This looks like we are proposing cutting access to Medicaid to a significant portion of the population. This is exactly the wrong thing to do. Our country and it's economy can only benefit from a healthy population.

Just read in the paper about the latest republican plan to save a nickel at the cost of a Dollar. It seems that they now want to save that nickel by taking away the ability of an individual to make a common sense decision to feed a hungry child, after all the child is only going to go hungry for another month or so while the process works its' way through some government bureaucracy. Am I not right Comrade?

We work with the homeless and mentally ill in Lexington, KY. Most, if not all, are also dealing with substance abuse. One of our priorities is to get them into detox and rehab. Detox is already difficult enough to access due to lack of available beds, but without insurance, our population will be locked out of many - if not all - detox opportunities, some rehab, and most out-patient drug treatment programs if they do not have insurance.

Jani Lewis
Executive Director
Natalie's Sisters

<table>
<thead>
<tr>
<th>Question: Kentucky HEALTH - Proposed Modifications to Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>We encourage the public to submit their comments on Medicaid.gov as they relate to d...</td>
</tr>
<tr>
<td>This looks like we are proposing cutting access to Medicaid to a significant portion of the population. This is exactly the wrong thing to do. Our country and it's economy can only benefit from a healthy population.</td>
</tr>
<tr>
<td>Just read in the paper about the latest republican plan to save a nickel at the cost of a Dollar. It seems that they now want to save that nickel by taking away the ability of an individual to make a common sense decision to feed a hungry child, after all the child is only going to go hungry for another month or so while the process works its' way through some government bureaucracy. Am I not right Comrade?</td>
</tr>
<tr>
<td>We work with the homeless and mentally ill in Lexington, KY. Most, if not all, are also dealing with substance abuse. One of our priorities is to get them into detox and rehab. Detox is already difficult enough to access due to lack of available beds, but without insurance, our population will be locked out of many - if not all - detox opportunities, some rehab, and most out-patient drug treatment programs if they do not have insurance.</td>
</tr>
</tbody>
</table>

1) Will individuals who work jobs with varying wages that fluctuate over/under 138% on a regular basis, but annually remain under 138%, report changes?

2) Does the Presumptive Eligibility fast tracking process apply to those seeking emergency coverage at hospitals? Will backdating coverage be allowed for emergency/same day medical service needs while the person is under PRESUMED coverage?

3) Will residents of counties where SNAP work requirements are waived due to a lack of opportunity for work/volunteer hours (waived in 100 of 120 Ky counties) also receive a waiver for the CE requirement, particularly since the modification states it is being modeled after the SNAP work requirement?

4) Can someone earn My Rewards Credits for health related activities beyond education such as medical appts, screenings and behavior modification (i.e., quits smoking, loses weight)?

5) Will experienced, subject matter experts, be able to attain accreditidation to offer health or financial literacy courses (particularly those already accustomed to providing such)? How do community entities attain accreditation to offer volunteer hours? If so, how?

6) Can members attain a service credit instead of a specific amount for their My Rewards Credit due to fluctuation in charges for services or access to participating providers? For instance, attend 3 classes to earn a dental exam and xrays. Can members make monetary deposits, in addition to earning credits, to their My Rewards account for services such as dental?

7) Will at least a 1x grace be offered for anyone who doesn't understand the new guidelines, particularly those who are illiterate (English or any language) or have learning or language/cultural barriers/comprehension difficulties? Most Medicaid notices are sent in English with terms or phrasing difficult to understand, even for English speaking, native residents. There are limited Spanish language and nearly no other language/cultural translated items currently. Will this change or will there any grace or exceptions for those with comprehension difficulties?

8. When will consumers, front line enrollment staff or Providers (these are not the same as MCO Insurance Carriers) be allowed to participate, provide input in development of the proposed changes? This is in addition to being a communication or educational component after assumed waiver approval.

Please do not cut medicaid, these services are needed for so many Americans. I will be very disappointed in all of my elected representatives at the state and federal level if you let this happen. It will be shameful to let people suffer for want of medicaid and health services. Children and the elderly should be helped not harmed by their government.
Kynect and expanded Medicaid have been one of the most extraordinary accomplishments Kentucky has made in the last 30 years. We are talking about 400 hundred and forty thousand people in Kentucky who now have a primary care provider, who can get an eye exam, who can see specialists, who can get a dental exam, an x-ray and their teeth cleaned once a year. It has been a tremendous step forward.

For some reason Gov. Bevin wants to reverse this progress.

The changes Gov. Bevin wants to make in expanded Medicaid to eliminate vision and dental, and create premiums with lockouts for people who can't pay the premiums – these actions have nothing to do with health care.

As a matter of fact his changes are not even justified by economics, but seem to be motivated by the concept that poor people are defective morally, that poor people (poor people being defined as people whose wages are artificially low) are not trying hard enough and that poor people need to be guided by people like him.

In reality, poverty is structural; poverty is built in to the system by the people who have the power to do so. The people on Medicaid are in no more need of moral guidance than the governor and the people on the governor's staff.

There is nothing more offensive than the wealthy (people whose earnings are artificially high and who have the best health care that money can buy) having the nerve to tell poor people they can't have health care.

Gov. Bevin's tactic is to submit a 1115 waiver to the federal government detailing his desired changes to expanded Medicaid and then announce that if his changes are not accepted he will abolish the program. He uses this tactic because he obviously feels that poor people in Kentucky just haven't suffered enough.

As a citizen of the state of Kentucky I ask that Gov. Bevin withdraw his 1115 waiver and consult with people who have the best interests of all Kentuckians at heart before he makes his next move regarding health care.

I have grave concerns about the 6 month lock out period if a premium is submitted late. I am the Administrator and a RN who cares for people with HIV/AIDS. Our patients who are on life saving medications and then get into a lock out period, they will not have access to their there medication. HIV will develop resistance and when they do have access to medication again the old ones will no longer be effective. This makes no sense to me. It is much less expensive to treat HIV than to treat AIDS! These folks who run out of treatment options will require more hospitalizations with days in the ICU with PCP pneumonia when the immune status is destroyed and they can no longer fight off infections. This takes us back to the 80s not forward! Insanity, if you always do what you have always done your going to get the same as you have always gotten!

This waiver is harmful for Kentuckians
Kentucky has not described the way these changes will be operationalized. For those of us that work in healthcare and recognize the current holes in the system, I find it hard to believe that adding layers of change on top of the current system will lead to improved healthcare outcomes for our patients. Additionally, I find it very concerning that those that have presented refuse to answer questions on these issues. So my questions/concerns are as follows.

1. What if I become ill and can not meet the volunteer hours for a week will I lose coverage?

2. Health care has been defined as a human right. Knowing that, the work requirement seems to mirror the United Nations definition of human trafficking. Specifically: Article 3, paragraph (a) of the Protocol to Prevent, Suppress and Punish Trafficking in Persons defines Trafficking in Persons as the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs as the the mandatory volunteer hours specifically lead to unpaid labor services with the plan endorsed by many businesses.

3. Who will track the hours? The businesses?

4. If a business can meet their needs with all volunteers, how does that impact the job market in Kentucky? Knowing that the volunteers are providing a service for free, they will not be contributing to the tax base of the Commonwealth were as a paid worker would. This seems to impact the economic state of Kentucky.

5. If the value of the volunteer hours is $7.50/hr then the mandatory volunteer requirement has a financial value of $600/month. This exceeds the cost of the service (Medicaid) that they are receiving. Thus, the exploitation as defined in #2 is reality.

6. The Secretary mentioned that points can be used to purchased dental, vision and screenings. She provided the specific examples of cancer screenings and cholesterol screenings. Does this waiver obliterate preventative care? Evidence to support?

Please see attached comments from Anne Marie Regan, Kentucky Equal Justice Center.

When I read the governor’s 1115 Medicaid Waiver proposal, I am reminded of the rich man who will pay millions to his accountant to avoid paying some federal tax, even if he has to pay the accountant more than the tax would have cost. He is acting illogically, unless you see that he is acting on the belief that he must do everything in his power to avoid paying taxes. Governor Bevin is willing to create a new bureaucracy in Kentucky, with all the costs and confusion this implies, in order to avoid providing health care to citizens of this state who receive Medicaid. For example, recipients will have 10 days to report change in income, even though income from part time employment can vary constantly. Fail to report, you are off the program for six months, and then go through a ‘retraining’ process to reapply, probably at some new government office. The governor is acting illogically, unless you see that he is acting on the belief that it is his role to educate the citizens of Kentucky on the operation of free market forces. Disenrollment is a "learning tool for enrollees".

There is no doubt that tens of thousands of Kentucky citizens will lose health care when they fail to meet one or other requirement. Where is someone in Pineville going to find 20 hours of work each week to keep his Medicaid benefit, for example? Perhaps he should just check into a prison, which has employment opportunities for any number of unskilled laborers.

Christine Perlin-Gump
2003 Winston Avenue
Louisville, KY 40205
(502) 454-0264
Question: Kentucky HEALTH - Proposed Modifications to Application

We encourage the public to submit their comments on Medicaid.gov as they relate to d...

This proposal will cost more money to implement and cover fewer people! How does this promote the objectives of Medicaid or 1115 waivers?

Let me repeat: Work requirements, co pays, premiums, will cost the state more money to cover less people. It is political ideology and mean spirited at that. It will create a huge bureaucracy to deny health care to people.

Aren't conservatives about smaller government? This proposal expands government. I guess bigger government is OK if it kicks poor folks off benefits they need. This is health care people! Not welfare.

In my community of Allen County, we have a high rate of Medicaid enrollment. I have seen positive benefits including people being able to work because they have Medicaid.

If someone qualifies for Medicaid due to their income, they should not have to pay premiums. Just the fact they financially qualify for coverage should be enough to tell you that they cannot afford premiums. If they could, they would opt for better coverage elsewhere. I live in Anderson County Kentucky

Changing expanded Medicaid like this (which is doing away with it) WILL KILL PEOPLE. I live in Ballard County Kentucky

We have fostered 3 children with many special needs. All have FASD and intellectual disabilities. When they turned 18 we obtained guardianship so they could continue to live with us. The all need therapy, psychiatric care, and medical care. Without Medicaid (as is) the would not receive these services. With these proposed modifications our children would not receive the services they need to thrive. One of them is on a waiver (the other 2 on waiting list) this has allowed her to work a part time job, become more involved in the community, and gain some independence. Medicaid allows her to work, be more involved in her community and with peers, and contribute to her community.

Without Medicaid their mental health would seriously decline causing an array of issues. Possibly even legal issues. One would lose her job because she would have no transportation. She would lose her respite, her involvement with activities outside the home such as special olympics, volunteering, and spending time with her friends. These things are as vital to her mental health as the professionals who provide services.

I would not be alive today if not for help with prescription drugs and doctor visits that I wouldn't be able to get with these changes. I couldn't afford it. My insulin alone would cost me over 600.00 a month. Many people I know are working without health coverage as much as they can at low paying jobs because these jobs are what are available in our area. I live in Barren County. Without Medicaid coverage many would be totally without access to health care.

My kids have WellCare and have been greatful they do, my insurance thru my work is so expensive I can't afford it on our family, also my moms has it and it helps pay what MC doesn't. I can't afford my insurance at work co-pays now. I wouldn't be able to volunteer due to my full time job, but my kids need Medicaid.

as a practicing optometrist for 40 years, the changes in medicaid by the affordable care act/Breshear administration have benefited more people with eye disease and vision problems than any other program except KCHIP...so many Kentuckians have better vision and better eye health than ever before. These proposed changes would mean that more people would lose coverage...there would be more blindness and deaths. I also think about the requirement to report income changes. Personally, I am self employed so my income changes DAILY Most people on medicaid are already working at least one job or in nursing homes, so the community engagement requirement doesn't make sense to me.

My family has benefited from Medicaid coverage, as is, in Kentucky. My daughter receives services I couldn't get or afford through my private insurance, these changes mean that our working family is penalized and she will loose her services. I would have to find transportation and someone to stay with her. Do not change Medicaid
**Question:** Kentucky HEALTH - Proposed Modifications to Application

We encourage the public to submit their comments on Medicaid.gov as they relate to d...

<table>
<thead>
<tr>
<th>Because of Medicaid like it is, I'm able to take care of myself better, BUT my daughter has severe autism and it helps her get therapy and healthcare. The coverage she receives is crucial to her life! She would NOT be the lady she is today!! PLEASE DO NOT TAKE MEDICAID FROM HER!! PLEASE DO NOT CHANGE MEDICAID! It allows my daughter to be included in our community. She also is getting the right therapy and health coverage to help survive on a daily basis I'm self employed and my income changes a lot, one month I might make $1500 and the next month it might be $300. It takes a lot of time at our local DBS office I can't imagine how much more time it would take if you were having to report more stuff If you work 40 hrs a week when are you going to have time! I already spend so much time with DCBS! My daughter receives Medicaid because she is autism she doesn't know how to work and the work requirement would hurt us</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am a teacher and have seen the different not only my students in my classroom being covered and have health benefits, but their parents too. Their parents being able to have value and get healthcare they need changes the way they are able to engage with their children and the school. All of these changes are confusing, and would cause an unhelpful hardship on my students and their families. The system we have now isn't perfect, but it is changing lifes and needs more time before any changes are attempted!</td>
</tr>
<tr>
<td>Medicaid has been a blessing to many families with children in my community, especially for those children on autism spectrum to have respite services to avoid caretaker burnout allowing them to be at their best. The fear is Medicaid funding cuts, which is what is proposed with these changes, because less people would have medicaid and more money goes to administration than to the people who need it, would have a negative impact on our current medicaid programs. Ideally program participants should be given at least 30 days to report changes, ten days is not possible for most people. People would lose their jobs sitting at the DCBS office trying to save their medicaid! That isn't fair. You can't get through on the phone so you have to go in person usually, or they tell you to come in to bring them something.</td>
</tr>
<tr>
<td>People appear to be &quot;able-bodied&quot; but your body includes your mind, and it includes things you can't see. People are already working if they can. Forcing people to volunteer isn't going to make any more people work than already are, it is just going to make them not have their healthcare, which means they are less likely to be able to work in the future. It is insulting and doesn't seem to take into account the fact that almost everyone is doing the best they can. Those that aren't are living with less and suffering already, no need for the state to spend money to build a system to punish them. I object to my tax dollars being used to punish people for a problem we don't have. These changes, and the whole proposal is bad for Kentucky (except expanding the substance use disorder services)</td>
</tr>
<tr>
<td>In 2016, Kentucky submitted a #1115 request to CMS to redesign the State's Medicaid program, converting it to a program called HEALTH. I found the details of the original waiver harsh and punitive; the 2117 modifications do not make it less so. It appears the rules of the program are designed to make participation onerous, confusing, designed to trip patients up. The plan sounds as if it will be difficult to administer, and to navigate--especially so for enrollees whose health may already be compromised. Patients who miss a premium payment--or who fail to report a change in earnings within a very short time frame--will be &quot;locked out,&quot; left without coverage for a time period that could be damaging to their health—indeed life-threatening. Recent research has shown that being uninsured can be a death sentence. Kentuckians are used to playing the odds at the track, but should not do so with our health: &quot;The odds of dying among the insured, relative to the uninsured, is 0.71 to 0.97&quot; (Woolhandler &amp; Himmelstein, Annals of Internal Medicine, June, 2017). I attended the hearing in Frankfort. A state employee on the Kentucky HEALTH team told me not to worry about &quot;lock-outs,&quot; that those who fell out of compliance with the premium or reporting rules will have an &quot;on-ramp&quot; back into the program by taking a course, earning reward points in some contrived way. I was reminded of the childhood games of Monopoly or Chutes &amp; Ladders. Losing access to needed medical care should not be viewed as a game. I respectfully ask CMS to deny Kentucky's #1115 waiver request, to maintain Medicaid, including the Expansion component, as is. The health of the commonwealth is improving. &quot;Socioeconomic disparities In health care access have been reduced (Health Affairs, July 26, 2017). Local physicians and clinics report that patients are now getting needed help—help that had been denied before the ACA expansion. We must not slide backwards. It is my hope that we will move forward to a single-payer Expanded &amp; Improved Medicare For All—one giant pool, sharing risk and cost, saving lives, saving money for businesses and for the state.</td>
</tr>
</tbody>
</table>
I am self-employed dry stone mason. My work or lack of work depends greatly on the economy. I am 40 years old and these past 3 years are the 1st I have had access to a doctor. Due to the strenuous type of work I do it has effected my joints & very much back pain. I am able to get steroid injections periodically that I would be unable to get if it wasn't for Medicaid. I gets these injections about every 4 months. I do not take pain medication.

1115 Waiver would be devastating to me not being able to get some healthcare would have me going to emergency rooms & not being able to pay for the visit. Since I am self employed, I have no way of knowing what my monthly income will be, if any. As for work requirements...when you are self employed you may have two weeks of everyday work & would be unable to meet the requirement. If you had no work for two weeks 20 hours could interfere with job hunting.

I worry that people who need urgent treatment would get sicker or die while waiting for coverage. Sick people can't work. Kentucky should be a place where everyone has a chance to get good healthcare when they need it. Medicaid is so necessary, people who have addictions have been able to get treatment.

In terms of community engagement hours, if I ever lost my job, it might take me a while to find a new job and I would probably need to devote myself full time to getting one.

My autistic son is on the Michelle P. Waiver. It allows him to attend therapy that will make him more independent and less reliant on public services as an adult. It helps pay for a caregiver that allows me to work outside of the home and earn money to help support our family. Without these services my son would be isolated and not reach his full potential as an independent adult. He would be more reliant on social services as an adult. He would not be allowed to participate in activities that typical children his age participate in, like summer day enrichment camps. His CDO worker has helped him attend these.

Medicaid has saved my life by helping pay for medications and go to the Dr for monitoring the medication. I would not be able to afford my meds and would likely lose my job (and my home) because of sick days. My income varies based on schedule and overtime. I may make $400 in one week, then $160 the following week. As far as the work portion of the 1115 Waiver, my work is scheduled based on expected business for a day. I tend to work 2nd and 3rd shifts (ie 3pm to 11pm or 11pm to 7 am). If I volunteer 20 hours a week on a week I work less than 20hrs, I would need to change my entire sleep schedule for those days, which would affect my performance at work.

My autistic son is on the Michelle P. Waiver. It allows him to attend therapy that will make him more independent and less reliant on public services as an adult. It helps pay for a caregiver that allows me to work outside of the home and earn money to help support our family. Without these services my son would be isolated and not reach his full potential as an independent adult. He would be more reliant on social services as an adult. He would not be allowed to participate in activities that typical children his age participate in, like summer day enrichment camps. His CDO worker has helped him attend these.

My son has the MPW. We do not know what we would do without it. These waivers offer hope for employment, and decent housing. Able bodies should be held responsible. We also need to be aware that emergencies happen in real life.

Also, 10 days is not enough time. It is nearly impossible to get anything reported within the state within that time frame.

Obviously, the immediate impact is to the individual but it will also have a significant effect on hospitals, physicians and anyone employed in the physical or mental health professions. Medicaid literally brings in billions of dollars to Kentucky's economy. This will have dramatic effects on the economy across the state. Many hospitals and clinics will be forced to close and thus unemployment will increase. Ultimately this will result in people not being able to pay their bills and so even those businesses not involved in healthcare will be effected. In many rural areas, hospitals and community mental health centers are the county's largest employer. This is a very short sighted policy proposal. As for the income change reporting, 10 days is not enough time and I doubt seriously unless KY invests a great deal of money is new software to track this, they will be able to competently keep up with the information being sent in.

I could not afford any medical bills without Medicaid. I'm on limited income. For the required work hours for medicaid, what about if you live in a area where there is no work to be found?
Question: Kentucky HEALTH - Proposed Modifications to Application

We encourage the public to submit their comments on Medicaid.gov as they relate to... 

| My daughter has had Medicaid since birth. She has Sacral Agenesis. Medicaid has covered catheters supplies, walkers, wheelchair, therapies, and all dr appointments. The uncertainty of these changes scare me for my daughters future. We have had no problems so far and I would hate for these changes to cause problems. I am a stay at home mom and my husband works. |
| My twin sisters have PKU and are required to be on a special diet and take medications which cost approximately $20,000 per month per twin. They are truly disabled and without Medicaid they would not be able to comply with their special diet. This would harm their brains and reduce their ability to function in society. As the guardian for my twin sisters, I have learned a great deal about management of PKU over the last 20 years, consulting with some of the leading providers in management of this disease in the state of Kentucky. From knowledge gained I know that my sisters’ physical as well as mental health would decline without treatment currently covered by a combination of Medicare and Medicaid. I fear that without this care it would only be a matter of a very few years until I would have to place my sisters in a longterm care facility, at the cost of an estimated $80,000 per year per twin. They belong in our home environment and I pray that decisions will be made that allow them, and many others, to remain in their communities in loving homes. My sisters are unable to work at any meaningful employment. |
| 1.) Nearly 20% of the Warren County population is covered by Medicaid. Given the high rate of poverty and racial disparities in Warren County, Medicaid is essential to guarantee access to health care. The greatest proportion of Medicaid beneficiaries in Warren County are children; these proposed changes are based on faulty stereotypes of Medicaid recipients as "lazy" or "irresponsible" adults. Adults enrolled in Medicaid are already significantly economically disadvantaged and these proposed requirements place an undue burden on them. |
| 2.) (Note that I am not a Medicaid beneficiary, but if I were, the new requirement would be burdensome) I have recently switched from part-time work to full-time student status, and based on whether or not I have a graduate assistantship, my income fluctuates broadly every 3-4 months. Keeping up with the required reporting is simply one more hurdle to jump when I'm already juggling bills and an unsteady cash flow. |
| 3.) Requiring volunteer work or other type of community engagement assumes individuals have no problems with transportation or childcare. It also puts the burden of finding this type of work on individuals who are struggling to meet basic needs. |

| Me and my children are healthy and are provided great coverage and i have had pregnancy complications with both pregnancies and was covered. I am a single parent of two with no help and I am unable to work at the moment. |
| My child has Down syndrome with many health care needs as well as therapies necessary to improve life and her future. It is difficult enough raising a special needs child. My husband and I have full time jobs and have paid taxes all these years. I feel my daughter needs more help than what we can give her. My husband and I already work full time hours in highly stressful jobs! We also are active in our community. I volunteer much time as choir director at my church; he is on our parish council. All of our extra time is spent taking our daughter to therapies, activities for special needs children and schoolwork. We have no extra time! |

| I have a niece right now preparing for surgery under medicaid. I work in a safety net program. Just about all of our consumers benefit from medicaid. These people will never be well enough to support themselves. You'll see an explosion of people with mental illness going without treatment or housing. This is a terrible idea. |
| If there were drastic changes made to Medicare then that could affect the medicines my grandfather would be able to receive. Bills would become unmanageable, and burdens would be placed upon family members that would be difficult to carry. I'm unsure as to what community service people would be participating in. |

Because of Medicaid I am able to have health insurance to get the medications I need for my allergy. Without Medicaid, I would not be able to afford health insurance due to being a full time student. People would die. People would not receive treatments, and medications that they need. These deaths would be on the governors hands. As for the work commitment, full time students might not have the time to fit 20 hours of community service for a human right. People with children might not have childcare or the money to afford childcare to work the required hours.
My husband is a professor at a local state university. We have 5 child, some of whom have severe allergies (including anaphylaxis), asthma, and autism. Sadly, despite my husband's job, we are not able to afford insurance through his university for our children. The premiums and deductibles for needed medications (such as EpiPens) and therapy would bankrupt us. We are very thankful that we have been able to qualify for Medicaid coverage and hope and pray that coverage continues.

Additionally, as the primary care giver of 5 young children, I would not be able to provide 20 hours of work activities per week. In response to the income reporting, small changes in income would constantly throw us on and off of Medicaid coverage, which would be a huge hassle to continuously re/apply for and would also require constantly changing medical providers for our children.

There are adults who are not "medically frail" but are also not able to volunteer or work. This should be up to a social worker or doctor to determine on a case by case basis. I also have concerns about what will constitute volunteer work and how that will be handled.

I cannot afford insurance through my employer. So I turned to Medicaid after being removed from my parents insurance. I am able to go to the doctor when I am sick, go to the emergency room if needed with some of my medical conditions, and see specialist for my medical conditions.

Issues I have with the 1115 Waiver:

1.) If I had to volunteer while I'd was working in order to meet the requirement, I would not be able to due to the time commitments at work.

2.) My income is steady but sometimes people have bigger things to deal with if for some reason their employment status changes.

3.) I sometimes get under 30 hours a week when business slows down at my place of employment. I would not have the time still to volunteer due to not having available time to do so. My hours at work varies daily.

I'm a mental health therapist and have seen people come in for much needed treatment that never could afford to before. Treatment has improved their overall functioning and quality of life. Some clients who have a persistent and severe mental illness struggle to keep up with things like re-enrollment dates and deadlines and losing coverage would be detrimental.

I am a single mother of a daughter with disabilities. Medicaid services are need for her to be covered through waiver services so she can work toward being as Independent as possible. The loss or changes in Medicaid would grossly affect my daughter's health and welfare. Medicaid waivers have allowed me to pay fair wages to people who are qualified to handle her complex needs.

Concerning the 1115 waiver, (1) this would not affect me but I also work for an employer who is flexible for me to visit the DCBS or SSA office whenever needed. Many friends are hourly employees or are in public service jobs where they cannot leave to visit or call onto the Medicaid office within 10 days. (2) My daughter is 13 but due to health concerns especially seizures I do not know that she can participate on volunteer or job training as an adult due to her medical condition.

As a job creator with Medicaid as one of our payer source, it will affect the vulnerable people we serve. It will affect the income of our employees.
Recent example: my daughter needed an emergency appendectomy. She was diagnosed in one hospital, transported by ambulance to another hospital, and received emergency surgery and stayed in recovery for a week afterward. If we weren't covered by Medicaid, I would have never been able to pay off these bills. I work full time, just graduated from college, and I am just managing to stay on top of my student loan payments. I eventually hope to buy a house and car (currently, I rent and walk), so NOT destroying my credit as a result of a medical emergency was nice for my entire family. This is just one example of how Medicaid has helped my family. I've also received a number of dental fillings, preventative screenings, vaccinations, and general treatments for illnesses. Being able to visit the doctor before an illness progresses to the point of emergency keeps me out of the ER and prevents me from going to work/school sick because I can't get a doctor's excuse.

Without Medicaid, I would have to go back to coming to work sick or with extreme tooth pain instead of seeking treatment. I would be less productive and if the situation got bad enough, I would have to use the emergency room even if it is not necessarily an emergency. Unfortunately, sometimes that's the only way to get antibiotics when you're not insured (unless your insured friends share their medications or you buy fish antibiotics from the pet store...I know people who were that desperate in their attempts to treat infections without incurring medical debt).

If Medicaid is cut back, some people will die. As adjunct faculty at WKU, I am not eligible for employer based insurance. But for 4 months (May-Sept), I do not get a paycheck. Having to apply and reapply means I never meet a deductible, as my insurance changes 3 time a year. That's ridiculous.

For community service hours, I cannot work retail because of my back, but I can't qualify for disability. Some jobs I physically can't do. What counts as community engagement? Who decides! I work 27 hours a week; am I supposed to "volunteer" an additional 20 on top of that? Volunteering won't put bread on my table or gas in my car.

The changes would penalize low-income families even further as they wouldn't be able to meet coverage requirements and would be further penalized for being low-income participants. I'm a retired teacher. Most Ky workers are not. Employment changes are normal for low-income households.

My community has benefited by having coverage even though they may be low-income participants.

Fewer people covered with no option other than emergency department. Nonprofits will have burden of managing large numbers of untrained volunteers that are there because of need, not passion for the mission of the agency. 1115 would affect me because I in catering. Some months are busy, others hardly anything.

Again, nonprofits will bear the brunt of this proposal. Not enough opportunities to match need

The 10 days to report changes in income would be difficult for people with limited resources. 20 hours per week from the start may also be difficult for some. Please be considerate of those most in need. Give more leeway. No, but I imagine it would be very difficult for the very poor to understand and to meet the demands of these requirements.

Please consider how difficult this might be for some. It is a lot to understand!

Me and my kids can see a doc cause I'm a single mother. Because of 1115, some ppl won't be able to have Medicaid. I can't volunteer cause I raise my kids have no one to keep them.
**Question:** Kentucky HEALTH - Proposed Modifications to Application  
We encourage the public to submit their comments on Medicaid.gov as they relate to d...

Medicaid/Medicare are what keep our small, rural hospital operating. We need the ambulance service, ER and swing beds that it provides.

Since the beginning of the ACA (and before Bevin) our small, rural hospital has not had to have the ER function as primary care facility for people that had no money. The improved Medicaid coverage has allowed people to get care earlier and cheaper than waiting and using the ER for more advanced illnesses.

Concerning 1115 and logging financial changes, several people in my family have seasonal, weather related jobs and their income often varies month to month. Per community involvement - one family member has 3 children, works outside the home (and is still below the poverty level) and 20 hours a week of 'community involvement' would be only available between about midnight and 4 am. This is crazy.

It saved my life and continues to do so. I found that I have several medical issues that could cause me to die without going to the doctor and receiving medication. With the coverage, I would have never known and would be dead by now. I work already, I'm just below poverty line, I wouldn't have time to volunteer. I turn my income in yearly from 1099's. Because I already work. I would not have time to volunteer.

Without medication many will go to harder street drugs to keep out of pain...Folks already have it tough... If they can work 30 hours weekly already then they don't need Medicaid.

Medicaid has saved my life, will not be able to afford my medications. I would volunteer if I knew where.

Medicaid coverage equates to a healthier, more able, and productive community. If people in my community are not healthy, then the community itself suffers. Offering coverage, no matter what, is the only way to alleviate these problems.

Under 1115, all of these changes would make coverage more difficult to attain and thus make more Kentuckians under or uninsured and unhealthy. Reporting employment could make my coverage have a "yo-yo effect".

I've gotten mammograms for first time in many years...and dealt with health issues knowing I was covered, hives after flu shot...funny lump in my side....before I wouldn't be able to afford to go.

As far as the changes go, for seasonal businesses this makes no sense, I'm self-employed and sell lots at Christmas time. And for community service hours, this would take my creating time away....I work making things until time to sell...20 hours is too much, 20 hours too much.

Well I know it certainly would affect me. I am a freelance housekeeper who negotiates how much I am paid which isn't really a lot and I only have one employer who has yet to call me in....Because finding stable employment while trying to get your GED is so easy! I would be out of medical coverage!

None of these changes will help my family they will in fact Hurt my family. I have 5 kids No way can I have time to Volunteer in my community. with my family's Issues that would take me from them.
Kentucky HEALTH - Proposed Modifications to Application  We encourage the public to submit their comments on Medicaid.gov as they relate to d...

Medicaid provides insurance coverage to those who are unable to afford it in my community. I live in rural Kentucky, so many members of my community benefit from the Medicaid program. I am happy to pay a bit more on my taxes to make sure that the needy in my community have access to affordable health care. A healthy community is better for all of us, and I think it's necessary that we take care of one another.

These changes would not affect me or my family personally as we all receive insurance through our employers. It would, however, affect my rural Kentucky community where many citizens receive Medicaid benefits. While I do believe Medicaid recipients should have the opportunity to work or volunteer, this should not be required. I work in mental health, and see on a daily basis how many "able-bodied" adults are actually incapacitated for mental health reasons. I worry that that provision would cause those who are unable to work because of non-physical conditions to lose their coverage. Additionally, there are many reasons that an individual could experience a lapse in coverage. Failing to cover expenses during that lapse could be financially devastating for low-income families in my community.

Concerning service hours, this program would not impact me personally as I receive health insurance through my employer. I am concerned about how "able-bodied" is defined for this provision as I worry that it could cause mentally incapacitated individuals to lose coverage. I would be happy to receive more information about how the state defines "able-bodied."

Without financial help, people would turn to "other" means to make a living. Not all of them legal. This can be a problem now, but with these restrictions it would be worse. The benefit for the community would be less crime.

Not long after our coverage began through Kentucky's medicaid exansion, our family went in for a routine eye exam. It was during this exam that my healthy, 28 year old husband was diagnosed with pigmenary and open-angle glaucoma. Through this program we are able to monitor his condition and receive the medicine needed to control his eye pressures. Kentucky's expansion of Medicaid saved my husband's eyesight.

My husband owns a small business and I am a part time employee at a non-profit. My husband's business is seasonal so he works in the spring/summer/early fall but not in winter.

Everyone needs healthcare. A healthier community means a healthier society. If people do not have health are coverage they will not see a doctor and end up in an emergency room to treat something which could have been prevented. This is very shortsighted.

If someone is working how are they supposed to also volunteer 20 hours a week. Who is supposed to supervise and implement all these volunteer activities?

My husband lost his job and we had no income of insurance. We were covered through Medicaid for 11 months. The 1115 waiver will make people sicker and costs jobs.

By making these changes, we will step backward in our goal to cover all our Americans. I truly believe that it is our moral obligation to care for, and about, each other. Community service is not particularly offensive to me, because I think ALL of us should have to do community service. In fact, that is a better idea - require us all to serve the community (with our talents).... for example if you are an architect... some deduction in what you would normally charge for your service; if you are a nurse, some deduction toward health care... a certain amount / week (maybe 10 hours / month x 2 years of service). I think if the person is working more than 40-50 hours of week (for different employers), the person would be exempt from the additional 20 hours.

My income changes weekly due to the fact that I work sometimes only 5 hours a week and sometimes 15, it's not easy to remember to report changes within 10 days! I am in pain just from working the small amount of hours a week that I do work, I would never be able to work 20 hours a week.

It would not affect me directly but it would affect the people who need medicaid but are members of the 'working poor'. Those individuals who work one or more full time jobs but make less than or equal to the minimum wage, which is NOT a living wage. My grandmother relies on Medicaid. Taking that away or changing the system will not allow her to continue needed follow ups, etc.
Public Schools in Kentucky are able to bill school nurses to Medicaid. Under proposed rollbacks school systems like mine can lose as much as $300,000 a year resulting in a loss of those jobs and resources as well as care in schools for children who may not have care at home of for first aid in schools. Also, "medically frail" and "able bodied" are not sufficiently defined!

My mother in law has been in a nursing home facility for almost 11 years-she worked her entire life -owned a small home -had some LTC for 3 years -advanced Alzheimer's has stolen her identity-we had to sell her home and all of her earthly possessions and liquidate what savings she had . She is diapered, spoon fed and now 100% on Medicaid -what will happen to her and millions of others like her???

So many people will be without access to any care at all -I believe people will die. No way could this work -idiotic plan for the aged and sick.

They wouldn't effect my son's coverage but it would cripple Kentucky and I'm pretty sure that is our Governor's plan. What the government considers poverty level is a joke.

Concerning the community engagement, many volunteer opportunities require training or prior knowledge/skills. Could be burdensome to train. Where are the job opportunities going to come from?

If someone messed up our paperwork my daughter would be without medical coverage for 6 months.

My husband and I cannot afford childcare for our children if we both work the same shift, which means we work shifts opposite one another so we can care for our own children. Currently, I work and my husband is seeking employment, filling out applications daily and calling to follow up on them. He has not been able to find work. If he is required to work or volunteer his time or lost coverage, he will lose coverage. If you can give him a job right now, that allows him to work the opposite shift from me, then it would be fine. But I don't see the governor handing out jobs.

In relation to the community engagement hours:
My husband cares for our children when I work, so how could he volunteer his time while caring for a 4 year old and a 5 month old?

10-15 hours/would be more reasonable. I do agree some volunteer hours need to be completed. If people are able to work, then they need to be working/volunteering. If a person is working more than 20 hours/week, an additional 20 is not feasible.

"If I had to work right now, Having to go to daycare and working, with my back would hurt."

People will die. Plain and simple. My husband would be very limited on the amount of and type of service he could perform. In this area, the opportunities for community service are also quite limited. How does the governor plan to handle issues like this? It will be common in Eastern KY.

Our community would suffer. People should have medical and behavioral health care. The waiver won't impact me but some have seasonal employment or hours one can work. These are changes due to taking care of kids, aging parents, etc.

If people get kicked off medicaid, people will die. Resources that existed before the ACA don't exist anymore because they were no longer needed with so many more people were covered. If you make these changes, you will kill people.

As for the work hours, it would make people who have to balance school and part and full time work have to add another 20 hours of labor to their lives. Most minimum wage jobs don't offer the flexibility to make this possible. A full time student's schedule would not generally allow this so easily either. I personally can't afford to put 20 hours of additional work per week toward something that's not going to keep a roof over my head and keep me fed. Your proposal that this be a requirement is ridiculous.

I went through a devastating divorce several years ago. I was left with nothing. Having two kids at the time, I was lost. I immediately found a job and place to live. A friend suggested I try and get help due my employer not offering insurance. I did so, and have been able to take care of my children like I hadn't before. I am forever grateful for the help I receive.
Question: Kentucky HEALTH - Proposed Modifications to Application
We encourage the public to submit their comments on Medicaid.gov as they relate to d...

Sick people can't work thus there is no income for pre-pay of premiums. That's a non-starter. People working part time at low wages won't have an extra 20 hours to work extra just for health care. A 6-month lock out just puts them at MINUS square one, and if they are sick, they can't get back to work. These options are not thought out thoroughly.

Who is going to assure these people can get a job? Do the homeless have resources to get a job and can they even get to the job if able-bodied. There are gaps in this requirement that need attention before enacting."

I have an autoimmune disease and my son has social pragmatic communication disorder among other things. Changes to healthcare would greatly affect both of our health and well being. Leading to a decline in health and opportunities for my son. In terms of work hours for the 1115 waiver, my autoimmune disease may not meet the criteria for able-bodied. If I could work... I'd much rather be doing that.

In concerns to the waiver my income doesn't change regularly. My autoimmune disease may not meet the criteria for able-bodied. If I could work... I'd much rather be doing that.

Should my father lose this care, we children would lose work time to taking care of him, and none of us are financially prepared to pause our lives to assist him 24/7. We cannot support his medical bills and keep our own paid. Concerning community engagement hours, I can see this being a hardship to a family with no transportation or no aid for childcare. I believe that working to help cover your own costs is a noble idea, but there are so many deterrents for the impoverished to get ahead. They need other supports to get them where the government wants them to be. It sounds like robbing Peter to pay Paul.

Concerning the waiver, I am paralyzed and require 24hr caregivers. This would be just more paper work for them to have to fill out for you. It is nonsense. Folks like myself have to put up with enough BS paperwork from the state etc. Do not add more to it.

Concerning income reporting: Hopefully, my employment status and that of my husband won't change before we retire. However, I work in higher education, which keeps getting cut more and more every year. My husband works for an engineering company that mostly worked for the mines. Both of those fields face uncertainty in the future. I doubt we'd have problems reporting changes within 10 days, but sometimes life happens. Death or serious illness could coincide with changes and make it difficult to report them.

Concerning community engagement hours: It wouldn't impact us now, and hopefully wouldn't in the future. It would be helpful to have easier access to lists of volunteer possibilities for those living in areas with few jobs, however. I'M not able to consistently work. Probably would not be able to do this and thus denied coverage thus denied medicine.

Concerning logging employment hours: I think it would be difficult for any hourly employee. Perhaps a 90 day period would be more appropriate.

I think a ten day period for reporting income is not long enough. Most people need 30 days at least. In working in this field, there are many factors. First of all, I've had many of my clients call me and ask me to help them because they can't get through to the State Cabinet with hours on hold. I had one case of a young man who actually had a job, and they wanted him to stay on hold for hours jeopardizing his job. If they can be more efficient, then yes. But, right now, with hours on hold to make a change, it is not fair to ask for 10 days. Also, I think a six month lockout is too long. Three months would be plenty with regard to penalty. We need to remember while we certainly need to deter from abuse of the system, they are still human beings, and need medical care.

Concerning cuts to medicaid: People who are already suffering from poverty, chronic untreated health problems, and lack of transportation do not need to be required to volunteer 20 hours a week to receive health care benefits. They are usually incapable of such. It sounds like a outside-the-box solution but has absolutely no practical merit. The working poor are everywhere and historically have been left out of every category of help to obtain medical care. The expansion of Medicaid was a limited start on a solution for this great segment of our society. Much more was needed. To go backwards is cruel and inhumane. If we want everyone to have health care, we need to get busy and figure out how to afford it, just as we figure out how to spend massively in foreign countries to kill people.
**Question: Kentucky HEALTH - Proposed Modifications to Application**

We encourage the public to submit their comments on Medicaid.gov as they relate to...

I haven't read the full changes but I feel betrayed by a State I have supported by working for 40 years and then my family gets left out over a petty $15 over the limit.

Our income is solely provided by Social security Disability, my son will be cut off at 18 soon but I still have to put him through college somehow. He is fortunately on the Governor's scholar Program, but that doesn't pay for healthcare.

Concerning volunteering hours - The only problem I see with this is the 20 hours may be a bit too much, especially in small communities where there are not a lot of volunteer opportunities and requiring 20 hours may put organizations in a situation where they have more volunteers than they need, so some may not get the chance to do 20 hours

Some of my loved ones depend on others for all their care - they are incapable of doing community service. Some of my loved ones can't afford to volunteer because they work numerous part time jobs with changing schedules - how can they fit in another 20+ hours when they're already working 60?

About income change/reporting:
Yes our income is constantly changing because we are small farmers and our business is our sole income. When sales are good, our income is higher, when sales are lower or large purchases happen for the business, our income is lower.

About community service:
Well this is total crap because my husband and I both work full time and then some. My husband (who also receives Medicaid coverage) is our farm manager and he works about 70 hours a week so this requirement makes me feel like we are invisible. We do work, we work very hard and it's insulting to say that everyone on Medicaid needs to volunteer.

I've been employed at the same place for 17 years and health insurance was a job benefit. I've lost money because of the Affordable Care Act but I do not care because others now have access to health care.

Concerning medicaid changes: Devastating for family that won't be able to work because they will have to try to meet those needs in place of working, also ending employee eligible benefits.

Concerning community engagement hours: I am just not completely clear on this topic. For example what about someone who has lost their employment or is in the process of applying for disability etc?

Many things can cause a change in income, 10 days is a very short span of time when/if a person is going through rough life changes or issues that can cause income change. This short amount of time makes it too easy to lapse.

Concerning community service and being "able bodied" - Once again this is a step away from the direction of Universal Healthcare. Also, a disabled person can be "able bodied" some days and absolutely not on others. It just depends on what their condition is, so expecting everyone to be able to work a specified number of hours is unrealistic.

rather than addressing issues of healthcare, or actual job training, energy and money will be spent policing those in need. Complicated system obviously designed to make it difficult and easier to opt out or be locked out.

Concerning logging community engagement: Employment coverage generally would be delayed 30 to 90 days matching probationary period. Silly, restrictive.

Like many areas in ky, my rural county has a high proportion of citizens whose only access to health care is Medicaid. Many of these people lack transportation which would keep them from holding a job or performing voluntary service at a regular schedule. Our small hospital is vital to all in our county and will suffer from changes in the ACA and in Medicaid.
Question: Kentucky HEALTH - Proposed Modifications to Application  We encourage the public to submit their comments on Medicaid.gov as they relate to d...

I believe these changes would affect people who may not be familiar with the rules and time tables. And there for lost coverage. They could cost the system more money by not seeking medical help, there for more serious problems arise. They could not pay for their care and it would fall back on tax payers. Scary for the working poor, very scary.

Declining health of adults means children are not taken care of as well in the home. Many people with Medicaid struggle with keeping up with paperwork. It's easy to say "well they should just do it" but the fact is, many just aren't equipped to do so. I don't like the idea of health care being withheld because correct paperwork isn't filled out in a timely manner. It's like politicians want to force those with Medicaid to be more responsible and show that they "deserve it". Health care is a basic right. If I don't fill out the paperwork during open enrollment at my job, I at least get covered. I don't lose everything.

My family has benefitted from Medicaid. My disabled daughter is also special needs. She has numerous medical issues, including epilepsy which requires medication. Also has the Michelle P Waiver which allows her to live at home with assistance from her caregivers. She has benefitted from the waiver and of course the assistance with medical bills and prescription meds. Before benefid, we benefitted from great customer service at kynect -it was great over the phone. Now it's DCBS and no real people, and most people don't have time for that. People on Medicaid don't have funds to pay upfront for coverage. My daughter certainly doesn't she lives on $733 per month

If it hadn't been for my husband and myself having Medicaid we would not be able to buy our medications that we need as we are on a fixed income. which means the gov wouldn't have to mess with us..right as I said my husband and I can not survive without our medicaid and we can not pay anymore. as we are both disabled I take about 12 pills a day not including my inhalers and cpap machine my husband has had a stroke and a heart attack and blood clots in both legs and lungs. we couldn't make it with having to pay. We can't work or we would. well when you have disabilities like ours that require a lot of medications..who knows what would happen if we were working..my husband had his stroke on his last job ..hit a concrete embankment on a front end loader .. soo... you judge how we can do it!!!!

"I have a special needs 33 year old son that receives Medicaid. I am a widow and this benefit helps us both him. He rarely uses it, he doesn't cost anybody much, He is very healthy and problem hasn't used any it but one time this year. It would be so hard not to have it though - and he can't work and I can't pay! I would have to pick up private insurance somehow, I can't afford it at my job, so it would be very difficult for me. I am on a tight budget. He does not work because he can not. If you made him "volunteer" he would have to have a helper, a job coach the whole time and that would cost more than his medicaid cost now! I think this whole thing is making our healthcare system cost more! Why? Why spend money to make people who can't work try? To shame them?

My daughter, whom I adopted out of foster care when she was just over a year old, has multiple disabilities. Medicaid has been her secondary insurance her entire adopted life, and we couldn't live without it. It is what has made a path to at least partial independence possible in her life. My Private insurance doesn't even cover most of the therapies she needs AT ALL, she has to be have medicaid to get what she needs - and we can't jump through these hoops! I am working and so is everyone else I know who can, including all of the people who have medicaid -what is this about?

It seems like this is not about healthcare at all - it seems like it is about shaming people because they are sick, or because they were born poor. Being poor is the most expensive way to live and the hardest. You can't buy toothpaste or deodrant or clothes with medicaid. You can't buy something fun to do. You can just get the medicines you need so you can go to work. People work and do the best they can but when there aren't any jobs over $8 an hour, forcing somebody to volunteer somewhere isn't going to make them appear. Forcing people to volunteer doesn't seem to have anything to do with their getting to see a doctor or have a medical card. I don't see how Medicaid can allow that.
Kentucky HEALTH - Proposed Modifications to Application

We encourage the public to submit their comments on Medicaid.gov as they relate to...

I am a mental health therapist in Bath County, Kentucky.
As a mental health therapist, I have observed many children and families benefit from mental health services they would not receive without Medicaid coverage. As a result of Medicaid, many have been able to participate in treatment for depression, anxiety, ADHD, and many other diagnoses for better overall health. They do better in school. They are able to get these services in part because their parents now have coverage and they have relationships with providers and are able to do so much more for their children. Every one of these changes will impede access to treatment and therefore negatively impact overall health of Kentucky's citizens, especially its most vulnerable populations. None of my clients have extra money for premiums. Very few of my clients have reliable transportation, or phone minutes all month. I don't know how they are going to try to keep up with all this - i can't even keep it all straight. I don't know how they are going to manage these different accounts, or stay enrolled. This sounds like the goal is to make it so hard to get medicaid that people just don't and that's not right. People deserve healthcare.

Medicaid has changed my life. I have seizures... without Medicaid I couldn't get my seizure meds and I'd be unable to be a parent to my two sons. I used to have four/five seizures per day. Now, it's one every two or three weeks! My family has benefited because we are a poor and sick bunch, without Medicaid half my family would be dead! I can't work and I would have to pay for child care to be able to volunteer somewhere. That doesn't make any sense, if I had the money for that I wouldn't be getting medicaid. A 6 month lock out period, is just cruel and unusual. Healthcare is a human right!! If someone screws something up, they don't deserve to do without their medicines and doctors for six flipping months! So, if I screwed up on a paper or forgot to turn something in, you would then say "ok, screw you, your kids and your family. I'll make sure you're not healthy or safe to be a mother for six months!" Do you Republicans have a heart at all?? Or are you just concerned about yourselves?! Everything about this is cruel and will only mean less people in kentucky will have the healthcare they need. It just doesn't make sense and it won't be possible for people to do. It would mean you're putting me (who cannot work), to friggin work and endangering those I'm around because a seizure could happen at anytime! Stop treating poor people like they deserve to be punished!!!! I didn't do anything wrong! Punish Matt Bevin, Mitch's McConnell and Rand Paul, why don't you?! Leave poor people alone!

I love the coverage I have (medicaid) and these changes would mean that I would lose my coverage. I can't afford to pay a premium, and I can't work 30 hours a week and there isn't anywhere to volunteer that would have me. I live in Bath County - where can I volunteer? i don't have a car

I live in Bell County and Medicaid saved my life. Medicaid saved my life. Had surgery I wouldn't have gotten to have otherwise without surgery. Found a tumor at age 26 that would have killed me. These changes will either kill us or ruin our quality of our already terrible lives, would take away even our health, or our right to be healthy. Opioid epidemic, hep c, and now we won't even have any sort of help other than running emergency room bills for bronchitis. I'll pretend that the Bevin administration cares about the health and quality of life of those of us in Eastern Kentucky even though I know better... How many times has the administration even been here? We are a statistic to you, and easier to kick off medicaid and let die and tell yourself you did something, because we won't be visible anymore. We can't complain about these changes once you kill us by making them. Great plan. The Bevin administration doesn't care if poor people die. I live in Eastern Kentucky. I will always be below the poverty line. There's no job for me that will ever change that. Community engagement of what? There's nothing here but pills and depression. No jobs, no money, just waiting for help that'll never come.

I live in Bell County. I hadn't had insurance since 1997. I am now getting the meds that I need to stay healthy and it has changed my life. I am able to do so much more now. I am the primary caregiver for my mother. I care for my Mom full time. It would very hard to do the community service 20 hrs a week if I had a place to do it. I don't know who would take care of my mom. If I lost coverage...I wouldn't be able to buy my meds or go to the doctor and then someone would need to take care of me too, and someone else for my mom.
Question: Kentucky HEALTH - Proposed Modifications to Application  We encourage the public to submit their comments on Medicaid.gov as they relate to d...

Medicaid is how I stay alive. I'm a type 1 diabetic. I will have this disease until I die. I was born this way. I can't change it. My medication, with insurance, still costs me a lot. I can barely make it. I don't know how I would be able to stay alive if this is taken away. Please, don't. Please, don't.

"It would suck trying to get information in in such a short time frame. I don't think I have ever been able to get anything done with DCBS in 10 days. I don't know how I could do it. I don't know how they could do it. I already lack enough time with my kids, and this would guarantee even less, and more time trying to get information to DCBS or whoever.

People who need Medicaid often are ones who are struggling and cannot work due to circumstances beyond their control. Many of these requirements will negatively effect those who live in areas where jobs are not available to them because of their situations or other barriers put into place due to their gender, race or socioeconomic background. Do you not know any of these people? why do you think this would be good for people on medicaid? I live in Boone County.

I have found a part time job that I can do from home. Without Medicaid I would have to pay the bulk of my income just to get insurance. I have to have insurance. Medicaid allows me to stay well enough to take care of my 90 year old mother at home and keep her out of the system, and work. Without it she would end up in a nursing home and I would be applying for disability. I'm sure the same is true for so many people, it just means so much. My Medicaid allows us to take care of our needs without any other assistance. My job would currently meet the 20 hour week requirement, but it would be like working without a safety net to know I could lose the Medicaid in a heart beat changing both my life and that of my elderly mother for the worse. It just sounds terrible thinking about it. I don't have a back up plan. Right now my income is steady and I think I would be able to meet this reporting requirement, or I would try. I am not always guaranteed my hours, and I don't know what I would do then. If my hours were reduced it would be very difficult for me to volunteer to make up the difference as I am take care of my invalid mother 24/7.

I have many clients who work hard and Medicaid helps cover their children. Many jobs offer no affordable health insurance for many lower paying jobs. We need to keep people employed. If you remove this healthcare safety net, women with children will either not be able to work at all or will be working much less, they will go to welfare. Working will leave their children without healthcare. My clients on Medicaid are ALREADY working full time, any that can! Any additional reporting requirements would make it so difficult to do this. There is already so many hoops that they jump through and they do so much work already!

My adult son is mentally & physically delayed, nonverbal & in a wheel chair. Without Medicaid coverage my husband & I would not be able to work & provide a home for our family. Without this help one if us would not be able to work. Our son requires round the clock care & supervision. The idea that having to report changes in 10 days is impossible. 10 days is hard to get paperwork from employers. I think it should be at least 30 days. That would at least maybe make it possible for people. 10 days seems like you are just trying to force people to not be able to comply. It's like a trap. I would agree to "able bodied" adults being required to do something if it is available, but how are they going to get there? Will the state be providing transportation for those without reliable cars? Will the state be connecting people with places to volunteer or work? Will the state be paying for background checks or clothes for interviews? Would baby sitting be available free of cost for parents wanting training? That would be all necessary to realistically expect people to comply with all of this.

Our son has Medicaid and the therapies Medicaid pays for has meant that he has gone from being nonverbal to verbal, progressing in skills that will enable him to be employed as an adult - if he didn't have these interventions when he was very young, thanks to Medicaid and the HCB waiver, he wouldn't be speaking now, and he wouldn't have a future where he will be employed and contributing eventually. Medicaid has changed his life and ours. Please keep that in mind when you are considering these changes, they wouldn't make medicaid better for anyone I know. Families need less hoops, less demands on them, and more supports.
Question: Kentucky HEALTH - Proposed Modifications to Application  We encourage the public to submit their comments on Medicaid.gov as they relate to d...

My young adult children have medicaid. It has changed their life AND mine - Instead of paying medical bills on a minimum wage job salary, which ate it all up and I ended up paying for medical bills too out of my little income, my children can pay for daycare, housing, food, transportation. These changes to Medicaid will kill people and kill the economy. More people are working BECAUSE they have Medicaid. No One that is fortunate enough to have extra money is going to let family members suffer. We will help financially, but that means I buy less, go less places, and contribute less to the community. So it's not just the low income people that get hurt by this, it's the middle income people as well, per usual. The only winners are the ultra rich. The requirement o report changes within ten days is absurd and impossible. What do you think that answer is when temp agencies dominate the employment market???? No benefits. No stable anything! You take what you can get and work all you can but it changes all the time! Why do the people who supposedly run Medicaid not understand this? Don't you know anyone who is on Medicaid? Have you just made this up based on your own lives? "Bevin's the Christian, cracks me up. God said help the poor....period. That is God's will. He didn't say help the poor if they work, go to school and church. He didn't say help the poor if they can pass a drug test or manage their finances. He just said help the poor. God handles the rest. Anything else is your will, not God's. Just help the poor!!! It's not that hard. Poor people just need money! Bevin is costing more money to administer this dumb policy, than to help the poor!!! Just use all the money you are spending to create this program to give to poor people! They will be better off and spend it in our economy and make that better too.

I have a developmentally delayed, medically fragile young adult daughter. Without her medicaid we would not be able to afford her medical costs. We couldn't possibly provide her what she needs with our insurance from our employers! She has to have medicaid to live! The idea that we could someone figure out how to add what she doesn't get from our work coverage is crazy, it's everything! She requires many forms of life support and medications on a daily basis. Making negative changes to medicaid would greatly impact her medical care and daily living. Without the supports she needs to survive on a daily basis would cause serious harm. She is unable to work obviously, that is also an absurd idea, maybe you think she is able bodied, because how would you know? You can't tell so easily. Who is going to figure that out? It seems like a big wasteful undertaking to try to judge everyone's "able-bodied-ness" when that also changes constantly. People can be able-bodied one day and not the next. Why does it matter for people to have healthcare? Everyone deserves healthcare. Because of my daughter's severe and complex medical needs she is not able to work. None of the programs in our area have a medical staff or one on one nursing to keep her safe and manage her equipment while working. If she had a private duty nurse available to her she may be able to go to work on a very part time basis. The lack of nursing in Northern Kentucky is a serious matter that needs to be changed. She would be able to access the work programs eventually if she had nursing to go with her. We need so many more nurses and therapists!

Financially disadvantaged people cannot AFFORD premiums. "Able Bodied" people working 30+ hours a week covers people without financial help who might be going to school as well. People working minimum wage, hourly jobs income does fluctuate based on the hours a company is willing to give them each week. Have you ever worked at a fast food restaurant? Your hours change. YOur income changes. Have you ever worked retail? Your hours change. You also get fired when you get sick. Medicaid means people are sick less and WORK MORE. Why would you reverse that so that people have to get lucky to not be sick and work to be able to get the care they need to not be sick?

My foster children have Medicaid as their primary insurance. It has allowed them access to quality medical care. Medicaid is great coverage and we want to protect it. Please don't change Kentucky medicaid. Changes affect everyone, even if you think you have "excluded" them, they will still be hurt by the confused workers who dont know what's what or the doctor's offices who don't know whether or not they will get paid or just me getting less sleep because I am worried about whether or not my foster children will continue to have what they need for their health and interventions.

My disabled daughter has medicaid. This allows her to work on independent living skills, keeps her healthy, and is going to make her able to be a contributing member of society and have a better life. Private insurance would never be affordable sfor the care she needs.
**Question:** Kentucky HEALTH - Proposed Modifications to Application  We encourage the public to submit their comments on Medicaid.gov as they relate to d...

<table>
<thead>
<tr>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am currently unemployed, and Medicaid has been great to be insured while unemployed and looking for a job. There is no need to be locked out of healthcare. That doesn't help anyone, that just makes people sick and show up at the ER or stay home and get sicker and be less able to get a job. It's really hard to get hired in an interview with the flu because you weren't able to get a flu shot because you didn't have health insurance, could you imagine being locked out and knowing you are being set up to have the flu? I have temp jobs sometimes while I am looking and I couldn't imagine trying to report everything every 10 days. that would be every days and you know sometimes communication gets crossed or delayed in the mail When you are looking for a job, or when you are a student no time to work or volunteer, that is just more stress and struggle for people already struggling.</td>
</tr>
<tr>
<td>My son has Medicaid, helping to offset medical coverage my employer does not cover. Medicaid approves him for private duty nursing, although we have not received it in quite some time due to nursing availability.</td>
</tr>
<tr>
<td>My elderly mother severely broke her ankle and required nursing home care for 8 months. We applied for Medicaid which covered this care after her insurance stopped paying. Thank goodness for Medicaid. Please don't change it.</td>
</tr>
<tr>
<td>My daughter became ill and was in the hospital 6 months. Both my husband and I lost our jobs and we could not afford Cobra. We had just my unemployment as my husband was not eligible. Barely making ends meet, it helped us keep up coverage so our daughter could get healthy. Medicaid changed our lives and was so important. We were still struggling, but we wouldn't have been able to take care of our daughter without medicaid. I feel the signal parents and children would suffer most. If they're made to pay premiums up front will not take coverage and the children will suffer. I also know so many single parents who work two jobs - i don't know how they could keep up with having to report everything about their work and schedules plus I know they couldn't volunteer because even if the state paid for their babysitters (if you are making people volunteer surely you are providing child care for anyone with Medicaid? because no parent will be able to) they might not even be able to find babysitters! It is hard!</td>
</tr>
<tr>
<td>I help care for an individual whose health care and community integration services are paid for by Medicaid. He would not be able to work in a sheltered workshop or live with an AFC provider without Medicaid.</td>
</tr>
<tr>
<td>Medicaid has provided Assistance for family and friends. Those people are all either unable to work or provide volunteer service. These changes would kill people. Honestly, the people I know on Medicaid would otherwise have NO viable way to live with out the medicines and care they receive with their medicaid. The idea that people could report changes in ten days is laughable. The system reacts too slowly. Sometimes you get letters from medicaid with dates 6 months ago, and you want people to tell you something within 2 weeks? Come on. Some people don't have reliable transportation or computer availability to file electronically. This is not realistic</td>
</tr>
<tr>
<td>My adult disabled child can live at home instead of an institution. My 3 disabled children can get the healthcare they need. All 4 of my disabled children would be in facilities because I cannot support their needs without the Medicaid waivers that they currently are using. Michelle P. HCB SCL My adult child does work but his income fluctuates constantly because his work is seasonal. 2 weeks is not a large enough about of time .. 10 days is impossible. As a primary caregiver, I am using all of my &quot;time&quot; to care for my disabled children. I couldn't find 20 hours to give even if I quit sleeping entirely. I dont know how you think people could do this.</td>
</tr>
<tr>
<td>My disabled daughter is able to live in a longtime residential treatment center because of Medicaid. She can not function outside of an institution. My daughter suffers from mental health issues. She is physically able-bodied, but what types of considerations would be made for her issues? She is not able to work or volunteer anywhere!</td>
</tr>
<tr>
<td>I have a family member who receives expanded Medicaid. I don't know what else even our whole family could do. If the expansion was repealed, his income is too low to qualify for exchange subsidies and would have to pay full price, which he could not do and would be a strain on our entire entended family because we would want him to be covered. Please leave medicaid as it is. It is helping so many people and changing so many lives for the better. People are able to work because they are healthier and also feel less fearful, because they know they will be cared for.</td>
</tr>
<tr>
<td>This is so emotional for me because Medicaid is The only reason why my mom is alive today. Without coverage there is no way for her to get life saving medicine, there is no way she could afford it and no way I could and I don't know what we would do. Please do not make these changes. Don't forget about my mom.</td>
</tr>
</tbody>
</table>
Question: Kentucky HEALTH - Proposed Modifications to Application  We encourage the public to submit their comments on Medicaid.gov as they relate to d...

If you don't already know how Medicaid has benefitted Kentucky, the way it is, If you don't know, you're an idiot. Seems like Governor Bevin might be an idiot. MEDICAID MAKES MY STATE HEALTHIER! Look around! Go talk to actual people WITH Medicaid! How many have you interviewed? Medicaid is a good thing. The requirement to report changes within ten days is a nuisance. The work requirement is insulting and oppressive. Again, it makes it seem like The Bevin Administration doesn't actually know anyone with medicaid or maybe even anyone who even knows anyone with Medicaid. How else would they think this is a good idea for people with medicaid??/

Because of Medicaid, I am alive and able to work again. I thought I would never be able to work again, but, after I got medicaid thanks to obamacare, I got medicines and am able to work. Without it, I would be unable to work due to my medicines that are covered under the program that help me be able to work. My only recourse would be to apply to disability and by then I could lose my apartment and everything and become homeless is what I truly feel would be the outcome. With the requirement to report changes within ten days, I don't know how that would work. Seems like a lot of extra work for everyone, why? I was still being able to afford my meds and some people you don't have reliable transportation I do work 30 plus hours a week at just above minimum wage. I'm not sure the work requirement would affect me but it saddens me for the people who are lesser circumstance of myself, including some of my coworkers, because they want more hours and can't get it. I can't imagine what they would do, jsut not have healthcare, because they are already working all the hours they get. Why does Bevin think telling them they have to work more makes them able to work more hours? Is he going to tell their boss to give them more hours?

