primary care. So again, costs will rise for Arizona's taxpayers.

Furthermore, health care is a human right. No person should be restricted from accessing health care. A just and ethical society works to insure all of its citizens. Shame on any Arizona leader who works to strip health insurance from our fellow citizens.

In summary, I implore you to **stop implementation of 1115 Waiver Amendment Request "AHCCCS Works."** The effect of this amendment will be separating people from healthcare, increasing the bureaucracy of the Arizona government, and increasing long-term taxpayer burden for our citizens. It certainly does not serve the well-being of Arizonans or save us any money. This amendment is unnecessary and a political stunt. In failing to gather the necessary data before moving this amendment forward, our lawmakers appear incompetent. I implore you to consult public health professionals and the scientific evidence in the future.

Thank you for your attention.

Lindsey Ellis, RN, FNP-C, MPH, IBCLC
[REDACTED]



Waiver comments

1 message

Leslie Paulus [REDACTED] >

Mon, Mar 17, 2025 at 10:43 AM

To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

I am responding to the requirements that AHCCCS is proceeding with for the 2025 Ammended Section 1115 Waiver in anticipation for drastic federal cuts of funding to the program.

For those old enough to remember, having the uninsured in our community not only created poor overall public health with more not receiving care for chronic illnesses or preventative services, but it placed incredible burden on providers financially and emotionally as they could only provide emergency services and would require money up front prior to services, having to turn away persons in need. Infectious diseases have the potential to run rampant causing further economic instability . There will be large administrative costs to enrolling, then disenrolling, disqualifying, managing appealed denials for enrollment or re enrollment, interrupted services of care, even with the list of exclusions for this waiver. It puts incredible pressure on persons to keep up with this . Looking at your excluson list below do you really believe the homeless for an example will be able to continue to show routinely that they are homeless to continue services? Really? !!! What about those who have had a catastrophic event or death in family, victims of violence, etc. Adding an additional requirement to show routinely that they are on the exclusion list is onerous for them when they are already stressed. What about those with substance abuse in long treatment? I believe that even with the 6 month grace period and ability to appeal, I believe you will find that persons in poverty will give up and are at risk then for accumulating medical costs that may tip them into homelessness.

I believe you will have an administrative nightmare on your hands trying to manage who is doing what and are they on the exemption list, did they come off, did they submit that they are still working or did they volunteer and did the organization follow through to verify they are still volunteering and how many hours a week, who is going to do this consistently ? It will be intensely difficult for your health plans to manage. Will the health plans just want to leave the Medicaid business ?

What a mess this will create. Instead focus on legitimate fraud waste and abuse to recoup costs that you can.

Leslie Paulus MD, PhD, FACP



Work proposal

1 message

Linda Smith

To: waiverpublicinput@azahcccs.gov

Fri, Feb 21, 2025 at 2:33 PM

Thank God for putting able bodies to work!! No more free handouts without EARNING IT. I talk to young people who have been "disabled" because of back injury, but they can ride a bike and throw a frisbee. School or work, and if they don't participate, they get nothing. My own nephew is in his [REDACTED] and he has never worked a day in his life saying he hurt his back. He can sit and do online games for hours, smoke and drink alcohol and it makes me sick. I worked for over [REDACTED] of my life and took no handouts. I help the truly helpless, but I am tired of the lazy, scamming liars taking handouts.

They should not be able to buy junk foods or drinks, and limit how long they get help. They can fix roads, work in cleaning up the city they live in, work in prisons, etc. So many jobs could be filled by loafers. Christopher Reeves was limited to blowing into a straw to get around, yet he did public speaking. It is time to re evaluate what constitutes a "disability." It is time to re evaluate how we force people to stand on their own two feet or put them on an island in the middle of no where. They used to call it banishing and maybe it is time for a comeback.

Another thing to look at is our prison system. Look at El Salvador and how they cleaned the gangs up. We need that here in America, and most of the prisoners there are being rehabilitated after they were locked down. We can change society, but it takes everyone to do it.

Thank you for this opportunity to share my thoughts, vent, and pray for change.

Linda Smith



Medicaid requirements

1 message

Leah Wilson [REDACTED]
To: waiverpublicinput@azahcccs.gov

Sat, Feb 22, 2025 at 12:52 PM

I wanted to leave a comment. If a person is “able bodied” to work, there should be a requirement to do so. Many of us go to work to provide for our families. Our tax money can be a safety net to the vulnerable and sick. This does not include those who don't want to work.





AHCCCS WORKS Public Comments

1 message

melissa fletcher [REDACTED]

Wed, Mar 19, 2025 at 3:35 PM

To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

Cc: melissa fletcher [REDACTED]

Thank you for this public comment openness.

I am not in the age group for this possible requirement. I am aware of the implementation of this idea in Arkansas with them terminating it due to costs of implementation. Plus, Georgia is struggling presently with the problems/ cost of implementing the work requirement administratively. Is there any model of any state that is getting any benefit from this requirement other than reducing enrollees thru being caught in reporting requirement red tape?

I think most enrollees in this age group (19-55) are already employed or in college and this requirement is unnecessary and a burden to implement i.e. not cost effective.

I do I agree with the cost sharing requirements of an enrollee (to discourage non emergency usage of the ER) to help cut down on overuse of the ER.

However, if a person is unable to remain on AHCCCS with no insurance coverage they will be inclined to need to use the ER.

Thank you for considering these points for a future cost saving AHCCCS program.

Sincerely

Melissa L Fletcher
[REDACTED]

Get [Outlook for Android](#)



(no subject)

1 message

Mikaela Pope

Thu, Mar 20, 2025 at 10:00 AM

To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

I am not in support of proposed amendment to Medicaid services.
This would have devastating effects on our FQHC partners, patients and the entire care continuum.



Mikaela Pope

BHMP



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Medicaid

1 message

'Mary Whitaker' via Waiver Public Input - AHCCCS <waiverpublicinput@azahcccs.gov>

Fri, Feb 21, 2025 at 9:04 AM

Reply-To: [REDACTED]
To: waiverpublicinput@azahcccs.gov

I did not support the proposed restrictions on Medicaid recipients, including the work requirement and the lifetime limit. There are individuals who have a very low income and cannot afford healthcare, which is extremely expensive right now. There are other people who do not have a diagnosis but who are really not capable of functioning in a normal work environment. Everyone in the United States should be able to access at least basic healthcare.

Mary Whitaker
[REDACTED]



AHCCCS Works Input from Arizona Mad Moms

1 message

Marissa Auna [REDACTED]
To: waiverpublicinput@azahcccs.gov

Mon, Mar 17, 2025 at 8:52 AM

AHCCCS Leadership:

We acknowledge that individuals with SMI designation and/or that are receiving disability benefits will be exempt from Medicaid work requirements. As members of the Arizona Mad Moms we are united that the following situations must be added to the list of exclusions for Medicaid work requirements:

A) Caregivers of individuals with SMI. The shortage of SMI beds and services has created a population of unpaid caregivers that are playing a vital, yet unfortunate role in protecting both vulnerable adults and the public.

B) Individuals with SMI diagnosis, who have not received SMI designation.

Explanation: Many individuals with an SMI condition, diagnosed or undiagnosed, have NOT received the SMI determination due to the “voluntary” nature of the evaluation itself, the inherent requirement for 6 months of functional impairment, and the mandatory wait to reapply once denied. While SMI evaluations can be conducted in “involuntary” circumstances, these provisions are limited by beds, services and other restrictions. Any provisions for work requirements should consider SMI diagnosis apart from the formal SMI designation. *Ideally, such situations should lead to prompt SMI determination assessments.*

C) Individuals with SMI diagnoses that are not receiving disability or social security income benefits.

Explanation: Many individuals disabled by an SMI condition, diagnosed or undiagnosed, are not receiving federal benefits due to the onerous nature of benefit applications, and the lack of skilled benefit specialists available to this population (including in the current SMI clinic network). *Ideally, individuals in these situations should be promptly provided with skilled benefit specialists and legal support.*

Sincerely,

Mad Mom Marissa A



Comments about the AHCCCS Works proposed program

1 message

mikediaz [REDACTED]
To: waiverpublicinput@azahcccs.gov

Tue, Feb 25, 2025 at 8:06 AM

Comments about the AHCCCS Works proposed program:

Arizona proposal specifies 20 hours per week of work or school

The state's [AHCCCS Works proposal](#) includes a long list of exemptions to the work requirements, among them adults who have been determined to have a serious mental illness, are homeless, are victims of domestic violence, are full time high school students 18 and older, caregivers and people who were incarcerated within the last six months, among others.

We should make sure that alcoholics and drug addicts can get the medical care they need for rehabilitation (usually a 60 day treatment with various mental health and addiction services provided) without the need for working 20 hours/week. Once rehabilitation services are provided, a sober living or halfway house is the next step with a 2 week requirement for participants to find either (a) employment or (b) enrolled in higher education/ college. AHCCCS health care should be available to alcoholics and drug addicts to support them during rehab and the 2 week period for employment seeking.

Regards,

Michael Diaz

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]



medicare for all is the only solution

1 message

medicaidextendlives via Waiver Public Input - AHCCCS <waiverpublicinput@azahcccs.gov>

Thu, Mar 20, 2025 at
11:54 PM

Reply-To: [REDACTED]

To: Pio <pio@azahcccs.gov>, Waiverpublicinput <waiverpublicinput@azahcccs.gov>

Too many are ignoring the root causes of our collective issues and scapegoating the poor.

The truth is billionaires are corrupting our democracy and are trying to turn us into economic slaves. There is such a thing as economic rights, but Arizona officials choose to deprive people of services they need instead of making the morally correct choice in taxing the billionaire class. They do not work billions of times harder than us!

Governance is not a business! And we the people are not temp workers, temp citizens with temporary needs and we are not a means for billionaires to over-inflate their bank accounts and their value to society.

We can live without billionaires, they can't live without us!

There is no such things as Kings and subjects in America. Corporations are not people, they do not have extra rights, that means they do not have the right to steal our wages, our time, our lives... yet Arizona officials routinely ignore their deprivation, their denial and starvation of peoples of necessary services like healthcare and livable wages.

We are the only industrialized post-WWII country in the world who does not guarantee healthcare as a human right because extremists in our government work for billionaires. They work to defund the VA, defund public schools, block funding for 9/11 Responder Bills, hero's who need lifetime care, stagnate wages for public teachers and with the other hand siphon public money for personal projects and to friends of elected officials.

Corruption is the problem. Corruption bought and paid for by billionaire CEO's and dark money into local politics via Citizens United.

END CITIZENS UNITED!

Billionaires have bought out such government officials, politicians, police unions, powerful private mercenaries, school boards, who are all traitors to America and are stealing and imprisoning hungry kids, hard workers, public educators, federal workers, and public services to pay for tax-cuts for the billionaire class.

The revolution will be televised!

Income inequality is the most important issue we face as Arizonans, work requirements for the poor and the disabled is a cop-out argument designed to distract from extreme income inequality and the oligarchy that has taken over our system of government. Anyone who supports cutting benefits for the working poor while allowing billionaires make record profits are cowards and a disgrace and should apologize to us all for wasting our time with this nonsense. Again...

The solution to our collective problems are passing and enforcing common sense policy so wealthy CEO's and Billionaires pay their fair share, so corporations who steal from their workforce and work them to the grave are held accountable... billionaires like Elon Musk do not work billions of times harder than the rest of us, and we ALL deserve universal healthcare, we deserve workers rights so that we can go home to our families, we are not slaves or tax write-offs for the billionaire class.

