

Medicaid Work and Community Engagement Requirements

A number of states have formally asked the Centers for Medicare & Medicaid Services (CMS) for permission to impose work requirements as a condition of Medicaid eligibility through research and demonstration waiver authority under Section 1115 of the Social Security Act (the Act). CMS has granted waivers to four states—Arkansas, Indiana, Kentucky, and New Hampshire—to adopt work and community engagement requirements and has issued subregulatory guidance indicating the circumstances under which it will approve similar requests.¹ These new requirements took effect June 1, 2018 in Arkansas, and are expected to take effect in January 2019 in Indiana and New Hampshire (CMS 2018b, c, e, f, g; Meyer 2018).² Though Kentucky’s requirements were slated to take effect in July 2018, a U.S. District Court vacated CMS’s approval of the waiver program, and Kentucky is not moving forward with implementation at this time.^{3,4}

In guidance to states describing its goals for Section 1115 demonstrations, CMS stated its support for coordinated strategies to “promote upward mobility, greater independence, and improved quality of life among individuals” (CMS 2017c). CMS links these outcomes to employment, and argues that strategies to support employment in other aspects of the Medicaid program have increased beneficiary employment rates and participation in job search and training, as well as earned income among those leaving the program (CMS 2018g).⁵ Waiver applications submitted by many states share expectations that such changes will support transitions to commercial coverage and self-sufficiency, and decrease reliance on public programs.

The federal government first began approving policies to require work as a condition of Medicaid eligibility in 2018, although some states, including Indiana, Montana, and Pennsylvania, have been permitted to refer Medicaid applicants to voluntary work support programs (MACPAC 2017, MACPAC 2015). Opponents of these policies have pointed to the significant number of Medicaid beneficiaries already working and have raised concerns about potential harms to beneficiaries and CMS’s legal authority to approve such requests.

This issue brief describes the features of the CMS guidance and state proposals to implement work and community engagement requirements, including the populations subject to the requirements, the allowable work and community engagement activities, and the penalties associated with non-compliance. It also describes implementation considerations CMS has requested that states take into account as well as monitoring, evaluation, and process requirements. It concludes by outlining some of the concerns raised regarding the imposition of a work or community engagement requirement.



Features of Work and Community Engagement Requirements

Approved waivers for Arkansas, Indiana, and New Hampshire require certain non-disabled, non-elderly, non-pregnant individuals to meet work and community engagement requirements as a condition of Medicaid eligibility. These waivers, and those still under consideration at CMS, have many common features, but vary with regard to:

- which populations are required to participate in work or community engagement as a condition of eligibility, and within those populations, which individuals qualify for an exception to the requirement;
- activities that qualify as work or community engagement, and the number of hours beneficiaries are required to complete; and
- penalties for non-compliance with the requirement.

CMS has provided some guidance around how states should design these policies but has also indicated that it will generally allow states flexibility.

States are also seeking waivers to implement other changes to their programs, such as changes to income eligibility thresholds, asset limits, required premiums and disenrollment or lock-out periods for non-payment, health savings accounts, and healthy behavior incentives. Such policies are beyond the scope of this brief. For further information on how states have adopted these approaches in waivers expanding Medicaid coverage to non-disabled adults, see [Expanding Medicaid to the New Adult Group through Section 1115 Waivers](#).

Populations subject to and exempt from requirements

CMS has indicated that it will allow states to implement work and community engagement requirements as a condition of eligibility for non-elderly, non-pregnant adults eligible on a basis other than disability, with some exceptions (CMS 2018g). It has raised concerns but taken no formal action on requests to impose work and community engagement requirements in non-expansion states (Romoser 2018).

Arkansas, Indiana, New Hampshire, as well as Kentucky, Arizona and Ohio (which are pending) are Medicaid expansion states and have adopted or are seeking to adopt work requirements for their expansion population, and in some cases, other adults. Five states—Kansas, Maine, Mississippi, Utah, and Wisconsin are non-expansion states and are seeking such requirements for current adult enrollees. North Carolina has requested to add work requirements for the new adult group if state legislation is enacted expanding Medicaid to this population, but is not seeking to impose the requirement on any current Medicaid beneficiaries.⁶

Within the larger population of non-disabled, non-pregnant, non-elderly adults, CMS requires states to exempt certain sub-populations from requirements. These include medically frail individuals and individuals with acute medical conditions validated by a medical professional. CMS has also suggested that states align Medicaid exemptions with those used in the Temporary Assistance for Needy Families (TANF) or Supplemental Nutrition Assistance (SNAP) programs.⁷ With regard to individuals who have disabilities but are not eligible for Medicaid on the basis of a disability, states are required to comply with



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federal civil rights laws, make reasonable modifications, and ensure that these individuals are not denied eligibility for failure to meet these requirements.⁸ Additionally, states are required to take steps to ensure that eligible individuals with opioid addiction or other substance use disorders can access treatment (CMS 2018g).

