

VIA ELECTRONIC TRANSMISSION

November 28, 2023

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

Re: MassHealth-October 2023 Amendment Demonstration

Dear Secretary Becerra,

The Center for Law and Social Policy (CLASP) appreciates the opportunity to comment on Massachusetts's request for a five-year extension of its Centennial Care 2.0 Section 1115 waiver demonstration project. CLASP is a national, nonpartisan, organization working to reduce poverty, promote economic security, and advance racial equity. CLASP works at both the federal and states levels, supporting policy and practice that makes a difference in the lives of people living in conditions of poverty. CLASP has worked extensively with state advocates over the past several years, with a focus on the administrative burden in public benefit programs – with an emphasis on Medicaid – and how to reduce those burdens. From this work, we bring to these comments a perspective of the value the proposed changes can bring.

CLASP broadly supports Massachusetts' waiver amendments, and wishes to lend our specific insights and expertise in support of the following proposals:

- Remove the waiver of three months retroactive eligibility;
- Provide 12 months continuous eligibility for adults and 24 months continuous eligibility for members experiencing homelessness who are 65 years and older;
- Provide pre-release MassHealth services to individuals in certain public institutions;
- Include short-term post hospitalization housing and temporary housing (STPHH) to pregnant members and families as allowable health-related social needs (HRSN) services.

Our detailed comments are below. We strongly believe that the proposals detailed in Massachusetts' 1115 amendment demonstration aligns with the Commonwealth and CMS's shared goals of promoting health equity and addressing the health needs of Massachusetts' most vulnerable populations. *CLASP urges CMS to approve these parts of Massachusetts' waiver request.*

Amendment 4: Remove the Waiver of Three Months Retroactive Eligibility

We strongly support Massachusetts' proposed amendment to remove the waiver of three months retroactive eligibility. Retroactive eligibility waivers across the United States have failed to produce their stated goal of reducing Medicaid costs. A 2021 study of retroactive eligibility waivers across five states in showed that hospitals' uncompensated care costs did not significantly change following the implementation of retroactive eligibility waivers but that hospitals and nursing facilities in Florida did have to increase Medicaid enrollment assistance for patients.¹ These findings cast doubt on the validity of these waivers and suggest that they may only serve to increase administrative burden for enrollees. CLASP has long stressed that reducing administrative burdens is necessary to advance health and racial equity in Medicaid policy,² and we urge CMS to accept this amendment.

Amendment 5: Provide 12 Months Continuous Eligibility for Adults and 24 Months Continuous Eligibility for Members Experiencing Homelessness Who Are 65 and Over

CLASP strongly supports Massachusetts providing 12 months of continuous eligibility for adults based on both Modified Adjusted Gross Income (MAGI) and non-MAGI eligibility criteria. We are excited to see Massachusetts join other states that are leading the adoption of 12-months continuous eligibility for adults. In Massachusetts, this provision is estimated to increase nonelderly enrollment by 14,000 in 2024,³ further bringing the Commonwealth closer to its goal of near-universal coverage.

CLASP additionally applauds the Commonwealth for providing 24 months of continuous eligibility provision for senior enrollees experiencing homelessness. Homelessness among adults age 65+ is a growing crisis that requires a whole-of-government approach to resolve. The number of homeless seniors is expected to roughly triple from 2017 to by 2030, an estimated increase from 570 to 1,560 seniors in Boston alone.⁴ On top of that, Black and Hispanic older adults are disproportionately disconnected from permanent housing solutions.⁵ A recent U.S. Department of Health and Human Services report on homelessness among older adults identified flexibilities around Medicaid enrollment

¹ Brigitte Courtot, Fredric Blavin, Eva H. Allen, and Diane Arnos, "*Section 1115 Waivers of Retroactive Medicaid Eligibility: Lack of Evidence Raises Flags and Warrants Caution*," Urban Institute and The Commonwealth Fund, July 2021, <https://www.urban.org/research/publication/section-1115-waivers-retroactive-medicaid-eligibility>.

² Suzanne Wikle, Jennifer Wagner, Farah Erzouki, and Jennifer Sullivan, "*States Can Reduce Medicaid's Administrative Burdens to Advance Health and Racial Equity*," Center for Law and Social Policy and Center on Budget and Policy Priorities, July 2022, <https://www.clasp.org/publications/report/brief/states-can-reduce-medicoids-administrative-burdens-to-advance-health-and-racial-equity/>.

