

August 31, 2022

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

Re: Washington Medicaid Transformation Project Demonstration Extension

Dear Secretary Becerra,

I am writing on behalf of the Center for Law and Social Policy (CLASP). CLASP is a national, nonpartisan organization working to reduce poverty, promote economic security, and advance racial equity. We work at both the federal and state levels, supporting policy and practice that makes a difference in the lives of people living in conditions of poverty. CLASP appreciates the opportunity to comment on Washington's request for a five-year extension of its "Medicaid Transformation Project" section 1115 demonstration project (MTP 2.0).

CLASP supports much of Washington's waiver application. Our detailed comments are below. The portions of the extension application that CLASP has not provided comment on are ones which we neither support nor oppose.

**Multi-year continuous Apple Health enrollment for children.** CLASP strongly supports Washington's request to provide continuous eligibility for young children through age six with household income below 215 percent of the federal poverty level at the time of application. The request for continuous enrollment aligns with Washington's overall approach to advancing health equity and reducing disparities, provides enrollees with stability, and decreases administrative casework. *CLASP urges CMS to approve this part of Washington's waiver request.*

Continuous eligibility can help mitigate the disproportionate impact of churn and uninsurance. Additionally, it directly addresses the churn issues raised by Washington's own data on page 38 of the waiver renewal application: approximately 11 percent of children under the age of six experience coverage gaps in a given year, with children of color disproportionately affected.<sup>1</sup> Providing continuous coverage will reduce churn by eliminating the burden of reporting information during a certification period and other burdensome administrative practices and reducing the likelihood of caseworker error.

For the past two years, The Families First Coronavirus Response Act (FFCRA) maintenance of effort requirement has kept children with Medicaid continuously enrolled in coverage and played a major role in keeping the national child uninsurance rate at an all-time low of 3.7 percent.<sup>2</sup> A new report estimates that 5.3 million children will lose coverage once the FFCRA protection ends; of these, 72 percent of children will still be eligible for Medicaid but will lose coverage due to administrative churn.<sup>3</sup> Once the FFCRA continuous enrollment protection is no longer in effect, Washington's proposal will be especially important and will enable the state to evaluate the ongoing benefits of continuous enrollment at a time when the administrative strain of redetermination on the Washington State Health Care Authority (HCA) will be at an all-time high.

Administrative burdens, such as those eliminated by continuous eligibility policy, fall disproportionately on people of color, who are more likely to rely on Medicaid for health insurance. In 2019, Black and Latino people made up less than a third of the total United States population but accounted for more than half of Medicaid and CHIP enrollees.<sup>4</sup> Systemic racism affecting education, employment, housing, and transportation makes people of color more likely to be unemployed or work in jobs with low wages and limited access to employer-provided coverage.<sup>56</sup> In 2021, 73 percent of workers earning low wages did not have access to health care through their jobs.<sup>7</sup> Black and Latinx workers have higher rates of part-time employment than white workers, and 77 percent of part-time workers did not have access to health coverage through their employers. In 2018, 55.4 percent of Black workers had private health insurance, compared to 74.8 percent of whites.<sup>8</sup>

Among Medicaid enrollees, low-wage and part-time workers, and workers with multiple jobs, are especially burdened by documentation requirements. They often have to gather and submit pay stubs, provide documentation of changes in income, and prove job loss or other changes in employment. Obtaining and submitting the required documents is often difficult for part-time workers and individuals with unstable work hours who have income that varies week-to-week. Workers in the “gig economy” (which is made up of a disproportionate share of Black and Latinx workers) struggle to prove their income since they don’t receive a traditional paycheck, have income that may change substantially each month, and have to include complicated documentation of their employment expenses to show their countable income.<sup>9</sup>

Continuous coverage is especially important for the health development of young children. Children with unaddressed conditions such as asthma, vision, hearing impairment, nutritional deficiencies, and mental health challenges are unable to thrive in kindergarten and beyond.<sup>10</sup> To catch early warning signs of these problems, the American Academy of Pediatrics recommends that young children receive at least 15 well-child visits in their first six years of life.<sup>11</sup> Ensuring that children under six have stable coverage would improve access to the necessary preventive care and developmental screenings that occur during these visits and set the stage for better long-term outcomes.<sup>12</sup>

Washington’s continuous coverage proposals are exactly the type of policy experimentation for which section 1115 waivers are intended. CLASP believes there is much to be learned from Washington’s proposal to better understand how continuous coverage impacts people’s lives and alleviates health inequities.

**Re-entry coverage and continuity of care for justice-involved populations.** CLASP supports Washington’s goal of smoothing the transition from incarceration to the community. CLASP urges CMS to ensure that Washington’s proposals are not simply a shifting of costs traditionally paid by the justice system to now be paid by Medicaid. Finding ways to support people’s transition back to community settings, particularly by ensuring people have continuity of care with providers and medications in the 30 days prior to release – as Washington proposes – is a potentially valuable policy to test. CLASP urges CMS to support Washington’s goal of easing the transition from incarceration to community settings, to the extent possible without substituting Medicaid spending in place of medical care costs typically paid for by the justice system.