States have generally proposed to include these exemptions as well as some additional ones. For example, many would exempt individuals with caretaker responsibilities, individuals who are mentally or physically unable to work, and individuals who are attending school (Table 1A).

Activities defined as work or community engagement

Although CMS has indicated it will allow states to define work and community engagement activities, it has outlined some parameters. States must automatically consider individuals in compliance with Medicaid requirements if they are satisfying TANF or SNAP work requirements. CMS is also encouraging states to consider allowing a range of activities to qualify as community engagement, including career planning, volunteering, and participating in tribal employment programs (CMS 2018g).

States have generally aligned qualifying activities for Medicaid with those used in TANF or SNAP, such as vocational training, community service programs, and general equivalency diploma (GED) preparation activities.⁹ Many allow additional activities to count towards the definition of work, such as participating in a job training program administered by the state or a managed care organization, or attending an English-as-a-second-language course (Table 2A).

States have designed their work and community engagement policies differently. Several states are planning to allow members meeting certain criteria to automatically satisfy the requirement. For example, Utah will automatically consider individuals who are employed at least 120 hours per month to satisfy the requirement. Other individuals will be required to track their participation in a specified number of hours of qualifying activities (typically 20 hours per week or 80 hours per month, though New Hampshire will require 100 hours per month). Some states limit how many hours per month can be attributable to certain activities. Arkansas, for example, allows job training or job search activities to count towards only up to 40 hours per month (Table 2A).

States are phasing in their work and community engagement requirements. Arkansas is phasing this in by age group and by enrollee renewal date, beginning with individuals age 30–49 whose eligibility will be re-determined in the first quarter of calendar year 2019. In Indiana, beginning with the implementation date of the requirement, the hourly requirements will increase gradually from zero hours per week for the first six months to a maximum of 20 hours per week after 18 months.¹⁰ New Hampshire will provide enrollees with a 75-day grace period to meet the requirements.

Penalties for non-compliance

States differ in the penalties for members who do not comply with the work requirements, some of which are already in use in the TANF and SNAP programs. Most states plan to disenroll members until they comply with work requirements. Arkansas will disenroll members after three months of non-compliance,



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and bar them from reenrollment until the following coverage year. Other proposed penalties for non-compliance with work requirements include fixed lockout periods (e.g., six months), or counting any time that a member did not comply with the work requirement against a time limit on eligibility (Table 3A).^{11, 12}

Implementation Considerations

CMS has asked states to take into account particular issues related to implementation, including how they will track and verify compliance, provide beneficiaries with necessary supports, and address economic and structural barriers. However, the agency has not required states to detail processes for how they will handle these issues in their proposals or the waivers' special terms and conditions (STCs) (CMS 2018g).

Tracking and verification of compliance

CMS guidance does not specifically address how states should track and verify compliance with work requirements and whether the verification rules established for other eligibility criteria will apply. In Arkansas, beneficiaries must document their compliance through an online portal on a monthly basis. If they are also receiving benefits through SNAP, they are required to document hours for either Medicaid or SNAP, but not both.¹³ Beneficiaries may report an exemption through the online portal at any time. In Indiana and New Hampshire, beneficiaries must document their participation in a manner that is consistent with the established procedures for other eligibility criteria.¹⁴ Indiana's STCs note that beneficiary compliance will be reviewed and verified each December, but do not specify how exemptions to work requirements will be verified (CMS 2018d).

Beneficiary supports

CMS will require states to describe strategies to assist beneficiaries in meeting work and community engagement requirements and link them to additional resources for job training or other employment services, child care assistance, transportation, or other work supports (CMS 2018g). For example, Arkansas' STCs explicitly require the Medicaid agency to partner with other state agencies including the Arkansas Department of Workforce Services to make good faith efforts to connect beneficiaries to existing community supports (CMS 2018c). CMS also is encouraging states to include procedures that allow for assessment of individuals' disabilities, medical diagnoses, other barriers to employment and self-sufficiency in order to identify necessary supports or reasonable modifications (CMS 2018g).