³ Matthew Buettgens, "*Ensuring Continuous Eligibility for Medicaid and CHIP: Coverage and Cost Impacts for Adults*," Appendix 2, Commonwealth Fund, September 2023, <https://www.commonwealthfund.org/publications/issue-briefs/2023/sep/ensuring-continuous-eligibility-medicoidimpacts-adults>.

⁴ Dennis Culhane, PhD et al., "*The Emerging Crisis of Aged Homelessness*," Actionable Intelligence for Social Policy, University of Pennsylvania, January 2019, <https://aisp.upenn.edu/resource-article/the-emerging-crisis-of-aged-homelessness/>.

⁵ Andrew Hall and Joy Moses, "*Connecting Older Adults to Housing: Examining Disparities*," National Alliance to End Homelessness, January 2023, <https://endhomelessness.org/resource/connecting-older-adults-to-housing-examining-disparities/>.

as an important tool to better serve older adults at risk of homelessness.⁶ By reducing the administration burden of frequent Medicaid renewals borne by seniors struggling with homelessness, the Commonwealth can better maintain continuity of access and support the health needs of seniors experiencing homelessness.

Amendment 8: Provide Pre-Release MassHealth Services to Individuals in Certain Public Institutions

CLASP supports Massachusetts' goal of smoothing the transition from carceral settings back to the community and addressing the persistent health disparities faced by justice-involved populations. CLASP has outlined a transformative vision for re-entry that requires the prioritization of community repair and an active disinvestment from community supervision.⁷ In the context of Medicaid re-entry policy, that means ensuring the program 1) connects the largest population of Medicaid-eligible incarcerated people to services as possible and 2) relocates re-entry services to community-based organizations & non-punitive social services. We believe that Massachusetts' proposed amendment does both of those things. It maximizes the health equity impact of this proposal by opting for a 90-day pre-release period, making eligible all individuals in certain public institutions who—but for MIEP—would otherwise be eligible for MassHealth, and building discharge planning for health-related social needs (HRSN) into the design of the program, particularly for youth.

Additionally, Massachusetts' proposed amendment thoughtfully includes partnerships with community-based service providers. The demonstration would cover community and peer-provided services including doulas, use capacity-building funds to include facility-based care coordinators from community-based providers, and proposes a reinvestment plan to reinvest federal matching funds into (among other priorities) community-based investments in services to support healthy transitions and/or diversion from criminal justice involvement. All these efforts demonstrate the Commonwealth's prioritization of community repair over punitive community supervision for re-entering individuals.

Finally, CLASP applauds Massachusetts for thoughtfully designing its pre-release program to minimize administrative burdens and increase health coverage. The Commonwealth's request to use presumptive eligibility for individuals who are anticipated to have short-term stays in order to enroll individuals who are likely eligible is particularly innovative. This design choice would mean that otherwise-eligible, uninsured individuals with short-term stays could potentially leave a carceral facility with greater access to health care and resources to support their HRSNs than when they entered. Massachusetts' transformative proposal is a particularly exciting demonstration because it builds upon the

⁶ Kathryn A. Henderson, Nanmathi Manian, Debra J. Rog, Evan Robison, Ethan Jorge, and Monirah Al-Abdulmunem, "Addressing Homelessness Among Older Adults: Final Report," ASPE Office of Behavioral Health, Disability, and Aging Policy, U.S. Department of Health and Human Services, October 2023, <https://aspe.hhs.gov/reports/older-adult-homelessness>.

⁷ Clarence Okoh and Isabel Coronado, *Relocating Reentry: Divesting from Community Supervision, Investing in Community Repair*, Center for Law and Social Policy, September 2022, <https://www.clasp.org/publications/report/brief/relocating-reentry-divesting-from-community-supervision-investing-in-community-repair/>.

Commonwealth's existing efforts to maintain continuity of access and minimize the health care disruptions caused by the federal Medicaid "Inmate Exclusion Policy" (MIEP).

Thank you for the opportunity to comment on this important issue. If you have further questions, please contact Juliana Zhou at jzhou@clasp.org.

Sincerely,

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