



**Notes from ACO Medicaid Community Meeting  
Tuesday, August 16, 6pm  
Quapaw Quarter United Methodist Church**

Members attending: Crystal Alexander and her daughter, Jacqueline Webster, Valencia White and her two sons, Carla Reed, Cherry Lee, Cassandra Reed, Tarashae Lowe, Taylor McClanahan, Dawn Spears; From Pine Bluff: Quenitra Crowley, Wanda Murry, and Michele Perrian, plus staff Loriee Evans, Nick Cartwright, Donnie Ringo, Neil Sealy and Demetrius Melvin

**Welcome from Ms Jackie**, who reminded us of the mission of our meetings and our work:

- **Medicaid works for 1 million Arkansans, and we want Medicaid to work for anyone needs it.**

Ms Jackie invited newcomers to please introduce themselves and share why they're here this evening, at our Healthcare for ALL meeting:

**Carla Reed:** I'm a Medicaid recipient, Medicaid has paid for transportation and my premium, Medicaid has always helped me out, this is a good story, and been there for me

**Cherry Lee:** I just got back on Medicaid in 2020. The thing with Medicaid is that they won't pay for certain things, I need thyroid removal meds, if you get a job, you don't know if they'll keep paying for something or not. I don't have insurance on the job right, and the incentives are such that it's hard to plan and count. Certain medications they won't pay for and approve. So far since 2020, the medications are working, they might move down to a generic option

- A lot of us need help, we're living paycheck to paycheck, food is going up, it hurts. Most government-assistance program, if you make just a few more dollars, then they'll remove you from public services

**Tarashae Lowe:** now when you get on medicaid, they require for the noncustodial parent to be on child support. That means they put more requirements on the custodial parent, more burden on the parents, even if the child cannot receive benefits. The burden is on the mom, to collect the

information and data, and then on the other side, all they take is the dad's driver license, at most. The child and mother don't receive any additional support, even with the added burdens.

**Cassandra Reed:** I'm on medicaid thru Obamacare, and I had two major back surgeries, and I had to pay a copay every month, I still had to pay out of pocket for my disabled son. Have gotten major bills for those surgeries, and all mixed up with disabilities. Need to have better communication and navigation

**Taylor McClanahan:** I had medicaid when I was going through school, had to have help with navigating; need help with communications, not on medicaid anymore but just wants to be here for support.

**Quenitra Crowley:** been on Medicaid since 2015, it can be improved by adding more dental or vision. We also need more services for increasing fitness and lowering obesity rates, reducing diabetes.

**Crystal Alexander's** update on our Medicaid turns 57: we are starting to be heard, by us going out to DHS, we are being heard. KUAR did a story on our action delivering cupcakes to DHS and celebrating the services that we do receive. The Arkansas Dem Gaz published a statewide op-ed on how we need to make services more fair. It's important for us to voice our opinion, we have to go out to the meetings.

- See copies of articles at the end of these notes

## **Action Taken Today**

We wrote emails to follow up with our June meeting with DHS. The Assistant Director of General Operations at DHS attended our ACO Healthcare for ALL meeting on Tuesday, June 21. She listened and verbally responded to our questions about being DHS communications and notifications, as well as DHS staffing and office environments. It's time to request updates on our questions.

## **What Did and Need to Keep Doing:**

- Emailing Ms. Brown to 1) thank her and DHS for their time and service, and 2) ask for an update on one or two of the following issues that are most important to you.
- This lets her know that we are paying attention, and we are not going away. Her office will need to address some of these issues, or she can expect to keep hearing from us.

## **Who to Contact:**

- Ms. Ruthie Brown, Assistant Director of General Operations, [ruthie.brown@dhs.arkansas.gov](mailto:ruthie.brown@dhs.arkansas.gov), 501-682-8382
- Mr. Jason Pederson, [jason.pederson@dhs.arkansas.gov](mailto:jason.pederson@dhs.arkansas.gov)

Go [HERE](#) and scroll down to page 2, for a list of instructions and our main issues that we raised with Ms. Brown in June that we are following up on, to check on status, and ask for progress.