Some states, including Arkansas, Indiana, Ohio, Utah, and Wisconsin, are specifically planning to link beneficiaries to existing state job training programs, while in others whether beneficiaries would be linked to such supports remains unclear. At least one state, Mississippi, has requested that CMS allow it to include employment-related training as a covered benefit, and that costs associated with doing so be considered a cost not otherwise matchable with a 90 percent matching rate (CMS 2018e).¹⁵ However, CMS has also specified that federal Medicaid funds cannot be used to finance support services.



Attention to market forces and structural barriers

CMS will provide states with flexibility in responding to the local employment market, for example, by phasing in or suspending program features as necessary in regions with limited employment opportunities, or that face economic stress or lack viable transportation. The STCs of each approved waiver require states to assure that the state will assess areas that experience high rates of unemployment, limited educational opportunities, or a lack of public transportation to determine whether to make further exemptions from the requirements (CMS 2018b, 2018c, 2018d, 2018f).

Process Requirements

Like other Section 1115 demonstration waivers, waivers that implement work and community engagement requirements are subject to all relevant public notice and transparency requirements, and where applicable, tribal consultation requirements. These waivers also require states to submit regular monitoring reports and undergo independent evaluations. CMS has outlined general requirements concerning what states must evaluate and monitor, such as the requirement's impact on coverage and access, and whether the requirement affects beneficiaries' ability to obtain employment and transition to employer-sponsored coverage.

Specific parameters are defined in the STCs of each waiver, but are more detailed in Arkansas and New Hampshire than in Indiana. For example, the Arkansas and New Hampshire STCs include a list of required data to be collected for monitoring, including information on the number and percentages of individuals affected by the work requirements.¹⁶ Indiana is required to submit draft proposed metrics to CMS reflecting major elements of the demonstration within 120 days of program implementation. New Hampshire is required to submit a draft evaluation design within 90 days of the demonstration approval, Arkansas is required to do so within 120 days of demonstration approval, and Indiana is required to do so within 180 days of demonstration approval (CMS 2018b, CMS 2018c, CMS 2018d and 2018f).¹⁷

Concerns with the Requirements

Work and community engagement requirements are a new and controversial feature of Medicaid waivers. Those opposed to these waivers argue that such requirements will lead to coverage losses without increasing employment. Even though 60 percent of non-disabled adults with Medicaid are employed on a full- or part-time basis, and many others would potentially qualify for an exemption, requirements to verify employment or claim an exemption could discourage individuals from applying for or renewing coverage, or lead to failure to submit supporting documentation (Garfield et al. 2017; Ku and Brantley 2017). Coverage loss projections indicate that most people disenrolled for failure to comply with the requirements would be those who remain eligible for Medicaid but failed to report participation hours or exemptions (Garfield et al. 2018). However, coverage losses could be particularly pronounced among individuals who have substantial barriers to work (e.g., behavioral health problems or issues with arranging child care), as they may be ineligible for exemptions but unable to satisfy the work requirement (Garfield et al. 2018, Rosenbaum et al. 2017, Katch 2016).



The number of Medicaid beneficiaries whose coverage could be affected by a work requirement depends on the design specifications, but all states proposing work requirements for current populations anticipate reductions in Medicaid enrollment over the five-year demonstration period relative to the status quo. For example, Kentucky estimated that 97,000 beneficiaries will lose coverage as a result of the policies in the waiver, including work requirements (CMS 2017g). Indiana estimates that approximately 25 percent of the population subject to the work requirement (approximately 25,000 people) will choose not to participate and therefore will be disenrolled (CMS 2017f).¹⁸ These expected coverage losses are consistent with caseload declines in cash assistance programs accompanying the transition to TANF and its work requirements. For more on the evidence from TANF, see [Work as a Condition of Medicaid Eligibility: Key Take-Aways from TANF](#).

The federal lawsuit brought in the U.S. District Court of the District of Columbia on behalf of Kentucky Medicaid beneficiaries, argued that various features of the Kentucky waiver (including work requirements) constitute a major overhaul of the program that is contrary to its objectives and outside the scope of Section 1115 waiver authority. Specifically, they note that the basic purpose of the Medicaid program is to provide medical assistance to people whose income and resources are insufficient to pay for the cost of necessary services (Callow 2018, Rosenbaum 2018). The court ruled that the Secretary failed to consider whether Kentucky's waiver would help the state fulfill this purpose, rendering his approval "arbitrary and capricious." This ruling vacated the approval of the waiver and remanded it to the U.S. Department of Health and Human Services (HHS) for further review.