While the state is requesting authority to cover services delivered while youth are in confinement, the state should also explain how Medicaid is or will be used to support efforts to divert young Apple Health enrollees from entering the juvenile system. This could include covering and increasing access to community-based services and using community-based crisis response services to prevent unnecessary arrest and hospitalization. For example, Washington was among 20 states that recently received planning grants to prepare to implement the community-

based mobile crisis intervention services state plan option created by the American Rescue Plan Act.<sup>13</sup> Additionally, we urge the state to meaningfully engage community advocates, providers and justice-involved youth in an ongoing way to shape the design and implementation of its proposal.

**Community health workers (CHWs) in pediatric primary care.** As part of its efforts to grow a culturally responsive, community-based workforce, Washington requests authority to pilot CHWs in pediatric primary care practices as a member of the care team. Pediatric team-based care, through proven models such as Healthy Steps<sup>14</sup>, can boost support for early childhood development by using well-child visits to offer greater support to families. Regular check-ups offer the most consistent way to reach the families of Medicaid-eligible children before kindergarten entry. In addition to helping families connect with community-based services, CHWs, with the care team, can help parents and caregivers ensure the safe, stable and nurturing relationships which provide the foundation of social-emotional development, including rapid brain development in the earliest months and years of life.

Additionally, enhancing the use of CHWs to both navigate the health care system and social supports systems is critical to diversifying the pool of available care providers for Medicaid and CHIP. As stated above, people of color are over-represented among Medicaid enrollees. Existing research suggests that having providers who look like and reflect the personal and cultural experiences of a majority of Medicaid enrollees plays a positive role in health outcomes. As just two examples, a recent study showed that deaths among Black infants decreased when they were cared for by a Black doctor after birth and a comprehensive review of clinical studies of CHW-led asthma education and management interventions show that CHWs improve asthma outcomes for children.<sup>15 16</sup> When the life experiences and perspectives of the care team align with what Apple Health enrollees have experienced, children in Washington are more likely to receive culturally competent and compassionate care.

The proposal would also help to provide data on the services, such as targeted case management or preventive care, that may be reimbursable under existing authority. For example, the pilot program would yield useful information on implementation and sustainability like payment lessons learned for uptake, access for kids in pediatric practices with CHWs, and considerations for scaling the program up beyond the pilot. The program would also help identify any reimbursement challenges or opportunities specific to CHWs that may require new approaches to ensure sufficient growth in the community-based workforce.

**Funding for focused health equity initiatives.** We also support Washington's request to fund local, community-based initiatives to advance health equity and to ensure their process of setting health equity goals and standards is inclusive of organizations led by people of color and of Apple Health enrollees and their families. The state acknowledged that several health measures for enrollees improved during the prior demonstration period, according to the state's December 2020 interim report, but that there are still ongoing racial and ethnic disparities in quality of care and outcomes that the state's proposal seeks to address. We support Washington's goal of ensuring that investment is focused on local needs and that the demonstration advances and centers health equity in Washington's health care system.

Because of long-standing systemic inequities that contribute to disparities, tracking changes in the differences over time would be an effective way to show the impact of the project initiatives. For example, as the evaluation plan is developed, it would be helpful to include analysis of whether the identified disparities narrowed or widened and to gather more information about the barriers enrollees of color are facing to determine best areas of ongoing investment.

**Apple Health postpartum coverage expansion.** Lastly, CLASP strongly supports Washington's request for federal matching funds to provide 12 months of continuous postpartum Apple Health coverage to people up to 193 percent of the poverty level who were not enrolled in Medicaid or CHIP coverage during their pregnancies. The state's proposed plan to make postpartum coverage comprehensive and continuous for all Washington residents who need postpartum coverage innovatively combines 1115 and SPA waivers to minimize administrative burdens on postpartum individuals. Washington's plan also supports CMS's stated goal of improving maternal health outcomes, particularly among underserved communities. This policy proposal will greatly improve postpartum health outcomes for those who would otherwise be uninsured and is an example of innovative policy that Section 1115 waivers should be exploring.

Thank you for the opportunity to provide comments in support of the Washington Medicaid Transformation Project Demonstration Extension. You can reach me at [jzhou@clasp.org](mailto:jzhou@clasp.org) with any questions regarding these comments.

Sincerely,

Juliana Zhou  
Policy Analyst, Income and Work Supports  
Center for Law and Social Policy

---

<sup>1</sup> Washington State Health Care Authority, "Section 1115 Medicaid Demonstration Waiver Renewal Request," August 2022, <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/wa-medicaid-transformation-pa5.pdf>.

<sup>2</sup> Aiden Lee, et. al., "National Uninsured Rate Reaches All-Time Low in Early 2022," HHS Assistant Secretary for Planning and Evaluation (ASPE) Office of Health Policy, August 2022, <https://aspe.hhs.gov/sites/default/files/documents/15c1f9899b3f203887deba90e3005f5a/Uninsured-Q1-2022-Data-Point-HP-2022-23-08.pdf>.