We the people deserve the same health benefits that congress and other elected officials receive.

To do this we must overturn Citizens United and root out corrupted individuals in positions of high power and we must **TAX THE BILLIONAIRES!**

Forcing work requirements for the under-privileged is cruel and unusual and you all should be ashamed for following such ridiculous and outrageous policy advice. Shame on you.

We will not forget how corporations and their puppet politicians who pledge fealty to Wall St, to foreign adversaries, to billionaire funded extremism. We will not forgive any elected official who gives billionaires tax breaks and for starving people of food, medicine, education, housing, etc. You are out-numbered, we are legion, we are coming for you.

-Medicare For All Is The Only Solution



AHCCCS MEDICAID

1 message

Matthew Farney

To: waiverpublicinput@azahcccs.gov

Tue, Mar 4, 2025 at 10:21 PM

I am not in support of changing the requirements of the AHCCCS Program. I personally know several people who will be effected negatively from doing so. People have different situations and denying them healthcare because of their age doesn't seem right to me. Most are homeless or tirelessly holding down a minimum wage job barely getting by. THEIR HEALTHCARE IS ALL THEY HAVE. Please don't add age restricted requirements or a set number of years someone can have their healthcare. Thank you for your time and consideration.

**HB 2926 Feedback**

1 message

'Miranda Hassler' via Waiver Public Input - AHCCCS <waiverpublicinput@azahcccs.gov>

Thu, Mar 20, 2025 at 3:37 PM

Reply-To: Miranda Hassler [REDACTED]

To: [REDACTED] >

Cc: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov> [REDACTED]
[REDACTED]

Good Afternoon.

I am writing to you as a deeply concerned constituent to express my strong opposition to Arizona House Bill 2926. This proposed legislation, which seeks to impose significant restrictions on Medicaid eligibility and access, is both alarming and counterproductive. I urge you to reconsider the implications of this bill and to oppose its passage.

First, the requirement for all "able-bodied adults" between the ages of 19 and 55 to complete at least 20 hours per week of qualifying employment or educational activities to maintain AHCCCS coverage is deeply troubling. While promoting workforce participation is a laudable goal, this provision fails to account for the complex realities faced by many Medicaid recipients. Individuals may face barriers such as caregiving responsibilities, mental health challenges, or limited access to transportation and childcare. Instituting such a requirement risks penalizing those who are already struggling to make ends meet.

Second, the proposed lifetime limit of five years for Medicaid benefits for "able-bodied adults" is both arbitrary and unjust. Medicaid is a lifeline for countless individuals and families, providing essential healthcare services that enable them to lead productive lives. Imposing a cap on benefits disregards the unpredictable nature of life circumstances and economic conditions. It is a policy that prioritizes cost-cutting over compassion and common sense.

Finally, the development of cost-sharing requirements to deter nonemergency use of emergency departments and ambulance services is misguided. While it is important to address the misuse of healthcare resources, this approach risks deterring individuals from seeking necessary care out of fear of financial repercussions. Such measures could lead to worse health outcomes and higher long-term costs for the healthcare system.

HB 2926 represents a step backward in our commitment to ensuring access to healthcare for all Arizonans. It undermines the principles of fairness and equity that should guide our public policies. I urge you to stand against this legislation and to advocate for solutions that address the root causes of healthcare challenges without punishing those in need.

Thank you for your attention to this critical matter. I trust that you will consider the concerns of your constituents and act in the best interests of our community.



HB2926

1 message

Michael Johnson [REDACTED]
To: waiverpublicinput@azahcccs.gov

Thu, Mar 20, 2025 at 9:48 PM

To whom it may concern,

As an able-bodied adult and [REDACTED] resident of 8 years, who has not personally benefited from AHCCCS, I would like to express my immediate and utmost displeasure at the mere notion that the least fortunate of us should be made to suffer further simply that those whose duty it is to care for them might further line their coffers.

It is, unfortunately, doubtless of controversy to suggest that it is the duty of the able-bodied to care for those less fortunate. This should not be the case. Do we not already care for our less-able brothers and sisters? Is the purpose of AHCCCS not to free us from our otherwise burdensome obligation to pay for health insurance so that we might better care for those who need our help?

In the matter at hand, it is most clear to me that the benefits sowed by this amending of AHCCCS will not be reaped by Arizona citizens, nor the doctors or caregivers of our most needy, but instead by the amorphous elite that have tangled us in their web of deceptions and lies. They present themselves as necessary to the general welfare of our society, but my doubts are numerous.

The only costs which will be saved here are the costs to those who have already climbed the ladder, those who salivate at the thought of their pockets filling further, while those at the bottom of the pit reach desperately for the bottom rung of the ladder. This amendment seeks to raise the ladder one rung higher, and I cannot in good conscience support it.

Sincerely,

Able bodies Phoenix resident



Work Requirements

1 message

Mackie Leah

To: waiverpublicinput@azahcccs.gov

Sun, Mar 23, 2025 at 10:54 AM

Hello,

I am a Head and Neck Cancer Speech Language Pathologist. Often my cancer patients are unable to speak and/or swallow after the life saving cancer treatments. These deficits can impact patients for the rest of their lives. Asking patients who are going through this harrowing diagnosis to prove they cannot work is just mean. They are already at the poverty level if they qualify for AHCCCS and if you cannot speak and/or swallow how can you work!

In addition currently these patients cannot see a Speech Language Pathologist to learn how to speak and swallow which could help them get back to work. SB1207 would remove this exclusion so that we could at least give these patients as well as patients with stroke, ALS, MS, Parkinson's disease the tools they need to be successful in the work place. Please support SB1207 to allow these patients to regain the skills they need to re-enter the work force.

Thank you for your attention,
Leah Mackie, MSLP, CCC-SLP
Speech Language Pathologist



Medicaid Works comment

1 message

Maureen M [REDACTED]
To: waiverpublicinput@azahcccs.gov

Fri, Feb 21, 2025 at 4:31 PM

Implementing the medicaid work requirement is going to add additional burdens to those with debilitating medical conditions who are not on social security disability.

In my personal experience, I do not have the health needed to work a regular job or even a part time job. I would not be able to fulfill the work requirements and would lose my medicaid benefits. This would be very detrimental as I [REDACTED].

Maureen





The Exemption Categories Need to Be Expanded

1 message

Mog [redacted]
To: waiverpublicinput@azahcccs.gov

Thu, Feb 27, 2025 at 1:44 PM

What about people who have been on AHCCCS for 10+ years and are never expected to be able to leave the program? What about people with severe anxiety, depression, bipolar, autism, pain conditions, fatigue conditions? These conditions are biological, and they don't always go away - or even reduce to an acceptable limit - to allow for employment. And not all of these people fall under SMI.

What about cancer patients?





This Amendment Cannot Be Allowed to Pass

1 message

Mog [REDACTED]
To: waiverpublicinput@azahcccs.gov

Wed, Feb 26, 2025 at 6:54 AM

There are many adults on AHCCCS who...

- have conditions that don't qualify as "documented disabilities".
- if forced to work, will see a dramatic worsening of their conditions, costing Medicaid even more in funds.
- will be unable to work, even if forced, meaning that they will either die or put their families into further financial hardship. (Which they must already be in, due to AHCCCS' strict incoming requirements.)
- will have their conditions their entire lives, not just 5 years.
- many of those adults have kids. If forced to work, they would be forced to find childcare, which would cause them to fall into deeper poverty; or they would die, leaving behind single parent homes or even orphans. This would, ironically, put more kids on AHCCCS, costing even more in Medicaid funding.

Yes, the amendment will undoubtedly save money, because it will cut services and cause a wave of unnecessary, easily preventable deaths.

I would remind those that have the power to pass or reject this (since this will undoubtedly get political):

- both Conservatives and Democrats have health problems.
- it's impossible to tell who is who on a number sheet.
- dead people can't vote.
- lots of dead people will make for an AWFUL news cycle.
- and, nobody wants their loved ones to die. This will turn a lot of Arizonans into single issue voters real quick.

Thank you for taking the time to read this. I hope that everyone with the power to make this decision thoroughly considers the ramifications of it.



AHCCCS Works Input from Arizona Mad Moms

1 message

Maureen P [REDACTED]
To: waiverpublicinput@azahcccs.gov

Mon, Mar 17, 2025 at 10:55 AM

AHCCCS Leadership:

Please consider our input.

We acknowledge that individuals with SMI designation and/or that are receiving disability benefits will be exempt from Medicaid work requirements. As members of the Arizona Mad Moms we are united that the following situations must be added to the list of exclusions for Medicaid work requirements:

A) Caregivers of individuals with SMI. The shortage of SMI beds and services has created a population of unpaid caregivers that are playing a vital, yet unfortunate role in protecting both vulnerable adults and the public.

B) Individuals with SMI diagnoses, who have not received SMI designation.

Explanation: Many individuals with an SMI condition, diagnosed or undiagnosed, have NOT received the SMI determination due to the “voluntary” nature of the evaluation itself, the inherent requirement for 6 months of functional impairment, and the mandatory wait to reapply once denied. While SMI evaluations can be conducted in “involuntary” circumstances, these provisions are limited by beds, services and other restrictions. Any provisions for work requirements should consider SMI diagnoses apart from the formal SMI designation. *Ideally, such situations should lead to prompt SMI determination assessments.*

C) Individuals with SMI diagnoses that are not receiving disability or social security income benefits.

Explanation: Many individuals disabled by an SMI condition, diagnosed or undiagnosed, are not receiving federal benefits due to the onerous nature of benefit applications, and the lack of skilled benefit specialists available to this population (including in the current SMI clinic network). *Ideally, individuals in these situations should be promptly provided with skilled benefit specialists and legal support.*

Sincerely,

Mad Mom Maureen



AHCCCS Works

1 message

Melissa Quiroz

Thu, Mar 20, 2025 at 1:30 PM

To: waiverpublicinput@azahcccs.gov

Hi,

As a board certified behavior analyst who works with the autism population, I do not support this amendment. Especially with the current economic changes taking place, if coverage is contingent on working and privatized companies are potentially unwilling to allow people with disabilities to work for them, this amendment's requirement is inappropriate given the support these members need.

Amendment reference:

<https://www.azahcccs.gov/Resources/Federal/ahcccsworks1115waiver.html>

Melissa Quiroz, BCBA, LBA



An opinion? Children who are injured have cheated the system.

1 message

Marcus R Egge



To: waiverpublicinput@azahcccs.gov

Thu, Feb 20, 2025 at 9:40 PM

End their programs until you can insure their honesty.





AZ Bill HB2926 - Strike-Everything Amendment

1 message

Michael Smidt [REDACTED]

Thu, Mar 20, 2025 at 2:59 PM

To: waiverpublicinput@azahcccs.gov

To whom it may concern,

I am writing concerning AZ Bill HB2926. I am against this bill in the strongest terms. This bill will cost Arizona citizens their lives.

According to this bill, if you are earning even slightly more than current minimum wage or slightly more than 20 hours of work, you lose ACCCHS. Also, if you are given less than 20 hours a week, you lose ACCCHS. If you have been on ACCCHS for five years, you lose it.

This will cost people their lives due to a complete lack of medical care. I have a girlfriend who will lose all access to care if this bill passes. This not only affects the people close to me, but all Arizonans who have loved ones on ACCCHS.

This seems like a bill that will lead to deaths just to justify a little less taxes for the wealthy. I have never understood how people who claim they are Christian will allow people to die just to get a miniscule less in taxes.

Please do not pass this bill.