Endnotes

¹ As of July 2018, waivers have been approved for Arkansas, Indiana, Kentucky, and New Hampshire. Arizona, Kansas, Maine, Mississippi, Ohio Utah, and Wisconsin have submitted applications for waivers with work requirements. According to press reports Alabama, Connecticut, Idaho, Louisiana, Michigan, South Carolina, South Dakota, and Virginia have expressed interest in applying for such waivers but only states with formal waiver applications are included in this fact sheet.

² For more detail on specific state waiver programs, see [Expanding Medicaid to the new adult group through Section 1115 waivers](#) and state-specific fact sheets.

³ Because Kentucky's waiver was sent back to CMS for reconsideration, this brief does not discuss the features of Kentucky's waiver as approved provisions.

⁴ *Stewart et al. v. Azar et al.*, 1:18-CV-00152 (U.S. District Court for the District of Columbia 2018).

⁵ Examples include Medicaid buy-in programs that allow workers with disabilities to earn higher incomes and still maintain Medicaid coverage, voluntary work and job training referral programs, and other employment supports. These historically have been optional (i.e., not a requirement of eligibility) and focused on people with disabilities or receiving home- and community-based services under 1915(c) or 1915(i) state plan authority (CMS 2018f).

⁶ Additional states, including Alabama, Connecticut, Idaho, Louisiana, Michigan, Oklahoma, South Carolina, South Dakota, and Virginia have expressed interest in applying for such waivers, and are at various stages of the process (e.g., introduced in state legislature, undergoing state public comment) but have not yet submitted formal waiver applications to CMS.



⁷ Exempted populations in SNAP and TANF vary by state. In TANF they often include pregnant women, parents who receive Supplemental Security Income or Social Security Disability Insurance, caretakers of disabled family members, or children under age six. In SNAP, exempted populations include individuals under age 16 or over age 59, individuals between age 16 and 18 enrolled in school or a training program, individuals receiving disability benefits or otherwise physically or mentally unfit, caretakers of disabled dependents, parents needed to care for a child under age 6, and those exempt from or meeting requirements for other programs such as TANF or unemployment insurance (Falk et al. 2016).

⁸ Reasonable modifications could include providing support services or requiring fewer hours of participation in qualifying work or community engagement activities (CMS 2018e).

⁹ In the TANF program, states have discretion to design TANF work requirement policies for exemptions such as required participation hours, but must meet federal work participation rate requirements (i.e., that 90 percent of two-parent families be engaged in work at least 35 hours per week, and half of all families be engaged in work for 30 hours per week) or be subject to a reduction in federal funds. In the SNAP program, work requirements are less analogous than in TANF to the ones proposed for state Medicaid programs: non-exempt beneficiaries must annually notify the state whether they are employable and working, and cannot voluntarily reduce work below 30 hours per week, quit a job without cause, or fail to accept a job if offered one. States determine the penalty for non-compliance within federal maximum penalties (Falk et al. 2016).

Activities defined as work activities under TANF are outlined in Section 407(d) of the Act to include: unsubsidized employment; subsidized public or private sector employment; work experience (including work associated with the refurbishing of publicly assisted housing) if sufficient private sector employment is not available; on-the-job training; job search and readiness assistance; community service programs; vocational educational training (up to 12 months per individual); job skills training directly related to employment; education directly related to employment or satisfactory attendance at a secondary school or in a course of study leading to a certificate of general equivalence; and the provision of child care services to an individual participating in a community service program (Falk et al. 2016).

¹⁰ Prior to the ruling vacating Kentucky's waiver approval, the state planned to phase in the requirement by county.

¹¹ In Arizona members who falsely report community engagement or employment hours would be locked out of coverage for 12 months (CMS 2018g).

¹² Several states including Arizona, Maine, Utah, and Wisconsin have proposed implementing a time limit on Medicaid eligibility as part of their waiver programs, but the specific details of these proposals are outside the scope of this fact sheet.

¹³ Typically, states are required to meet process requirements for verifying eligibility criteria, including regulations at 42 CFR 435.916(c) and 42 CFR 435.945 requiring states to provide multiple means of submission (e.g., online, via mail, other electronic means). However, CMS waived that requirement in this case and is permitting Arkansas to only allow beneficiaries to submit documentation or exemptions through the online portal. Arkansas is required to consider the impact of any reporting obligations on person without access to the internet and assure that to the extent practicable, availability of Medicaid services will not be diminished as a result (CMS 2018b).