Before Medicaid expansion my disability payments were to high for my daughter to get Medicaid. Her tonsils needed to come out. The dr. Wanted $5000 up front to do it. But since I only received a little over a thousand a month I could not save it up. I tried everything. She missed school all the time with fevers and sickness. This affects everything. After ACA and medicaid expansion, she was able to receive Medicaid and then she had her tonsils removed she had perfect attendance. Her grades got better, our lives got better, she feels better. Medicaid has been a blessing. These changes would be devastating. People get disenrolled all the time. There is no way that you would be able to get back in - have you ever tried to get through the Medicaid system? Have ou tried to sort something out with DCBS? We were able to enroll her with kynect easily and then last year everything went off the tracks. Letters are not received, or recertification are not proccessed timely so coverage lapses. Also you turn in check stubs and they claim never received even if you have stamped copies it's still lapsed. What would that do to people? Everyone would be kicked off no matter how hard they tried with these changes! Changing income isn't the problem it's getting items processed timely. You drop off papers they claim they don't get if you wait to get a receipt you lose a full day of pay. The case manager here tells people don't take part time work or temp work volunteer your hours for $200 a month. Who can survive. No take what work you can get and take care of your family. So if you do take a job making few hundred a month hoping to build up to regular full time position you get cut off using the you didn't give us info on time. System is rigged. These changes seem like they want to use that system to guarnatee less people have medicaid. Why? People need medicaid! The "community engagement" requirement is a trap - it's a work requirement to punish the poor. People are already working the best they can. This is using poor individuals to work in places instead of them paying a wage for free. It's a trap and it's wrong. Insulting.

Medicaid has changed so much in my family and my friends. They don't panic over getting sick. You don't know how stressful it is to be so scared of getting sick or being scared of having to make decisions about whether someone is sick enough to take them to the ER. Having medicaid changes the way you feel all the time, knowing you have health insurance. These changes, all of them, they just make things more difficult. The ten day reporting requirement and lock out are pains in the ass, what is the point? It can't do anything but makes things more difficult and make more people get kicked off medicaid. Why does the Governor not want people to have medicaid? I would hate having to work for the State and treat people like this. I would have having to be forced to "volunteer" to be able to "deserve" healthcare. I deserve healthcare, and so does my family, and my neighbors. These changes, this whole plan by Bevin is just a punishment for being poor. Must be nice to be rich and think you know what's best for people who aren't. Maybe we should trade places for a year and see who knows what's best for the poor.
Medicaid has saved lives. Medicaid has changed lives, for the better. Medicaid has been great for Kentucky. I am so grateful for the changes I have seen since Medicaid expansion and kynect. Many in my impoverished community with high unemployment have been bankrupted by exorbitant medical bills and would have no access to medical care without medicaid. These changes are the same as denying medicaid. They are just a smokescreen to kick people off medicaid. Denying medicaid to those who cannot afford outrageous medical costs will shift the cost of medical care on to the insured via higher medical service costs and insurance premiums. Don't do this to our economy. Or if you are, be honest about it, don't cover it with these program that I am sure will cost a pretty penny to keep up, costing us all more for you to feel better about kicking people off of their healthcare. Do not assume that the voting public is easily deceived by this red herring that reporting changes will someone prevent fraud. people don't commit fraud to get healthcare! I make a good salary, but could not afford the $10,000. blood test I received last year. The community engagement would not be a problem if childcare, transportation and volunteer positions are guaranteed by the state to be available and affordable. Somehow I am sure that these will NOT be provided, which makes this yet another ruse to just kick people off medicaid so you don't have to admit that is what you are doing.

Fortunately, thousands of Kentuckians have had care that had not before Pres. Obama and Gov. Beshear made this possible. It has changed lives all around us. Why would we want to undo any of that? I am concerned for my community. I am concerned as a tax payer for the costs of this program, and these changes. How much do they cost the state? How are they being paid for? Who's making the judgement as to who is "able-bodied"? How can you dispute if you think it's wrong? Will mileage be paid for going to the work? Who will help find people jobs or pay to transport them if they don't have a car? Who will provide childcare or care for elderly relatives while "able bodied" people are trying to "Earn" what should be their right as a Kentuckian: quality healthcare. Please don't do this, think about what you are doing and why - it sounds like you just want to punish people who are poor, and especially punish those who are sick!

I am a Social Worker who provides services to low income families, most are working and trying to provide for their families. Medicaid (specifically, the expansion) has improved their lives tremendously. They have preventative care and urgent care that allow them to maintain employment, their chronic illnesses are being managed, allowing many to return to the workforce. Some of my families have open child protective services cases. Prior to expansion, the adults in the family lost or were not eligible for coverage if their child was out of the home. Having access to healthcare has improved their access to needed services for mental health and substance abuse issues, allowing families to reunite more quickly. Medicaid, and especially medicaid expansion, thanks to the ACA, has been a Godsend for the families I serve.

These changes, any of them really, would cause my organization and the families we serve to revert back to limited access to services. People needing substance abuse treatment would have to wait 6 months if they were faced with the 6month lockout. This would mean death. The extra barrier of the hoops to get back in would mean that some people would never get back in. Whoever thought of that seems like they don't understand this population at all. Extra barriers means less people get through, they all seem like ways to prevent people from having healthcare. 6 months without coverage is almost impossible to do in active addiction, and getting in touch with someone after 6 months in active addiction means they might be dead, or they might be unfindable, or they might no longer be interested in treatment. It also increases the timelines for children in out of home placement, often resulting in termination of parental rights and children languishing in foster care, especially hard to adopt children.

I am not opposed to the volunteer requirement as long as employment of any kind and school of any kind are considered community engagement, and childcare and transportation is provided and there are social workers to help find placements for volunteerism. It is not reasonable to ask someone who is already eligible for medicaid to figure that out on their own. Think about how many phone calls and what all it takes to be able to volunteer somewhere. Think about how many resources it takes to be able to figure out where you might be eligible & how to apply & how to get there.
These changes could not be more out of touch with the reality of the lives of anyone I have ever known who was eligible for medicaid.

The people I know with medicaid do not have stable phones. These changes all add burdens of needing more phone minutes, and I know so many people who have to walk so far to even get phone service AT ALL and have limited minutes on top of that, what are they supposed to do?

Is the state going to provide transporation to these volunteer positions? Is the state going to create volunteer positions? Is the state going to pay for the training for people? the management of the people? Is the state going to pay for the background checks? How about the child care? Even if so, this is insulting to everyone I have ever known with medicaid and damning to all kentuckians because we will be a less healthy state and have less people able to work!

My middle brother is disabled and benefits from a Medicaid coverage, including the Michelle P Waiver program. We do not want to lose this coverage.

I am disabled and totally without insurance except for my Medicaid. I am unable to do community service. I do not have a car. I do not know what I would do.

As a child advocate and retired educator, many of the children in my community depended on Medicaid, especially the expansion for basic health care. Immunizations, normal childhood injuries and illness. Medicaid under the ACA made mental health care possible for many. Drug treatment even if short in extent, was possible. Pre-natal health care, basic wellness tests for especially women, we all accessible. This improved the quality of life in our community.

$15.00 a month for a premium may not seem like much to the average person, but it is impossible for some families I have worked with who have medicaid. IMPOSSIBLE. $1 is impossible sometimes. I'm all for accountability and "Buy in" to,life style and health care and overall wellness, but not by punishing people for wanting healthcare. Just make it free, available, and genuinely accessible. Provide transportation to parks. It would make more sense for medicaid to pay the team membership costs for children to play sports and for the uniforms that poor families can't afford than to require the parents to report their work changes within 10 days (which could mean every day) or be locked out or volunteer. The ten day requirement to report or verify changes is too short especially when transportation, communication, etc are barriers.

This "community engagement" requirement does not make sense to me. As a retired educator and someone who is very involved in my community, and someone who values community engagement, I don't see how this encourages that at all. How are individuals in rural areas with little or no "training" opportunities or job prospects and few volunteer opportunities to participate in this? Not all volunteer opportunities are "open" to individuals with challenges. Schools require extensive background checks, non-profits screen volunteers who might deal with sensitive information, and volunteers cost non profits money, they have to be tracked and managed - is the state going to pay for that? Is the state going to match medicaid members with appropriate non-profits? How much more is that going to cost than for the person to just have medicaid?

My community is trending towards poverty. A significant number of our school-aged children only have medical coverage through Medicaid, which is a blessing to our community. Please do not change medicaid. Our healthcare system has already gone through enough changes, just leave it be for awhile. Let's see how people actually having medicaid can change things. I work full time in Bracken County.

My single parent grand daughter has coverage. my grandson has coverage for the first time, which makes it easier for my whole family to sleep at night. These changes would be a strain on us all. I work full time, but I can not afford to pay for their healthcare. Medicaid has changed Breckinridge County because we now have clinics in the county. Our hospital is is in better shape, you can see it, they have more doctors.

Thanks to Medicaid and kynect, people get access to health care that they don't normal get.I know so many people who never had health insurance before kynect. Co-pay would be an issue for people with limited resources. People don't alway have money to be able to know if they can go to the doctor. For low income people who change jobs frequently, it would be very difficult to keep up with the system. System is too complicated to navigate now, now you have to call and be on hold for days or go to the foodstamp office and wait all day. For people without transportation or few job opportunities, these changes would be an burden. A burden for a lot of families in Bullitt County.
Medicaid has been a godsend. I am a self employed artist who had no way to afford medical appointments, let alone medical insurance. I can now spend my time focusing on my small business and increasing sales as opposed to worrying about my health. I would gladly pay insurance premiums when I make enough, but I can't now. I think that is obvious based on my eligibility for medicaid. The state already knows about my finances, why would they think I can afford premiums?

These changes include a lot of paperwork, a lot of administrative burden and hassle. It seems designed to trip people up, to punish people for needing medicaid. Paperwork is its own type of depression. These changes seem like more paperwork, more documentation on a demographic that is already overrun with applications for assistance. I and my wife are self employed artists. Our income varies depending on time of year, special events and projects in progress. This would create more paperwork stress on a family that already spends an inordinate amount of time bookkeeping and submitting information, and to what end? How does this make Kentucky healthier? Medicaid is what makes Kentucky healthier, not more paperwork.

Without medicaid coverage, I would literally be crippled. In 2014, I sustained what my doctor called a "jones fracture" which is a break at a particular point in the fifth metatarsel of the foot (in my case, the right foot). Such injuries are particularly troublesome about healing and my doctor tells me that had I not had medicaid, I would not have been able to afford the surgical repair he did for me which has allowed me to remain a productive member of society with a job! Without that repair, I would have been forced to quit working and file for disability as my foot would not have healed properly and I would be walking with the aid of a cane for the rest of my life.

These changes would be impossible. Has anyone actually thought through what complying with this would be like for a lot of people? At my job, I don't get notification that I'm getting a raise. I simply get a raise when the company says the right amount of time has passed. As the intervals between my pay raises have not been consistent, and I receive my pay through direct deposits, I am sometimes not aware they've occurred for a few weeks. Charging me with medicaid fraud and locking me and my family out for six months for a simple oversight seems really harsh, and unrelated to the purposes of Medicaid.

My husband works as a professional temporary worker which means he changes jobs often and his pay rates change with every assignment. Am I supposed to report every single assignment he has? If so, what happens if he works a single day for $25/hr and then moves on to work six days for only minimum wage? How quickly is paperwork going to be filed on the state's end? If I have to report every change in our household income within 10 days, I would have to be on the phone with the state EVERY DAY some weeks, and some months! How much will it cost to have someone from the state on the other end of that phone? How long will I be on hold? How am I supposed to contribute to my community while I am spending all my time reporting my husband's income changes?

I would be dead without it, with all of my medical issues, I'd have no chance of being around for my daughter.

I don't have a car, plus my mental illness makes it hard for me to leave the house. Sometimes it is much worse than others. Volunteering or working 20 hours a week might be possible some weeks, but completely impossible other weeks. Who will be in charge of understanding that? Will I lose my medicaid because of my illness? Will Medicaid pay for me to get to a place to volunteer? Will medicaid start paying for me to get occupational therapy? Without transportation and mental illness that makes it hard to leave home, needing to volunteer or work makes things difficult.

I have people close to me that have benefited from it, anywhere from assistance for those with disabilities to those who are just now getting health insurance for the first time in their life through no fault of their own (conditions they are born with, jobs that don't provide insurance, etc). Everyone gets sick sometimes and should get health care, regardless of any statutes put on it.

I think 6 months is a long for someone to go without health insurance, as often as flus and stomach bugs go around. I do'nt understand why you would want to keep someone out of health insurance for even a day. Reach out to them if they didn't re-enroll,will the state be sending someone to help them? kynectors? to make sure people get help keeping up with the paperwork and change and enrolling? If you're requiring someone to have a job, you should also provide them with job search assistance and transportation, or assistance with higher education/job training. You're assuming there are jobs to be had that they qualify for, in which case they would be working them already, and many with medicaid are. Out in the rural areas especially it's a lot tougher to make that happen, people would be spending all day walking to get to a place that MIGHT have a place they could volunteer. I hope medicaid pays for transportation to place for people to volunteer.
These changes make it harder on people to have health insurance. Why would Kentucky want that? I know people that have had to call and go to the local office numerous times in order to get their address updated within the same few days because the form they turned in "got lost". They should not be punished because office staff are lax in keeping track of that stuff. This work requirement can't have been thought through very well. What about people who have been out there job searching and can't find work? What about single parents who can't afford child care? What supports will be put in place to help make it all happen? Will medicaid pay for child care? Will medicaid pay for transporation? Will medicaid pay for job training or supervision in a volunteer assignment? Will medicaid pay the non-profit to take more volunteers?

I have had cancer twice. Because of this and the treatments I received I am in a doctor's office or undergoing tests every 2 to three months. Medicaid has made it possible for me to care for my health without bankrupting our household. These changes could kill me. Please keep me in mind and keep medicaid. No one should die because they couldn't get paperwork in on time or couldn't get to an office. that is what these changes mean. People will die.

Without Medicaid coverage that I have now, I would be unable to receive the required medical tests. If I were to be covered under my spouse’ employee sponsored plan our premiums would be $14,000.00 a year, without copays or deductibles. That is over a quarter of our household income. We would lose our home. We don't have extra money for premiums, and we don't have a post office nearby. Think about how much work it really will be for people to pay these! Even if they can come up with the money, actually getting it to medicaid will cost way more than the money they are sending! getting to the store to get the envelope costs people money, plus the envelope! Will my medicaid card pay for envelopes now? Stamps?

These changes would hurt my family. My spouse has an annual layoff period of 8 to 14 weeks every year. We cannot afford cobra premiums and even though he gets the full amount of unemployment available we have to feel, shelter and clothe our children, there is no way we could squeeze out even $10 extra a month during those months, which means we could not pay premiums and hten our children would not have health insurance. they have medicaid then.

I am unable to work, otherwise I would putting my hard won degree to use and not need Medicaid. we make it work, but it is without extravagance like vacations, large birthday parties for our kids and the like. We are struggling to give our kids the best that we have and if I could work 20 or more hours a week, the struggle wouldn't be so horrible. I would be if I could already. Why would anyone think otherwise? This feels like the state is trying to shame me and telling me that I don't deserve medicaid. Without medicaid expansion I wouldn't be able to have coverage otherwise and neither would many I know, and these changes don't make sense to me. These changes, the reporting requirement and the lock out periods and the premiums and the work requirement would possibly lose my coverage and most others I know who have nothing but Medicaid would too. There is a possibility this could affect me as my hours can vary from week to week. I would then have another shift: calling medicaid to tell them about my schedule that week, how long could i keep that up? How does that help anyone? Its just a hassle.

Please do not approve these changes. They do not promote the purposes of medicaid. They will not make kentucky healthier. we know what they will do, it's a no-brainer. Everyone benefits from having health care coverage. Also, Medicaid coverage keeps insured people from having to pay for non-insured people when they made doctor and hospital visits. If you knock one deserving person off of Medicaid, you affect their physical and mental health. You affect their their attitudes toward their children, whether they worry about them playing on the swingset. I think it was be near impossible to determine who is "able-bodied." It seems like an arbitrary action, to try and make someone feel badly about themselves for being on Medicaid. I suggest every politician in Frankfort do community service, too, and give their cars to someone who doesn't have one and is on medicaid and is walking to try to see if someone will let them volunteer. It's mean.
Kentucky HEALTH - Proposed Modifications to Application  
We encourage the public to submit their comments on Medicaid.gov as they relate to d...

I have a budget that is limited in how much can be taken for anything above my immutable basic expenses. By having Medicaid I have not had to have my children pay my bills putting a burden on them I am able to be in my community by going to church and participating in sponsored events at the library and nursing home. My town is considered a retirement town with many people benefitting from Medicaid because of their age, educational levels and limited employment opportunities. The reason I am against the volunteering part isn't because I don't want to work. I do. Everyone wants to work. But part of me says there are only so many things to be done by volunteers before affecting paying jobs that are hard to come by. So what does someone who is laid off because of the volunteers do? We still need money to pay bills or eat so how does volunteering add to the volunteer's cash flow? Volunteering cuts into time for obtaining a paying job. And how will the unemployed person find work? Transportation has always been an issue for me as I can't drive. It is a rural community and transportation would be needed to go any where. Experience through having medical transport for my late husband says the rules will be the same therefore in order for me to have transportation provided would require my son who lives with me to give up his car or move. He is currently employed full time but his student loan payments and car and car insurance payment do not allow him to obtain a home elsewhere. Until his income goes up with a substantial raise he gets a better paying job it unlikely that he can obtain a home by renting or purchasing a REAL one. He is far from being alone. But the biggest and best reason to keep Medicaid as it is would be the healthier looking kids and young adults that are trying to remain in the community instead of moving to other counties or states. Very few graduates of each successive class stay in the community where they have grown up. If there are no good paying jobs offering GOOD health insurance (since people are against providing good universal single payer health care , t

There will be less money for me and others to work with to pay bills buy things and enjoy life. There are few things to do here already. I go out to eat occasionally. I go shopping at the local "trading Post" and Mission occasionally I contribute to my church. If Medicaid stops paying for Extra help I will have hundreds of dollars less to work with. Let's do the math. Income $949. per month. Mortgage is 515.64 per month but two months have an additional payment of 257.84 so it actually averages $558.22. Cheaper than renting a three bedroom home. But Mr Buffet still gets my money and resale value is little by the time it's paid off. I'm on my property and not in subsidized housing or homeless. Electricity averages $150 per month. Phone is 26 per month Trash is $24 per month One dog and one cat averages $40 per month. Yard maintenance $20 per moth. These figures say my average common expenses are $ 812 per month. Food is where the bulk of the balance goes. Electricity is less in spring and fall allowing opportunity to save money for later. Equipment repair and replacement as needed .Garden costs are less than $100 per year. If Medicaid changes affect even just $100 less per month for me to work with that means I loose everything. My son is planning on leaving to go back to school so I wouldn't be able to ask him to make payments or pay rent if he isn't here. So without that $100 I would get behind on my mortgage as I would still have to eat and pay basic bills I would have to give away my dog and cat. quit going to church But ultimately I would have to sell out and hope I get enough to satisfy the mortgage and as I move in with a relative who would expect me to pay rent and utilities. I would loose my independence as their rules would apply. I se this happening to many as right now I am relatively healthy and my medicines don't cost that much. but others have medicines that are expensive. The les money the general population has to work with affects other businesses . so if I move and others move then there will be less money in the community and I have said what the effects of that are. I don't want this to happen. I would not fight it if my health warranted that I needed care and supervision but I'm not bed ridden or senile yet.

I have six screws in my back to fuse bones together. I can walk but not very far or fast without pain, so it depends on how one is determined to be able bodied. I think it would be hard to know if anyone is able bodied and I think it could change depending on what thy think they had to do. Transportation would be an issue. it would have to be provided. But clothes may be an issue as what I wear at home might not be acceptable or practical for what I am selected to do. Will we be placed in a position? I don't have clothes for an office. I would think my physical limitations and education level (BA) would dictate I do something like working in the library or an office. I can't type quickly but do know basic computer functions as I am using one now, slowly.
Question: Kentucky HEALTH - Proposed Modifications to Application

We encourage the public to submit their comments on Medicaid.gov as they relate to...

I wish we could just have a phone call every month for any changes we might have, but even every month would mean a whole day that month, and you know it would end up another whole day at DCBS, where you can't have anything to eat or drink all day, you just have to wait and be humiliated. Everyone who works in those offices talks down to you, and you know all these changes mean they have more reason to talk down to you, because you won't be able to find a place to take you to volunteer and then you get kicked off Medicaid. Caldwell county doesn't have any transportation and I don't know where I could volunteer or work.

These changes are the same as sending me a letter saying I can't have Medicaid anymore. No one can keep up with all this, I can't even understand them all and no one I talk can either. No one can tell me how we are going to report changes in income, or who to. No one can tell me what happens when they don't write down that you called, or lose the paper you dropped off. No one can tell me what happens when you can't get to an office to watch a video or your doctor won't see you because you got kicked off and didn't know it.

I work a state job while wife is in school for nursing and my daughter's insurance through employer would be 75% of my net income. I am very thankful to have Medicaid for the wellbeing of my daughter. There is no way I could afford to get her the care she needs or even sleep at night if I had to think about having to use my work insurance for her. I don't know when I would have time to work any more, or volunteer anywhere, or report changes every week. Who thought 10 days was a good idea? A month seems about as fast as possible!

People who have limited financial resources have been able to receive medical care when needed. This benefits everyone in my community.

The changes are based on perceptions, not actual data. Certainly not based on actual people. The changes are designed to place obstacles in the path to medical care and wellness for those most vulnerable, for the sake of saving money by reducing the rolls. This is obvious. It is a way for Bevin to save face by not having to say he is kicking people off Medicaid, because they will just “fall off” because they can't comply with all these requirements. The within 10 days is an unreasonable requirement. The “community engagement” requirement, other than distressing me that my fellow Kentuckians are being subjected to this ridiculous requirement and administrative services (that might be more constructively utilized otherwise) will be devoted to policing Medicaid recipients, I am opposed to the philosophical idea that people should have to do something other than exist to be “worthy” of healthcare. Who thinks that?

My community has benefited from Medicaid expansion because the meth heads down the street don't have to rob their neighbors to pay their medical bills. Please don't make these changes and take away their medical cards. By the way, these changes are the same as taking away their medical cards. Don't go to sleep tonight believing otherwise. You know they are impossible for people. Especially the work requirement. Where are people going to get jobs who don't already have them? Who is going to make their bosses give them more hours or keep their hours the same so they don't get screwed by them changing and then the state cutting off their Medicaid?

My mother suffers from severe mental illness as a result of ongoing childhood abuse. She receives a strict regimen of medications to stabilize her. Without Medicaid she will lose access to that medication, and she will very quickly descend into a state of psychosis, over which she will have no control. She will lose touch with reality. She will be in a constant state of fear as the landscape around her deteriorates. Once the psychosis takes over she won't know who her children or grandchildren are. She will lose all ability to function on a daily basis. She will become increasingly violent, and incoherent until she is forced into an institution.

After my husband was killed in a car accident we lost his insurance coverage. I could not afford the COBRA premiums for myself and went for almost two years without coverage before becoming eligible for Medicaid. You don't know what that is like, it is so scary. So many things change about your life when you don't have health insurance. Medicaid was a life saver. It changes more than just what medicines you can take, it changes the way you feel about yourself and your future and your life. Please don't change it so that less people have health insurance like this.
**Question:** Kentucky HEALTH - Proposed Modifications to Application

We encourage the public to submit their comments on Medicaid.gov as they relate to d...

The 6 month lock out terrifies me because I KNOW how significantly the system has messed up my coverage. It took almost a year to have them remove my deceased husband from my application (he was there because they asked about deceased family members in the application itself) making me ineligible for coverage until he was. A YEAR. and that was with me sending copies of his death certificate SEVERAL times. Then you’d throw another 6 months wait on after THEY made such a mistake. It feels like a death sentence to be locked out for 6 months and I know it would happen, no matter what I did.

i would have to be reporting CONSTANTLY. I am self employed. My income and hours CONSTANTLY change. I am very concerned with how to prove and track my hours when I work from home running my own business, and what kind of records I would have to report because my income changes so frequently. Changes within 10 days would mean I have to report a change every day, because I make a different amount every day. How is that efficient for our government or ANYONE?

Thanks to Medicaid Expansion and Kynect, people that would not go to the doctor unless this service is provided are able to get medical care when they need it. Please keep it and do not change it.

Everyone should have access to medical care. If people are healthier and informed about their health/options it is a better community. These changes are not going to make anyone healthier, they are going to make it harder for people to have health insurance. I know they will for people in Calloway county.

Medicaid, especially medicaid expansion, which covered so many people left out before, keeps adults healthy so they can work, care for their families and participate within the community and parents that owe child support should be denied until payments are caught up. The 10 day reporting requirement has to be changed, that can't be met. It should be 30 days at the least, also why not just with taxes once a year? People's income changes all the time, especially low income people. There aren't enough jobs to require people to have them, I think the state should have to make new jobs in every county before they can require people to have them, and make sure that people have the skills to do them and are able to get to them.

Because of medicaid, I have been able to afford medical care for my son. I would be unable to afford medical coverage with these changes. I work a commission job so I don't make the same amount every few weeks, and definitely not every 10 days. I don't know how I would even know when to report. That should be if you have a major change and you should have at least a month for major changes. You should not have to report every change. I would not be able to do 20 hours a week with my work schedule, because I couldn't commit to a schedule. Some weeks I work 50 hours, and some weeks I work 10-15. How would that work? Would I have to volunteer somewhere weeks when I am not able to work enough? Can I carry over? Who do I report this to? Is it DCBS, that's a joke. Will there be kynectors to help?

How is anyone supposed to be able to understand this? It's all just cover for wanting to have less people on Medicaid but then they will just be uninsured. Don't lie to yourself and say that somehow magically they will find higher paying jobs that don't exist that if they do they aren't qualified for and don't have reliable transportation to get to, that's just not true. They just won't have health insurance and will suffer and sit around until their cough is so bad they get admitted at the hospital and then we pay for an ambulance ride when they could have gone to their doctor without these changes. LEAVE MEDICAID ALONE

My son is an alcoholic and has benefited from receiving treatment and rehab, he would not be able to work or do volunteer while he was in rehab, and without rehab he would NEVER be able to work or volunteer. So, that is a bad requirement for medicaid. People work when they can already.

Nearly all of the students I teach with significant disabilities receive Medicaid coverage for their medical necessities. None of them would be able to receive the amount of care and therapies that they need without this program. In addition, many members of our community are only able to receive insurance coverage through our state's Medicaid expansion for the first time. Healthy communities mean healthier families and kids. Healthy people can better contribute to their community and care for others. Health care is a human right.

Many of my students would not be able to make the positive progress they are currently making toward inclusion in their community without the medical care and therapies that Medicaid covers. Some of my students may actually die without this coverage. They did not ask to be born with significant disabilities or medical needs. Their families did not cause this. We are all just one major illness or accident from bankruptcy if there is no safety net. Is this how a state that truly cares for its citizens treats them? I think not.
**Question:** Kentucky HEALTH - Proposed Modifications to Application

We encourage the public to submit their comments on Medicaid.gov as they relate to...

These changes, like the reporting requirement, would not affect me personally...but it would affect my students and their families, and members of my community. I do not agree with this change. It's just one more way for the current administration to punish anyone in the state who is not wealthy. It does not "keep america healthy" like it says under Medicaid.gov on this page, it does not make kentucky healthier, it just make less people have efficient and effective healthcare and stability.

Regarding the work requirement, it should be unlawful. It is the same as slavery. People work if they cane, but many of the people in the Medicaid program can't. If they could work 20 hours per week, they would not necessarily need Medicaid coverage. This is indentured servitude, and should not be allowed.

Medicaid, especially medicaid expansion, has made Campbell County healthier. A healthier community benefits everyone. These changes to medicaid are punitive and arbitrary changes that serve no purpose to the people who have medicaid other than to humiliate them and for the state to pay more to do it, which I do not support.

As a hospital social worker, if a patient has Medicaid we can actually arrange follow up care to ensure that their care is continued. When a patient is Medicaid eligible, it helps patients and families have peace of mind that their health care is covered and then they can actually focus on getting better. It covers cost of healthcare so people can eat and still pay rent.

None of my patients have extra money for premiums or co-pays, I know because I work on their budgets with them. Have you ever tried to budget on minimum wage? You can't afford rent without doubling up anywhere. The reason medicaid does' thave a monthly premium is because people don't have enough income to afford it. The state already knows that because they are medicaid eligible.

Impacting over eligibility with lock outs or upfront payments only delays care and increases health care costs. If a patient would be discharge to rehab however we have to wait until his Medicaid in place (usually up to 30 days or more) then he is waiting in the hospital and limiting his recovery. Ultimately this increase burdens on hospitals providing care, slows healthcare process, impacts healthcare facilities ability to run, and most importantly could negatively impact the patients. They have poor recovery, higher risks of complications, higher disability rates, and more likely to not be able to get their life back on track due to health issues, missed work, and high healthcare bills.

Reporting changes causes harm to people beyond even just that they will lose so much time trying to do it. Think about how changing jobs can put people in stressed state so it may be difficult to report in that time frame. Some jobs the income is unpredictable.

Also don't think it's fair to make people report things so quickly when the government agencies take an inappropriate amount of time to process applications and manage accounts. I don't think current inadequate government systems at DCBS would be able to manage this. Would kynectors be able to receive the changes reported? Will they be a part of this new system? We were able to refer patients to kynectors in their communities to help them with their enrollment ongoing.

This "community engagement" requirement seems like a cover up for something wicked. I think it could be helpful to keep those individuals engaged by making sure they have health insurance and providers like social workers and easy to arrange transportation to counseling and therapy and clothes for job interviews and child care. So many people I know on disability have reported a desire to work, but they would need extra help, would this provide that? Transportation?. Also, for people with medicaid and also disability benefits, they get put into having to weigh the benefits of working with the costs of losing benefits they would otherwise be unable to afford. So this would have to be looked at in conjunction with disability benefits. This seems like a trap, and not to make people healthier.

Coverage to get me ds that are needed for instance diabetes, change medicaid probably not be able to acquire medssho.
My brother can't work. He has a severe learning disability and seizures. This would impact him greatly, and frankly isn't very Christian. This is not what I would expect from a Christian Governor. It is mean. Think about the lock out periods (there are now three of them, there shouldn't be any), I mean, I'm all for cleaning up the books, but 6 months without medical coverage as a penalty will literally kill people. Think about that. This policy will KILL people. How can the state support that? It is rationalizing a bad position to talk about "fast track" re-entry, why kick people out in the first place? Why create an additional administrative burden for both the consumer AND the state?

It's hard not to like the sound of the "community engagement" idea, but, if you think about it very long, it sounds like a lot of waste for everyone. It has to be monitored and qualified. There would be so many instances where someone would have to figure out if someone really had opportunities and you would mostly be PUNISHING people because there weren't opportunities for work or volunteerism, which isn't fair. Also, many just can't work. I'm not confident that our government, especially this one, will follow through and actually review each case. It would have to be extremely individual and personal, which would be a huge amount of resources. So, I am against it.

My family babysits a young girl who relies on Medicaid. She is deaf and needs to visit doctors often. Her mother has two other children and is working a low wage job. It is incredibly cruel to make Medicaid cuts that would hurt children and low income families. These changes are cuts, I hope Gov Bevin says that out loud and stops lying and calling it anything else. Medicaid is how people even GET to the doctor when they don't have cars.

These changes are unnecessary and confusing. If that young girl's mother loses her Medicaid, she would have no way to take her to a doctor to treat an ear infection. That is ridiculous. We are a developed, wealthy nation. Health care is a right, not a privilege. No, my income does not change regularly. However, this is just another unnecessary and confusing barrier for low income people who rely on Medicaid to receive health care. Again, this is another unnecessary hoop to jump through that can be incredibly hard for low income people to meet. Single parents especially often cannot afford to be away from their children for an additional 20 hours a week. Who will pay for the babysitter? Who would cook dinner?

"Thankfully, I have never needed medicaid for myself or my family, but I have struggled to pay high insurance premiums and family medical bills, sacrificing many simple pleasures like eating out and taking vacations, barely keeping my head above water. Healthcare is way too expensive, and insurance companies are dictating to doctors the care that they think patients should receive. I know what it's like to feel weak and helpless and scared and ill all at the same time. I think it's cruel to withhold medical coverage from our weakest citizens. These lock-out periods are cruel, there is no other word for it. Most want to be helped to get back on their feet, and become productive citizens, living a full life again. Hard working people shouldn't have to lose everything because they got sick once, or had an accident. Most of us are one hiccup away from bankruptcy. That's how I feel. College educated, working hard every day, owning and caring for a home, raising a child. My savings has been virtually cleaned out by the high deductible "coverage" my family has had these past six years. If I needed medicaid, I would want it to be there to help me, and not so many hoops to jump through. We shouldn't punish people because they need medicaid, they should just get it."

I'm self-employed with variable income, so yes. I cannot predict what my income will be from month to month, and from day to day and week to week and this reporting requirement does not make any sense. When am I supposed to call? Every time my income changes? So exactly every 10 days? Or More?

Kentucky is currently a sick state, but, since kynect we have been getting healthier. I don't see how someone who is sick could be expected to volunteer 20 hours a week, or an unemployed person who should be looking for employment. Do you know how much time it takes to get a job? How are people looking for a job also supposed to magically work 20 hours? Or volunteer and somehow still be able to find a job? I understand the intent, to prevent a person from taking advantage of the program, but seems to me that more often, sick people will be burdened by the requirement. I believe most people who can work already do, and I think if you look around and ask people, you will find that.
Though we are still on a waiting list to receive Medicaid coverage for our 3 year old daughter, we have seen the benefits to other members of the special needs community. Families with a child or adult who has special needs have an overwhelming amount of extra expenses and responsibilities. Medicaid allows these families to provide the care their loved one needs while also providing an opportunity for the parent/caretakers to keep working. With insurance companies cutting benefits, private insurance does not provide the coverage many families need. For example, our family is privately insured. Since the school system only provides our non-verbal daughter with 20 min. of speech therapy per week, we have to supplement that by privately paying for speech therapy. With a high deductible plan, IF you can provide a pediatric provider who is in-network, you are still out of pocket a significant amount of money for services to which these individuals should have automatic access. It is better for the whole community if my daughter can talk. She can be a more productive member of society and will require less assistance and care. However, unless Medicaid can cover the cost of her speech therapy, she is not likely to learn to talk any time soon.

Having a family member with special needs requires an enormous amount of administrative work. There are doctor's appointments to schedule and attend, supplies to order, medical assistants to hire and supervise, therapy appointments, all in addition to the regular administrative work it takes to manage a household. Placing the burden of a 10-day response requirement is adding an unnecessary hardship upon these families. Also a work requirement does not make any sense. People who are attempting to find work will be burdened by this requirement and it will hamper their ability to find a job, which seems contrary to the purpose. People who are already working shouldn't be punished if they don't get enough hours. Where are people supposed to volunteer and that could stop them from finding a job if they have to spend all their time reporting what they are doing and trying to find a place to volunteer, it will just mean people give up.

These changes are cruel and are designed to humiliate and exhaust people so that they give up. I can not support any part of them. Everyone deserves healthcare and I hope that as a Christian, Gov Bevin will see that and stop all of this cruelty.

I have just been reading through the other comments and I hope Governor Bevin reads every single one of them. Most of them are spot on, these changes are a thinly veiled attempt to shame and punish the poor for daring to exist and want to continue existing.

You cannot keep making Medicaid more and more difficult to access, for anyone. When we impose a lockout on people who have neglected to update information, but they still cannot afford private insurance, they will not seek preventative care - they will turn to Emergency Rooms to treat major conditions. They will either not pay at all, or fall deep into debt, have their credit reports impacted, and then be unable to acquire meaningful employment because of their credit scores. If they don't pay at all, hospitals increase the cost of care for everyone (meaning those of us with private insurance as well) to cover the losses. In short, it punishes poorer people, keeps them in poverty, and then negatively impacts everyone.

If I somehow end up losing my job to care for my disabled son, I am not going to be able to leave him to meet this requirement, if I'm on Medicaid. It seems somewhat classist to insist on this work requirement, certainly it does not seem well informed about people who are on Medicaid. Did you interview anyone on Medicaid about this?

So many people I know rely on medicaid to afford life saving medication they need. My boyfriend is on medicaid because even though he works ~35 hours a week, that's not enough for full time so he isn't offered insurance through his job. He doesn't make enough to afford the insurance plans that aren't part of kynect Medicaid or the ACA. These changes only make it harder for him to have insurance, which isn't right. Making these changes, as well as reducing coverage for all Medicaid users would negatively impact my family and friends. Many of my friends wouldn't be able to afford things like insulin that's needed to keep them alive. I understand why you might want this work requirement but people that are currently unemployed and spending their time finding jobs or recovering from a medical issue need healthcare too. It sounds good until you think about how it really impacts people, and then it doesn't make any sense. People are already working if they can, or looking if they don't have a job, or aren't able to work. Who are you talking about?
Thanks to kynect and medicaid, my family is able to obtain necessary medical care, prescriptions, and emergency care without worrying about insurmountable bills. These changes would change that! Many people would no longer be eligible due to a simple mistake or inability to meet the time requirements. This puts the home family at risk. Medical care is scary and often difficult to navigate. Families going without harms society as a whole, physically, mentally and emotionally. It has for me this past year. when you have a serious health problem, you are NOT going to prioritize reporting something to Medicaid. The work requirement is insulting. It places more of a hardship on a family, they have to find childcare that they likely cannot afford. Or their childcare is not reliable, causing them to miss time at the participation and this losing coverage. Transportation is an issue as well it's taking time from them seeking a job. Why would you want to force someone who is looking for a job to use that time to try to find somewhere to volunteer? Are you trying to make people poor forever?

expanded Medicaid coverage has allowed previously uninsured people to actually have a primary care MD who provides PREVENTIVE CARE. This is much cheaper than the alternative of no care until a minor issue becomes a major issue requiring extensive hospital stays. Denying coverage to folks is extremely short sighted and far more expensive in the long run. These changes are the same and unexpanding medicaid. You will lose so many people because they will give up!~ When is the last time you waited all day at a DCBS office or on hold? You will give up. It's humiliating, and it shouldn't be, and these changes make it more so.

My son has the home and community based waiver because he has medical special needs. Medicaid is our secondary insurance after our private primary insurance. It really helps us manage the expense of my son's medications, appointments and therapies since our private insurance doesn't cover all of those things.

My Godmother is in a nursing home with dementia. I was physically and financially unable to care for her and after her funds ran out she went on Medicaid. I know that her needs are taken care of. If not for Medicaid, she would be dead. The other person, a close friend, is a 35 year old man with some mental health issues more so than physical health. He has been able to receive medication and scheduled for counseling. He had been suicidal several times over the last 10 years. The difference with care and medicine has made an amazing impact, on not just him but everyone who knows him. During none of these periods could he have volunteered or worked. But he can now, because he had Medicaid during those times. I don't know how you would know when someone could or couldn't or what was going on in their life.

These changes sound harmful. I really worry how these changes will be administered. The bottom line is that many folks who qualify for Medicaid would have difficulty negotiating the changes and when they are removed from access to care for one of these reasons, then everything spirals out of control. Will the state be providing extra help like with kynect?

I believe a ten day turnaround seems problematic. In order to qualify for Medicaid financially, I don't believe participants have the flexibility in their lives to handle this. Hours of work may change on a weekly basis, I cannot think of a greater administrative nightmare from a personal or government perspective. Even if everyone with medicaid reported perfectly, people would still lose their medicaid because they wouldn't be able to get through to the state.

Where, how, will these people do community engagement? What type of assurances will these agencies have when "engaging" the recipients. How will they be matched up? Will medicaid be responsible for matching recipients with volunteer agencies? With paying for background checks? How will their confidentiality be protected? Or medical records? Again, it sounds like an administrative nightmare for punitive reasons. In order to support any of these ideas, there needs to be detailed information on how it will be implemented and relevant costs. I can't see how this wouldn't be wildly expensive and wasteful from all perspectives. Make a voluntary program and people can CHOOSE to sign up for it and it could be a manageable size and Medicaid could be responsible for creating and matching organizations with members might work, and accommodate peoples physical and mental needs, and transportation.

Are there more details anywhere about how this "community engagement" would work? Where would people volunteer? How would they get there? How would they know to go there? Are medicaid recipients seriously supposed to just go walking around until they find a place that will let them volunteer 20 hours a week? Is this a secret death march by another name? There is no way this is possible.

How are you going to know if "able-bodied" people get sick? Sick people shouldn't work. My cousin started receiving medicaid benefits after severe illness left him permanently disabled and legally blind. So when they get sick or hurt and can't work suddenly they LOSE their health insurance? That is terrible. These changes are terrible.
**Question:** Kentucky HEALTH - Proposed Modifications to Application  
We encourage the public to submit their comments on Medicaid.gov as they relate to...  

<table>
<thead>
<tr>
<th><strong>I think you should run these by 1 person in every county with medicaid and one of their family members and see what they say.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>They are mockable, and insulting. I hope that Gov Bevin gets to sit in a room with someone who is explained what they are now expected to do and see the resilient determination and then has to know that they failed because HE IS SETTING THEM UP TO FAIL. This is nuts.</td>
</tr>
<tr>
<td><strong>Major changes could radically effect my daughter's health that has improved so much in the last few years thanks to the expanded protections of the ACA. I fear these major changes would be a death sentence.</strong></td>
</tr>
<tr>
<td><strong>My daughter could not meet this requirement. She may be able to do something in a sheltered workshop, with nurses on staff. How are people's special health needs going to be protected by the work requirement? The Inspector General allow those with an IQ below 80 to be sprayed with pesticide, my daughter go into any place that follows those guideline. Just being in the same room as a pesticide being sprayed, nearly hospitalized her. What if the only place she could volunteer had pesticides? Would she be exempt? How would we know? How would medicaid know?</strong></td>
</tr>
<tr>
<td><strong>My son and nephew both have autism. My nephew is not a functioning citizen. He is not able to communicate well, he needs constant assistance. My nephew currently receives Medicaid and it is a relief to his exhausted parents. My son is more functioning but needs assistance with life skills. One day he may need Medicaid, and I want it to be there for him, and not to have all of these hoops and not for it to set him up for failure. Why a lock out period?</strong></td>
</tr>
<tr>
<td><strong>These changes presume that applicants are fraudulent and corrupt first and only wanting to soak the system. These changes make human beings who are struggling jump through endless hoops just for medical coverage. These changes make applicants look like people just looking for free assistance who don't really need it. This is healthcare! These changes are immoral.</strong></td>
</tr>
<tr>
<td><strong>People applying for Medicaid are stressed, struggling and exhausted. This 20 hour thing is inhuman. Like liking an injured person then telling them to just get up. I do not support this at all!!</strong></td>
</tr>
<tr>
<td><strong>I believe that it is the ONE and only benefit that 90% of our students K thru 12 are attending school. In Newport Ky we have 90% of students eligible for free or reduced meals. The school system here is terribly under credited. We would have no attendance without medicaid.</strong></td>
</tr>
<tr>
<td><strong>These changes would be a tragedy. A tragedy! These reporting requirements alone are impossible. In what universe is this possible? Not for my students parents, not under any circumstances, I can tell you that.</strong></td>
</tr>
<tr>
<td><strong>Stop making your requirements based on what's easier for the state of Ky, base it on the peoples easier access to their foremost needs. Make medicaid about the people who need it, make it EASIER to get, not harder.</strong></td>
</tr>
<tr>
<td><strong>True medicare fraud should have repercussions; however, there is no gray area in bureaucracy. The 10 day period for notification of changes should change. It should either be longer to ensure a reasonable amount of time or only be required for a change in employment. There may be times where someone makes an honest mistake in reporting. Now they'll be locked out for six months, with no coverage. This is just an easy way to save $$$ for the state in the short term. Who do you think will pay when those people are disabled later in life with preventable diseases? Or when they show up at the hospital and the ER? This is a waste of taxpayer dollars to lock people out of health insurance for any time at all</strong></td>
</tr>
<tr>
<td><strong>This reporting requirement seems like it is only meant as a &quot;gotcha&quot;, an excuse to boot people for six months. If they revised it, 30 days to notify them if you made more than $X or had a change in employment status might be logical. There could be an option, but this can't be it.</strong></td>
</tr>
</tbody>
</table>
Question: Kentucky HEALTH - Proposed Modifications to Application  We encourage the public to submit their comments on Medicaid.gov as they relate to d...

I like the work requirement in spirit. Primary caregivers can't work/volunteer/etc. and still be a primary caregiver. Hasn't anyone in the KY legislature known anyone caring for an elderly relative or disabled child? Also, employers should be required/incented to offer benefits for employees working 30+ hours. Period. Take the burden off the tax payers and put it on employers. Not their minimum wage employees. People who are already working can't guarantee the number of hours they get, which makes this requirement punishing them for bad acts of Wal-Mart or McDonalds. This requirement would mostly just hurt the people I think you are trying to help, it is maybe well intentioned, but not thought through. Just support people being able to work and be paid a living wage and have access to good quality, affordable public transportation.

My son uses the Michele P waiver and has/is progressing so much. The supports he gets are much needed in increasing his quality of life and integrating him into society.

This reporting requirement will just mean less people have Medicaid. Some people may not be diagnosed with an illness and trying to abide by these regulations may be hard. They will slip through the cracks. It is dangerous.

This reporting requirement change is terrible. This could be hard for anyone. 10 days passes by super fast. If someone's already down why kick them and make it worse? Find s way to help and assist these individuals, not make it harder.

I would benefit from it like I did until you reach twenty thousand a year. I believe it should by your income not total house income. I can't work, I walk with a cane. My husband pays for my new health insurance SBD most of my medications, Especially my insulin, And my current insurance doesn't cover four of my diabetic meds. So I'm doing without those. Yet got thrown off medicaid which Was helping get better. Now I have gotten worse Yet I can't get medicaid. Sad and painful. Others in my community would get hit pretty hard Luke I did. How are you going to work for medicaid when you can't work!? Sounds like a lot of greediness to me and many other Kentuckians. Seriously I can't work, I walk with a cane, but, how could I know that anyone would know that? Who decides if I am "able bodied"? Some days I am more mobile than others, when will someone make that decision? This is greedy madness on Bevin's part, just wanting people to suffer.

My son has Autism, our insurance limited the therapies he needs very much. The Medicaid has helped him get those needed therapies.

How about change the "Kentucky HEALTH" proposal to: You get Medicaid unless you prove you have some other insurance.

Medicaid has saved the lives of numerous people I know personally. People who would have died without it. Children would have been put in foster care if it were not for medicaid saving their parents lives. My husband lost a good paying job a few years ago and we were very thankful to have medicaid. We have 3 children who are always going to doctors and dentists and without medicaid we would not be able to afford to take them. Medicaid has been a life saver for me when I'm sick. A lot of companies will not let you come back to work when you've been out sick without a doctors note, which we could not get without medicaid. My teeth were going bad and making me sick and with medicaid I was able to have them all properly taken care of and saved. No one should go without medical coverage. NO ONE!!

No one should go without insurance no matter the problem. The system makes it so hard to talk to anyone to report changes in income or household. I have personally tried calling to report changes for weeks, unable to reach anyone to report the changes to. You call and call just to keep getting the message that "the number is getting a high volume of calls and try your call again". I have tried to call from 8 am til 4 pm leaving my phone on speaker and staying home all day to no avail. You go to the local offices in person and they tell you that you have to go online or call before they can help you. The online medicaid page is normally down or it doesn't remember your information and tells you to call someone (who can never be reached). This is all a huge stressful event. I also do not believe people should have to go out and work 20 hours a week to have medicaid. Health care should not be something that some people are entitled to and others are not. Most of the people on medicaid already work and still don't make enough money to afford insurance. Others have no means to go to work or can't afford a babysitter just so they can work 20 hours a week for insurance. America is supposed to be the land of the free and NOTHING is free not even your life and your health.
<table>
<thead>
<tr>
<th>Question: Kentucky HEALTH - Proposed Modifications to Application</th>
<th>We encourage the public to submit their comments on Medicaid.gov as they relate to d...</th>
</tr>
</thead>
<tbody>
<tr>
<td>My husband normally works 40 hours a week but sometimes he works upwards of 60 or even 80 hours a week in a hot factory and hour away. He gets raises once or twice a year and when he does he is so exhausted and worn out from work it is hard for him to be able to report these changes that quickly, especially as mentioned above, how hard it is to even contact the proper people to report changes to. Also it makes no sense to work a normal work week one week than 60 hours the next and lose your insurance just because you made extra money for 1 week and have to start the whole process of getting your insurance back because that 1 week put you over the limit.</td>
<td></td>
</tr>
<tr>
<td>This community engagement requirement is misnamed. It is a specific punishment. It would hurt people, and I would hurt for the people who do. Some of these people who would be included are people who sit with elderly parents and would have no one to sit in with them so they could leave 20 hours a week. Some have small children and no one to be with the children while they are gone. Some have no cars, no phones, no ride to do these things. In my opinion 95% of people on medicaid are not on it because they're lazy, it's because they have no help to improve their situation.</td>
<td></td>
</tr>
<tr>
<td>Myself, my husband and my children are all assisted by Medicare. My husband works full time, and I both work part time and attend college. Still, we cannot afford coverage for our family. These changes are insulting and demeaning. Why do you want us to work even MORE to be &quot;worthy&quot; of health care? These changes would make it more difficult for us to receive help for the medication we need.</td>
<td></td>
</tr>
<tr>
<td>These changes would be extremely hard on us, as we are right on the line of income eligibility but still must provide for a family of 5 and pay rent, etc. We do not receive WIC or SNAP assistance, so the loss of our insurance and subsequent increase in outgoing monies would be very difficult for us.</td>
<td></td>
</tr>
<tr>
<td>My husband works 45-50 hours a week and would be unaffected except with the reporting and proving, which feels like an unfair burden. I am currently a full time student, but work only 24 hours per week. It would be difficult for me to meet this requirement when I was out of school or taking fewer classes, while also meeting the needs of my family. I would also be concerned about the actual reporting of it, who to, when, how, and what to do when they &quot;lose&quot; the papers, or when the phone disconnects after you have been on hold for hours (this only started in the last year, what is being done to fix it?)</td>
<td></td>
</tr>
<tr>
<td>Since I work at a library, I have people seeking volunteer opportunities. Way more than we can accommodate already. I can only take so much time out of my regular duties to organize, train, and supervise these volunteers. With these new requirements I would be flooded with people expecting to volunteer and I would be in a position to determine which were suitable and able to do the kind of work we have and then supervise. Basically library funding would need to increase significantly to increase staff to handle this expectation. We already have so many people that we don't have the resources to oversee or train.</td>
<td></td>
</tr>
<tr>
<td>These changes are unrealistic. I work at a library so I see the people who are in there looking for jobs, services, housing and volunteer opportunities. Rural communities often do not have resources to meet those needs. This is setting people up for failure, and I hope not knowingly. I hope that when Bevin gets these comments and thinks about the realities he will change this plan.</td>
<td></td>
</tr>
<tr>
<td>My son, who is autistic and works a 32 hour week at Walmart is covered by Medicaid. The communities need to have many more options in place for volunteer opportunities BEFORE this rolls out. Right now it would be a disaster. I can't imagine how to make it work actually ever. Volunteering requires supervision and in our community many who are given community service hours have a hard time finding placements or transportation.</td>
<td></td>
</tr>
<tr>
<td>My family has benighted greatly with Medicaid coverage. I have been able to get my health problems assessed without worry. I am scared of these changes.</td>
<td></td>
</tr>
<tr>
<td>I have 4 kids in my family. Considering the way jobs are now a days you can only miss 3 days or ur fired no excuses. This would really hurt us. Cause wouldn't be able to make it to turn in changes. And can't call cause they take to long to answer the phone. It would put us in debt. I would lose jobs trying to report getting a job!</td>
<td></td>
</tr>
<tr>
<td>The work requirement would impact me Majorly cause I wouldn't be able to do it and hold a job and be able to have any time to spend with my children.</td>
<td></td>
</tr>
<tr>
<td>Question: Kentucky HEALTH - Proposed Modifications to Application</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>We encourage the public to submit their comments on Medicaid.gov as they relate to d...</td>
<td></td>
</tr>
</tbody>
</table>

There is people in this world that can't afford to work and have medical insurance cause of the cost! These changes can affect the elderly because they can't get out and work anymore so they do depend on medical coverage from the government and support also. Really they should never go by your gross income cause you technically don't get all that money, they do take taxes, ss, state, county so when people do go try to get help they can't receive any cause of the gross income instead of bringing home!

<table>
<thead>
<tr>
<th>I suffer from many chronic illnesses and I'm trying to get my disability. If I lose my expanded Medicaid I won't be able to half way treat my illnesses. I would probably lose my coverage with these changes. The work requirement must not think about people with chronic illnesses. I work all I can, but I've been fired from my last 3 jobs because of my chronic illnesses. Then I would lose my medicaid. Or lose my medicaid because I couldn't keep up with telling about whether or not I have a job.</th>
</tr>
</thead>
</table>

If it hadn't been for my Medicaid coverage I would have died because of how bad my health had gotten. I do not work but have been denied disability and without Medicaid I wouldn't be able to afford the doctor visits, the medication and possible surgeries I am facing in my future. It makes me anxious to think about these changes, why? Why do you want to make it harder for people to get medicaid? These changes mean carastewart@kyequaljustice.org

For CMS - Bevin Medicaid Survey 7.10.17
For CMS - Bevin Medicaid Survey 7.10.17

Comments Share

Updated Survey about Governor Bevin's Revised Medicaid Changes for Kentuckians 7.10.17 (1).csv Cara contact list

I would be denied coverage and would be without insurance since I don't have a job or work. I would die without my medications.

To enable screen reader support, press ?+Option+Z To learn about keyboard shortcuts, press ?slash

Updated Survey about Governor Bevin's Revised Medicaid Changes for Kentuckians 7.10.17 (1).csv

Cara contact list

Explore

I would be denied coverage and would be without insurance since I don't have a job or work. I would die without my medications.

I am not able to work or volunteer because of my health. I am scared that under this plan that would mean I would lose my health insurance...how can I know if I am able to work or not? How does that work? Who worry that some honest, trustworthy people who truly need the benefits will suffer because they can't work and need the support. Then others who are misusing benefits won't be affected by the changes because they can secretly work on the side and still pocket cash from their employers and they'll be fine with the changes. The waiver wouldn't impact me negatively but I feel that it would add stress to some that don't feel like it being up and active for 20 hrs per week.

Not sure how this will affect people in nursing homes...but there are so many people getting disability checks that a very capable of working...get the alcoholic & drug users rehab & then help find them a job...if they fail to help themselves they shouldn't get Medicaid or welfare
Kentucky HEALTH - Proposed Modifications to Application  We encourage the public to submit their comments on Medicaid.gov as they relate to d...

For someone who is a non-exempt worker working a variable schedule, it is difficult to know what yearly income will be. Overtime could put you over the limit even though your hourly wage X 40 X 52 is under the limit. I don't think someone should be penalized because they worked longer hours than usual. This only incentivizes earning/working less and relying on the govt. more.

If someone is "able-bodied" but has mental illness that prevents them from working, would they be forced to volunteer? If they were capable of going out into the community to volunteer, then they would be capable of working a paying part time job. It seems that all this volunteering requirement does is create a hardship on people who are already struggling to cope with the basic demands of living.

These changes would increase medical expenses for those consumers who have insurance and pay for their medical care. Again raising the cost of medical care in the state while lowering the quality of the care the consumer receives for the money paid.

Concerning community service:
You are already working but fall under the income guidelines and you have to put in 20 hours of community service as well just because you can not make enough in your minimum wage job. This is unnecessary.

Concerning community service hours:
I am the primary caregiver to my elderly, disabled, mother. I couldn't leave her at home alone for that period of time. We currently to not have a vehicle, and there is no way I could pay for someone to come sit with her while I "volunteered". I would be ok if I could volunteer from home. An example of that might be, stuffing envelopes, or making phone calls, or data entry. Something like this that wouldn't make a terribly impact on my family, I would be fine with.

The people in our community are desperately poor. Their circumstances are dire. They feel hopeless and with this health care proposal, they may be left to get sick and die. These people may not have the money to pay premiums upfront or on time. They are barely getting by, they are being punished enough in life without KY punishing them further. I've worked with children in the local schools my whole life and the circumstances these children endure are heartbreaking. They come to school hungry, sad, defiant and in need of any help we can give them. Why would their state government knock them down any further?? They would really be hurt by this cruel act of legislation.

This is cruel to the working poor, who have little or no time for such foolishness! This state government seems to assume that all poor people are worthless and they are trying to make them worthwhile. It may be suitable for some, but not for most people on Medicaid.

"My mother cannot drive. In a rural area, this mean she cannot work. Without full-time work, she cannot afford insurance.

The "community engage" requirement would kill her.

My husband works over the road as a truck driver, and he is only home for 34 hours every weekend for his legal restart period. I take care of the house and family on my own, with no help or support from baby sitters or day cares. I have to do everything between therapy appointments, doctor appointments, school activities, and getting them to and from school every day. I don't have a chance to volunteer anywhere else. My time is not my own, and I don't get paid for what I do as it is.

I run my own business and do not know what I "earn" until we file taxes. Reporting the income annually at that time would be understandable. I already work full time and home school my daughter with autism. This would not be any sort of possibility, with no hours left in a single day or weekend. We barely manage with things the way they are. Volunteering 20 hours would cut my income even further, where we would not be able to pay our other bills, food, etc.

The requirement to report changes would be the most difficult because when you call the 800 number to report changes you are on hold at times over 30 minutes waiting on an operator to talk to and many times my account has been messed up after talking to them. I choose to go to our local office and talk to someone in person but that takes a lot of time due to them fixing issues from the phone calls and having to drive down and wait to talk to someone.
The change concerning the notification works against people a lot of the time. When you call to report changes you need to stay on the line until someone answers. This could take hours!! People that are working or taking care of children or elderly don't have hours to just sit on the phone. This system is one of the worst "improvements" the state has made. As far as health literacy and financial literacy classes go why do you feel the need to pick on these people? Looks to me like no one in the government state or federal understands this stuff. Making the little guy take classes would just a big waste of money!!! That no government has!!! Stupidity....

Concerning community service:

In our area there are very few jobs. Train for what? Move to where? Most of the people I know work full time jobs to live and still are eligible for Medicaid. There are only so many hours in a week and working two or three jobs to survive sounds like enough to me.

In Kentucky's economy this could be difficult for many. A job loss or loss of hours means other things become priority and reporting a change might be the last thing on the mind if the person. In rural areas of Kentucky there already isn't enough jobs and there would be no way to provide volunteer hours for places that have 40% of a county on Medicaid. My biggest fear is that this will be abused by employers so they can have free labor instead of hiring employees.

Many have weekly work that is very seasonal and at the will of the employer, and would be unable to report monthly income. Concerning community service: For many who already work or for children who are too young to work, this is unwieldy and impossible.

Concerning logging monthly pay: I am self employed and my hours and pay vary wildly from month to month. This would be an absolute nightmare. I have kids to raise and thing to do. This would take hours of my time every week. Hours I could be spending in the betterment of my family and my career.

Concerning community service: This is crap. Just another way to shame the poor and intimidate people into not applying for benefits they need and deserve. And another way to kick deserving Americans off their coverage in exchange for tax breaks for the wealthy.

My income doesn't change monthly. but I can see how the waiver will have an undue burden on others.

Almost everyone I know on Medicaid who works has variable income, with employers slashing hours at a moment's notice because they don't have enough work, or factory work that requires "mandatory overtime," forcing them to work beyond originally contracted limits or lose their jobs. It's also just frankly insulting to assume that one should have to work an extra 20 hours unpaid (which is very close to slave labor) just to be allowed to see correctly or get important dental treatment. These are vital, not optional, treatments. Without vision coverage, how could someone even drive to a volunteer job in order to earn the vision coverage?

Concerning income: Our employment does not change regularly, but I have learned that the details that you will have to live with are not necessarily known at this time. Concerning community service: Again, I think our family will be fine, but I definitely wonder about folks in more rural counties and quite different circumstances.

My work requires that I re-submit a grant application every six months and that application may or may not be approved. Funds are dispersed every six months as well so it would look like a windfall, when really its a relatively small amount of money that has to be stretched for six months.

This is not applicable to me, but I cannot imagine how my friends who work their butts off every day could possibly meet this requirement. This is a CRUEL proposal and make a lot of false assumptions about people on Medicaid.

Rules that are too strict & punitive will throw people off who really need this coverage. People will get sicker, will clog emergency rooms, will end up homeless, in jail or even dead if they're thrown off Medicaid.

I have found that it is hard to even find volunteer work in our community, especially at the 20-hour a week level. Many organizations don't have volunteer coordinators to train and supervise volunteers. I think this might harm Medicaid recipients who are unable to find volunteer work, even if they're very willing to do it. In small towns and rural areas, this may not be a realistic expectation, especially if people do not have their own transportation.
**Question:** Kentucky HEALTH - Proposed Modifications to Application  We encourage the public to submit their comments on Medicaid.gov as they relate to d...

Concerning community service: If the state is running out of money, how are they going to pay to monitor this part? Sounds additional paperwork would be required. Is this helping people or just making them jump through hoops?

Organizations that use volunteers will be overwhelmed by the large numbers of those "required" to volunteer. The quality of their services will decline.

Concerning reporting income: We would be able to do so. However, it could be difficult because of the long waits at the office and inconvenient times that they are open.

Concerning community service: We are much too busy to meet this requirement, since I work a full and part-time job and my husband works part time and we have children to care for.

Why create an administrative nightmare? Why punish a person or family whose income might fluctuate slightly one way or the other? My tax rate is based on my annual income. Why shouldn't the requirement for Medicaid application be based on annual income, not on how that income might fluctuate from one week to another. Ridiculous!

Concerning community service: This is simply creating an administrative nightmare and wasting too much tax money to establish and maintain an accounting system, punishing many individuals who are already struggling. If there are abuses in the system, work on identifying these. Job training should be made available for all Kentuckians, not just those seeking Medicaid. It will be devastating for our entire state if these changes are made. The ACA is not failing, it is Trump and McConnell propaganda. No one has time to report income more than once a month.

Concerning logging work hours: This would be complex for people working hourly jobs that worked different schedules regularly.

Fraud should be addressed, yes; but the vast majority of people in our community who are on Medicaid are not able to work. Punishing them by keeping health care out of their reach makes no sense whatsoever. How are people to get back to work if they are sick and cannot get what they need to be healthy again? Even the administration of this program will cost more than keeping the ACA in place for the millions of Kentuckians who now covered who had not been before this went into effect. What kind of sense does this make?

These changes would prevent anyone in my community with financial problems from getting medical treatment. I know there's anyways witchcraft but witches aren't licensed medical professionals."

I have set hours but occasionally, I can get anywhere from 1/4 of an hour up to 8 extra hours per week without any consistencies. It would be cruel to punish me for 6 months for not reporting every paycheck or for forgetting to notify of any permanent changes within 10 days. It's hard to even get to their office during work hours.