Thank you,
Michael L Smidt
[REDACTED], AZ



Work requirements

1 message

'Mary Weber' via Waiver Public Input - AHCCCS <waiverpublicinput@azahcccs.gov>

Thu, Feb 20, 2025 at 3:14 PM



To: waiverpublicinput@azahcccs.gov

I agree that they should have to work or community service for services. They can only receive Bennefits for a short time. And we will not support additional kids that pop up after benefits are started. This is suppose to be a helping hand to get your life back on track. Not a way of life

Mary Weber





Change to ahcccs requirements

1 message

Nanci Fisher [REDACTED]

Sun, Mar 23, 2025 at 9:05 AM

To: waiverpublicinput@azahcccs.gov

My [REDACTED] year old son gets ahcccs. He needs this help because of numerous medical conditions. His medication would cost us thousands of dollars a year without his Medicare. He works part time at an animal hospital because the people are kind and keep him around. He works about 6-8 hours a week. If billionaires are making decisions about poor sick people something is very wrong with the government. Making work requirements in other states has proved disastrous. Empathy and kindness is still important in Arizona. I hope none of you ever have this problem. Nanci and Stephen Fisher [REDACTED]

Sent from my iPhone



Grave Concerns about the AHCCCS Medicaid Works requirements & Lifetime Limits

1 message

Nancy Hann [REDACTED]
To: waiverpublicinput@azahcccs.gov

Wed, Mar 12, 2025 at 10:25 AM

To whom it may concern.

I am writing to express my deep concerns regarding the implementation of Arizona's 1115 AHCCCS Medicaid Works requirements & Lifetime Limits. While I understand the intention behind these policies, I believe they will have significant negative consequences for vulnerable individuals and families across the state.

My primary concern is that the gathering and tracking of all this information will not be cost-effective and the costs will far outweigh any savings. It seems most important to compile data showing the expected cost SAVINGS before any requirement like this is implemented.

Firstly, the requirement for recipients to work at least 20 hours per week raises substantial concerns. Many individuals who rely on Medicaid are already facing barriers to employment, such as physical & mental challenges, or lack of access to resources and transportation. Forcing them to meet a rigid work requirement could leave many struggling to comply, putting them at risk of losing essential healthcare benefits. This could disproportionately impact those who are already most vulnerable and marginalized in society.

Moreover, the lifetime limit of 5 years for receiving Medicaid benefits raises another troubling issue. For many, the challenges to employment are not easily overcome, and cutting them off from Medicaid after five years could jeopardize their health and well-being. Individuals facing recurring or chronic illnesses or other health challenges may need continued access to healthcare far beyond the proposed 5-year limit. The proposal does not take into account the complexity of life circumstances and medical needs, particularly for those who are in ongoing treatment or have long-term conditions that require sustained care. These people may appear to be able-bodied, but in reality their medical condition(s) prevent them from consistently working. One simple example is someone who has recurring migraine headaches or conditions that flare-up without warning.

Additionally, I have concerns about the implementation timeline and costs associated with this program change. The process for modifying Medicaid eligibility systems to capture compliance data, track exemptions, and verify job search activities will likely involve substantial technological infrastructure changes. These changes may require both state and federal funding, and it is unclear whether sufficient resources will be allocated for their successful implementation. Further, the timeline for implementation is still uncertain, and it is critical for policymakers, members, and community stakeholders to understand when these changes will be enacted, especially considering the potential disruption to healthcare access.

The staffing requirements for implementing this waiver are another point of concern. The additional administrative burden on both AHCCCS and the Arizona Department of Economic Security (ADES) to verify compliance, review job search activities, and manage increased appeals could create backlogs and delays in eligibility determinations. This would add stress to already strained systems and negatively impact beneficiaries, especially those who may not have access to the technology or support needed to comply with these new requirements.

Furthermore, I believe the waiver will disproportionately affect individuals in communities with high unemployment rates. While the waiver provides an exemption for individuals living in areas with high unemployment or significant barriers to employment, the process for determining eligibility for this exemption could be inconsistent. These inconsistencies, along with the additional documentation burden, could create confusion and result in even more individuals losing healthcare coverage.

Finally, I am deeply concerned about the potential consequences of these changes on the health and well-being of Arizona's most vulnerable populations. The work requirement, combined with the time limit on Medicaid eligibility, may lead to significant health disparities. Individuals who lose Medicaid coverage due to non-compliance may not have access to alternative health insurance options, leaving them without essential care. The long-term impact of these policies could result in higher emergency room visits, increased uncompensated care costs, and a worsening of health outcomes for low-income and disabled Arizonans.

I urge you to reconsider the implementation of these policies or to explore alternative solutions that ensure continued access to healthcare for all Arizonans, regardless of employment status or life circumstances. Arizona's Medicaid program should prioritize the health and well-being of its residents, particularly those who are most in need of support.

Thank you for taking the time to consider my concerns. I trust you will advocate for policies that promote health equity and ensure that all individuals, especially those with the greatest needs, have access to essential healthcare.

Sincerely,
Nancy Hann



Can we stop this garbage?

1 message

Nathan Lamar [REDACTED]
To: waiverpublicinput@azahcccs.gov

Thu, Mar 20, 2025 at 4:25 PM

Pushing people down so that some person at the top can hoard more money is insane. A close friend of mine has relied on these services because we don't pay anyone in the US 1 cent more than possible. We exploit people and dangle health care in their face to keep them in line. It's sickening. This amendment is trash and so is anyone that supports it.

-A lifetime Arizonan



Medicaid work requirements

1 message

'Nicole Thomas' via Waiver Public Input - AHCCCS <waiverpublicinput@azahcccs.gov>

Fri, Mar 7, 2025 at 2:01 PM

Reply-To: Nicole Thomas [REDACTED]

To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

I admit that when I was a teenager, plans like this made perfect sense to me, and I probably would have supported it. The intent of work requirements and lifetime insurance limits tends to be, at best, based on rudimentary understanding and logic without the experience, expert input, care, or forethought that should be involved in making such impactful decisions.

At worst, it's a disconnected, privileged, lazy, immoral, purposeful effort from adults who should know better, to limit care and quality of life for people in Arizona, maintain the status quo, increase the supply of underpaid labor, and pass the buck onto individuals and healthcare facilities under the guise of promoting accountability.

I can't imagine anyone actually working in the healthcare or case management field was consulted for this plan. By simply adding additional requirements with no adjustments to the system overall, the main result is simply a significant increase in tedious work and reduction in availability for the already overworked, understaffed, and hard-to-reach employees, increasing the likelihood that they burn out and/or quit, reducing efficiency and accessibility even more and wasting more time and money than it would even potentially save in the best case scenario.

The vast majority of people on AHCCCS are already working and provide evidence of that at application and renewal, and less efficient, more costly, more frequent, and more time-consuming monthly verification of hours only places an additional obstacle on the clients and additional burden on the staff. You're also suggesting doing so without a system in place to determine if and when people are "able-bodied" and can reasonably be expected to work at that time.

Putting a lifetime cap on AHCCCS also makes no logical sense without implementing any changes to address underlying causes for the reliance on AHCCCS or providing any plan for those individuals as far as what else to do and how to obtain feasible alternatives.

The current AHCCCS system already punishes people for working and advancing in their career and provides no tiered or sliding-scale approach for managing costs for AHCCCS or the people of Arizona who don't currently qualify for AHCCCS. The AHCCCS system is also already less accessible to people who are working, so it seems hard to believe that this is a big-picture, well-informed, good-intentions proposal. The AHCCCS system also punishes marriage and people who aren't regularly cranking out more kids. The AHCCCS system also does not work with other agencies or services like unemployment, work force development, career and vocational education, financial education, judicial and correctional facilities, or health education to reduce dependency on government aid. All of these things are already in opposition to the responsible, self-sustaining, work-ready citizens you claim to be wanting. Those might be more logical places to start if the goal is truly reducing wasteful spending, avoidance of work, and lifetime dependency on government aid.

Obviously, we want people to contribute and develop the skills and resources to be more self-reliant and not entirely dependent on the government. Obviously, we want to reduce wasteful spending. This proposal accomplishes neither of those goals. Absolutely nothing in this proposal was well thought out with the goal of creating long term solutions. Either be honest about the goals or create a plan that would actually work toward reaching the stated goals.

If you truly want to help people and/or you truly want to reduce costs, worry first about causes, not symptoms. Set goals, then do the research, consult with experts in these fields, and make comprehensive logical bipartisan plans (ones that take the many very predictable effects into consideration) to reach those goals. Don't jump at short-sighted "solutions" that are based on middle-school-level logic and problem-solving skills and the politicization of human and health issues.



AHCCCS Works Input from Arizona Mad Moms

1 message

Nancy Zampini

To: waiverpublicinput@azahcccs.gov

Sun, Mar 16, 2025 at 10:17 PM

AHCCCS Leadership:

We acknowledge that individuals with SMI designation and/or that are receiving disability benefits will be exempt from Medicaid work requirements. As members of the Arizona Mad Moms we are united that the following situations must be added to the list of exclusions for Medicaid work requirements:

A) Caregivers of individuals with SMI. The shortage of SMI beds and services has created a population of unpaid caregivers that are playing a vital, yet unfortunate role in protecting both vulnerable adults and the public.

B) Individuals with SMI diagnoses, who have not received SMI designation.

Explanation: Many individuals with an SMI condition, diagnosed or undiagnosed, have NOT received the SMI determination due to the “voluntary” nature of the evaluation itself, the inherent requirement for 6 months of functional impairment, and the mandatory wait to reapply once denied. While SMI evaluations can be conducted in “involuntary” circumstances, these provisions are limited by beds, services and other restrictions. Any provisions for work requirements should consider SMI diagnoses apart from the formal SMI designation. *Ideally, such situations should lead to prompt SMI determination assessments.*

C) Individuals with SMI diagnoses that are not receiving disability or social security income benefits.

Explanation: Many individuals disabled by an SMI condition, diagnosed or undiagnosed, are not receiving federal benefits due to the onerous nature of benefit applications, and the lack of skilled benefit specialists available to this population (including in the current SMI clinic network). *Ideally, individuals in these situations should be promptly provided with skilled benefit specialists and legal support.*

Sincerely,
Mad Mom Nancy



AHCCCS Works Input from Arizona Mad Moms

1 message

Pauline Herrera [REDACTED]

To: waiverpublicinput@azahcccs.gov

Sun, Mar 16, 2025 at 10:07 PM

AHCCCS Leadership:

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Sincerely,
Mad Mom Pauline



Work Requirements Comment

1 message

Patrick Dyl-Joyce

To: waiverpublicinput@azahcccs.gov

Fri, Feb 21, 2025 at 7:37 AM

I am writing to express my strong opposition to the implementation of work requirements for Medicaid. While I recognize the need for responsible use of taxpayer dollars and for encouraging self-sufficiency, I believe that imposing work requirements on Medicaid recipients will negatively impact the most vulnerable individuals in our society.

Medicaid provides essential healthcare coverage to millions of low-income individuals and families, including children, elderly people, individuals with disabilities, and working adults who often find themselves caught in difficult financial situations. These individuals rely on Medicaid not as a handout, but as a vital lifeline to maintain their health and well-being.

Requiring individuals to work in order to access Medicaid could have severe consequences for those who are already struggling. Many Medicaid recipients face barriers to employment, such as mental health issues, disability, caregiving responsibilities, or living in areas with limited job opportunities. Adding work requirements may lead to unnecessary bureaucracy and administrative hurdles that could result in people losing their healthcare coverage, even if they are still in need of it.