¹⁴ These include regulations at 42 CFR 435.916(c) and 42 CFR 435.945 which require states to provide multiple means of submission from applicants and follow general requirements for verifying eligibility.

¹⁵ The Secretary can permit federal financial participation for costs not otherwise matchable, allowing states to cover services and populations not included in the Medicaid state plan.



¹⁶ Examples include the number and percentage of individuals who are exempt from the requirements, who were granted good cause exemptions, and who were disenrolled for non-compliance.

¹⁷ Kentucky's approved STCs include the same process requirements as those approved for Indiana.

¹⁸ Arkansas estimates that the work requirement will affect 39,000 people in the first year, and an additional 30,000 in the second, but does not provide estimates for how many of those people will lose coverage (Demillo 2018). No estimates are currently available for coverage losses in New Hampshire.

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Appendix: Details of Proposed Work Requirements

TABLE A1: Populations Subject to Work and Community Engagement Requirements by State

State	Populations covered	Exemptions
Arizona	new adult group age 19 to 54	<ul style="list-style-type: none"> American Indians women in their postpartum period former foster care youth up to age 26 individuals with serious mental illness individuals receiving disability benefits medically frail individuals full-time high school students full-time college or graduate students victims of domestic violence individuals who are homeless individuals who have been recently directly impacted by a catastrophic event such as a natural disaster or death of a family member parents, caretaker relatives, and foster parents caregivers of a family member enrolled in the Arizona long-term care system
Arkansas (approved)	new adult group age 19 to 49	<ul style="list-style-type: none"> beneficiaries identified as medically frail beneficiaries who are pregnant or 60 days post-partum full-time students beneficiaries exempt from SNAP work requirements beneficiaries receiving cash assistance through TANF or exempt from the state work requirements for TANF beneficiaries who are incapacitated in the short-term or medically certified as physically or mentally unfit for employment, or has an acute medical condition that would prevent him or her from complying with the requirements beneficiaries caring for an incapacitated person beneficiaries who live in a home with a minor dependent child age 17 or younger beneficiaries receiving unemployment benefits beneficiaries participating in a treatment program for alcoholism or drug addiction



TABLE A1. (continued)

State	Populations covered	Exemptions
Indiana (approved)	<ul style="list-style-type: none"> • new adult group • parents and caretakers • TMA beneficiaries 	<ul style="list-style-type: none"> • students (full- and part-time) • pregnant women • primary caregivers of a dependent child below the compulsory education age or a disabled dependent • beneficiaries identified as medically frail • beneficiaries with a temporary illness or incapacity documented by a third party • beneficiaries in active SUD treatment • beneficiaries over age 59 • beneficiaries who are homeless • beneficiaries who were incarcerated within the last six months • beneficiaries who meet the requirements of TANF employment initiatives or who are exempt from having to meet those requirements • beneficiaries enrolled in the state's Medicaid employer premium assistance program • persons determined eligible for a good cause exemption
Kansas	<ul style="list-style-type: none"> • parents and caretakers • TMA beneficiaries 	<ul style="list-style-type: none"> • members receiving long-term care, including institutional care and MFP • members enrolled in or on the waiting list for certain HCBS waiver programs • children • women who are pregnant • members who have disabilities and are receiving SSI • caretakers for dependent children under age six or a household member with a disability • individuals with only a retroactive eligibility period • members enrolled in the MediKan program • members presumptively eligible for Medicaid • persons whose only coverage is under an MSP • persons enrolled in PACE • members with TBI, HIV, or in the Breast and Cervical Cancer Program • members over age 65 • certain caretakers of members age 65 and older who meet criteria to be specified by the state • the state may consider an exemptions process for members with certain behavioral health conditions
Kentucky (approved by CMS but vacated by U.S. District Court for the District of Columbia).	<ul style="list-style-type: none"> • new adult group • parents and caretakers • TMA beneficiaries 	<ul style="list-style-type: none"> • former foster care youth • pregnant women • primary caregivers of a dependent minor child or disabled adult (limited to one caregiver per household) • beneficiaries identified as medically frail • beneficiaries diagnosed with an acute medical condition that would prevent them from complying with the requirements • full-time students as determined by the state • beneficiaries under age 19 or over 64



TABLE A1. (continued)

