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Donald M. Berwick
Administrator
Center for Medicare and Medicaid Services
Department of Health and Human Services
Room 445–G, Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Re: CMS-2349-P

Dear Mr. Berwick:

I chair the National Catholic Partnership on Disability (NCPD). NCPD was established thirty years ago to implement the *Pastoral Statement on People with Disabilities* of the United States Catholic Bishops. On behalf of the fourteen million American Catholics with disabilities NCPD serves, I raise a serious concern over CMS' proposed rule-making regarding the Medicaid eligibility changes under the Patient Protection and Affordable Care Act. See 76 F.R. 51148 (Aug. 17, 2011).

As I understand CMS' proposed rule, most disabled people, not otherwise on SSI, who apply for Medicaid benefits beginning 2014 and whose "modified adjusted gross" household income is less than 133 percent of the poverty line, will find themselves placed in a mandatory "Adult Group," without the ability to participate in the "Medicaid Buy-In" or other optional Medicaid benefit programs. As written, PPACA only requires states to provide benchmark services for people in the Adult Group—that is, basic medical services, which do not include, for example, respite care, supported employment, or work- based personal attendant care, that Medicaid waiver programs presently offer. States can provide those services by enhancing benchmark coverage but have little incentive to do so since no federal matching funds are available.

For many disabled people, access to such services as attendant care and supported employment means the difference between gainful employment and a life of dependency. It simply wastes human capital, not to mention sorely needed tax-revenue, to strip disabled people of these critical services they have struggled so long to secure. At a time when the unemployment rate for disabled workers is staggering, the proposed rule will serve only to add fuel to the fire.

Congress, which has steadily expanded employment opportunities for people with disabilities over the past forty years, could not reasonably have intended such result. Absent a clear congressional expression to the contrary, CMS is entitled to treat PPACA's failure to include such benefits as benchmark services as inadvertent. If Congress disagrees, it always has the power to correct legislatively any mistaken understanding of its purpose.

Work has not only an objective dimension, through which the sustenance of individuals and their families is secured, but, even more importantly, a subjective one, through which humans actualize their creativity and imprint their personalities on the world they inhabit. In short, work is a vital way human beings manifest their dignity. No safety-net, no matter how secure, that deprives disabled people of the opportunity to work can be justified. Regrettably, CMS' proposed rule may do just that.

Respectfully submitted,

Stephen L. Mikahik

Stephen L. Mikochik

Chair

National Catholic Partnership on Disability