Additionally, studies have shown that work requirements have not consistently led to better outcomes for individuals. Instead, they often result in people being pushed off of Medicaid rolls and left without access to necessary medical care, which can lead to worse health outcomes and even higher long-term healthcare costs.

I urge you to consider the consequences of work requirements and the effect they will have on people's health and livelihoods. Rather than imposing such requirements, I believe that efforts should be focused on expanding access to healthcare and providing support for individuals to gain economic stability in ways that don't put their health at risk.

I strongly encourage you to reconsider these policies and to focus on solutions that will improve access to healthcare for all individuals, regardless of employment status. Thank you for your time and consideration.

Patrick Dyl



Ahcccs

1 message

'Patsi Kerin' via Waiver Public Input - AHCCCS <waiverpublicinput@azahcccs.gov>

Fri, Feb 21, 2025 at 12:37 PM

Reply-To: [REDACTED]

To: waiverpublicinput@azahcccs.gov

All parents with teenage children in school full time should have to work!! Single parents have to have a job to support their kids!! Why not two parent families? If their kids are in high school they should both have jobs. And if they live with their parents (grown kids and their children) they should not be getting any benefits!!!



March 20, 2025

Carmen Heredia
AHCCCS Director
801 E. Jefferson
Phoenix, AZ 85034

Dear Director Heredia:

Postpartum Support International's Arizona Chapter appreciates the opportunity to provide comments regarding the proposed Medicaid waiver amendment. We appreciate that AHCCCS is responding to a requirement by the Arizona Legislature and has worked to identify important exemptions to the AHCCCS Works program and provide a grace period.

PSI has concerns that otherwise eligible members will lose their AHCCCS coverage due to the work requirements and time limits which will worsen health outcomes, increase uncompensated care, and significantly increase administrative costs.

Postpartum Support International (PSI) is the world's leading non-profit organization dedicated to helping those suffering from perinatal mood disorders, the most common complication of childbirth. Our Mission is to increase awareness, education, prevention, and treatment of perinatal mental health issues affecting individuals, their families, and support systems in all areas of Arizona.

Work Requirements

Arizona should not impose work requirements nor terminate or lock out individuals for failure to comply. As the federal courts have consistently found, work requirements do not promote the objectives of the Medicaid program, which is based on providing health coverage. Instead, they result in the loss of health care coverage. These types of requirements conflict with Medicaid's objective of providing medical assistance.

While infants and children are exempt from the requirements, parental coverage also affects infants and children's economic security and overall well-being. The loss of coverage for parents who do not meet the new requirements will negatively affect the health and security of their infants and children especially for mothers who may be going through mental health issues that require medical care.

In addition, the evidence shows that work requirements do not promote employment. Health coverage itself is a work support – it helps people get and stay healthy enough to find jobs and keep working. Many people are able to work because they can keep chronic and mental health conditions under control through AHCCCS coverage. Making worksearch a precondition for Arizonans to access health coverage adds yet another barrier to employment.

The proposal would undoubtedly create a churn of individuals who are in and out of compliance with the work requirement as they are moved into a “suspended” status. Churn not only creates gaps in coverage for enrollees but would also affect providers and disrupt beneficiary services. It also significantly increases the administrative burden and cost.

Time Limits

Time limits very clearly do not promote the objectives of the Medicaid program, as they inherently limit coverage after an arbitrary period of time. When families do not have health care coverage, they delay receiving care allowing their health to deteriorate before seeking more expensive forms of care. The lifetime ban will significantly increase the amount of uncompensated care.

If approved, the lifetime limit would lead to more people losing health insurance and being forced to use the emergency room as their only place for health care. The emergency room is the most expensive place to receive health care and its overuse would burden the healthcare system for everyone.

Infant, Children and parents would undoubtedly be negatively impacted by their parent’s health crisis and inability to pay for treatment

There is also a question of whether someone who is subject to a one-year or lifetime ban, but then becomes medically frail or eligible for an exemption will be able to have the ban lifted and obtain needed health care coverage.

Administrative Burden

There will be enormous administrative costs to the state given the complexity of tracking work activities, tracking months countable toward the time limit, implementing a new data collection process, and having a system in place to identify and track exemptions. A [GAO report](#) on work requirements approved during the first Trump administration found that estimated administrative costs were up to \$272M dollars.

The experience of other states in implementing work requirements has been administratively cumbersome, with implementation topping \$26 million in Arkansas and \$53 million in Georgia.¹ Arkansas, the only state to remove coverage for not complying with work requirements, found no increase in employment among those subject to the new work requirements, but numerous Medicaid members lost their coverage, often due to not knowing about the compliance requirements.²

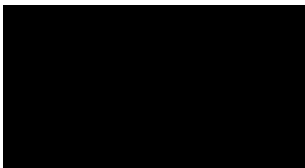
We support the state’s goal to help individuals that are capable of work find and retain employment. We recommend the state pursue a voluntary work support program, as implemented in other parts of the country that preserves health care coverage. Arizona should learn from the experience of other states and not impose work requirements that are not effective and are more costly than expected.

Summary

Arizona's Medicaid system is nationally respected and acts as a critical safety net for hundreds of thousands of working families. Creating barriers for adults to maintain health coverage **will only hurt families** by threatening their health and making it hard for them to get jobs and stay working while increasing administrative burdens on the state.

Thank you for the opportunity to respond to the waiver proposal.

Sincerely,



Elizabeth Wood
Board Chairperson
Arizona Chapter
Postpartum Support International



AHCCCS Works Input from Arizona Mad Moms

1 message

PAUL ZAMPINI [REDACTED]

Sun, Mar 16, 2025 at 10:19 PM

To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

AHCCCS Leadership:

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Sincerely,
Mad Dad Paul



I oppose

1 message

Roni Laxa [REDACTED]
To: waiverpublicinput@azahcccs.gov

Thu, Mar 20, 2025 at 3:35 PM

Stop targeting poor and vulnerable people with your unnecessarily cruel ahcccs restrictions and requirements.

Rowena Laxa

[REDACTED], AZ [REDACTED]

Sent from Roni's iPhone

**NOT IN SUPPORT OF AHCCCS (Arizona Medicaid)**

1 message

Robbin Brooks

Thu, Mar 20, 2025 at 8:20 PM

To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

NOT IN SUPPORT OF AHCCCS (Arizona Medicaid) on an amendment that would:

- | | | |
|---|---|---|
| 1. Institute a work requirement for all “able-bodied adults” receiving Medicaid services (meaning that between the ages of 19 and 55 to complete qualifying employment or educational activities for at least 20 hours per week to qualify for AHCCCS coverage) | 2. Place on “able-bodied adults” a lifetime limit of five years of Medicaid benefits | 3. Develop and impose cost-sharing requirements to deter both the nonemergency use of emergency departments and the use of ambulance services for nonemergency transportation |
|---|---|---|

This would have devastating effects on our FQHC partners and the entire care continuum. As a Mater Level Social Worker, this is not something I can or will support. Too many patients will be negatively impacted by this action.

**Robbin Brooks****Therapist**

e. [REDACTED]

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No

1 message

Redmond Fam

To: waiverpublicinput@azahcccs.gov

Thu, Feb 20, 2025 at 6:25 PM

It's my opinion that requiring people work for the food is concerning.

What happens to Moms raising their kids while Dad is working?

Her job is invaluable and is a full time job. Adding a work requirement to her as the home's mental and emotional support could have long term damage to the development of the kids not having their Mom accessible.

I actually know more people on food stamps that work and are still scraping by. This would make life even more difficult in an already unbearably harsh world.





AHCCCS Amendment

1 message

Reese Galvin [REDACTED]

Thu, Mar 20, 2025 at 11:39 AM

To: waiverpublicinput@azahcccs.gov

To whom it may concern,

As an able-bodied adult and [REDACTED] resident who has not personally benefited from AHCCCS, I would like to express my immediate and utmost displeasure at the mere notion that the least fortunate of us should be made to suffer further simply that those whose duty it is to care for them might further line their coffers.

It is, unfortunately, doubtless of controversy to suggest that it is the duty of the able-bodied to care for those less fortunate. This should not be the case. Do we not already care for our less-able brothers and sisters? Is the purpose of AHCCCS not to free us from our otherwise burdensome obligation to pay for health insurance so that we might better care for those who need our help?

In the matter at hand, it is most clear to me that the benefits sowed by this amending of AHCCCS will not be reaped by Arizona citizens, nor the doctors or caregivers of our most needy, but instead by the amorphous elite that have tangled us in their web of deceptions and lies. They present themselves as necessary to the general welfare of our society, but my doubts are numerous.

The only costs which will be saved here are the costs to those who have already climbed the ladder, those who salivate at the thought of their pockets filling further, while those at the bottom of the pit reach desperately for the bottom rung of the ladder. This amendment seeks to raise the ladder one rung higher, and I cannot in good conscience support it.

Cordially,
A Concerned Citizen



Public comments AHCCCS Works Waiver

1 message

Richard Lincoln [REDACTED]
To: waiverpublicinput@azahcccs.gov

Tue, Feb 25, 2025 at 11:43 AM

To whom it may concern,

I am a constituent living in [REDACTED], AZ and am writing to provide my comments on the draft proposal.

1. In other states that have implemented a similar work requirement lots of people met the community engagement/work requirements but weren't able to successfully document their service or work or didn't know how to and were thrown off Medicaid even though they were doing what was required of them. *What's your plan to address this?*
2. I do think the exempt population list is well thought out and encompasses a lot of vulnerable populations in need of additional support
3. I am also concerned about the 5 year lifetime cap; a lot of vulnerable populations are transient/don't necessarily have all their documentation or know how to obtain it. *What's your plan to ensure everyone who should be receiving exemptions isn't prevented from access to healthcare because they don't know how to navigate the system?*
4. *Will there be an appeal process for the lifetime cap? Will an individual lose access to care if their hours fluctuate between 15-30hrs a week? What documentation/requirements will you have for individuals to become exempt- for these documents, to obtain a new one is there a financial barrier?*

Thank you for your time.

Richard "Woody" Lincoln, [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]



Re: HB 2926

3 messages

'R Mesch' via Waiver Public Input - AHCCCS <waiverpublicinput@azahcccs.gov>

Thu, Mar 20, 2025 at 11:47 AM

Reply-To: R Mesch [REDACTED]

To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

To Whom It May Concern,

I strongly oppose HB2926.

As a new father, the importance of healthcare access has never been clearer to me.

Throughout my life, I've known many good people that were able to turn their life around after a challenging period due to access to Medicaid (AHCCCS) .

Healthcare is not a luxury; it is a necessity. The small portion of tax dollars that went toward keeping my friends and family healthy and able to work was an investment—one that has paid off in the services they provided as caring mothers, nurses and pillars of the community. Cutting Medicaid in the name of "cost savings" is not just reckless—it's a direct attack on the well-being of families, workers, and the entire community.

If we start slashing essential programs like this, we have to ask: What are our taxes really funding, and who truly benefits from these cuts? Because it certainly isn't families like mine.

To those who have the power to stop this bill—we see you, we know you understand what's right, and we will remember how you choose to act.

Sincerely,

Ryan Mesch

A Father & Hardworking Citizen

Sent with [Proton Mail](#) secure email.



AHCCCS Works input from Arizona Mad Moms

1 message

'Rachel S' via Waiver Public Input - AHCCCS <waiverpublicinput@azahcccs.gov>

Sun, Mar 16, 2025 at 10:31 PM

Reply-To: Rachel S [REDACTED]

To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

AHCCCS Leadership:

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Sincerely,

Rachel Streiff
Arizona Mad Moms
[REDACTED]



AHCCCS Works Input from Arizona Mad Moms

1 message

Sharon Barnes [REDACTED]
To: waiverpublicinput@azahcccs.gov

Mon, Mar 17, 2025 at 8:15 AM

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Sincerely,

Mad Mom Sharon



AHCCCS Works Input from Arizona Mad Moms

1 message

'Stacey Cobb' via Waiver Public Input - AHCCCS <waiverpublicinput@azahcccs.gov>

Mon, Mar 17, 2025 at 10:40 AM

Reply-To: Stacey Cobb [REDACTED]

To: waiverpublicinput@azahcccs.gov

AHCCCS Leadership:

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Sincerely,

Mad Mom Stacey

Sent from my iPhone



AZ AHCCCS Work Requirements

1 message

Steven & Tracey Jiles

Tue, Mar 18, 2025 at 8:21 AM

To: waiverpublicinput@azahcccs.gov

Hello,

My name is Steven Jiles, a state of AZ resident. In recent news it is reported that AZ AHCCCS is considering implementing work requirements for beneficiaries. I support the idea of a work requirement, but on a case by case basis, depending on the mental and physical health of the individual, as certified by a licensed medical doctor or psychologist. With this in mind, depending on the individuals mental and physical capabilities, there are many work options available to eligible individuals, from sedentary remote work, to customer facing service work. So an individual would need to prove medically and psychologically, that all work options are either unavailable or unattainable, in order to be exempted from the AZ AHCCCS Work requirements. These work requirements should Not be applied to individuals who are either:

- 1) Under 18 years of Age
- 2) Fully and totally disabled
- 3) Temporarily incapacitated due to an illness or injury
- 4) Over 65 years of age

Thessalonians 3:10 states, "For even when we were with you, we commanded you this: If anyone will not work, neither shall he eat."

Steven Jiles

"But I say to you, love your enemies, bless those who curse you, do good to those who hate you, and pray for those who spitefully use you and persecute you."

(Matthew 5:44 - New King James Version)

<https://www.youtube.com/c/MainPointMinistries>



AHCCCS

1 message

'Sherry Pacino' via Waiver Public Input - AHCCCS <waiverpublicinput@azahcccs.gov>

Fri, Feb 21, 2025 at 8:24 PM

Reply-To: [REDACTED]

To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

I don't think the program should be changed at all! I have a [REDACTED] that has a [REDACTED] n and sometimes has over [REDACTED] a day. Losing health insurance could be life changing and risk [REDACTED] Please leave it as is. Please think about how many you'll be hurting!

[Yahoo Mail - Email Simplified](#)





Public opinion on arizona medical

1 message

'susan polka' via Waiver Public Input - AHCCCS <waiverpublicinput@azahcccs.gov>

Thu, Feb 20, 2025 at 11:21 PM

Reply-To: [REDACTED]

To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

In my opinion I would not include the people who are mentally ill, they would have a formal letter stating that they are s.m.i.

Also if you live in a rural area where there is no public transportation and they can't drive, how can they even comply?

I hope you consider this when adjusting the medical and food stamps. They truly need the assistance.

Thank you

Susan polka dated February 20th, 2025

[Yahoo Mail - Email Simplified](#)





NON support of amendment change

1 message

Shannon Schneider [REDACTED]
To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

Thu, Mar 20, 2025 at 1:43 PM

I am not in support of the amendment change for Medicaid. This will have devastating effect on FQHC's

Thank you,
Shanno Schneider PMHNP-BC

**Shannon Schneider****BHMP**

e. [REDACTED]

This email may contain confidential protected health information and/or proprietary information belonging to the sender that is legally privileged under local, state, or federal law. This information is intended only for the use of the individual or individuals who have received this. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of this email is strictly prohibited. If you have received this email in error, please notify the sender immediately to arrange for the disposal of this information.



AHCCCS Works Input from Arizona Mad Moms

1 message

sandra seby [REDACTED]

To: waiverpublicinput@azahcccs.gov

Sun, Mar 16, 2025 at 10:49 PM

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Sincerely,

Mad Mom Sandra

(Supporting my SMI [REDACTED] y/o daughter who cannot function for the last 7 years)



AHCCCS Works Input from Arizona Mad Moms

1 message

'sonia slomba' via Waiver Public Input - AHCCCS <waiverpublicinput@azahcccs.gov>

Mon, Mar 17, 2025 at 6:58 AM

Reply-To: sonia slomba [REDACTED]

To: waiverpublicinput@azahcccs.gov

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Sincerely,

Sonia Slomba



AHCCCS

1 message

Summer Smalley [REDACTED]

Fri, Feb 21, 2025 at 5:55 PM

To: waiverpublicinput@azahcccs.gov

Hello,

I am writing to express my strong opposition to the implementation of work requirements and lifetime limits for Arizona Health Care Cost Containment System (AHCCCS) recipients. While I understand the intent behind these policies, they would create significant barriers to healthcare access for some of our state's most vulnerable residents. Many AHCCCS recipients are already working, caring for family members, managing chronic health conditions, or facing barriers to employment such as disability, lack of childcare, or transportation issues. Enforcing work requirements would disproportionately harm low-income individuals, people with disabilities, and those in rural areas with limited job opportunities. Rather than promoting self-sufficiency, this policy risks stripping essential healthcare from those who need it most.

Additionally, imposing lifetime limits on AHCCCS coverage would have devastating long-term effects. Healthcare is not a privilege that should be rationed based on arbitrary time limits—it is a necessity. Many individuals experience fluctuations in their financial and health situations throughout their lives, and restricting access to care after a set period could leave people without coverage when they need it most. Instead of punitive measures like lifetime limits, Arizona should focus on policies that improve access to healthcare, job training, and social support systems. Investing in these areas will better serve Arizona's residents and economy in the long run.

I urge you to reject work requirements and lifetime limits for AHCCCS and instead prioritize policies that expand, rather than restrict, access to healthcare. Thank you for your time and consideration. I appreciate your commitment to the well-being of Arizonans and hope you will take a stance that protects our most vulnerable communities.

Sincerely,

Summer Smalley



No Work Requirements

1 message

Stephanie Austin

To: waiverpublicinput@azahcccs.gov

Sat, Mar 1, 2025 at 4:34 PM

Good afternoon,

The people I know who benefit from AHCCCS are children and disabled adults.
No work requirements.

Thank you,

Stephanie Austin-Johnson





AHHHCS & ALTCS Budget Cuts

1 message

'Shane Burgess' via Waiver Public Input - AHCCCS <waiverpublicinput@azahcccs.gov>

Fri, Feb 21, 2025 at 1:54 PM

Reply-To: [REDACTED]

To: waiverpublicinput@azahcccs.gov

Dear Reader,

I became severely disabled in [REDACTED], due to my [REDACTED]. Since then, I've had other health issues, and systemic issues that being a hypothetical "healthy," candidate at [REDACTED], that I should be able to work. I tried even an ad-hoc job, and was unable to even do that! I'm currently in a [REDACTED] y), due to many issues, and needing help with managing all of them.

If I was expected to work, or lose my [REDACTED], or, only be able to have it for five years, would be an insult from petulant sycophants who'd rather abide by the demands of a dictator, then follow the democratic process and help those that need help! Tell Trump, if he cuts Medicaid to Arizona, that he would be sued for endangering the welfare of Arizona's citizens, such as the children, elderly (which Trump IS), and the disabled! If I had to work to get my [REDACTED], and even with it, I have to PAY a shared cost of [REDACTED] a month to be in [REDACTED] I am in! If I earn more than, say, [REDACTED], a month I'd lose my [REDACTED], and possibly my life too, due to the physical stressors. Something no Republican seems to give a care in the world for! Trump, has even openly mocked disabled people many times

The Republicans in office right now, have prompted me to change my political party affiliation when it comes to voting. If my [REDACTED], expects me to work, then they can be expected to pay my family for my funeral expenses!

Respectfully,

Seane S. Burgess - Proud Centralist Democrat

[REDACTED]



No to work requirement

1 message

'Stephanie Carrico' via Waiver Public Input - AHCCCS <waiverpublicinput@azahcccs.gov>

Fri, Feb 21, 2025 at 10:51 AM

Reply-To: [REDACTED]

To: waiverpublicinput@azahcccs.gov

Hello,
I strongly disagree with inacting a work requirement to receive ahccs benefits.
Healthcare should be considered a human right. I strongly support healthcare for all.
Thank you,
Stephanie Carrico





(no subject)

1 message

Sherri Davis [redacted]
To: waiverpublicinput@azahcccs.gov

Fri, Feb 21, 2025 at 6:12 PM

I agree with this decision.





AHCCCS Work Requirement

1 message

Spencer Everingham [REDACTED]

To: waiverpublicinput@azahcccs.gov

Fri, Feb 21, 2025 at 1:09 AM

I do not want the addition of a work requirement to AHCCCS.

Proponents have not shown that this requirement will improve the AHCCCS program in any way -- either for those receiving the benefit or those providing the benefit. Imposing a work requirement does not guarantee that those utilizing the program will be able to find work and puts their health insurance at risk when they are unemployed because of market circumstances. Wishing work into existence has always failed.

Also, the requirement will cause people additional stress during a time which is already stressful -- when people are financially unstable. Additional stress means additional illness -- which means more trips to the emergency room leading to medical bills people simply can not pay!

Third, an AHCCCS work requirement extending through the 55th year of life is illogical given that the SNAP work requirement extends through the 54th year of life. No proof has been put forward that the SNAP work requirement has saved the program significant money, but considerable evidence shows that that requirement increased food insecurity. That insecurity caused stress on top of hunger, which causes illness, which causes avoidable emergency room visits, which causes unpayable medical bills. This leads to more burden on the health care system and anxiety for people.

An AHCCCS work requirement will be detrimental to our health.

Do not implement it.

Spencer Everingham
[REDACTED]



Sb 1092

1 message

suzanne meow meow falk [redacted]
To: waiverpublicinput@azahcccs.gov

Thu, Feb 20, 2025 at 1:40 PM

I do not support this bill - how exactly are you going to make sick people work when unable and what is community engagement and how exactly is that tracked without an invasion of privacy. Who decides what work is valid and what "community engagement" qualifies. Way too much too for casualties who can not have health care in any other way.
Seems pretty barbaric tbh for 2 million Arizona residents.
Try scraping the bottom of another barrel.

S falk





AHCCCS Works Waiver Amendment Request Comments

1 message

Stefanie Hymovitch

To: waiverpublicinput@azahcccs.gov

Thu, Feb 27, 2025 at 1:32 PM

How does this proposal further or attempt to further the Medicaid program purpose (i.e., furnish medical assistance)?

-Stefanie H



**Comment re: AHCCCS Works**

1 message

Stephanie Johnson

To: waiverpublicinput@azahcccs.gov

Sat, Feb 22, 2025 at 12:02 PM

Good afternoon,

I'm writing regarding the AHCCCS Works proposal before the legislature. As written in the proposals, it states that there would be a requirement for specific age groups noting a requirement to work at least 20 hours per week in order to maintain the benefit.

As a tax paying citizen who has worked since the age of [REDACTED], to provide for daily necessities; there is no excise for someone who is able bodied within the noted ages ranges of 19-55 to not work. In addition to the requirement of work to access the benefit, there should also be required drug testing to maintain the benefit. The lifetime benefit is also spot on. All government assistance programs have been designed from inception to be short term supports for those truly in need. They were never designed for individuals to "take advantage" of those benefits for long periods of time. Rather, our current models have incentivized individuals to NOT work and to not pay into the system.

As a mother of [REDACTED] who is a [REDACTED] more than half of my monthly income goes to simply having insurance for my children. I pay [REDACTED] to carry around a card that says I have insurance, while continually being denied coverage for my ill children from [REDACTED]. In addition, just to walk into the office of an in network provider, I pay a minimum of [REDACTED]. That does not include any labs, services, etc. As a [REDACTED], I only make [REDACTED] before takes and retirement are taken out. Then add [REDACTED] for insurance. I barely survive each month, simply ensuring my children are fed and clothed.

Individuals with SNAP benefits eat better than me and my family and have access to junk food or "treats" such as eating at Subway, with my tax paying dollars. Yet, I am not able to afford to eat out with my family at the same place.

Our government officials and agency leaders need to do better. There needs to be more checks and balances when it comes to government assistance. Those who are eligible need to be monitored to ensure that they are trying to do better and obtain opportunities to where they no longer need that assistance. Thus, the original concept of short term assistance.

I will also say that providers who offer life saving scans such as mammograms have suddenly dropped health care groups such as UHC for those who have employer insurance plans, yet have continued to maintain converge for those who have AHCCCS. That is because providers receive greater payments from AHCCCS and don't have to hassle with instance carriers. Therefore, the bottom line is that if you have AHCCCs, you have the best insurance in this state. Why would you want to move from that full coverage to crappy coverage unless you were forced to.

Therefore, I am in full support of lifetime limits for AHCCCS, work requirements in order to be eligible and drug testing while you are eligible.

AHCCCS Works applies to specific groups of adults, ages 19 to 55, requiring them to engage in at least 20 hours per week of employment or educational activities, or other qualifying activities like looking for a job or community service to remain eligible for coverage.

Respectfully,



My Opinion

1 message

Suzan Kelly

To: waiverpublicinput@azahcccs.gov

Thu, Feb 20, 2025 at 2:53 PM

You cannot put work requirements on recipients that are in need. A great deal is set up for children. Since this is Federal money coming in for Medicaid I would advise you not to do this because you will be slapped with a lawsuit. You cannot put limits like 5 years. What you could as what was done in the past is give people a low cost medical insurance so they can get the medical help they need.

Suzan Kelly





Work requirement for AHCCCS

1 message

'stacy lopez' via Waiver Public Input - AHCCCS <waiverpublicinput@azahcccs.gov>

Sun, Feb 23, 2025 at 6:02 PM

Reply-To: stacy lopez [REDACTED]

To: waiverpublicinput@azahcccs.gov

What about the person that is physically unable to work due to heart failure , and doesn't meet the criteria for SSDI or SSI

[REDACTED]





AHCCCS

1 message

Susan Peppers

To: waiverpublicinput@azahcccs.gov

Thu, Feb 20, 2025 at 1:46 PM

I approve of the very limited work requirements in the proposed law. 80 hrs/mth is much less than most taxpayers need to work. Best of all, work is empowering for those on public assistance & we provide lots of low cost transportation. Thank you, Susan Peppers





AHCCCS Works Input from Arizona Mad Moms

1 message

Sophia Rogers

To: waiverpublicinput@azahcccs.gov

Sun, Mar 16, 2025 at 10:18 PM

AHCCCS Leadership:

We acknowledge that individuals with SMI designation and/or that are receiving disability benefits will be exempt from Medicaid work requirements. As members of the Arizona Mad Moms we are united that the following situations must be added to the list of exclusions for Medicaid work requirements:

A) Caregivers of individuals with SMI. The shortage of SMI beds and services has created a population of unpaid caregivers that are playing a vital, yet unfortunate role in protecting both vulnerable adults and the public.

B) Individuals with SMI diagnoses, who have not received SMI designation.

Explanation: Many individuals with an SMI condition, diagnosed or undiagnosed, have NOT received the SMI determination due to the “voluntary” nature of the evaluation itself, the inherent requirement for 6 months of functional impairment, and the mandatory wait to reapply once denied. While SMI evaluations can be conducted in “involuntary” circumstances, these provisions are limited by beds, services and other restrictions. Any provisions for work requirements should consider SMI diagnoses apart from the formal SMI designation. *Ideally, such situations should lead to prompt SMI determination assessments.*

C) Individuals with SMI diagnoses that are not receiving disability or social security income benefits.

Explanation: Many individuals disabled by an SMI condition, diagnosed or undiagnosed, are not receiving federal benefits due to the onerous nature of benefit applications, and the lack of skilled benefit specialists available to this population (including in the current SMI clinic network). *Ideally, individuals in these situations should be promptly provided with skilled benefit specialists and legal support.*

Sincerely,

Sophia Rogers
Mad Mom



(no subject)

1 message

Susan Scobie



To: waiverpublicinput@azahcccs.gov

Fri, Feb 21, 2025 at 11:15 AM

If they can not find employment , 80 hours a month of community service works





No to AHCCCS work requirements

1 message

Stefanie [redacted]
To: waiverpublicinput@azahcccs.gov

Tue, Feb 25, 2025 at 5:31 PM

This idea will just cause unnecessary litigation costs for the state. People shouldn't have to document that they are working to get healthcare especially when the Medicaid eligibility requirements are already so stringent. This measure does nothing to improve the health of Arizonans, and only increases administrative burden for the state.

Stefanie





AHCCCS Works Input from Arizona Mad Moms

1 message

spete5678 [REDACTED]
To: waiverpublicinput@azahcccs.gov

Mon, Mar 17, 2025 at 12:41 PM

AHCCCS Leadership:

We acknowledge that individuals with SMI designation and/or that are receiving disability benefits will be exempt from Medicaid work requirements. As members of the Arizona Mad Moms we are united that the following situations must be added to the list of exclusions for Medicaid work requirements:

A) Caregivers of individuals with SMI. The shortage of SMI beds and services has created a population of unpaid caregivers that are playing a vital, yet unfortunate role in protecting both vulnerable adults and the public.

B) Individuals with SMI diagnoses, who have not received SMI designation.

Explanation: Many individuals with an SMI condition, diagnosed or undiagnosed, have NOT received the SMI determination due to the “voluntary” nature of the evaluation itself, the inherent requirement for 6 months of functional impairment, and the mandatory wait to reapply once denied. While SMI evaluations can be conducted in “involuntary” circumstances, these provisions are limited by beds, services and other restrictions. Any provisions for work requirements should consider SMI diagnoses apart from the formal SMI designation. *Ideally, such situations should lead to prompt SMI determination assessments.*

C) Individuals with SMI diagnoses that are not receiving disability or social security income benefits.

Explanation: Many individuals disabled by an SMI condition, diagnosed or undiagnosed, are not receiving federal benefits due to the onerous nature of benefit applications, and the lack of skilled benefit specialists available to this population (including in the current SMI clinic network). *Ideally, individuals in these situations should be promptly provided with skilled benefit specialists and legal support.*

Sincerely,

Mad Mom Susan



NOT IN SUPPORT1 message

'Sarah E Wallace' via Waiver Public Input - AHCCCS <waiverpublicinput@azahcccs.gov>

Thu, Mar 20, 2025 at 11:04 AM

Reply-To: Sarah E Wallace [REDACTED]

To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

To whom it may concern:

I am not in support of the proposed AHCCCS amendments.

While only on AHCCCS for a short time DUE to unemployment, AHCCCS was the only way I was able to get the mental health counseling I needed to remain alive to get another job. To put work requirements on able bodied people who are probably already having a difficult time finding employment makes no sense and is bad for our society.

Perhaps try raising the minimum wage and lowering housing costs so people can afford to live. Perhaps try Healthcare for everyone, not tied to a job or job requirements.

I own a small business and the state's MAXIMUM work requirements for my employees to KEEP their health benefits don't even allow them enough money to live on, let alone save up to attempt to care for themselves in an emergency or better their situation. If an employer doesn't offer Healthcare, how on earth does it make sense to take their healthcare away even if they are employed, just because they are employed too much or too little for some overpaid bureaucrat?

Quit this nonsense and take care of your people. You should be taxing the rich and expanding the benefits for the people the rich suck dry - literally all of the rest of us.

We cannot grow as a society when we let the greediest among us run free and bleed the life out of the masses. A rising tide floats all boats.