I work, but most weeks, I do not get 30 hours a week. I already volunteer 3 hours per week on my day off, but unless you count teaching children's classes at church or something like that, I don't work or volunteer on another day off, the Sabbath.

Concerning community service: It does not impact me directly, though I would be embarrassed for our state and fellow citizens if such a program were enacted. It is demeaning to require the poor to "prove" themselves in this way. It is also arrogant by implying that those who have health care are somehow more worthy.

In my case, I was working 40 hours per week and in school full-time. I would not have been able to do the 20-hour per week community service requirement. I would not have had health coverage if the proposal had been in affect.

Doesn't affect me, but I can't see any good reason to add more burdens to people who are already burdened. It makes me angry that this whole effort seems to be attempting to do that. People need support so they can contribute. We all need support sometimes and it doesn't make sense to pick on those who are in poverty situations.

Concerning service hours: It would not impact me, but I think it is a stupid idea, especially since children and the elderly are primary Medicaid recipients. I can't imagine why anyone would consider requiring volunteer, work, or job training for either of those populations.
I'll answer this from the perspective of my relatives. While neither are able to work - they are both unable to complete basic forms and documents without assistance from others. My niece recently received a small inheritance that temporarily increased her income. My relatives would not be able to complete the work requirement. To my knowledge neither has been determined to be medically frail (it's likely they should be) and the fear is they would lose coverage pending such determination.

My income does not change as I am retired. However if I were working 3 jobs and living "day to day" it could be very difficult. Self employed people cannot always predict income. Concerning community engagement: There are some who may be able bodied, but also have to be caregivers to spouses full time. Or already work in a home business and are needed there.

For reporting work hours: People in this situation are already stressed to the max! If they could find decent work, probably a lot of them wouldn't be on this anyway! Also so many are sick and in poor health already. Most doctors do not want to complete forms about this kind of thing anyway.

This requirement would be crazy to try to organize for the weeks that I am short of 20 hours of employment. I have one job that is "part-time, occasional" that has more hours the first month of every quarter, fewer the succeeding weeks. Who is going to monitor when I am working and when I am volunteering?

I see this as a prejudice against the poor. It's a way to further pull down the poor in order to give more to the wealthy. The only requirement for medical care is being human. Medical care should be a right for all people regardless of their financial status. The low paying jobs fire people frequently and also change people's hours so they have to quit their second job to keep the first one. I don't think you can expect people to report changes within 10 days when their lives are messy, I've dealt with the government offices and they're confusing and difficult. I think the waiver would just create additional expenses - childcare while they're volunteering/working/getting trained. I think they're wasting our tax dollars to try to punish the poor.

Again, it doesn't impact me personally, and I would like to see some form of volunteer service, but this is not something that should be tied into health care.

It difficult for me to do ANYTHING in 10 days with all work and family obligations. A month would be more realistic. As long as the job training was easily accessible and volunteer opportunities abundant, I don't see that as much as a problem. It is difficult to find time to do anything with working a physically demanding job, and then be expect to do something other than take care of family

Most poor people work jobs where hours constantly increase or decrease. That could mean changes that would entail nearly-constant reporting. This is ridiculous! How about reporting changes every three months instead, for everyone on Medicaid? Stop punishing working people!

If I were in a nursing home because I'm too sick to live on my own, how the devil would I be able to do community service? Would you throw me out in the street? Is that what KY has come to--only a good place to live if you are rich?

Ten days is great if you have nothing else to do, but I remind the panel that to be poor is to be overworked trying to meet everyone's requirements. This is an onerous and unnecessary burden.

The population I work with is already sick and not well-enough to volunteer. I also point out that volunteers require as much or more supervision than employees, and it is no easy thing to create that many volunteer positions. It's a ridiculous requirement, perhaps one we should impose on government officials and servants: clearly the benefits of office are both financial and social.

Surely, 20 hours a week in community service somewhere is a fair way to have such benefits?

Yes. I am self-employed and as an artist who gains her income from cyclical sales at arts festivals, I would have to be reporting a change after every show I work, or after every order that is placed that goes over the $640 limit. In the spring/summer/fall I would be reporting every month. In the winter, my income drops to almost zero, and averages out to less than $16,600 annually. But the summer months would erroneously reflect that I earn much more.

Being able bodied is not enough. You also need no dependents and a balanced mind.
This is a bunch of malarkey! People in rural areas usually do not have transportation to get to a place for work plus it would put a strain on income having to pay for such transportation.

My income does not change regularly. But for those working minimum wage and throwaway jobs, their statuses do change on a regular basis. This proposed reporting change would create a huge amount of additional headache and paperwork, clogging up the current system and making it even harder for people to get the coverage they need. Please don't do this to them.

I don't think you understand what it's like to be poor. Many people are working 40+ hours at minimum wage jobs and still remain below the poverty level. These people DO NOT have an extra 20 hours per week to volunteer! This requirement would mean they would forfeit the healthcare needed for themselves and their children so they don't lose their jobs and their homes.

Honestly, how is a parent working 30 hours supposed to do 20 hours of community service? If a person is laid off and has to sign up for medicaid for their families, asking them to pay premiums before services would likely mean they need to buy meds out of pocket and pay premiums. This won't impact us really but it's unrealistic for people already living in poverty and will only enforce the poverty cycle by heaping more stress and financial strain on families in crisis. Are y'all supplying childcare during community service hours?!!

My job is stable, because I have far more education than most Kentuckians. 10 days is too short, most folks who lose jobs are just beginning to grapple with the news then.

The 10 day reporting requirement is a barrier to care and a technicality hoping to snare folks into a charge of being illegal. Community engagement = enforcement nightmare. I think our economy and the lack of education and skills is the reason people don't work. Fix those reasons.

Since my brother isn't yet pronounced "disabled" and isn't capable of working, I worry he would lose his healthcare.

I have enough to keep up with without adding this to it. I already spend enough time away from my son...I work part time and that's hard enough without adding more time away to it. Not to mention finding someone that I can trust to take care of him while I do this.

I'm not able-bodied but since MS is an invisible disease these clowns might try to say I am.

My income doesn't change as I'm physically unable to work even part-time. It wouldn't affect me as I'm medically frail, but I feel it's too large a demand on the member's time and abilities.

I'm at 100% commission. Some weeks I make 500$. Some weeks I bring home nothing. It's hard to start out and even harder if I were to have to run to an office to report an income every week.

If I had to use 20 hours of my time to engage this bull crap community I live in then when the hell would I be able to sell insurance and get me and my husband on our feet and off of Medicaid?

These changes would make obtaining coverage more difficult on the average person, possibly preventing many who need better coverage from getting it.

Pay periods are every two weeks so submitting income information within 10 days would be difficult if not impossible.

It is hard to prove an income change in a ten day period since most people get their wages every two weeks and in most cases if you start a job you do not get wages until three weeks. It would be hard in this community since there are no jobs.

That income reporting level is ridiculous. It needs to be adjusted to a higher amount.

Some people would not be able to report changes in 10 days and some may not be able to get out and work due to a disability.

Sometimes my husband is required to work a few hours overtime. Not a regular thing but sometimes happens. With a medical fragile child sometimes his needs trumps remembering to report a couple hours overtime.

It is hard to prove an income change in a ten day period since most people get their wages every two weeks and in most cases if you start a job you do not get wages until three weeks. Community service would be hard because in Lee county there are no jobs.

When it changes it changes rapidly and is in a period of relative chaos. A tight timeline, especially with so many unknowns and other responsibilities of changing jobs adds to the immediate worry, is easily forgotten, and the punishment is unreasonable.

People shouldn't be threatened with their life to find jobs that may or may not exist or to volunteer for positions that may or may not exist.
Question: Kentucky HEALTH - Proposed Modifications to Application

We encourage the public to submit their comments on Medicaid.gov as they relate to different states.

Honestly my income doesn't change much because they pay crap wages for slave labor. But there are many families in this area that work 7 days a week, at night and such and don't have the time to report changes, especially when they're trying to balance work and children. I think it's cruel to punish those working so hard just to survive.

This wouldn't impact my family as we meet the work requirements. What angers me about this requirement is the idea that people on Medicaid or any other "entitlement" program don't work. Most of us do. The treatment alone because we are not fortunate enough to be the governor living in his half off mansion shows how out of touch Bevin is with the actual people he represents. We work hard and have nothing to show for it because a living wage isn't an option in a market driven by greed.

My income fluctuates monthly, so it would make things difficult.

This does not apply directly to me. However, 10 days seems very soon. Especially if someone is trying to better themselves. I think 30 days would be far more appropriate. Again, most people I know that get Medicaid ALREADY WORK. Why make them work more?

This requirement of logging hours and pay seems impossible to keep up with, both on the parts of the recipients and by the state. Just where are hundreds of thousands of people going to find this kind of community engagement work? And how many state employees will it take to keep track of this? It would create an impossible situation for me.

It wouldn't impact me directly but I'm aware that transportation is a huge issue in rural communities. Who is going to pay for transportation to make this happen?

Medicaid itself is the strongest work incentive that could be adopted. Having continuing coverage available allows low-income and vulnerable people to work at jobs without benefits.

This aspect would not affect me. However, people who have this kind of change should have a grace period to keep receiving services until employer based services kick in, even if they do report the change in a timely fashion.

Concerning logging work pay: 10 days is way too short. Maybe quarterly would be better. It follows schedule for self employment task reporting and payment.

If you are unemployed and can't get a job, what kind of job will "they" find for you?? Wouldn't you be better off looking for a full-time job full time??

If I could work, I'd be doing it for myself. I'm sick. I'm disabled. Those are real conditions and I hate them. If I could change it, I would. I don't need big gov't telling me to change them. I can't change them. The only way to change them is to get the health care I need.

I am lucky enough to have had stable employment over the past two years (thanks to having been able to get medication when I was unemployed via Medicaid) but when I was unemployed I would have a number of temp jobs - so my employment status changed multiple times a week. This would be an undue burden.

I am an actor, musician, and artist. In some cultures I would be considered the best of what our society has to offer. Without AHCA I would have nothing. The waiver would cause all 4 of my family members to lose healthcare.

Most people needing Medicaid are children, elderly, or too sick to work anyway. This is just another excuse to shunt people who need care off so some idiot gets a tax break.

I personally am concerned with the work requirements as I have not been declared disabled yet. I am not capable of working due to illness. Concerned with how they would evaluate people like me to require this. Volunteering would take away the precious couple hours I get a week to go to Drs or get testing/treatment.

Concerning income reporting: If it required my spouse's income, as I have none, it changes weekly as they own their own small business. They would be filing constantly and the state system for filing is always busy and complicated. I'm sure we would loose coverage quickly. Not having prescriptions because of costs would put our lives in danger and keep my spouse from working too.

I simply couldn't do it. I have to wear a respirator mask and be prepared for passing out or having a heart attack or stroke at anytime. I have extreme chemical sensitivity and cannot stand up for more than a few minutes. I would be headed to the ER after less than 5 hrs of work a week. It would be extremely dangerous for me.
The waiver would not impact me directly. My understanding is that required work/volunteer hours are a paper work nightmare, and even adults who can (and even want to) work or volunteer, may have difficulty finding an approved site with hours they can actually work. This would be especially true of individuals with previous convictions, but have repaid their debt. Again, this would impact children in the household as well.

As a self-employed person, my income fluctuates greatly from week to week and month to month. As a result, I would be on and off Medicaid on an almost monthly basis.

My daughter is 8 so this doesn't apply currently. However, requiring people to volunteer to maintain coverage could be problematic for many people. Transportation and childcare are just two challenges that affect many Medicaid recipients. Applying my daughter's current circumstances to adulthood: My daughter "looks" quite typical, you can't look at her and tell she is sick. She would not be considered medically frail. However her condition is so unstable she can be perfectly fine one moment, and moments later require immediate medical intervention. Expecting an adult with similar afflictions to volunteer in order to maintain coverage could be dangerous to their health, and could prevent them from maintaining the coverage they require. It would also be a massive burden on the state to track and manage such activities.

My income is the same right now on unemployment. When I go back to work, I assume I will lose coverage and get coverage through my employer. Unemployment requires us to report any changes in income regularly.

Making people work or volunteer for health benefits assumes that the person CAN work and is not too sick or disabled. Many people DO work full time and receive Medicaid because they are poor. They can't afford medical care otherwise. People don't WANT to be on Medicaid, but they have no choice. This includes the working poor, the disabled, and the elderly.

Concerning income reporting: No, mine doesn't change often but whenever a change is going to happen, I try to report it as soon as possible. Documentation is sometimes hard to find and provide, especially if I hear that what I submitted is not sufficient.

10 days? Getting through on the phone just to find out what the reporting process is (on line?, in person?, over the phone?, which dept to call? what forms to fill out, what verification is needed, etc) and then getting it done it could take longer than 10 days.

Majority of workers are now contract or part time with no benefits for healthcare. Homelessness is rising. Minimum wage does not cover basic expenses.

Concerning community engagement: While this seems like a great idea, there are many people who would still not be able to meet this requirement and not being able to work 60+ hours a week should not mean you aren't worthy of life.

This is just nonsense. I've paid taxes my entire working life, starting when I was 14. Should the worse happen and I'm down on my luck or unemployed, I'll be damned if I have to keep working for something I've already worked for! And, if I'm seeking employment- how effective will I be if I'm already working an equivalent amount of time to a part time job. Also - if people are working, they should not only be insured but receive minimum wage - seriously what year was slavery abolished? This is just a way to take advantage of those who are already down. SHAME on whoever came up this idea. Jesus is mad at you.

My husband works a freelance job and a part time job. I'm not sure how the government plans on documenting that. My son is a full-time student and I work 25 hours/week. It would add paperwork.

As of right now reporting my income changes would affect me nonstop as I am constantly in between jobs. How am I expected to find a job if I'm required to do report community engagement hours?

These changes are punitive measures against the poor. None of us want to live this way. I was an attorney who was laid off, so even the most educated of our state can find ourselves in need of Medicaid. Many of these changes put up barriers to families living in poverty and send the message that they are not valued members of society and are being punished for their socioeconomic status.

Many rural areas do not have these opportunities available. Many do not have gas money to get to training or volunteer locations and rural areas do not have public transportation. Again, the poorest of our state will be punished.
I serve a low income community who often do not have access to this info or know how to report. Also requiring full time students to do 20 hrs is ridiculous. Being a student is hard enough. Also community service isn't as useful as you would think some places ont have room for more volunteers or give these people repetitive tasks.  

20 hours is too many hours to expect every week.  

My income doesn't change but for those whose situations do change regularly just getting an appointment to provide such information is impossible via time requirements. Online access and/or knowledge of how to scan and email documentation is an obstacle.  

Ten days is too short.  

Just because you are "over the poverty level" doesn't mean that every penny you have goes towards something else. Bills, your children, food, childcare, etc.  

I do contract work so I can be available to take my son to therapy and manage his needs. As a contract employee my income fluctuates heavily throughout the year. The reporting and account management would make that kind of reporting turnaround quite difficult.  

This doesn't impact us directly as my son is a child. However, my husband works with individuals with disabilities and I work with aging individuals. In many cases this would be an unreasonable requirement. The medicaid system is already extremely cumbersome and difficult to navigate. Adding more requirements, monitoring and screening is going to increase errors, lost services and damage to a large number of our most needy citizens.  

My son's waiver is NEED based not income based. I do think able bodied citizens should meet this requirement; however, the DCBS offices are extremely unorganized and it may be difficult to be seen within 10 days, even with the best intentions.  

Since I am not a Medicaid patient this requirement would not impact me. However, I have many families with only one adult caregiver. These are families that have a child with a life threatening illness. Expecting families like the ones I serve to volunteer while their child is ill is not rational.  

My hours change a lot. I would literally have to send in my stubs every single week...and what if I fax those stubs over and you do not receive them? How should I know that you received them? It seems like it would put a lot more on your own employees as well.  

Requiring people to "work" unpaid is legal slavery. It's unfathomable to me that a person who claims to be a Christian would promote and enact this. It's shameful.  

Currently, no. My concern with these proposed changes is that the answer would be yes. For example, my son gets a job at McDonalds (fat chance!) They promise him 20 hours per week, but a new manager comes in and doesn't like working with a disabled individual and cuts his hours. Or, someone is on vacation and he gets 30 hours. I am the one that would have to report the changes. I am a teacher and I am totally swamped with my job - it would literally mean that I would have to take a day off work to take care of reporting changes to Medicaid.  

I know from experience that you can't simply make a phone call - I've had to wait on hold for up to 5 and a half HOURS and I've never gotten through without being on hold for a long time. That's impossible to do with a room full of preschool children. How many times could that happen before it affected my performance evaluation as an employee?? And the web site is impossible to navigate.  

I have been laid off 3 times due to restructuring. Having a disability and being in and out of poverty have impacted by employability, yet I try to work. I need flexibility in my plan so that I can work without being penalized.  

I would expend my time resources on volunteering instead of finding a job. Also, as a volunteer coordinator at my previous job, I can attest to placements being hard to find and 20 hours being a burden on organizations. Fewer hours (like 20 a month) would make more sense for participants AND nonprofits.  

Concerning community service: It would effect me as I am currently unemployed due to mental health issues. My concerns would be how long I would be given to meet these expectations, what would happen if I was not able to meet the requirements due to my health status, and how I would pay for transportation. If I lost Medicaid coverage I would not be to see a specialist such as a psychiatrist or a psychologist, pay for my prescriptions, or visit the hospital in a crisis.
"I'm very concerned about what will happen to women completing treatment for drug addiction who struggle to find work and who have to have daycare to work."

When someone does not have a fixed salary, this requirement becomes unwieldy. One would have to constantly chart his income. What if you're self-employed?? It is very scary to think that coverage could be lost due to an accidental rules infraction. "My income is variable and some comes from investments & it is impossible to know in advance what I will make in a year. I may take a $10,000 capital gain one day and not have another gain for two years."

"Volunteering 20 hours weekly places a huge burden on a person not limited to gas or bus cards, wardrobe, hair cuts and grooming and coordinating with different non profits. I am 64 and am able to do some volunteering but I never manage 20 hours as I have sick friends, a child at home and a lot of work to do on my own home."

The waiver wouldn't affect me personally, no; but the income of many of the people I meet in my business, YES!"

Concerning community engagement: I spend more than that amount of time volunteering already. But for the people on Medicaid who are incapacitated; in very rural areas or mentally ill, it would be devastating!

I know that the public policy discussions have been geared around "able bodied adults" but as a pediatric health care provider I have seen unacceptable changes to the care provided to disabled children, the most vulnerable citizens of this state, that should not be accepted by anyone. I suspect that is why the changes in determination are not being discussed in a public manner. I also recognize that living in a community where people have access to general health care including mental health and drug treatment is important. It's better for the children I serve to have healthy parents, it's better for our criminal justice system, it's better for our health system to not overwhelm the ER with health issues that could be prevented with general medical care. We live here together so the overall health on our community impacts everyone. These changes would negatively impact the whole community by making it harder to access care and penalizing those who need it the most.

My husband’s income fluctuates weekly. Sometimes he gets paid for sales and that will put us over the income limit. Every week I would have to report a different amount. Its never usually the same.

Concerning community service hours: I think parents have disabled children who have autism or other disabilities should be excluded. We already have numerous therapy weekly as well as doctor appointments

I seriously worry about the impact to our community. As a state we have ALWAYS had such poor health outcomes and over the past handful of years were finally making meaningful improvements that will last generations. Not only do we no longer have the safety net programs that would have covered the uninsured we are making things even more complicated for no good reason. This is politics over the health and welfare of our state.

I have to report changes now, but that amount is horrible. It's going to cost more to hire people to do this. So how is that saving money?

I can't afford gas to volunteer, plus I have medical problems & can't work. I'm self employed, so I never know how much income I will bring in at any given time. The annual incomes above do not sustain life. If I do community service, I would not be able to work at all.

This would cruelly deny many people access to needed health insurance. This does not affect me but would place an unfair burden on many people. The waiver is unfair.

Some of these people already work more than 40 hours a week. When would they have time for this inhuman requirement?

No good to the community will come from these heinous changes.

My husband’s employment status does not change. But his inco sometimes does; he is self employed. He is a CPA, CFM, CMA. Reporting service hours would take him away from work for which he is paid!

About reporting community service: It won't apply to me me at all since I'm retired, but most of the people I ever knew on Medicaid were/are working at the time--just not making much.
Concerning working hours and reporting: It would impact my 25 year old grandson (with a mental disability) as he only works minimum wage jobs and currently is not employed. He usually only works about 6 months at a time and then loses his job. My oldest daughter is not capable of working.

Most able bodied adults do work. They work in low paying jobs with little to no benefits. Adding this requirement is a way to "trim" the rolls.

The waiver would make it more difficult to get needed care. It would be difficult to go to the office to report the change because of the 4-6 hour wait to see a case worker. I cannot miss this much work.

I would be ashamed to be a member of a community that has so little regard for "the least of these." How can someone who is ill volunteer?! This is insane! Take some time to understand the realities of your neighbors.

It wouldn't affect me personally but would affect the friends and family above. Reporting these new items seems very hard to manage and expensive to administrate. Who decides who is able bodied? Who decides what type of work they can do?

I am self-employed employed and my income changes frequently, by spouse's income fluctuates (including job changes) to try to anticipate losses in my income. It would be super challenging to report changes and provide the precise documentation that would be required within 10 days. It sounds also unclear from what point the 10 days begin.

Able-bodied is a difficult thing to define. Presumably this means anyone who is not on disability. My spouse has both chronic pain and mental illness that have affected his ability to work at times. He probably wouldn't qualify for disability and probably would not desire to try to qualify. Placing a work requirement like this also fails to recognize differing abilities. Also both my partner and I care for our children. There is no full time caregiver to be exempt from this requirement. The reporting for this would also likely be cumbersome as jobs and school fluctuate frequently.

Concerning community engagement: My husband is sick. I am sick. We have good days and we have bad days. Sometimes it's good and bad weeks, or months. We aren't always capable of doing more.

The 1115 Waiver would not affect me but community service isn't possible for everyone and would put undue stress on many who don't need it.

"We work two jobs already with a lack of rest and time for family 20 hours a week of community service would be like have another part time job which with our already full and part time would me having 2 full time jobs." The waiver would greatly affect my daughters coverage. I am an hourly worker with two jobs with two different pays. She would be in and out of coverage constantly.

This would greatly affect my daughters coverage. I am an hourly worker with two jobs with two different pays. She would be in and out of coverage constantly.

many elderly or mothers with young children would be unable to meet this requirement of community engagement consistently because of transportation or child care issues.

I'm curious.....how an 84 year old woman, who can't walk, has dementia, and only a niece....is gonna volunteer or get a job?

Insurance is very complicated and many people have experiences in life that interfere with the hours and hours of dealing with insurance renewal and applications when they need the coverage most. Requiring a fully completed application with income verification and premium payments up-front before coverage begins. I had to apply for insurance after losing a job in 2016 and the process on the state's end was weeks of delays on the state's part. Going without insurance at that time because of not having all of these details verified on the state's side is cruel and leaves the person vulnerable.

This would not affect me personally. My concern with this proposal is around seasonal workers, and those working shifts (restaurants, nursing homes), as they typically carry more than one job, and pick up shifts to cover expenses such has Christmas or school supplies. 10 days is too short for such a long penalty.

This is an absurd requirement. Volunteering should never be a requirement.

Most medicaid recipients are working individual/families

If I lose coverage I would have no way to pay for medical care. Yes it would be detrimental to me. This is bull shit, a way to punish the poor.

I believe that majority of Medicaid recipients will not volunteer due to if they have a job or no childcare for their children and even if their is some older people who do not fall under the guidelines of frail or mentally they will not do it because they may feel they are not able to do volunteer work.
Kentucky HEALTH - Proposed Modifications to Application  

We encourage the public to submit their comments on Medicaid.gov as they relate to...

It wouldn’t have a direct impact on me but I see clients with Medicaid coverage. By mandating work or volunteering, they would have less time to be seen in my office. I have clients who are covered by Medicaid. If they lose their coverage my income could decrease dramatically.

These changes could force hundreds of people in my community out of Medicare. In turn this would put the burden back on emergency room doctors and nurses. It does not affect me at the moment but I worry about my job being eliminated and that would put me squarely in the sights of these changes.

The system is not user friendly and making changes to income levels constantly would be a nightmare (many poor people do not have steady income, or income fluctuates month to month). It took us 3 months to get our coverage situated to begin with because of computer errors that kept changing our data over and over again. I can’t imagine being penalized with a lockout for our children’s lifesaving prescriptions because of not reporting changes in our finances every month. Doing so would be a full time job in itself- many times the hold time to talk to someone is so long that you can’t even wait, it will just hang up on you. The online system is equally as frustrating and full of flaws.

Isn’t this requirement of community service illegal?

Concerning volunteering: We don’t have the time. We don’t meet the physical capabilities. I’m old. My joints hurt. Please just let me get them fixed without worsening them through this community engagement.

I am on disability and could do this some weeks but not others depending on how I’m feeling/level of symptoms. I think it should be less hours a week but then would be ok, especially if volunteering and stay home moms/dads are considered an option.

No this does not affect me personally, but the 10 day limit is much too short.

"They would not affect me but most of the people on Medicaid already work one or two jobs and would not have time for "community engagement" I think this is a cruel stipulation."

Low income individuals face numerous barriers. We do not need to increase these barriers because we do not understand the reality of trying to survive living with a low income. Again, this idea is created by people who do not understand the reality of living on a low income. There are many priorities people are trying to balance. It’s not like they are sitting around doing nothing and collecting benefits. They are trying to take care of themselves and their families.

This is the craziest requirement that I have ever heard of. I would like to see the governor volunteer 20 hours for his health insurance. Most people on medicare are having a hard time earning a livable wage and this is just another burden on them.

Some patient are elderly/disabled and this is completely impossible for them.

My health and ability are unpredictable. I do what I can because I can manage when I am able to attend to it. I am not able bodied...But when I was better abled I was caring for 1-2 disabled adult family members in the home.

When you are ill and in dire need you cannot wait 6 months, and if you are disabled you can't work and not even likely to be hired part-time.

Income status does not change. But for those whose does change, illiteracy, lack of transportation, even lack of postage money would unfairly affect them. Quite frankly I think this is unfair and UNCALLED FOR!

"Many people now on Medicaid already work at least one full time job. Children are not allowed to 'work or volunteer' and elders in nursing homes obviously can’t. If by chance there are some able-bodied people not seeking employment then perhaps this would be done. Let's cut the fraud; not penalize those in need. Case by case."

Moving, for example, is exhausting already. Why make it harder and more stressful by requiring a change that you could say needed to be reported in 30 days instead of 10.

I work, but there have been times when I couldn’t find a job despite applying for dozens. My experience is NOT unique. This is not acceptable to me. No matter how often one’s employment or income changes, with that comes disruption in routine life. 10 days is simply not enough time. Often times many other things are included as priority during the first two weeks after such a change. I also wonder if the system could react within those time constraints.

I would like to hear more about this requirement, how many would be impacted here. It sounds good in theory but I don’t believe it to be possible in many cases. I also believe it will be found that many Medicaid recipients already work at minimum wage jobs and many others would be exempt. It sounds as if this rule is toward the disabled.
**Question:** Kentucky HEALTH - Proposed Modifications to Application

We encourage the public to submit their comments on Medicaid.gov as they relate to...

<table>
<thead>
<tr>
<th>This is not acceptable to me. No matter how often one's employment or income changes, with that comes disruption in routine life. 10 days is simply not enough time. Often times many other things are included as priority during the first two weeks after such a change. I also wonder if the system could react within those time constraints.</th>
</tr>
</thead>
<tbody>
<tr>
<td>My family and friends who rely on medicaid CAN'T work which is why they rely on medicaid for their health care needs. Forcing them to work or lose healthcare means that they would lose their healthcare, which could ultimately lead to their deaths.</td>
</tr>
<tr>
<td>This stipulation is ridiculous. If I were to lose my job, reporting it to the government within 10 days would be my last priority. This seems like a way to keep the poor poor and uninsured.</td>
</tr>
<tr>
<td>Again, this is ridiculous. I can't imagine working a full time job that barely medets my basic needs and then having to meet this requirement. Of course, I think able bodied community members should do as much as they should, but this requirement is just absurd. Circumstances with a person can change from week to week and a rigid requirement such as this is just another way to discriminate against the poor and disabled.</td>
</tr>
<tr>
<td>This would take away coverage from the most vulnerable of citizens and hurt Kentucky's overall health. Every concern listed in the previous question would return with a vengeance. Plus the sicker people are, the less likely they are able to work. Less people working means fewer people to fill the jobs we have open, less tax revenue. We are already in a hole and this is only going to make our workforce weaker. This does nothing but place a burden on poor people. It's lazy, uncreative, heartless policy. People needing mental health services or opioid treatment could be &quot;locked out&quot; for mistakes in paperwork. How can the Governor claim to be a republican and advocate for &quot;red tape reduction&quot; for businesses while INCREASING &quot;red tape&quot; for the average citizen? Sounds like he only cares about taking care of his business interests and not the people of Kentucky.</td>
</tr>
<tr>
<td>Many of my family and friends work as freelancers. Income varies widely comparing invoices sent to invoices paid and the time in between. Also availability of freelance positions is a rapidly moving target. Ultimately this 10 day limit fails to take into account entrepreneurs and people who are self-employed. People who the Governor claims he wants to help. Not buying it.</td>
</tr>
<tr>
<td>Most people who receive Medicaid already work. They work multiple jobs at wages that don't lift them above the poverty line or give them steady enough hours to meet the 30 hour requirement. The assumption that people are just mooching off the system is a false narrative. Maybe talk to some real people on Medicaid before just swallowing an outdated Ronald Reagan stereotype.</td>
</tr>
<tr>
<td>I work 50 hrs a week as it is. The inconvenience and the waste of money driving to and from plus taking off work and losing money is ridiculous!</td>
</tr>
<tr>
<td>The requirement would affect me because I sometimes move around jobs trying to find the best one that suites my career. It would impact the elderly. People like my grandmother who can't work anymore due to she's at the age of retirement.</td>
</tr>
<tr>
<td>My concern is the 10 day notification process suggested. It takes a week or more to get through to make any changes, people are rude and not helpful. How would a person with disabilities handle this situation? Some may escape the task or not have a caregiver to properly advocate for them. I've called for recertification and have been on the phone waiting for 2 or more hours. How would an individual with disabilities handle this? People need accountability but people with special healthcare needs should be exempt or have extended times set. Anything less is neglect and setting them up for failure.</td>
</tr>
<tr>
<td>My income is consistent but it's hard to know how it would impact my son if he were to need the waiver...again, a much better and efficient system would need to be in place to require 10 days.</td>
</tr>
<tr>
<td>I'm a full time student and work as much as I'm able, about 20 hours a week. This is an unrealistic requirement for what you refer to as &quot;able bodied&quot; people. Where would they get funds for transportation to and from where their required community service would be? Who decides which Medicaid recipients are &quot;medically frail&quot;? What about mental illnesses that can be just as if my more debilitating as a medical issue? Also, I don't believe there are enough community service projects in our community available to accommodate the number of people who would have to meet this requirement.</td>
</tr>
<tr>
<td>Many Medicaid recipients work in minimum-wage positions that do not provide job stability or security, meaning that their wages fluctuate. It is impractical and unethical to punish Medicaid recipients for failing to declare a change in income within 10 days, when their incomes are in constant fluctuation.</td>
</tr>
</tbody>
</table>
As an adjunct college instructor, I teach fall and spring semesters. I get paid September through May, and then receive no income for three months. In addition, adjunct instructors receive semester-long contracts, which means that our incomes fluctuate from fall to spring semester depending upon our teaching schedules. It would be impractical to ask contingent laborers, such as hourly workers, to report changes in income within 10 days.

I am currently in the process of applying for full-time employment, which is a full-time job in and of itself. I am also working on my course materials and syllabi for fall semester. There are many Medicaid recipients in similar situations. Working parents who work less than 30 hours per week would be hardest hit by this impractical requirement, which would cause unnecessary burdens related to childcare.

No direct impact on me, but this I object to this burden on those in need. It is cruel.

It does. It affect me personally, but as someone who has worked in social work in the past in poverty stricken areas, I know that many of those folks are not in a position to meet this requirement. It puts an unnecessary burden on them.

I work with a homeless ministry and I know how valuable insurance and access to doctors keeps people out of the emergency room and in better health. I see people who are seeking work not able to find jobs. I also see very few job training opportunities for Medicaid clients. I have a mentally challenged brother who is on Medicaid and cannot work. Although I believe people should volunteer however they can, I don't believe that it should be a requirement of receiving healthcare. Also many wouldn't be able to accomplish this due to their medical needs.

The management of a program like this would be an unnecessary expense, and the intent is simply to punish people that more well off people would feel good about.

I'm 63 yrs old. I already work more than full time to survive. I need Medicaid for a life threatening illness until eligible for Medicare. I don't make enough to afford insurance. Rent, food and medications are my primary concerns. I already work. I don't need training.

Yes. I'm a part time employee. I don't trust that updates would be applied in a timely manner before I'm charged after an increase or decrease in income. Yearly updates should be enough. As for volunteering and work: I think it may help some people gain skills, but not everyone is employable.

Yes, as a self employed individual my income can greatly change - some weeks I might make nothing and other weeks I might make thousands. Also, many people who this might impact don't have the means or know how to navigate such a complicated system.

Ultimately I feel like it would cost more money to run a program like this - this money would better serve us elsewhere. I also believe the people exempt is lacking - what about the elderly for instance - what exactly does "medically frail" mean.

My daughter has medicaid through her biological father, whom does not pay me child support. We have used it when she is sick. I do not have contact with her father. He is most likely unemployed since he had had a drug problem and lost custody rights. If he fails to report, I would lose health coverage and have to buy insurance for my daughter even though I am not receiving any type of support from him.

If would not be able to participate in community engagement. I work more than 20 hours per week and am also a full time student.

What about the old and infirmed? They can't do this. What about the disabled? Addicts of the opioid epidemic have to have some recovery before they are even capable of thinking about working, let alone holding down a job. And....we have an opioid epidemic in Kentucky...

I believe better care for all is essential for quality of life. Decreased care affects every aspect of life. It would take away from parenting and being home agent my children are home.

I have severe ADD. Sometimes it takes more than 10 days to get around to things. I have extended deadline accommodations for school and do well with these. I always pay my bills, but there's always a late fee. I wouldn't mind community service, but I'd be worried about the quality of service others are providing. theft, etc.
Question: Kentucky HEALTH - Proposed Modifications to Application  We encourage the public to submit their comments on Medicaid.gov as they relate to d...

As a substitute teacher, my income varies greatly. We do live below the poverty level, but taking a day off work to report income changes at the office would be horribly difficult.

How would single parents be able to pay for childcare to go volunteer?

It would put up obstacles for using system. More obstacles will trip more people up.

It is shaming people who use system. You going to have same requirements for someone getting other state benefits?

I barely afford to make ends meet, so I can't afford up front premiums, as a substitute my work fluctuates, and I don't work when school is closed so therefore am not paid. 10 days is too short a period. When you're trying to work and take care of your family, providing this information is not always the first thing on your mind My income doesn't change frequently. But when you do start a new job, you're trying to get acclimated, you may not get paid for a while, or any other circumstances. 10 days is a very short period of time.

My income changes frequently. We have a bullshit sliding scale for bonuses that the amount literally change without notice so I have no control over how or when I receive the final amount dispersed.

I already volunteer. I have for over 20 years. I paid into this system for over 35 years before I had my stroke. I am still working when I can and still volunteering as well. I can't possibly know when I will feel well enough to volunteer or not. Don't you dare try to tell me I have to do something I already do.

As dental health professional, I see that many of these folks have a difficult time providing for their basic daily needs. This only adds to their burden. Most do not seek care until they begin to feel pain as it is; and by implementing all these barriers to care, we are only putting their health on the line. People actually die from tooth infection. If the coverage isn't there when they need it, it will place extra burden on ER's or put their lives at risk in many instances. The inconsistent coverage will also affect continuity of care for those who do seek care; making it difficult for providers to effectively treat patients and control their dental disease. Oral health prevention is important and by not making it a priority, it will cost more to treat the disease. It will also cost more to administer all these changes than to provide the care, in my opinion.

Will there be people to help them find volunteer work and is job training go to be free? My thought is of they are volunteering, they won't be able to afford their premiums. By requiring them to volunteer 20 hours, you are limiting the time they have to seek and perform paid work which would help lift them out of poverty.

How does the state plan to verify this work requirement? It seems that it would violate a person's right to privacy. For example, say a person has medicaid but spends a lot of his/her time volunteering because they want to give back and it makes them feel good. But if they have to have one or more people where they volunteer sign some sort of verification form, that tells other people their private business, and that's humiliating. Why should anyone have to be humiliated just to get medical care?

No, my income doesn't really change, but if it did, a 10 day limit could be difficult. If someone gets a job, they don't even usually get paid for at least 2 weeks, so that would be impossible to report. 10 days is unrealistic and put a an undue burden on people.

Regarding the minimum 20 hrs per week, how exactly do you plan to track that? It's going to require a lot of labor to track everyone's hours and prevent fraud.

I am a pediatric nurse with a patient population that very heavily relies on Medicaid. Without Medicaid, these children will go without life saving preventative care. They will ultimately be who suffers most. This is basically legalized slavery.

If someone is on Medicaid, it's possible they cannot volunteer somewhere for 20 hours per week. This is a ridiculous amendment to propose.

I don't agree on the 6 month lock out due to the fact that there have been times I have reported changes correctly for my state benefit programs and have had the worker loose my info or not work my case in a timely manner causing me to go without food stamps, medical care, etc. We could be punished for something that is not our doing. Just this month I had to wait a week for my food stamps due to my case not being processed in time on the workers end, not mine.
**Question:** Kentucky HEALTH - Proposed Modifications to Application  
*We encourage the public to submit their comments on Medicaid.gov as they relate to...*

<table>
<thead>
<tr>
<th>This would not affect me at the present time, but 10 days seems like an extremely brief window of time when dealing with the loss or change of employment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Again, this would not impact me, but most people on Medicaid are struggling enough without having to perform &quot;community engagement&quot;. This seems very harsh and unfair.</td>
</tr>
<tr>
<td>Medicaid expansion and kynect have allowed me to properly care for my cousin (she's 6, and I have custody) since she was 15 months old. I would not be able to afford another child's medical necessities, we have insurance through work, and do not receive any benefits. I have 3 biological children and my cousin makes 4. I would not be able to afford a babysitter while I work 20 hours a week to cover her medical insurance. I couldn't complete these requirements. This reporting requirement - I don't know if you've ever tried to call and get through to the Medicaid like. Or kinship or any other. Good luck and best wishes would be my advice... It may take more than 10 days to get through, especially if you are employed. It takes more than an hour every time you call, sometimes all day.</td>
</tr>
<tr>
<td>medicaid expansion and kynect have allowed me to properly care for my cousin (she's 6, and I have custody) since she was 15 months old. I would not be able to afford another child's medical necessities, we have insurance through work, and do not receive any benefits. I have 3 biological children and my cousin makes 4. I would not be able to afford a babysitter while I work 20 hours a week to cover her medical insurance. I couldn't complete these requirements. This reporting requirement - I don't know if you've ever tried to call and get through to the Medicaid like. Or kinship or any other. Good luck and best wishes would be my advice... It may take more than 10 days to get through, especially if you are employed. It takes more than an hour every time you call, sometimes all day.</td>
</tr>
<tr>
<td>We need a better stair step system for work. If you make sometimes a raise of .10 cents you fully loose benefits. Also, some people may not want to work but are forces to have insurance... so, now you're forced to have insurance and a job??? I thought this was a Free country?</td>
</tr>
<tr>
<td>Medicaid covered my spinal fusion neurosurgery, hospitalization, rehabilitation services and in home care. Without that surgery and care, I would be wheelchair bound today, and in disabling pain. All of these changes are aimed at one thing - to reduce the number of people covered by Medicaid. I am opposed to denying or stopping someone's right to healthcare based on procedural hoops!</td>
</tr>
<tr>
<td>Medicaid covered my spinal fusion neurosurgery, hospitalization, rehabilitation services and in home care. Without that surgery and care, I would be wheelchair bound today, and in disabling pain. All of these changes are aimed at one thing - to reduce the number of people covered by Medicaid. I am opposed to denying or stopping someone's right to healthcare based on procedural hoops!</td>
</tr>
<tr>
<td>I am disabled, but I do not know if this requirement would apply to me or not. Additionally, both my husband and I are over 60, and he is retired and receiving Social Security. Would we be required to work to receive healthcare? I don't see an age exemption mentioned above. It isn't clear, and I don't where we would go to find out.</td>
</tr>
<tr>
<td>Medicaid provides access to health care for a significant percentage of Casey County's poor population, therefore helping to assure not only their health and economic support, but the protection of the general population from the ravages of poverty and disease through association. It is extremely important and something Kentucky should be protecting, not attacking with these modifications and changes.</td>
</tr>
<tr>
<td>Medicaid provides access to health care for a significant percentage of Casey County's poor population, therefore helping to assure not only their health and economic support, but the protection of the general population from the ravages of poverty and disease through association. It is extremely important and something Kentucky should be protecting, not attacking with these modifications and changes.</td>
</tr>
<tr>
<td>The imposition of 'judgemental' criteria by enforcers implies the worst aspects of totalitarian indifference to democratic principles. As &quot;public&quot; policy, the 'hiring' of Medicaid recipients as participants in Kentucky's effort to assure improved health throughout the general population would allow outcomes to be judged by the program's effectiveness. Forcing people without resources to scavenge the 'indifferent private' market in order to receive benefits and/or insisting upon sophisticated criteria without individual assistance for inclusion in programs designed to save lives is akin to the racist restrictions on voting by minorities including 'counting jellybeans in a jar or paying a poll tax from the wages of poverty or enslavement. For shame at the 'superiority' of your &quot;offerings&quot; of division, blame, and authoritarian righteousness.</td>
</tr>
<tr>
<td>The requirement to report income changes, if paid for the task of reporting (as a &quot;business&quot; increases its charge for product or service based on expenditures) I might not NEED to find employment. The &quot;NOTE&quot; suggests the cost of record keeping for the arbitrary nature of the justification for NOT assisting the needy might exceed the provision of the intended resource FOR the needy. It is insulting and harmful</td>
</tr>
<tr>
<td>The requirement to report income changes, if paid for the task of reporting (as a &quot;business&quot; increases its charge for product or service based on expenditures) I might not NEED to find employment. The &quot;NOTE&quot; suggests the cost of record keeping for the arbitrary nature of the justification for NOT assisting the needy might exceed the provision of the intended resource FOR the needy. It is insulting and harmful</td>
</tr>
<tr>
<td>regarding the work requirement, As long as child care and transportation costs, per diem and travel/training stipend are included in the program, so that it isn't closer to slavery than not, even those NOT &quot;able-bodied&quot; might participate... though it would undoubtedly be cheaper to simply provide the assistance and let the &quot;market&quot; enjoy the multiplied expenditure of the funds into the local economy, thus generating the probability of more &quot;jobs&quot; and escape from poverty. aka this seems like a trap to keep poor people poor, so they won't be able to get jobs even if they became available.</td>
</tr>
</tbody>
</table>
My daughter is 3 years old and has Aicardi Syndrome. She needs lots of medications and equipment. Without a Medicaid waiver one of her copays is $1500 a month. I do not know what we would do without it. I am a teacher and my husband is an agricultural lender. We carry private insurance as her primary. We would have to file bankruptcy I guess if Kentucky did not have a Medicaid waiver in place. I am so blessed to live in this state. Other families are not so fortunate. Protect medicaid, these changes are harmful.

If you change Medicaid like this, I would personally probably have to quit my job to get my family to an income level where we would qualify for Medicaid. Not just our family, but many would go without equipment and therapies they desperately need.

Thanks to Medicaid, especially expansion, Lots of people have better health been able to seek treatment. Have access to medication that will help them control chronic illnesses. This will decrease utilization of the ER and decrease cost by controlling these illnesses. Better quality of life and quantity of life. Has helped multiple children who are I'll as well as Iv drug abusers. Has helped rural hospitals stay solvent. Has helped the elderly who need nursing home care to have safe environment. These changes would hurt all of that.

I think that to have them opportunities to volunteer or work is a good idea if they are physically able, and they are provided with a place to do it, and transportation. I would not want to punish someone if they were not able to, how can you know if they are? Just My question is if they have children what about child care?? Who will find and arrange and pay for that?

I have a special needs child who has had Medicaid for several years and have very seldom used it due to my private pay i insurance through my employer. However, recently I have been placed on a FMLA. Currently, myself and my three sons are now dependent upon Medicaid. I am grateful for being able to have this insurance.

Because my son has qualified for Medicaid it has also made us eligible for the Michelle p. waiver. This waiver has been our saving grace to resources that we would not otherwise be able to have. When I am paid three times in one month, I do not receive is $24 in SSI which causes me to lose his Medicaid which also effects the Michelle P. Waiver. So, not being Medicaid eligible would have a serious effect on our family. And now that all of us are temporarily in need of the Medicaid insurance until I am able to return to work it is extremely important to us for ongoing medical coverage. I am not eligible when at work status. But I am currently unable to work. I think 10’ days is not enough time. 30 days is sufficient enough in my opinion.

We have people in our community who now have health care insurance that didn't have coverage before because of medicaid and Medicaid expansion and kyneck. To have these changes would be terrible. It would be an added expense (tax) on my family and deny insurance coverage to members of the community. I'm on a fixed income. The reporting period should be 30 days instead of 10 and only for major changes. The "work requirement' sounds easy but who co ordinates these efforts? This puts an added burden on communities to "keep these deadbeats busy". It sounds like a lot of cost to communities who can't afford it and a lot of hassle that doesn't make any sense.

"I cold not live without Medicaid...I am on a very low income ! I could not meet these requirements with these changes! I am not able to work!

"Medicaid expansions has allowed many in my community to receive health care that had been either delayed or ignored. In the process, it has stabilized the finances of the local hospital (rural) while a sister hospital in TN had to be sold when TN didn't accept expanded Medicaid.

Furthermore, when Medicaid first expanded, my mother was able to have some health issues checked out which turned out to be uterine cancer. She received the necessary treatment, including surgery at the University of Kentucky, which saved her life. The ultimate costs, due to some complications, would have bankrupted my parents (high 5 into the 6 figures) had it not been for expanded Medicaid. And that is if treatment would have been done at all or only after it was too late. The benefits of expanded Medicaid and all Medicaid in its current form have been real in saving lives and livelihoods in rural Eastern Kentucky."
These changes will kill people. It is that simple. Someone may have had a good heart when they started down this path, but, they would kill people. The local health provider would lose its financial stability and as the largest private employer in the county, put many livelihoods at risk. If that were to happen, the number of people who could qualify for Medicaid would actually grow as people dropped even below reduced qualifying thresholds. The tax base would be reduced negatively impacting all services in the county as well as the education system.

These changes mean people WILL die do to delayed or denied care, it is as simple as that, but with the lock out it sounds like that is what Bevin wants.

However, a short reporting period would not act as a motivator to report but as a means of rejecting applicants and thus cutting state spending at the expense of necessary care. It sounds like a cover up to kick people off of Medicaid. I know I don't pay close enough attention one a weekly or bi-weekly basis to know when I would be above versus below the threshold. How is that reasonable? This is creating barriers and is not what medicaid is for.

This "community engagement" requirement is a new form of institutionalized public slavery. In rural Eastern Kentucky, what opportunities are there for meeting such a requirement; relatively few and far fewer than individuals that might need it. As someone who has advanced degrees, education is not a viable option so the inability to find a job should not be a punishment for seeking health care through Medicaid.

Thanks to kynect and medicaid expansion, more adults and children are getting the health care they need. The premiums for health care are hard to pay even when you have two adults working in a family. Healthcare companies are offering incentives for getting routine check ups for your health and preventive dental care. Families are getting the care they need and people are actually healthier because of Medicaid. This is important for Kentucky. These changes are harmful. These changes mean that People would lose their Healthcare. Without things like preaventive dental care, infections in the mouth and jaw will become more common. Even working families will lose Healthcare that they need.

The "community engagement" requirement - How would single parents be able to fulfill these requirements. I don't necessarily object to voluntary work, but it would have to be Voluntary! I believe giving back to the community is a great idea. Make it easy for people! Provide transportation and programs for people to volunteer in! That is the role of the state, not to ORDER people around and telling private citizens how to live their lives! I thought Bevin didn't like government intruding on people's lives! This is exactly that. I think some revisions need to be made so that members will be able to fulfill the requirements, like guaranteed childcare and payment and assistance, and no penalties.

I could not afford taking my girls or myself to the doctor if we didn't have medicaid myself and my oldest daughter have health issues and these changes would make that all so much harder.

medicaid expansion has provided coverage for those who did not qualify in other ways, which is what the government is supposed to do. No one should fall through the cracks. These changes create a lot of cracks for people to fall through.

Medicaid coverage has helped a lot of people in our community get health care who couldn't before. A lot of people are now being able to be seen for conditions that need to be treated, and a lot of people are able to work now that weren't able to work before. Many people can't afford medical insurance even if it is through their employer. Some employers don't offer medical insurance as well. Many people in the community can barely afford medical coverage on themselves, let alone an entire family!
The proposed 1115 Medicaid Waiver should not go forward. These waivers should “provide access to quality health care that is at least as comprehensive and affordable as would be provided absent the waiver, provides coverage to a comparable number of residents of the state as would be provided coverage absent a waiver, and does not increase the federal deficit.” The 1115 Medicaid waiver does not meet these criteria.

• Kentucky Voices for Health estimates that 97,000 Kentuckians will lose their coverage.
• Benefits will be eliminated for dental, vision, non-emergency transportation, hearing exams, or hearing aids for "able-bodied" adults with no dependents.
• People will be locked out of coverage if their eligibility changes and they don't report the change within 10 days. For many working people on Medicaid, their hours (and pay) can change often; this is a burden for them.
• Premiums will be charged, increasing the cost for the insured.

This waiver does not meet the federal requirements and should not move forward.

Sue Chmielewski, Louisville, KY

My son qualified for Medicaid as a college student, since adding him to my employer insurance costs $600 per month. I only make 32k and could not afford this. His second year of college, he fell and landing in his lower spine. He herniated 3 discs and needed surgery immediately. We were so thankful to have Medicaid and not worrying how we could afford his surgery. My son graduated from college and now serves our community as a police officer. Thanks to Medicaid he is healthy enough to protect and give back to our community! he would not have been able to work like this requirement, and his life was in chaos - how could he have focused on reporting changed within ten days? His life was in constant change! He was even saved by Presumptive Eligibility at the hospital! Otherwise people start behind and with obstacles. I work as a mental health counselor. Its imperative my clients coverage start and continue without obstacles. Start immediately, not waiting for a premium! Some of my clients could be a danger to themselves or others without treatment. Medicaid is a blessing to this population!

I am a nurse and see everyday children, the disabled and elderly benefit by in proving their health and therefore their quality of life with medical. I don't know anyone that these changes would benefit who has medical. People are either poor and working or unable to work. Quality of life in a community is imperative to promoting businesses and recreation. Enables the working poor to have security also. Majority of those on expanded Medicaid are working.

I no longer have a productive thyroid gland, resulting in Chronic Hypothyroidism. I require medications and must have labwork 3-5 times per year to keep me alive. Kynect kept me healthy during my 18 month job search after the loss of my previous job (through no fault of my own). That should STILL be available to all Kentuckians - it saves lives! Being able to enroll and stay enrolled should be QUICK and not have any of these barriers. These changes mean Loss of health care coverage, loss of health, loss of jobs, unaffordable insurance. People when they get sick aren't able to work! People will work if they are able, so they should have Medicaid unrelated to whether or not they are working. Plus these changes, the work requirement especially, It would greatly affect those caring for children, elderly, or infirm members of their family while they themselves are unwell.

I have Medicaid because I can't work. I'm disabled and there are certain jobs that I can not do. Why do you think I am not working???

In 2012, my wife lost her job as a teacher when the school decided to hire two part-time teachers to do her job because it was cheaper. At that time, my wife was pregnant with twins. On May 24, 2012, my wife gave birth to our twins at 23 weeks and 5 days gestation. Due to losing her job, my wife also lost her employer insurance. The NICU bill for our extremely premature twin sons was astronomical... and my wife did not have insurance. Thankfully, due to medical need, our boys qualified for Kentucky Medicaid. Based on my income, I earned $75/month too much to qualify for Medicaid based on income. We were one of those families who slipped through the cracks and had a medical emergency. Kentucky Medicaid provided the life-saving treatment for my sons. These changes could mean that my family wouldn't be here today. I oppose all of these changes, and support expanding Medicaid further and making it easier to enroll, not having lock out periods!
Question: Kentucky HEALTH - Proposed Modifications to Application  We encourage the public to submit their comments on Medicaid.gov as they relate to d...

My immediate family is not on Medicaid, but I have extended family on Medicaid. I care about them being healthy. Professionally, I work for a Ryan White HIV/AIDS clinic. The largest majority of our clients live far below the poverty line. I understand the extreme necessity for our clients to have access to healthcare. Bevin's changes to Medicaid will be detrimental to my clinic's clients. These barriers will kill people. This work requirement alone would be the death knell for families. It would be a major deal for many others. Those living below the poverty line often have issues with reliable transportation. How will these folks be able to work/volunteer 20 hours per week without reliable transportation to get them there? Who will take care of their sick family members, elderly or children?

I am a nurse at an HIV/AIDS clinic. The majority of my patients utilize Medicaid. If they didn't have access, then they would become non-adherent to required, life saving care. Our whole community benefits from these patients taking medication every single day, without missing doses. The lockout period, although currently not for the "medically frail," could harm people receiving HIV care, if changed to include them. No one should be locked out! I have seen this happen in IN, where we also treat patients. The clinic staff have to scramble to ensure patients receive their life saving medications, when they accidentally become dis-enrolled. Most patients do not understand how the Medicaid program there works. In Indiana, people are confused. Please do not bring that to Kentucky.

This reporting requirement and lock out period would affect my patients. This population is very transient and often have other issues that take priority, in their minds. Changes are not reported to us, regularly, so I do not see how the state expects changes to be reported to Medicaid within 10 days. It is not possible.

My 28 year old daughter works 24 hours/week as a server in a restaurant who does NOT offer health insurance. She also goes to school. Bevin wants to take away that coverage. What will she do?! My daughter won't have insurance with these changes! Tips in the service industry vary. She already works and goes to school. She has to live with me because she can't afford an apartment, and these changes won't help her!

My partner is unable to work outside the home, due to intense anxiety. She has been hospitalized over twenty times for bipolar disorder. Also, my son, now 38 years old, is schizophrenic. I have watched him become much more independent during the course of his years of disability, thanks to Medicaid. Medicaid should have less hoops and less barriers, not adding more. These changes are just ways for less people to be able to get through the system to have coverage, which is wrong. The reporting requirement, lock out period This would discourage anyone from trying to be gainfully employed. For an individual to make $640 per two-week period is too little for anyone to live on. When a person has bipolar disorder, there are times of normalcy. To prohibit anyone with such a disability from working during these times would be a terrible waste. Such limitations marginalize people with mental illness. Who would be making the decisions if someone was able-bodied? Who are we to judge such things? This should not be a mandatory program for anyone.

Provided life saving medications Lack of transport would prevent patients from getting to health provider. Able bodied individuals should be encouraged to work in the task force, for the state, Not made to. Make it easier for people and provide them with transportation.

Many friends and coworkers have had Medicaid at some time or have it now. Some of them had it in between jobs. Some of them have it because they work part time, are low income, and are not offered coverage through their employer, though they are looking for full time work elsewhere. Some of them are single parents who had insurance previously through a job, but are now working fewer hours in order to take care of their children on their own, and cannot get or afford insurance through their employer. Some are full-time college students who also work nearly full time at a job, but are not offered health insurance there either and are low income. Regardless, all of us need healthcare in order to stay healthy and be able to work and take care of our loved ones. I would have been on Medicaid myself for a couple of years if my dad had not been able to cover me on his employer sponsored plan until I turned 26 in 2015. But I know that many people do not have that luxury of access to coverage through their parent. These changes make everything harder for everyone, harder for everyone with medicaid, harder to get and keep medicaid, and harder for the state. They are insulting and would hurt Kentucky.
These changes will kill people. Many people I know switch jobs often and do not need the burden of reporting an income change within 10 days when they start a new job that might only last 14 days or 30 days. Many people are underemployed, but highly qualified and actively looking for other employment--they do not need and would not benefit from the burden of being required to enroll in a job training program or volunteer service while they look for a job in their already highly trained field. Many people need Medicaid to be for them when they go to the clinic or hospital and need emergency services or immediate prenatal care. It would be of no benefit to them and of no benefit to the state's funds or the provider's funds to deny or delay these people coverage because they cannot prove their income on the spot. Medicaid is meant to be a safety net. These proposed changes would totally subvert the intentions of Medicaid.

I am an application assister. Many of my clients work for horse trainers or are self employed or pick up day labor as they go. Their income changes every 2-3 weeks or even more often. They are always busy working and looking for work. It is hard enough to maintain coverage and be able to access care with their work schedules. It would be a very detrimental burden on them to have to report income and employment status changes within 10 days when this information for them changes so frequently and accessing DCBS can be so difficult and time-consuming. I know people who have taken a day off of work to be able to go to the DCBS office or to sit on the phone with DCBS. Missing work is not want we want to promote, and has nothing to do with the purposes of Medicaid. This reporting requirement will make people less healthy, and less productive.

I understand that for the work requirement, most people who have Medicaid will fall into one of the exempt categories: pregnant women, children, "medically frail", caregivers, full-time students, and people already working 30+ hours per week. However, for the medically frail, caregivers, and/or people already working 30+ hours, the challenge would be in proving their "community engagement" exemption within a timeline that lets them keep their coverage. What will happen if something gets lost in the mail (as it often does with DCBS)? What will happen if they aren't able to get proof timely? Is the state going to lock out all the people they have so far decided are "worthy" of protection from these changes and are exempt? We do not yet know the process for the medically frail to prove that they are so. People who are homeless and do not have transportation to get to a provider to certify that they are mentally ill or require substance abuse treatment--they will struggle to prove that they are medically frail. Often people with mental illness struggle with providers for months or years before they receive the appropriate diagnosis. It is also demeaning for people who are very able-bodied, but suffer from some condition like mental illness, HIV, or high-functioning autism, to have to classify themselves as "medically frail" in order to access basic healthcare services and live a life that does not leave time for appropriate self care. People who work 25 hours a week and care for a child part of the time and are part-time students are going to struggle to find time to volunteer or do a job training program that may not be timely or appropriate for them. How are all of these volunteer positions going to be coordinated anyway? Volunteer work generally goes better when people willingly volunteer for it, rather than being forced to so that they can just get a pap smear or cancer treatment or a cavity filled.

Medicaid means my fellow low income workers have received better coverage than they have available through our employer's high deductible plan for which family coverage costs $650/mo. Employers rarely subsidize family coverage premiums. These changes Seems to put efforts at self employment off the table. Adding onerous bureaucratic qualifications frustrates everyone and makes them MAD. Spending dollars in more time and resources to save pennies. These changes will mean less creative Kentuckians, less Kentuckians willing to start businesses or take chances to make our state great. The work requirement is the same - it seems to ignore the self employed - How does this affect low income self employed persons? Or does it require wage employment by another company?

Medicaid has changed our lives. My husband could get coverage. We are no longer at risk of bankruptcy for not paying medical bills for an emergency, or our child's immunizations, or for my child's $78.00 medical "consultations" our doctor charged us for (they were simple questions I asked the pediatrician and got charged later for). My husband is disabled, we were not able to get insurance for him before Obama Care/ACA. My husband owns his own business. These changed would destroy us. The reporting requirements alone would guarantee we would be locked out - we couldn't possibly comply! The work requirement too - I would not be able to afford daycare. I would have to have a job that would allow me to take my three year old with me. Will Medicaid find places for people to work that allows children?
Question: Kentucky HEALTH - Proposed Modifications to Application

We encourage the public to submit their comments on Medicaid.gov as they relate to d...

My son has cystic fibrosis. I have a full time job but it is impossible for me to EVER cover the copays. I'd go bankrupt and then I would have to watch him suffer without proper care. I am a waitress, my income varies day to day, and week to week. Sometimes my son is hospitalized and I can not work - would we be cut off then because Iw ouldn't be meeting the work requirement? What about if I just take time off work because I am sick? Would we be cut off then?

My kids attend public school, and I want all kids to have access to care. To decrease spread of disease. EVERY CHILD should have medicaid and every one who doesn't have health insurance some other way, no questions asked. Please stop trying to find ways to make people NOT eligible for Medicaid and figure out ways to make them eligible for medicaid, it will save lives! Healthy people are able to work, attend school, care for families, and improve their station in life. My father has treated Medicaid patients for his entire career, and he sees better results with Medicaid expansion and CHIP. Medicaid doctor payments also make a portion of his income with which he pays taxes. These changes are more barriers to medicaid, it means less people will be covered. More sick kids at school mean my kids get sick, miss school, and require me to pay for more medical bills. That is money I will not put back into the local and state economy. The work requirement Does not apply to me, but it is onerous and does not allow an able bodied person to pursue work opportunities. This requirement increases a person's reliance on Medicaid - not giving time to work and make more money with time and experience to get off Medicaid.

Nearly half of my patients would not get the care they need without their Medicaid coverage. My patients (who all have chronic conditions) would stop going regularly for medical appointments and to the hospital when needed. They will get sicker than they already are, and when they finally do turn up at the ER, will require much more costly care which will fall on these patients, hospitals, and ultimately taxpayers. Income changes for patients constantly, and with everything going on in their lives, there is no way all the changes could be reported "timely" reporting requirement. It is just a way to make it impossible for people to comply, no body thinks this is a reasonable requirement, or helpful! About the work requirement, Just because you are presumably "able-bodied" does not mean you are able.

My spouse has Parkinson's. It is probable that we are looking at long-term health needs with the provisions listed here, we could be looking at financial ruin.

I live in a low-income neighborhood, and I don't want my neighbors to lose their coverage. The support systems for low-income people in Kentucky is laughable at best. With the cost of living continuing to rise, there are going to be more and more sick, hungry, and homeless people in my city.

My parents, who were self-employed for years, were able to get health insurance because of the ACA. They have minor chronic health conditions that they have been able to treat, and my dad has been able to have a hip replacement for a hip that was on the verge of collapse. How are you proposing one offers "verification" of self-employment? I don't disagree with the verification per say, but local government agencies are notoriously inefficient, and I have known them to lose submitted documentation. How can you ENSURE that such verification will be obtained and REGISTERED? The current system is overburdened. The workers are burned out and hate their jobs. They don't have the tools they need, and they take it out on people. I don't trust it to manage the paperwork efficiently and effectively. It will be a huge burden on the people with Medicaid and cause so much stress in so many peoples lives unnecessarily. Also, Volunteering. Many volunteer agencies don't offer 20 hrs per work a week, in fact I don't know of one that does! That is a lot of hours, even for people who are able, which most people on medicaid aren't or they are already working!

I work a full time job and am a single mother. My daughters are adopted from foster care. I would have to pay for their insurance and private insurance does not always cover some of the mental health and occupational health issues my daughters have. I do NOT have time to do anything else. I do not have time to report anything else or do any of this!

Healthier citizens make for a healthier community, city, state, country! Give more people medicaid, not these changes that means less people will have medicaid!

People in that category who do not have access (computer, transportation) to be able to report would be very very difficult, and stressful. People in this category are already stressed with what life's circumstances. I do agree that some community engagement would be beneficial for people, but it has to be voluntary. There has to be a great deal of flexibility in the administration of this type of program due to the multitude of reasons for dependency on Medicaid.
My son, age 27, works 2 part time job & is a part time student. He has medicaid. Medicaid has enabled him to afford care for such things as sinus infections & other minor ailments. I can see that the reporting requirement would be very confusing. I can tell you about my son's experience in getting thru to report or get info from the state has been horrendous. 30 days would be better, and even that is sometimes impossible. It has been very frustrating getting thru to state to get info or just to get someone to answer or respond. Please don't change the rules.

"I am concerned that many individuals would lack transportation or are undergoing needed health care that would affect their ability to work. What about individuals that are opioid addicted or other drug & alcohol addictions. Also what about individuals with criminal records. Many would be barred from volunteering. What about former felons? Kentucky punishes people for life and now that will punish them a new way because they won't be able to volunteer and they already struggle to find work!"

I lost vision in one eye from a medical condition and was helped by aca and then Medicaid expansion. These changes would be beyond devastating. My income fluctuates all the time!!! I currently work 3 jobs, but none of the hours are stable! How would add anything else in?? Raise the wage! I don't need to be told to work! I do need healthcare!

My son has Autism (level 3) and requires constant care and multiple therapies. He also has epilepsy and Celiac and requires a lot of care for these issues as well. Medicaid covers the cost of multiple therapies and specialist visits that our family (despite both parents working full time jobs) could never afford. My son couldn't get ANY private insurance with the proposed changes and bringing back preexisting conditions. Even if we could get him private insurance, it would only cover 6 months/year of his therapies of which he requires once/week, which is still well below the recommendation. Because of budget cuts to higher education, I have had 3 different jobs in the last year. With my son's waiver, we refile our paperwork every year. I don't mind letting Medicaid know the new information, but if you work (which I do) and your hours are always when the DCBS office is opened (meaning I would have to take time off work) then how is one supposed to notify the DCBS office within 10 days? Also, calling in is a joke. If you are lucky, you might get a real person, but most of the time, the automated system gives the rub around or simply tells people that they have high call volumes and hangs up. First of all, I am already working 40 hours at one job, 20 at another, volunteer for my local chapter of Autism Society, and my husband also has a full time job. This requirement isn't feasible simply because if a person needs this service, they are already working full time, or are pregnant, or medically fragile, or a student, or a primary care giver. It's been proven many times that the majority of people who are using such services aren't committing fraud by doing so and really do need that extra help. This state has one of the lowest income rates and all of the jobs are pretty much in the bigger cities. I know of hundreds of families that have had to relocate because they couldn't find work.

Self employed persons cannot predict their income. part-time employees cannot control hours given by their employers.

I have supervised volunteers in past. It's not easy in some non profit to accommodate volunteers who need orientation, and supervision during their volunteer hours. Ideally, this sounds great. In practice, it would be hard to accommodate all who would need to volunteer. This requirement is a huge cost to non profits - will the state / Medicaid be paying for that? It just doesn't make sense

"My child has autism
And is covered under the Michelle p waiver in which he received Medicaid. Without Medicaid he would not receive behavior supports. This is not covered by our primary insurance (most insurers do not cover behavior) and without this service my child would not be as high functioning as he is. Realistically he would have been a societal risk as an adult and that is no longer the case." "These rules are extremely strict. The 10 Day period is far too short. " "Ours does not change often but we do sometimes go away for 2 weeks at a time and we would Miss a short deadline like this. Too short "
OPPORTUNITIES not forcing unpaid labor for a nonexistent market. healthcare, or they are ill in other ways or there just aren't opportunities. The state should focus on CREATING JOBS AND have you ever tried to live without income or without meaningful work? No one wants that. People are depressed and need work. This work requirement seems to put the cart before the horse! People will work and do work whenever they are able - may have a mental illness or addiction problem for which they need medical services through Medicaid before they are fit to have adult children or siblings with disabilities would be negatively impacted by this. What qualifies as medically frail? Someone the person with a disability would face negative consequences. Caregivers who technically do not have "dependents", but who or caretaker to manage these issues. A person with backload of work or other delay would possibly not respond in time, and cause many with limited resources, as many with developmental disabilities have, to not get therapies or medical care they need, or to have to live in an institution to get them. An adult with an intellectual disability may rely on a guardian, caseworker, and he can not be left alone for more than a few minutes due to safety concerns. If Medicaid is reduced or made more difficult to get, wonderful people like my brother will be left home, alone, locked away from society as if they are unworthy of assistance. Medicaid cuts and changes to make it more difficult will affect the entire community. It will affect individuals receiving the services by reducing their health and livelihood. It will affect the community by reducing the number of individuals with disabilities contributing to society via volunteering and spending their money in the community. And it will affect me personally, as a healthcare provider, by impacting the number of individuals who are able to afford my services. I'm 55 years old and had health insurance all my life until my husband walked away from our 27 years of marriage and I was dropped from his insurance. I went without coverage for 2 years until the ACA was implemented and I was able to get health care. I only needed it for a year before I was able to get insurance through my job. The ACA was a blessing, kynect was a blessing, and I don't know what I would have done without it at that time in my life. My daughter has a young son and she works hard at a Daycare, but no matter where she works Corporate America refuses to allow her and millions of others to work a full 40 hours a week so they don't have to give them health benefits. How would anyone be able to volunteer 20 hours a week in order to get health care when they are struggling to work 2 jobs in order to survive!!!! This is impossible!

Yes! I am a social worker and due to the constant cuts in social programs my hours have been reduced and my pay has been cut twice. With these cuts if I was relying on Medicaid I would be having to take off from my job to report these changes which puts my job in jeopardy. Once again Corporate America is not sympathetic to letting you take off to report these changes, but they refuse to give you enough hours where you would receive health benefits through the company!! My daughter who has a young son and is able bodied who works 30 hours a week at minimum wage can barely survive on what she makes not to mention what she has to pay for daycare, and she would be required to have to volunteer and work an additional 20 hours a week for nothing just to get health care for herself anytime her hours get cut?!!! The 1% that are coming up with these requirements are not living in the real world and are making these decisions for the 98% that are struggling to get by in this country!!! THIS IS NOT POSSIBLE FOR PEOPLE! People are already working as hard as they can and this is punishment for trying!

Many with disabilities rely on Medicaid. Many loved ones must be full time caretakers and may need the coverage themselves, due to inability to work in those circumstances. Work hour requirements would be undoable for caretakers. A strong Medicaid program supports people living in their homes and integrated in the community, rather than in institutions. Premiums would cause many with limited resources, as many with developmental disabilities have, to not get therapies or medical care they need, or to have to live in an institution to get them. An adult with an intellectual disability may rely on a guardian, caseworker, or caretaker to manage these issues. A person with background of work or other delay would possibly not respond in time, and the person with a disability would face negative consequences. Caregivers who technically do not have "dependents", but who have adult children or siblings with disabilities would be negatively impacted by this. What qualifies as medically frail? Someone may have a mental illness or addiction problem for which they need medical services through Medicaid before they are fit to work. This work requirement seems to put the cart before the horse! People will work and do work whenever they are able - have you ever tried to live without income or without meaningful work? No one wants that. People are depressed and need healthcare, or they are ill in other ways or there just aren't opportunities. The state should focus on CREATING JOBS AND OPPORTUNITIES not forcing unpaid labor for a nonexistent market.
Question: Kentucky HEALTH - Proposed Modifications to Application

We encourage the public to submit their comments on Medicaid.gov as they relate to d...

One of my children (my oldest) used to be on Medicaid and I was on Medicaid during my pregnancies. It helped tremendously because the cost of healthcare in this country is ridiculous. Without it, me or my children could have suffered greatly. "I believe it will affect my community greatly. These changes, no doubt, mean more and more people (especially children) will be without healthcare and will get sick or worse, die!! Did no one think about all the people who work temp jobs? The people who are self employed? The people who sell cans? The people who are looking for work? This work requirement doesn't help any of them or maybe anyone and it isn't fair. Has anyone who thinks this is a good idea tried to get to the office to submit a change every time it does change Can be very hard especially with children and changing work schedules, and the lines and the waiting and the attitudes of the people in the DCBS offices, judging no matter what., sounds like with this waiver they are doing exactly what they are supposed to do. This is the most judgmental proposal without any roots in the real world. It would be hard for those working paycheck to paycheck. Many can't afford daycare already and they would have to pay out of pocket for childcare in order to perform the community service. Or some would have to take off work and lose much needed money because they can't control their schedule and may not get enough hours or might get laid off, then would be volunteering instead of looking for work!

While we don't get Medicaid we do get ACA coverage and it has impacted me positively as a small business owner. When I worked out of the home I was a social worker and saw lots who benefited from coverage. I think we should go back to kynect and make things as easy as possible. healthcare.gov is so much more burdensome, takes so much longer, and there is no customer service.

These changes would create even more barriers then there are to coverage. And the Medicaid employees take forever to review income documents so people would be without coverage for long periods of time, which is unacceptable. What would Jesus do? Certainly none of this.

This reporting requirement and lock out are ridiculous. Ridiculously short amount of time to report a change and ridiculous punishment, I don't care about fast track whatever, it shouldn't exist. Those programs should already exist and people should be encouraged to take advantage and they should be made easier, not as payment for healthcare!

The work requirement is worse. I think it's an unfair slave labor requirement and although it doesn't directly impact me it's not fair to those it does impact. I am ashamed of my state.

These changes will make people sicker, and less able to work. Consistent coverage relieves worry of health issues and emergency care, these changes will take that away.

I believe that every American should have healthcare coverage. A healthy populace positively affects the entire nation. A rising tide lifts all ships, etc. We should not add ANY of these changes, they are all to make it harder for Kentuckians to get Medicaid, which is wrong. Kentucky is probably "the" state that has benefitted the most from the ACA, thanks to Steve Beshear's expansion of Medicaid. To install barriers to Medicaid coverage is cruel and un-Christian.

Job-hunting is a job in and of itself. I fail to see how "community engagement" via job training is useful; all it does is shame Medicaid recipients and make them beg like dogs. Actual job training with no strings attached? Yes, please. Making Medicaid benefits contingent on job training is condescending and makes life harder for the poor than it already is.

My daughter has a rare inborn error of metabolism. She was born with this and it will never go away. We struggle everyday to maintain her medical stability. Associated with this disease are some developmental delays and autism. She gets a special medical formula through a gastric tube. She currently has the Michelle P. Waiver and Medicaid coverage. Throughout her life we have been able to get therapies, special foods and formulas, nursing care so that I can work. We now utilize Community Living Skills workers to help her learn to be a functioning member of the community and become more independent. Many children with her disease are severely mentally retarded. We are diligent parents and have worked very hard to keep her stable and teach her. With the help of the people and services we were able to access using Medicaid, she is now 19 and working part-time. We continue to struggle with independence and medical stability. In addition, because of these programs Medicaid has I have been able to maintain employment, thus paying into the tax base, etc. Now she is doing the same. Lastly, without this help, we would be strapped financially because of costly formulas, therapies, medications that would not be paid for by our regular insurance. That too has a trickle down effect on our community. All children should have the benefit of Medicaid!
We have been doing these things without a requirement. As soon as our daughter was old enough and mature enough we began to work with her in volunteer jobs to enhance social skills and build resources in the community for the future. We value work, even if it is volunteer. I love this addition to the program, if there are the right supports in place, like case workers, and social workers and transportation supports. It would cost the state a lot to implement. It would require lots of monitoring and follow through but I think it would be worth it. You need some really good social workers and case managers, and a lot of them, not just paper pushers. The state would have to not penalize people if there are not appropriate settings or other barriers. The requirement should be more for a social worker to figure out if there is something appropriate for a person. There is so much out there and you never know when a volunteer job may lead to more. Our daughter volunteered in preschools and is now working in a day care. Her medical needs prevent her from having the stamina for working full time, but she does still do some volunteer work on off days when she has the energy. It took a lot of interventions paid for by Medicaid to get her to that point, and a lot of professionals and two very involved and invested parents who could support her and drive her. I also think people who participate in Medicaid should be required to quit smoking, and should be paid to do it, even if it already involves participating in a free program to help. Reward members for getting routine physical exams and preventative health tests. These are ways to make everyone accountable for benefits, not making them work.

My friends life was saved by Medicaid as she battled stage four colon cancer. She is always working for those less fortunate and is a sting community member and mother to two great children, one of whom is in middle school. She couldn't do any of this, this would be harmful to her. Many people I know are worried that these changes will negatively and greatly affect them. As a contract labouror, this reporting requirement would be a time and energy drain. I have neither to spare.

The work requirement is also unfair. Students and people seeking employment would be negatively impacted in a big way. So unfair!! People shouldn't have to prove their worth to "earn" healthcare! whether or not someone is able to work has nothing to do with their medicaid!

medicaid gives low income people access to necessary health care Without access to these services, people will abuse the emergency rooms, or just die. I work a different number of hours every week, thus along my income would make the reporting a pain. These people already have full time commitments, you can't just add more time into the week. These changes are the equivalent of not only unexpanding medicaid, but ending it for so many people. This is unacceptable. My husband was the sole source of income for our family of five while I returned to school to complete my master's degree. Without Medicaid coverage, I would not have been able to further my education and advance my career without losing health coverage or having to pay the penalty due to a lack of affordable insurance options. As my husband advanced in his career, now only my children receive Medicaid. One of my children has high functioning Autism and another child has been diagnosed with ADHD. Without Medicaid coverage, we would not be able to afford the habilitative services they need, including occupational therapy, so that they can be independent and successful in school.

Some people, especially those in poverty, have employment statuses that change quite regularly. The requirement to report within 10 days is an undue burden to these people. Furthermore, the stipulation that any backdated care won't be covered in an undue financial burden for everyone, the person with medicaid, the doctor, everyone.

My son has had insurance for the past 5 years because of Medicaid. I am a single mom and his father is disabled and doesn't work, these would all hurt us.

Medicaid is a lifesaver! These changes are very dangerous! People will die! The work requirement is very problematic.
I wouldn't be able to walk, and therefore, work without the Medicaid coverage I receive/ed! This is a perverse way to understand Medicaid - people aren't able to work without medicaid, so you take it away from them unless they work? Not providing adequate health coverage, for all, will only make the situation worse...for everyone. If I can't afford to see a doctor, or get prescriptions... I will get sicker and not be able to work.

My income changes monthly and is seasonal/holiday based. I would have to be reporting changes almost every month...clogging the wheels of progress, I can't imagine how much more work it will be for the state, and how much more stressful for everyone it will be trying to report.

I work too much as is, and cannot afford childcare to work anymore. I would have to have only places where I could bring my children and i would need transportation.

Growing up poor, medicaid was yhe only way i had medical insurance as a kid. I've also been on Medicaid while in college, as I literally csnt afford health insurance. More people should have medicaid. It is great for Kentucky.

These changes mean my son would be more likely to die. I work 40 hours a week, when would would I have time to prove that to the state?

Medicaid is literally all my family has been able to have. It's the thing keeping us alive. It's the thing keeping us kicking. I was raised by my grandmother. Our only income was her disability check. You think we could afford anything else? You think we wanted to use Medicaid? Have you ever been to a Medicaid doctor? They're overworked. They're underappreciated. And honestly, a lot of the time, they're not good enough. The reason I'm even remotely healthy is programs like Medicaid.

With these changes, Our family would not survive. We already avoid the doctors' office if we can. We already wait until the last possible minute, until we've been red and puffy and sickly for weeks. Medicaid is our only stand in. Please stop trying to kill my grandmother

10 days is not enough time for anyone. We have lives. We have families. 10 days is jus tnot possible.

The "community engagement" facet of the Medicaid changes is absolutely insane. This is the worst. My grandmother has not been able to work for years. She's a fighter, but she just can't do it. Her husband can't. Does that leave me responsible for being a good enough citizen to keep my family alive? Because I'm a full time student with a job in addition. You think I don't want to give back? Of course I do. That's why I'm going to college. The first one in my family, in fact. So I can come back to my neighborhood, to my family, to my neck of the woods and give people what I didn't get. For this exact reason: Matt Bevin and every other politician pushing this change can fuck right off and provide some actual work that'll benefit Kentuckians, since right now, they're just trying to destroy us.

As a health educator, I have seen community members better able to access care since they have gained Medicaid coverage. I know people who have had their first screening exams in years and who are getting their dental needs met.My family member who is on Medicaid is healthy and does not seek care frequently. I think that if the system becomes more complicated at all, she will let her coverage lapse and stop seeking the preventative screenings she has started getting since on Medicaid. Her priority needs are dental and I fear she will not be able to navigate extra accounts and reward points, etc. When dental needs go unmet, they can lead to infections and other medical needs, so this is worrisome. My family member who is on Medicaid already works as a part-time care giver to an elderly woman. I think there are many people like this on Medicaid - folks who are already working but in part-time or low wage jobs. I fear the state will be taking on an unnecessary administrativ e burden to oversee work requirements, and moreover, I fear that the confusion on the part of everyday Kentuckians will cause them to lose the coverage they so desperately need and deserve.

How are children, disabled, or the elderly going to work go God's sake? How is anyone going to MONITOR this? How is anyone going to be able to communicate with the state in 10 days??

My employuer does not offer insurance and we do not have enough income to purchase insurance independently. Myself and my two daughters are able to access quality, affordable healthcare because of our Medicaid coverage. None of these changes would help us. They are patronizing and damning.
<table>
<thead>
<tr>
<th>Question: Kentucky HEALTH - Proposed Modifications to Application</th>
<th>We encourage the public to submit their comments on Medicaid.gov as they relate to d...</th>
</tr>
</thead>
<tbody>
<tr>
<td>My father has been diagnosed with Parkinson's disease for 20+ years. Last year he became too medically frail to remain in his assisted living facility. This became evident after a series of medical crises, including a week in the hospital with pneumonia and a fractured hip. He cannot be safely left alone for any amount of time. Without Medicaid coverage, we couldn't afford his nursing home. And without the nursing home, he would surely not have survived his recent crises. This does hurt him - it makes the system less efficient and even more overburdened. It makes it confusing about who is supposed to do what. How will people know? Will there be social workers out to help people navigate it?</td>
<td></td>
</tr>
<tr>
<td>So many have been helped by Medicaid, children, disabled persons, elderly, then it is vital for the continuation, if not more money poured in to help as many people as possible. We can always do more to help people who need it. That's moral. Greed is not. These changes are cruel and greedy. People who you think are able bodied currently, you never know what the future holds. Presently, members of the community benefit, and more should be done to help those who are in need. More people need Medicaid, not less. I already do volunteer that much. I also stay home with my children, which is a full time job. Putting constraints on people when you do not understand their individual circumstances is wrong and unconstitutional.</td>
<td></td>
</tr>
<tr>
<td>Medicaid has allowed my son to receive the care he needs and medical treatment he requires while allowing us to still function as a family. Some people just don't realize the rules and locking them out will cause them to not seek treatment or be hurt and I am scared for hte confusion on top of the actual harm from these changes. So many people don't know. The state doesn't want them to know that they are trying to hurt them and take away Medicaid without admitting it.</td>
<td></td>
</tr>
<tr>
<td>The work requirement! The work requirement seems impossible to keep up with and it will be nightmare for the people who are exempt. Every year recertification of my son who has a brain deformity is ridiculous this would just be another added hoop. It is already impossible! Has anyone tried to communicate anything to DCBS who thinks this is good? Let's make this less complex and not reinvent the wheel. Make Medicaid Easier and available to more people!</td>
<td></td>
</tr>
<tr>
<td>Almost 500,000 fellow Kentuckians picked up coverage under Medicaid expansion. Some of them did not have insurance before. I am one of them. In my community, I fear the new application regulations and the resulting six month lock out would be difficult for a lot of people to keep current. As a result, they would constantly be without insurance. This is harmful. I do not support it. I do not support these changes. Thankfully, this reporting requirement and lock out does not apply to me, but it should not apply to anyone. If this requirement did apply to me, I would be more worried about performance at my new job than remembering to tell the state of KY that I had a different job. They should be able to pick this up from my W-2's or new W-4 Form required for each job change. If I am already working one or two jobs, I am already working. If I had to volunteer, then there would have to be volunteer opportunities in my community. If I live in a rural area, those might not exist. It is making it impossible for people.</td>
<td></td>
</tr>
<tr>
<td>We had to deal with my father's Alzheimers for almost 12 years and my mother required extended medical care for the last 14 month of her life. I have a pre-existing condition that has been managed well by medication. However, now there's a dark cloud hanging over my head should I lose coverage and be denied coverage because of a pre-existing condition. Is there no compassion with this administration??? I thought Bevin was a Christian?!? There is nothing Christian about these changes! What if we're not physically able to meet this requirement? What about all of the taxes/contributions we made during our working lives to have this coverage when we're retired? I earned this coverage, it's not an entitlement!!!!! Medicaid should be here for anyone who needs it, no matter what.</td>
<td></td>
</tr>
<tr>
<td>Without, many of the people in my community would not be able to afford health care. Any of these changes would devastate my community. The &quot;community engagement&quot; is another name for a work requirement and it is not practical, especially when you have other obligations, and everyone has other obligations, especially poor people eligible for Medicaid. They are the busiest people in town.</td>
<td></td>
</tr>
</tbody>
</table>
The general health of the community benefits us all by not having to cost transfer from indigent free care, as well as the general well being of the community lifts us all. Protect Medicaid! Stop these changes!

These changes put an onerous burden on those most in need. They appear unnecessary to me, and hurtful to everyone involved, including the state. It does not affect me directly, but it does put a burden on those least able to live with it, diminishes their access to proper care and negatively impacts our community as a whole by forcing people off Medicaid and into indigent free care situations which well all pay for through cost shifting. These changes are unnecessary and an onerous burden.

The work requirement is the same. NO direct impact on me, but I object to this burden for those in medical care need situations. It is unconscionable.

With out Medicaid, many people would have no insurance. A good friend of mine, who is retired, struggles to afford medication she needs for diabetes and the resulting problems such as Having to have part of her foot removed as well as problems with her eyes and heart. My friend would be dead without Medicaid. With these changes my friend would be dead because locked out because when sick not able to report changes or forms. You can't predict when people will be sick. This is cruel.

WHO DOES GOV BEVIN THINK HAS MEDICAID? WHO?

I want him to describe them and then go find them! They don't exist! The people who have medicaid are the busiest, most overburdened people in our state! They are the poorest and the sickest in our state! They need more nurses, more care, more money, more transportation, and less judgment. They certainly don't need someone from a high horse in Frankfort to tell them they need to WORK! Are you kidding me?!?!! Poor people work the most! It is the job of Gov Bevin and politicians in Frankfort to MAKE jobs and to make them PAY better and have better hours! Protect workers and you will accomplish what you are trying to do here with HEALTHCARE> I think Gov Bevin is confused about what healthcare is, it is not blackmail.

Medicaid helps make medical care affordable. Costs are entirely too high in america, and any system that sets out to penalize the poor/prevent their access to medical care is irresponsible on the state's end. I am predominantly an actor, and will probably end up medicaid dependent, as will the majority of my friends. In this exact moment, the reporting requirement I could keep up with, as in, today. However, should I leave this job for theatre employ, I will be moving frequently, and taking jobs that widely vary in pay. Filling out a new form every 6-10 weeks would be unnecessary and cause headache for everyone involved, MUCH LESS every 10 days! With the work requirement, I understand where this is coming from. But holding what is supposed to be a right if citizens hostage for medicaid is manipulative. There is potential for the volunteer work to cut into times when this "able-bodied" adult could be scheduling interviews or doing things to attempt to better themselves. This is government overreach where it isn't warranted or wanted.
**Question:** Kentucky HEALTH - Proposed Modifications to Application  
We encourage the public to submit their comments on Medicaid.gov as they relate to...

I am employed by one of the MCO's as a Community Engagement Rep so I've been able to see first hand how having access to coverage and actually using it has been of great benefit to my community. I've seen those who are fighting addiction able to get into treatment. I've seen more than a few homeless individuals utilize a PCP and preventative medicine. The list could go on and on. These changes will greatly affect many in the expansion population. I truly believe these proposed changes are meant to hurt and not help these individuals who are navigating life on very little as it is. It is evident to me that the governor nor lawmakers truly understand poverty. No, my income and/or employment does not change regularly because I am a salaried employee. However, that has not always been the case. When I was a student and young mom I worked an hourly job in which I was guaranteed a set amount of hours thus allowing my income to fluctuate. This is how it works. Requiring Medicaid recipients to report such changes within 10 days will be like a never ending reporting cycle! Before they are able to get through to DCBS they will have another change to report and they will be locked out before they know that they have another change! There will be lock outs confused and triggered and unable to be fixed. It will be like last year all over again. Again, this is another barrier to make it life a bit more difficult in an effort to get people to "drop" from the roles due to frustration or the inability to maintain this cycle. With the work requirement, again, this does not impact me directly, but will affect many of the agencies with which I have worked. My concern here are the smaller communities that have only a handful of nonprofit agencies, soup kitchens, etc...that will be able to provide "able-bodied" adults with opportunities for "community engagement." Those communities tend to have more of our fellow Kentuckians who utilize Medicaid and other social systems simply because of the lack of opportunities in those areas.

I can not think of one person in kentucky these changes benefit. They are all designed to cost everyone more, more time, more money, more dignity, more freedom. Who do they help???

After my elderly mother sold her home and entered a nursing facility, her money ran out rapidly. Medicaid's beaurocratic hurdles caused high anxiety for my sisters whose task it was to submit the paperwork. Their blood pressure levels sky rocketed. I'm grateful for Medicaid, but I can't imagine how much worse these changes will make things for already stressed out care-givers facing the highly challenging navigation of overseeing parent care. These changes would make all that worse. So much worse. You would barely get through to DCBS before you would have to call again about the letter ou would get and then you would be talking about two different points in time. Could you see that happening with the lock out letters and people showing up to the doctor and not being insured???? What a nightmare.

The volunteer requirement absolutely makes sense to me as long as all of the costs have been considered. I think of child care costs associated with that requirement, pure exhaustion, elderly parents, additional responsibilities with families, schools, mental health, changes in physical health, pure availability, lack of transportation, etc. I wonder if these issues have been considered?

I would be in a wheelchair without medicaid. it is impossible to find a job, otherwise i would be able to do so.

"The majority of people who gained coverage under the ACA in Kentucky did so through the Medicaid expansion. Uncompensated care has decreased, preventative treatment has increased. This has important positive consequences for Kentucky’s future. Throwing tens of thousands of people off health care will doom the state to mediocrity. That is what these changes would do. They would mean so many people would not have medicaid.

I fear for those in the community who might not be working in paid jobs, but who might be taking care of others. How will all of that be sorted out? It seems so punitive.

I have relatives that have not had health insurance for years that have been able to get basic care they haven't had in years. It could mean the difference in life or death for them. They would lose coverage and sink back into poor health. It would be terrible for my community. Many peoples' working lives are not nearly so simple. Many seemingly able-bodied people have problems, not visible, that can get in the way of regular employment. People's lives are not so simple and things are so seldom black or white. Surely that is obvious. These changes would create so much chaos and fear and stress.

I think these changes are criminal, Bevin should be charged with manslaughter for all of the people they kill.
When my Dad lost his job, we ended up going on Medicaid. This helped take care of our family during this hard time. We rebounded, and moved off the program, but I think this is a vital program which helps Kentuckians in hard times. I am a Republican, but GOP efforts to reduce the number of people Medicaid would cover by putting onerous demands on applicants does not play well among my peers (aged 20-30). Republicans seem more and more willing to hurt the poor and help the rich, and efforts like this one do not help the Republican image.

Indigent care that had been previously paid for by hospitals and indirectly by higher rates for private insurance, are now paid for by Medicaid. More preventive care is provided. Hospitals have been able to employ more people. Hospital spending is economic activity that benefits my community. These lock outs and reporting requirements are a bureaucrat's dream. Reduce costs by keeping the system as empty as possible! Except it won't reduce costs because you will be processing locking people out and seeing the costs in the ER and by a less productive workforce eventually. This isn't rocket science. These changes will cost Kentucky an infinite amount of money in the long run! And are embarassing and cruel in the short run!

The work requirement is a barrier to people getting care, why would Bevin want to do that? Barriers to care are BAD

My son has Autism and he has the Michelle P. Waiver. He receives ABA and other services with this waiver. It has been life changing for my son! My son could lose services. We can't afford ABA therapy without Medicaid, and these changes sound terrible. Please reconsider them, and please do not approve them.

There is no part of these changes that are actually meant to make Kentuckians healthier. They are just meant to enact cruel republican ideas that have nothing to do with the actual lives of anyone who doesn't have money or isn't connected to people with money. They will kill people, I hope Governor Bevin knows that - this is tantamount to murder.

Instead of this likely illegal work requirement (slavery was outlawed a while back) I think you should focus on job training and support programs. Build up people don't try to tear them down. Give people opportunities, create free training programs and free transport and PAY PEOPLE's living expenses while they are learning, it isn't possible for most otherwise.

So many more families need child care assistance to be able to do anything. Medicaid has saved me and my family from financial ruin when I lost my job and when I was in school to improve our lives. My son could die as a result of these changes. The lock out would kill him. A persons health and well being should not be in jeopardy because of employment.

Also, you are not able to become employed if your health and well being is in jeopardy, which is the point of these changes.

Without Medicaid, my nephew would not have been able to have brain surgery to remove cancerous tumors. Actually, he would not have gotten the test needed to detect the tumors. He might actually have died without the treatments he received. These changes would kill him. Do the people in Frankfort not see that? It's obvious!
**Question:** Kentucky HEALTH - Proposed Modifications to Application  
We encourage the public to submit their comments on Medicaid.gov as they relate to...

<table>
<thead>
<tr>
<th>Question: Kentucky HEALTH - Proposed Modifications to Application</th>
<th>We encourage the public to submit their comments on Medicaid.gov as they relate to d...</th>
</tr>
</thead>
</table>
| So many of these changes are SO MUCH EASIER said than done! In a completely different work, where people aren't poor, and their cars work, and they have places to volunteer down the street, sure, but, that isn't where people live, and people have responsibilities that apparently anyone who worked on this and let it be seen by the public couldn't possibly understand. These changes do not take into consideration the messed up Medicaid system including DCBS and all the mistakes they make. The system makes mistakes even now that prevent people from accessing Medicaid. That combined with circumstances of life can be a recipe for disaster. This could be very challenging. Many don't have ready access or the wherewithal to make changes in system themselves. Some might not be able to get to DCBS office to report. There are so many reasons why an unintentional miss of reporting could occur. People would die as a result. Everyone who has had a hand in this is guilty of not knowing kentuckians on Medicaid, of not caring about Kentuckians generally, and of letting people die on their watch unnecessarily. That includes Vicky Glisson, Matt Bevin, and the other politicians. Nothing in these changes are good for people with Medicaid! Expanding Medicaid allowed additional individuals to access care, but also adversely impacted premium cost, employer duties, and size of payments to rural/local providers. These changes may have inadvertently harmed local providers and reduced support for Medicaid amongst middle class voters and rural providers. It is vital to include provider and payor and employer perspectives in any discussion of or change to Medicaid. None would agree to these changes, I can assure you! With regard to mandatory work/volunteer hours, there has been no provision for support for volunteer entities who would be tasked with providing community engagement hours for persons required to complete same. Even the cost of background checks for volunteers would be prohibitive for most non-profits. With regard to "lock out" periods, there has been insufficient education on both sides about how this would affect participants and no provision of support services for applicants without access to computers to maintain enrollment, or with challenges to access (whether those are wifi, reading ability, or physical access to work required to obtain funds to pay premiums). There are more questions than answers but the big picture is that none of this appears to be supporting people with medicaid or will make Kentucky healthier or more productive. I oppose all of these changes. I am a retired home health RN. I have seen how Medicaid works and the changes made. Yes there should be accountability and responsibility. Will there be job training programs, incentives for businesses to hire. Many of these people would work if they had opportunity Losing their coverage for some would be detrimental to their health and the health of family. Will there be education programs to inform people of these changes if they are made? It would take a lot of people in every county to be available to help people, like kynectors. Will there be a person to help upload documents? There is so much administration here, so much bureaucracy!

I am a retired home health RN. I have seen how Medicaid works and the changes made. Yes there should be accountability and responsibility. Will there be job training programs, incentives for businesses to hire. Many of these people would work if they had opportunity Losing their coverage for some would be detrimental to their health and the health of family. Will there be education programs to inform people of these changes if they are made? It would take a lot of people in every county to be available to help people, like kynectors. Will there be a person to help upload documents? There is so much administration here, so much bureaucracy!

This seems like a democratic beaurocratic dream but came from a Republican governor? So much government at every turn! Medicaid should be simple, with less of these hoops and hurdles. As a pastor, I have heard from many low income people who gained coverage that they did not have previous. They feel like valued members of society, and are thankful to be able to access care. These changes threaten that. Without Medicaid, I have no doubt that many more people would ask churches for monetary help—which we simply don't have. I fear that these changes mean, like the proposal says, that MANY more people would not have medicaid.

I wonder how the "volunteer/work" would be supervised—as a pastor of a church, I am not qualified or able to do it. Who would? I am an assistant county attorney in family court, prosecuting child dependency, neglect, and abuse cases. The goal of our dockets is to maintain or reunify families. The majority of our cases involve parents with mental health issues and addiction and most of the families we encounter are low income and on Medicaid. In order for us to protect these children and keep families intact we rely on mental health and substance abuse treatment that many of these families cannot access without Medicaid. These changes would become more difficult for families with mental health and substance abuse issues to obtain the resources they need in order to reunify or maintain their families.
We are low income and self employed. Expanded medicaid is the only way my husband and I have health coverage. It has allowed us to get mental health assistance and have a much needed surgery, which has made us able to be more productive and work more. You know these changes mean we will lose our insurance, don't be thinking it doesn't. If we lose our insurance we will not be able to see a Dr for anything preventative and anything emergent would financially cripple us. No one will be able to report within 10 days, The phone lines and offices where you turn in your paperwork are notoriously unreliable. 10 days to report a change is highly unrealistic. People will all lose coverage.

I am the sole care taker for 3 small children, 1 of which is severely disabled. It is difficult enough to find childcare to try and attend community college. It would be impossible to do that for 20 hours a week.

My son is a 5 year old non verbal autistic child. When he got diagnosed we where locked into my insurance for the better part of a year and my employer did not cover his therapy. He would have had to go without it. Therapy helps him to learn how to function daily like a "normal" child. Medicaid has saved his life. My husband and I both work full time. We barely make ends met much less be able to pay his stuff up front. A 6 month lock out without therapy could severally set back my child.

My adopted child has CP with many medical conditions. We would not have been able to adopt her without it due to finical burden. Therse changes mean that my child would not have coverage.

It has allowed me to access mental health services I desperately needed that I would not have been able to afford otherwise. My monthly medication alone would be $1200.

I work with many families that until the healthcare act did not have any health insurance. In most cases they were working as well. Having insurance has assisted with people regarding preventative care and in 2 cases a diagnosis of cancer at early stages so they could get treatment before it was too late. Transportation to and from volunteering agencies is impossible for some especially those living in a rural community. They can barely get a ride to grocery shop as it is, and there aren't exactly agencies advertising for volunteers. Where are they supposed to go? This is setting people up to fail. There is no means to report within 10 days.

"I have recently graduated from college and did not have insurance after age 18 because I did not have a full-time job and my parents did not have insurance. I found out in January that I have a heart condition. Although it is a pretty minor condition, I would not have been able to afford the tests and medicine that I now take daily without the Medicaid expansion. In addition to the ACA benefiting me, for the first time in their lives, my parents now have insurance at age 53. These changes are a wolf in sheep's clothing. They are designed so that I will lose my medicaid, and make it seem like it is my fault instead of the Governor's choice to take it away. If I did not have Medicaid, and if I do not get insurance from my employment, I will not be able to afford to see my cardiologist anymore. My parents, who both have several medical issues, would also not be able to afford doctors visits and medicine anymore. The work requirement would be redundant. I have job experience and a degree, I am simply looking for a job.

My father has Medicaid and works full-time. He does not need job training - he has a job - he just needs insurance.
Question: Kentucky HEALTH - Proposed Modifications to Application  We encourage the public to submit their comments on Medicaid.gov as they relate to d...

"My son and I are both on Medicaid and we both have asthma. In January of this year, my son was admitted to the hospital for 48-hours because an Upper Respiratory Infection exacerbated his asthma. It was the single most stressful week of my life and having to worry about how we would pay for a 48-hour hospital stay, when we can already barely scrape by every month, would've made it so much worse. We wouldn't have been able to afford to pay for the care he received and we are still, to this day, so thankful that we had Medicaid to fall back.

For me, I am currently undergoing treatment for oral thrush, which I came down with as a side effect of my asthma controller. I have had oral thrush for four months, I have undergone five treatments for it and thus far haven't seen any relief. I'm currently waiting on a referral to see an Infectious Disease Specialist to treat it and, if I didn't have Medicaid, my family would've already paid out well over $1,000 just for one of the five medications I've taken in an attempt to treat it - for my family, that is an INSANE amount of money, something that would set us back for several months. Because of Medicaid, I have dental coverage for the first time in my life. I had health coverage off an on throughout my life, but I've never had dental coverage and I have taken every possible step since I received it to take the best care of my teeth.

My sister and my nephew also have Medicaid and they're in a similar boat, except my sister is a single mother and my nephew has autism. Because of my nephew's medical condition, my sister isn't really able to hold down a job - she needs to be available to pick him up from school if he's having a rough day, or to take him back and forth to therapy. She also is barely able to scrape by on a monthly basis and relies on Medicaid because she can't afford any other medical coverage.

I have several close friends who work as Pharmacy Technicians and are able to see, on a day to day basis, the people in our communities who rely on Medicaid - people who have to choose between feeding their families or paying the $2/$4 co-pays for their medications. Even I sometimes struggle to afford the $2 co-pay for my albuterol inhaler, something that I "need", a potentially lifesaving medication, and it's a measly $2. Enforcing premiums and higher co-pays on those who already live in poverty is awful. No one should have to choose between feeding their family and affording their lifesaving medications. A healthier community is a better community and limiting access to Medicaid, or enacting lock-out periods for an unpaid balance is despicable - why would we penalize anyone for being sick, especially those who live in poverty and already live hard enough lives?

My income or employment status doesn't change regularly, but a requirement to report changes within 10 days is too small a window of time. Not everyone is able to get time off work, or find a babysitter or even a ride during business hours.

Members of my community have benefited as they have been able to receive care they would otherwise have been unable to afford or access if it weren't for medicaid and medicare expansion. These changes are just cover up, they mean Individuals may lose coverage and subsequently have no affordable access to medical care, medication, mental health care. Mine does change, I am not on Medicaid. However, I work with individuals who rely on this coverage. Existing paperwork requirements, navigating the system in place is complex and confusing for some people. Requiring additional paperwork/verification on top of already extensive proof will likely cause increased confusion, loss of coverage, increased stress, and hardships on members.

The community has benefitted in reduced illnesses and even premature death from medical crises ranging from flu, sprains/strains, cronic illness, cancer, vascular, mental health, and opioid additions thanks to medicaid. Please don't change it. It is working, it is saving and improving lives. The suffering or premature death of even one individual within our community is worth the cost of keeping level at or even higher than they are now.

This lock out and reporting requirement?? A requiremenet to report is not necessary and even interferes with a persons rights to privacy, life? Liberty, and pursuit of happiness.

An engagement requirement is discriminatory to low/no wage earners to the highest of degree. If required for these demographics then why not require for all people? You don't know how many hours Bevin's wife works, or other politicians spouses, and they are getting government benefits.
I am diabetic and have a neuro muscle disorder, my actual life depends on my insurance for my meds or I would be either very sick or dead. These changes leave many open gaps for them to determine your not eligible or delayed just enough that you get locked out. I feel it's just a scam to get as many people off Medicaid as possible but still be able to say you offered them the chance to have insurance and "they did something wrong".

The work requirement punishes me for being sick because I'm still fighting for my disability and if I could volunteer 20 hours a week then I could get a job. But since I can't then it makes me "not able to meet the requirements for insurance or I get locked out for 6 months." Then I would be sicker or die.

Medicaid helps my adult son to be able to have a part-time job and go to school. My son has a lifetime disability and may never be able to hold a job that will allow him to have paid medical coverage. My adult son struggles every day just to earn money, get an education that will help him get a decent paying job, pay his bills, etc. He is disabled and may likely never earn enough money to make a premium payment or co-payment for any health coverage. My son's situation does not change quickly or often. However, it is not very difficult for him to report any changes within a 10 day window. It is very difficult for anyone to do anything with Medicaid in 10 days.

Medicaid saved my life and the life of my daughter. It has paid for my son to get help with autism that he needs. I work full time for a company that is tax exempt, my daughter is a full time student, and my son is a high schooler with autism. None of these changes hurt us, except in trying to prove we are exempt, which will be a nightmare, and they don't make sense.

Previously I worked in several medical offices/school as a billing supervisor. The opportunity for health care greatly improved with the expansion of Medicaid. These are hard working community members who fell between the poor and those who can afford large premium costs. To me that benefit alone is wonderful. To work full time and not be able to afford health care is a baffling problem to have. My concern is the requirement of working/volunteering for benefits. 1. There has to be someone supervising/keeping up with what a person is doing/not doing. Who does That? An already overworked case manager? And 2. Those who are not capable of working/volunteering. Why make such a requirement?

Daughter has a genetic defect/disability and participates in the Michelle P waiver program.

I am pregnant and my youngest daughter has several medical conditions and sees multiple specialists. We wouldn't be able to afford her healthcare without Medicaid. I do not work as I have to stay home and take my daughter to all of her appointments and therapies. I am saving the state money. This work requirement means I would have to find a way to pay for childcare and be away from my children who need me, one of which breast feeds. It would be harmful to my family.

I work as a mental health therapist in private practice. Strictly speaking about Medicaid expansion and nothing else, it has been an overwhelmingly positive force. Many more kids, teens and adults are now getting coverage through our agency and surrounding agencies and I can see a very clear benefit and link to the Medicaid expansion. Compared to private insurance, Medicaid doesn't tend to pay remotely as well, but mental health treatment is an important service to offer and receive and I'm happy to lose a little money on a Medicaid client any day of the week. These changes would mean a reduction in coverage, and the state knows it! Reduction in coverage would mean less people able to seek care, which if things were really bad could result in us having to let employees go. Why would that be what Medicaid is supposed to do? I worked in a rural county in Kentucky and this would be much harder to do given the lack of jobs, general poverty and difficulty getting around that I witnessed.
Question: Kentucky HEALTH - Proposed Modifications to Application

We encourage the public to submit their comments on Medicaid.gov as they relate to...

My granddaughter's pregnancy was a nightmare. She developed gestational diabetes, had to inject insulin shots per day, developed extremely high blood pressure, was hospitalized 7 times for more than 4 days each, with the last hospitalization lasting a month, until her first and only child had to be delivered by cesarean at 34 weeks because of distress of her unborn child. Her daughter was in the NICU for 14 days and without insurance, I'm not sure either would be living. Her child was born in September of 2015. I do not believe there are enough jobs, at least not here, to accommodate the increased workforce. I have no objection to a work requirement but believe child care needs attention. Young children should not be left on their own before or after school and daycare would be unaffordable for these parents. If there were jobs to be had, not everyone could get one within school hours. I feel the paperwork involved would be unmanageable and would cost far more than securing lasting employment for our citizens that provide accessible and affordable medical insurance.

I've been able to go to the eye doctor when something happened to my eye. "I am self employed, micro business, with irregular hours - there does not seem any way of my proving how many hours I work in a week, when one week there might be 10, and the next 60 hrs work. I am not looking for work, I'm trying to build my business so it provides an income. I sure don't have an extra 20 hrs to fill a volunteer requirement also.

Before I was laid off, I was working part time, all the hours the office was open - but some weeks that wouldn't fill the 20 hrs. Also, some part time workers don't know how many hours they will be able to work in a week, as the schedule changes day by day." Self employed micro business, my income is extremely intermittent. One week I may make a $1000 sale, the next two I might not have sales, then a show might bring in $600 and another $100. The rules need to accommodate micro businesses struggling to survive. Not everyone works for someone else, some of us are creating our own jobs. Having a little help, by way of help with health care costs, lets me try and make my own business when there are no jobs to be had. I am self employed, micro business, with irregular hours - there does not seem any way of my proving how many hours I work in a week, when one week there might be 10, and the next 60 hrs work. I am not looking for work, I'm trying to build my business so it provides an income. I also garden and put food up and make things instead of buying them, to help provide for my family. Most businesses don't make much until they get going. I shouldn't be forced to abandon my business and work for someone else. I sure don't have an extra 20 hrs to fill a volunteer requirement also.

I work with people with HIV/AIDS and I have a niece with MS. These folks can't be without their medication for 6 months if there is a lock out period. Many of our patients have co-morbid conditions that will affect how they are able to comprehend the rules and may forget to pay their $1.00 premium payment. That is an unreasonable punishment. It is still punishment to force them to jump through more hoops to try to undo the first punishment. Or the mail may slow down their payment. We seriously can't be talking about holding their prescription coverage for 6 months. These medication are life saving drugs that must be taken every dose every time. Think about the cost difference to treat AIDS verses, treating HIV. This is not a smart economic strategy!

I was personally on medicaid my whole life until I graduated college and without it, I would be in so much debt I wouldn't be able to get myself out of it. I work at a Non Profit HIV clinic in rural KY and we serve over 500 patients on a regular basis. These people NEED their coverage in order to be healthy and get the kind of care and treatments they need to not only keep themselves alive but be at an undetectable HIV status so that they can NOT go out in the community and transmit HIV to other people or their unborn children. Taking care of these people is taking care of the community and in the end, protecting healthcare costs because the better care these people get, the healthier they are! Just like any other infectious disease/chronic illness. This is what our government is supposed to do, not judge and punish people.

These changes mean MANY of our patients would lose their coverage which would put a greater burden on our small nonprofit organization to obtain the funds to not only provide care for our patients but to pay for their prescriptions as well. We can't do what we need to do in the community if we don't have the resources. We need to get out and test people, we need to drive people to Dr. appointments, we need to give them food, we need to help them with housing and get people off the streets so that they can create stability in their lives, get to their appointments and take their meds. This is more than an issue that effects people on medicaid, this is about public health as a whole.
Question: Kentucky HEALTH - Proposed Modifications to Application

We encourage the public to submit their comments on Medicaid.gov as they relate to...

<table>
<thead>
<tr>
<th>I HAVE NOT, HOWEVER MY FAMILY MEMBER IS A SINGLE MOM AND WORKS OUT SIDE OF THE HOME, AND THE EMPLOYER DOESN'T OFFER HEALTH INS. THERE IS NO WAY, MY FAMILY MEMBER CAN PAY $1000.00 DED, 100% OF THE PROVERTY LEVEL IS ABOUT $12,060.00, THAT IS $1005.00 PER MONTH, FOR MORTAGE, FOOD, UTILITIES, WATER, GAS FOR CAR, INS. FOR CAR, TAXES ON HOME, MEDICATION, THERE IS NOTHING LEFT FOR ANYTHING. I FEEL 30 DAYS IS MORE APPROPRIATE, DUE TO HOLIDAYS AND WEEKENDS. THIS WOULD EQUAL ABOUT 20 BUSINESS DAYS.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I work at a Ryan White Funded HIV clinic where the vast majority of our clients have Medicaid coverage. We went from about 15% of our clients having insurance to over 90%. This means if they need a referral to a specialist, we can obtain one. They also have been able to obtain primary care which is a concern since many of them live over an hour away which makes it impossible to provide primary care to them on a routine basis. These changes would simply devastate our client population. Many of our clients have mental health issues or substance abuse that make it impossible for them to be able to function as most of the rest of us.</td>
</tr>
<tr>
<td>My community has benefited from Medicaid coverage for community health clinics and the Ryan White funded clinic to receive a revenue from patients who need medical coverage that did not have it in the past. These covered individuals have been able to receive medications they normally wouldn't have been able to have access to as well as primary care coverage so badly needed. If these changes take place there may be many of the medically frail who end up without coverage for 6 months and may find it more challenging to regain coverage. If that happens, they will lose access to life saving medications. These folks will end up in the hospital, unable to pay for their services there and further drive healthcare costs up. This really could be disastrous in the long run for many folks and impact the community negatively. My personal income or employment status does not change regularly. I can see for those who have these issues would potentially have problems. Many times not only are you dealing with poverty, but you are dealing with many other socio-economic challenges that would make it extremely difficult for them to follow the requirements being proposed. This would not impact me directly, yet those without transportation or have their daily basic needs met may struggle to meet these requirements. This really should be a very individual, carefully supported and evaluated case by case basis and address and meet barriers for these able-bodied folks to participate in.</td>
</tr>
<tr>
<td>Does bevin not know who is on medicaid? These changes don't help anyone on medicaid! This coverage supports the elderly, children, underprivileged and women in my community. Leave this alone or better yet, go to a one payer program and stop supporting Pharma and the insurance companies. Where do you want me to begin? Let's penalize the elderly, children, poor and women (disabled too) by implementing more rules or requirements to get/keep coverage. Stop this and listen to your constituents not the bozos in DC. no-but the income stipulations are awful. How do you expect a family of 4, living on $34000/yr to afford health insurance. You are opening up another generation of indigent people flooding the ERs</td>
</tr>
<tr>
<td>Factually self-evident that the entire state has benefitted mightily under the ACA Medicaid expansion and should not be toyed with by dim-witted ideologues. Most of these proposed changes will suppress access to Medicaid by those in legitimate need, increase the likelihood of premature KY deaths, and end up costing the state more in ultimate healthcare costs. The &quot;Community Engagement&quot; Requirement is a stupid, condescending idea which will add to suppressing access to care, esp. preventive care, for thousands of Kentuckians. Many Medicaid recipients with families IN THE REAL(as opposed to right-wing fantasy) WORLD work part-time, less than 30 hours weekly and don't have time for such idiocy!!</td>
</tr>
<tr>
<td>As an RN and retired home health nurse, I have seen people's lives improved and even saved by medicaid. Changes which make it harder for people to obtain and keep medical care are bound to ultimately cost more -- both in money and in lives. With these changes, I hope they don't happen, don't approve them, I am concerned about the fate of others. I live in Jackson County, Kentucky and can tell you these changes will kill people.</td>
</tr>
</tbody>
</table>
I am fortunate to be employed and to have employer-sponsored health insurance. However, you don't have to look very far in Jackson Co. where I live to see that many are not so fortunate. My wife (now retired) worked for a small rural health clinic, and saw how close to the edge of disaster many people find themselves. The Medicaid coverage for children was the only way most folks could receive health care at all for their children. I am all for personal responsibility, and I know there are people who game the system, but the proposed changes are more punitive than empowering, imposing burdens beyond the many that poverty-stricken people face.

These changes will means that My community, Jackson County and south central kentucky, will see poorer health outcomes, there will be many more emergency room visits for non-emergency situations, health care providers will have to cover that cost by passing that on to paying citizens, and the overall cost is likely to be higher. My employment status is stable. The point is that if it were not stable, it would be likely that many facets of my life would be unstable, and 10 days is not a long time for someone who has many burdens already. There are plenty of lazy bums and drug addicts (don't we know it but how will them not having health insurance/medicaid/ and access to treatment ever change that???) but my neighbors are hard-working citizens who have little wealth, yet they are the primary support for grandchildren. Yhey are not young and not healthy, and to impose more rigid requirements just isn't necessary.

The work requirement would not impact me, but I know it impacts all of the single mothers I know who are Berea College students. All students have to work 10 hours a week, but the State imposes double that on young mothers who already have an extra burden in caring for children while pursuing a college degree. Many of them made unwise choices in their lives, have been abandoned or have fled abusive relationships, but are now trying to better themselves. Why does the State make it harder for them to do so? The state should be supporting them for doing the best they can to better themselves!
Question: Kentucky HEALTH - Proposed Modifications to Application

We encourage the public to submit their comments on Medicaid.gov as they relate to... "While I'm aware of many dozens of situations in which members of my communities have benefited from Medicaid, closest to me are the dear friends who've benefited from access to care for their children with disabilities or/and special needs. Other dear friends received access to mental health care at a dire moment in their lives. My elderly parents currently benefit from Medicaid. They are all unbelievably hard-working. I do'n't understand where the ideas for these changes came from! Proposed changes would put the healthcare access that's benefited my loved ones at risk. In addition, requirements to give away free labor will constrain members of my community in their efforts to find wage-earning work that can sustain their families and promote longterm well-being.

"My income/status no longer changes regularly, but I toured for many years as a songwriter (based out of KY), and my income changed drastically from month to month: when on tour, we made the money that had to last us through off-months and recording sessions. Many of my closest friends now are entrepreneurs, and find themselves in similarly changing situations. During my first years, my income was at or just above the poverty line. Having to report changes would have been prohibitively impractical, if not impossible.

"Hours my friends and community members spend ""volunteering"" are hours they cannot spend searching for employment, networking, etc. And although job training CAN count toward these requirements, my friends who lack transportation in underserved communities, as well as my friends in rural areas, often do not have access to any kind of job training. Indeed, they often don't even have access to places where they could ""volunteer""! And if they do, there's no guarantee that the job training or volunteer work that's "available" to them will have ANY positive impact whatsoever on their employability, economic stability, or overarching well-being.

In addition, the fact that some of my talented friends currently have financial and/or health care needs (that require Medicaid) does not render their labor value-less. And it *certainly* does not render their local businesses and nonprofits worthy of their free labor!

(Indeed, these requirements risk disincentivizing hiring by small businesses and organizations; why pay employees when you can just get free labor from citizens who receive Medicaid?)

I'll try to condense this. I have life threatening blood pressure right now. I am waiting on a stress test and changes to my medication. Nitro was just added to my meds on Monday. It's that bad. I'm suppose to go to the ER if I get worse and see my doctor again in 10 days from now. I've suffered from HBP for 25+ years. I also am treated for thyroid disease and require meds daily. I have spinal stenosis scoliosis and degenerative disc with physical disabilities yet lack enough credits to get disability coverage. If I lose Medicaid Expansion I lose my life. Simple as that. I literally went broke with my retirement fund buying private healthcare insurance prior to the ACA Medicaid Expansion. So without any exaggeration I can honestly say that Medicaid Expansion in Kentucky literally saved my life and continues to do so daily. Please don't limit or take away my lifeline. Medicaid Expansion has been a God send for myself my husband and thousands (450K apx) of people in Kentucky
If required to work 20 hours a week I simply can't do that physically. I can't stand or walk over 10-15 minutes and can't sit down for longer than 20-30 minutes on a good day. If I lost Coverage for 6 months I would pass away because I can't afford medication or my doctor much less the ER. Medicaid Expansion literally saved and continues to save my life. If I was able to work I would have been working. It's not enjoyable to live on a extremely limited income year after year. It's a constant struggle and worry. We get no vacation no luxuries no retirement fund etc... Basically we are getting by on little income. I'm greatful to receive the first and only entitlement I've ever gotten from my state and federal government. We do not ask for food stamps or housing assistance or even the free cell phone that my husband could get because we provide ourselves with phones. I genuinely appreciate this coverage as without it I parish. My husband is self employed and his income never goes up it has gone down in recent years as his in his early 60s and can only do 40 hours a week now. It's too soon for him to draw social security because it will be more if he can make it to age 66. It's been a struggle because I can no longer work outside of the home and limited housework but have time to keep up with household and self employment records. It would be difficult to call every 10 day as my husbands income decreases throughout the colder months as he has a little lawn service. He is his only employee other than paper work I keep up with at home. We never set up a LLC and we have not added me as an employee. Our situation is not much different than what farmers go through. It's terrifying to have to worry about healthcare and jumping through hoops to maintain it. Not everyone can fit into this 10 day time frame such as small business people farmers and other self contractors who have to go by the yearly income not even every month much less than every 10 days! Sometimes it's zero dollars in a 10 day period. Everyone is a unique case and assuming that everyone punchs a time clock is futile. Unfortunately our income will never go higher than it is today. It decreases. My husbands work is very physical and he's 62. He physically can't work more than he is currently doing. My husband already works full time and I myself am physically unable to work and my doctor can attest to that as I have to get a chemical stress test because my doctor doesn't want my on the treadmill at a brisk pace that would put unneeded stress on my spine and legs that have much nerve damage. I don't know what is considered "medically frail" but I definitely should fit into that category. My health is far from good. It's terrifying to think I could lose coverage as my life literally depends on healthcare coverage. As I've indicated above my husband already works full time. We live on his income. Don't do this to anyone. Everyone has their own circumstances and are facing their own challenges and burdens.

My "community" is adults with severe mental illness. Medicaid is the primary payer for the services needed to treat the illness through medication, therapy and psycho-social rehabilitation interventions. With the right interventions funded by Medicaid they are able to recover, live independently in the community and return to work, school , family and social relationships. These changes would harm all of that. Undue burden on Medicaid recipients to have lockouts, periods of time where coverage lapses etc. Coverage lapses will mean inability to access medications and as a result many more people will become actively symptomatic and seek treatment in the ER or worse, be incarcerated.

The definition of able bodied and "medically frail" are ambiguous and the process for determining this has not been explained. Not all people eligible for Medicaid live in an area where jobs are available. Take this into consideration. I don't think it's fair.
"About over 3 years ago I found myself unemployed, pregnant, and taking care of my elderly mother who had liver cancer. I was raising a child on my own and caring for my mom. I did not have the time to look for employment but I still needed healthcare for my child and myself. I was also able to get dental work done at UofL which potentially saved my life as one tooth was severely infected. It also gave me back my confidence and appearance to apply for higher paying jobs. Sadly my mother passed away shortly after midnight this past new year's eve. Even though I was completely devastated, I had to pick myself up and make a better life for me and my daughter. I had a job interview a few days after my mother died and I got the job. I've been with this amazing high paying company for 6 months now. Looking back, if I didn't have access to the ACA I could never have afforded to go to the dentist. And it pains me to think my poor daughter being all alone and having to go to 2 funerals. I know the pain of losing a mother but I could not imagine being so young and vulnerable and losing her. Especially over something as simple as an infected tooth, easily treatable...provided one has the means to seek treatment. I have no problem with more of my tax dollars going to pay for heathcare to those suffering the same hardships I went through. I do not want them to be used to track and punish people for being poor. Limiting access to healthcare means people will die. There will be an increase in people applying for disability because they didn't go in for check ups to prevent treatable illnesses from becoming debilitating and permanent. Or children going into foster care because their parents died. We're a family of teachers and my daughter has a disability. When we used to have the waiver, it was our secondary insurance and covered everything that our private insurance did not. The waiver allowed us to get the care my daughter needed from any specialist, regardless of insurance exclusions and limits. And we did not have to go into medical bankruptcy to provide her the care she deserves.

I do n't understand these changes. The paperwork burden for Medicaid is already exceedingly onerous and a burden. There is no one to help you now, there is no one to answer the phone. The forms are repetitive and there is no one to ask for clarification on which forms to fill out and which questions are required or unnecessary (my spouse has a PhD and I have an MA; We STILL have trouble with these forms). But if you fail to answer every question in the manner required, then that could jeopardize your whole application! There is huge bureaucratic red tape in every aspect of the application process and these changes add to the burden of families already facing hardships. Plus it adds unnecessary expenses to manage these changes.

Thinking about the alleged "community engagement" requirement (which is no such thing, it is a punitive tool for politicians who don't know who they are judging) Since my daughter has a disability, I wonder how much MORE paperwork we would have to do: how fragile must one be to exempt out of this? Sounds like more doctor's appointments and more time I'd have to take off of work. Again, adding to the time burden and emotional burden of families already with facing hardships. Governor Bevin should have to watch someone's face as someone explains these changes. They are terrified. It is putting fear in his citizens, and why? Surely this isn't what Medicaid is for, to terrorize people who are eligible for it?"
Question: Kentucky HEALTH - Proposed Modifications to Application  
We encourage the public to submit their comments on Medicaid.gov as they relate to...

My husband was able to access Medicaid through the ACA for a few months when he lost his job due to his employer moving out of the country. I also work with homeless men, helping them find housing, and now that many of them qualify for Medicaid, I daily witness men seeing their primary care doctors instead of the ER; being able to get prescriptions and take medicines that help them manage chronic health and mental health issues; and have access to substance abuse treatment. Their lives have improved dramatically and drastically due to this vital access to health insurance. Many of them have health issues that need to be treated BEFORE they can find work that could pay for a health insurance premium; and many of their lives do not have enough consistency to be able to meet standards to not get locked out for 6 month periods. Adult men are the hardest people to get to go to the doctor; reducing their access to preventative, cost-effective medical care guarantees an increase in hospital stays and unmaintained chronic health and mental health conditions. These changes would mean that Hundreds of men in our shelter, as well as the 72 men in housing, would lose coverage to essential care.

When people start new jobs, they have enough pressure and stress and forms. 10 days is a very short period to report changes during such dramatic changes in income, employment status, etc.

What is the definition of "able-bodied?" What happens when someone isn't able to meet this requirement due to medical issues, even when acute? How does this decrease government bureaucracy when all of this will have to be documented? Who will be deciding if someone is "able-bodied", will addiction be considered? Will other family members needs be considered? Will transportation be provided? Will people be assigned a case manager to place them? I live and work in Jefferson County and I still don't know where people would be able to volunteer 20 hours a week. Who wants someone who can't read or write and has an addiction volunteering 20 hours a week? It will take 60 hours a week to chase down a place and someone else begging them to let the person volunteer. I can understand where this idea came from, it sounds fine at first blush, but in practice it is impossible and cruel, and we don't even have the details on it yet!

My patients are able to come in for treatment and afford medications they need. My patients work temporary jobs or have seasonal increase in hours. Not stable jobs. My patients will have problems with transportation, being able to work and caring for their children.

Our community of individuals with down Syndrome have benefitted throughout their lifetime. This includes additional therapy or helping with community employment opportunities. These are things that traditional insurance cannot provide assistance for and most things people are not able to afford on their own. I work in healthcare, and see a lot of individuals with Medicaid coverage. A lot have coverage and try to not advance themselves professionally in order to keep Medicaid services. Having the requirements of volunteer or work activities would help people be more involved and take responsibility of themselves. Which is needed and not encouraged with current Medicaid. The work requirement would affect the individuals I work with, by helping them be more involved in their own health care, so long as they also have nurses to help them. They would each have to have a nurse assigned to them to be able to participate, and someone would have to create the places for them to work or volunteer. Additionally, it would make them participate in something instead of having the mindset that they cannot engage in volunteering or work related activities that may risk their Medicaid status.

Without Medicaid expansion and kynect I would have died from Crohn's disease. I am physically unable to work, but I am concerned about who makes that decision, will a nurse come to my house?
<table>
<thead>
<tr>
<th>Question:Kentucky HEALTH - Proposed Modifications to Application  We encourage the public to submit their comments on Medicaid.gov as they relate to d...</th>
</tr>
</thead>
<tbody>
<tr>
<td>I briefly had Medicaid and it was the best healthcare I've ever had. I was able to see great doctors and for the first time feel secure that my medical issues, unexpected or not, wouldn't bankrupt me. My partner has Medicaid and it helps him greatly because he is partly self employed and employed part time outside of our home but couldn't afford health insurance if not for Medicaid. I work with adults with developmental disabilities who all benefit from Medicaid - their Medicaid allows them to participate more fully in society, allows good programs like ours to stay afloat, and allows people with disabilities to spend their time in meaningful ways that encourage greater integration with our community. I feel that many who are going through changes in jobs etc may not be able to report changes in time. This is setting people up to fail. Requiring volunteer work for Medicaid recipients is ridiculous, patronizing, and offensive. Many Medicaid recipients are working, but may only work part time (as was my situation when I had Medicaid) or have other circumstances that make this not make sense. Further, where will all of these people volunteer? And no, churches are not an appropriate place for people to volunteer. It has enabled my family to better care for our son. More paperwork and regulations reduces the time with my child. &quot;More paperwork and regulations will increase the chance a mistake is made. I already have to call multiple people everyone there is a change or need, and this would mean more, means I would have a full time job trying to KEEP my medicaid! Having to report everything would reduce my willingness to work a little extra because i would dread the idea of how long it would take to get through to DCBS and what the results would be. I don't think the work requirement affect me but reduces staff availability to help me as they work with monitoring this program. my employer didn't provide benefits or pay me enough to be able to purchase them on my own, and I have had a lot of dental issues that needed immediate attention. more recently, I've had an extremely hard time getting back to work and it really made a difference in my care. I was diagnosed with severe depression while out of work and without medicaid, I wouldn't have received care or medication to help me function every day. People NEED medicaid. It's supposed to AID people with their medical costs. People who work and can't afford insurance should be able to get it- without having to be pregnant or blind. They ask for changes to be reported within 10 days but many people don't have the paystubs they ask for until at least 6 weeks after their start date. 10 days is ridiculous. You know DCBS will want proof and they won't be able to provide it and then what? They are locked out! What a racket to make sure people DON'T have medicaid. Trust me, people aren't milking the system because they don't want to work. The jobs want tons of experience for no money or benefits. A higher minimum wage could help a lot. Provides coverage to those who can't afford insurance and leads to preventive care which leads to better health. These changes mean many would lose coverage and places an extreme burden on people I am disabled and unable to work. These changes are gonna cost me money. I could not do the work requirement. I couldn't afford my inhalers or medication to treat my copd without my coverage I wouldn't be able to have oxygen in my home to help me breathe. Please don't make these changes. We have 4 children adopted from foster care who receive Medicaid as backup to our health insurance. It has covered all of their dental care as we don't have dental insurance. Also one of the 5 has significant mental health issues which have required hospitalization, partial hospitalization and residential treatment. Medicaid has covered both residential treatment stints which our insurance wouldn't approve and parts of the hospitalizations that our insurance has denied. Without the Medicaid hard to say what could have happened to him or to the family when he's been a danger to himself and others. I would hope that we would be excluded from the reporting. To my knowledge because they receive it because of former foster care and it is backup, we don't have to report this. My family members are able to access healthcare they would not be able to afford. My family member's health would be severely compromised. This could affect their ability to parent, remain in their housing, lead to incarceration and jeopardize public safety. Being required to report income changes within the proposed time frame creates additional stressors. It creates barriers, to access internet services, phone access, transportation and mobility as well as childcare. Requiring 20 hours of ‘community engagement ’ create additional barriers to obtaining employment for ‘able bodied’ adults. This will further unemployment, as providers participating have no incentive to hire, when they can have work completed for free.</td>
</tr>
</tbody>
</table>
I work helping low income and at risk individuals find jobs. Since Medicaid expansion, I have seen people able to more quickly address chronic health problems and find employment and become self sufficient. Before Medicaid expansion, my clients would struggle with basic health problems making them unable to go to work and therefore remain on welfare for longer periods of time. Medicaid has removed a major barrier to going to work and let a community with more people working and paying taxes. As it becomes harder for individuals to access Medicaid, my clients will spend more time trying to get coverage in order to get medical treatment. This will leave them with less time to find employment. As they struggle to get coverage and medical treatment, less people will go to work or the time for them to find employment will be delayed. My clients income changes so often this reporting would be impossible. It is extremely difficult to communicate with DCBS, especially for those with limited English proficiency. Especially when someone first starts a job, it is difficult to quickly report these changes. When jobs may be temporary to start, one may be nervous to report a job and lose coverage (thus having to start a difficult and time consuming application process again) for a job that might not even last. First of all, it is difficult for individuals on Medicaid to find placements for these hours and often aren't really a help to the agencies where they work. When people rely on public transportation, all their time is spent on community engagement, again leaving no time to actually look for a job.

Quality of life, participation with the community, economy and happiness occasions Medicaid participation. These changes are devastating to many who can't work, volunteer or pay. Reporting to DCBS is already a problem now, this would increase those issues 10 fold. The work requirement will fail. It won't make anyone work more. People are either already working or don't have somewhere to work and don't have transportation.

It has really helped a lot especially when you're down and don't have any income. We should really think about those people, and not punish them like this. It would affect us tremendously but it would when it comes to income, premiums and then getting locked out because you don't have money to pay!

My adult son was briefly on Ky Medicaid when he moved back from TN and was between jobs- he was in a car accident and was injured and his treatment was covered, otherwise he would have had expenses that might have bankrupted him. He could not work for a short time and Medicaid saved him from financial ruin. The idea that able bodied adults who work many hours at low wage jobs who are also caregivers or who temporarily cannot work have to do community service is degrading and unnecessary and the self reporting being required in the modified waiver version is not feasible for certain populations of vulnerable adults.

The reporting requirement, and the lock out. This is an impractical requirement and very disruptive to continuity of health care.

Getting medical coverage that is very much needed this is the reason I moved to ky. you can't live without healthcare. these changes mean people won't have healthcare and won't be able to live, much less work

Don't know if the work requirement would apply to me since I am "elderly." If so, I would probably lose my insurance while I was looking. I didn't see the age when you don't have to work? I can not work for my health insurance.

My children were adopted from foster care. They have emotional/mental/physical challenges as a result of abuse/neglect that will likely be lifelong problems. My husband and I would not have been able to commit to adoption of this sibling group of 8 without Medicaid for their needs related to abuse/neglect. My husband and I both work full time and have our own insurance through our jobs.

Providing coverage for those who would otherwise be uninsured. Enabling people to benifit from preventive healthcare, ie.,tests screenings,etc that would otherwise be unaffordable. These changes are a loss of insurance, decline of health and physical and emotional well being. Loss of jobs within the healthcare industry. The requirement cruelly leaves out those individuals who do not qualify for disability but who have health issues that interfere with regular work. It also excludes retirees whose pensions fall below the poverty line. I dont believe job training would beneficial for medicaid recipients that have college degrees and who have fallen on hard times. It would seem like a slap im the face.

I work with persons with HIV/AIDS and a lot of our patients receive their life-saving medications through Medicaid. It has saved many, many lives! People will literally DIE if they are locked out of Medicaid or if medicaid funds are cut since they won't be able to pay their medical bills, but their medicines, having a nursing home to stay in and take care of them if they qualify, etc. This is No it does not but 10 days is a very short window of opportunity. 30 days seems more reasonable and do-able. It is very difficult to call Medicaid.
**Question:** Kentucky HEALTH - Proposed Modifications to Application  We encourage the public to submit their comments on Medicaid.gov as they relate to d...

<table>
<thead>
<tr>
<th>I think it's a good idea if person is healthy and unemployed to get training or community service, but not to be punished if they aren't able to do it, it should just be a program option for people.</th>
</tr>
</thead>
<tbody>
<tr>
<td>My autistic son relies heavily on medicaid. Community wide this would benefit overall.</td>
</tr>
<tr>
<td>I have insurance where I did not before Many Who were not covered before now have insurance, these changes would mean many would not have coverage any more.</td>
</tr>
<tr>
<td>It has allowed my family and I to receive healthcare. We cannot afford insurance. By receiving the needed medical treatments it has allowed us to regain employment. We are grateful for Medicaid and extremely fearful of our future without it. That fear is causing stress induced illnesses, Medicaid has covered the doctors appts to receive the medical attention for these illnesses as well. We are poor, we work odd hrs, and struggle with transportation. All the stress of this unsurety is only causing more health problems. Leave Medicaid Alone</td>
</tr>
<tr>
<td>I can't work and i cant do any type of work because of a injury from where a inmate hurt me at my job and I can't get disability I wouldn't be able to get my medical care thati worked for many years to get. The reporting requirement, t a friend would be affected We'll I can not work because of my medical issue, how would that work?</td>
</tr>
<tr>
<td>Because of Medicaid, my community has seen an uptick in preventive care, mental health and substance abuse care, and in less inappropriate use of the ER. I do not want to go back to days when basic services weren't covered. My community will suffer if treatment options are taken away with these changes. How would they not take medicaid away? They are impossible. A 6 month lockout will result in some people losing necessary treatment and going from &quot;able bodied&quot; to &quot;medically frail.&quot; This will be a self fulfilling prophecy. The reporting requirement is N/A to me, but I can see small business owners, seasonal businesses, and even farmers having difficulty with these requirements. This stresses me out, and I am not even eligible. How can we ask poor people - who are already worried about paying their bills and finding a job- to &quot;volunteer&quot; or work? Many people on Medicaid are already working or work multiple jobs with different hours week-to-week. If the jobs and work aren't available, what do we do? Make them poorer if they happen to also get sick? Because a 6 month lockout of coverage means medical bankruptcy.</td>
</tr>
<tr>
<td>I work with individuals with psychiatric disabilities. Medicaid has enabled them to access primary healthcare services, mental health treatment, and afford the expensive medication that helps them live outside of a psychiatric facility. To restrict Medicaid or add work requirements in any way implies that there are those in our community who are &quot;deserving&quot; and &quot;undeserving&quot; of basic healthcare. Healthcare is a universal right and we should be making it easier for people to get the care they need. The proposed changes are intended to prevent those who are in greatest need from accessing lifesaving care. When my income changes, it does change there is typically a lot going on in life and getting something reported in 10 days could be easily overlooked. This work requirement reinforces the conservative fallacy that low-income individuals are likely to &quot;take advantage of the system&quot; and must be required to work to prove they are not. As if finding a decent job in low-income areas is like snapping one's fingers. This requirement is ridiculous.</td>
</tr>
</tbody>
</table>

2017/07/12 10:28:11 PM AST Yes, someone in my family does. No, I do not support this change. No, I do not support this change. I do not support these changes. Medicaid allows my sister to have access to supplies to treat her type 1 diabetes. These changes could keep her from being able to remain on Medicaid particularly the 6 month lockout requirement. My sister cares for her two children and our mother. Adding a mandatory 20 hour volunteer requirement would be difficult for her to meet and not fair.
My brother was disabled and able to gain Medicaid to seek medical treatment for a lingering illness. It turned it to be cancer. I believe that while Medicaid allowed him to get a diagnosis, he would not have died if he had Medicaid earlier thus receiving earlier treatment.

There are instances when coverage should be retroactive. A completed application and payment upfront sounds great however, not always feasible. The participant should apply and if the participant is eligible, coverage should be retroactive to when they applied.

I would need more information before I could support this. What of a person who is actively seeking employment but has yet to find a job. Job hunting itself can be a full time job. My husband became unemployed. Even with two Masters it took him 4 months to find a job, networking, interviewing, sending resumes every day. While we were able to survive on unemployment and my salary, I saw how time consuming job hunting really is. This requirement doesn't seem to understand that, or recognize what it is really asking.

This is cruel and should be unconstitutional

I was diagnosed with type 2 diabetes 2 years ago, I am a generally a healthy person, watch my weight, exercise, and do not smoke. I am uncharacteristic to this disease. However my employer did not offer insurance. Without medicaid I would not be able to afford the necessary supplies and medication to control my blood sugar. Medicaid has reduced my risk of kidney failure or loss of limbs. I could not afford the testing materials need to control my blood sugar levels. I am currently working for a school system during the school calendar. My job changes during the summer where I am a farmer. The fluctuation of income changes from month to month depending on work availability and the weather. I usually start working on my farm sales by the time the required "community engagement" would be required and would confuse the system with the shift of work.

My brother was disabled and able to gain Medicaid to seek medical treatment for a lingering illness. It turned it to be cancer. I believe that while Medicaid allowed him to get a diagnosis, he would not have died if he had Medicaid earlier thus receiving earlier treatment. There are instances when coverage should be retroactive. A completed application and payment upfront sounds great however, not always feasible. The participant should apply and if the participant is eligible, coverage should be retroactive to when they applied. I would need more information before I could support this. What of a person who is actively seeking employment but has yet to find a job. Job hunting itself can be a full time job. My husband became unemployed. Even with two Masters it took him 4 months to find a job, networking, interviewing, sending resumes every day. While we were able to survive on unemployment and my salary, I saw how time consuming job hunting really is.

Physical health varies day to day - Medication does not always work satisfactorily. Working when jobs are available and not having a steady income Don't always have transportation available so it would be difficult sometimes to get to the assigned engagement.

A friend was able to get coverage for her son's expensive cystic fibrosis treatments through the expansion. She is a waitress with another high needs child, and her hours and income are not steady. All of these changes would hurt her family. They would be devastating in fact. I believe expanded Medicaid has helped our community and a lot of people as well as the economy. The benefits should be available to more people, not fewer. It would save lives and money in the long run. It would hurt my community, mostly by further stigmatizing those who struggle to pay for healthcare. Most people on Medicaid already work full time or close to it or can't work or care for children or loved ones full time. This isn't about getting people to work, it's about belitting the poor and enriching the wealthy. I work approx 36 hours a week, but since I don't get paid leave, my income can vary from week to week depending on how many hours I record. If I lost my job, this would make it much more difficult to conduct a job search while caring for my child. I can't imagine really. This would be a nightmare.

An older sister-in-law is dependent on Medicaid coverage for ongoing health issues while she cares for her elderly father. My sister-in-law's health issues cause her to be forgetful and disorganized. She might not be able to keep up with the paperwork and deadlines and could lose coverage.She shouldn't have to die because she is disorganized. This is terrifying. These changes are bad.
| Question: Kentucky HEALTH - Proposed Modifications to Application | Medicaid has helped us get ourselves together and helped keep our family in good health. We wouldn't be able to go to the doctors because we wouldn't have money to pay the bill afterwards and our kids wouldn't be as healthy as they are today. I am scared of these changes, they would be hard on my family.

My best friend utilized it when her son was born and her husband had unexpectedly lost his job. My friends with children who have special needs utilizes it so she can stay home to take care of them. I'm concerned that individuals who need it to be able to stay home with children with special needs could be impacted. This doesn't seem to think about the people who are on medicaid now. It is mean.

These changes are mean and cruel to people already facing the most barriers.

My best friend utilized it when her son was born and her husband had unexpectedly lost his job. My friends with children who have special needs utilizes it so she can stay home to take care of them. I'm concerned that individuals who need it to be able to stay home with children with special needs could be impacted.

I have close family members with chronic conditions who work and I work with cancer patients on a daily basis. While I understand the "gotcha" mentality is strong in this state with regards to people "skimming" the system, I feel that the unintended impacts will be harmful to those who are truly struggling to get by based on my work experience in the healthcare system.

Who the hell cares if someone gets medicaid and someone else thinks that is "cheating" the system? IT'S HEALTHCARE! EVERYONE SHOULD HAVE IT! Why does kentucky want to limit the healthcare people have access to?!!?! This is cruel!

I am deeply concerned about the proposed changes to Medicaid, suggested by Governor Bevin. As a family that will be affected by this waiver if it is approved, I am concerned. The "strings attached" approach suggested here is onerous at best and very likely presents major barriers to care for the most vulnerable people in the state of Kentucky. I believe this will cause many people to lose care or be locked out of care because of instability in their lives. This includes my family who relies on my changing self-employment income. And my husband who has been unable to work for the last several months due to mental health problems and has been caring for our children while I work. By this definition, my "able-bodied" husband who does not qualify for "disability" (but who is actually disabled) would likely lose the insurance that is helping him regain health again. This waiver sets people up to fail and puts people's health and lives at risk.

We concur with the talking points of Kentucky Voices for Health which appropriately object to the additional Waiver proposals. We additionally again raise the objections made by KVH and other advocacy groups to the original waiver request. Thank You.

John and Jean Rosenberg, 147 Clark Drive; Prestonsburg, KY 41653.

I am deeply concerned about the proposed changes to Medicaid, suggested by Governor Bevin. As a family that will be affected by this waiver if it is approved, I am concerned. The "strings attached" approach suggested here is onerous at best and very likely presents major barriers to care for the most vulnerable people in the state of Kentucky. I believe this will cause many people to lose care or be locked out of care because of instability in their lives. This includes my family who relies on my changing self-employment income. And my husband who has been unable to work for the last several months due to mental health problems and has been caring for our children while I work. By this definition, my "able-bodied" husband who does not qualify for "disability" (but who is actually disabled) would likely lose the insurance that is helping him regain health again. This waiver sets people up to fail and puts people's health and lives at risk.

My husband is insured because of medicaid expansion. I have benefited by being a therapist for a rural, non-profit mental health facility. I have seen my clients mental health improve, as they no longer worry about physical health. Due to having affordable (not "access to," but actually have) health insurance, their physical health has improved as well. As my husband switches jobs, these changes would affect him. Additionally, there are some areas were work is not available, hence why the consumers do not have employer paid health care. These changes would place undo stress on families and communities (see above comment regarding my employment). They are harmful to my community and my clients. The results would be more devastating than you might think. Just from the added stress from complying alone, it would hurt people, and then of course they would fail and be locked out, because this sets people up to fail. |
Question: Kentucky HEALTH - Proposed Modifications to Application

We encourage the public to submit their comments on Medicaid.gov as they relate to d...

More lower-income people have coverage for their health care needs and hospitals are being reimbursed for medical treatment at a higher rate. Hospitals that have to pay for indigent care pass those costs on to everyone else. When younger, more healthy individuals do not share the cost of health care, the price of my premiums are higher, we need to expand medicaid and keep as many people on it as possible. People need health coverage. These changes are designed to take that away.

My children have used Medicaid for the past 2 years and it has been invaluable to us. Their medicines and appts are covered and it has been a Godsend. I was on it for 6 months and had emergency gallbladder surgery that was covered. I would still be paying on the bills if it wasn't for Medicaid. It chances so much about your life to know your health won't bankrupt you and you don't have to make choices about your health based on what you have in the bank. If we were required to have 20 hrs of work or volunteer hours a week, I'd be afraid my kids would lose coverage. My husband is the primary source of income and I'm a stay to care for my young toddlers. We need to keep Medicaid for at least one more year until our middle child goes to kindergarten and I can look for work again. I'd be concerned with the proper way to report changes. No one wants to sit on a phone on hold for an hour or more to report a change. Perhaps easy ways of making changes via the internet would be effective. Where we only have our kids on the plan I'm not sure how it'll effect us, but it would be devastating for others, especially families we know who are already doing all they can. It is hard to be poor. Change is always scary and I don't want to risk losing the coverage Ky children have. If we were required to volunteer to keep their coverage, so be it, we would have to figure it out, because our children have to have coverage, but I'm afraid others wouldn't be in good spirits about volunteering. My son has been kept alive by having medicaid, this at this time doesn't pertain to him as he is a disabled minor but that may change in the future. Protect medicaid, it saves my son.

Also when unemployed my brother was able to be insured for the first time ever and sought healthcare. I feel a 30 day probation period on a new job should be allowed to make sure things will not change should the new employment not be what is expected. Someone can get a job telling them they will make X amount then when they start the job things are different and they may make less. 10 days isn't enough time to work all that out.

Medicaid is what has made it possible for me to have the peace of mind to get our family in order to be able to think about working.

This is so backward and cruel.

Medicaid provides needed healthcare to disadvantaged individuals and families in the USA, but Bevin's proposal severely limits the program and affects almost 100,000 citizens of the Commonwealth. Please don't force Kentuckians to suffer so Bevin can meet his bottom line.

Those changes are abhorrent. Losing Medicaid, even temporarily, means I'd have to go off my meds. I wouldn't be able to work. I already work and volunteer in my community. It's not 20 hours worth. If I did that, I would never see my kid.

It would affect me personally. I am unable to work and being forced to work for insurance is bull crap. Health care should be a right for all. My income changes from month month. I am unable to work. Bevin wants to force sick people to "volunteer".

Forcing people to spend extra time away from family, when they are already working at minimum wage jobs, or are sick will create an unnecessary burden on the family and community, it's just spiteful

I'm not on Medicaid but I think a two week to report changes in income like taking on seasonal yard mowing, etc. it's too much of a hardship to try to get the records done. I think once a month of reporting extra income should be sufficient. Also, I have heard that nonprofits- where the government suggests these people volunteer- do not have staff to keep records of volunteer hours.

Yes - my income and employment status changes regularly. A requirement to report changes within 10 days of my income or employment status changing would make Medicaid virtually impossible for me. As any informal worker or freelancer knows, income can shift.

This measure is problematic for many Medicaid recipients. Firstly, many people cannot find 20 hours of work per week. Secondly, many people need medical attention and treatment in order to work more hours per week. There are also irregular workers who wor
Question: Kentucky HEALTH - Proposed Modifications to Application

We encourage the public to submit their comments on Medicaid.gov as they relate to d...

My income doesn't change but I know people who this will affect because hours and other qualifications change on a weekly basis! Also, the volunteering impact will not effect me now but things change! How is someone suppose to volunteer who is actively either trying to find a job, unable to get around or have children they have to care for. And why do they have to volunteer in order to get help?

The changes would not affect me, but most folks that need the assistance would have to suffer through this process.

I'm barely alive because of Medicaid, thanks. I will die w/o it. Reporting my income is not possible, changes too much. And I can't volunteer because I'm physically hurt now.

Medicaid has made me so much healthier. I was diagnosed with type 2 diabetes 2 years ago, I am a generally a healthy person, watch my weight, exercise, and do not smoke. I am uncharacteristic to this disease. However my employer did not offer insurance. Without medicaid I would not be able to afford the testing materials needed to control my blood sugar levels and be stable in my life or be able to work. Medicaid makes it possible for me to work.

The income reporting requirement makes no sense. I am currently working for a school system during the school calendar. My job changes during the summer where I am a farmer. The fluctuation of income changes from month to month depending on work availability and the weather. It would be spending as much time trying to report the weather as working! I usually start working on my farm sales by the time the required "community engagement" would be required and would confuse the system with the shift of work.

I suffer from many chronic illnesses and I'm trying to get my disability. If I lose my expanded Medicaid I won't be able to half way treat my illnesses. These changes would mean that I would lose my coverage, no doubt. I've been fired from my last 3 jobs because of my chronic illnesses. I work all I can. I want to work, I am not able to keep a job because of my illnesses, so now, because of that, I don't get to keep my healthcare either? That is cruel.

Patient engagement/health engagement are not imposable by external forces.

The concept that penalizing someone with lack of health coverage for up to 6 months until they jump through hoops isn't training anyone to do anything except mindless bureaucracy. It's defeating, it's dehumanizing and it's plain wrong.

Definition of patient engagement:
http://journals.lww.com/ambulatorycaremanagement/Abstract/2012/04000/Patient_Engagement_What_Works_.3.aspx

I have been laid off and immediately accessed Medicaid. Having MS, this coverage is essential to managing my condition. Basically, I'd be volunteering so much I can't find a job. Also, delayed qualification means I have to cease my medications. I have been laid off 3 times due to restructuring. Having a disability and being in and out of poverty have impacted by employability, yet I try to work. I need flexibility in my plan so that I can work without being penalized. I would expend my time resources on volunteering instead of finding a job. Also, as a volunteer coordinator at my previous job, I can attest to placements being hard to find and 20 hours being a burden on organizations. Fewer hours (like 10 a month) would make more sense. There just aren't places that will take you 20 hours a week! There would have to be coordination to help place people.

A healthier community benefits everyone. These are punitive and arbitrary changes that serve no other purpose.

Between school studies, my child and work (15+ hours a week), I do not have time to work more hours or volunteer my time. Doing so would leave my child at home alone or add the additional cost of child care. Neither is an option.

Sometimes my income does change -quickly. So, by the time I report a change in my income another change can occur. My life is extremely busy, child, school (mine and my childs) homework/meetings, work, doctor's appointments etc. 10 days isn't enough time.
<table>
<thead>
<tr>
<th>Question: Kentucky HEALTH - Proposed Modifications to Application</th>
<th>We encourage the public to submit their comments on Medicaid.gov as they relate to d...</th>
</tr>
</thead>
<tbody>
<tr>
<td>I do not believe there are enough jobs, at least not here, to accommodate the increased workforce. I have no objection to a work requirement where it is possible, it certainly is not in Harrison County, where would people work? Where would they volunteer? How would they get there? I definitely would be concerned about what this would do to children. I believe child care needs attention. Young children should not be left on their own before or after school and this would force that issue. Parents would be trying to comply with these requirements and children would be home alone. That isn't very supporting of parents or family values. You think 7 and 8 year olds can magically parent themselves? Would you leave you 7 year old home alone?</td>
<td></td>
</tr>
<tr>
<td>I have benefited by being able to go to the doctor and get medicines that I would not have been able to afford. Without this medical care I would not be able to work as I do and volunteer in my community in many different ways. Almost all those I know who are on the Medicaid Expansion program work but their employers do not offer health insurance or if they do, the insurance is too expensive and also does not cover the doctors and drugs all their employees need. The mandate that they they work is redundant and mean.</td>
<td></td>
</tr>
<tr>
<td>Because job security is not a reality for many low-income people, they often lose and have to change jobs frequently. So, having to report changes often, within a short, even a 10 day, period is unrealistic and unmanageable. And then, if there is some m This so-called &quot;community engagement,&quot; whether 20 hours/week or less, and other requirements of the waiver, are entirely unrealistic and too burdensome. They are like punishments, based on the premise that people on Medicaid are lazy and just don't want</td>
<td></td>
</tr>
<tr>
<td>My daughter is 46 and had coverage for first time in life and is heathier ad a result. She will lose coverage and will no longer have a family physician. She works full time already and cannot afford regular insurance.</td>
<td></td>
</tr>
<tr>
<td>My grandchildren would be without insurance. Father will not pay child support for his children and would not carry insurance. He's still running free. The people who work for Medicaid do not have enough training to always give people the correct information. They make it much harder to report anything. They are not patient and are often wrong. It would end up just like everything the State government does. I Mess!!</td>
<td></td>
</tr>
<tr>
<td>Medicaid has meant that so many people are able to access preventive and treatment services as well as prescriptions. Will lead to improved health outcomes.</td>
<td></td>
</tr>
<tr>
<td>This reporting requirement could be very difficult and costly for son-in-law who is self-employed barber and his dependents. Already has to pay for profit and loss statements for annual eligibility determination. It is not free to have Medicaid. This would make it harder and more expensive. The lock out makes no sense. Could be very burdensome requirement for many. How is medically fragile defined?</td>
<td></td>
</tr>
<tr>
<td>Reporting in 10 days is too fast when people have a family or job emergency. Looking for work is a full time job. Caregivers don't have time to volunteer; they ARE volunteering to care for family members, and that should count.</td>
<td></td>
</tr>
<tr>
<td>I don't think making it harder for people that need Medicare will be helpful at all, and will make things even worse. Many people's income fluctuates. Requiring this would create hardship for them. And not everyone is able to work. Some don't burden the Government with their care. So it would be a bad thing to require this.</td>
<td></td>
</tr>
<tr>
<td>Let it be noted that the &quot;community engagement&quot; portion of the waiver imposes a burden of administration on the 3rd largest sector in the Commonwealth. No job training is offered. No financial incentives are offered to non-profits or city/county governments to offset the cost of training, screening and supervising the thousands of &quot;volunteers&quot;. Resources that may have been directed toward our individual missions will now need to be refocused to accommodate these individuals or else they will be without health coverage – increasing all our premiums and health costs because they'll then get care in the Emergency Room instead of through cheaper channels.</td>
<td></td>
</tr>
</tbody>
</table>
I quit smoking w my medicaid, almost 2.7 years ago, and now I regularly run and get exercise to be more healthy. I have also rec'd mental health services as all the attacks on my medicaid have severely stressed me out. I already work 50 hours a week, and I pick up trash in my neighborhood and I help the community, to be forced to document my work would lessen the time I actually spend helping others. Further, how am I to come up with 20 hours a week in addition to my day.

I make $23k annually as a self employed person. During Derby and Christmas, my income spikes due to demand, but in Feb and July I have a lot of cancellations due to weather and customer vacations. It fluctuates and trying to keep it reported on a month to month basis.

I am self employed so I have no way of verifying that I work 50+ hours a week to the gov. I would be forced to add another 20+ hours to my already packed schedule. I do not make enough to pay of my medical, or to fund a retirement, and I work 6 days a week.

I am a full time student in hardin county. where would I volunteer? How would i be able to work it around my school schedule or would i have to quit school to have my medicaid? I have diabetes, i have to have my medicaid to be able to work OR go to school, or live.

I work in a mental health center. Medicaid is vital to them getting medicine and recovery programs. We need ACA. ACA helps people get the much needed services to get better and manage their illness. These changes are not designed to help anyone, but to punish people for being poor.

Kentucky is a very poor state with many families, children & individuals struggling to make ends meet. These proposed changes hurt the poor. What is the purpose of the changes? More kickbacks to the rich? What about mothers with young children? Will the state provide babysitting services? What about those on full disability? Too many problems with these proposals.

Medicaid has benefited my community so much. People with part time jobs have coverage and keep working. Also people who had medical problems and could not work have been able to get healthy and now work. People have also recovered with mental health services. These changes mean that more people again using emergency rooms or not able to work and pay bills so lose a job. It is the opposite of helping people, and the opposite of helping people get jobs or better jobs.

For some people 10 days and then you are cut off is a death sentence.

This work requirement - Who will monitor the work and us it just busy work. Will the state be making the jobs or places to volunteer?

What good will that do? Need training and job skills and mental health care, look at programs in England!

I have a brother who is a veteran living in a nursing home. He is 62. Medicaid helps with his medical expenses. Medicaid helps people who qualify to get health insurance. This increases access to medical care which improves the overall health of our citizens Barriers to obtaining Medicaid inhibits access to health care which hurts families and our communities.

My community has benefitted from Medicaid because people who were stuck in the middle without insurance, could not afford to pay, now have insurance to cover family issues. I have a cousin who is perfectly able to work but just does not want to and he gets free insurance. That kind of crap makes me angry. More time is needed for income reporting. 25 days would be better some business will not be able to send variation by 10 days . Not reasonable.

have intractible Epilepsy gastropaesosis medications cost over 8 thousand dollars a month by having Medicaid I am alive and happy , with out Medicaid I would die. Health would keep me from volleneteering 20 hours a week. I live in jefferson

Medicaid is the First medical coverage of any kind as employers previously ignored benefits to laborers.

These changes mean Death.

The work requirement, what about If someone has no transportation. Or others wise ability to do assigned volunteer tasks it's just plain cruel
**Question:** Kentucky HEALTH - Proposed Modifications to Application  We encourage the public to submit their comments on Medicaid.gov as they relate to d...

Statistics reveal most people on Medicaid have supplemental income, but may not be able to work 20 hours a week to maintain the enrolled requirement for this new system. Some people in the community are unable to work for valid mental reasons or illness. If I was in a circumstance where I had to leave my job to become a caregiver to a loved one or if I were unable to attain 20 hours or more a week at work during a slow season, this requirement to obtain Medicaid would cause great suffering. I have never had benefits from Ky medicaid, but I am concerned about the people who have life threatening medical conditions that would go without care.

I am also concerned how these changes would effect the children in these households as I do not believe any child in Kentucky should not have free healthcare, period. I know people in the community who need medicaid for their children's insurance, and I can't imagine letting the children go without medical care if the parent cannot complete a certain amount of requirements.

It should be reported within ten days, but if it is not, they should not penalized for 6 months! Volunteering requirement makes it very hard on parents that are working a 40 hour week and barely making it, now we are adding 20 hours to an already long week. It is the families that will suffer. It just sounds like you are still rewarding the lazy people.

I would not be able to work 20 more hours a week. We do regularly do volunteer work to role model for our kids. Our 2 neighbors ...one is a caregiver to husband and son with disabilities...she could not work the 20 hours a week. The neighbor with disabilities.

Everyone SHOULD have healthcare. This is a litmus test. I do not support it

I am not on Medicaid, but do work seasonally. 3 months of the year, I make 80% of what I make for the year. There are a lot of seasonal workers, this would penalize them and be a hindrance to work. I am concerned this would overwhelm the non profits. Someone has to oversee the volunteers and do the paperwork. Are government entities ready to supervise volunteers?

Many folks are being kept out of nursing homes as a result of Medicaid Working people who are getting Medicaid coverage because their work does not cover them and they don't make enough money to buy coverage Would not impact me but many who receive Medicaid can't work because of their health issues or they are already working and attempting to raise children as well it seems pretty harsh. People are already working if they can! Who will monitor this or help people find jobs or places to volunteer? What happens if there aren't places? They are just going to be cut off through no fault of their own???

My chronic conditions are finally addressed. I'm unable to work or volunteer because of my chronic condition and would therefore lose my coverage and would die. I am unable to meet this work requirement due to a health problem. I am scared about how I would be able to tell the state that or who would be making that decision. My doctor knows I can't work, but will she be telling the state? How will that work? What happened to healthcare being between me and my doctor?

Health insurance coverage and preventive care provided to numerous persons previously not covered, which benefits the entire community. No coverage means people will be unable to prevent easily preventable illnesses and will have to rely on the ER for their care. This leads to higher costs overall. The work requirement would not impact me; however this requirement is demeaning. Everyone deserves healthcare no matter their income.

My chronic conditions are finally addressed. I'm unable to work or volunteer because of my chronic condition and would therefore lose my coverage.

Having insurance while I'm a full time student has been invaluable. I have aged off of my mothers insurance plan and I think it's important to have the ability to take care of my health needs so I can take care of my child. To have health insurance I would have to volunteer 20 hours while I go through law school leaving little time to raise my child alone. I do not have the benefit of family to care for my child or another parent for him to spend time with.

I personally believe the 20 hour requirement for benefits in general contributes to child abuse numbers in the state. Specifically when you a parent going to school full time which requires 36-48 hours a week of class time and studying to be successful, t

I think this is asking too much of people already under employed and barely making ends meet. It us just one more hurdle they would have to jump in order to get health care. Where would they find this volunteer work? Could they afford transportation to and from the volunteer job? Would this requirement take away from time to search for a job? I think requiring they participate in a job training program is great.
<table>
<thead>
<tr>
<th>Question: Kentucky HEALTH - Proposed Modifications to Application</th>
<th>We encourage the public to submit their comments on Medicaid.gov as they relate to d...</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am a disabled former teacher. Medicaid has benefitted me greatly. I am able to go to the doctor, purchase my prescriptions, and not worry about paying the rent, student loans, and various other expenses or having to pay medical. I wasn't able to afford My community has been positively impacted by Medicaid/Expansion. I do not see how the changes could help. We are very rural. We do not have many jobs or public transport. The people here are poor. Many do not have the transportation to get to volunteer or work, if there were jobs to go to.</td>
<td></td>
</tr>
<tr>
<td>I have many questions about this work requirement. Who would supervise it? Who would make the placements? I do not know if I would fall under the medically frail category. I currently am very ill. I faint and have seizures regularly. Would my doctor be deciding if I get to keep my Medicaid coverage? Would Gov Bevin be deciding if I am able to work or volunteer and how often? Please DO NOT TAKE AWAY MY HEALTHCARE I AM A DIABETIC AND I HAVE SEVERE HEART DISEASE I CANNOT PAY FOR DR VISITS TESTS OR MY MEDICINE PLEASE STOP THIS Please DO NOT TAKE AWAY MY HEALTHCARE I AM A DIABETIC AND I HAVE SEVERE HEART DISEASE I CANNOT PAY FOR DR VISITS TESTS OR MY MEDICINE PLEASE STOP THIS Please DO NOT TAKE AWAY MY HEALTHCARE I AM A DIABETIC AND I HAVE SEVERE HEART DISEASE I CANNOT PAY FOR DR VISITS TESTS OR MY MEDICINE PLEASE STOP THIS Please DO NOT TAKE AWAY MY HEALTHCARE I AM A DIABETIC AND I HAVE SEVERE HEART DISEASE I CANNOT PAY FOR DR VISITS TESTS OR MY MEDICINE PLEASE STOP THIS</td>
<td></td>
</tr>
<tr>
<td>I couldn't walk right now if it weren't for Medicaid that covered two back surgeries when I couldn't work. My parents both have chronic illness, my mother has A LOT of medical issues and having medicaid has kept us alive. If it weren't for medicaid covera If these changes happen, ah! We would barely make it by financially if at all. Both my parents are disabled and aging and on their low income wouldn't be able to afford medical care and food. My income currently doesn't change regularly. But starting a new job is stressful and it's very easy to forget about changing insurance in the midst of all that. Especially if you have to move. Reporting changes in that small amount of time is ridiculous. I'll be starting a job soon and won't be on Medicaid anymore. I think requiring this is a terrible idea because it will put more people out into public that don't want to be there and no one really wants to deal with them and every employer and customer w</td>
<td></td>
</tr>
<tr>
<td>I am a social worker and I know these changes would hurt people. These changes will hurt the poor, who are already disadvantaged. This will also hurt children, who could lose coverage and be locked out. I think this is a terrible idea, how do you expect people to work full time jobs, do volunteer work, raise their children, and some go to college. Medicaid plays a vital role in the lives of my students and their families. Eighty-five percent of the students I currently service have complex medical needs and many of them would not have received the needed treatment if medicaid had not been there. Me Since the block out would not affect children, it would not directly affect my students. However, many of my students' families are low income and my district's community is in rural Kentucky and chronically under-employed. These kind of regulations do not help people. They are not designed to improve the health of Kentuckians - did anyone with a degree in public health sign off on these? I don't see how. Parents have to be healthy in order for children to be healthy. Punishing parents punishes children.</td>
<td></td>
</tr>
<tr>
<td>Speaking from the viewpoint of my students, transportation is a massive barrier for the blind and visually impaired for employment and would be for volunteering, as well. Will transportation be provided? Will the establishment be required to provide reasonable places for people to volunteer?</td>
<td></td>
</tr>
<tr>
<td>I am a stay at home mom with a one year old. My husband is a full time student. All three of us are covered by Medicaid. We are not able to earn an income during this time and are grateful for Medicaid We would not be able to meet the 20 hour per week work requirements and would therefore lose coverage. Community Health is improved when all citizens have healthcare and access to treatment. Penalizes the most vulnerable citizens, increased bureaucratic overhead. Not reasonable - 30 day window minimum. Volunteering: Too onerous, 10 hr. per month max. with more exemptions.</td>
<td></td>
</tr>
</tbody>
</table>
Question: Kentucky HEALTH - Proposed Modifications to Application

We encourage the public to submit their comments on Medicaid.gov as they relate to d...

<table>
<thead>
<tr>
<th>Yes, I work a full-time job, but my hours vary. A 10 day requirement (with the consequence being a 6 month lockout) would be inordinately punitive. Shame on you, Governor Bevin. I have and advanced degree, and I work full-time. Many Medicaid recipients are working poor, and they do work very hard but not in industries that provide them with insurance. I would be very hard-pressed to meet the &quot;community engagement&quot; requirement.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am a type 1 diabetic and work 60 hours a week but cannot afford healthcare coverage and am not offered it by either of my employers. I also have a college degree. The idea that people who benefit from Medicaid are lazy, uneducated or unemployed is simply untrue. My medical expenses are more than my monthly income. Without Medicaid, I could die. My income doesn't change often and is not substantial enough to alter my eligibility for coverage. I already work 60 hours a week.</td>
</tr>
</tbody>
</table>
| Also the lock out is cruel. Surely it is not legal
annual certification would work best. the less complicated things can be made the better off people will be. this reduces administration costs as well. |
| why do this. most of the recipients work anyway. another unnecessary roadblock to medical care. |
| My income will change in the coming year. A requirement to report changes within 10 days of income changes for people - such as service industry workers - is complicated and unfair to people in lower income jobs. This requirement would not affect me directly. If people are unable to work or volunteer for 20 hours a week, there may be a (physical or mental) health reason they can't work. Health care should not be taken away from people, it is a basic right. |
| It would not impact me personally but I would be concerned that people in some of KY's most impoverished towns would not be able to cobble together 20 hours per week. Where would they do it? Who will count the hours when someone is picking up trash? Why do we want to force people to pick up trash to be able to go to the doctor again? This is a terrible idea. |
| I have seen many in my community able to access healthcare with the Medicaid expansion. Giving care to all makes the community a better place. These changes would kick many people off of Medicaid coverage. Include my elderly grandmother that survives off of ssn. This work requirement isn't realistic for people to do that have children or care for others. Will the state provide childcare while parents volunteer? |
| My daughters were adopted from foster care. We receive weekly physical therapy, regular rheumatology visits, psychiatric emergency and ongoing care, an upcoming tonsillectomy, and all of that is just this calendar year. I am particularly concerned about children whose coverage would be impacted by their parents' or guardians' choices, or whether or not their parents are able to comply with this! You would be punishing everyone! |
| This reporting requirement would be would be difficult to keep track of and get entered in time because income changes often are linked to other time-consuming stresses. Actually, just thinking about this is undoubtedly causing people unnecessary stress and fear. Why does the state want to do that? |
| The work requirement is unhelpful and mean. This seems like making busywork as punishment for poverty rather than meeting anyone's needs. |
Question: Kentucky HEALTH - Proposed Modifications to Application

We encourage the public to submit their comments on Medicaid.gov as they relate to the proposed modifications.

Does Gov Bevin seriously not understand the purpose of government at all? It is not a platform to use to more aggressively blame and shame citizens for existing in the system he is responsible for. It is not a bully pulpit from which to judge people. It is to provide for the common good, to take care of everyone. To make Kentuckians live healthier, safer, stronger, and all around better. Make houses and cars and products safer, wages more fair (aka higher!)

Scrap this whole proposal and make a new one: everyone with Medicaid also gets a check every month and vouchers for transportation and all toiletries and diapers and I bet you will have your improved workforce almost immediately. If people have a way to be able to work, at all, they will. Its human nature. Plus, it sucks to not have a job, it is so stressful. and it's worse to be poor, whether you have a job or not! Maybe Gov Bevin should try it!

We all benefit when the least able among us are taken care of outside of emergency care. ER care is very expensive. A lot of it is taken care of when Medicaid is robust and problems can be addressed before they are urgent. These changes are terrible. They will kill people. They create many barriers to care that would be unintended. Lack of transportation and lack of child care alone are substantial barriers for many qualifying people, not to mention the existence of jobs at all, or places to volunteer.

The reporting requirement, It would not affect me--but all this issues are not about me. Put yourself in others’ shoes. Same with the work requirement, It would not affect me personally, but for qualified people, looking for a job is a full time job. Childcare, transportation and engagement opportunities are not equally distributed in the community.

Without Medicaid, we lost our home. We had to file for bankruptcy for thousands in medical bills. I don't believe people should have to work to have health care. What about adults who already have a job, and can't find time to volunteer twenty more hours per week. Reporting changes is difficult because the offices are packed and you have to wait for hours on the phone. People who work 7-5 can never get a hold of anyone, and when you do, they are judgmental and rude and you feel like they have been trained to make you feel bad about yourself.

I reside in an economically oppressed community where Head Start programs are full. These families often have children with disabilities or developmental delays, and there are many elderly people in my community who would not have access to doctors or me.

I have seen many in my community able to access healthcare with the Medicaid expansion. Giving care to all makes the community a better place. This would kick many people off of Medicaid coverage. Include my elderly grandmother that survives off of SSN. This isn't realistic for people to do that have children or care for others. Will the state provide childcare while parents volunteer?

Many folks in my community rely on Medicaid, as do friends. Some have children with disabilities, and the waiver would make it hard for working families to cover the cost of these preexisting medical conditions. These changes would hurt so many people. I hope Gov Bevin knows that. Working at a non-profit, folks who are forced to volunteer often have other things on their mind, and they are unable to focus. Transportation can be a struggle, and making their care dependent upon their ability to give time seems like a way It's hard for folks I know to make it out to volunteer opportunities on a regular basis, and then some folks may fall into question what counts as 'community engagement'.

The Kentucky 1115 Waiver Changes erect more barriers to health coverage than were originally present. We're not champion horse jumping here. We're supposed to be providing health coverage to those who need it. Definitions of "need" have been well-defined at the federal level. These changes reflect making it easier on the state to provide even bigger barriers, shifting cost and responsibility to the nonprofit sector (community engagement), employers (work training and more hours of work per person), and individuals who are already in a stressful time during their lives.

I think the ones that are fully capable of working should have to be employed if they can, but they shouldn't be punished because the state hasn't done its job to create jobs or transportation. Drug addicts & alcoholics should be offered rehab, not work! Who wants to have an addict volunteering somewhere??? but once it is completed they should get job training instead of this requirement..

How can you work 30 hrs a week and do 20 hrs community work?
Question: Kentucky HEALTH - Proposed Modifications to Application

We encourage the public to submit their comments on Medicaid.gov as they relate to...

People in my community not suffering and dying from treatable diseases because, without Medicaid, they couldn't get the care they need is a benefit to my community. It should stop there, but apparently - that's not enough.

So, I will also say that Medicaid has saved lives of people I know personally. Isn't that enough of a community engagement? To stay alive and be a part of your community? What else do you want from people?

This reporting requirement and lock out is cruel and unthinking. These changes pretend to be simple fixes, but they ignore the reality of the people most likely to use this service. For example, if you are cobbling together hours from multiple jobs or your pay rate changes from one temp place to the next and based on the temp service, you literally do not know what your income will be, you don't know what the rate that the agency takes and sometimes it changes, and that is all if you are getting work and then sometimes you don't!

Calculating annual income based on a 10 day period for individuals whose wages fluctuate daily is mathematical nonsense.

Do you know nothing about low income people? OF COURSE THERE ARE CHANGES ALL THE TIME, low income jobs are inherently unstable. Maybe our state government should focus on fixing that and requiring employers to offer sick time and not fire people for getting sick. Maybe our state gov should focus on better worker protections than this nonsense.

Wow, That's a great plan, by all means let's offer Medicaid assistance so that families end up right where they started when they have pay day care for someone to watch their kids while they do community service. Or, pull a student who is trying to invest in their future and improving themselves, let's put a stop to that right now and demand they go get a minimum wage, unstable, fast food job! That will secure their future and make sure that they are helping Kentucky pay toward our pension crisis! How gross and short sighted to think that a work requirement will somehow create better lives for people on Medicaid? It is insulting, demeaning, and completely out of touch.

I benefited from Medicaid coverage when I was unemployed, and then under-employed, for nearly 9 months. My brother has special needs, currently receives permanent disability and Medicaid coverage; I am concerned about how Medicaid cuts will affect him. Most people who are able to work and have jobs available are working, that shouldn't be hard to see. Why would the state want to go to all this trouble for something we don't have a problem with?

I have experienced unstable employment, and thus unstable health coverage, for most of my adult life. I am now in graduate school; I have health coverage, and hopefully I will when I graduate and get a job. I worry about people in my community whose employment is unstable now or isn't available at all. If they change they will be in a period of chaos and trying to scramble to keep the lights on and figure out where any cash is lost in the couch (that is a real thing, Bevin might not know anything about it, but people dig for pennies to be able to help get someone gas so maybe they can go somewhere and apply for a job that they won't get because they have a stupid felony from a hundred years ago and they don't have nice clothes or enough teeth because they don't have dental coverage!) I would be create more hardship. I currently do not have an extra 20hrs/week to spare. And I would imagine this is true for other low-income applicants. I think this requirement makes problematic assumptions about the amount of time people needing medical care. Working shouldn't have anything to do with getting medical care!

I'm completely disabled and the nature of my illness is such that even if I become healthy enough to return to work part time, I can't push myself that extra mile physically or I'll be right back where I am now or worse. So it's a very scary thought.

If the government can find jobs for people to do in exchange for health insurance, then why can't they hire them and pay them actual money? Sounds like serfdom.

Has helped children and disabled to get needed health care. The problem will be, even if a person works 40 hrs a wk at a little over minimum wage, their not eligible for Medicaid and can't afford health insurance! Make Medicaid go higher! People should be able to have Medicaid up to $30,000! You still can't afford health care.

My son has disabilities. He needs medication and many visits to the doctor My son can't volunteer and I can't volunteer because I couldn't find anyone or pay anyone to take care of my son. This is a terrible idea.
Question: Kentucky HEALTH - Proposed Modifications to Application

We encourage the public to submit their comments on Medicaid.gov as they relate to the...

Please institute a plan that helps people graduate from Medicaid without feeling punished for doing better. This is the most important missing policy piece.

I just know that this requirement would be difficult to implement. I also do not know how CMS can effectively monitor compliance with such a time sensitive mandate. The hours of community service do not impact me, but this would be another regulation that would become burdensome on current caseworkers.

I work full time but do not earn a lot. My daughter is disabled. We did not have any coverage and had not been to a doctor or dentist in many years. I have high blood pressure and as I mentioned my daughter is disabled. Medicaid has likely saved our life. As I am under the 130% mark and do work full time, I would hope that we would still be covered. My daughter has panic attacks and she has tried to work, but gets fired as no employer can have her having attacks at work. Would she be considered able-bodied? How is that decided? Why does it matter, everyone needs healthcare, and no one should be punished by not being able to see their doctor with this lockout.

Medicaid is a moral and just healthcare benefit to the otherwise unserved/under served members of our community. These changes concern me. I worry what would happen to the Kentuckians who exist in a perpetual state of financial uncertainty. They deserve to be healthy and receive quality healthcare regardless of their ability to pay. For 20 hours the State should provide not only healthcare, but a paycheck and retirement benefits too.

It would not affect me directly, but may have an impact on someone who has multiple children. It is difficult to work/take care of your children on a single income.

Our family moved to Kentucky from Australia while I was 6 months pregnant. My husband was in school full time and working. I received quality care for myself and my children during this time. If I had not received good care, my child could have been still born or been born with any number of preventable problems. My husband sees patients in the ICU because they were unable to afford the preventative care they needed. We know these outcomes are improving dramatically in Kentucky. Also, my school district has over 50% of students living in poverty. Medicaid is what makes my school district a safe place to be, literally. It keeps disease out and the flu and helps everyone be safer and more productive!

I attended the waiver hearings a year ago, and I realized how the work requirement would negatively impact folks. So many people on Medicaid and Medicaid expansion are already working! This would place undue burden on them and negatively affect our workforce because people are going to spend all their time just trying to get ANY job instead of building to a job that can actually provide for them and will have people spending all their time begging for a place to volunteer instead of looking for jobs OR ACTUALLY WORKING. Most people are actually already working, so what problem are you trying to solve here? Children, the elderly, the disabled and chronically ill are NEVER GOING TO WORK. Who are you trying to make work? Who are you hunting?

I think this is a good idea in theory but I distrust the motives of the current government to work for the best interest of the poor. They have shown nothing to earn any kind of trust. I think there should just be easier ways for people to BE ABLE to volunteer, but not punished, which is probably really what the state wants to do here.

Preventive care is so, so much cheaper and more effective than waiting until a condition is complicated or chronic. Health is an investment; if persons potentially on Medicaid lose their health, they are far more likely to be shut out of the labor market. Part time work is inherently unstable, and in many areas it's all that's available. Coworker takes some time off and you cover for them? Boom, income change. They come back? Income change. More hours available over the holidays? Income change. This is a really nonsensical approach, surely someone has realized how cruel it is and how illogical it is?

There aren't enough job training programs or volunteer opportunities available for this to be realistic, and if these folks could find jobs don't you think they already would have done so? Nevermind the aspect of transportation. In so many parts of the state there is absolutely no forms of transportation for people, and this plan wants to get rid of what does exist! Will you able to use Medicaid transportation to get to places to see if you can volunteer/Will medicaid pay for fingerprints and background checks and IDs?!!?!!?
Both of my parents benefited greatly from assistance through Medicaid. Both parents worked and saved throughout their adult lives, and upon retirement were covered by Medicare and the best supplemental coverage they could find. My father developed a brain tumor and he would have died had it not been for MEDICAID, not medicare, because

I worry about the impact upon individuals who are having to care for elderly members of their families who require assistance. I'm concerned about the impact upon nursing home care, children and the elderly. This will not impact my husband or myself but our future is uncertain. I foresee a time in the future when I will be his caretaker. I currently have friends who are the caretakers of parents, spouses, and children... requiring them to do anything else will be impossible. This is just a way to kick people off of medicaid it looks like, and cost the state money to do it.

I am a conservative and a resident of Kentucky, and I believe in strict requirements for anyone requesting federal or state government assistance, including Medicaid. I am also a Christian and believe that all people should be treated with respect and dignity. There are several parts of the modification proposal that I do not agree with:

1) That the community engagement requirement will no longer be phased-in from 5 hours to progress over time to 20 hours per week and instead will start immediately at 20 hours per week. This is burdensome and presents a challenge to our more vulnerable citizens. A work, volunteer, or job training requirement is appropriate, but this modification is too severe. The original plan to phase-in the hours was better.

2) The three lock-out periods ("dis-enrollment") that are for non-payment of premiums (at 60 days), not re-enrolling on time, and now for failing to report changes in income and/or employment that impact eligibility or any other action that would fall under Medicaid fraud are understandable. But the State proposing enforcing a 10-day notification period for changes in eligibility is also too severe. Notification periods should be a minimum of 30 days. It often takes mail a few days just to get from one side of the state to the other. Let's have a little patience.

Thank you for the opportunity to share my opinion!

I grew up with my single mother and neither of us were insured. We lived in fear of anything that would require us to go to the doctor - she made 10k a year and there were absolutely no corners we could cut, nothing we could spare to make a medical bill a

As I said before, having to commit 20 hours a week on top of working 55+ hours at my actual jobs is asking way too much. No one should have to jump through so many hoops to stay alive, and that's what it boils down to. Requiring so much effort and work to have access to healthcare is counter productive and cruel.

Restricting access to Medicaid and adding unnecessary hurdles for families to jump through in order to obtain services would stigmatize those who legitimately need help and would reduce the overall physical health and economic well-being of our community

A work requirement in Medicaid is not only a bad idea, it's unnecessary and counterproductive.

It would not help move low-income people out of poverty and may actually increase poverty among many. It would increase the number of uninsured and add administrative complexity, which would increase costs for states and the federal government.

There are better and more effective ways to connect Medicaid enrollees to work opportunities.
We encourage the public to submit their comments on Medicaid.gov as they relate to d...

Work requirements in Medicaid aren't necessary, could be counterproductive, and could add to program costs. There are better approaches to connecting Medicaid enrollees to work opportunities, approaches that don't cut people off health insurance.

It is not necessary.

Most adult Medicaid enrollees who can work, do. Nearly 60 percent are working and nearly three quarters live in a family with at least one full or part time worker.3,4

Nearly three-quarters of those who are not employed are working outside the labor market as family caregivers or students, unable to work because of an illness or disability, retired, or actively looking for work.5 The percent of enrollees outside those categories who are not working and not actively looking for work is small.6

Most proposals claim that work requirements will help "break the cycle of poverty" by linking eligibility for Medicaid health coverage to work status. However, studies of other low-income benefit programs show that work requirements in have little or no positive impact on long-term employment.7

A study of the work requirement in the Temporary Assistance for Needy Families (TANF) program found that work requirements had little or no effect in increasing work or cutting poverty.8 In fact, the vast majority of people subject to the work requirement remained poor and some became poorer.

It would increase the ranks of the uninsured and leave people less healthy and less able to work.

Proposals that would terminate Medicaid for those who do not meet a work requirement would increase the ranks of the uninsured; nearly all who would lose coverage would not have any other affordable health insurance options. Those losing coverage could experience declining health that could make it even harder for them to look for work or get and keep a job.

The uninsured are less likely than those with insurance to get preventive care or treatment for major health conditions and chronic diseases.9 People without insurance are more likely to delay care and experience declines in their overall health.10 Poor health can make it harder for people to work.

Increasing the ranks of the uninsured can also increase health care costs for states and health care providers.

People who lose Medicaid coverage because they don't meet a work requirement will still get sick. They will still need medical care. Their care may even cost more—because people without insurance often delay care, they are more likely to be hospitalized for avoidable health problems.11

However, they won't have insurance coverage to pay for that care. Because they are low-income, they may not be able to pay for all the care they receive. Unpaid costs will fall on local governments, states, or health care providers as uncompensated or charity care. Eventually, those costs will be passed on to other consumers, raising health care costs for everyone.
Kentucky HEALTH - Proposed Modifications to Application

We encourage the public to submit their comments on Medicaid.gov as they relate to... 

It would mean more administration and higher costs for states and the federal government.

A work requirement will add significant administrative complexity to Medicaid programs. At a minimum, a program would need to track enrollees' work status; process any exemptions for family caregivers, students, and others; track enrollees' time spent looking for work; enroll, disenroll, and re-enroll individuals at different stages in the process. All this adds administrative costs, whether this work is done directly by the state or through a Medicaid managed care plan or other state contractor.

Evidence from states' experience with TANF shows that monitoring work requirements is expensive and results in more resources and time being spent on tracking work hours than providing services. There's no reason to believe that the administrative burden would be any less for a work requirement in Medicaid. Those added costs would fall on states and the federal government, which jointly cover Medicaid administrative costs.

Medicaid coverage helps families afford needed medical care and avoid medical debt. It is associated with improved financial health and security.

Individuals covered through Medicaid report less financial stress, less depression, and greater financial security than similarly situated individuals who are uninsured. Medicaid coverage is also associated with improved indicators of financial health among low-income populations.

Studies comparing low-income residents in Medicaid expansion and non-expansion states found that expanding Medicaid is associated with lower rates of borrowing; unpaid bills; credit card debt; debts sent to collections; and medical bankruptcy. Improved financial health and reduced personal debt gives people more opportunities to improve their economic circumstances and get ahead.

Medicaid coverage allows low-income people to access health care; that can improve their health and make them better able to work and hold a job.

Untreated medical conditions can make it difficult for people to maintain employment. Medicaid coverage for adults is associated with improved access to primary care, better medication adherence, increased screening for and detection of diabetes, more regular treatment of chronic conditions, and improved self-reported health.

By making it possible for low-income individuals to get the health care they need, insurance coverage through Medicaid can help people stay healthy or improve their health. That can make it easier for them to work.

I'm not sure how some moms could arrange adequate child care to donate 20 hours a week to work as many are single parents ~ I would rather see parents made acutely aware of how much the care for their children is costing the citizens of Kentucky.

Wouldn't impact me directly. However, I can easily foresee a time when non-profits are going to be hounded unmercifully by both the state and the Medicaid population to "please come up with something for me to do."

besides my first job that pays for my bills and food for my children I sometimes am a contract worker doing design and advertising work when I can. I do not get jobs very often living in the area of the state that I do. I call and report that I am working.

I don't have anyone to watch my children. I volunteer with my church group and local food pantry enough as is with no benefits from it. I'm not going to go do meaningless work and pay for child care when I could just go out and get a second job that would support my family.

I would find it very difficult to continue as a business owner/freelance web and graphic designer. There are no health insurance benefits for substitute teachers. I would need to pursue another type of employment.
**Question:** Kentucky HEALTH - Proposed Modifications to Application  
We encourage the public to submit their comments on Medicaid.gov as they relate to d...

I have had stable employment but my husband has been part of three companies who have closed down or moved so we had to change health care, luckily I can carry him on my insurance.

Where do you find these hours, do the people have to find them, what if they do not have transportation? that is a huge problem with jobs and community volunteers.

When I recently left my job (in July) I had another lined up (to begin in September) and health insurance was absolutely not my number one priority-- I had to complete significant amounts of other mandatory paperwork, find and secure housing in my new city.

Ability to find work or volunteer should not determine someone's worthiness of being insured. Many people contribute to our communities without having formal jobs or getting their "volunteering" signed off as legitimate.

My working poor and disabled students wouldn't be able to further their college education, therefore, they would be stuck in the cycle of poverty.

I see abuse in the system when individuals continue to take Medicaid and work for cash. I think there should be a stiff penalty for accepting any aid when their employment changes.

"Other conservatives contend that work requirements are ineffective in health coverage programs like Medicaid and could increase program costs if individuals are denied coverage for failure to comply and then seek emergency room care when they are sick. Research about the effectiveness of TANF work requirements suggests a "tradeoff between tough work requirements and an increase in disconnected mothers who are highly likely to be in poverty... especially during recessions." People may be better able to fulfill work requirements when the economy is strong, but these effects may not be sustained over the long-term." - [http://www.kff.org/medicaid/issue-brief/medicaid-and-work-requirements/](http://www.kff.org/medicaid/issue-brief/medicaid-and-work-requirements/)

My sister is raising all 4 of her grandchildren right now and without medicaid she could not do this. The children are 11, 7, 3, and 16 months. The 3 year old has learning disabilities that are sometimes overwhelming. She had to quit her job to care for these children with very little help from the state. Her husband is the only one working and they are renting a tiny apartment. Without medicaid and help from all of her family the children would suffer. I thank God for medicaid coverage because of the help that the 3 year old is now receiving. Please NO MORE PAPERWORK. My sister has her hands full right now and the paperwork to verify everything is overwhelming to her, because of the delays of govt. paperwork, she is in serious credit card debt to care for these children. It is a sad situation her daughter and son-in-law are in jail for drug abuse.

I see abuse in the system when individuals continue to take Medicaid and work for cash. I think there should be a stiff penalty for accepting any aid when their employment changes.

Please, please please, no extra paperwork. It is overwhelming to those caring for children, trying to find all the birth certificates and health records. Sometimes they never find them and have request new ones which can take up to 6 weeks delaying care for sick children.

This is ridiculous. You will starve in KY on $34,000/year for a family of 4. A recent study showed you need $13.95/hr to pay rent in KY (29,016 yr). How will these people handle illness without help? reference: [http://www.huffingtonpost.com/2015/06/01/minimum-wage-apartment-hourly-salary-housing-costs_n_7472472.html](http://www.huffingtonpost.com/2015/06/01/minimum-wage-apartment-hourly-salary-housing-costs_n_7472472.html)

If you don't have children and are able bodied, YOU SHOULD WORK!! End of story. I work 2 jobs and I am tired of supporting you.

There at limited job opportunities as it is...what are these folks going to do?

Not enough time, perhaps 30 days, not 10. About community engagement: Unsure! I believe it is important but immediately 20 per week is difficult. May agencies require training, background checks etc.

People who work variable hour jobs (anything that someone else schedules for you -- like a restaurant, day labor, seasonal work, etc) would have a hard time reporting changes in labor hours. Is your system really set up to handle that or are you trying to make it complicated enough that people quit working to keep their Medicaid?
Question: Kentucky HEALTH - Proposed Modifications to Application  We encourage the public to submit their comments on Medicaid.gov as they relate to d...