State	Populations covered	Exemptions
Maine	<ul style="list-style-type: none"> • parents and caretakers • TMA beneficiaries • former foster care children • individuals eligible for family planning services • medically needy individuals age 18 through 20 • medically needy parents and caretaker relatives • individuals receiving services through the state's HIV waiver 	<ul style="list-style-type: none"> • residing in an institutional residential facility • residing in a residential substance use treatment and rehabilitation program • caring for a dependent child under age six • providing caregiver services for an incapacitated adult • being pregnant • being physically or mentally unable to work 20 hours or more per week • receiving temporary or permanent disability benefits • good cause exemptions determined when a member has failed to meet work requirements
Mississippi	<ul style="list-style-type: none"> • parents and caretakers • TMA beneficiaries 	<ul style="list-style-type: none"> • members who have a diagnosed mental illness. • members receiving SSDI or SSI • primary caregivers of a person who cannot care for himself or herself • members who are physically or mentally unable to work • members who are receiving or has applied for unemployment insurance • members taking part in an alcohol or other drug abuse treatment program • members enrolled in an institution of higher learning at least half-time • high school students age 19 or older, attending high school at least half-time • members receiving treatment for cancer, including those receiving treatment through the breast and cervical cancer program



TABLE A1. (continued)

State	Populations covered	Exemptions
New Hampshire (approved)	new adult group	<ul style="list-style-type: none"> beneficiaries who are temporarily unable to participate due to illness or incapacity as documented by a licensed provider beneficiaries participating in a state-certified drug court program parents or caretakers of a dependent child under age 6, child of any age with a disability, or a dependent individual whose care is considered necessary by a licensed provider beneficiaries who are pregnant or 60 days or fewer post-partum beneficiaries identified as medically frail beneficiaries with a disability or residing with an immediate family member with a disability as defined by ADA Section 504 or 1557 who are unable to comply with the requirement due to reasons related to that disability beneficiaries who experience a hospitalization or serious illness, or are residing with an immediate family member who experiences a hospitalization or serious illness, beneficiaries except from SNAP or TANF employment requirements beneficiaries enrolled in New Hampshire's voluntary Health Insurance Premium Program
Ohio	new adult group	<ul style="list-style-type: none"> beneficiaries who are age 50 or older beneficiaries who are physically or mentally unfit for employment beneficiaries caring for a disabled or incapacitated household member pregnant women parents, caretakers, or individuals residing in the same house as a minor child beneficiaries who have applied for or are receiving unemployment compensation or SSI beneficiaries enrolled in school at least half time beneficiaries participating in drug or alcohol treatment an assistance group member subject to and complying with any work requirement under the Ohio Works First program participants in the Ohio Specialized Recovery Services program eligible incarcerated individuals
North Carolina	new adult group, if state legislation is enacted expanding Medicaid to this population	<ul style="list-style-type: none"> individuals caring for a dependent minor child, adult disabled child or a disabled parent individuals receiving active treatment of substance use disorder individuals who are medically frail



TABLE A1. (continued)

State	Populations covered	Exemptions
Utah	parents and caretakers with income up to 100 percent FPL enrolled in the state's primary care network limited benefit plan	<p>Individuals meeting SNAP federal work participation exemption criteria, including:</p> <ul style="list-style-type: none"> • individuals working 30 or more hours per week • individuals age 60 and older • individuals who are physically or mentally unable to work • parents or other members of households responsible for a dependent child under age six • individuals responsible for the care of an incapacitated person • individuals who have applied for or are receiving unemployment insurance benefits • individuals participated regularly in a drug and alcohol treatment program • students enrolled at least half time • individuals participating in refugee employment services • Family Employment Program participants
Wisconsin	childless, non-pregnant adults with income up to 100 percent FPL	<ul style="list-style-type: none"> • individuals diagnosed with a mental illness • individuals receiving SSDI • primary caregivers for persons who cannot care for themselves • members who are physically or mentally unable to work • members receiving or who have applied for unemployment insurance • members taking place alcohol or other drug abuse treatment • members enrolled at least half time in an institution of higher learning • half- or full-time high school students age 19 and older

Notes: ADA is the Americans with Disabilities Act (ADA, P.L. 101-336). CMS is Centers for Medicare & Medicaid Services. FPL is federal poverty level. HIV is human immunodeficiency virus. HCBS is home-and community-based services. MFP is Money Follows the Person. MSP is Medicare Savings Program. PACE is Program for All-Inclusive Care for the Elderly. SNAP is Supplemental Nutrition Assistance Program. SSDI is social security disability insurance. SSI is supplemental security income. TANF is temporary Assistance for Needy Families program. TBI is traumatic brain injury. TMA is transitional medical assistance. State proposals have not yet approved by CMS unless otherwise indicated. Arizona is also requesting to reduce its expansion to individuals with income of up to 100 percent FPL. North Carolina's work requirement would only apply to the new adult group, provided that state legislation expanding Medicaid to this population is enacted. It is not proposing to implement work requirements for any current populations. As part of its waiver application, Utah is seeking to expand Medicaid to childless adults with income up to 5 percent FPL who are chronically homeless or in need of substance use or mental health treatment and seeking permission to implement work requirements for this group at a later date.

Source: MACPAC 2018 analysis of CMS 2018a, b, c, d, e, f, h; CMS 2017a, b, d, e, h, i.



TABLE A2. Qualifying Work and Community Engagement Activities by State

State	Deemed to satisfy	Satisfy through completion of qualifying activities
Arizona	individuals engaging in job search activities similar to those required for Arizona unemployment benefits (i.e. engaging in a systematic and sustained effort to obtain work during at least four different days of the week and make at least one job contact on each of those days)	<p>20 hours per week of:</p> <ul style="list-style-type: none"> • employment • actively seeking employment • employment support and development activities, such as English as a second language classes, parenting classes, disease management and education, courses on health insurance competency, and healthy living classes. • individuals transitioning from the justice system, living in an area of high unemployment, or who face a significant barrier to employment may participate in community service. <p>Arizona will further define qualifying educational activities and community service through a public process.</p>
Arkansas (approved)	none	<p>80 hours per week of:</p> <ul style="list-style-type: none"> • employment including self-employment (or having an income consistent with working at least 80 hours per week at Arkansas minimum wage) • enrollment in an educational program including high school, higher education, or GED classes • participation in on-the-job or vocational training • community service • participation in job search training or independent job search activities (up to 40 hours per month each) • participation in a class on health insurance, using the health system, or healthy living (up to 20 hours per year) • participation in activities or programs available through the Arkansas Department of Workforce Services • participation in and compliance with SNAP or TANF employment initiative programs
Indiana (approved)	none	<p>Required number of hours will phase in from 0 per week during the first 6 months of the program, increasing to 20 hours a week after 18 months.</p> <p>Members have four months of the year in which they are not required to meet an exemption or the required number of hours. Activities include:</p> <ul style="list-style-type: none"> • employment • participation in MCO employment initiatives



TABLE A2. (continued)

State	Deemed to satisfy	Satisfy through completion of qualifying activities
		<ul style="list-style-type: none"> • jobs skills training • job search activities • education related to employment • general education such as high school, GED, community college, college or graduate school • accredited English as a second language education • vocational education and training • community work experience • participation in gateway to work • community service or public service • caregiving services for a non-dependent relative or other person with a chronic disabling health condition • accredited homeschooling • meeting the requirements of the SNAP employment initiative or being exempt from those requirements
Kansas	individuals who are receiving TANF benefits and complying with the work requirements	<p>Consistent with TANF work requirements in Kansas, minimum weekly requirements are 20 or 30 hours in one-adult households and 35 or 55 hours in two-adult houses (maximum 40 hours per any given individual), depending on whether there is a child under age six.</p> <ul style="list-style-type: none"> • employment • work experience (e.g., an unpaid supervised assignment) • on-the-job training • supervised community service • vocational education • job search and job readiness activities (e.g., workshops, classes, case management) • job skills training directly related to employment • education directly related to employment
Kentucky (approved by CMS but vacated by U.S. District Court for the District of Columbia).	<ul style="list-style-type: none"> • beneficiaries meeting the requirements of or exempt from SNAP or TANF work requirements • beneficiaries enrolled in the state's Medicaid-funded employer-sponsored insurance premium assistance program and their spouses or dependents 	<p>80 hours per month of:</p> <ul style="list-style-type: none"> • job skills training • job search activities • education related to employment (e.g., management training) • general education (e.g., high school, GED, college or graduate education, English as a second language) if not a full-time student • vocational education and training • self-employment (if less than 120 hours per month) • subsidized or unsubsidized employment (if less than 120 hours per month) • community work experience • community or public service



