



September 16, 2016

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

Dear Secretary Burwell:

Thank you for your willingness to consider our comments regarding Utah's proposed extension of its Section 1115 Primary Care Network (PCN) Demonstration Waiver. Voices for Utah Children is a 501(c)(3) nonprofit, nonpartisan child advocacy organization. Since 1985 we have worked to improve the well-being of all Utah children and their families.

*General Waiver Comments:*

Voices for Utah Children supports the acceptance of federal enhanced matching funds to close the coverage gap for Utah parents and other adults. We are disappointed that this is not part of the waiver application submitted by the Utah Department of Health, Division of Medicaid and Health Financing (Utah DMHF). We will continue to urge state leaders to close the coverage gap for all Utahns.

We recognize that Utah's current proposal will help a limited number of individuals receive much-needed care. As an eligibility mechanism for expansion, however, we disagree with the creation of categories beyond traditional Medicaid income-based categories. Moreover, we disagree with the proposal's enrollment limits, which restrict enrollment for childless adults through narrow definitions, limited state appropriations and, for some groups, by tying Medicaid eligibility to Utah's General Assistance, which utilizes enrollment caps. Utah's proposal helps certain vulnerable populations access coverage and care; thousands of at-risk Utahns will remain without coverage.

*Comments on Parent/Caretaker Relative Expansion*

As a first step, we support increasing parent/ caretaker relatives' eligibility up to 55% of the FPL. We recommend that this increase be done through the State Plan Amendment process at the regular match, differentiating this increase from the full expansion that should be implemented.



## Expand Parent/Caretaker Relative Coverage to Traditional Medicaid Benefits

We strongly support expanding Utah parent/ caretaker relative (PCR) coverage from non-traditional to traditional Medicaid benefits, and that any additional enrollment barriers or requirements be removed. We urge you to reconsider Utah's non-traditional benefit package as a funding approach to achieve budget neutrality. Expanding the benefit package to traditional Medicaid will give Utah the ability to increase parents' eligibility through a State Plan Amendment in the future. Moreover, although the nontraditional benefit package meets all essential health benefits, it nevertheless creates an unnecessary 'second tier' plan for parent and caretaker relatives.

## Current Enrollment Among PCR Eligible Adults

In addition, an expansion of the parent/caretaker relative population is an opportunity for the Utah DMHF to provide assurance that all enrolled adults who currently meet PCR income and citizenship requirements are accessing PCR Medicaid benefits. Parents currently eligible for Medicaid should not be in PCN.

## Outreach Plan and Metrics

Finally, we urge the Utah DMHF to develop and implement a clear outreach plan to reach current and newly eligible adults with dependent children. Utah has one of the lowest Medicaid participation rates among eligible parents, and the lowest rate of participation among eligible children. We recommend that the state adopt a comprehensive outreach plan, with associated performance metrics, to assure that eligible adults with dependent children can access PCR coverage.

Going forward, income eligibility must be expanded above 55% of the FPL. All parents need health insurance to effectively care for their own children. The majority of Utahns in the coverage gap are parents or adults of child-bearing age. When parents receive health coverage, the entire family benefits.

## *Comments on Proposed Timeline for the PCN Extension*

We are concerned that the proposed five-year extension of the PCN waiver is incompatible with existing statute, which allows only for a three-year extension. PCN has both enrollment caps and an insufficient benefit package, and as a result fails to meet the



objectives of the ACA. Given the critical need for a full expansion in Utah, we believe that the PCN should be extended for no longer than one year. We recognize the impact of PCN's limited coverage on enrollees and potential challenges of a one-year extension for Utah DMHF; however, PCN should be regarded only as a temporary program for low-income Utahns as we continue to seek full-scale expansion for Utah.

*Comments on Ending the EPSDT Waiver*

We commend Utah DMHF for its request to terminate in Amendment 15 the existing waiver of Early and Periodic Screening Diagnosis Treatment (EPSDT) for 19 and 20 year olds and believe this request should be adopted. We agree with the state's assessment that termination of this waiver will result in positive consequences for children and adolescents.

Thank you for the opportunity to share our comments. If you would like us to provide any additional information, please contact Voices for Utah Children, [lincoln@utahchildren.org](mailto:lincoln@utahchildren.org) or [jessie@utahchildren.org](mailto:jessie@utahchildren.org).

Sincerely,

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