Take care of your people.

~~~~~  
Sarah Wallace  
[REDACTED]



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**fraud needs to be cut but do it wisely**

1 message

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**'tony' via Waiver Public Input - AHCCCS** <waiverpublicinput@azahcccs.gov>

Fri, Feb 21, 2025 at 7:26 AM

Reply-To: [REDACTED]

To: "waiverpublicinput@azahcccs.gov" &lt;waiverpublicinput@azahcccs.gov&gt;

hi,

i agree they system is filled w/ fraud & those who are scamming it deserve to be cut BUT those w/ a proven handicapped should be excluded from losing the benefits, please choose wisely & carefully as this has gotten to this point due to AZ's governor handling the issue, she has failed to keep a reasonable budget & is why it has come to this point please keep the program & those who are handicapped be excluded from the work for benefits program & hopefully this will keep the peace

thanks for your time & work

on this issue,

blessings,

tony :)



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## AHCCCS amendment

1 message

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**Tyler Dandy**

To: waiverpublicinput@azahcccs.gov

Thu, Mar 20, 2025 at 11:58 AM

Hey don't sabotage a system that is keeping many people alive. People with lower paying jobs are less able to switch to a better opportunity already. If you make working a requirement for AHCCCS you're just making poor people easier to exploit. This helps no one. Don't be pointlessly cruel.



## AHCCCS Works Input from Arizona Mad Moms

1 message

Twila Lake [REDACTED]  
To: waiverpublicinput@azahcccs.gov

Mon, Mar 17, 2025 at 4:25 AM

AHCCCS Leadership:

We acknowledge that individuals with SMI designation and/or that are receiving disability benefits will be exempt from Medicaid work requirements. As members of the Arizona Mad Moms we are united that the following situations must be added to the list of exclusions for Medicaid work requirements:

**A) Caregivers of individuals with SMI.** The shortage of SMI beds and services has created a population of unpaid caregivers that are playing a vital, yet unfortunate role in protecting both vulnerable adults and the public.

**B) Individuals with SMI diagnoses, who have not received SMI designation.**

Explanation: Many individuals with an SMI condition, diagnosed or undiagnosed, have NOT received the SMI determination due to the “voluntary” nature of the evaluation itself, the inherent requirement for 6 months of functional impairment, and the mandatory wait to reapply once denied. While SMI evaluations can be conducted in “involuntary” circumstances, these provisions are limited by beds, services and other restrictions. Any provisions for work requirements should consider SMI diagnoses apart from the formal SMI designation. *Ideally, such situations should lead to prompt SMI determination assessments.*

**C) Individuals with SMI diagnoses that are not receiving disability or social security income benefits.**

Explanation: Many individuals disabled by an SMI condition, diagnosed or undiagnosed, are not receiving federal benefits due to the onerous nature of benefit applications, and the lack of skilled benefit specialists available to this population (including in the current SMI clinic network). *Ideally, individuals in these situations should be promptly provided with skilled benefit specialists and legal support.*

Sincerely,

Twila Lake  
Arizona Mad Mom



## AHCCCS Works Waiver Amendment

1 message

Taylor Lincoln

To: waiverpublicinput@azahcccs.gov

Tue, Feb 25, 2025 at 11:02 AM

To whom it may concern,

I am a constituent living in [REDACTED] AZ and am writing to provide my comments on the draft proposal.

1. In other states that have implemented a similar work requirement lots of people met the community engagement/work requirements but weren't able to successfully document their service or work or didn't know how to and were thrown off Medicaid even though they were doing what was required of them. *What's your plan to address this?*
2. I do think the exempt population list is well thought out and encompasses a lot of vulnerable populations in need of additional support
3. I am also concerned about the 5 year lifetime cap; a lot of vulnerable populations are transient/don't necessarily have all their documentation or know how to obtain it. *What's your plan to ensure everyone who should be receiving exemptions isn't prevented from access to healthcare because they don't know how to navigate the system?*
4. *Will there be an appeal process for the lifetime cap? Will an individual lose access to care if their hours fluctuate between 15 30hrs a week? What documentation/requirements will you have for individuals to become exempt- for these documents, to obtain a new one is there a financial barrier?*

Please let me know if you would like any clarification on my comments above, thank you for your time.

Taylor Lincoln



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## Public Comment - AHCCCS Work Waiver

1 message

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**Tracy Stewart** [REDACTED]

Mon, Mar 17, 2025 at 11:40 AM

To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

I would like to provide a comment in regards to the AHCCCS Work Waiver.

Please make sure to ensure exemption for those that receive ALTCS services, most specifically DDD services and are disabled.

Please make sure to ensure exemption for parents OR LEGAL GUARDIANS (does not say this) of those that receive ALTCS services, most specifically DDD services.

Please make sure to ensure exemption of "LIVE IN" caregivers of those that receive ALTCS/DDD services, also those that are paid caregivers of "LIVE IN".

Please clearly identify the following:

If a person currently qualifies for one of the exemptions and then in the future no longer qualifies, does the 5 year start after the exemption stops? Is the lifetime measurement the time they received benefits prior to the exemption and then after the exemption or does it start over at 5 years after exemption?

I personally feel that if a person has an exemption, such as being a parent or legal guardian of an ALTCS eligible individual, or a person who is exempt due to a behavioral disorder and then no longer is exempt as they do not meet criteria that they be given a chance for the "Lifetime" benefit to start over after the exemption.

If not, then clarify if this policy will allow for an exemption during the multiple times they qualify under exemption and then accumulate their lifetime amount when not in an exemption. The reason I am concerned is there are many people that qualify now for the exemption and due to life happenings they no longer qualify, but then in the future would qualify again, and then not qualify.

Example, I work with individuals who have DDD services and are ALTCS eligible. There was a legal guardian/parent of a person who had a medical occurrence and was not able to take care of the member. A friend (non parent) became an interim legal guardian for 6 months through the courts. The parent then got better and courts gave back legal guardianship to the parent. They went on for about a year this way and then the parent got sick again. The courts then awarded temporary guardianship to the "friend". This went on multiple times until the parent passed away. How would you handle the "yo-yo" of going back and forth and



tracking. It was hard for the "Friend" to work during this time due to needing to be a back-up caregiver to this person. They were not the full-time caregiver but yet the "back-up". I feel the 5 year should start each time after an exemption is no longer valid. Thoughts? How are you going to handle?

If you would like to discuss with me further you can call me on my cell phone directly [REDACTED]. I am a DDD certified agency and also a parent of an adult who receives ALTCS services.

Thanks!

Tracy Stewart

Executive Director

Affinity Family Care, LLC

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[www.affinityfamily.com](http://www.affinityfamily.com)

Remember you're Never Alone with Affinity

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]





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## Leave AHCCCS alone

1 message

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**Tim coons** [REDACTED]  
To: waiverpublicinput@azahcccs.gov

Fri, Feb 21, 2025 at 5:27 PM

Leave AHCCCS alone, some people need it without these other hoops to jump through for life saving medication. DO SOMETHING!

--

Regards,

Tim C.





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**(no subject)**

1 message

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**'Theresa Dickens' via Waiver Public Input - AHCCCS** <waiverpublicinput@azahcccs.gov>

Thu, Feb 20, 2025 at 3:29 PM



To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

Yes people need to work for benefits  
[Yahoo Mail: Search, Organize, Conquer](#)





## AHCCCS Works Waiver

1 message

Thomas DeMille [REDACTED]  
To: waiverpublicinput@azahcccs.gov

Sat, Mar 1, 2025 at 11:25 AM

I wanted to put in my opinion on the works waiver in progress for able bodied adults.

Please read to the end of this email because I have an idea that could be successful.

I agree with most aspects of this program. I believe work is absolutely necessary to help people to overcome illness and to open up opportunities for private insurance.

My only concern is as it relates to my situation and potentially many others in the state.

I currently work [REDACTED] hours a week and have an [REDACTED] which requires [REDACTED] month in medication. The medication is paid for completely through the adult able bodied ahcccs.

The [REDACTED] not progressed to the point where I am unable to work, thus it is not considered a disability according to the federal government. A disability would only happen if the [REDACTED] my ability to work.

Yet this condition is a medically needy condition and requires visits to the doctor [REDACTED], [REDACTED] which is expensive, and [REDACTED]. Supportive care is also needed which varies from person to person.

Putting a 5-year Max on persons in my situation would eventually affect us. There would have to be some sort of exemption for certain types of medically needy such as those with [REDACTED]

My other concern is getting private insurance requires a lot of money in savings in order to cover the out-of-pocket max within a month or two period of time in addition to expensive premiums for high use insurance.

This has prevented me from getting on a private plan in the past. Many private or Marketplace plans struggle to accept certain [REDACTED] treatments and medications.

There are assistance programs available for [REDACTED] but they are also income based. My background automatically puts me in a situation where, if I got a full-time job, I would be over the income limit for both the [REDACTED] and Medicaid. This is simply because I have a background as a general manager and first responder.

I believe that we should consider variations of The Works waiver to help people effectively get off of Public Assistance and on their own assistance.

One idea I have is when somebody gets to the income limit or time limit of being disqualified from the program, a case manager should direct them to Marketplace insurance or private insurance.

And for the first 3 to 6 months a person is on the new insurance, I think an option from AHCCCS is to have a bridge program which covers co-pays for up to a few months depending on circumstances.

For those who require expensive medications/treatments, I would suggest a program that pays for the first year out of pocket max/deductible on a person's new insurance.

This would alleviate any Financial strain on somebody who is just starting a full-time job and allow them to put money in savings so that they can cover the second years deductible on their own.

This would prevent people from leaving a career in order to get back on public benefits. It would also substantially save the government money. For example, my treatment costs approximately [REDACTED] a year for Medicaid.

If I got a full-time job and private insurance, most high-use insurance programs require upwards of [REDACTED] a year of a deductible and/or out-of-pocket max. If Medicaid covered that deductible as well as the first couple of months of copays or premiums, they would spend no more than [REDACTED] that year. Then my insurance would completely cover everything 100% for the rest of the year, allowing me to save money and prepare for future years deductibles.

This program could be set up as a one-time only program per person unless an emergency circumstance or job loss out of their control requires them to get back on medicaid and find another full time job.

In this case there could be requirements to require the person to work towards another full-time job and then assist them on transferring their insurance or maintaining their current insurance or whatever to save the most money for the government.

If you consider my situation, a program such as this would essentially cost [REDACTED] while allowing me to make enough money to become self sufficient. And this would prevent me from ever having to come back on public assistance.

Just remember that when people start new higher income jobs, it will take several months for them to save enough money to become self-sufficient. That is the purpose of my suggestion- create a bridge program.

Instead of [REDACTED] for several years, you could pay a much smaller fraction and prevent that person from ever coming back to public assistance, thus saving hundreds of thousands of dollars over several years.

Please call me if you have any questions! I would love to meet in person and discuss my viewpoints.

Thomas DeMille  
[REDACTED]



---

**NO**

1 message

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**Ted The Helper** [redacted]  
To: waiverpublicinput@azahcccs.gov

Thu, Mar 20, 2025 at 12:28 PM

This amendment is horrible and I can not believe it is being considered. Hell no!





## Public Comment on Proposed AHCCCS Amendment

1 message

Tara Kelly [REDACTED]

Thu, Mar 20, 2025 at 2:56 PM

To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

Dear AHCCCS Representative,

I am writing to express my strong opposition to the proposed amendment that would impose a work requirement, implement a lifetime limit of five years for Medicaid benefits, and develop cost-sharing measures to discourage the nonemergency use of emergency departments and ambulance services. These measures will have far-reaching negative consequences, particularly for Arizona's Federally Qualified Health Centers (FQHCs) and the broader healthcare continuum.

First, instituting a work requirement for "able-bodied adults" ignores the complex realities many Medicaid recipients face. While the proposal may intend to promote self-sufficiency, it fails to account for barriers such as limited job opportunities, inadequate transportation, fluctuating work schedules, and unmet childcare needs. Additionally, individuals with chronic illnesses or undiagnosed conditions may struggle to meet the 20-hour weekly requirement, putting their health coverage at risk.

Second, the proposed five-year lifetime limit on Medicaid benefits is punitive and unnecessary. Many recipients experience temporary setbacks, including job loss or sudden health issues, that require safety-net services. Stripping individuals of their coverage after an arbitrary time limit will lead to worsened health outcomes, increased reliance on emergency care, and higher uncompensated care costs for providers.

Lastly, the proposed cost-sharing requirements to deter nonemergency use of emergency departments and ambulance services may have unintended consequences. While reducing inappropriate utilization is a reasonable goal, imposing financial burdens on low-income individuals may lead them to delay necessary care, resulting in preventable hospitalizations and poorer long-term health outcomes. FQHCs and other safety-net providers are already working diligently to provide accessible and cost-effective care to Medicaid recipients. Implementing supportive programs that expand access to primary and urgent care would be a more effective and equitable solution.

