

September 7, 2023

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

Re: Washington Medicaid Transformation Project Amendment Request

Dear Secretary Becerra,

The Georgetown University Center for Children and Families and the Center on Budget and Policy Priorities appreciate the opportunity to comment on Washington's proposed amendment to its "Medicaid Transformation Project" section 1115 demonstration. Our comments underscore our support for the state's proposal to provide multi-year continuous eligibility to children enrolled in coverage through the Children's Health Insurance Program (CHIP) during the first six years of life. We also support the state's request to provide Medicaid coverage to out-of-state former foster youth to individuals between age 18 and 26 who would not be eligible for mandatory coverage through the Support Act.

The Georgetown University Center for Children and Families (CCF) is an independent, nonpartisan policy and research center founded in 2005 with a mission to expand and improve high quality, affordable health coverage for America's children and families. As part of the McCourt School of Public Policy, Georgetown CCF conducts research, develops strategies, and offers solutions to improve the health of America's children and families, particularly those with low and moderate incomes. The Center on Budget and Policy Priorities (CBPP) is a nonpartisan research and policy organization based in Washington, D.C. Founded in 1981, CBPP conducts research and analysis to inform public debates and policymakers about a range of budget, tax and programmatic issues affecting individuals and families with low or moderate incomes.

Washington has already received approval to provide multiple years of continuous eligibility for children up to age six in Medicaid. The proposed amendment would extend the policy to children enrolled in CHIP coverage, with incomes between 215 percent and 317 percent FPL. As we detailed in our previous comments, we believe multi-year continuous eligibility would provide a range of benefits to young children and to the state of Washington.¹ Therefore, we strongly support the state's request to extend multi-year continuous eligibility to children enrolled in CHIP. Multi-year continuous eligibility in Medicaid and CHIP holds great promise and is exactly the kind of policy that section 1115 demonstration authority was created for. We look forward to robust evaluation of the costs and benefits of the demonstration as well.

Extending the length of continuous eligibility for children from 12-months to up to six years would promote stable health coverage by mitigating churn and resulting periods of uninsurance. Gaps in

¹ Our previous comments on the [state's proposal](https://ccf.georgetown.edu/wp-content/uploads/2017/10/Washington_Extension_SignOnLetter_FINAL.pdf) to provide multi-year continuous eligibility to children in Medicaid are available here: https://ccf.georgetown.edu/wp-content/uploads/2017/10/Washington_Extension_SignOnLetter_FINAL.pdf

coverage are especially concerning for young children who are at a critical developmental stage. Multi-year continuous eligibility for CHIP would work in combination with other key policies the state has implemented for infants and young children,² ensuring these children have supports that are crucial to their healthy development. Gaps in coverage of any length for young children are problematic as they need regular care. The Bright Futures periodicity schedule recommends 14 well-baby/child visits from age one week through the sixth birthday; this amendment will help ensure that low-income children in Washington receive these benefits, even if their income exceeds Medicaid eligibility limits.³

We encourage CMS to approve the state's proposal swiftly. As children in Medicaid go through the renewal process as part of the unwinding of the Medicaid continuous enrollment provision and may move to CHIP coverage, multi-year continuous eligibility would limit red tape barriers that families of young children could experience once the initial renewal is completed and will give these new parents peace of mind. Parents would have the security of knowing that their child remains insured until the child is of school age – allowing them to focus on the many other challenges associated with raising children on limited incomes. Additionally, the proposal would decrease administrative workloads and increase program efficiency, at a time where Washington, like all states, is faced with an unprecedented redetermination workload over the next year.

Thank you for your consideration of our comments. If you need additional information, please contact Joan Alker (jca25@georgetown.edu) or Allison Orris (aorris@cbpp.org).

² Elisabeth Wright Burak, “Medicaid Policies to Help Young Children Access Infant-Early Childhood Mental Health Services: Results from a 50-State Survey,” Georgetown Center for Children and Families, June 9, 2023 <https://ccf.georgetown.edu/2023/06/09/medicaid-policies-to-help-young-children-access-infant-early-childhood-mental-health-services-results-from-a-50-state-survey/>.

³ Bright Futures and American Academy of Pediatrics, “Recommendations for Preventative Pediatric Health Care,” April 2023, https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf.