

January 12, 2026

Elizabeth Pitman
Director, Division of Medical Services
Arkansas Department of Human Services
Office of Policy & Rules
2nd Floor Donaghey Plaza South Building
7th and Main Streets, P.O. Box 1437, Slot S295
Little Rock, AR 72203

Re: ARHOME 1115 Demonstration Amendment

Dear Director Pitman:

The American Kidney Fund (AKF) appreciates the opportunity to submit comments on the ARHOME Demonstration.

The American Kidney Fund fights kidney disease on all fronts as the nonprofit with the greatest direct impact on people with kidney disease. AKF works on behalf of 1 in 7 American adults living with kidney disease, and the millions more at risk, with an unmatched scope of programs that support people wherever they are in their fight against kidney disease—from prevention and early detection through post-transplant living. We are also one of the nation’s top-rated nonprofits, investing 96 cents of every donated dollar in programs.

The AKF is committed to ensuring that Arkansas’s Medicaid program provides quality and affordable healthcare coverage and offers the following comments on the ARHOME Demonstration:

The ARHOME Demonstration seeks to implement work reporting requirements for adults in the Medicaid expansion population as outlined in Public Law 119-21 starting January 1, 2027. Given that work reporting requirements are federally mandated and that the standards in PL 119-21 cannot be waived, there is no need to include this policy in the state’s waiver request. Furthermore, AKF urges Arkansas to not implement these requirements any earlier than January 1, 2027. Work reporting requirements are administratively complex and burdensome, and an early or rushed implementation would undoubtedly result in inappropriate coverage loss. Improper changes to coverage status are likely to lead to increased churn, the cost of which is estimated to be between \$400 and \$600 per person,ⁱ placing greater administrative and financial burden on the Arkansas Medicaid program.

Inappropriate loss of coverage also creates gaps in care for patients and disrupts access to critical and often lifesaving services. For people with end-stage renal disease (ESRD), even a short lapse in Medicaid can interrupt the three-times-a-week, four-hour dialysis treatments that keep them alive; missing just one session can trigger fluid overload, life-threatening electrolyte imbalances, and costly emergency hospitalizations. In 2017, Arkansas implemented a work reporting requirement and over 18,000 beneficiaries lost coverage in seven months.ⁱⁱ The American Kidney Fund urges Arkansas to prioritize policies that will protect patient access to care throughout implementation of PL 119-21.

The American Kidney Fund appreciates the opportunity to provide comments on the ARHOME Demonstration. In order to protect access to affordable and quality healthcare for Arkansans, we urge the state to work with CMS to minimize administrative burden and inappropriate coverage loss.

Sincerely,



Holly Bode
Vice President of Government Affairs

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ⁱ Swartz, Katherine et al. Reducing Medicaid Churning: Extending Eligibility For Twelve Months or To End of Calendar Year Is Most Effective. *Health Affairs* July 2015 34:7, 1180-1187 Available at:

<https://www.healthaffairs.org/doi/10.1377/hlthaff.2014.1204>

ⁱⁱ Robin Rudowitz, MaryBeth Musumeci, and Cornelia Hall, "A Look at November State Data for Medicaid Work Requirements in Arkansas," Kaiser Family Foundation, December 18, 2018. Available at:
<https://www.kff.org/medicaid/issue-brief/a-look-at-november-state-data-for-medicaid-work-requirements-in-arkansas/>;
Arkansas Department of Health and Human Services, Arkansas Works Program, December 2018. Available at:
http://d31hzlhk6di2h5.cloudfront.net/20190115/88/f6/04/2d/3480592f7fbd6c891d9bacb6/011519_AWReport.pdf