<sup>3</sup> ASPE Office of Health Policy, "Unwinding the Medicaid Continuous Enrollment Provision: Projected Enrollment Effects and Policy Approaches," August 19, 2022, [https://aspe.hhs.gov/sites/default/files/documents/404a7572048090ec1259d216f3fd617e/aspe-end-mcaid-continuous-coverage\\_IB.pdf](https://aspe.hhs.gov/sites/default/files/documents/404a7572048090ec1259d216f3fd617e/aspe-end-mcaid-continuous-coverage_IB.pdf).

<sup>4</sup> Patricia Boozang and Adam Striar, "The End of the COVID Public Health Emergency: Potential Health Equity Implications of Ending Medicaid Continuous Coverage," State Health and Value Strategies, September 17, 2021, <https://www.shvs.org/the-end-of-the-covid-public-health-emergency-potential-health-equity-implications-of-ending-medicaid-continuous-coverage/>.

<sup>5</sup> Christian E. Weller, "African Americans Face Systematic Obstacles to Getting Good," Center for American Progress, December 5, 2019, <https://www.americanprogress.org/article/african-americans-face-systematic-obstacles-getting-good-jobs/>.

<sup>6</sup> Anthony P. Carnevale, et al., "The Unequal Race For Good Jobs: How Whites Made Outsized Gains in Education and Good Jobs Compared to Blacks and Latinos," Georgetown University Center on Education and the Workforce, 2019, <https://cew.georgetown.edu/cew-reports/raceandgoodjobs/>.

<sup>7</sup> U.S. Department of Labor: Bureau of Labor Statistics, "News Release: Employee Benefits in the United States – March 2021," September 23, 2021, <https://www.bls.gov/news.release/pdf/ebs2.pdf>.

<sup>8</sup> Christian E. Weller, "African Americans Face Systematic Obstacles to Getting Good," Center for American Progress, December 5, 2019, <https://www.americanprogress.org/article/african-americans-face-systematic-obstacles-getting-good-jobs/>.

<sup>9</sup> Edison Research and Marketplace, "The Gig Economy," December 2018, <http://www.edisonresearch.com/wp-content/uploads/2019/01/Gig-Economy-2018-Marketplace-Edison-Research-Poll-FINAL.pdf>.

<sup>10</sup> Delaney Gracy et al., "Health Barriers to Learning: The Prevalence and Educational Consequences in Disadvantaged Children, A Review of the Literature," January 2017, <https://www.childrenshealthfund.b-cdn.net/wpcontent/uploads/2017/02/HBL-Literature-Review-2-2-2017.pdf>.

- 
- <sup>11</sup> American Academy of Pediatrics, “Recommendations for Preventive Pediatric Health Care,” March 2021, [https://downloads.aap.org/AAP/PDF/periodicity\\_schedule.pdf](https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf).
- <sup>12</sup> Elisabeth Wright Burak, “Promoting Young Children’s Healthy Development in Medicaid and CHIP,” Georgetown University Center for Children and Families, <https://ccf.georgetown.edu/2018/10/17/promoting-young-childrenshealthy-development-in-medicaid-and-the-childrens-health-insurance-program-chip/>
- <sup>13</sup> Centers for Medicare & Medicaid Services, “State Planning Grants for Qualifying Community-Based Mobile Crisis Intervention Services,” U.S. Department of Health and Human Services, September 2021, <https://www.medicaid.gov/medicaid/benefits/behavioral-health-services/state-planning-grants-forqualifyingcommunity-based-mobile-crisis-intervention-services/index.html>.
- <sup>14</sup> Kay Johnson, and Charles Bruner, (2018), “A Sourcebook on Medicaid’s Role in Early Childhood: Advancing High Performing Medical Homes and Improving Lifelong Health” (Child and Family Policy Center, 2018), available at [https://www.inckmarks.org/docs/pdfs\\_for\\_Medicaid\\_and\\_EPSDT\\_page/SourcebookMEDICAIDYOUNGCHILDRENALL.pdf](https://www.inckmarks.org/docs/pdfs_for_Medicaid_and_EPSDT_page/SourcebookMEDICAIDYOUNGCHILDRENALL.pdf).
- <sup>15</sup> Brad N. Greenwood, Rachel R. Hardeman, and Laura Huang, “Physician–patient racial concordance and disparities in birthing mortality for newborns,” *Proceedings of The National Academy of Sciences*, Vol 117 (No. 35), September 2020, available at <https://www.pnas.org/doi/10.1073/pnas.1913405117>.
- <sup>16</sup> Maria Teresa Coutinho, *et al*, “Community Health Workers' Role in Supporting Pediatric Asthma Management: A Review,” *Clinical Practice in Pediatric Psychology*, Vol. 8,2 (2020): 195-210, doi:10.1037/cpp0000319.