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

Re: Kentucky Community Engagement Demonstration

Dear Secretary Kennedy:

Thank you for the opportunity to submit comments on the Kentucky Community Engagement Demonstration.

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

Our organizations are committed to ensuring that Kentucky's Medicaid program provides quality and affordable healthcare coverage. Our organizations appreciate that Kentucky's proposed demonstration

will promote work without jeopardizing coverage and offer the following comments on the Kentucky Community Engagement Demonstration:

Kentucky's Demonstration seeks to implement a work support program for adults under 60 without dependents who have been enrolled in Medicaid for more than 12 months. Eligible adults would be automatically referred to the Department of Workforce Development (DWD) for voluntary job placement assistance. The state estimates that 60,000 individuals would be subject to this referral requirement.

Our organizations appreciate the voluntary nature of the proposed work support program. The vast majority of those with Medicaid who can work already do so; nationally, 92% of individuals with Medicaid coverage under age 65 who do not receive Social Security disability benefits are either workers, caregivers, students, or unable to work due to illness.¹ Continuous Medicaid coverage can actually help people find and sustain employment. In a report looking at the impact of Medicaid expansion in Ohio, the majority of enrollees reported that being enrolled in Medicaid made it easier to work or look for work (83.5% and 60%, respectively).² That report also found that many enrollees were able to get treatment for previously untreated health conditions, which made finding work easier. Additionally, a study in The New England Journal of Medicine found that Arkansas's work requirement was associated with a significant loss of Medicaid coverage, but no corresponding increase in employment.³ By providing supportive job placement assistance while maintaining coverage, Kentucky's proposal promotes employment while protecting access to care for thousands.

CMS should allow the state to continue pursuing voluntary work supports programs as designed by Kentuckians to improve employment among Kentuckians. We also urge CMS to modify Kentucky's request and only allow the state to ask for an optional signature to authorize the transfer of their information to DWD. We do not believe the state should require signature as a condition of enrolling individuals.

Participation in the Community Engagement Waiver Program is expected to apply to 'individuals who are physically and mentally able to work as defined by the Cabinet.' Our organizations are concerned that the current exemption criteria may not capture all individuals with, at risk of, or in the process of being diagnosed with, serious and chronic health conditions that prevent them from working. The state does not have a clear evaluation process for identifying qualifying health conditions, which could leave many patients unable to get the exemption. In addition, CMS should work with the state to ensure that postpartum individuals, veterans with disabilities, and those who have recently exited the justice system are exempt from participation to match those included in P.L. 119-21.

Finally, our organizations urge CMS to work with Kentucky to further clarify additional aspects of the program's implementation. The state should address whether non-exempt individuals are required to authorize transfer of their information to DWD, whether individuals may opt into the Community Engagement Program at a later date, and outline how frequently individuals will be contacted.

Our organizations appreciate that Kentucky's proposal will not negatively impact enrollment and urge CMS to work with the state to provide further clarity on the proposal's implementation.

Thank you for the opportunity to provide comments.

Sincerely,

AiArthritis

American Cancer Society Cancer Action Network

American Diabetes Association American Kidney Fund American Lung Association Cancer Nation (formerly National Coalition for Cancer Survivorship) Coalition for Hemophilia B **Epilepsy Foundation of America** Hemophilia Federation of America Hypertrophic Cardiomyopathy Association Leukemia & Lymphoma Society Lupus Foundation of America Lutheran Services in America March of Dimes National Bleeding Disorders Foundation **National Multiple Sclerosis Society** National Patient Advocate Foundation **National Psoriasis Foundation** Susan G. Komen The AIDS Institute WomenHeart **ZERO Prostate Cancer**

https://cdf.nejm.org/register/reg_multistep.aspx?promo=ONFGMM02&cpc=FMAAALLV0818B

¹ Tolbert, Jennifer et al. Understanding the Intersection of Medicaid & Work: An Update. KFF. February 4, 2025. Available at: https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work-an-update/

² Ohio Department of Medicaid, 2018 Ohio Medicaid Group VII Assessment: Follow-Up to the 2016 Ohio Medicaid Group VIII Assessment, August 2018. Accessed at: https://medicaid.ohio.gov/wps/wcm/connect/gov/2468a404-5b09-4b85-85cd-4473a1ec8758/Group-VIII-Final-

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³ Benjamin D. Sommers, MD, et al. "Medicaid Work Requirements—Results from the First Year in Arkansas," *New England Journal of Medicine*. Published online June 18, 2019. Available at: