



March 27, 2024

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

Re: Arkansas 1115 Demonstration Project

Dear Secretary Becerra:

Thank you for the opportunity to submit comments on the Arkansas 1115 Demonstration Project.

The undersigned organizations represent millions of individuals facing serious, acute and chronic health conditions. We have a unique perspective on what individuals and families need to prevent disease, cure illness and manage chronic health conditions. The diversity of our organizations and the populations we serve enable us to draw upon a wealth of knowledge and expertise that is an invaluable resource regarding any decisions affecting the Medicaid program and the people that it serves. We urge the Centers for Medicare and Medicaid Services (CMS) to make the best use of the recommendations, knowledge and experience our organizations offer here.

Our organizations are committed to ensuring that Arkansas' Medicaid program provides quality and affordable healthcare coverage. We appreciate the state's efforts to improve continuity of health care by proposing to add 90-day pre-release coverage for justice-involved populations but have a number of questions and concerns about other aspects of this proposal. Our organizations offer the following comments on the Arkansas 1115 Demonstration Project:

Our organizations support the proposed coverage for incarcerated individuals who are otherwise eligible for Medicaid for up to 90 days prior to release. Arkansas' demonstration estimates that up to 11,000 individuals will receive services under this proposal.¹ This is consistent with the goals of Medicaid and will be an important step in improving continuity of care. This proposal will help these high-risk populations access critical supports needed to treat physical and behavioral health conditions. For example, studies in Washington and Florida reported that people with severe mental illness and Medicaid coverage at the time of their release were more likely to access community mental health

services and had fewer detentions and stayed out of jail longer than those without coverage.² Research has also shown that cancer mortality is higher among those who are incarcerated or in the first year after incarceration,³ further highlighting the necessity of transition services for this population.

However, providing coverage to the justice-involved population during the first 90 days of incarceration goes beyond CMS' reentry demonstration guidance and alters the purpose of this proposal. While our organizations understand the uncertainty around release dates for many individuals in jails, we encourage CMS to consider whether there are other solutions to improve continuity of care for this population prior to release. We recommend that CMS continue testing and evaluating its current reentry demonstration model before expanding it as requested by Arkansas. At a minimum, any expansions of this model should include additional detail, robust monitoring and strong guardrails to ensure the demonstration does not create an incentive to incarcerate individuals in order to provide federally financed health care.

Additionally, our organizations remain concerned about some of the post-release policies the state has proposed. Under the current proposal, eligible individuals will be enrolled in the Provider-Led Arkansas Shared Savings Equity (PASSE) Program for the first twelve months after release, and then receive care coordination through a PASSE, a Life360 HOME, or a success coach. Our organizations have previously raised concerns about Arkansas' pending amendment regarding these success coaches.⁴ This complex new demonstration amendment includes both work requirements and time limits for Medicaid beneficiaries. These requirements will greatly threaten access to and continuity of care for Medicaid patients while creating additional barriers and implementation challenges within the ARHOME program. Proper care coordination and continuity of care are particularly important for the justice-involved population during their transition period.

Thank you for the opportunity to provide comments.

Sincerely,

American Heart Association
American Lung Association
Asthma and Allergy Foundation of America
CancerCare
Child Neurology Foundation
Epilepsy Foundation
Hemophilia Federation of America
National Bleeding Disorders Foundation
National Patient Advocate Foundation
The AIDS Institute
The Leukemia & Lymphoma Society
WomenHeart

¹ "Opportunities to Test Transition-Related Strategies to Support Community Reentry from Incarceration and Institutions for Mental Disease." State of Arkansas, Department of Human Services. December 31, 2023. Available at: <https://humanservices.arkansas.gov/wp-content/uploads/Reentry-Waiver.pdf>.

² Joseph Morrissey et al. Medicaid Enrollment and Mental Health Service Use Following Release of Jail Detainees with Severe Mental Illness. *Psychiatric Services* 57, no. 6 (June 2006): 809-815. DOI: 10.1176/ps.2006.57.6.809, and Joseph Morrissey et al. The Role of Medicaid Enrollment and Outpatient Service Use in Jail Recidivism Among Persons with Severe Mental Illness. *Psychiatric Services* 58, no. 6 (June 2007): 794–801. DOI: 10.1176/ps.2007.58.6.794.

³ Oladeru OT, Aminawung JA, Lin HJ, Gonsalves L, Puglisi L, et al. (2022) Incarceration status and cancer mortality: A population-based study. *PLOS ONE* 17(9): e0274703. <https://doi.org/10.1371/journal.pone.0274703>

⁴ Partnership to Protect Coverage Comments to Centers for Medicare and Medicaid Services re Arkansas Health and Opportunity for Me (ARHOME) 1115 Amendment. July 14, 2023. Available at: <https://www.protectcoverage.org/siteFiles/45073/07%2014%202023%20Health-Partner-Comments-re-ARHOME-Amendment.pdf>.