These proposed changes are not only harmful to individuals but will place additional strain on Arizona's healthcare providers, including FQHCs, hospitals, and community clinics. I strongly urge AHCCCS to reject this amendment and instead explore alternative approaches that prioritize health equity and comprehensive care.

Thank you for your consideration.

Sincerely,

Tara





## AGAINST AHCCCS WORKS WAIVER

1 message

Trenae Lonetti

To: waiverpublicinput@azahcccs.gov

Fri, Feb 21, 2025 at 4:21 PM

I am a voting resident of AZ who works in Healthcare here In the state.

I am strongly against the AHCCCS works proposal. These programs were put in place to protect our most vulnerable neighbors. Implementing reporting of work hours community service ect will likely cost more than the money the program "may" save. It is a burden on an already overloaded system. Arizona is a "housing first" state should it not also be a health first state. This would be cruel to already struggling people. How can we expect someone to work while they cannot afford their insulin or psychical therapy. Most people on AHCCCS already work and this requirement is excessive, trivial, and not kind.

I am also strongly against the 5 year lifetime cap. The administrative burden would tax an already taxed system. If you look at pay rates for DES workers they start barely above minimum wage. With rents the price they are I don't know of many people that could support themselves on so little. If the state wants to lower the number of people on medicaid it should start by raising minimum wage to a livable wage. Companies are passing the cost of insurance on to the state instead of paying their employees a livable wage and offering affordable Healthcare. These companies can also claim tax credits for employer these individuals which is insane. The state is rewarding companies for creating this problem.

To quote the Bible " 12:30-31

"Love the Lord your God with all your heart and with all your soul and with all your mind and with all your strength. The second is this: 'Love your neighbor as yourself'"

We live in the best country in the world. Healthcare should be a human right. There is no reason an American citizen should not be able to receive Healthcare here.

Implementing these changes isn't only inhumane but bad for business in AZ. We already have a shortage of medical providers, if they lose enough revenue they will not stay here. I have a hard time seeing who would benefit from these changes, it seems cruel and shortsighted.

Keep AZ healthy. No to AHCCCS works waiver.

Trenae Lonetti



## Public Comment

1 message

'Tanner Contreras-Russell AZ-PHOENIX' via Waiver Public Input - AHCCCS

Thu, Mar 20, 2025 at  
5:09 PM

<waiverpublicinput@azahcccs.gov>

Reply-To: Tanner Contreras-Russell AZ-PHOENIX

To: waiverpublicinput@azahcccs.gov

To whom it may concern,

As a lifetime "able bodied adult" that has been able to utilize access to Medicaid (AHCCCS) several times and for a short term, this bill is infuriating. I am a dad/stepdad, a partner, a son, brother and much more.

I have worked 10+ years in behavioral health here in Arizona, 5 of those being front lines in a [REDACTED]. I am now a carpenter, contributing to our ongoing housing shortage.

Without that safety net during those unavoidable times, I may not be able to contribute to our community in the ways that I have and am doing now. Whatever small amount of our tax dollars went to keep me healthy and able was absolutely worth the investment for our overall well being.

This bill is not only a reckless ideology in the name of "cost cutting", but a slap in the face to all of the patients I've served (and saved several lives) and the homeowners moving into the homes I build.

This is the epitome of what our tax dollars are actually for. If we're "cutting costs" on our community's well being, then what the hell are we even paying taxes for, and more importantly **who stands to benefit from this proposal?!**

To anyone that has any say in whether this passes or not, we all *know* that you know what's right, and we will remember you if this bill is stopped and even more so if it's allowed to pass.

Sincerely, An able bodied citizen

Caution: This email is both proprietary and confidential, and not intended for transmission to (or receipt by) any unauthorized person(s). If you believe that you have received this email in error, do not read any attachments. Instead, kindly reply to the sender stating that you have received the message in error. Then destroy it and any attachments. Thank you.



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**Subject: AHCCCS Works Input from Arizona Mad Moms**

1 message

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**TyStreet** [REDACTED]  
To: waiverpublicinput@azahcccs.gov

Mon, Mar 17, 2025 at 10:59 AM

AHCCCS Leadership:

We acknowledge that individuals with SMI designation and/or that are receiving disability benefits will be exempt from Medicaid work requirements. As members of the Arizona Mad Moms we are united that the following situations must be added to the list of exclusions for Medicaid work requirements:

**A) Caregivers of individuals with SMI.** The shortage of SMI beds and services has created a population of unpaid caregivers that are playing a vital, yet unfortunate role in protecting both vulnerable adults and the public.

**B) Individuals with SMI diagnoses, who have not received SMI designation.**

Explanation: Many individuals with an SMI condition, diagnosed or undiagnosed, have NOT received the SMI determination due to the “voluntary” nature of the evaluation itself, the inherent requirement for 6 months of functional impairment, and the mandatory wait to reapply once denied. While SMI evaluations can be conducted in “involuntary” circumstances, these provisions are limited by beds, services and other restrictions. Any provisions for work requirements should consider SMI diagnoses apart from the formal SMI designation. *Ideally, such situations should lead to prompt SMI determination assessments.*

**C) Individuals with SMI diagnoses that are not receiving disability or social security income benefits.**

Explanation: Many individuals disabled by an SMI condition, diagnosed or undiagnosed, are not receiving federal benefits due to the onerous nature of benefit applications, and the lack of skilled benefit specialists available to this population (including in the current SMI clinic network). *Ideally, individuals in these situations should be promptly provided with skilled benefit specialists and legal support.*

Sincerely,

Mad Mom Tyra Street



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## Say No to Medicaid Cuts!

1 message

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**Tommy Webb**

To: waiverpublicinput@azahcccs.gov

Mon, Feb 24, 2025 at 2:40 PM

This administration is planning to cut taxes for billionaires at the expense of the poor and middle class.

After Medicaid, Medicare and Social Security are next.

Work requirements and lifetime limits are just one of several ways to deny healthcare to those who need it the most.



## AHCCCS Works Input from Arizona Mad Moms

1 message

**Vanessa K** [REDACTED]  
To: waiverpublicinput@azahcccs.gov

Sun, Mar 16, 2025 at 9:58 PM

AHCCCS Leadership:

We acknowledge that individuals with SMI designation and/or that are receiving disability benefits will be exempt from Medicaid work requirements. As members of the Arizona Mad Moms we are united that the following situations must be added to the list of exclusions for Medicaid work requirements:

**A) Caregivers of individuals with SMI.** The shortage of SMI beds and services has created a population of unpaid caregivers that are playing a vital, yet unfortunate role in protecting both vulnerable adults and the public.

**B) Individuals with SMI diagnoses, who have not received SMI designation.**

Explanation: Many individuals with an SMI condition, diagnosed or undiagnosed, have NOT received the SMI determination due to the “voluntary” nature of the evaluation itself, the inherent requirement for 6 months of functional impairment, and the mandatory wait to reapply once denied. While SMI evaluations can be conducted in “involuntary” circumstances, these provisions are limited by beds, services and other restrictions. Any provisions for work requirements should consider SMI diagnoses apart from the formal SMI designation. *Ideally, such situations should lead to prompt SMI determination assessments.*

**C) Individuals with SMI diagnoses that are not receiving disability or social security income benefits.**

Explanation: Many individuals disabled by an SMI condition, diagnosed or undiagnosed, are not receiving federal benefits due to the onerous nature of benefit applications, and the lack of skilled benefit specialists available to this population (including in the current SMI clinic network). *Ideally, individuals in these situations should be promptly provided with skilled benefit specialists and legal support.*

Sincerely,

Mad Mom Vanessa



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## Medical Work Requirement

1 message

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**Vicki Norman**

To: waiverpublicinput@azahcccs.gov

Thu, Feb 20, 2025 at 6:53 PM

Hello,

I am a citizen of [REDACTED] and currently have Medicaid. I read about the possible 80 hour a month work requirement. That will put a lot of people with disabilities in an unfair situation. I am unable to work and have no income, no job possibilities. I would not be able to perform 80 hours a month. If this passes, what are some citizens supposed to do?  
I truly feel that this is not the best option for a lot of people. Maybe the younger generation that is lazy but as a senior citizen, that would out me in a physical bind.

Thank you for your time,

Vicki Norman



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## Public Comment on Medicaid Waiver

1 message

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**Vanuyen Pham** [REDACTED]

Sat, Mar 15, 2025 at 11:02 AM

To: waiverpublicinput@azahcccs.gov

Hello,

I would like to submit a written comment against the proposed AHCCCS Medicaid waiver.

Work requirements have not been found to be helpful in promoting work. In fact, they resulted in loss of coverage for thousands of patients in states that implemented work requirements. Many people are on Medicaid and do work, or have legitimate reasons not to be able to work due to disabilities or other life circumstances.

The 5 year lifetime cap is especially harmful for patients who may experience unanticipated life circumstances and may find themselves without care.

Similarly, the provision on "inappropriate" use of the ED and cost sharing services is vague and does not take into account the nuance of why patients may be utilizing these emergency services. It is a punitive provision that does not address root causes of the issue.

I strongly urge against the submission and implementation of this waiver for the detrimental impact it will have on Arizona patients.

Thank you,  
Vanuyen

--

Vanuyen Pham

she/her/hers

(if you're wondering how to pronounce my name!)



## AHCCCS work requirements

1 message

WF [REDACTED]  
To: waiverpublicinput@azahcccs.gov

Thu, Feb 27, 2025 at 2:08 AM

I am [REDACTED] years old, I have been on AHCCCS for over a decade and it has saved my life many times over. I have been on [REDACTED] as a treatment for [REDACTED] for over [REDACTED] years. I have been clean that entire time. Before the Medicaid expansion, I was struggling to pay weekly for this [REDACTED]. Once I got on Medicaid I was able to also get treatment for my [REDACTED]; neither I would have been able to afford without insurance. I was also able to afford classes for work that I wouldn't have been able to afford if that money was going to [REDACTED] a week [REDACTED] fee. I've also known many people who would not have been able to get off of [REDACTED] and seek treatment if they hadn't been able to get AHCCCS to cover it. I'm starting to get extreme [REDACTED] that will not only require medical treatment but will make finding employment very challenging. I like to work. I currently work at a [REDACTED]. If I'm under 80 hours in a month, I lose the treatment that allows me to function, let alone work. THIS PROGRAM SAVES LIVES. Please don't do such needless harm to so many people to score some short term political points.

Sincerely  
Wendy F





## Public Comment AHCCCS Works Waiver Amendment OOD-Division of Public Policy and Strategic Planning

1 message

'Wendy Redford' via Waiver Public Input - AHCCCS <waiverpublicinput@azahcccs.gov>

Wed, Mar 5, 2025 at 1:55 PM

Reply-To: [REDACTED]

To: "waiverpublicinput@azahcccs.gov" <waiverpublicinput@azahcccs.gov>

Attn: OOD-Division of Public Policy and Strategic Planning

I write this message in opposition to the proposed amendment for implementation of work requirements for "able-bodied adults" receiving Medicaid services and placing a lifetime limit of five years of Medicaid benefits.

Data demonstrates that most adults receiving Medicaid benefits are working or face barriers to work (March 2024 Current Population Survey ASEC Supplement). Many Medicaid adults who are working low-wage jobs are employed by small firms and in industries that have low employer-sponsored insurance offer rates. Additionally, in Medicaid-eligible adults that are working for employers that offer health insurance, the rates are typically financially inaccessible, particularly for those with partners or families.

Medicaid is designed to help people navigate the challenges posed by poverty and the complex social drivers of health—such as exposure to pollution, food insecurity, environments that limit opportunities for physical activity, and lack of access to affordable transportation. Many individuals affected by these conditions face hurdles that make maintaining stable employment difficult, yet these same individuals often rely on Medicaid to access vital health services. Imposing work requirements risks further exacerbating these inequities, disproportionately affecting vulnerable groups who already face substantial barriers to work. Additionally, individuals with Medicaid coverage are more likely to access primary and preventive care; by restricting AHCCCS coverage, it is almost certain that the exact opposite of the stated goal of reducing non-emergency use of emergency departments will occur.

The goal of Medicaid is to improve health outcomes for those most in need, and restricting access through work requirements directly undermines this mission. Instead of focusing on eligibility criteria that overlook the multifaceted realities of many Medicaid recipients, we should focus on ensuring that healthcare access is available to all those who need it, particularly those facing the most systemic and enduring challenges.

For these reasons, I respectfully voice my opposition to this amendment. I strongly urge you to preserve the integrity of Medicaid by prioritizing access to care over unnecessary and harmful restrictions.

Thank you for your time and consideration.

Wendy Redford, [REDACTED]  
[REDACTED]  
[REDACTED]



## House Bill 2926

1 message

Gmail [REDACTED]  
To: waiverpublicinput@azahcccs.gov

Thu, Mar 20, 2025 at 10:33 AM

To whom it may concern,

As a lifetime “able bodied adult” that has been able to utilize access to Medicaid (AHCCCS) several times and for a short term, this bill is infuriating. I am a dad, a partner, a son, brother and much more.

I have worked 10+ years in behavioral health here in Arizona, 5 of those being front lines in a Title 36 facility. I am now a carpenter, contributing to our ongoing housing shortage.

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Sincerely,  
An able bodied citizen