

APPENDIX A – CMS RESPONSES TO PUBLIC COMMENTS RECEIVED FOR CMS-10383

The Centers for Medicare and Medicaid Services (CMS) received six comments, all from individual members of the public (three were anonymous), all of which were generally out of scope relative to CMS-10383. Since the comments were brief, they have all been quoted below along with CMS' response.

Comments:

1. "Navigation the system is no easy task. Perhaps a quarterly upgrade to study effective changes."
2. "This rule change will cost money with no benefit. It will hurt the most vulnerable of our population for no reason. There is no data to support this measure."
3. "I strongly oppose this proposal. Research clearly shows that a large majority of Medicaid adults are already employed in full-time jobs that are physically demanding! Medicaid clearly improves health outcomes and Medicaid adults must be healthy enough in order to work. Yet, Medicaid adults face the highest rates of food insecurity and financial hardship since they are already living at or below the poverty line. Finally, many Medicaid adults do not use computers, the internet or email, which could be a barrier in finding a job and in complying with work reporting requirements. The Centers for Medicare and Medicaid Services, under the Department of Health and Human Services, is a publicly funded agency. I am a stakeholder in this proposed rule and I demand that CMS withdraw it immediately."
4. "Good"
5. "Good"
6. "I wish to comment on the CMS Agency Collection Activities; Proposals, Submissions, and Approvals. I have serious concerns about states utilizing 1332 Waivers to impose or tighten eligibility or work requirements on persons with disabilities. I have concerns about those with disabilities and chronic illnesses who may experience disabilities who need grace periods or experience gaps in their work life due to medical issues. I am proud to work and serve the northcentral Montanans I do serve through my work. In our policies and laws, as a nation, we need to build a workforce of citizens with disabilities whose skills can thrive. No one should be forced to choose between healthcare and working. I believe that we need a benefits planning system that is coordination with the Social Security Administration, the Department of Labor where Vocational Rehabilitation is housed and Department of Education where Special Education or accommodated education is housed to ensure that working is a part of life rather than a way to maintain or obtain needed benefits."

In the meantime, I hope that you will explore opportunities to allow states to increase opportunities for flexibility in service packages. CMS needs to strongly consider making Home and Community Services and Community First Choice mandatory Medicaid Services on par with nursing home services. CMS also needs to coordinate between Medicare and Medicaid to allow Seniors to pay for home health or personal assistance and or home modifications. We need to explore many options to enhance services. Thank you for allowing

me to comment on these important issues.”

Response:

CMS appreciates the interest in CMS-10383, concerning waivers under section 1332 of the Patient Protection and Affordable Care Act (PPACA). Overall, the comments received do not pertain to the 1332 waiver program or to solicit any actionable response from CMS in terms of implementing this program.

To address two specific points, comment three and six express concern about the Medicaid program; however, 1332 waivers do not pertain directly to the Medicaid program. The concern here is with section 1115 Medicaid waivers, which are not within the scope of CMS-10383.

Comment six also expresses concern that 1332 waivers restrict eligibility requirements; however, section 1332 requires that as many consumers must have access to coverage as would have access under PPACA. Moreover, under section 1332, states can further tailor eligibility requirements for specific products to suit state-specific needs.