CARE LOUISIANA
Coalition for Access, Respect & Excellence

CARE LOUISIANA
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Centers for Medicare & Medicaid Services
Department of Health & Human Services
Attention: CMS-2454-IFC
P.O. Box 8016
Baltimore, MD 21244-8016
Submitted electronically via www.regulations.gov, Docket No. CMS-2026-2047

RE: Medicaid Program; Community Engagement Requirement for Certain Individuals – CMS Interim Final Rule with Comment Period (CMS-2454-IFC); Docket No. CMS-2026-2047

Medicaid is integral to a thriving Louisiana. The program covers over 1.3 million Louisianans, and more than 380,000 of our residents rely on Medicaid expansion for their coverage. On behalf of the Coalition of Access, Respect, and Excellence (CARE Louisiana), we submit these comments to express serious concerns about the Interim Final Rule (IFR) on implementing the Medicaid community engagement (work reporting) requirement, and its impact on Louisianans who rely on Medicaid and the organizations that serve them.

CARE Louisiana is a coalition that exists to advance and protect access to healthcare for all Louisianans. Our members include organizations that provide healthcare services to Medicaid members, assist Medicaid members in navigating the process to maintain their coverage, support rural service providers and residents, serve people with serious health conditions and disabilities, connect community members with employment opportunities, and more.

The Interim Final Rule will have immense consequences for Medicaid members in Louisiana and the organizations that we represent. Increased administrative barriers will make it difficult for Medicaid members in Louisiana to comply, and they risk disruptions to coverage that will have serious consequences for members and the organizations serving them.

I. The IFR's definition of "medical frailty" is overly restrictive and unworkable

The statute lists five categories of medically frail individuals: those who are blind and disabled, those with a substance use disorder, and those with a disabling mental disorder or serious/complex medical condition. Rather than treating category membership as sufficient, the IFR adds an undefined functional-capacity test. To qualify, a condition must also "significantly impair" the person's ability to meet the 80-hour monthly requirement, with no automatic exemption based on diagnosis alone and annual reverification required.

- This shifts a heavy new certification burden onto physicians and care coordinators, who must judge functional capacity with no clear clinical standard.
- Enrollees who reasonably assume a documented disability or diagnosis qualifies them will instead face a confusing second layer of proof.
- Many affected individuals depend on Medicaid-funded treatment to remain stable enough to work at all, so terminating coverage over a disputed frailty call can remove the very treatment that enables engagement.
- Conditions like chronic pain and serious mental illness fluctuate month to month, which a static, one-time impairment determination does not reflect.

II. Documenting compliance and exemptions poses severe operational challenges

Though the IFR directs states to verify compliance and exemptions using claims and encounter data, much of the burden of proof will fall on the enrollees, providers, and community organizations that assist them. Enrollees and community organizations are not equipped to handle the verification required, which will result in an unnecessary burden on people who are already exempt or eligible and coverage loss.

- Louisiana has among the lowest rates of broadband access in the country, and access varies sharply by parish. Members who are asked to verify hours or upload documentation through an online portal, and who lack reliable home internet or comfort navigating such systems, will be disproportionately likely to fall out of compliance through no fault of their own.
- Louisiana Medicaid members express frustration with the eligibility system's current capabilities– long wait times for the call center, inability to upload verification documents to the online portal, wait times around a month for members to hear from analysts that their email with documentation was received. The IFR's increased documentation verification requirements will lead to even more difficulty for enrollees to prove their eligibility.
- Notices explaining the new requirements, exemptions, and documentation required are inherently complex. For people who have cognitive, behavioral health, or literacy barriers, interpreting notices and collecting the correct documentation will be even more difficult.
- Community health centers and other CARE Louisiana members will be pulled into helping members interpret notices and appeal wrongful terminations which diverts staff time from direct care.

III. The implementation timeline is unfeasible

CMS released this IFR on June 1, 2026 with the comment period and effective date both falling on July 31, 2026, and states must be fully operational by January 1, 2027. This leaves Louisiana and other states with only a few months to build and modify new eligibility and verification systems, hire and train staff, and educate the public, with no real time for user testing or community feedback before members' coverage is at stake.

- Louisiana's Medicaid application processing time has already slowed to 36% of MAGI applications being processed over 45 days, with members and assisters complaining of long wait times from the agency to process verification documentation currently. If our current system is overloaded, adding work requirements and exemption verification requirements will only backlog the system further.
- CARE Louisiana members do not know how to best educate staff, providers, patients, and community organizations because policies are still being developed and decided upon at the state. Effective communication and outreach on these changes takes time, and this IFR implementation timeline is unfeasible without eligible people losing coverage.

IV. The human and economic impact of these policies is immense and disproportionate

The majority of Louisianans in the adult expansion group are working or experience barriers to work. Yet, thousands of Louisianans will lose coverage because of the policies in this IFR. Loss of access to healthcare negatively impacts individuals, their families, and communities.

- The LDH acknowledges that the changes to these Medicaid eligibility rules will negatively impact family functioning, stability and autonomy, and have a negative impact on child, individual, or family poverty since it adds more requirements for eligibility and will result in some current beneficiaries losing coverage. They also acknowledge that the new rule has no known effect on competition and employment.
- People who lose coverage will delay care and clinics will have to absorb costs. People coming in later and sicker, foregoing preventative care will increase the burden on Emergency Departments and healthcare resources which will raise costs for the federal and state government.
- Many Louisianans who lose coverage may be working or compliant but not be able to fill out the paperwork correctly or in time. Losing access to Medicaid coverage is disruptive and distressing for individuals and their families, particularly when individuals are eligible, but lose coverage because of paperwork requirements.

For additional questions or comments, please reach out to Co-Chairs SarahJane Guidry and Raegan Carter at care@wecarelouisiana.org.

Sincerely,
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