I quit smoking w my medicaid, almost 2.7 years ago, and now I regularly run and get exercise to be more healthy. I have also rec'd mental health services as all the attacks on my medicaid have severly stressed me out.

I already work 50 hours a week, and I pick up trash in my neighborhood and I help the community, to be forced to document my work would lessen the time I actually spend helping others. Further, how am I to come up with 20 hours a week in addition to my day job to cover and annual cost of $300 for eye care? I already have to pay $250 for eye care as it is so the math does not add up.

I make $23k annually as a self employed person. During Derby and Christmas, my income spikes due to demand, but in Feb and July I have a lot of cancellations due to weather and customer vacations. It fluctuates and trying to keep it reported on a month to month basis is too difficult. As a small business owner, I report annually to the IRS via my taxes and I should only have to share my taxes w the State on an annual basis.

I am self employed so I have no way of verifying that I work 50+ hours a week to the gov. I would be forced to add another 20+ hours to my already packed schedule. I do not make enough to pay of my medical, or to fund a retirement, and I work 6 days a week. Now the State wants me to work an additional 20 hours volunteer. If I got a second job, I could make an additional $15,000 a year at minimum wage for 20 hours a week. But there isn't a second job available to me (I am looking) and I could purchase insurance benefits for less than that on an annual basis, except that I choose to not kill myself by trying to work 70 hours every week.

Kentucky is a very poor state with many families, children & individuals struggling to make ends meet. These proposed changes hurt the poor. What is the purpose of the changes? More kickbacks to the rich? What about mothers with young children? Will the state provide babysitting services? What about those on full disability? Too many problems with these proposals.

More time. 25 days would be better some business will not be able to send vacation by 10 days . Not reasonable.

I would not be able to work 20 more hours a week. We do regularly do volunteer work to role model for our kids. Our 2 neighbors ...one is a caregiver to husband and son with disabilities...she could not work the 20 hours a week. The neighbor with disabilities can not work due to mental health problems.

I personally believe the 20 hour requirement for benefits in general contributes to child abuse numbers in the state. Specifically when you a parent going to school full time which requires 36-48 hours a week of class time and studying to be successful, then volunteering or working 20 hours a week can overwhelm people and honestly limits success. That's just my theory coming from a different state with low child abuse rates and no free labor policy to receive benefits like child care vouchers.

I think this is asking too much of people already under employed and barely making ends meet. It us just one more hurdle they would have to jump in order to get health care.

Where would they find this volunteer work? Could they afford transportation to and from the volunteer job? Would this requirement take away from time to search for a job? I think requiring they participate in a job training program is great, but not the volunteer program.

By receiving access to basic healthcare, thus able to be a vital part of the community. Affordable, guaranteed healthcare is a basic human right and not a political weapon.

Concerning community engagement: We do not have public transit where I live and I am unsure how I would be able to meet those needs with out reliable transportation.

I'm a volunteer coordinator. We will have WAY too many people wanting to volunteer if the 20 hr requirement passes. That is going to cause an un-necessary backlog in our office. There aren't enough volunteer positions to go around for everyone who'll need one.
**Question:** Kentucky HEALTH - Proposed Modifications to Application  We encourage the public to submit their comments on Medicaid.gov as they relate to...  

There is no way most disabled Kentuckians can fulfill stipulated volunteering.

Kentuckians affected by addictions might be assessed as "able-bodied" before their health status is adequately diagnosed; they'll need immediate medical treatment as soon as they're in a health care facility or jail.

My son has kidney stones, asthma, allergies, sleep apnea, problems with his ears and adhd, my husband has high cholesterol and has had 9 strokes, i have carpal tunnel, nerve or sensory damage, ibs-d and chronic pancreatitis. If we didn't have Medicaid we wouldn't have anything we couldn't cope with the issues or cost.

I and my son have to many dr appointments, sickness and im in pain more often than not..i can't work 30hours a week  

Concerning work, and community engagement: Who will guarantee a living wage job? Does treatment or school count?  

I am a graduate student studying speech pathology. I currently work 30 hours per week for no pay (only college credits) while I earn my degree. If it weren't for Medicaid, I would not be able to do this and pursue a career where I will ultimately be helping others. medicaid is helping me help others.  

The concept of having everyone work/volunteer 20 hrs/week isn't a totally bad idea, but it completely overlooks the very obvious fact that many parents of dependents who aren't working do so because child care is frequently unaffordable or of very poor quality. How does Governor Bevin plan to address this very valid concern? Does he plan to address it at all, or just go on assuming wrongly that everyone is lazy? By the way, these levels of what is given as federal poverty are ridiculous, and anyone working an entry level job in Kentucky could tell the Governor so. (5 yrs ago) I had a job where I brought home almost $20k in a year for a single person, & it wasn't enough to permit me to move out of my father's house & keep a roof over my head.  

Whoever makes these numbers up really needs to acquaint themselves with the actual cost of living, even in poverty-stricken Kentucky.  

As I am both primary caregiver & full-time student, this requirement has already been met in my case. I would actually like to be able to work at a part-time job if possible so I could have the luxury of a tiny amount of discretionary income - maybe I could buy myself a winter coat! - but I can see I'd have to be very careful about accidentally actually earning anything, lest the Governor think my child & I are totally set for life.  

If it weren't for Medicaid, I would likely be a college dropout who could not afford medication to control my obsessive compulsive disorder and possibly someone who would be suicidal. I hope that Medicaid continues to give others hope like it has for me! Medicaid saves lives!  

In response to the waiver changes: It would be a terrible hardship and my grandmother wouldn't be able to receive the care she needs  

I'm lucky enough to have a good steady job now but when I did not and was working seasonally as a temporary worker then yes, my income and employment status changed regularly - sometimes a quickly as within a week I could go from employed to not if a job ended and then hired again for another job within a few days. Changing my status every 10 days as an archaeological field technician would be a full time job in and of itself.  

I think this is an unnecessary requirement. The last data on Health and Family Services (2013 report) shows that 55% of the recipients were under 18 and 10% were 65-85+. That leaves 35%. I do not think there is a significant enough population within that 35% that are not primary caregivers, full-time students, or working poor to justify the administrative costs of running a right to work for medicaid program.  

As a self employed Licensed Massage Therapist with a pre existing condition I was unable to afford healthcare coverage before the ACA. Because of the ACA I have been able to see a doctor when I had minor illnesses. This allowed me to miss less work in turn with feeling more secure in my work decisions. This reporting requirement would have been very difficult when I did receive Medicaid. Due to my self employment verifying income can be very tricky and would have made it hard for me to get approved. These changes would be very difficult. When I was a self employed single mother my income changed regularly. My line of work has seasons of high and low demand. Therefore, verifying my income can be very difficult. Once again when I did receive Medicaid it would have been very difficult to verify my weekly hours worked. Therefore, it could be possible I would have been required to work an additional 20 hrs of work on top of my very physically demanding job. These changes would be devastating to so many Kentuckians.
**Question:** Kentucky HEALTH - Proposed Modifications to Application  
We encourage the public to submit their comments on Medicaid.gov as they relate to d...

| I recently graduated and have been on a job search. I am not personally in this situation, but I could definitely see someone in my situation changing jobs a lot if they accept a job to have some sort of income while they continue to search for a position in their field. When I was on Medicaid through Kynect, the coverage was great, but it seemed that any time I had to report or make a change, it was very difficult. In fact, my coverage was actually removed/canceled because I had to "renew" the coverage - something that others who had the same plan as I did did not have to do. I tried to go through the renewal process, and asked a Kynect representative over chat if I had properly renewed. This person said that I had, but apparently I had not because my coverage was canceled. I was lucky that I was technically covered by my school insurance (and lucky that I did not need to use it from the point Medicaid ended to when it ended) and that I got married in that time frame as well. I had a lot of specific circumstances that ended up working in my favor, but I feel that many others would not have the same experience.

I understand the thought process, but I'm tired of this weird give and take process, by which people can only get what they need if they jump through a million hoops. 20 hours is, frankly, a large commitment, especially if it includes people already working 30 hours, full-time students, and primary caregivers. I think the "welfare queen" idea is a myth; while there are always going to be people who abuse the system, I think they are few and far between. People shouldn't have to sacrifice so much time just to be able to see a doctor. Plus, if they are working 30 hours a week and then have to volunteer for 20 hours a week, when are they going to see a doctor in the first place?

For community engagement: It would be difficult for some with lack of transportation, telephone or internet services to comply causing extreme hardship.

| Medicaid has saved my life. I am a type 2 diabetic with 3 complicating auto immune diseases. Without medicaid I will likely die. Testing, medication and surgeries would be unaffordable. I can not work. I am presently trying to apply for disability but this will take many months to get approved. Medicaid should be a safety net not a way to put people in the poor house. This state is poor enough without adding penalties to folks who can't

The 10 day reporting requirement and the lock out periods are CRAZY unreasonable.

Who determines who is too frail to work? Who will get the wonderful job of telling people that despite their medical conditions they MUST work to receive benefits? Who figures out if they are? Who provides the jobs? Who provides the transportation? Who makes sure it isn't just a meaningless box check?

"My family's situation is only one of 1000s that have even more marginalized situations and are trying to keep their families going. I see these marginalized families on a regular basis. It is a catch 22....wages inadequate, yet the working poor have to work and struggle to put food on the table.

Misinformation and False information and prejudicial perceptions have part of this state believing that this is a give away program. There is nothing give away about it. When the people of the commonwealth are healthy then production thrives, crime goes down, school systems are enhanced. The research is all there. What the governor and cabinet need to do is education the Commonwealth in a less biased way.

The Health of the Commonwealth = A thriving Commonwealth. If it needs to be mandated for the good of all then so be it."

| 98 |
**Question:** Kentucky HEALTH - Proposed Modifications to Application

We encourage the public to submit their comments on Medicaid.gov as they relate to... 

"Your volunteer community service program for the working poor are just not appropriate. Have survey how many "able-bodied" workers are doing a 40 hour week. Likely very few. These marginalized families work hard to keep their heads above water and the father or son-in-law who are now considered able bodied but not covered in any other way with healthcare except Kentucky Medicaid do NOT have time to do 20 hours a week volunteer work. How about if they are good employees and contributed to the high quality of production in KY?

For heaven sake, they are working 12 and 16 hours a day to make ends meet because of minimum wages. Where are you people???? Do you really understand this constituency in the state of Kentucky??"

Every human being is important and we are responsible for each other, not just for our own interests and personal gain. Every major religion teaches that we must care for the poor and each other. I believe creating more barriers to access (the work/volunteer requirement, reporting income changes within a short period of time, etc) will be incredibly cumbersome to people seeking access and for administrators trying to track all this data. For the poor who work 1-3 part time jobs with varying hours, this will be a logistical nightmare.

Community engagement: "This would not impact me personally. I know people who work part time jobs without benefits who have irregular hours. Just one example would be to think of all those in construction who might not to get to work due to weather that varies from week to week."

Medicaid has changed my life in ways I can not even explain. How do you explain being able to stay well and healthy without having to worry?

"These changes are doing two things.
1. They are creating more hoops and opportunties for people to fail to comply. Thus giving the government an excuse to kick people out of the program. We should be giving people ladders to coverage while mitigating and eliminating shoots.
2. Governments institutions should be effective, efficient, and equitable. These changes to medicaid will create a large bureaucracy that will not achieve any of these objectives. A system focused on ensuring compliance will be a huge waste of money. Please dont."

When I was on Medicaid, my income changes weekly. Sometimes I was able to find work while other weeks I couldn't. Having to report changes everyday would be a hard thing to keep track of and would be a cumbersome burden that would disincentives me to stay covered. Presently, I am fortunate to have consistent income.

"I have a huge issue with this component of community engagement. This is another hoop for people to jump through that accomplishes nothing. How is this verified? What are approved organizations? When I would be in between work and was on medicaid, I would shovel my street during snow storms. Would this count? People are already working to survive. Why should we complicate this my humiliating people that are trying to make a life for themselves by forcing them to work for an organization. This is how I use it

Presently this would not effect me personally, but it would affect me professionally. I work for a non profit and having to verify that someone volunteer for me would be a huge hassle and drive up our administrative costs. Please don't do this."

Medicaid has saved lives. desperate people who paid into our system or whose families paid into the system have had the dignity of coverage. People who need coverage often do not have support or means to make these things happen in a timely manner or, even at all in some cases. I own a small business-- so my income changes constantly - am I supposed to be on the phone with DCBS every day?

My mother currently lives overseas, but makes extended visits to the US (for 2-3 months at a time). While she is here, she is able to take care of all her medical appointments and checkups. She would not be able to comply with the volunteer/work requirement at all.
**Question:** Kentucky HEALTH - Proposed Modifications to Application  We encourage the public to submit their comments on Medicaid.gov as they relate to d...

| Community engagement: "This would not impact me personally. However, I can envision scenarios in which employees would be at the mercy of their employer to maintain their schedule at the level required. Single parents with children will have difficulty meeting this requirement. They will be working to pay for daycare in order to meet the requirement (this assumes they will make enough to pay for daycare; if not there available net income may be negatively impacted)."
|
| Please do not change Medicaid. People are getting healthcare now, sometimes for the first time in decades. We are seeing improvements in overall health and don't want to lose that momentum. People will not be able to get health care they need. Nonprofits will carry bulk of burden of keeping recipients on the roles in order to keep them from losing coverage. "Free" labor is costly to agencies if those persons do not have needed skills and money to get there! To get the background checks and to get the CLOTHES you have to wear to volunteer in. I rely on commission checks. Sometimes I go a month with no income and then I have quite a bit one week. How does reporting this and getting kicked off make any sense? I already report my taxes and so much.
|
| Friends and family receiving coverage, including medical care and preventive medicine. No longer dependent on ER visits or waiting until they are so desperately ill. Community/volunteer service is a great idea, but is difficult to create and facilitate, esp for people in rural areas without transportation and/or childcare. Need to link to adult education and sliding scale based on availability and logistics. My son is self employed and income ranges wildly. This would be a hardship and put coverage in jeopardy. Flexibility and individualized review, case management, would be essential due to lack of transportation and childcare needs and lack of places to volunteer for that requirement. It is not very well thought through.
|
| If I get too ill to sign up by precise date I think coverage should start from that point forward, why be penalized for 6 more months if I wasn't physically able to get signed up?
|
| Well, what would I do if I didn't have transportation or day care to allow me to do fulfill the requirement of engagement?
|
| On 10 day reporting: No, but for Kentucky's temporary, contract, and hourly employees this is a bureaucratic burden that will eliminate access and cause early, preventable disability as workers go without care for treatable illnesses, injuries, and endemic health concerns.
|
| On community engagement: This is completely unclear. As an HCB2 family caregiver, I provide many hours of unpaid caregiving. For caregivers who are not in a waiver, but may be caring for more than one parent aging in place, this could be devastating- forcing elderly parents into nursing home with their sons or daughter who experience strokes or heart attacks due to lack of care.
|
| At my old job, my income was very inconsistent because I worked varying hours a week (based on caseload-as a therapist). My paycheck could vary as much as 600-700 dollars (net earnings) for 2 week period. This would be a huge burden for individuals below the 133% of the poverty line with an occupation with variable work hours. Also, reporting to Medicaid upon employment change is probably the last thing you're thinking about when you get fired or change jobs, if you still believe you'll meet the eligibility requirements. It's just another way to burden the working poor and try to cheat them off Medicaid.
|
| There is no way my brother could volunteer for 20 hours a week. He does not clock in and clock out as a farmer and may be subject to discrimination with this requirement.
|
| My cousin suffers fruit m depression and after his girlfriend died from an accidental overdose, his depression worsened, he lost his job and continues to struggle. Medicaid has allowed him to receive medical treatment and counseling for his depression and Medicaid is saving his life every day. He can't follow through on these changes. They are cruel. Our community will have to "deal with" individuals who lose access to Medicaid card one way or another. They will show up at hospital ERs in medical crisis for treatment which is MUCH more expensive than providing health care in a clinic or doctor office. Not likely to impact me. I question the data used to determine how many of the able bodied individuals being "kicked off " Medicaid will be able to meet this requirement. Most are likely working more than one low paying job, or providing child care so I don't understand this requirement.
As I think about families I know who receive Medicaid, I’m concerned with the 20 hours per week they would need to work. The majority of the families do not have transportation. This would also be very difficult for rural families who do not have access to public transportation.

Though I am no longer on Medicaid, it did provide invaluable assistance during my periods of unemployment. Without it, I couldn’t have functioned when I had no way to afford the medication and services that make my conditions manageable. In addition, I work with a hospital in central Kentucky and know that a very large percentage of our patients rely on Medicaid to pay for any services. Without Medicaid coverage, many would not seek the care that makes their quality and length of life possible.

On a personal note, I know many of my kith and kin down home in the mountains require Medicaid and the tax credits to live. Some have no transportation, so cannot work despite being able-bodied. Others are chronically unemployed or unemployable, but their physical needs persist. To strip them of Medicaid coverage would be to kill them, as their medical needs and chronic conditions would pile up and shorten their lives.

To be blunt, facilitation of murder through neglect is no better than the commission of the act. And to make the determination of death by neglect on basis of poverty is also known by another name. Historically, it is called eugenics.

America is better than this. We need Medicaid for All, and we need it immediately.

I have an adult family member who is developmentally delayed, and has numerous health problems that are covered by Medicaid. My community would be affected as there would be many people who would not receive medical care. This would be a huge step backwards for our state. There are always going to be marginalized people who need assistance. I think it would be difficult for some of them due to transportation and babysitting issues. Who is going to keep up with all of this?

Where are all of these people going to work and/or volunteer?

My son passed at the age of 23 in 2003. He had a 2 year old son at the time of his death. My grandson's mom was struggling at the time and could not find a job which included medical coverage. My grandson was on Medicaid during this period. His mother obtained a degree and was able to find a job with insurance. My parents hard working and paid taxes all their life. They got poor guidance from a financial director and as they aged their money was depleted. They also helped out my ill brother with medical costs. He did not quite qualify for Medicaid so a lot of my parents money went towards his medical bills. Both of my parents received Medicaid insurance while in long term care. Keep in mind that my son, my parents and my brother ALL paid into the system for MANY years.

We, at present, are the ONLY leading nation that does not fully believe that healthcare is a right. I believe it should be. I believe we ALL deserve the same healthcare as Matt Bevin and his family.

So...a person making minimum wage and working 40 hours a week is expected to volunteer 20 hours a week. Get real!

Without Medicaid, I would half a million dollars in debt. (70% of bankruptcy is medical bills.) After 29 years of being privately insured, I suffered a terrible accident. I don’t know what my recovery would be like if I had massive debt that destroyed my ability to care for myself and my family. Pick your poison. The government can either give me health insurance, or I can collect disability to pay off my hospital debt. I work full time and have 3 part time jobs. She works full time and has a part time job. She works full time and has a part time job and still qualifies for Medicaid. She needs healthcare too. My income changes constantly. Yes. I offer grant writing services. I bring in 10% of the funds I award the non-profit. If I don’t win grants, I don’t make money. Reporting changes in income would be a big stress on me.

It wouldn’t change anything for me. I work 60+ hours a week. I don’t support this change because most poor people have children. I highly doubt you are going to offer childcare. Further, my life is better since I started my professional career again after I got Medicaid and didn’t have to worry about medical debt or health insurance.
Question: Kentucky HEALTH - Proposed Modifications to Application  We encourage the public to submit their comments on Medicaid.gov as they relate to d...

<table>
<thead>
<tr>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Again, health care is a right, not a privilege. These changes will affect people negatively. I disagree with having to work or volunteer 20 hours for medicaid benefits. Denying healthcare because of poverty and then requiring work is dangerous to public health.</td>
</tr>
<tr>
<td>I disagree with disenrollement for not reporting changes in circumstances. People need to have consistency in health care, not endless jumping through hoops to hopefully get care.</td>
</tr>
<tr>
<td>My child was able to receive preventive services, immunizations, dental care and sealants and required medical care while I was getting on my feet after divorce. I worked and attended school during this entire period, thanks to Medicaid. We no longer need assistance, but many working poor families do. The stresses are great for these folks, who may forget to make changes. They don't need to work added unpaid hours away from children- which may keep them from needed paid work. Why do we need to penalize people for needing healthcare? It doesn't make any sense. No research suggests this.</td>
</tr>
<tr>
<td>Why do we want to penalize people for working hard? Over a longer time frame, 6 mos, maybe. Where's the research? I could not have done any more than I was doing; raising family, working full time and going to school full time. These requirements are punitive and nothing more.</td>
</tr>
<tr>
<td>My son wants to return to work as soon as he is able. I believe this is the case for the vast majority of Medicaid recipients. To leave the definition of &quot;frail&quot; up to the state would only jeopardize the recovery process.</td>
</tr>
<tr>
<td>I don't think that it is realistic to expect instant 20 hr. positions to even be obtainable. Another catch 22. My dad was laid off from his job after 33 years. A few months in he suffered brain trauma in an accident and had to be on Medicaid to help with his treatments. Thanks to KY Medicaid, his rehabilitation resulted in him being able to live independently again. It would make it difficult for people to get the coverage they need. The Medicaid process is very difficult as it is. I can't imagine someone in the midst of a crisis or someone uneducated being able to navigate these changes without making a mistake that may not even be their fault, because DCBS messes up all the time, and blames you for it.</td>
</tr>
<tr>
<td>A lot of us could end up in the same situation as my mom. Not everybody is rich NOR are all these people so-called &quot;DEADBEATS!&quot; I am working on a PhD, and I often find the paperwork for Medicaid overwhelming and confusing. I am most concerned about the six-month lockout, which tells me that if I make a mistake, or forget about something, I could be putting my or my husband's healthcare (and life) at risk.</td>
</tr>
<tr>
<td>As a student, I occasionally receive extra income. My husband is self-employed, so his income also fluctuates. I could definitely see a situation where we would accidentally be outside the boundaries without even realizing it.</td>
</tr>
<tr>
<td>Concerning community engagement: Right. If/when I need nursing home care, I wonder what that requirement would do for me? Or how about a child who has medical care through Medicaid? A disabled child or adult. What exactly do you expect them to do so they're considered worthy of health care?</td>
</tr>
<tr>
<td>There are far too many Kentuckians without healthcare coverage or with inadequate healthcare coverage. Medicaid coverage is the least that can be done and, in my opinion, should be further expanded. The proposed changes are too complex and burdensome for people who are barely getting by as it is. No one in my family receives Medicaid at this time, but medical emergencies can happen to anyone, and I can easily imagine a person in my family needing Medicaid! These amounts of income are laughably low. I'm concerned about my adult son who changes jobs and moves frequently. For people like my son, such a requirement would be extremely burdensome. He already has enough trouble finding new health insurance coverage, could you imagine trying to balance finding a job, making decisions about that and where to live and then worrying about getting kicked out of your health insurance? People with medicaid are all poor - it would be ridiculously burdensome to ask them to work if they aren't already, because if they aren't, there is a reason. They are caregivers or SICK. if a person is sick and poor, this requirement would be impossible and cruel. It is unrealistic for the individual to find and secure work and for the community to have adequate work or volunteer options for all who would need it.</td>
</tr>
</tbody>
</table>
**Question:** Kentucky HEALTH - Proposed Modifications to Application

We encourage the public to submit their comments on Medicaid.gov as they relate to...

I have a chronic illness and the copays for specialists, labs, and meds were more than we could pay. We have medical debt from before. I am struggling now with income as a small business owner, but my health is stable and my conditions are under control for now because of Medicaid. If were were locked out then my health condition would decline rapidly and we would have to resort to ER visits rather than the care I get now. My meds take 4-6 months to work, so being locked out would mean starting all over again from scratch and places. -My income fluctuates greatly and i would constantly have to update things and not ever know if i would be covered from month to month. The work requirement is impossible. I have a chronic condition plus 2 children. In already work 50-60 hours and have no idea how i can add 20 more hours in and still care for myself and family without deiving myself into complete exhaustion. Wages are not fair and the assumption that I am la

About the 10 day rule: No- but my clients who struggle to maintain housing and employment would undoubtedly be penalized as a result of a need for assistance understanding and completing forms- not to mention receiving them in a timely manner- as it is, with support, they often receive mail from the state after a dealing has passed and need assistance to avert crises.

Very ill or injured ppl cannot take focus away from critical care to jump through hoops. The "pay down" currently involved in receiving Medicare are already causing ppl to pay so much for receiving benefits from SSDB checks, it is absolutely impossible for them to even by food much less meds and other things they need for their recovery. It is already INSANE!

Not everyone receiving benefits is capable of engaging in volunteer work or return to the work force. This should be so clearly evident, I'm shocked by the lack of caring and "family values" republicans hang their hat on.

I've been at the same job for almost 18 years, but I'm lucky. People willing and able to work, but who switch jobs often because of job instability or climbing up the ladder shouldn't be punished.

Volunteer work shouldn't be forced, because then it isn't volunteer work.

As an independent contractor my households income can vary considerably from month to month. Requiring me to report changes within 10 days would impact my time significantly, and create one more stumbling block to receiving health care. Calling the medicaid line is an all-day process. I have waited on hold for over 2 hours before. I have been disconnected after waiting on hold for 2 hours before and had to call back to wait again. There are many times that the website for accessing my account has been down or unavailable. It often takes multiple days to actually connect with a representative, complete the call without being disconnected, and have the computer systems working adequately for the medicaid representative to enter changes into your account.

As a primary caregiver I would meet this requirement (right?). If not, I would have to hire a babysitter, which is $15/hr, for the time spent meeting this community engagement requirement. This would make it impossible to meet the expense needs of my household.

I already work 40 hours a week and go to school full time to become a social worker, I don't have any spare time to do this. I don't believe people should have to work to have health care. What about adults who already have a job, and can't find time to volunteer twenty more hours per week.

Reporting changes is difficult because the offices are packed and you have to wait for hours on the phone. People who work 7-5 can never get a hold of anyone.

It would not impact me personally but I would be concerned that people in some of KY's most impoverished towns would not be able to cobble together 20 hours per week.

These changes, on the whole, are designed in a way that poor people with fewer resources, transportation issues, inflexible work schedules and child care challenges may have difficulties getting enrolled and staying that way with extra red tape. Providing a work requirement for the working poor to acquire coverage is mean spirited. But for the grace of God, there goes I.

These changes represent the opinion that health care is not a right. Healthcare should be avaible to those who can't afford it as well as everyone despite their circumstances.

Work is not something that everyone is able to do and should not determine if you get medical care. My mom is a stay at home mom making zero income but deserves to live and get Medicaid to cover her illnesses.
<table>
<thead>
<tr>
<th>Question: Kentucky HEALTH - Proposed Modifications to Application</th>
<th>We encourage the public to submit their comments on Medicaid.gov as they relate to d...</th>
</tr>
</thead>
<tbody>
<tr>
<td>My community would be devastated by these changes. Lives are at stake. People are dying every day from opiate overdoses. Others cope with chronic health problems and need specialty care, which is very hard to come by without health insurance. Those living in poverty are burdened by lack of transportation, limited child care, and often have histories of trauma and systematic discrimination. These policy changes imply that poverty is a choice and seek to punish our most vulnerable. It would create an unfair burden and undue stress to those already facing numerous psychosocial challenges.</td>
<td></td>
</tr>
<tr>
<td>Ridiculous to expect people to &quot;volunteer&quot; just to have health care. It costs time and money to volunteer. You must have a vehicle, gas, time, ability, and possibly a babysitter for some folks or someone to sit w/an elderly or disabled person while you go &quot;volunteer&quot;. &quot;I am self employed independent contractor; my income fluctuates vastly from week to week; if I have a &quot;'good'&quot; week or month I often have to set aside in case the next month is not good (or is downright &quot;'bad'&quot;'); it would be almost impossible for me to follow this law.&quot; I do think it would be foolish to try to implement this without good, concrete opportunities in place for these people to participate in; issues such as transportation and limiting one's ability to pursue other career or job opportunities would need to be considered; Honestly don't think that health care should EVER be tied to employment and is a basic human right</td>
<td></td>
</tr>
<tr>
<td>My income does not change. However, I know that 10 days (are these even business days?) would get away from me. Especially if I were to have trouble remembering or understanding what was expected of me due to the struggle of my everyday life or illness or a lack of education. Or if I were to have transportation problems, which are very severe in Kentucky. Will this be electronic? Will people have access to the internet to do it electronically? If it's in person, what are the office days and hours? Will there be evening? How will people get there if they don't have access to reliable transportation? My son's work hours change frequently. This reporting would be a hardship. My son volunteers sometimes but has difficulty finding opportunities.</td>
<td></td>
</tr>
</tbody>
</table>
Having to pay more out of pocket will be a hardship when we don't have any to spare. Having to work more or do volunteer work will be a hardship when I don't have any time or energy to spare.

Yes, and if I forgot to report, losing coverage would be devastating.

I suffer from numerous ailments, and there's no way I could work or volunteer an extra 20 hours.

I think it's a travesty that these proposed changes will punish the poorest among us. It is absolutely sickening to think that anyone would choose giving money to a corporation to put in a bank rather than, spending the money helping people live happy and healthy lives. I also think it is an absolute joke to propose a work requirement for medicaid coverage. My sister, like most who benefitted from the Medicaid expansion, already has a full time job. Others, like my 88 year old grandmother, would have no way to meet that requirement. SHE CAN'T WALK, TALK, OR DO ANYTHING FOR HERSELF. HOW IS SHE GOING TO MEET THESE WORK REQUIREMENTS? HOW ARE A LOT OF PEOPLE GOING TO MANAGE SUCH A RIDICULOUS REQUIREMENT?

Previously, I worked as a contracted employee and my hours and pay changed weekly depending upon my assignments. I would have a difficult time managing the reporting requirements because it would be all over the place. With even the slightest of errors, I would be at risk of losing my health coverage for half a year because the reporting requirements are preposterous.

If you work a full time job, meaning 40 hours a week. You would have to dedicate another 20 hours to volunteering, which is well over the reasonable amount someone could actually perform in a given week. So, what's going to happen is people will drop their Medicaid because they cannot meet this unfair proposal. In short, all of these new requirements are just a ploy to kick people out of the Medicaid program, pure and simple. It's sad because these are the very people that need help in the first place. Single moms, who don't have high paying jobs, disabled people, who have a hard time working for medical reasons, and old people, who have worked all their lives and paid their hard earned money into a system that POLITICANS have raped repeatedly. It's grotesque and completely unfair.

Concerning community engagement: When you say immediately, I want to know when Bevin last went job hunting. Finding a part time job takes time. I physically can't walk very far or stand very long. Finding a job would mean finding with convenient parking. However, a 20 hour a week, $9/he job might just throw me off benefits. Then I couldn't afford a car. Walking to, & standing at a bus stop is beyond my physical capability. Then how do I get to the required job?

Nonprofits need and want volunteers who are passionate about our missions. Not everyone has a heart for service work. The benefits of community engagement ARE substantial but those benefits only come when individuals choose to engage and when they do so at their own pace. The mental health benefits of volunteering, of connecting with other people, and of staying engaged are numerous. Let's work together to find ways to incentivize and encourage that WITHOUT threat of losing basic health coverage.

Concerning service hours: It would be difficult for some for sure. Many people who need Medicaid are pregnant, children, elderly, and working, so this sounds like just a political jab aimed at the lower class.
Question: Kentucky HEALTH - Proposed Modifications to Application

We encourage the public to submit their comments on Medicaid.gov as they relate to...

<table>
<thead>
<tr>
<th>Concerning income reporting: The lack of offices, the slowness of processing, and the lack of internet access makes this a huge burden.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>healthcare is a human right. Not conditional.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>My income fluctuates greatly and I would constantly have to update things and not ever know if I would be covered from month to month</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>These amounts of income are laughably low. I'm concerned about my adult son who changes jobs and moves frequently. For people like my son, such a requirement would be extremely burdensome. He already has enough trouble finding new health insurance coverage every time he moves.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Work requirement: This impact would depend on whether a person needed a Medicaid or not and on what that person's medical and living situation was. If a person is sick and poor, this requirement would be quite burdensome.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>It would make it difficult for people to get the coverage they need. The Medicaid process is very difficult as it is. I can't imagine someone in the midst of a crisis or someone uneducated being able to navigate these changes without making a mistake that would result in a lapse of coverage.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Why do we want to penalize people for working hard? Over a longer time frame, 6 mos, maybe. Where's the research?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Concerning engagement hours: I could not have done any more than I was doing; raising family, working full time and going to school full time.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Pick your poison. The government can either give me health insurance, or I can collect disability to pay off my hospital debt. I work full time and have 3 part time jobs. She works full time and has a part time job and still qualifies for Medicaid. She needs surgery. Kelly Conway said people on Medicaid just need jobs. That is the Republican myth. They say that to get people to oppose government assistance. They want the public to believe if you qualify for assistance, it's because you're lazy. You can work full time minimum wage and live in poverty. That's immoral.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>I offer grant writing services. I bring in 10% of the funds I award the non-profit. If I don't win grants, I don't make money. Reporting changes in income would be a big stress on me.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>I work 60+ hours a week. I don't support community engagement changes because most poor people have children. I highly doubt you are going to offer childcare. Further, my life is better since I started my professional career again after my accident, not work. My life was miserable working reception for close to minimum age at my dad's office. The job was boring and tedious with no benefits. Now I have my career back. I am happy and inspired. The money really isn't there, but I pay my bills, and it's meaningful. Forcing people to leave their children in order to work low wage jobs that are meaningless doesn't help them. I like the idea of volunteer work only if childcare is provided.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>My community would be affected as there would be many people who would not receive medical care. This would be a huge step backwards for our state.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>There are always going to be marginalized people who need assistance. I think it would be difficult for some of them due to transportation and babysitting issues. Who is going to keep up with all of this?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>&quot;Our community will have to &quot;deal with&quot; individuals who lose access to Medicaid card one way or another. They will show up at hospital ERs in medical crisis for treatment which is MUCH more expensive than providing health care in a clinic or doctor office setting. These changes are not going to save the state money if that is the intent. We will all be paying.&quot;</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Concerning community engagement changes: Not likely to impact me. I question the data used to determine how many of the able bodied individuals being &quot;kicked off &quot; Medicaid will be able to meet this requirement. Most are likely working more than one low paying job, or providing child care so another family member can work.</th>
</tr>
</thead>
</table>
Kentucky HEALTH - Proposed Modifications to Application  We encourage the public to submit their comments on Medicaid.gov as they relate to d...

Community/volunteer service is a great idea, but it is difficult to create and facilitate, esp for people in rural areas without transportation and/or childcare. Need to link to adult education and sliding scale based on availability and logistics.

My son is self employed and income ranges wildly. This would be a hardship and put coverage in jeopardy. Flexibility would be essential due to lack of transportation and childcare needs.

People will not be able to get health care they need. Nonprofits will carry bulk of burden of keeping recipients on the roles in order to keep them from losing coverage. "Free" labor is costly to agencies if those persons do not have needed skills and motivation to succeed. Ask anyone that's ever had to supervise a college intern.

"People who need coverage often do not have support or means to make these things happen in a timely manner or, even at all in some cases."

This is crazy unreasonable. Who determines who is too frail to work? Who will get the wonderful job of telling people that despite their medical conditions they MUST work to receive benefits?

N/A to me, but I can see small business owners, seasonal businesses, and even farmers having difficulty with these requirements.

This stresses me out, and I am not even eligible. How can we ask poor people - who are already worried about paying their bills and finding a job- to "volunteer" or work? Many people on Medicaid are already working or work multiple jobs.

I know many what I consider able bodied peoples that have Medicaid coverage that could volunteer or work part-time but they choose not to. I like that they can earn toward their dental benefits.

Many people can't afford medical insurance even if it is through their employer. Some employers don't offer medical insurance as well. Many people in the community can barely afford medical coverage on themselves, let alone an entire family!

Much less access to needed services for clients that I serve. More children at risk of abuse/neglect.

Many people I know switch jobs often and do not need the burden of reporting an income change within 10 days when they start a new job that might only last 14 days or 30 days. Many people are underemployed, but highly qualified and actively looking for ot

This would not impact me currently. Most people who have Medicaid will fall into one of the exempt categories: pregnant women, children, "medically frail", caregivers, full-time students, and people already working 30+ hours per week. However, for the med

My community will suffer if treatment options are taken away. A 6 month lockout will result in some people losing necessary treatment and going from "able bodied" to "medically frail."

Decreased access to care and decreased employment in community

Not me personally. But for people without transportation or job opportunities, it would be an burden.

As a teacher, the majority of my students are on Medicaid and still struggle to get care. The answer is expansion, not cuts, reduced access, or stigma. As a teacher, the majority of my students are on Medicaid and still struggle to get care. The answer is expansion, not cuts, reduced access, or stigma. The lack of offices, the slowness of processing, and the lack of internet access makes this a huge burden. healthcare is a human right. Not conditional. Not ocnditional on work, or income, or anything.

For me, it doesn't. For low income people who change jobs frequently, it would be very difficult to keep up with the system. System is too complicated to navigate.

Co-pay would be an issue for some people with limited resources.

My wife and I needed Medicaid to help us get proper care for her and our children when they were born. I was always employed and often worked two jobs but needed that help. My wife's mother needed Medicaid when she was diagnosed with a terminal illness I don't think they'll affect me directly in the near future but I want to be a part of a Commonwealth that continues to aid those who need it like I did. Our community is stronger when we take responsibility for each other and care for each other. we live in a much less stable employment environment. Not only do employers rarely see it as their responsibility to provide long term stability but wages are low and we must be willing to change jobs and move when opportunities arise that would make these requirements impossible. Many people who need Medicaid are pregnant, children, elderly, and working, so this sounds like just a political jab aimed at the lower class.
Some people just don't realize the rules and locking them out will cause them to not seek treatment or be hurt.

A good friend who must stay home to care for a very sick son, and is otherwise capable of working, would have to go back to work with these changes. No day care is available/affordable to take a child with his disabilities. They need Medicaid. No one should be required to work for their healthcare. That doesn't make any sense at all.

This seems impossible to keep up with and it will be nightmare for the people who are exempt. Every year recertification of my son who has a brain deformity is ridiculous this would just be another added hoop. Let's make this less complex and not reinvent the wheel.

To restrict Medicaid or add work requirements in any way implies that there are those in our community who are "deserving" and "undeserving" of basic healthcare. Healthcare is a universal right and we should be making it easier for people to get the care.

It doesn't change regularly. However, when it does change there is typically a lot going on in life and getting something reported in 10 days could be easily overlooked.

This requirement reinforces the conservative fallacy that low-income individuals are likely to "take advantage of the system" and must be required to work to prove they are not. As if finding a decent job in low-income areas is like snapping one's fingers.

I myself have several medical issues: chronic depression and anxiety, for which Medicaid provides me mental health counseling, regular psychiatrist visits and medication. I was also diagnosed with Crohn's disease many years ago. I have been extremely fortunate that Medicaid has given me the ability to live my life.

Kelly Conway said people on Medicaid just need jobs. That is the Republican myth. They say that to get people to oppose government assistance. They want the public to believe if you qualify for assistance, it's because you're lazy. You can work full time minimum wage and live in poverty. That's immoral.

If were were locked out then my health condition would decline rapidly and we would have to resort to ER visits rather than the care I get now. My meds take 4-6 months to work, so being locked out would mean starting all over again from scratch and places me at high risk for more problems. My condition is best controlled by early agressive treatment to slow down the progression towards becoming permanently crippled. My income is unpredictable still qnd i do not believe my health should be punished in this way if we have financial difficulty. Health care is a human right not a luxury fir the wealthy. I did not choose this condition- it has been in my family for 4 generations.

I have a chrinic condition plus 2 children. Inalready work 50-60 hours and have no idea how i can add 20 more hours in and still care for myself and family without deiving myself into complete exhaustion. Wages are not fair and the assumption that I am lazy because I work in social services,which does not pay a living wage or have good benefits, is an insult. Double ouishment for the working poor who are not cutthroat capitalists.

"I myself have several medical issues: chronic depression and anxiety, for which Medicaid provides me mental health counseling, regular psychiatrist visits and medication. I was also diagnosed with Crohn's disease many years ago. I have been extremely fortunate that I have been asymptomatic all of this time. I have a colonoscopy every two years to monitor my Crohn's, and also to detect any colon cancer. Crohn's patients are at much higher risk for colon cancer. I also have high blood pressure and am pre-diabetic. Regular primary office visits monitor these and keep both under control, through testing and medication.

Without Medicaid, I would have no health coverage at all, or at best sub-minimum coverage for which I would be throwing money at premiums that do NOTHING."

Yes. I work temp jobs, and so whenever my income increases I have to report it. Whenever my income decreases I have to report it. It's manageable keeping up with the "on-off" reporting with the current time limit to report. To have that reduced to 10 days, would make things very difficult, including the possibility of losing coverage if I don't report within 10 days.
Question: Kentucky HEALTH - Proposed Modifications to Application  

We encourage the public to submit their comments on Medicaid.gov as they relate to d...

I don't know. I work temp jobs, but those don't last full year. Would I end up juggling an income-paying position with some sort of volunteer work? Would volunteer organizers want to not use me because of my constant "on-off" income work? Would there be so many people fighting for volunteer jobs that some of us get left out and fall prey to this requirement? Maybe volunteer organizers will get burned by some "bad" volunteers, making it difficult for the rest of us.

When you say immediately, I want to know when Bevin last went job hunting. Finding a part time job takes time. I physically can't walk very far or stand very long. Finding a job would mean finding with convenient parking. However, a 20 hour a week, $9/he job might just throw me off benefits. Then I couldn't afford a car. Walking to, & standing at a bus stop is beyond my physical capability. Then how do I get to the required job?

Expanded benefits allowed me to have coverage in a very low paying job (that I can no longer physically do) when I couldn't get insurance otherwise. Now that I'm retired I have insurance because of the ACA! If I lose Medicaid, under any change, I'd only have Medicare & would have to pay the premium. If I pay that & rent I couldn't pay utilities, car insurance, gas, or get groceries. If I get life's necessities I lose Medicare. If I want to get it back later the premium would be out of reach. I would be left with no insurance at all.

Changing jobs can put people in stressed state so it may be difficult to report in that time frame. With some jobs, the income is unpredictable.

Also, I don't think it's fair to make people report things so quickly to a the government agency."

My 88 year old grandmother has been able to receive the proper care that she needs after a debilitating stroke left her paralyzed and unable to care for herself any longer. My sister, who has never had insurance in her life, now qualifies for Medicaid. She has always worked a full time job but has never been able to afford private insurance and has never been fortunate enough to work for a company that offers health benefits. She can now receive regular colonoscopies because we lost our mother at age 45 to colon cancer. Preventative healthcare is just as important as emergency care and we need to focus on keeping individuals covered with insurance so, that they can better manage their overall health, not just when there is an emergency!

I think it's a travesty that these proposed changes will punish the poorest among us. It is absolutely sickening to think that anyone would choose giving money to a corporation to put in a bank rather than, spending the money helping people live happy and healthy lives. I also think it is an absolute joke to propose a work requirement for medicaid coverage. My sister, like most who benefitted from the Medicaid expansion, already has a full time job. Others, like my 88 year old grandmother, would have no way to meet that requirement. SHE CAN'T WALK, TALK, OR DO ANYTHING FOR HERSELF. HOW IS SHE GOING TO MEET THESE WORK REQUIREMENTS? HOW ARE A LOT OF PEOPLE GOING TO MANAGE SUCH A RIDICULOUS REQUIREMENT?

Previously, I worked as a contracted employee and my hours and pay changed weekly depending upon my assignments. I would have a difficult time managing the reporting requirements because it would be all over the place. With even the slightest of errors, I would be at risk of losing my health coverage for half a year because the reporting requirements are preposterous.

If you work a full time job, meaning 40 hours a week. You would have to dedicate another 20 hours to volunteering, which is well over the reasonable amount someone could actually perform in a given week. So, what's going to happen is people will drop their Medicaid because they cannot meet this unfair proposal. In short, all of these new requirements are just a ploy to kick people out of the Medicaid program, pure and simple. It's sad because these are the very people that need help in the first place. Single moms, who don't have high paying jobs, disabled people, who have a hard time working for medical reasons, and old people, who have worked all their lives and paid their hard earned money into a system that POLITICANS have raped repeatedly. It's grotesque and completely unfair.

"Medicaid keeps people in my community healthier, which makes our community healthier as a whole. " This would take people away from job searching and family care duties.

My son and I have been able to get many health problems treated, and having preventative care has made us healthier than ever and saved us from medical debt. Having to pay more out of pocket will be a hardship when we don't have any to spare. Having to work more or do volunteer work will be a hardship when I don't have any time or energy to spare. Yes, and if I forgot to report, losing coverage would be devastating. I suffer from numerous ailments, and there's no way I could work or volunteer an extra 20 hours.
I work in a non profit health clinic and have seen innumerable people who live in Kentucky get much needed and better access to all forms of healthcare through Medicaid coverage. I am happy to help my fellow Kentuckian should they need my tax dollars to improve or maintain their health and lives. My patients could lose coverage or postpone coverage which will limit their ability to access adequate healthcare.

My adult son who has intellectual disabilities receives support from the Michelle P waiver. It enables him to be more independent in the community and provides it provides job support services. Block grants and lifetime limits would adversely affect many. I worry not only about my son loosing services but also my elderly mother and thousands who will depend on Medicaid for their long term care. My son's work hours change frequently. This reporting would be a hardship. My son volunteers sometimes but has difficulty finding opportunities.

My fellow citizens didn't die, or suffer continued or escalated illness or injury. There are people who have had to "walk off" a broken appendage due to the cost, only to end up with pain and less mobility for the rest of their life. That's senseless. "Commonwealth" traditionally has meant "the general or common good." We cannot truly claim to be a Commonwealth if we do not genuinely and openly care for our citizens. It shames me that we want to put so many burdens upon people who already have so much to bear. Mine does not. However, I know that 10 days (are these even business days?) would get away from me. Especially if I were to have trouble remembering or understanding what was expected of me due to to the struggle of my everyday life or illness or a lack of education. Or if I were to have transportation problems, which are very severe in Kentucky. Will this be electronic? Will people have access to the internet to do it electronically? If it's in person, what are the office days and hours? Will there be evening? How will people get there if they don't have access to reliable transportation? When I was younger (I graduated right on the eve of the recession) it was difficult to get work with that many hours. At the same time, my hours varied so often, and I didn't know what my hours would be until sometime in the week beforehand. This makes it difficult for people to plan multiple jobs (assuming they have the job skills needed) or additional volunteer activities. And I was fortunate enough to always have access to reliable transportation. It's take an hour and a half, minimum, to get anywhere by bus where I live, and that's assuming it goes where you need it to go, and that you don't need to have a car to get to a bus stop because none are nearby. We found this out the hard way when we had one car for a couple months. And we had kids compounding this. What about daycare needs? The best daycare rate around here is more than people make in minimum wage. You're just putting burdens on people.

I cared for my Mom and had to get her regularly approved for Medicaid for her Nursing home care before she passed away. It was overwhelming, stressful and frightening. Please do not make it more difficult for anyone already in the most difficult times of their lives. I cared for my Mom and had to get her regularly approved for Medicaid for her Nursing home care before she passed away. It was overwhelming, stressful and frightening. Please do not make it more difficult for anyone already in the most difficult times of their lives.

I cannot stand for long without triggering internal bleeding. So I am able to see the doctor for regular cancer follow ups and not make my situation more acute by having to work. If I lose my insurance on a technicality and the cancer returns and I am unaware... I am a substitute teacher, so no summer income. Work is sporadic based on the school's need and my health. These changes would hospitalize me.

Thousands of citizens have enjoyed the advantage of regular medical care. If fewer people have insurance, my own costs will rise as I'll have to cover the services they receive.

I am a Healthcare provider and 50% of my patients have Medicaid. I see most of the proposed changes as ways to deny people Medicaid based on technicalities. People need health insurance. Having health insurance enables people to get care when they need it. "This requirement strikes me as insulting and I can think of many scenarios where it would be a burden. For instance, what if someone has irregular hours at their job, what if they are looking for a new job, what if there is a family emergency they need to attend to that week? What if they get the flu? If a person is on Medicaid does that mean they are never allowed to take a vacation?"

Pays for my wife's medications. Clinics expanded, new ones popped up. Two many hours...equals half a normal work week...leave people some time to get their lives together.
I qualified for Medicaid as a graduate student for 2 years after aging out of my parents coverage at 26. It was a great relief for me to know that I would be able to access care and could go to the doctor during that time. As a full-time student I was only able to work part time and did not receive employee benefits. I would not have been able to afford to purchase a plan given my strict budget and burdensome student loan debt that come with earning a doctorate degree in psychology. These changes could make it difficult for individuals who need it most to meet the requirements. Lapses in coverage would affect their ability to access needed care for physical health and mental health, including substance use treatment. Mine does not. It would not affect me personally at this time. However, I would have had great difficulty meeting such a requirement as a student unless there were provisions in place to allow my clinical work to count. I likely would not have been able to keep my coverage because I would have been faced with an impossible decision of prioritizing either my health or my education.

Healthy citizens make for a better, more efficient workforce and happy community in general; good, easy access to comprehensive health care is more cost efficient and more humane than relegating problems to the ER "I am self employed independent contractor; my income fluctuates vastly from week to week; if I have a "good" week or month I often have to set aside in case the next month is not good (or is downright "bad"); it would be almost impossible for me to follow this law "I don't think it would impact me personally; I do think it would be foolish to try to implement this without good, concrete opportunities in place for these people to participate in; issues such as transportation and limiting one's ability to pursue other career or job opportunities would need to be considered; I honestly don't think that health care should EVER be tied to employment and is a basic human right

Thanks to Medicaid my family member is still alive.... People will die under these changes that don't have to...... It is Ridiculous to expect people to "volunteer" just to have health care. It costs time and money to volunteer. You must have a vehicle, gas, time, ability, and possibly a babysitter for some folks or someone to sit with an elderly or disabled person while you go "volunteer".

My community (Louisville) has benefited tremendously from expanded Medicaid coverage. I work in the mental health field and see first hand how insurance provides access to life saving mental health and substance abuse treatment that would not otherwise be available. My community would be devastated by these changes. Lives are at stake. People are dying every day from opiate overdoses. Others cope with chronic health problems and need specialty care, which is very hard to come by without health insurance. Those living in poverty are burdened by lack of transportation, limited child care, and often have histories of trauma and systematic discrimination. These policy changes imply that poverty is a choice and seek to punish our most vulnerable.

This work requirement would create an unfair burden and undue stress to those already facing numerous psychosocial challenges.

I have grown up on Medicaid my entire life and would not have been able to get the care I needed without it. My mom would have died without being recently insured by Medicaid. These changes represent the opinion that health care is not a right. Healthcare should be available to those who can't afford it as well as everyone despite their circumstances. Work is not something that everyone is able to do and should not determine if you get medical care. My mom is a stay at home mom making zero income but deserves to live and get Medicaid to cover her illnesses. Isn't Mrs. Bevin a stay at home mom?

Providing basic medical care coverage for low wage earners enables them to stay well enough to keep working. A healthy workforce benefits both the business climate and also relieves stress, worry and the suffering that individuals who have no coverage often encounter when faced with medical issues. Finally, decent preventative care and management of chronic illnesses is far cheaper than only relying on emergency care. These changes, on the whole, are designed in a way that poor people with fewer resources, transportation issues, inflexible work schedules and child care challenges may have difficulties getting enrolled and staying that way with extra red tape. Providing a work requirement for the working poor to acquire coverage is mean spirited. But for the grace of God, there goes I.

I work for a nonprofit social services agency in Louisville fighting the opioid addiction crisis. This treatment is long-term and intensive. Far less expensive to treat this way than the costs of crime, incarceration, and medical emergencies, let alone the human costs of proven treatment, or no treatment at all.

I am concerned that people in some of KY's most impoverished towns would not be able to cobble together 20 hours per week. I can't imagine where they could be from! Have you driven through our state?
Question: Kentucky HEALTH - Proposed Modifications to Application

We encourage the public to submit their comments on Medicaid.gov as they relate to d...

Without medicaid, we lost our home. We had to file for bankruptcy for thousands in medical bills. I don't believe people should have to work to have health care. What about adults who already have a job, and can't find time to volunteer twenty more hours per week. Reporting changes is difficult because the offices are packed and you have to wait for hours on the phone. People who work 7-5 can never get a hold of anyone.

I got surgery for the double vision I've had my entire life and I can drive again. I have never had insurance in my life and when we got on expanded Medicaid I had 9 surgeries I should have had years ago and I'm a new person. I even have a job now for the first time in years. My life is great now that I can be healthy. Without insurance I could die. I have watched many friends die bc they didn't have insurance. It is a bad, scary feeling. Reading this is scary. Why does my state want me to die?

If someone forgets to report a change then they loose their medical coverage. This could be life threatening. Sometimes my job has mandatory overtime and that could cancel out my medical just because I am forced to do something in order to keep my job. I already work 40 hours a week and go to school full time to become a social worker, I don't have any spare time to do this. After more than 10 years without coverage of any kind, Kentucky accepted the Medicaid expansion and I enrolled for coverage. I was able to go to the doctor and address chronic debilitating pain I had lived with for over 5 years. After a year of being sent to specialist after specialist I was diagnosed with a bacterial infection of the spine and finally received life saving antibiotic treatment. Without Medicaid my infection may have spread from my bones to the lining of my heart or brain: a death sentence. I am 33 years old. As a person living below the federal poverty level I don't go to the doctor unless I am so ill I can no longer complete daily functions. Had Medicaid required all of the proposed changes at the time I was severely ill with a bacterial infection of my spine there is no way I would have been able to comply with those requirements in order to receive care. It's already hard enough to be struggling to make ends meet and to be in poor health from years and years of lack of health care.

As an independent contractor my households income can vary considerably from month to month. Requiring me to report changes within 10 days would impact my time significantly, and create one more stumbling block to receiving health care. Calling the medicaid line is an all-day process. I have waited on hold for over 2 hours before. I have been disconnected after waiting on hold for 2 hours before and had to call back to wait again. There are many times that the website for accessing my account has been down or unavailable. It often takes multiple days to actually connect with a representative, complete the call without being disconnected, and have the computer systems working adequately for the medicaid representative to enter changes into your account. As a primary caregiver I would meet this requirement (right?). If not, I would have to hire a babysitter, which is $15/hr, for the time spent meeting this community engagement requirement. This would make it impossible to meet the expense needs of my household.

More people are able to access substance abuse treatment. My mother has been applying for disability for 2 years and cannot leave the house. She would be ordered to pay or do volunteer work neither of which she can do.

My son has Autism, ID and other challenges. Without Medicaid, we could not afford his therapeutic summer camp, his therapy, and to pay skilled persons to stay with him after school while we are still at work. Since my son is a disabled child, these changes would not affect his participation in Medicaid. However, I don't want to live in a community that punishes people for being poor by denying them the right to affordable healthcare. I've been at the same job for almost 18 years, but I'm lucky. People willing and able to work, but who switch jobs often because if job instability or climbing up the ladder shouldn't be punished. But volunteer work shouldn't be forced, because then it's not volunteer work. Healthcare shouldn't be about whether or not you are able to work or whether or not you are working.
**Question:** Kentucky HEALTH - Proposed Modifications to Application  We encourage the public to submit their comments on Medicaid.gov as they relate to d...

"My brother lost his 40 year long job and pension. He could not afford insurance. He fell down his staircase and suffered a traumatic brain injury. If not for Medicaid, he would not have been able to get the follow up help which was pertinent for him to return to a somewhat normal life. He worked all his life and paid into company insurance his entire adult life. As a 64 year old person, his is barely getting by on SSDB and should benefits not be available to him in such a situation, since he cannot ever return to work, he will be one of the responsible and "worthy" ppl who will be hurt by any "take aways" planned by congress in repealing the Affordable Care Act vs revising the parts that aren't working and any elimination KY might impose on KY Connect.

Ppl who find themselves in a critical health situation cannot jump through hoops while trying to reenter the work force and be contributing citizens. Don't muck up or make more difficult procedures for ppl in crisis. It's too much." Very ill or injured ppl cannot take focus away from critical care to jump through hoops. The "pay down" currently involved in receiving Medicare are already causing ppl to pay so much for receiving benefits from SSDB checks, it is absolutely impossible for them to even by food much less meds and other things they need for their recovery. It is already INSANE! Not everyone receiving benefits is capable of engaging in volunteer work or return to the work force. This should be so clearly evident, I'm shocked by the lack of caring and "family values" republicans hang their hat on.

Over 25 yrs ago, I got divorced & decided to go back to school. I also worked & while my children qualified for Medicaid, I did not. These benefits were the only reason my children were able to get check ups & proper immunization. I have now been in my career over 25 years & have never been on assistance since. It was a stepping stone that without, I'm not sure we would have made it across.

I am a social worker and work with some of the most vulnerable people in the commonwealth. So many people have benefitted from Medicaid expansion. Without Medicaid, so many people with mental illness and any illnesses will go without care and die or seek treatment at emergency rooms costing so much more. My clients who struggle to maintain housing and employment would undoubtedly be penalized as a result of a need for assistance understanding and completing forms- not to mention receiving them in a timely manner- as it is, with support, they often receive mail from the state after a dealing has passed and need assistance to avert crises. It is unrealistic for the individual to find and secure work and for the community to have adequate work or volunteer options for all who would need it.

Communities are stronger & more productive when all citizens are able to meet their health care needs and when people are not judged and penalized for not having money enough to buy expensive private insurance. I am 69 years old. I live on SS and a small State pension (if you don't mess that up). I don't have a lot of savings. What if I have to end my days in a nursing home? My community benefits from all people having health care. It is cost effective AND it's the right and moral thing to do. Right. If/when I need nursing home care, I wonder what that requirement would do for me? Or how about a child who has medical care through Medicaid? A disabled child or adult. What exactly do you expect them to do so they're considered worthy of health care?

Both my husband and I have chronic health conditions. Before the Medicaid expansion, neither of us was receiving adequate medical care because we could not afford the copays for our (student) insurance plan. Since the expansion we have both been able to get the healthcare we need. This has been literally a life-saver for us. I am working on a PhD, and I often find the paperwork for Medicaid overwhelming and confusing. I am most concerned about the six-month lockout, which tells me that if I make a mistake, or forget about something, I could be putting my or my husband’s healthcare (and life) at risk. As a student, I occasionally receive extra income. My husband is self-employed, so his income also fluctuates. I could definitely see a situation where we would accidentally be outside the boundaries without even realizing it.

My dad worked worked all his life and scrimped & saved - when his employer didn't provide benefits. Then when he retired my mom was diagnosed with Parkinson's Disease. It came to a point that she needed full-time skilled care and went in a nursing home - paid for by Medicaid. At that point, my dad was in his 80s and I worked full-time. It was the best option - unless I had quit working and we ALL would have been destitute! But I guess "Christian" Republicans would have wanted my mom to get a JOB! A lot of us could end up in the same situation as my mom. Not everybody is rich NOR are all these people so-called "DEADBEATS!!"
We encourage the public to submit their comments on Medicaid.gov as they relate to the proposed modifications to our Medicaid application. We believe that the current definition of "frail" is too subjective and leaves too much to interpretation by the states. Many states are taking a more conservative approach to defining "frail," which could result in fewer people being eligible for Medicaid. I believe that health care is a right, not a privilege. These changes will affect people negatively.

My son passed at the age of 23 in 2003. He had a 2 year old son at the time of his death. My grandson's mom was struggling at the time and could not find a job which included medical coverage. My grandson was on Medicaid during this period. His mother obtained a degree and was able to find a job with insurance. My parents hard worked and paid taxes all their life. They got poor guidance from a financial director and as they aged their money was depleted. They also helped out my ill brother with medical costs. He did not quite qualify for Medicaid so a lot of my parents money went towards his medical bills. Both of my parents received Medicaid insurance while in long term care. Keep in mind that my son, my parents and my brother ALL paid into the system for MANY years. We, at present, are the ONLY leading nation that does not fully believe that healthcare is a right. I believe it should be. I believe we ALL deserve the same healthcare as Matt Bevin and his family.

My grandchildren all have medical cards. My son has received opioid addiction treatment that has saved his life. These changes mean basic health care and more urgent needs would go unmet.

I live in Pike County and I couldn't do this because I don't have a car and I don't have money for gas.

I work with low income families some of whom have never had health insurance until the ACA became law. This meant that they often didn't need Medicaid for medical treatment when they were ill and they were not able to access preventive health care. I believe the "lock-out" from coverage is cruel and could potentially hurt folks who misunderstand the rules or make an error in reporting. I believe this rule places an undue burden on citizens who probably have enough hurdles and struggles.

Also, WHERE, Where are all of these people going to work and/or volunteer?

My student's basic medical needs are met enabling them to receive care or therapy services (OT, speech, etc) that impact their success. As I think about families I know who receive Medicaid, I'm concerned with the 20 hours per week they need to work. The majority of the families do not have transportation. This would also be very difficult for rural families who do not have access to public transportation.

My student's basic medical needs are met enabling them to receive care or therapy services (OT, speech, etc) that impact their success. As I think about families I know who receive Medicaid, I'm concerned with the 20 hours per week they need to work. The majority of the families do not have transportation. This would also be very difficult for rural families who do not have access to public transportation.

I was able to stay on my parents plan until 26 and then able to get Passport for a couple of years that was able to carry me over through grad school. As a result of the expansion, I didn't go into debt trying to afford health insurance and was able to purchase food with about $5 a day to live on. Once I finished grad school, I was able to get insurance through my workplace. My brother is a farmer who has limited income. He is young and healthy and I fear that he wouldn't have insurance if it weren't for the expansion. Hower, doing manual labor on a farm puts him at fairly high risk of trauma, so he really benefits from being covered. At my old job, my income was very inconsistent because I worked varying hours a week (based on caseload-as a therapist). My paycheck could vary as much as 600-700 dollars (net earnings) for 2 week period. This would be a huge burden for individuals below the 133% of the poverty line with an occupation with variable work hours. Also, reporting to Medicaid upon employment change is probably the last thing you're thinking about when you get fired or change jobs, if you still believe you'll meet the eligibility requirements. It's just another way to burden the working poor and try to cheat them off Medicaid. There is no way my brother could volunteer for 20 hours a week. He does not clock in and clock out as a farmer and may be subject to discrimination with this requirement.

Medicaid covered my dad's cancer treatments for multiple myeloma. He was UNABLE to work due to his illness. People who are unable to work due to illness would lose coverage & could not afford treatment & meds.
<table>
<thead>
<tr>
<th><strong>Question:</strong> Kentucky HEALTH - Proposed Modifications to Application</th>
<th>We encourage the public to submit their comments on Medicaid.gov as they relate to d...</th>
</tr>
</thead>
<tbody>
<tr>
<td>My community benefitted from the medicaid expansion as a vaccine resistant strain of pertussis moved through our community and more people were able to access care to prevent transmission, be re-vaccinated, and tested or treated. This remains a problem and transmission is ongoing and especially risky for the children of parents who are not covered. My family would be at much greater risk of community acquired infections, antibiotic resistant infections from those who could not pay to return to doctors but still work in the public sector and from diseases like hepatitis among workers in public contact. Further, observing the public suffering of the disabled and injured is harmful to the ethical development of our children who are raised to understanding the teachings of Jesus to heal the sick. No, but for Kentucky's temporary, contract, and hourly employees this is a bureaucratic burden that will eliminate access and cause early, preventable disability as workers go without care for treatable illnesses, injuries, and endemic health concerns. This is completely unclear. As an HCB2 family caregiver, I provide many hours of unpaid caregiving. For caregivers who are not in a waiver, but may be caring for more than one parent aging in place, this could be devastating - forcing elderly parents into nursing home with their sons or daughter who experience strokes or heart attacks due to lack of care.</td>
<td></td>
</tr>
<tr>
<td>I lost my job because the position was eliminated and this was only coverage I could get if I get too ill to sign up by precise date I think coverage should start from that point forward, why be penalized for 6 more months if I wasn't physically able to get signed up? Well, what would I do if I didn't have transportation or day care to allow me to fulfill the requirement?</td>
<td></td>
</tr>
<tr>
<td>I have had family members who became teen mothers. Also during the recession we had members who were covered because they couldn't find work</td>
<td></td>
</tr>
<tr>
<td>Able body people can help keep our community clean And there for safe community resources or other purposes</td>
<td></td>
</tr>
<tr>
<td>My daughter has a mental illness and works she will be unable to keep up with these requirements. My grandson is on Medicaid. These changes would hurt them. They would make it very difficult There are no jobs or no where to volunteer in our rural area.</td>
<td></td>
</tr>
<tr>
<td><strong>&quot;Access to medical care when it is needed.</strong></td>
<td></td>
</tr>
<tr>
<td>*Access to preventive medical care.</td>
<td></td>
</tr>
<tr>
<td>*Access to medical insurance if working less than 30 hours per week or if an employer does not offer coverage.</td>
<td></td>
</tr>
<tr>
<td>*A generally healthier population that can address health issues and illness as it arises instead of putting it off until there is a crisis that could be life threatening.</td>
<td></td>
</tr>
<tr>
<td>*Provides some measure of security for the working poor.&quot; All of the benefits listed in the previous answer would be eliminated resulting in an unhealthy community which negatively impacts all of us <strong>&quot;This would not impact me personally. However, I can envision scenarios in which employees would be at the mercy of their employer to maintain their schedule at the level required. Single parents with children will have difficulty making this requirement. They will be working to pay for daycare in order to meet the requirement (this assumes they will make enough to pay for daycare; if not there available net income may be negatively impacted).</strong></td>
<td></td>
</tr>
<tr>
<td>My 80-year-old mother has Medicaid and it has been a life saver when she underwent treatment for bladder cancer. Also, she uses the benefits for her general well-visits and has been very healthy as a result. Without Medicaid, my mother would not go to the doctor and would very likely experience serious health complications. This program saves a lot of money upfront by identifying/preventing major health issues for many people. n/a My mother currently lives overseas, but makes extended visits to the US (for 2-3 months at a time). While she is here, she is able to take care of all her medical appointments and checkups. She would not be able to comply with the volunteer/work requirement at all.</td>
<td></td>
</tr>
</tbody>
</table>
Question: Kentucky HEALTH - Proposed Modifications to Application  We encourage the public to submit their comments on Medicaid.gov as they relate to d...

We are only as strong as our sickest person. By expanding coverage we are creating access for thousands of people so that they can get the health care they need. Personally, when I had Medicaid, I was able to explore my employment options and interests while patching work together. Having Medicaid relieved the stress of not being covered. Medicaid helped me get to where I am today. "These changes are doing two things.

1. They are creating more hoops and opportunities for people to fail to comply. Thus giving the government an excuse to kick people out of the program. We should be giving people ladders to coverage while mitigating and eliminating shoots.

2. Governments institutions should be effective, efficient, and equitable. These changes to medicaid will create a large bureaucracy that will not achieve any of these objectives. A system focused on ensuring compliance will be a huge waste of money. Please don't. " When I was on Medicaid, my income changes weekly. Sometimes I was able to find work while other weeks I couldn't. Having to report changes everyday would be a hard thing to keep track of and would be a cumbersome burden that would disincentives me to stay covered. Presently, I am fortunate to have consistent income. "I have a huge issue with this component. This is another hoop for people to jump through that accomplishes nothing. How is this verified? What are approved organizations? When I would be in between work and was on medicaid, I would shovel my street during snow storms. Would this count? People are already working to survive. Why should we complicate this my humiliating people that are trying to make a life for themselves by forcing them to work for an organization. This is how I use it

Presently this would not effect me personally, but it would affect me professionally. I work for a non profit and having to verify that someone volunteer for me would be a huge hassle and drive up our administrative costs. Please don't do this. 

"Medicaid coverage has allowed more access to preventative care. Screenings for breast, cervical and colon cancer have been shown to save lives. Clinics and staff that have not received reimbursement are now receiving at least some reimbursement for the valuable service they provide. If Medicaid coverage is removed, the Emergency Room will once again become the "primary care doctor" and that care is much more expensive. Monitoring of chronic health conditions such as hypertension, diabetes and pulmonary function greatly improves compliance with medication regimens.

" Every human being is important and we are responsible for each other, not just for our own interests and personal gain. Every major religion teaches that we must care for the poor and each other. I believe creating more barriers to access (the work/volunteer requirement, reporting income changes within a short period of time, etc) will be incredibly cumbersome to people seeking access and for administrators trying to track all this data. For the poor who work 1-3 part time jobs with varying hours, this will be a logistical nightmare. "My income does not change regularly.

"This would not impact me personally. I know people who work part time jobs without benefits who have irregular hours. Just one example would be to think of all those in construction who might not to get to work due to weather that varies from week to week
Question: Kentucky HEALTH - Proposed Modifications to Application  We encourage the public to submit their comments on Medicaid.gov as they relate to d...

"I have been in the business of healthcare for 50 years in multiple different sites. My grandchildren, great-grandson, daughter and son-in-law were able to access Kentucky's outstanding Medicaid plan when my granddaughter became pregnant and her job did not provide healthcare coverage. My daughter, is disabled and the only income they have is her husband's, my son-in-law. When he injured his back and was out of work without any disability coverage or healthcare coverage they were able to access coverage. For the first time in the life of this family all have healthcare through Kentucky's outstanding Medicaid program.

""

My family's situation is only one of 1000s that have even more marginalized situations and are trying to keep their families going. I see these marginalized families on a regular basis. It is a catch 22....wages inadequate, yet the working poor have to work and struggle to put food on the table.

Misinformation and False information and prejudicial perceptions have part of this state believing that this is a give away program. There is nothing give away about it. When the people of the commonwealth are healthy then production thrives, crime goes down, school systems are enhanced. The research is all there. What the governor and cabinet need to do is education the Commonwealth in a less biased way.

The Health of the Commonwealth = A thriving Commonwealth. If it needs to be mandated for the good of all then so be it. "Your volunteer community service program for the working poor are just not appropriate. Have survey how many "able-bodied" workers are doing a 40 hour week. Likely very few. These marginalized families work hard to keep their heads above water and the father or son-in-law who are now considered able bodied but not covered in any other way with healthcare except Kentucky Medicaid do NOT have time to do 20 hours a week volunteer work. How about if they are good employees and contributed to the high quality of production in KY?

For heaven sake, they are working 12 and 16 hours a day to make ends meet because of minimum wages. Where are you people????? Do you really understand this constituency in the state of Kentucky??

It is for my foster children. Since they are foster it is great to not have to fight to get them on insurance Medicaid, kynect, and Medicaid expansion has created access to needed medical services and medications/screenings. These changes would plainly be Detrimental to health of our community It would be difficult for some with lack of transportation, telephone or internet services to comply causing extreme hardship. Without adequate transportation this could be an extreme hardship. I live in Pike County.
Question: Kentucky HEALTH - Proposed Modifications to Application We encourage the public to submit their comments on Medicaid.gov as they relate to...

After I turned 26 and was no longer eligible for my parents' insurance, I was at that time going to start graduate school in the fall (my birthday is in June). Medicaid allowed me to have health insurance while I completed school. I luckily did not have to use it much, but did have to go to the emergency room a couple of times while having it. Otherwise I would have been stuck with the measly insurance plan offered by my school, which would only cover 10 months out of the year and had high co-pays/premiums/etc. if I could not receive care at one of the school's clinics. Sad as it is, with my small stipend, I probably would not have gone to the hospital the couple of times I needed to without Medicaid because of the insane cost of evening stepping foot in the ER. I believe healthcare is a right that all citizens should have access to. It is appalling that the state of affairs, both in Kentucky and elsewhere in the United States, is such that people do not get the care that they need because of the cost, fear of bankruptcy, and so on. Insurance should not be a business. If everyone had regular access to healthcare, I think the state and country would, in the long run, end up saving money because people would go to have preventative care instead of waiting until it's a life or death situation. Without access to healthcare, people die. I recently graduated and have been on a job search. I am not personally in this situation, but I could definitely see someone in my situation changing jobs a lot if they accept a job to have some sort of income while they continue to search for a position in their field. When I was on Medicaid through Kynect, the coverage was great, but it seemed that any time I had to report or make a change, it was very difficult. In fact, my coverage was actually removed/canceled because I had to "renew" the coverage - something that others who had the same plan as I did did not have to do. I tried to go through the renewal process, and asked a Kynect representative over chat if I had properly renewed. This person said that I had, but apparently I had not because my coverage was canceled. I was lucky that I was technically covered by my school insurance (and lucky that I did not need to use it from the point Medicaid ended to when it ended) and that I got married in that time frame as well. I had a lot of specific circumstances that ended up working in my favor, but I feel that many others would not have the same experience.

I understand the thought process, but I'm tired of this weird give and take process, by which people can only get what they need if they jump through a million hoops. 20 hours is, frankly, a large commitment, especially if it includes people already working 30 hours, full-time students, and primary caregivers. I think the "welfare queen" idea is a myth; while there are always going to be people who abuse the system, I think they are few and far between. People shouldn't have to sacrifice so much time just to be able to see a doctor. Plus, if they are working 30 hours a week and then have to volunteer for 20 hours a week, when are they going to see a doctor in the first place?

My neighbors have been able to stop using the ER as their primary care physician and have been able to be proactive in their medical care by having access to preventative and routine wellness screenings I think anything that makes it more difficult for my neighbors to obtain and keep health care is detrimental to my community. I'm lucky enough to have a good steady job now but when I did not and was working seasonally as a temporary worker then yes, my income and employment status changed regularly - sometimes a quickly as within a week I could go from employed to not if a job ended and then hired again for another job within a few days. Changing my status every 10 days as an archaeological field technician would be a full time job in and of itself. I think this is an unnecessary requirement. The last data on Health and Family Services (2013 report) shows that 55% of the recipients were under 18 and 10% were 65-85+. That leaves 35%. I do not think there is a significant enough population within that 35% that are not primary caregivers, full-time students, or working poor to justify the administrative costs of running a right to work for medicaid program.

Medicaid has been a blessing for helping my grandmother pay for nursing home care-- I don't know how we'd have done it without the assistance it would be a terrible hardship and my grandmother wouldn't be able to receive the care she needs.
<table>
<thead>
<tr>
<th>Question: Kentucky HEALTH - Proposed Modifications to Application</th>
<th>We encourage the public to submit their comments on Medicaid.gov as they relate to d...</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am a single parent of a preschooler with disabilities who receives no assistance from other parent &amp; is enrolled full time in college finishing 2 degrees so I can take care of my child entirely by myself. Medicaid takes care of all of the speech &amp; occupational therapies my child requires as well as any checkups &amp; dentist visits. For myself, it's nice to be able to get a physical on occasion (which I've done twice in the 2 yrs we've had Medicaid) or know that I can go to the doctor if I get sick (which hasn't happened yet). The concept of having everyone work/volunteer 20 hrs/week isn't a totally bad idea, but it completely overlooks the very obvious fact that many parents of dependents who aren't working do so because child care is frequently unaffordable or of very poor quality. How does Governor Bevin plan to address this very valid concern? Does he plan to address it at all, or just go on assuming wrongly that everyone is lazy? By the way, these levels of what is given as federal poverty are ridiculous, and anyone working an entry level job in Kentucky could tell the Governor so. (5 yrs ago) I had a job where I brought home almost $20k in a year for a single person, &amp; it wasn't enough to permit me to move out of my father's house &amp; keep a roof over my head. Whoever makes these numbers up really needs to acquaint themselves with the actual cost of living, even in poverty-stricken Kentucky.</td>
<td></td>
</tr>
<tr>
<td>As I am both primary caregiver &amp; full-time student, this requirement has already been met in my case. I would actually like to be able to work at a part-time job if possible so I could have the luxury of a tiny amount of discretionary income - maybe I could buy myself a winter coat! - but I can see I'd have to be very careful about accidentally actually earning anything, lest the Governor think my child &amp; I are totally set for life, and WHEN AM I SUPPOSED TO DO IT? And where? I work with low income or no income people who are trying to recover from substance abuse. They have more struggles than resources. More help, less crime. People may need more time to obtain verification. Who will guarantee a living wage job? Does treatment or school count? I have two good friends who were suicidal and were able to get the mental health care they needed because of Medicaid. They were covered thanks to Medicaid expansion. Medicaid saves lives. Don't make it harder to get! We have custody of our nephew and 2 nieces who have Medicaid coverage, and without this coverage, we would have had such significant costs involved in their care that we would likely have not been able to support them without it--which may have meant that they would have had to go to a foster home instead of staying with family with permanent custody. Cancer screening and treatment, prenatal visits, children, elders, neighbors, disabled, all Kentuckians benefit from Medicaid coverage. My son has kidney stones, asthma, allergies, sleep apena, problems with his ears and adhd, my husband has high cholesterol and has had 9 strokes, i have carpal tunnel, nerve or sensory damage,ibs-d and chronic pancreatitis. If we didn't have Medicaid we wouldn't have anything we couldn't cope with the issues or cost I have a lot of pain and between myself and my son with dr. Appointments I am not able to work that much..we have one income and that barely pays the bills we can't afford insurance My friend is a very low income quadruplegiac entirely dependent on Medicaid for her health coverage. All of our area hospitals will treat patients who cannot pay. Without Medicaid they would have no way to recoup costs. There is no way most disabled Kentuckians can fulfill stipulated volunteering. Kentuckians affected by addictions might be assessed as &quot;able-bodied&quot; before their health status is adequately diagnosed; they'll need immediate medical treatment as soon as they're in a health care facility or jail. I'm a volunteer coordinator. We will have WAY too many people wanting to volunteer if the 20 hr requirement passes. We already have 10 people WANTING to volunteer for every slot we have, and we only have 5 hour a week slots! That is going to cause an un-necessary backlog in our office. There aren't enough volunteer positions to go around for everyone who'll need one, not even close! I work in Lexington, I can't imagine what it would be like in less urban counties. I am disabled with an incurable autoimmune disease. Without Medicaid I would be uninsured during the 2 year waiting period for Medicare. I and my daughter could be left uninsured and I would be without the medications I need. My daughter has a mental illness and works she will be unable to keep up with these requirements. My grandson is on Medicaid. It would make it very difficult There are no jobs or no where to volunteer in our rural area.</td>
<td></td>
</tr>
</tbody>
</table>
Question: Kentucky HEALTH - Proposed Modifications to Application  We encourage the public to submit their comments on Medicaid.gov as they relate to d...

While I was pregnant my unborn child had a fetal cardiac disarythmia which was caught when I went into labor at 28 weeks of gestation, this requires hospitalization and I had to change to a maternal fetal medicine Dr and see a pediatric cardiologist during my pregnancy. She requires a cesarean since her cord was wrapped 2x and her heart disarrhythmia. I couldn't have afford her NICU care or the treatments during the pregnancy. Thanks to the treatment I received and she received she is a heart healthy 7 month old who is constantly on the go! My 2 sons have asthma and I have one with severe food allergies. I don't know how I would afford epipens, which are required by the board of education to have on hand at all time while he is in thier care. We do not have public transit where I live and I am unsure how I would be able to meet those needs with out reliable transportation.

First, it's the moral/ethical thing to do, that is make sure EVERYONE has medical care coverage. Secondly, if people who have no medical coverage become ill or injured, then they will either not seek treatment, or they will go to the ER, thus passing on the expense to the rest of us. It's simple really. Everyone needs insurance. Affordable and/or single payer coverage. People would be healthier, and therefore, be contributing to society. My working poor and disabled students wouldn't be able to further their college education, therefore, they would be stuck in the cycle of poverty.

I am disabled with an incurable autoimmune disease. Without Medicaid I would be uninsured during the 2 year waiting period for Medicare. I and my daughter could be left uninsured and I would be without the medications I need.

Covered chronic medical issues during gap in income. Wed be without. Physically unable.

By receiving access to basic healthcare, thus able to be a vital part of the community. Affordable, guaranteed healthcare is a basic human right and not a political weapon.

Without expanded Medicaid I fell thru the cracks. I made to much to get help, but not enough to purchase insurance. I need the medicaid expansion to help with my prescription cost and all other aspects of treatment such as doctor appointments and test. Without it I will have to do without and could possibly die, leaving my family without a mother and wife. "Without it, my family would be without insurance and it would negatively affect our health."

I think this is asking too much of people already under employed and barely making ends meet. It us just one more hurdle they would have to jump in order to get health care. Where would they find this volunteer work? Could they afford transportation to and from the volunteer job? Would this requirement take away from time to search for a job? I think requiring they participate in a job training program is great, but not the volunteer program.

Having insurance while I'm a full time student has been invaluable. I have aged off of my mothers insurance plan and I think it's important to have the ability to take care of my health needs so I can take care of my child. Seeing as my child's other parent has died early I need to make sure I am around for as long as possible. To have health insurance I would have to volunteer 20 hours while I go through law school leaving little time to raise my child alone. I do not have the benefit of family to care for my child or another parent for him to spend time with. I personally believe the 20 hour requirement for benifits in general contributes to child abuse numbers in the state. Specifically when you a parent going to school full time which requires 36-48 hours a week of class time and studying to be successful, then volunteering or working 20 hours a week can overwhelm people and honestly limits success. That's just my theory coming from a different state with low child abuse rates and no free labor policy to receive benifits like child care vouchers.

My husband lost his job. No invome so we were covered through Medicaid expansion. Everyone SHOULD have healthcare.

The work requirement is a trick. It's a litmus test. I do not support it

Son is adopted from state of KY and has Medicaid as a supplement. 2 of my direct neighbors in the Highlands carry Medicaid due to severe disabilities. Medicaid help us obtain services we need to live outside an insitution.

I would not be able to work 20 more hours a week. We do regularly do volunteer work to role model for our kids. Our 2 neighbors ...one is a caregiver to husband and son with disabilities...she could not work the 20 hours a week. The neighbor with disabilities can not work due to mental health problems.
Question: Kentucky HEALTH - Proposed Modifications to Application

We encourage the public to submit their comments on Medicaid.gov as they relate to...

My community has benefited from Medicaid because people who were stuck in the middle without insurance, could not afford to pay, now have insurance to cover family issues. More time. 25 days would be better some business will not be able to send varacation by 10 days. Not reasonable. Thw work requirement could be a great idea if it was voluntary and if there were the right supports to make it possible like someone to help find a place and transportation.

Kentucky is a very poor state with many families, children & individuals struggling to make ends meet. These proposed changes hurt the poor. See above comments. What is the purpose of the changes? More kickbacks to the rich? What about mothers with young children? Will the state provide babysitting services? What about those on full disability? Too many problems with these proposals.

I quit smoking with my medicaid, almost 2.7 years ago, and now I regularly run and get exercise to be more healthy. I have also rec'd mental health services as all the attacks on my medicaid have severely stressed me out.

I already work 50 hours a week, and I pick up trash in my neighborhood and I help the community, to be forced to document my work would lessen the time I actually spend helping others. Further, how am I to come up with 20 hours a week in addition to my day job to cover and annual cost of $300 for eye care? I already have to pay $250 for eye care as it is so the math does not add up. I make $23k annually as a self employed person. During Derby and Christmas, my income spikes due to demand, but in Feb and July I have a lot of cancellations due to weather and customer vacations. It fluctuates and trying to keep it reported on a month to month basis is too difficult. As a small business owner, I report annually to the IRS via my taxes and I should only have to share my taxes with the State on an annual basis. I am self employed so I have no way of verifying that I work 50+ hours a week to the govt. I would be forced to add another 20+ hours to my already packed schedule. I do not make enough to pay for my medical, or to fund a retirement, and I work 6 days a week. Now the State wants me to work an additional 20 hours volunteer. If I got a second job, I could make an additional $15,000 a year at minimum wage for 20 hours a week. But there isn't a second job available to me (I am looking) and I could purchase insurance benefits for less than that on an annual basis, except that I choose to not kill myself by trying to work 70 hours every week.

More people with health coverage helps improve the health of individuals and, ultimately, the whole community. Having healthy residents with access to healthcare improves: the economy, attracts visitors and new residents, lowers the risk of infectious diseases and can create a more positive atmosphere.

My cousin might be "medically frail" but she has needed benefits her whole life, even when she was able to work some. In fact, having healthcare like this has meant she CAN work when she is able. I would like other people to keep having that option. People who work variable hour jobs (anything that someone else schedules for you -- like a restaurant, day labor, seasonal work, etc) would have a hard time reporting changes in labor hours. Is your system really set up to handle that or are you trying to make it complicated enough that people quit working to keep their Medicaid? Yes. Anyone who works seasonal labor or pick up work when they are in good health has variable income. My brother helps people get job training. It is a giant scam. People who are 60 and can't work their old jobs anymore get paid to learn a skill and get placed in a job but really There aren't jobs and they don't really help you find one, it's just checking boxes.

Provided access to health care for the most in need and children.

Care for children and the elderly.

It is necessary to provide access to care for the participants, LTC, meds, primary care access must be available. Not enough time, to report changes and NO ONE should be locked out, perhaps 30 days to report. Unsure, I believe it is important but immediately 20 per week is difficult. May agencies require training, background checks etc. will Medicaid pay?

My parents received Medicaid coverage in their later years and it was necessary for their health issues.

My mother is in long term care and has exhausted all of her resources. Must now rely on Medicaid for her care. I can see how potentially if I overlooked a notification from CMS or missed a deadline her care would be impacted.

My mentally ill sister, who cannot work, has insurance.

My family has not benefited. However, I care for patients who receive Medicaid benefits. More accountability is needed to ensure we are being good stewards of the tax payers money, not wasting.
Question: Kentucky HEALTH - Proposed Modifications to Application

We encourage the public to submit their comments on Medicaid.gov as they relate to...

My sister is raising all 4 of her grandchildren right now and without medicaid she could not do this. The children are 11, 7, 3, and 16 months. The 3 year old has learning disabilities that are sometimes overwhelming. She had to quit her job to care for these children with very little help from the state. Her husband is the only one working and they are renting a tiny apartment. Without medicaid and help from all of her family the children would suffer. I thank God for medicaid coverage because of the help that the 3 year old is now receiving. Please NO MORE PAPERWORK. My sister has her hands full right now and the paperwork to verify everything is overwhelming to her, because of the delays of govt. paperwork, she is in serious credit card debt to care for these children. It is a sad situation her daughter and son-in-law are in jail for drug abuse. Please, please please, no extra paperwork. It is overwhelming to those caring for children, trying to find all the birth certificates and health records. Sometimes they never find them and have request new ones which can take up to 6 weeks delaying care for sick children. This is ridiculous. You will starve in KY on $34,000/year for a family of 4. A recent study showed you need $13.95/hr to pay rent in KY (29,016 yr). How will these people handle illness without help?

reference: http://www.huffingtonpost.com/2015/06/01/minimum-wage-apartment-hourly-salary-housing-costs_n_7472472.html

The poor, chronically ill elderly who need skilled nursing care at end of life have greatly benefited from having Medicaid. They are able to receive needed and appropriate health care to improve quality of life and keep them from ending up in our emergency rooms or dying alone!

The expansion has helped so many newly covered families obtain health care they would not have received. The community is slowly becoming healthier. A step backwards. There is no need to have all these barriers to obtaining health care, which should be a right for everyone.

My partner has been able to access necessary medication to prevent severe tooth infection and severe, debilitating depression. Oftentimes we do not have access to internet. This can make it very difficult to report changes or pay premiums on time. A 6 month lock-out from healthcare coverage for having limited access to broadband in rural areas is not ethical. This is a work-camp like requirement. How is the determination "medically frail" legislated? Does depression count as medical fragility? How are very sick people supposed to work that many hours?

Many families in our community are low income households. Medicaid offers them the ability to receive healthcare at a no cost or minimal cost. I am not supporting any changes

I received medicaid while I was in college and law school. Without that coverage, I would not have been able to afford health insurance because it was prohibitively expensive. Several members of my family still rely on medicaid for affordable health insurance. These proposed changes would unnecessarily block many people from the coverage they need to be healthy and productive members of our Commonwealth. This is a ridiculous and unnecessary hurdle to ask people to overcome in order to receive adequate healthcare, which is a basic human right.

I know many students who relied on medicaid when they were kids, seniors who rely on medicaid for their medical and nursing home costs. Not all adults can volunteer, because they are full-time, unpaid caregivers. People who are poor can't afford to pay upfront premiums. "Reporting in 10 days is too fast when people have a family or job emergency."

"Looking for work is a full time job. Caregivers don't have time to volunteer; they ARE volunteering to care for family members, and that should count.

My coverage has allowed me to obtain well visits, vision, and dental screenings for myself and family. Without it I would not have the piece of mind regarding my herniated disk and the care I need to live with it. My husband and daughter need to be tested for Celiac (my mother in law has it). Their dietary needs and overall health depend on this, but I'm afraid without Medicaid my daughter won't be able to be tested. I doubt my husband can. It's difficult to report. I have to find time in my schedule (or day off) to call and the call typically has lasted over an hour to verify information. I just obtained a second job, and picked up freelance to make ends meet. I fear this will negatively impact my health care. Most jobs seem to fall close enough under 40 hours that you can't obtain healthcare but you can't live off your earnings either. I pay over $800 in rent, this doesn't include utilities, and phone service. I do not have luxuries like entertainment accounts. I pay for wireless access for my work and for my child's education. If I lose the 2nd job...on account of having to meet the volunteer requirement... It really gives a person pause as to how important their health is. I cannot choose to NOT cover my child. But then how will I afford school expenses if I drop a job? Simply, I would probably lose coverage.

Yes. My independent contract work makes it difficult to know how much my income will change each month.
A healthier population saves lives and money. These changes mean that Hospital Emergency Rooms would fill up again, tax payers end up footing the bill, children would miss school and parents miss work if they don't have insurance or money. Let's be fair and do the right thing. This whole proposal is full of ridiculous math. Finding and being able to afford childcare so you can volunteer does not make sense unless you count a mom with kids a primary caregiver which she is. I think it will be difficult to find volunteer opportunities.

I am a single Mom of 3 daughters (receiving no child support - my husband is in prison for child abuse) with a Master's degree in Adult Education. I work 2 jobs and earn in total $40,000 per year. My primary, full-time job is as a literacy and high school equivalency teacher in Simpson County, KY. If not for Medicaid, I would be forced to leave my current position and accept a job outside my field and outside my area of passion and expertise in order to pay high premiums for healthcare for my family. My personal coverage is through the ACA. My children receive Medicaid. I would gladly participate in workplace healthcare options if they were available, but my private, non-profit employer has only 4 employees and can not afford to offer healthcare. I do not receive any other form of government assistance, but healthcare costs are simply way out of reach for my family. I am fine with work or volunteer requirements. But the 10 day window to report income change is too narrow, and no allowance for emergency coverage is unacceptable. Limit the period of emergency coverage to 60 days. There is a LOT of inefficiency in the management of Medicaid services by KY Medicaid offices and eligible recipients should not be penalized for the Commonwealth's mistakes. I myself ended up paying a bill which should have been covered by Medicaid because of this inefficiency. Luckily, in my case, it was very small, but I have known others whose issues were not resolved and who were held accountable for thousands of dollars simply due to bureaucratic error. My income status does not change frequently. I am one of the lucky ones. While I do agree that it is appropriate to ask Medicaid recipients to report changes in income in a timely manner, a 10 day window is too brief. A 30 day window is more appropriate. Many of us with multiple jobs and families would find it very difficult to complete these types of tasks in such a short period of time. I agree with this effort - it is appropriate. But additional Medicaid employees should be hired to support administration of the new policy since the workload will increase. With no additional funding, I don't see how already time-burdened case workers can effectively monitor these activities without frequent and highly damaging errors. There is also the problem with transportation and the actual existence of jobs and places to volunteer, so that would have to be taken into account, and the state would have to hire a lot of people to make it happen.

In a rural area where most business are small businesses, Medicaid expansion has allowed those previously not insured to gain insurance. In my case specifically, I can remember when insurances consider pregnancy a pre-existing condition, had it not been for Medicaid, I would not have been able to afford vital prenatal care for my child. I worked throughout my pregnancy, if the same situation occurred today, there is no way I could meet the additional requirements of classes, volunteer or paid work in addition to already working. These requirements assume the majority of our population is not working- this is not true. Basing law on false assumptions is absolutely penalizing those among us that need the most assistance. In a county that already has been nationally recognized for high cancer and Hep C diagnoses, it is utterly ridiculous to think that less coverage benefits anyone. With regional sites and an overburdened call-center, it is not reasonable to make people wait for hours on the phone to update their information so frequently. I'm not opposed to requiring updates, I'm requesting that social services be funded better to allow for a more efficient process. 20 hours of work on top of most recipients working a full time job is not beneficial to society in any means. Please explain to me how primary caregivers would be able to meet this requirements. Saying that they would "automatically" meet this requirement is superficial and most likely not accurate. Too many times regulations are made without full consideration of the majority of the population it is meant to benefit.
**Question:** Kentucky HEALTH - Proposed Modifications to Application  We encourage the public to submit their comments on Medicaid.gov as they relate to d...

| I had it for nearly a year between getting out of college and getting full time employment, and I used its benefits several times. It's incredibly useful for those between jobs, especially in a recovering economy. It can lead to poor health and potential financial ruin, especially for the working poor. We need universal coverage to allow not only for moral health outcomes, but also to take the burden off of small business and allow greater financial flexibility for business and individuals. I know that I likely went longer than 10 days when I got my new job, not because I was trying to commit fraud, but because I was too busy transitioning into my new job. Furthermore, oftentimes benefits don't start until 90 days into a job, which should be taken into consideration. I could more likely understand this requirement for other benefits, but healthcare should be a human right, something even past Republicans agreed with (before the party went off the rails with its antiintellectualism and forced sane, competent people to look elsewhere). I generally don't agree with indentured servitude or slavery, so it concerns me greatly that someone's life could be on the line and they would be concerned with losing life saving medical attention because they needed to transition off of this system according to this plan. |
| Provided access to health care for the most in need and children Care for children and the elderly |
| My mother is in long term care and has exhausted all of her resources. Must now rely on Medicaid for her care. I can see how potentially if I overlooked a notification from CMS or missed a deadline her care would be impacted. |
| I am a single full time non-traditional student, full time mother and I work 15+ hours a week. Between my child and my studies that is no time to work more hours a week. I cannot afford insurance. I have pre-existing conditions and both my child and I have mental disorders. Medicaid is the only way we can afford our doctor's appointments and our medications. Between school studies, my child and work (15+ hours a week), I do not have time to work more hours or volunteer my time. Doing so would leave my child at home alone or add the additional cost of child care. Neither is an option. Requiring me to have the money for premiums up front would prevent me from being able to get medicaid and therefore prevent my child and I from receiving the care and medications we need. Sometimes it does change -quickly. So, by the time I report a change in my income another change can occur. My life is extremely busy, child, school (mine and my childs) homework/meetings, work, doctor's appointments etc. 10 days isn't enough time. Between school studies, my child and work (15+ hours a week), I do not have time to work more hours or volunteer my time. Doing so would leave my child at home alone or add the addional cost of child care. Neither is an option. |
| I'm barely alive because of medicaid expansion it, thanks. I will die because of these changes. This reporting and the workd is not possible, living week to week not month to month physically hurt now |
| Huge benefit and need in Fayette county. Look forward to seeing implemented. Appreciate support for those not physically or mentally able to participate. |
| My mother would have benefitted after her assets were depleted by self-paced in the nursing home, if she had lived long enough. They would not affect me or my family unless I lose my health insurance. I think it's crazy that the very people trying to make it easier for corporations are the ones trying to make it so hard on folks that need public assistance. |
| Many people who receive the expansion under Medicaid have vision and dental care that they so needed but was unable to afford! Going to an eye doctor or denist is a very expensive trip! People's teeth and eyes are very important to their overall all health! Taking this away is in no way improving health outcomes for Kentuckians! The impact will not effect me now but things change! How is someone suppose to volunteer who is actively either trying to find a job, unable to get around,or have children they have to care for. And why do they have to volunteer in order to get help? Health Care should be a right, it's not a privilege to anyone receiving the benefits! It's a life line! This treats them as children. |
I had Medicaid coverage prior to my current insurance. I would not have had access to healthcare without Medicaid. These changes would be detrimental to low income people in my community. Medicaid coverage provides the only opportunity that many people have to see a doctor or receive medical treatment for preventative, long-term, and urgent health issues. Yes - my income and employment status changes regularly. A requirement to report changes within 10 days of my income or employment status changing would make Medicaid virtually impossible for me. As any informal worker or freelancer knows, income can shift weekly and drastically. The amount of paperwork and time it takes to report changes in employment or income is painstaking. That time and energy are directly pulled from the amount of time and energy that people need to put towards their jobs and developing their careers. This proposed measure is the antithesis of what Medicaid is suppose to do. This measure is problematic for many Medicaid recipients. Firstly, many people cannot find 20 hours of work per week. Secondly, many people need medical attention and treatment in order to work more hours per week. There are also irregular workers who work different hours every week. Other states have programs that help Medicaid recipients find work and provide them with job training. Something like this would make this measure more ethical and appropriate for those struggling to find work or mentally or physically struggling to work.

Allow them to have a roof over their head and something to eat. Basic survival! The places where they volunteer could benefit from the help. I'm not on Medicaid but I think a two week to report changes in income like taking on seasonal yard mowing, etc. it's too much of a hardship to try to get the records done. I think once a month of reporting extra income should be sufficient. How many state people are you going to have to have to keep all these record straight? I have heard that nonprofits - where the government suggests these people volunteer - do not have staff to keep records of volunteer hours.

"Improved health, easy, affordable access to medical help is a plus for my community.

"Forcing people to spend extra time away from family, when they are already working at minimum wage jobs, or are sick will create an unnecessary burden on the family and community, it's just spiteful

I have Chrons disease and unable to afford medical costs on a private insurance plan due to high costs of medicines, doctor visits, and the occasional hospital/emergency room visit. I was able to sign up for Medicaid and it saved my life. It would affect me personally. I am unable to work and being forced to work for insurance is bull crap. Health care should be a right for all.

Because of Medicaid, my daughter can play outside. Because of Medicaid, I am able to work. Those changes are abhorrent. Losing Medicaid, even temporarily, means I'd have to go off my meds. I wouldn't be able to work. My job is pretty stable. I am not. 10 days is too short. I already work and volunteer in my community. It's not 20 hours worth. If I did that, I would never see my kid.

My son who suffers from mental illness received coverage at a crucial time in his life. It probably is the difference between homelessness and his current status of having a job and an apartment.

I know many people who have received healthcare coverage through Medicaid. Many have worked but did not receive coverage through their employer. Many did not earn enough to afford private insurance. Further, as a social worker, I work with many disadvantaged people who are are benefitting from healthcare coverage. I see the impact that having access to healthcare has not only in those adults but also their children. Having a parent become sick and not be able to access healthcare is something that can severely limit a child's capacity to function in school. I work with many adults who, before Medicaid was expanded, had to drop out of school to care for a dying parent or relative. This pressure placed on our most disadvantaged citizens is unnecessary. I would expect that many of my patients would not be able to access the outpatient care they need in order to prevent further hospitalization. My income does not change. However, many of my patients and their families are able to work periodically and may earn more than $640 for a few two-week periods a year. However, this may be all they work in the entire year.
Question: Kentucky HEALTH - Proposed Modifications to Application

We encourage the public to submit their comments on Medicaid.gov as they relate to d...

Medicaid (and other assistance programs) help people receive preventive care, which costs the community less than reactive urgent care when medical issues become too severe. My job doesn't, but many I know do. If you are in food service your hours can flux from 5 to 50 from one week to another. Some provision to account for that type of working (unless it already exists) needs to be planned out.

Many poor friends able to recover from illnesses. These changes Denies help when most needed. Not financially sound approach.

Poor people are covered My uncle and aunt would die No, but 10 days is not along time to connect with our gov.

My wife has been able to start a new business and leave her old employer because she was able to find health insurance on the marketplace. My wife is working what might appear to not be full time, but as a self employed person, she's working 16 hours a day. If she's got to justify that/volunteer 20 hours a week - that's crazy! No My wife is working what might appear to not be full time, but as a self employed person, she's working 16 hours a day. If she's got to justify that/volunteer 20 hours a week - that's crazy!

provides coverage for those who can't afford it sometimes, it you have other obligations such as children, you may not be able to do community service

when i was in grad school i was able to go on medicaid and it helped bc i was able to focus on school full time and not worry about working full time. i'm also mentally ill and need access to medical care and it would have been impossible on my own. i'm poor and low income SES. my community depends on medicaid. if these changes go through they won't have access to life saving health care. not everyone can work/volunteer 20 hrs a week. not everyone can provide income verification/premiums up front. i know that people think making above the poverty level means you have disposable income but literally if you make $12k a year you can't afford premiums especially up front. also "able bodied" doesn't take into consideration mentally ill folks. and full time students should not have to take on more responsibilities just to have health care. income and employment status is always changing for poor folks. we're just trying to survive. and we shouldn't have to worry about reporting these changes right away for fear of losing our health care. a lot of low income folks even if they don't have jobs have busy lives. we're caretakers and we're working in other ways that don't get paid to help others bc we're all struggling. also, if you're a full time student, working a full time job, and taking care of others you can't take on more responsibility.

when I was a full-time student I depended on Medicaid to provide coverage for myself and family. Now, I have children who are adults, newly graduated from college. However, their employers do not provide health insurance since these organizations are very small non-profits. Additionally, my children cannot afford to purchase health insurance other than Passport/Medicaid since they don't earn enough to be able to afford the premiums. These changes would either limit coverage or possibly cause family members to be ineligible for coverage, and with no other options they would be left without health insurance. I currently have Healthcare Insurance through the University of Louisville where I am a full-time graduate student. this would not affect me at this time. But may affect family members who utilize Medicaid. Since they are young adults who do frequently change employers and may be without health insurance coverage. I would not be able to participate since my academic program consumes most of my time, my family members already work 5-6 days per week depending on the employer's needs. I don't see how they would be able to squeeze in another responsibility to meet requirements for eligibility.

my daughter works 37.5 hours a week. she pays day care for her daughter (my granddaughter). she only makes 8.50 per hour. she has to live at home. she is no longer eligible to be on our insurance. it would make it harder for some people to pay these high premiums. we need more controls on insurance premiums and ins prescription drug costs.
Question: Kentucky HEALTH - Proposed Modifications to Application  We encourage the public to submit their comments on Medicaid.gov as they relate to d...

In my family my mother who is a stroke survivor is provided with Medicaid to pay for her health needs. She is retired, disabled and not able to work. She needs Medicaid. Other members of my family have needed Medicaid to cover healthcare needs during times of difficulty and transition. It has provided them the opportunity to get back on their feet and return to work and providing for themselves. Without Medicaid they would not have had the healthcare to return to health. Kentucky as a state has benefited significantly by having greater access to Medicaid. A healthier population means a healthier workforce and less drain on our state's economy. These changes will make it more difficult for people to have access to healthcare. It is far more beneficial to have a healthy population than it is to try to pinch a few pennies now and end up with far greater costs with a sick population later. Creating an arbitrary volunteer requirement has no benefit. It is simply poor-shaming. People who are already struggling to survive, find work, deal with health issues are not the people who need to be trying to figure out child care, rides and managing essentially an unpaid part-time job in order to make a legislator feel good about themselves.

We can get insurance coverage now because of medicaid expansion!! "Not sure how I will Afford insurance!?" with these changes. The reporting and work requirement stink!

Has allowed contiguous treatment of conditions that are preexisting; has given access to treatment by many in low income jobs, who cobble together multiple part-time jobs to make ends meet. Low income people often live precarious lives, financially on the edge. These kinds of tight limitations and requirements add a level of stress that isn't healthy or necessary. Losing coverage due an oversight is inhumane. Changes in healthcare should make the administrative side easier dor patients and providers. This treats people as if they are not worthy members if our society. We need healthy workers. We need healthy citizens! As a fully employed person with private insurance, i am dealing now with a change due to spouses change of employment. It has taken me hours if paperwork, phone calls, and emails to straighten out a minor paperwork error on my employers part. I can't imagine being uneducated, overworked, underpaid and trying to do this. This is an excessive amount of time that takes away from job searching, among other things. Not to mention, many who work in the service industry don't have regular hours, their schedules change weekly. How can you count on regularly coordinating with "community service sites, without risking being short on 20 hours, and losing coverage. Maybe the focus needs to be on raising the minimum wage to get people above this line.

I have not used Medicaid, but giving poor people health care makes it less likely that we will have the spread of infectious diseases. More than that, for a so - called "Christian" nation, it is abhorrent to ignore Christ's instructions to heal the sick, feed the poor, and so forth. My income is above the limit to qualify. However, I know a number of people who work multiple part time jobs, because employers don't want to pay benefits. It is an undue burden for individuals to lose medical care due to greed... and lack of compassion. No impact on me, personally. However, if you're going to lay on this requirement, are you going to provide the jobs?

Please see my full comments attached. I write because Kentucky's proposed 1115 waiver has gotten worse in ways that trouble the conscience. The projection of lost Medicaid coverage has grown to almost 100,000 Kentuckians, with only wishful thinking about where new coverage will come from, if it comes as all. New language appears to criminalize poverty by conflating failure to meet reporting requirements with intentional "fraud," while offering no assurance of due process or reasonable accommodation of people who may have difficulty understanding or meeting new requirements. The revision adds a breathtakingly harsh six-month lockout period for failure to report timely, a deprivation of health care that no court could order as a sentence. Work requirements would expend resources in areas with little employment while interfering with real world work schedules for working Kentuckians. Submitted by: Richard J. Seckel, Director, Kentucky Equal Justice Center, Lexington, KY

My foster son works as a dishwasher. His employer doesn't offer health insurance. Neither he nor I can afford to pay out of pocket for all of his healthcare. He won't get proper healthcare. Low income workers like him lack private transportation. His record-keeping skills aren't the best. Job changes are disruptive. They are hard enough. I think he would be at high risk of lacking a deal-breaker form or whatever, or insufficient time during business hours to take his documents where they were required. His lacks a scanner for online submission. He works too many hours during the business week.
Question: Kentucky HEALTH - Proposed Modifications to Application  We encourage the public to submit their comments on Medicaid.gov as they relate to d...

I am self-employed and medicaid allows me to pursue my career without employer-provided healthcare This would limit my ability to do my job. I already work close to 40 hours/week as a self employed individual. Yes, my income varies monthly, as do my expenses. I monitor it on a monthly basis, but to accurately predict my net income within a 10 day window would be nearly impossible. This work requirement would limit my ability to do my work as a self-employed individual.

My aunt has muscular sclerosis and is bed ridden. Thanks to medicaid she gets the care she needs in a nursing home. Healthcare is a human right that we should guarantee to all citizens. These changes are petty, stupid, and will kill people. Jesus didn't ask for proof of income before he healed the sick, they were sick so he healed them. I'm not personally on medicaid. But I'm a middle class lawyer who works for himself, and my income changes from quarter to quarter. I could comply if I had to, but poor with limited access to technology or understanding of how the system works would struggle. This is mean spirited and will hurt the most vulnerable most. This is just another excuse to strip poor people of benefits. This is cruel

My father has non-alcoholic liver cirrhosis and liver cancer. Without Medicaid, he wouldn't have been able to receive medical care. He could not comply with these requirements.

It gives me peace of mind to know my dad is taken care of and if anything happens to him, the hospital won't bankrupt us. My dad would never be able to retire. He does odd jobs now in construction. Doing odd jobs means that his income always fluctuates. He'd be constantly trying to round out the 20 hours in odd ways.

I was able to take care of my health. Cataract surgery saved me from slowly going blind. Working with the best counselor I've ever had allowed me to push back a recurrent major depressive disorder and create some hope for my future. The support of Medicaid allowed me to continue giving care to my 90 year old disabled father, thus allowing him to remain in his own home, saving the state the burden of supporting him in a long term care facility. Simultaneously I was able to provide care to my grandchildren, so that my son-in-law could complete his Master's and residency in a hospital chaplaincy program. The care and comfort he provided to the dying, the injured and their families strengthened and supported the community at large. One of the things these change would do would be to further marginalized and oppress he poor by putting and keeping them under constant scrutiny and suspicion of violating the program. The time required to constantly report fluctuations in income can be overwhelming in an already busy and chaotic life. Navigating the social support system as a whole and fulfilling the requirements of different agencies-takes time and organization which many families may not have. At the time I had Medicaid, my income fluctuated from week to week and month to month. I could not have kept up with reporting all these changes. When I first got on Medicaid, I was barely functional. I could not have managed even 5 hours a week. Likely I would have thought it impossible and myself undeserving and given up. Commit suicide or had a stroke and become incapacitated. I was able to make changes in my life and give back because Medicaid allowed me unfettered access to healthcare. This physical care helped BECOME functional. Thus able to giving back and better able to take care of my own life. You shouldn't have to already be functional to be able to have medicaid.
"I was able to see a doctor for medical care such as strep throat, allergies, and planned parenthood. Thankfully, I did not have to utilize Medicaid for major hospitalizations. For the years that I was in college before expanded Medicaid (and before I knew about Student Service Health Center) I experienced significant delays in healing from common illnesses like strep throat, allergies, sinus infections, and that impacted my performance as a student for up to three to five weeks. Also, in college I used my grant refund to tend to dental and medical care. For annual exams, teeth cleanings, and so forth I completely wiped out my refund with the exception of approximately $1,000 - $3,000 that I held as a combination health/housing/transportation safety net. After enrolling in Medicaid, for the first time I could see a provider for annual gynecological exams. Although I practice safe, protected sex and have had very few partners, women's health issues run in my family and the extra certainty of prevention/screenings reassured me my health. Thanks to Medicaid (expansion), I found a doctor who would investigate symptoms of recurring bladder infections that was actually interstitial cystitis (inflammation/damage to mucosal lining in the bladder). The treatment and relief for this included trial rounds of medications, but ultimately lead to coaching from my providers to accommodate my bladder through nutrition, adjusting my physical activity, and addressing my emotional health/stress. Having a community of compassionate, Medicaid-providing doctors helped me to feel more secure as I work out of generational poverty and helped me to feel cared for.

My mother, through Medicaid coverage, underwent a partial hysterectomy after being diagnosed with pre-cancer. In addition, the Medicaid network combined with KASPER monitoring and the strict requirements of pain management facilities keeps my mother in a network of care that addresses her painful health conditions and also keeps her closer to the opportunity to addictions treatment. I fear that the cost and loss to community and family by removing individuals from Medicaid is 1) an increase of trafficking of opioids 2) a decrease in monitored use of prescription opioids that will put people in pain at risk of overdose or accidental injury due to backdoor/self medicaiton. 3) a lesser likelihood/lesser accessibility to treatment.

I am forever grateful for the Medicaid coverage that my siblings had as children.

I am forever grateful for the Medicaid coverage that my siblings had as children. One man making less than $50,000 a year providing support for my mother and the four of us is tolling. Thanks to Medicaid coverage, my siblings got dental care and regular physical exams as well as basic care for common illnesses thanks to Medicaid.

Many Medicaid recipients are already working, or lack the transportation/health to work. We must work from the inside out: Well bodies (and minds) can be working bodies. Working/volunteering for 20 hours a week for Medicaid coverage (which doesn't cover all of the treatment that some individuals need) is not equitable or fair. We do not expect individuals with a 40-hour week to work 20 hours (or 50%) of the workweek for limited health coverage! Further, in applying for assistance at the Department for Community Based Services, I can attest that documentation and filing is already challenging for the employees. I returned to a DCBS office three times with my income documentation, which I made copies of, because they lost it. Individuals who are working 50% the hours of a full time job for Medicaid coverage cannot afford to lose their healthcare due to "lost" documents.

Requirement to report within 10 days includes as long as a three hour wait on the telephone on some occasions (I can personally attest as a former Kynect employee who served individuals who waited for long periods of time to check their application and as an applicant who called for myself as a citizen, not Kynect employee). I, as a matter of fact, had to report within 10 days of hire for the Kynect position which paid $15/hr., lost my coverage as promised by being over the income limit, and then forfeited health insurance to assist others in applying for healthcare because the cost of the market coverage would have put me at the same income as the serving job I was doing at the time.
Question: Kentucky HEALTH - Proposed Modifications to Application  We encourage the public to submit their comments on Medicaid.gov as they relate to d...

Because I currently have transportation, it could be helpful for me to make network connections and refer to the Kentucky Career Center for assistance in finding a job. However, if I didn't have the fortune of transportation I would be in BIG trouble to meet this requirement. Our local busses are very difficult to catch/coordinate and are a significant drain on time resources. I was already motivated to find work and went to KCC when I was underemployed. People are already motivated to find work and help others. However, I do not consider my health status and education level/ability to network for jobs to be a standard representation of the population that Medicaid serves. I believe that a maximum requirement of 5 hours per week WITHOUT immediate termination or any form of lockout. I believe that health literacy, financial literacy classes should count toward the hours, that attending a mental health clinic paid for by Medicaid will also help address whole health to prepare an individual for work, and that Kentucky Career Center or other workforce development services such as the work ready scholar hours should count. 20 hours is TOO MUCH!

My son has been unable to maintain regular full time employment due to being dual diagnosis and a felony conviction in another state. Medicaid has covered his inpatient care twice in one year for being suicidal. Thanks to medicaid, he is now taking medication. He lost his medicaid eligibility when he took a summer job making $11 an hour so he no longer has access to a therapist. If he should become suicidal again then he would be back in the ED where the taxpayer would be forced to foot the bill. If he works full time in a low wage paying job over the summer and then is no longer employed as it is seasonal then how is he supposed to meet that requirement? A felony conviction makes it difficult to volunteer. And just how quickly can a person get another job much less get into job training???

As a college student who doesn't have support from her parents, Medicaid was the only way I could afford health insurance. It has allowed many who were on a small fixed incomes to have healthcare and it has allowed those who cannot afford private insurance ( example someone with a chronic condition) to be able to afford health care. I feel the restrictions are vague and would cause many with mental disabilities or preexisting conditions to not be Ble to be covered. I also fear those on small fixed incomes would have issues if they missed some paper work and ended up having extra cost they couldn't afford because of it. I think I fall into the " one caregiver " space so I am not sure how it would affect me. The rule is vague enough to not state what it " considers " a caregiver. Under it if I did not qualify as a " caregiver " it would be hard to find twenty hours that works within my schedule which is dictated by my kids needs. A son was able to start his own business working 60 hours a week. The investment into equipment, taxes and wages are very difficult. And he needs insurance Seasonal employment could put you over during the busy months while your income plummets otherwise. This wouldn't work for my family member. He'd be on and off Medicaid each year and still would be below the poverty level for the year It would not as he works full time but the poor don't have reliable cars or transportation. This is just another way to eject them from Medicaid.

Medicaid gives my daughter access to the medications that keep her OCD under control and permit her to hold down a job, serve the community in several forms of volunteer work, and in general to live a happier, more productive life. Our daughter separated from her spouse and has a 3 year old child. She has a full-time job and we provide childcare. Her job does not provide medical coverage, even for full-time employees, and her income is insufficient to cover medical coverage. She is 26 years old and aged off our group coverage. She is taking steps to find higher paying job with benefits so she can afford medical coverage and childcare. If she didn't have Medicaid she would be uninsured. She sees this as temporary help with medical coverage, and although she would qualify for food stamps and other benefits, she chooses to pay for what she can and not apply for additional assistance at this time. Although the proposed changes would probably not affect our family member on Medicaid, the changes would adversely affect many Medicaid recipients. The 10 day to report change in circumstances or be locked out for 6 months would penalize people with irregular work schedules and irregular income. The work requirement would adversely affect people who need childcare, don't have adequate transportation, etc. Availability of childcare is the issue that stops many mothers from working in the first place. If the state would provide childcare for Medicaid enrollees perhaps that would allow mothers to work and enter the workforce on a permanent basis, leading to job with benefits or being able to afford coverage themselves, but to require a single mother to work to qualify for Medicaid is not reasonable.
Medicaid paid for all of my mothers end of life care. She passed away at age 60 in Sept the 2016. Her illness was not something my family was financially prepared to handle. My husband and I graduated right into the recession. Neither of our careers have enabled us to financially prepare for a family terminal illness. We had a very limited amount of time since the doctors told my mother she only had 6-12 months left to live. Because the state of TN, where my mother lived, did not expand Medicaid, it took our family 8 months to qualify for Medicaid and disability. She qualified two months before she needed a nursing home. Medicaid covered all of her end of life care, something my husband and I could never have done for her.

When I conceived my first son, I worked 40 hrs a week at an animal hospital that would not offer me insurance, although they provided insurance to other staff members. I agreed because I had graduated from college into the recession. I desperately needed a job to pay my student loans and live. I continued to work even after I found out I was pregnant, and planned to work after the baby came. However, around my sixth month, I started to faint. After several trips to the hospital, my doctors decided my blood pressure was just too low. They wrote my employer a note stating that's I could continue to work as long as I could sit. Standing causes my blood pressure to drop and falling and hurting myself when I lost consciousness was dangerous. My employer refused to give me a stool. They couldn't fire me or force me on maternity leave because I still wanted to work. So the company placed me on unpaid medical leave with no guarantee I would have a job to return to. The very next week they filled my position, and told me I wasn't being fired but my job was filled. I couldn't apply for unemployment, because I wasn't unemployed or fired...technically. So I resigned. Without my income, we couldn't afford to live where my husband worked. So we moved back to KY. My husband went back to work at a hotel he had worked at while in college. We still weren't offered insurance. So I went on Medicaid. I delivered my son two months after being approved. After my sons delivery I started looking for work. No one would offer me insurance or a wage that would cover childcare costs and still have money to help pay the bills. I never went back to work. I became a stay at home mom. All my prenatal care for my second child was covered by Medicaid. My husband worked two jobs, and we still didn't have insurance. Under the new changes, neither of my children's births would be covered unless I worked a job that offered no insurance and made only enough $ to pay for the childcare costs while I worked.

After a massive stroke my father had to be put in Thompson Hood Veteran Center in Wilmore Ky. My mom had to do reverse mortgage and give all the money, bonds, annuities etc to Medicaid that my father had saved for retirement so my mom could live comfortably. They are 78 and 80. Why does our government not support our elderly whom have paid taxes and abided by the law for almost a century.
The Medicaid expansion saved my mother's life, literally. She's not yet 65, but hadn't worked or had medical coverage in over a decade, and the expansion allowed her to see doctors and receive diagnosis for a heart valve misfunction that had probably been the source of issues she's had for decades. She is scheduled for surgery, and the doctors are planning to move up the timetable because of the instability this proposal has generated as to what will be covered, who and how. I am not in support of any cutback that removes medical coverage from people who are poor.

Cutting back Medicaid, since my mom isn't technically disabled or coverable under anyone else, but is the sole caregiver for a disabled child with autism (my brother), will put my mom back on private coverage, that on an income under 2k/month she cannot afford. There are thousands of people like this.

I am not a Medicaid recipient, but this change has the potential to punish sick children or family members for another family member's actions and that is never okay. The thought process that there is a magic number under or over which people can just suddenly pay for care is a myth. The requirement to report changes isn't a problem, but throwing a FAMILY or a CHILD off Medicaid because of the action of a breadwinner is draconian to say the least. I'll frankly be shocked if anyone is even reading this, so if a human actually looks at this, please shoot me an email at malachi.host@gmail.com just so I know my plea here isn't falling on deaf ears.

When we're talking about Medicaid, we're talking about people who are poor or infirm. For the poor, particularly those in rural KY (I grew up in Appalachia), the cost of getting to town to accomplish stuff can be a once or twice a month activity. A requirement to volunteer somewhere implies that they have transportation, access, and groups needing volunteer help, and it's aside also an implied assumption that these folks are just lazy and not working. So, if this is someone unemployed, wouldn't it be better to have them hunting for jobs than going to find some volunteer role? Also, forcing people to volunteer doesn't produce good volunteers, because they're literally being "Volun-told" to go do something.

These changes would increase uncompensated care. By increasing the uncompensated care, these changes would create a hidden tax on all Kentuckians who have health insurance or use health care. It is likely that cost of care for individuals who rely on Medicaid would increase. These changes are terrible for hard working Kentuckians.

My sister has Alzheimer's, in advanced stages, receives care in a residential facility, receives medications through program. My sister would not receive care needed, nor medications.

I know several mothers who live on one income. They would not have insurance if it were not for Medicaid. They work hard enough already without having to worry about lockout periods or a community service requirement. They hardly have enough time for their kids already. Wouldn't their time be better served spending it with their children.

My family was on Medicaid when we first moved to Kentucky and were underemployed. It helped us get back on our feet and find full-time employment. Medicaid should be helpful, not punitive. It takes more than 10 days to get pay stubs or time off to get the paperwork to the office. Some people who truly need Medicaid are not capable of working or even volunteering because they are the sole caregiver for someone, or are not medically able.

My daughter has many medical problems due to mitochondrial dysfunction and is on Michelle P. Waiver. She is considered fulltime care. Before we were on the waiver we were paying the equivalent of our home mortgage in insurance deductibles on her. We are still paying off credit card bills from that. Respite through waiver helps me work 2 small part time jobs. Community Living Supports helps my daughter work on life skills and accessing the community. If we would lose our Medicaid waiver, we would not be able to afford our daughter's copays. She has a degenerative disorder so her medical bills are even more expensive then before. I also would not be able to work outside the home because of the amount of her daily medical care. She is the homebound program through the school district.

Received antibiotics when had internal infection. There are no jobs in Eastern Kentucky. Why punish people who cannot find work because corporate greed has taken jobs elsewhere? This "community engagement" requirement is punitive. Why be mean spirited?
I work in a clinic where people who previously had no coverage were able to get the treatment they desperately needed due to the ACA. Having Medicaid can prevent and treat diseases that left untreated will be more expensive. I believe better coverage can make us a proactive rather than a reactive medical community and improve wellbeing for our population. I think the volunteer requirement could potentially benefit the patient and the community. HOWEVER there needs to be more jobs and volunteer opportunities in place, more supports, more help, child care, transportation, social workers for this to happen. By not having to live with sickness all around me People will die Sickness & disease will spread Live under too much stress with to much to do already My life cannot be dependent on me living a perfect existence Mistakes cannot be life threatening Notough job training opportunities & many require money up front Also disabled & retired shouldn't have to get jobs My son has a severe mental illness. We are in the process of applying for Medicaid. My son’s disability manifests in his inability to engage with the community outside of the home. He has not been able to work, nor to attend college. If he were required to volunteer 20 hours per week, he would lose services. I wish he were able to volunteer/work 20 hours per week as that would mean that he no longer were so significantly impaired by his disability. No How would “able-bodied” be defined? Would severe mental illness fall under the category of “medically frail?” My son has depression that is not responsive to medicine at this time. I'm concerned that he would not be eligible. He would not be able to comply. Who is making these decisions? My son has autism and receives services under the Michelle P Medicaid waiver. Since waiver services are considered optional for states, any cuts to Medicaid threatens his services, which allow him to live, work, and socialize in his community rather than a segregated setting. " My son has autism and receives services under the Michelle P Medicaid waiver. Since waiver services are considered optional for states, any cuts to Medicaid threatens his services, which allow him to live, work, and socialize in his community rather than a segregated setting. " The lock-out penalty seems particularly draconian for folks that are struggling to get by. Ten days to report a change in income doesn't give much time for a person in poverty, or a person with disabilities, to report changes. This is a particular problem for folks whose hours fluctuate (as with most retail and restaurant jobs), or people that work on tips or on a commission basis. Does not affect me personally, but as I said in the previous questions, ten days to report a change in income doesn't give much time for a person in poverty, or a person with disabilities, to report changes. This is a particular problem for folks whose hours fluctuate (as with most retail and restaurant jobs), or people that work on tips or on a commission basis. I think requiring people to volunteer 20 hours per week, uncompensated, is punitive. When I had no insurance, the local clinic signed me up. It gave me lifesaving medical care. I went on to get employment and start my own business because the ACA saved my life. More sick people, if they can't pay then they flood the emergency rooms. Denying basic care also stops people from becoming healthier individuals who then can contribute to society as whole. It would be hard. It is also practically impossible to enforce. It's stupid to make rules that are ultimately unenforceable. Rural people might be unable to find appropriate placement. City wise it may come down to transportation and time especially for caregivers that do not have respite care. I think the work requirement will impact me in in an increase in crime. I think that increase would happen because when you force people to work you're making them do things they can't do or won't do (a lot of us have been forced to do work that we absolutely hated and that has a negative impact on a person) and will therefore turn to other ways of making a living, which doesn't rule out crime. I would not have insurance and probably have already have died because of heart problems without Medicaid expansion. I could not go to the dr or afford my meds with these changes.
**Question:** Kentucky HEALTH - Proposed Modifications to Application  We encourage the public to submit their comments on Medicaid.gov as they relate to d...

<table>
<thead>
<tr>
<th>My community benefits from having healthy neighbors and community members. The children in my community benefit from having healthy parents. Medicaid covers mental health at this time. I am very concerned that those with mental health issues would not receive services needed. Some people aren't able to do 20 hours of community services or participate in job training. This would be extremely difficult for some single parents.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public health needs to be supported. Transmitted disease does not care if you have insurance or not. We need to make sure our entire community is healthy. It is also the most sound economic option to make sure that people who are economically the most fragile to have preventative care. They have the least ability to invest money when there is a health care problem, so preventing them before they start is essential. I have many friends in the community who would probably not have health care. About this &quot;Community Engagement&quot; Requirement, as someone who runs a non profit, I am curious how I would be expected to report on people doing their hours as a volunteer. That is a burden that these over worked organizations should not have to bear. Will Medicaid be reimbursing paying people to supervise all of these volunteers?</td>
</tr>
<tr>
<td>I see so many customers in my line of business that rely heavily on Medicare and Medicaid and would be devastatingly destitute if access to those was restricted. Many of them wouldn't be able to afford it and would most likely die as a result. Recently, yes. There are so many other things to do when changing jobs that remembering another step is just assinine. If I had to do it, I wouldn't be able to meet this requirement. Working a 40-hour a week job and then having to fit in 20 hours of volunteering on top of that is nearly impossible for me and I'm a single individual with no dependents. Think of the single parents with full-time jobs. Are they just expected to not take care of their kids?</td>
</tr>
<tr>
<td>When the ACA first came into effect I was covered by medicaid, I hadn't had medical insurance in several years. Turns out I have Barrett's esophagus which is a form of pre-cancer. I am 25 now and because of the detection of BE 2 years ago I have my GERD under control and have medication for it as well. I was also able to get birth control through my doctor to help with painful cyst. &quot;There are adults who cannot work 20 hours a week due to a disability. Not only that when I was on medicaid I was working over 20 hours a week and going to EKU full time. What we need is a living wage, but that's a different topic. This could stop community members from receiving medications. I work with people who have severe mental illnesses and ALL of them that I work with rely on medicaid for their coverage. Without medicaid they would not be able to afford their psych meds. &quot;</td>
</tr>
<tr>
<td>Healthy workforce, children healthy and ready to learn, less costly &quot;prevention&quot; alternatives</td>
</tr>
<tr>
<td>ALL of this is the ideas of someone simple minded who knows NOTHING about poverty, otherwise you would know how insulting this all is and how UNNECESSARY. Talk about cutting the red tape! Cut all of this! This will cost the state and the tax payers SO much to hunt and track poor people to what end? WHY?</td>
</tr>
<tr>
<td>Many in community now have access to preventive and medically necessary health care Requiring adults to volunteer or participate in work activities for 20 hours per week to earn Medicaid coverage may be detrimental to individuals who for whatever reason do not have the transportation/time/ability to volunteer or participate in work activities.</td>
</tr>
<tr>
<td>I finally have access for treatment for an incurable, chronic disease because of Medicaid Expansion.</td>
</tr>
<tr>
<td>My comment on these changes is just two words: Astronomically and Negative.</td>
</tr>
<tr>
<td>These changes would put me w/o coverage but after food and other bills, I won't be able to afford regular doc visits or meds that I need.</td>
</tr>
<tr>
<td>I would not have health care without Medicaid The changes may keep me from having medical insurance and force me to go to the ER for all of my medical needs</td>
</tr>
<tr>
<td>I am a retired school teacher who worked with special needs children and their families. I know the services and supports that these youngsters and their families received from Medicaid coverage and how critically important it was for them to have access to health care. I also know how many Kentuckians have benefited from the Medicaid expansion. We need to keep it! It looks to me like the changes would throw a lot more people off of Medicaid and put a tremendous burden on Medicaid members to continually be reporting and keeping track of all these pieces. They need to be paying attention to their families and to their health. I don't see how we have enough jobs in Kentucky or volunteer placements to give all of these folks 20 hours/week! It seems to me that if we had that many jobs lying around, we wouldn't need the Medicaid waiver!</td>
</tr>
</tbody>
</table>

---

**Question:** Kentucky HEALTH - Proposed Modifications to Application  We encourage the public to submit their comments on Medicaid.gov as they relate to d...
Question:Kentucky HEALTH - Proposed Modifications to Application  We encourage the public to submit their comments on Medicaid.gov as they relate to d...

More children able to have insurance. They are healthier. The big problem will be jobs. Where will these people work? Jobs, jobs, jobs-- Where will they work? Where will they volunteer? Has anyone thought of that? Does Bevin want to punish and blame poor people for his failings by not creating jobs in our state and waiting for companies to come in to do it? That is the role of the government, creating jobs is part of it!

Medicaid is the only way for me to have healthcare. I was born with Kyphosis and had to have my spine fused together with metal rods. Since then I have been in severe chronic pain. I have multiple bulging discs, DDD and arthritis of the spine. Without Medicaid I would have no way of receiving care or access to pain management or medication and would most likely just kill myself. Medicaid has been a lifesaver for me. I can not work because of severe chronic spinal pain. I will not be able to volunteer or work 20 hours a week. I can barely get around the house as it is. Even cooking a meal is a huge undertaking that is physically exhausting because of my pain levels. I was denied disability the first time I applied and in the process of applying again. Medicaid is the only way I can receive medical care and pain management and medication to help. If I cannot work or volunteer the 20 hrs and lose Medicaid because of it, I will probably just kill myself because the pain will be unbearable without medication. Please Governor Bevin, do not do this waiver program.

I run a small community arts non-profit in an under served neighborhood in Louisville. I get paid as an independent contractor. I don't make a lot of money, and I donate a lot of my time. I do not have any employer that will cover my health care. It is important for me to have assistance from medicaid (or a reduced price plan) in order to be able to continue to do the work that I do. Many of the families I work with are also on medicaid. There are single parents who have kids to take care of. How can we expect them to complete community service hours or be at work all the time and then criticize them for not watching their kids? We need to give extra support to these families, not make it harder for them to survive. With these changes many of the families I work with would have to decide between being present and active in raising their children, and having healthcare. In a personal way, as an independent contractor, my income is always changing. It is difficult to keep up with reporting it. Sometimes I am on medicaid and sometimes I am not. Sometimes I should be on medicaid, but I do not report my change of income because it requires so much energy to stay on top of, and I end up paying out of my pocket for that. This system needs to be streamlined and more effective. Providing more assistance rather than less. I had a lot of success with the Kynect system.

And have had SO much more trouble navigating healthcare since that was taken away. I had been so proud that my state was one of the states to expand medicaid! But, this is taking so many steps backwards. I am really ashamed of Kentucky right now, and I am disappointed that our governor is not putting his people before his own interests. As I said above, yes. My income is often changing. This depends on what grants we receive, and how much money we have to pay ourselves for our work. I also sometimes work side short term side jobs and teaching jobs to supplement my income. Having to report within 10 days is just unrealistic and unfair. I already volunteer all of the hours I possible can. I have a girl scout troop in a low income neighborhood and half of the work I do for my arts organization is unpaid. But, I do not feel like I owe anyone to spend more of my time reporting this. This requirement would only take away from my ability to spend so much of my time volunteering. Why spend the time reporting when I could we working on planning field trips for my girl scout troop?

My husband is an OBGYN in an underserved area. Over 80% of his patients are covered under Medicaid. He is completely for a single payer system. We need to go to government run insurance and soon, or you will lose him, but not run like this program! Run like Medicaid is now!

My son was diagnosed with Sensory Processing Disorder. He is able to receive therapy for this and also see a counselor for his emotional issues. His allergies are so severe that they cause hearing loss, so he gets allergy shots once a week. My family could not afford these services without Medicaid. A lock out period is deliberately cruel. What is someone had a medical emergency during that time? An accident, cancer diagnosis, pregnancy? What if they needed access to life saving therapies or drugs? This policy would be truly harmful to the people of Kentucky. My husband’s work load changes often. Would we have to update our status constantly? This sounds like an undue burden.

My girlfriend now has her diabetes under control thanks to kynect and Medicaid Expansion. These changes would mean that my girlfriend wouldn't be able to afford her diabetes meds. These are scary changes.

while I have not read the entire plan, I'm sure there's a phone number or website that one can use, so people need to get over the excuses and do what is required.

So many people in my community have no clue what schedules will be every 10 days.
Friends who are on Medicaid. Without Medicaid they could not afford the baby they had last year since he was born premature. Also my friend had to undergo a emergency surgery for a cyst, which could have killed him if he didn't have Medicaid. Neither one of them make enough money on there job to afford traditional insurance. They barely make enough money to live off of with rent, food, utilities and other expenses.

I work in a home for the elderly. Less people on Medicaid, the purpose of these changes, would not only mean some had nowhere to go, but the loss of several jobs that support my community. Losing Medicaid could cost several local jobs one being mine. The work requirement, of course, Like many on Medicaid. There are times when I am unable to work due to disability.

I have a heart problem and Medicaid helped when I had to go to the hospital. I may not be able to have health care with these changes. I have been unemployed for 4 years now. If not for this I would not have health care. This work requirement would hurt me = To have health care have to go though this for some it's not right.

We need to support everyone in having good health. A healthy community is a happy, productive, and beautiful community. Preventive care saves the community money by treating ailments early.

As a resident of the state, I strongly oppose Kentucky's request for a 1115 Medicaid waiver because instead of helping people in need, it punishes them for being poor and assumes they are all crooks out to defraud the government. It shames people for being poor and makes it extremely difficult, if not impossible to receive and/or maintain eligibility for what in most cases is life-sustaining access to health care. Kentucky leads the country in cancer, heart disease and obesity rates in addition to opioid addiction, yet this waiver will result in an ADDITIONAL 9,000 Kentuckians without coverage for a total of at least 97,000 poor, sick people who will lose their coverage under this waiver. This waiver is unethical, immoral, irresponsible, and a death knell for a significant segment of the state's population and should NOT be granted.

RITA OSBORN

We need to support everyone in having good health. A healthy community is a happy, productive, and beautiful community. Preventive care saves the community money by treating ailments early. Expand Medicaid!

Medicaid was a lifesaver for my elderly parents when they could not longer take care of themselves. Besides them I am aware of many people who would be among the homeless without the help of Medicaid. More people without a place to live and without food to eat is not stabilizing for our community. Many people who need Medicaid to survive are without the abilities and means to be able to complete forms and make any payments before they need the help. This is penalizing people for being poor. Many people are not physically or mentally able to fulfill this.

Medicaid keeps my neighbors from stealing from me more to supplement their income.

Medicaid helps our entire community by offsetting the weight of mental illness, poverty, inability to access resources, overburdening of working multiple jobs and still not being able to support family because of low wages. These harsh new requirements would burden recipients, the medical community, behavioral health providers and the entire community because less people in need would be able to comply. No one can understand the burden of poverty and lack of Medicaid until you have experienced it. People will decide that working is a larger burden than benefit. Our system is already set up to deplete government resources at a level of income that is much lower than a family can survive on. Many Medicaid recipients don't have transportation, child care, or extra time to complete volunteer work. We are going to pay someone to regulate all of this added documentation...it would be much better to spend that money on job training and Medicaid benefits.

Was able to have my son go to a pediatrician for well visits and get vaccinations, the dentist, etc. As a single mother with no car, I would not be able to work or volunteer 20 hours a week. How will I get there, who is going to watch my child?

It has kept me alive I am not able to work because of my numerous medical conditions. I f I don't have coverage it would be a death sentence. What I see in these proposed changes seem like what he wants is poor, elderly and disabled sick people dead and gone. If I can't work because of medical conditions how in God's name could I volunteer to work!!!!

People receiving health care that are otherwise unable to do so, NOT DYING FROM LACK OF! Making it harder for pwople to get coverage does not positively affect any one but the government. Seasonal work changes with weather, etc. No way to predict hours. If the program was engineered properly, supported properly, and was supervised properly, thus could be beneficial on several levels. But I believe 20 hours a week is unattainable.
<table>
<thead>
<tr>
<th>Question: Kentucky HEALTH - Proposed Modifications to Application</th>
<th>We encourage the public to submit their comments on Medicaid.gov as they relate to d...</th>
</tr>
</thead>
<tbody>
<tr>
<td>My daughter is addicted to pain medications. She has been unable to keep a job. She needs the Medicaid to help her get services needed for help with this addiction. I do feel that she needs to be held responsible and pay a portion of her Medicaid bills. Maybe it would motivate her to work and keep a job if medicaid paid her and helped her get connected.</td>
<td></td>
</tr>
<tr>
<td>My daughter a full time college student wouldn't be able to go to school and have her medical needs met without Medicaid, it's a Godsend. Please don't take her medical coverage away. Sick Kentuckians can't be productive citizens. My daughter is working towards a college degree and needs Medicaid until she's out on her own Self employed people, and disabled people would have difficulty reporting such rapid fluctuations in income. SICK people aren't ABLE to work!</td>
<td></td>
</tr>
<tr>
<td>This is how my grandparents can afford all of their necessary prescriptions for various health related issues. These changes would put an unnecessary burden on my grandparents and other elderly people who benefit from medicaid Not all elderly people can participate in work or volunteer activities.</td>
<td></td>
</tr>
<tr>
<td>If not for Medicaid my entire family would have most likely not survived. We have received life saving care thanks to having Medicaid. My husband nearly died because of a hernia complication, but thanks to Medicaid, he received care that ultimately saved his life. My children have coverage thanks to it and all three have, at one point in time, had to use it for something that could have killed them if they had not had coverage. It's lifesaving and I am grateful for it. I always report changes, but locking anyone out of coverage for six months is cruel. In order to not have outrageous medical bills, you have have insurance coverage. What are those who mess up supposed to do for six months? Payments up front before receiving coverage? When you are as poor, as most of Kentucky is, you live paycheck to paycheck. If you qualify for coverage through Medicaid, the coverage should begin immediately. A healthier Kentucky means a more productive Kentucky. The 20 hour work requirement would kick most off of Medicaid, it's a catch 22 for people. A &quot;damned if you, damned if you don't&quot; situation. I believe the governor knows this. My husband has been employed ever since he was laid off from his last job and benefits were exhausted. He gets a raise every six months. I report changes as soon as I'm aware of them. However, when reporting changes, there are hour or more long wait times thanks to the governor's change to where you have to call the hotline. I've waited for over an hour several times. It's very frustrating and I can see where some don't have time to wait that long. Sometimes I don't have that long and I have to call several times before getting through to someone.</td>
<td></td>
</tr>
<tr>
<td>I am not on disability yet, but I cannot work because of a workplace accident that happened to me. My back is so messed up and I have to take shots and medication just to function. It isn't something I'd wish on anyone. However, if training were available for jobs in my community, I'd love to learn a trade that would provide an income for my family.</td>
<td></td>
</tr>
<tr>
<td>I have lupus and rheumatoid arthritis and it saved my life. The reporting requirement Should be 30 days People with medical conditions don't have the stamina or sometimes the ability to participate in work or volunteer activities.</td>
<td></td>
</tr>
<tr>
<td>It has enabled my children to have insurance since I otherwise cannot afford it for them. It would cost nearly half my pay each month to cover me and my 2 children if Medicaid was not available. And since my work offers it to me at an &quot;affordable&quot; cost for myself, I do not qualify to get subsidies on the exchanges for my kids. Thanks a lot aca. The reporting a change in 10 days is much easier said than done. Sometimes you don't even have proof at that point of an increase in wages. And anything run by the government does not run smoothly and there were times I had to send verification in several times since it kept getting &quot;lost.&quot; Working mothers need at least a month. It doesn't change regularly but the 19 day threshold is hard to meet when you are the only adult doing this for your kids on top of working and doing everything else life requires us to do.</td>
<td></td>
</tr>
<tr>
<td>It has allowed me to get two much needed hip replacements that I desperately needed. My husband has severe chronic and life threatening conditions and requires me to assist him in daily activities including bathing pushing him in wheelchair and getting him to his numerous doctors appointments. Without medicaid assistance I don't know what would happen to us. It would be disastrous and I would have no coverage. Yes I work when I can depending on if I am able to leave my husband alone. As stated previously I am my husbands caretaker.</td>
<td></td>
</tr>
</tbody>
</table>
Kentucky HEALTH - Proposed Modifications to Application

We encourage the public to submit their comments on Medicaid.gov as they relate to...
Question: Kentucky HEALTH - Proposed Modifications to Application

We encourage the public to submit their comments on Medicaid.gov as they relate to...

This coverage is protection for our most vulnerable citizens - children, disabled individuals and the elderly rely on this coverage for necessary medical needs. If Gov. Bevin is as heartless as he appears to be with these cuts - he is essentially sentencing some people to death. Others would not be able carry on their lives and freedoms guaranteed in the constitution of the United States. No, this is not about me - I'm lucky enough to be in good health with work provided healthcare. This is about protecting our most vulnerable citizens and living in a society with a moral sense of duty to those less fortunate. It wouldn't affect me but it would be heartless to ask cancer patients, sick children (and the parents who care for them), the elderly and disabled to require volunteering when are sick and need assistance. Again, this is our moral duty to protect the most vulnerable in our society.

My grandfather is a retired coal miner and it helps cover his long term care costs as my grandmother is not able to care for him. These changes are bad for Kentuckians. Most people do not want to be free riders, they are just looking for a hand up. We should allow them access to healthcare so they can be healthy and eventually get back to work if possible. This would not impact me, but is basically slavery. These people are probably trying to find jobs and this would hinder them.

"Many in my community have benefited and it's benefited me because when people don't have insurance, they go to the ER for colds and it drives costs up."

People especially in my area have finally had the opportunity to get care they need for sometimes the first time in the life. People in my area of the state would lose health coverage and be forced to go without much need medications and monitoring. These people without coverage would be forced to go to the Emergency Room more often and end up costing the state more money in the long run through expensive and not long term sources of care. No mine personally does not, but 10 days is too short of a period for a major change, I believe it would be more acceptable to have 20-30 days. This would inhibit individuals who are seeking employment/education opportunities from meeting other requirements.

My friend has had both hips replaced. He was not working because he was not able to work before his surgery. He is employed now but is seriously not able to and his hips are on the recall list. He is about 40 years old. People out of work can't afford insurance. If Mr. Bevin would guarantee work with out loss of benefits this plan might work. If they lose other benefits and spend all their income on insurance they will go hungry. I have been employed by the same company for 29 years. My income status will change drastically when I retire. I'm not old enough to get Medicare and I'm too old to continue doing my job. 10 days is not enough time especially if you have to depend on others to help you with reporting. My tax dollars have been paying for government officials income and insurance for more than 40 years. Now they want to dictate how my insurance is administered. I have worked and paid for insurance for 40 plus years and not used it. Now that I'm old, I may have to suffer because I may not be able to afford it. Who is going to be the employer for this work/volunteer requirement?

We have coverage now and we didn't for years before thanks to Medicaid expansion and kynect. Preventatives be care is vital and most neglected by the uninsured or underinsured, which is what these changes will cause. We may lose coverage with these changes. I already work and volunteer only community.

Could not afford insurance before Medicaid. Can now afford medications prescribed. These changes would put more financial burden on my family. The reporting and the work requirement would make it difficult with constantly changing monthly income.

My niece had surgery and it was paid for by Medicaid. People would be denied needed care because of these changes. There is no way people wouldn't just give up. Plus, it's just not possible! Some have no transportation.

Medicaid (and Medicare) prevent our elderly from dying penniless as they did prior to LBJ's landmark legislation. My grandparents and relatives were and are able to receive medical care when they need it—not when someone scraps together the cash. I fear these changes will punish our most vulnerable populations for merely being vulnerable. These changes seem inhumane and do not fit with the values that our society should stand for. No, my income and employment status does not change regularly but those working in small businesses can be fired without notice if the business shuts down. They should not have such a short time frame to report changes in what could already be a stressful time. Even if it is a positive change, acquiring a new job, ten days is too short of a turn around during a time of change. I have concerns about who determines what is "able-bodied" and if it is required, then it is not volunteer work. I do not feel that there should be strings attached to medical care. It does not fit with my values. We're supposed to help others because it is the right thing to do.
<table>
<thead>
<tr>
<th>Question:Kentucky HEALTH - Proposed Modifications to Application  We encourage the public to submit their comments on Medicaid.gov as they relate to d...</th>
</tr>
</thead>
<tbody>
<tr>
<td>As an advocate for diabetes care and education I know the important impact of medical care. The cost of implementation concerns me as well as the burden to those who are sick or disabled. There are also the costs of Seeking employment, scheduling interviews, childcare etc.Lots to consider and to support to actually make any of this possible. Is that in the plan? I didn't see it</td>
</tr>
<tr>
<td>My family members have been able to receive the needed medical care due to Medicaid. Some of my family members would not be able to pay the premium up front if that change was made thus losing their health coverage.</td>
</tr>
<tr>
<td>My partner and I run a small arts nonprofit in Louisville. We serve the children of our community and teach them to be better citizens of the commonwealth. Our household income is less than $50,000 per year. Without Medicaid none of our family would be able to afford healthcare, and our nonprofit would cease to exist. Medicaid is not an easy thing to navigate, especially not that our corrupt governor dismantled the best exchange in the country. These new rules would very likely have a negative impact on people who need help. Yes, our income fluctuates regularly based on the amount of work we do. This is very common for working class people, who this new regulation will effect. I suspect enforcing these rules and requirements would cost many more dollars than they would save, if they save any at all.</td>
</tr>
<tr>
<td>&quot;Putting more stress on low income will only suppress them further. Mr Bevin if your intent is to reduce aid to those who need it, then only the lower income folks will suffer.&quot;</td>
</tr>
<tr>
<td>You cannot force labor on folks.</td>
</tr>
<tr>
<td>When losing a job, this is what you can turn to. It's very important that there is that safety net. It does not, but someone who works on tips.. They can have a bad week, then a good week, followed by two bad weeks. It needs to remain a bottom line situation. It's not as easy to find a job as people think. It takes a lot of time and work and good clothes.</td>
</tr>
<tr>
<td>Thanks to Medicaid, My child has coverage My child would not have coverage with these requirements eventually we would fall off, because you know we wouldn't be able to report something or it would be busy and then boom</td>
</tr>
<tr>
<td>My children benefit from this program because they're 'father' who I'd court ordered to carry medical insurance on them does not because he can't hold a job. My work does not offer medical insurance.</td>
</tr>
<tr>
<td>My uncle who has been in very bad health for several years. Medicaid helps him get the medication he needs to survive. I fear those who are uneducated or untrained will be unable to find work. On top of that they'd loose their health benefits? What about child care? You can't work if you don't have a place for your children Mine is stable. But you should have 30 days to report. You also should be penalized for trying to make for money to support yourself</td>
</tr>
<tr>
<td>Pre-emptive healthcare - Seeing specialists for Diabetes, Auto-immune Hepatitis, Hypothyroidism - all the tests and the meds that come with having those diseases. I can probably meet all the new requirements, but I can see how a lot of folks would have a harder time. I usually get a raise July of every year, so I can report pretty quickly. Though 30 days seems like a more fair requirement.</td>
</tr>
<tr>
<td>These changes will take coverage away from people based on a technicality instead of providing coverage based on need.</td>
</tr>
<tr>
<td>It has provided health insurance to thiese in my family who didn't have it before. I think volunteering in an area where my older sister would be able to sit and have help would be good for her.</td>
</tr>
<tr>
<td>medicaid saved my mother in law's life. Please don't change it</td>
</tr>
<tr>
<td>KYNect was a great program and gave me health insurance for the first time as a not pregnant adult. ( I had insurance the 2 times I was pregnant but was kicked off after giving birth) I already work hard, I just don't make a lot of money. The assumption that Medicaid recipients have extra free time to volunteer is a gross generalization and discriminates against poor people. I use my tax return once a year. That tells my financial story just fine. I work for a non profit ( that can't afford to pay me a living wage) so I already work to serve my community. Enforcing volunteer hours assumes that poor people have the time and means to volunteer. This requirement is a rich persons perspective on how a poor person lives- WHACK.</td>
</tr>
<tr>
<td>Question: Kentucky HEALTH - Proposed Modifications to Application</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>We encourage the public to submit their comments on Medicaid.gov as they relate to d...</td>
</tr>
</tbody>
</table>

I get insurance through work now, but haven't always. The expansion allowed me to get insurance for a while...and yes, I was working. I could go to the doctor when I was sick, instead of 'hoping it passes'. I could get treatment for a chronic condition. And I'm not the only one out there. Healthier people make for a better Kentucky, and wellness makes for better people. It would, at the very least, kick a lot of people off of coverage, and likely clog the ERs again because they'd no longer have a choice. ERs should not be primary care. It does not. But all the things are so confusing it would be really easy to miss a ten day window. While it would not impact me, I would have to question who decides who is 'able bodied' enough to fulfill the requirement.

So many more people have coverage and can see a doctor. Make it too difficult, people won't get coverage and take care of themselves.

You will end up further harming poor people with this type of legislation. Healthcare shouldn't be tied to employment.

Last year, my mother had to enter a nursing home. Without a Medicaid waiver, she couldn't afford to stay there. I worry that changes in the Affordable Care Act might cause her to lose her bed.

I have friends and family members that are able to see doctors and be treated for the first time in 10+ years. No one should have to decide between rent and seeing a doctor because they are sick. It is absurd that we have not joined the rest of the free world and have universal health care already, but anything is better than nothing. I think most of these changes are to cheat people out of coverage, due to budgeting shortfalls by the GOP in our state. Our governor continues to come up with the most absurd means to fix the issues he has helped to create, and threatens the poor and vulnerable citizens of Kentucky by proposing this kind of garbage. This is a hardship on some people. I have in the past sought help for food and medical care through the CHFS and they are not efficient or held accountable for helping people to get the services that they need. To place a timeline so strict on people is not reasonable. If they do, they should also place them on the case workers and hold them accountable. Again, I believe this work requirement to be a loophole requirement meant to throw people off of their insurance. Who decides who is ok and required to perform this? More time and resources could be better spent helping the backlog of requests for health insurance, food assistance, housing assistance, education assistance. Prioritize. Instead of thinking this crap up, maybe Bevin could try a REAL solution approach. Fund more programs to help enrich lives of people, not mandate community service. It's not probation guys.

My husband unexpectedly passed away and he was the main carrier of our health insurance. So now my three small children are on Medicaid because I can't afford a family plan with my part-time job. It would be hard on people in my community. My hours do change some, depending on how busy we are at work, I can be cancelled at any time.

My daughter is disabled with several special needs and requires constant care, my husband works and I have 2 other kids, one that starts College this year and one in Kindergarten, I am their primary caregiver and it's not feasible to find an extra 20 hours per week. It would greatly affect the care of my special needs child! My husband is employed only during Spring and Summer and nothing in Fall/Winter.

My husband and I both chose jobs that help other people, but they do not pay big $$$. Being able to have our health insurance covered by the Medicaid expansion has not only been a huge help to our family by allowing us to save money for a down payment on a house, but has also allowed us to continue in the jobs that we love and help other people. My husband and I both have bachelors degrees, but have found it incredibly difficult and frustrating to navigate the Medicaid system since Gov. Bevin took office and began making changes, such as the change from kynect to benefind. If it weren't for our attention to detail, there have been times when errors were made that resulted in lapses in coverage or other extreme inconveniences. Adding more rules and regulations is only going to hurt those who most need these services. Until changes are made to make the system more easy to navigate, to better train employees, and to better support and assist those who are on Medicaid or attempting to receive benefits, it is ridiculous to begin adding even more burdens to those who are struggling to receive the benefits they need. I provide babysitting services out of my home so that I can work and stay home with my children. As such, my monthly income varies depending on how many hours I babysit each month. I have done my best to estimate my income for reporting to the Medicaid office, but it is simply impossible for me to know for certain what it will be each year until I report it on my taxes. Before making such a requirement, I would be interested in seeing the data for how many people currently on Medicaid do not already meet this requirement. Does it actually change and help anything, or is it just another thing that will complicate an already messed up system and result in people who need coverage most not receiving the help they need.
Question: Kentucky HEALTH - Proposed Modifications to Application  We encourage the public to submit their comments on Medicaid.gov as they relate to d...

People can focus on life issues such as taking care of their kids and parents as well as preventive care for themselves. Enrollment period will cause my family member stress and cause them to have and episode that can be very harmful. Depends on how accessible it would be to contact someone that the hours have changed. Right now it would be impossible, since kynect is gone it takes all day or you can never get through. These changes would negatively impact thousands of low income people potentially costing them their lives.

It has allowed me to stay on my much needed medication. Without it, I would not be able to work fulltime. I would be unable to work. The reporting requirement would be disastrous.

I have 2 children... a degree... a full time job... and STILL struggle to pay bills. Medicaid is the only thing my children get. If I'm forced to take anymore time away from them, my children will be neglected. I am living to work, to pay the government, to live. I'm tired. Its ridiculous to keep adding requirements and to keep changing whats already in place! Being a single parent is tough enough. Finding work is tough. I already answer to my bills! If I'm forced to take anymore time away from them, my children will be neglected. I am living to work, to pay the government, to live. I'm tired.

Many towns in Kentucky are made up of impoverished, older populations. We need medical support to keep our communities healthy. This population will NOT seek medical care if they don't have insurance. I'm for common sense measures, but blanket policies are harmful and unfair in extenuating circumstances.

folks are getting medical care they were never able to get before; it creates a more healthy state and allows for better workers, etc. anything that gets in the way of seeing a dr. will affect people's ability to work which gets them off welfare rolls. requirement has to be longer than 10 days; some wages fluctuate weekly. it would be extremely hard to keep up with this requirement unless daycare is being provided, this could be very difficult for some folks to achieve.

My friends were able to have insurance without spending their entire savings. They were able to go back to school and get a better job, with benefits. These changes would make our already unhealthy state a mess. Things are just starting to get better THANKS to medicaid and kynect

Medicaid Expansion and KYnect have made Kentucky healthier. please don't change them

I work in social services and the clients I serve benefit from Medicaid services. The children we place also need these services. Gaps or lockouts based on a mistake could seriously harm these families. Fraud is different than not being able to pay a premium and should not be lumped together. Also a significant number of these clients are unable to complete the community service hours due to their pasts or mental health issues or familial obligations. They should not be locked out of needed coverage due to this. My income does not change regularly; however I could see how having to report a change within 10 days could be difficult. Clients now have to walk in to the office and are not able to make appointments. Some days they are waiting for hours. If they have just started a job they may be unable to take leave to do this. The phone number is available but clients also wait for quite some time on hold and are often given wrong information. This is a burdensome change. As stated above a significant number of these clients are unable to complete the community service hours due to their pasts or mental health issues or familial obligations. They should not be locked out of needed coverage due to this.

The work requirement, well, all of it would directly impact those with curious mental illnesses and impairments. Terribly. My children are covered. I had access to care while pregnant. My children need the coverage provided.

I already volunteer but finding time to volunteer in addition to childcare would be a burden. Children don't stop needing childcare at 7. who thought this up?

Before The ACA my husband and I had no health care coverage and we both worked. Now we have healthcare coverage and it has helped us get the medical care we so desperately needed. Even with both of us working, we could not afford insurance before. With no healthcare and we got sick, we would more likely have to go to an e.r. and rack up medical bills we could never pay off, miss work because of illnesses that could have been avoided by preventive care. We would be calling in every 2 wks with each pay period, and that is a major pain in the butt. "what if you work and don't get 30 hrs a week and still are expected to work those 20 hrs? the time requirement for those 20 hours may not coincide with your work schedule. If you don't work, there should be no problem doing those 20 hrs."

142
Question: Kentucky HEALTH - Proposed Modifications to Application

We encourage the public to submit their comments on Medicaid.gov as they relate to...”

If it weren’t for Medicaid coverage members of my family would not be able to afford their medication - life saving and life sustaining medication. These changes would affect the lives of my family members due to the fact that they would lose their insurance. No, my income/employment status stays the same. The members of my family who are on Medicaid are in it because they cannot work. Requiring them to do something they are medically forbidden to do so they can keep their insurance is backwards thinking - if they could work, they would not need the Medicaid.

When I lost my job for 4 months we went on Medicaid. It has helped tremendously. I would have to use my money for food and clothes for medical treatment. No. I have a job where I work 35 hrs a week. As a single mother of two small children I could not find child care to do the hours.

I am able to get my gallbladder removed, have access to mental and dental care. My family has access to health, mental, and dental care. People in my community are able to go to the doctor instead of using the emergency room, which is more expensive and burdensome to the wider community. These changes would make access more difficult, leading to a loss of care. Those with illnesses may wait longer to seek care, leading to emergency treatment which is more expensive than preventative care. As a part-time employee, my income fluctuates and my employment status changes at the whims of a large organization. I have no income or job security. Having to report changes in income would likely lead to less access to care. Working a part-time job and caring for family members is burdensome. Completing necessary tasks like laundry or grocery shopping are vital to one's life, not to mention rest. Asking those who need access to health care to essentially take on a second job to support their healthcare would burden those who need access to care.

My former housemate would have died much sooner if it were not for treatment he received under Medicaid. I am self employed. I do not use Medicaid but cannot imagine being able to accurately report in that time frame.

I would be dead without Medicaid coverage. I would be dead without Medicaid coverage. As an adjunct, my income changes every four to five months. I work that much anyway. And still didn’t make enough to be off Medicaid.

It keeps my grandmother alive. One or more close family members would be dead. Not everyone can work. But people shouldn’t be killed for that. That is what it means to not have healthcare, it means you die when you didn’t have to.

My mentally disabled teenagers has received services to have the best life possible. Because of Medicaid he received life saving surgery for a brain tumor one year ago and will require follow up every three months for years including CAT Scans. He can’t work and he needs these services. He is a full time student but an appropriate jobs program would be a good thing as long as they were covered. Medicaid keeps people alive and should not depend on anything.

I work with families and individuals that participate in the Medicaid program. It has benefited many children, families and individuals in seeking treatment for a variety of issues that they face. We link them to other community resources that propel them to being more independent and successful in getting off of any government assistance. I feel that some of the changes would make individuals not accountable for the benefits they receive, which would hopefully make them appreciate it more. I do not feel that a family should have to pay premiums up front due to the severe financial strain that it could cause on individuals and families. Many families are "working poor". Their work hard daily and still cannot make all the ends meet.

As a farm worker whose farm closed I had to get Medicaid to cover us until another job was found. Now I work with foster children and they are on Medicaid. I know how many of their family situations are and what you are doing will trickle down to affect them as well. How can you do that? Many people would be forced to loose their housing to pay for medical expenses, go bankrupt, or simply not go until they are dying because they can’t afford it. In a small community we are already struggling to support homeless and low income. Plus the requirement on top of already looking for a job? When would these people juggle that? From experience when I was job seeking I spent 7+ hours a day doing that. If it is a single parent how are they going to afford daycare expenses on top of that and be able to go do those hours? Practicality purposes I would much rather see this enforced in child support arrears than Medicaid. You can’t enforce them to report their job changes so how do you propose to enforce this? Fix the problems you already have first. If someone is already working 30+ hours a week where are they supposed to find the time to meet this demand? If they are working 30+ hours a week and this how are they supposed to take care of their family? Children will suffer. They need that interaction and support from their parents and if their parents are never there how can they get the guidance and support they need? How will the parents be able to afford addition daycare or babysitting fees to fulfill this commitment?
**Question:** Kentucky HEALTH - Proposed Modifications to Application  We encourage the public to submit their comments on Medicaid.gov as they relate to d...

<table>
<thead>
<tr>
<th>Saved two family members lives. A disabled person or someone who draws a government check cannot afford to pay premiums yet they are charged. The work requirement is a few cents short of slavery, and fairly demeaning to people who already need help.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neither slavery nor involuntary servitude, except as a punishment for crime whereof the party shall have been duly convicted, shall exist within the United States, or any place subject to their jurisdiction.</td>
</tr>
<tr>
<td>This is gross and demeaning from people who have no idea what it means to be ELIGIBLE for medicaid!</td>
</tr>
<tr>
<td>Some of our neighborhood people have no other income. Foods, utilities and rent our necessities.</td>
</tr>
<tr>
<td>Helped pay my kids medical bills when I couldn't afford them. With these changes, I wouldn't be able to afford half their medicines or doc bills that they need to be and stay healthy</td>
</tr>
<tr>
<td>Medicaid covers the most vulnerable among us. Without it, many wouldn't have access to the medical services they need. Many times covering the most vulnerable can benefit everyone else through a reduction in communicable diseases. Also, by more people having access to Medicaid, that reduces the financial stress on our medical system through lower percentages of unpaid medical bills. More people with healthcare= good for everyone! My family's employment status and income does not change often. This would not affect us. That doesn't mean we aren't concerned with those it would affect. It would not affect my family as of now. How can you expect someone like a single parent to try to support and better their family by working two jobs “and” have a volunteer requirement? Many who qualify for Medicaid can still be working two jobs and still qualify under the income limit. Your assumption that people on Medicaid are just too lazy to be able to afford regular insurance is dangerous and perpetuates an inaccurate stereotype.</td>
</tr>
<tr>
<td>It give human beings healthcare they need, which benefits all. It would take heathcare away from human beings who are in need. Not all people have transportation to their local office and if they are working do not have time to wait for a person to talk to in order to report unless there is a TelePromp wait times are long. Phase in is better. It gives people with children time to caregive and look for a job. Some adults out of jail may have a harder time finding a job and at times it is difficult to find places to volunteer if you are a convicted felon.</td>
</tr>
<tr>
<td>&quot;I know many individuals to have family members that NEED Medicare. They might not be able to keep the family members at hope with these changes, which would take helpless children and adults out of the care of CARING family and place them in institutions (which would end up costing more and being less human) Medicaid WORKS. ACA works. Stop with the damn lies and trying gut it for tax cuts for the rich</td>
</tr>
<tr>
<td>I do'nt care who you say you are asking, you are asking people that CANNOT participate in 20 hours. Or do you expect people in wheelchairs to sweep the streets.</td>
</tr>
<tr>
<td>I'm a single mom. I am employed. I cannot afford health care coverage for my daughter without Medicaid. I don't want money to have to be a consideration when my daughter is sick and needs to go to the doctor. “Sorry but I can't afford to take you to the doctor.” is not something anyone should have to tell their child when they're sick. I have to requalify every year as it is. What purpose does any of these changes serve other than making it harder for people to get and keep their insurance? I work 2 jobs just to make ends meet. I'm not a deadbeat. I don't need to earn the right to insure my child. This is demeaning</td>
</tr>
<tr>
<td>Expanded coverage saved my father's life. Shortly after he received benefits it was discovered that he had stage 4 cancer. As an attorney, many of my clients get medical treatment they need after an injury because of their Medicaid coverage. The community will suffer by reducing the number of people covered. I do not support these changes, or the underlying proposal. Forcing people to work for the state without pay is a violation of federal wage and hour laws.</td>
</tr>
<tr>
<td>Most people in my community are dependent to some degree on Medicaid. Single payer universal health care needs to get here quickly Most people's incomes can change quickly these days. This is all unreasonable</td>
</tr>
<tr>
<td>I am able to get treated for my diabetes and other health issues. Without Medicaid I would be in dire straights physically and financially. These changes would deprive me of coverage and put my health at serious risk and allow my diabetes to go uncontrolled thus effecting my health, future employability and life. My income does have some changes and this requirement would be burdensome along being somewhat arbitrary and capricious. If I could find employment for 20 plus hours a week I would be working. This requirement is designed to force people off Medicaid and thus save the state money without regards to the health consequences.</td>
</tr>
<tr>
<td>Thanks to medicaid so many people didn't die. More would die without coverage, with these changes.</td>
</tr>
</tbody>
</table>
**Question:** Kentucky HEALTH - Proposed Modifications to Application

We encourage the public to submit their comments on Medicaid.gov as they relate to...

| With all the taxes coming out of my check, I can't afford insurance. I am married with 3 kids and we all needed insurance. I work sometimes 7 days a week and my spouse takes care of 3 young children. We can't afford daycare and we don't have anyone to watch them if we have to volunteer to do anything. It could be hectic to call every time my pay changes. I work all the time and my spouse takes care of the children. That wouldn't be plausible in our situation.
| There are many senior citizens in my community who need this coverage, they work part time and have no insurance or the cost of purchasing is prohibitive.
| It has helped hundreds with pre-existing conditions and those on lower incomes. These changes would be devastating to those who need medication and necessary treatments. The 10 days is ridiculous it should remain at 30 days to report. The phase in at 5 hours a week would be better if this has to be done, it is terrible.
| My wife has had type one diabetes since she was 14. When we moved back to Ky, the expansion of Medicaid made it possible for her to get the best care that she needs to stay alive. It was the first time since I've known her that she didn't have to ration her insulin and work extra hours to cover the cost. We were deathly afraid of the healthcare reform because with our limited income while she is a student again, we would not be able to afford her healthcare under these changes. I believe that healthcare is a basic human right and needs to be more accessible, not less. People shouldn't be penalized for having trouble navigating a complicated system and governor Bevin and senator McConnell should be ashamed for putting themselves and the wealthy over those of the middle and lower classes. We are all healthy until the day we need care. And once that happens, and it happens to everyone, it shouldn't make your life a living hell and cause you to lose all of your savings and live pay check to pay check.
| These changes would be a major financial strain on our family and our community. My wife wouldn't be able to get the care she needs. Her income changes frequently. As a student working part time, it is hard to know what her hours will be each month. If we had that kind of time to work more and make more money, we would. But, people in these situations should be able to work normal hours and spend time with their kids/families without a requirement to volunteer. Everything should be easier for low income, underserved people.
| My husband and I both work full-time jobs, he as a skilled, self-employed carpenter, and me as an instructional assistant at a public school. Our family has been covered by medicaid for several years. We have been able to visit doctors when needed, have our teeth cleaned and cavities filled, and have received preventive scans, screenings, and checkups. Our quality of life has vastly improved during our medicaid coverage from what it was before. Also, my husband sustained a major injury five years ago, before we were covered by the medicaid expansion. His extensive injuries required a ten-day hospital stay, three surgeries, and multiple doctor visits. His care was covered under emergency medicaid for the duration of his recovery. If it hadn't been for that temporary coverage, our family would have been financially ruined and endebted beyond what we could ever repay. Because of the excellent care he received, paid for by medicaid, my husband is able to continue in doing the work he loves and in which he excels. Without the quality care he received, my husband would be an individual receiving permanent disability payments, unable to work, and further burdening the government, instead of being a productive member of society. Requiring documentation of hours worked would be burdensome to my husband, a self-employed carpenter with a varying work schedule. A mandatory six-month lockout for missing a deadline could cripple our family financially, or lead to health complications if our children cannot visit the doctor or dentist as needed. Because my husband is self-employed, his income varies greatly from week to week and month to month. Our annual gross earnings average out for our family to qualify for medicaid, but there could potentially be months in which our family exceeds the income limits due to the nature of my husband's work. Because my husband and I each work more that 20 hours per week (except during the summer when my instructional assistant job is not active), this requirement could have minimal impact. However, during the summer, when my children are out of school, finding childcare for 20 hours per week while my husband works so I can volunteer would be an undue burden to my family.
| Being forced to work is illegal and also it is not community service then, it is servitude. |
Question: Kentucky HEALTH - Proposed Modifications to Application

We encourage the public to submit their comments on Medicaid.gov as they relate to d...

We can go see the appropriate doctors without worrying about how we are going to pay for our next meal, Bill, or staples. You take away our Medicaid and we will still be going to Drs and just not paying. Or just get sick and start dying or suffering. Watching those around us die and suffer. If your work changes that much than they should go by your last year’s tax return and adjust yearly. If it changes that much you need a more stable employment. If I could just randomly work 20 hours a week and get paid a decent wage we wouldn't need Medicaid. It's because jobs are not paying well that those that do work still can not afford insurance. And those with kids either work 2 or more jobs and never see their kids AND still don't make enough.

We have not had much money due to the difficulties of my mother being of an older age and having a very difficult time finding a job. She has done countless interviews and has multiple masters degrees and has so far been unsuccessful. Due to that, we have had limited income. I have not been working because I have been focusing on doing well in high school and will be going to college soon. Medicaid has paid for eye glasses for me, dentist appointments, medical appointments, podiatrist appointments, and chiropractor appointments. This has been a major relief for us because we would have not been able to afford these essential things otherwise. My mom has been very close to above poverty and has gone over multiple times. It is a serious hassle having to reapply for Medicaid, and running the risk of having to wait for her to get coverage could be serious depending on what might come up. Changes can happen as far as employment very quickly with a lot happening. 10 days is a very short time frame to report this and the penalty goes too far. People can have a lot going on and it is ridiculous to take away coverage because they do not think to report something in 10 days. Should be a longer period. People who can afford health care do not have to do community service to get it. Many people with little income work long hours each day, just like the people who make more money. Requiring to put that much time out of each week to volunteer just to have health coverage is not right. They have lives, jobs, and families that take a lot of time. They likely don't have time to volunteer just so they can have something as basic as health coverage. Also, people who are unemployed are often spending most of their time applying for jobs with little time to do much else. It would be very difficult for my mom to do this work requirement because she spends hours and hours every day working on applying for jobs (resumes, applications, etc). She works more than 20 hours a week applying to jobs now. It is not so easy to get jobs.

When I lost my job and was in nursing school several years ago, my children were able to have medical coverage. I was also able to receive benefits when an unplanned pregnancy happened. Medicaid provided the opportunity for my family to still receive quality healthcare when I was able to secure a new job which provided insurance. Without Medicaid, I don't know what my family would have done. I agree that the system needs to be reformed, my concern is with the changes to the application process. The application/appointment process is not exactly a fast or easy process all of the time. Some of the documentation required can be difficult to retrieve quickly which could delay families reviving vital care in a timely fashion.

Medicaid gives low income Kentuckians the opportunity to have healthcare when they may otherwise not be able to afford it. Just because a person or family is poor doesn't mean they should be without healthcare. Also, many Medicaid recipients are of a lower education level and have a hard time finding work. We need to do things to lift up lower income people up to create more opportunities for them - not take away what they barely already have. If the proposed changes happen, thousands of people will be in immediate health danger - then emergency rooms will be packed. Also, about 20% of people on Medicaid are full-time caretakers for sick/disabled family members. These people are not able to go out and seek employment because they are needed at home for care of their family. No. But I know many people who this could possibly affect, such as painters, electricians, and construction workers. Their pay can vary weekly. For an able-bodied person that is not a care giver, student, worker, have medical issues, and so on - I don't see a problem with the 20 hours/week program. The only thing I could think may be a problem is that it would take time away from someone seeking employment from doing just that in order to make sure they keep health coverage.
As someone who has had a chronic illness since childhood, type 1 diabetes, Medicaid has greatly improved my quality of life. I worked two jobs in high school and worked full time all through college to make sure I could afford the insulin I depend on to stay alive, even though I was on my parent's insurance plan until I was 20. However, after that, my parents would no longer afford insurance, and I had to get my insulin from a free clinic that really didn't offer the kind of specialty care someone with type 1 diabetes needs. Because I had so much anxiety and insecurity about when and if I would get my next vials of insulin, I began to ration my insulin and my a1c began to climb. Now, with Medicaid, I have an insulin pump, a continuous glucose monitor, I no longer have to buy test strips from an industrial complex where the door was always locked and I had to call first to let them know it would be knocking, I see a specialist, and I have been able to successfully pay off all of my student loans because my health care is now affordable. Medicaid has truly been a dream come true for me. As a child, rather than dream about what I wanted to be when I grew up and considering every single option, I tried to think about what job I could have that would allow me to have insurance with my preexisting condition. I am grateful every day for my Medicaid. These changes would add much anxiety, financial hardship, and stress into my life and my family’s. If I were to, for some reason, be locked out of health care coverage for 6 months - I honestly don't know what would happen. As a type 1 diabetic, I need insulin to live. Period. The cost of insulin alone is completely unaffordable, not to mention the two devices I wear at all times that help keep me alive. Not having coverage and me staying alive are not two things that can exist together. Yes. 10 days is not enough. The wait time to call and make changes for Medicaid is long. This requirement would put unnecessary strain on important aspects of my life by taking time away to be waiting on hold to report a change by a very short deadline. Time would inevitably be taken from my job, taking care of my health, my family. With much less time to report these changes, it would take away the ability to make calls at more opportune or convenient times. I do not have 20 extra hours per week to commit to extra work. I also think this is a ridiculous ask for people on Medicaid, considering these are people below the poverty line. 

Living in rural area access to healthcare and mental health services is essential Prevent children from receiving much needed substance abuse and mental health care. Many people are not able to complete the 20 hours and there are not enough positions in this area. 

I work but can't afford insurance. I have a brain disorder and vision issues. I can not see specialist with out insurance! 

Because I work with people who have disabilities, I know that most of them who can not collect disability, but they ARE unable to work, even 20 hrs.
My husband and I both work full-time jobs, he as a skilled, self-employed carpenter, and me as an instructional assistant at a public school. Our family has been covered by medicaid for several years. We have been able to visit doctors when needed, have our teeth cleaned and cavities filled, and have received preventive scans, screenings, and checkups. Our quality of life has vastly improved during our medicaid coverage from what it was before. Also, my husband sustained a major injury five years ago, before we were covered by the medicaid expansion. His extensive injuries required a ten-day hospital stay, three surgeries, and multiple doctor visits. His care was covered under emergency medicaid for the duration of his recovery. If it hadn't been for that temporary coverage, our family would have been financially ruined and endebted beyond what we could ever repay. Because of the excellent care he received, paid for by medicaid, my husband is able to continue in doing the work he loves and in which he excels. Without the quality care he received, my husband would be an individual receiving permanent disability payments, unable to work, and further burdening the government, instead of being a productive member of society. Requiring documentation of hours worked would be burdensome to my husband, a self-employed carpenter with a varying work schedule. A mandatory six-month lockout for missing a deadline could cripple our family financially, or lead to health complications if our children cannot visit the doctor or dentist as needed. Because my husband is self-employed, his income varies greatly from week to week and month to month. Our annual gross earnings average out for our family to qualify for medicaid, but there could potentially be months in which our family exceeds the income limits due to the nature of my husband's work. Because my husband and I each work more that 20 hours per week (except during the summer when my instructional assistant job is not active), this requirement could have minimal impact. However, during the summer, when my children are out of school, finding childcare for 20 hours per week while my husband works so I can volunteer would be an undue burden to my family.

https://www.facebook.com/81185680159/videos/10159096045130160/

Please watch these comments
Please watch these comments.

https://www.facebook.com/81185680159/videos/10159097047815160/

This is another video of different comments: https://www.facebook.com/81185680159/videos/10159097659480160/
Here are comments by video

https://www.facebook.com/81185680159/videos/10159098048535160/

Comments as recorded, It starts with a powerful 1-hour discussion about health issues affecting miners and mining families with the East Kentucky Black Lung Association, hosted by Steve Sanders of the Appalachian Citizens Law Center. That segment is followed by a Central Kentucky hour, hosted by Greg Capillo and featuring guests Rich Seckel, Clark Williams, Robin Kunkel, and Adelle Burke. The final hour, hosted by Ivy Brashear, focused on Medicaid issues with guests Emily Beauregard, Dustin Pugel, and Colmon Elridge. https://www.facebook.com/81185680159/videos/10159098666915160/

Comments from The opening hour has a great line up from Central Kentucky, including host Kate Pigott and guests Amy Byers Figgs, Victoria Brock and Matthew Gidcomb. The second hour broadcast from Southern Kentucky, with Bowling Green host Dana Beasley Brown and guests Megan Algie, Kelsey Luttrell, Mersiha Demirovic, and Alan Smith. The final hour was Mom's Hour, with host Jeanie Smith and guests Carissa Lenfert, Shekinah Lavalle, Megan Naseman and Alison Taylor.

https://www.facebook.com/81185680159/videos/10159099253095160/
Kentucky HEALTH - Proposed Modifications to Application

We encourage the public to submit their comments on Medicaid.gov as they relate to...

Trinidad: "For me there would be a lot of emphasis on prevention, what that looks like not only in a doctor's office but what that looks like in our entire social context."

See entire video comment: https://www.facebook.com/81185680159/videos/10159100302675160/

Jim Wayne: "What this will mean for many people is death. They will not be able to afford the medical care, they will not be able to go to the hospital or the clinic … and they will die."

Alice "Rural people, like everyone, deserve access to health care."

Additional comments via video testimony: https://www.facebook.com/81185680159/videos/10159095566505160/

Gov Bevin, his job is, or should be, to protect and expand access to health care for all Kentuckians, not create new barriers that put our lives and communities at risk

One of the ways individuals will earn "points" in their rewards account is through avoiding "inappropriate" use of the ER. How is that determination made and by whom? Individuals with mental illness may have legit needs for urgent care that aren't viewed by emergency physicians as "emergencies", but feel that way to them. Are you going to penalize them for seeking assistance?

If someone is suicidal or homicidal but ends up ineligible for a 72-hour hold for some reason, will they be penalized?

Advocates and mental health educators have been working for years to encourage people to access mental health treatment. If the only option for access to care is an emergency department, that is a system issue that needs to be addressed. It is not a reason to penalize an individual.

My husband and I both work full-time jobs, he as a skilled, self-employed carpenter, and me as an instructional assistant at a public school. Our family has been covered by medicaid for several years. We have been able to visit doctors when needed, have our teeth cleaned and cavities filled, and have received preventive scans, screenings, and checkups. Our quality of life has vastly improved during our medicaid coverage from what it was before. Also, my husband sustained a major injury five years ago, before we were covered by the medicaid expansion. His extensive injuries required a ten-day hospital stay, three surgeries, and multiple doctor visits. His care was covered under emergency medicaid for the duration of his recovery. If it hadn't been for that temporary coverage, our family would have been financially ruined and endebted beyond what we could ever repay. Because of the excellent care he received, paid for by medicaid, my husband is able to continue in doing the work he loves and in which he excels. Without the quality care he received, my husband would be an individual receiving permanent disability payments, unable to work, and further burdening the government, instead of being a productive member of society. Requiring documentation of hours worked would be burdensome to my husband, a self-employed carpenter with a varying work schedule. A mandatory six-month lockout for missing a deadline could cripple our family financially, or lead to health complications if our children cannot visit the doctor or dentist as needed. Because my husband is self-employed, his income varies greatly from week to week and month to month. Our annual gross earnings average out for our family to qualify for medicaid, but there could potentially be months in which our family exceeds the income limits due to the nature of my husband's work. Because my husband and I each work more that 20 hours per week (except during the summer when my instructional assistant job is not active), this requirement could have minimal impact. However, during the summer, when my children are out of school, finding childcare for 20 hours per week while my husband works so I can volunteer would be an undue burden to my family.
Kentucky HEALTH - Proposed Modifications to Application  We encourage the public to submit their comments on Medicaid.gov as they relate to d...
<table>
<thead>
<tr>
<th>Question: Kentucky HEALTH - Proposed Modifications to Application</th>
<th>We encourage the public to submit their comments on Medicaid.gov as they relate to d...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Im able to keep my suicidal fiance on medication to keep him regular enough to find a permenant job Punishing people for getting fired or having difficulties holding a job will not motivate anyone, it will make people with mental illnesses worse Adding unnecessary stress to the families who take care of the people who need it is going to hurt more people emotionally/mentally who are already having a tough time as it is If I can't get my suicidal fiance to hang out with friends because of his deep depression, im not going to be able to get him to go volunteer anywhere and then he'll lose the only way i can afford to keep him on medication he needs to function the other days when he isn't in deep depression Medicaid has enabled my family member to have some medical coverage they couldn't othe rise afford. These changes would put a financial strain on my family member with medicaid. This work requirement would be too easy to falsify to make it worth doing.</td>
<td></td>
</tr>
<tr>
<td>I have friends that really needed it I am a Np and this would possibly reduce women getting their Pap smears and mammograms . I agree reform needs to happen. I do think having a $1-$2 copay for visits would be good . No, but this is too short of time to notify . Give 30 days</td>
<td></td>
</tr>
<tr>
<td>I, nor anyone in my family, that I'm aware of urilizes Medicaid, but I am a supporter of Medicaid for all. Any disruption of coverage even for a day could be devastating to a family.</td>
<td></td>
</tr>
<tr>
<td>Without Medicaid coverage my husband and myself would not have had insurance because the cost for insurance is so expensive we couldn't afford it.</td>
<td></td>
</tr>
<tr>
<td>Expansion under Obamacare has helped more folks receive mental health and substance abuse coverage. People would give up, and would not get health care they need. These are unnecessary hoops that penalize for small mistakes or oversights. Mine does not but my 22 year old son's does constantly. I help folks who live paycheck to paycheck and are one broken down car away from financial disaster. My concern is not the work but that it is too rigid and that there would be no flexibility or help in obtaining and doing the work - rides, child care - how would that work?</td>
<td></td>
</tr>
<tr>
<td>Providing basic medical care coverage for low wage earners enables them to stay well enough to keep working. A healthy workforce benefits both the business climate and also relieves stress, worry and the suffering that individuals who have no coverage often encounter when faced with medical issues. Finally, decent preventative care and management of chronic illnesses is far cheaper than only relying on emergency care. These changes, on the whole, are designed in a way that poor people with fewer resources, transportation issues, inflexible work schedules and child care challenges may have difficulties getting enrolled and staying that way with extra red tape. Providing a work requirement for the working poor to acquire coverage is mean spirited. But for the grace of God, there goes I.</td>
<td></td>
</tr>
<tr>
<td>My community (Louisville) has benefited tremendously from expanded Medicaid coverage. I work in the mental health field and see first hand how insurance provides access to life saving mental health and substance abuse treatment that would not otherwise be available. My community would be devastated by these changes. Lives are at stake. People are dying every day from opiate overdoses. Others cope with chronic health problems and need specialty care, which is very hard to come by without health insurance. Those living in poverty are burdened by lack of transportation, limited child care, and often have histories of trauma and systematic discrimination. These policy changes imply that poverty is a choice and seek to punish our most vulnerable.</td>
<td></td>
</tr>
<tr>
<td>When I was younger (I graduated right on the eve of the recession) it was difficult to get work with that many hours. At the same time, my hours varied so often, and I didn't know what my hours would be until sometime in the week beforehand. This makes it difficult for people to plan multiple jobs (assuming they have the job skills needed) or additional volunteer activities. And I was fortunate enough to always have access to reliable transportation. It's take an hour and a half, minimum, to get anywhere by bus where I live, and that's assuming it goes where you need it to go, and that you don't need to have a car to get to a bus stop because none are nearby. We found this out the hard way when we had one car for a couple months. And we had kids compounding this. What about daycare needs? The best daycare rate around here is more than people make in minimum wage. You're just putting burdens on people.</td>
<td></td>
</tr>
</tbody>
</table>
Question: Kentucky HEALTH - Proposed Modifications to Application
We encourage the public to submit their comments on Medicaid.gov as they relate to d...

I think it's a travesty that these proposed changes will punish the poorest among us. It is absolutely sickening to think that anyone would choose giving money to a corporation to put in a bank rather than, spending the money helping people live happy and healthy lives. I also think it is an absolute joke to propose a work requirement for Medicaid coverage. My sister, like most who benefitted from the Medicaid expansion, already has a full time job. Others, like my 88 year old grandmother, would have no way to meet that requirement. SHE CAN'T WALK, TALK, OR DO ANYTHING FOR HERSELF. HOW IS SHE GOING TO MEET THESE WORK REQUIREMENTS? HOW ARE A LOT OF PEOPLE GOING TO MANAGE SUCH A RIDICULOUS REQUIREMENT?

At the Medicaid Advisory Council meeting in July, Medicaid staff indicated the intent of this rule is to require reporting on any permanent changes in income. My suggestion is to add the terminology used in that meeting – "permanent material changes" - to the waiver, so there is an opportunity for clarity and consistency in the application of the regulation across the Commonwealth.

This rule also raises concerns about who is making the eligibility determinations. What protection does a recipient with a difficult personality – perhaps because of mental illness – have from being penalized inappropriately by someone at a DCBS office?

I have serious concerns that persons dealing with the aftermath of trauma, psychosis or unstable mental situation won't be able to report income changes within 10 days. While those income changes in these circumstances would be reductions in pay, the verbiage of this change indicates they'd still be at risk of getting a 6-month lockout simply because there was a change.

Imposing the waiver's numerous requirements will lead to confusion. Who will be training front line workers on them? Who will be drafting education for enrollees? How will that education be delivered? These are important questions that must be addressed by the administration before "going live" with any of this waiver. Advocates, consumers and family members must be included in those conversations. Educational materials must be tested vigorously to ensure the highest level of engagement and understanding can be obtained.

COMMUNITY ENGAGEMENT CHANGES:
This section of the waiver assumes recipients of Medicaid have transportation and access to community engagement or even employment sites. No funds are being slated for transportation to and from the 20-hours of engagement. No public transportation solutions have been posed for the rural areas of our state, for instance where buses are unavailable.

Increasing the work time from 5 to 20 hours from the start sets up a situation in which nonprofits who care about people not losing health care are asked to create busywork for pseudo-volunteers to complete while they await training, background checks, and more. Since these "volunteers" are supposed to be looking for work as well, that training time and expense may not be recouped by matched volunteer hours. Compassionate non-profit will be picking up the slack at a great cost to themselves.

"I think the notion of forced volunteerism is an oxymoron," Danielle Clore, executive director of the Kentucky Nonprofit Network in Lexington, said in an interview Wednesday. "Either you want to be there to help or you don't. And it's a little insulting, not to mention inaccurate, to say that anyone can do volunteer work."
Kentucky HEALTH - Proposed Modifications to Application

We encourage the public to submit their comments on Medicaid.gov as they relate to d...

Clore said members of her organization have limited budgets. Many cannot afford to manage a much larger staff. Some do not have enough space or work for so many additional people, Clore said. In sparsely populated rural counties, only a handful of nonprofit groups operate, she said.

And some groups that work with children or the elderly require volunteers to pass a criminal-background check, which costs money and raises questions for Medicaid recipients with legal problems in their past, Clore said.

"We love volunteers with a desire to give back," one group's administrator is quoted as saying in Clore's letter. "But we don't have the capacity at our small organization to work with volunteers who are simply here to check off hours rather than truly serving from the heart."

There aren't non profits for this and the state does not have authority to force this work requirement

"97,000 fewer people will be on Medicaid, the state expects that a portion of them — though how many is unclear — would gain employer-sponsored health insurance" FROM WHERE? This is bizarre magical thinking, that if you throw poor people off medicaid they will magically get employer sponsored health insurance.

Seriously this is the best response the Bevin admin has offered: A portion will maybe gain employer coverage that they can't afford to use from somewhere

I am a Family Resource Center Coordinator in a high poverty school. Medicaid allows children to receive immunizations, physicals, dental, and vision services. Making Medicaid more difficult to qualify for and keep puts poor children at an even bigger disadvantage than their higher income counterparts. The children I work with are able to be seen when sick, receive well visits, get glasses, and preventive dental care under Medicaid. This promotes healthy children who are able to attend school regularly. There would be more uninsured children...children not receiving medical services when they need them. This causes children to miss school and endure sometimes medical and physical discomfort unnecessarily.

My daughter was able to get her braces. Also Medicaid helped me when I was applying for disability If you are disabled you cannot work. Furthermore most low income people are already working 40 hours per week. Where are they going to find the time and Or child care to be able to work just for Medicaid. It would be impossible for me to do this work requirement

I was able to go to the doctor and get the medication i needed because of medicaid. The work requirement would impact me. It wouldn't impact me, per my Doctor, I am not able to work.

Dear Secretary Price:

On behalf of the organizations and individuals represented by Kentucky Voices for Health (KVH), I am pleased to submit comments regarding the Bevin Administration’s recently modified 1115 Medicaid Waiver called Kentucky HEALTH. These comments supplement the extensive comments our coalition submitted on August 14th and October 8th in 2016, urging both the Bevin Administration and CMS to work with stakeholders to design a Medicaid program that will achieve the objectives set forth by the 1115 Waiver to increase access, reduce barriers, improve health outcomes, and simplify administrative processes to create system efficiencies. As a coalition of consumer health advocates, our mission is to ensure that Kentuckians have a voice in the health policies that affect them and that any proposed policies will be good for Kentuckians. For that reason, we have also collected comments from more than 1,000 Kentuckians representing 104 of our 120 counties. These comments provide first-hand accounts of what Kentuckians have gained as a result of expanded coverage and how the proposed changes would impact themselves, their families, and their communities. Please find these consumer comments enclosed along with our full set of comments submitted in 2016. Respectfully, Emily Beauregard, MPH Executive Director Kentucky Voices for Health

Concerned about the requirement to pay premiums up front for those enrolling

This is wasteful, cruel, bizarre, and demeaning. Seriously it is gross.