### **Plan for September**

- Touch base with Ms. Joyce about following up with Ms. Elizabeth Pittman, medical services director at DHS, and inviting her to our September 20 meeting (she has been on vacation for these two weeks of August)
- We would like to ask Ms. Pittman how our Medicaid community might support progress toward expanding services and coverage on critical needs like dental, eyecare, more physical therapy, more clarity on mental health coverage, more reliable and individualized transportation services, and more clear communication on coverage that is available to individuals on their specific plans

### **Medicaid Stories We Generated in July:**

Local & Regional News

# Medicaid turns 57; Arkansans urged to update contact information

KUAR | By Daniel Breen  
Published July 27, 2022, at 2:25 PM CDT



Volunteers with Arkansas Community Organizations hold signs Wednesday celebrating the anniversary of Medicaid in front of the Arkansas Department of Human Services office on Dr. Martin Luther King Jr. Drive in Little Rock.

Advocates for access to affordable healthcare are celebrating the 57th anniversary of the Medicaid program.

Organizers with Arkansas Community Organizations on Wednesday delivered cupcakes to employees of the state Department of Human Services in recognition of the key program. It began under President Lyndon Johnson in 1965 and now serves as many as 7.4 million low-income and disabled Americans.

Speaking outside the office on Dr. Martin Luther King Jr. Drive in Little Rock, the group's Lorilee Evans said it's important to celebrate the program which provides healthcare coverage for roughly a third of all Arkansans.

"DHS has some 7,000 employees, they are working hard, they're understaffed, sometimes they're undertrained and under-resourced, and they are, however, getting healthcare coverage to 1 million Arkansans," Evans said. "They are doing important work, and even when there are changes that need to be made to make services better, we have to acknowledge that meaningful, important work is being done."

Evans says as many as 300,000 of the roughly 1 million Arkansans receiving Medicaid could lose coverage if the federal COVID-19 public health emergency ends in October.

DHS spokesperson Gavin Lesnick says Medicaid recipients should be prepared to renew their coverage should the federal government choose not to renew the emergency declaration.

"During the COVID-19 emergency rules for eligibility have been relaxed, so many people who otherwise would lose their Medicaid coverage have not lost it, but that will change when the COVID-19 emergency ends," Lesnick said. "It will be important for clients to renew their Medicaid coverage, and we're really working to get the word out and let people know that Medicaid clients need to update their contact information."

Lesnick says the federal government will give states a 60-day warning in mid-August if they choose not to renew the public health emergency, which is currently set to expire in October. Arkansas Medicaid recipients can update their contact information by going to [ar.gov/update](http://ar.gov/update), or by calling (844) 872-2660.



**Daniel Breen**  
Daniel Breen is a Little Rock-based reporter, anchor and producer for KUAR.  
See stories by [Daniel Breen](#)

# Fair care

## It's a reasonable expectation

QUENTIRA CROWLEY, BRITTANY NICHOLS, DANIEL EDWARDS, SHERI LINCOLN, AND CRYSTAL MCDANIEL-FREEMAN  
SPECIAL TO THE DEMOCRAT-GAZETTE

OPINION

Guest writer

Today is the 57th anniversary of President Lyndon Johnson signing legislation to authorize Medicaid insurance for low-income Americans. We are five Arkansans who know Medicaid from the inside. You'd think that 57 years would be enough time to ensure fair and accessible coverage for all who are eligible. We can tell you: it hasn't been.

Take Ms. Brittany's family. This spring, she received two terrifying letters from the Arkansas Department of Human Services (DHS), which runs Medicaid in our state. Brittany's father sustained major head trauma in 1989, a few months before she was born. He has required 24/7 care ever since. Brittany, now a young mother, assumed caretaker responsibility when his mother passed in 2011.



Although little about Brittany's father's disabilities has changed in 33 years, a "system glitch" resulted in Brittany receiving letters that imply he may lose coverage when the current public health emergency ends. For Brittany, that means she is living in daily fear that a "system glitch" could result in her having to take on the full financial responsibility of her father's full-time nursing home care. This is 2022. Is it too much to expect reliable communications from our state agencies?

We all want the same basic things: to be able to take care of our families, to be healthy and active—and to receive fair treatment. Especially when it comes to the public services our tax dollars help pay for.

Ms. Sheri is grateful for the care she receives, and she wants DHS to know it. Thanks to Medicaid, she recently received dentures. She's eating better now. The Mayo Clinic calls dental health the "window to your overall health." So it's shortsighted that Ms. Sheri's dental coverage is the exception rather than the rule.

Most Medicaid clients receive little to no coverage for dental care. Like Ms. Quentira. She broke a tooth last December, and it's causing her regular discomfort. If you have an infection in your mouth, she points out, it can go to your brain or your heart. Why wouldn't we take care of the entire body, instead of just parts?

explains that he can't drive, they tell him they can't do anything for him until he makes his way into their office.

Medicaid, fortunately, covered a surgery to remove tumors, but then denied the initial chemotherapy regimen his doctor prescribed. Mr. Daniel feels like DHS pats itself on the back for covering one thing while ignoring three other things that it doesn't help with.

When our lives are in the balance, we hope that all the health-care forces will be brought to bear. As they were for little Levi earlier this year. Ms. Crystal's young son was in the hospital for three weeks, he couldn't eat, and he had to be fed through a GI tube. His life was hanging by a thread, but the hospital brought every therapy in its arsenal to save Levi. Medicaid cov-

ered the procedures needed.

The doctors warned his parents that even if he survived, the road to recovery would be long. Yet Levi surprised them; a few months later, he's running, jumping, talking, thriving. Ms. Crystal says her son wouldn't be here today if not for Medicaid.

Children are our future, and society must invest in their health. But young men and young women are our today. At a basic human level, we ask whether these kinds of disparities in care feel justifiable.

Fixing the disparities won't be easy. Our health-care systems are over-burdened with bureaucratic requirements; DHS employees are overworked and under-trained.

Amazingly, Arkansas has in hand the funds that could expand better coverage and services. It's being called a "budget surplus." This "surplus" is funds that are siphoned away from all of our public services. They are stealthy savings made to finance tax cuts for a small group of wealthy people.

Instead, we could choose to invest our joint taxpayer dollars in fair care for everyone. We see how powerfully Medicaid can work—just look at Ms. Sheri's and little Levi's experiences. We all want to receive that same level of good care—fairly and with respect.

That's why we urge the Legislature to prioritize making health care more accessible and affordable for more Ar-



The saying goes that as a whole, we are more than the sum of our parts. But disjointed, uneven health-care coverage can make our communities function at levels less than the sum of our parts.

Mr. Daniel has stage-4 cancer. Pre-covid, he ran an event-planning business. First, the pandemic killed his business, and then he was diagnosed. He is not able to work. He has become homeless. Although he has Medicaid, he still gets bills for his medications, and for ambulance rides. Bills that he'll be paying for the rest of his life. He calls DHS for help understanding why he's getting the bills, and they instruct him to come into the office. When he



kansans. We also ask Arkansas DHS to actively seek ways to distribute services more equitably, and make sure no eligible clients lose coverage as the public health emergency ends.

We are your neighbors, your co-workers, your extended family, and your community members. We are Medicaid clients. Will you join us in demanding fair care for everyone?

Quentira Crowley, Daniel Edwards, Sheri Lincoln, Crystal McDaniel-Freeman, and Brittany Nichols are Arkansans, Medicaid clients or caretakers, and part of Arkansas Community Organization's Healthcare for ALL community.