State	Deemed to satisfy	Satisfy through completion of qualifying activities
	<ul style="list-style-type: none"> beneficiaries employed at least 120 hours per calendar month 	<ul style="list-style-type: none"> caregiving services for a non-dependent relative or other person with a disabling medical condition participation in SUD treatment
Maine	beneficiaries receiving unemployment benefits, or complying with the TANF or SNAP work requirements	20 hours per week, averaged monthly, of: <ul style="list-style-type: none"> paid employment participating in and complying with the requirements of a department approved work program workforce or volunteer community service (up to 24 hours per month) individual or group job search readiness assistance enrollment as a student at least half time with the goal of gaining employment combination of education and employment
Mississippi	none	<ul style="list-style-type: none"> employed at least 20 hours per week participation with the Office of Employment Security volunteering with approved agencies participation in alcohol or other drug abuse treatment programs compliance with SNAP and TANF work requirements
Ohio	none	Individuals must work or participate in a community engagement activity for a minimum of 20 hours per week (averaged 80 hours monthly). Community engagement activities include: <ul style="list-style-type: none"> SNAP education and training activities Job search or readiness programs (limited to 30 days) Participation in Ohio Work Experience Program activities
New Hampshire (approved)	none	Individuals must engage in one or a combination of the following activities at least 100 hours per month: <ul style="list-style-type: none"> employment on-the-job training job skills training related to employment enrollment at an accredited community college, college, or university that is counted on a credit hour basis job search and readiness assistance (e.g., activities required to receive unemployment benefits, services offered by the Department of Employment Security) vocational educational training (not to exceed 12 months for any individual) education directly related to employment (for individuals who have not graduated high school) attendance in secondary school or in a course of study leading to certificate of high school equivalency



TABLE A2. (continued)

State	Deemed to satisfy	Satisfy through completion of qualifying activities
		<ul style="list-style-type: none"> • participation in SUD treatment • community and public service • caregiving services for a non-dependent relative or other person with a disabling health, mental health, or developmental condition • participation in and compliance with SNAP or TANF employment requirements
North Carolina	none	Individuals are required to be employed or engaged in (unspecified) activities to promote employment.
Utah	none	Individuals not meeting one of the exemptions would be required to participate in online job training or job search activities through the Department of Workforce Services within the first three months of enrollment (these are the same resources, activities, and requirements applied to SNAP beneficiaries). Once these activities are completed, members would be eligible for Medicaid for the remainder of their 12-month eligibility period.
Wisconsin	members working at least 80 hours per month	Wisconsin is using its FoodShare Employment and Training (FSET) program (the work requirements and training program associated with Wisconsin's SNAP program) as the model for its proposed work requirement. Members who are not working at least 80 hours per month would be required to take part in an allowable work program for at least 80 hours a month such as programs through FSET, Wisconsin Works, or other programs authorized through the Workforce Innovation and Opportunity Act. Members would also be able to achieve 80 hours per week through a combination of work and participation in such programs.

Notes: CMS is Centers for Medicare & Medicaid Services. FPL is federal poverty level. MCO is managed care organization. SNAP is the Supplemental Nutrition Assistance Program. SUD is substance use disorder. TANF is the Temporary Assistance for Needy Families program. CMS has not yet approved state proposals unless otherwise indicated.

Source: MACPAC 2018 analysis of CMS 2018a, b, c, d, e, g; CMS 2017a, b, d, e, h, i.



TABLE A3. Penalties for Non-Compliance with Work and Community Engagement Requirements by State

State	Penalties
Arizona	After a six-month grace period, members are disenrolled but can re-enroll after demonstrating compliance for 30 days. Time during which members are not meeting the work or community engagement requirements would count against proposed lifetime limit on eligibility.
Arkansas (approved)	Members will be disenrolled if they fail to meet the work requirement for a cumulative three months during the coverage year and locked out of coverage until the beginning of the next coverage year (i.e., for up to nine months).
Indiana (approved)	Each member is allowed four months out of the calendar year during which they are not required to participate in the required number of hours. If a member does not comply for more than the allotted four months, enrollment will be suspended until the member reactivates it by complying with the work and community engagement requirements for one month and submitting documentation to the state, or becomes eligible for an exemption (e.g., becomes pregnant). Period that an individual is not enrolled or has an exemption does not count toward the four-month period.
Kansas	Members who are subject to work requirements and do not meet them are subject to a time limit on enrollment of three months of coverage within a 36-month period. If they exhaust their three-month period, they are disenrolled but can re-enroll when they demonstrate compliance.
Kentucky (approved by CMS but vacated by U.S. District Court for the District of Columbia).	Enrollment will be suspended until the member complies with the work and community engagement requirements for one month.
Maine	Members who are subject to work requirements and do not meet them are subject to a time limit on enrollment of three months of coverage within a 36-month period. If they exhaust their three-month period, they are disenrolled but can re-enroll when they demonstrate compliance.
Mississippi	Members would lose eligibility on the first day of the month following the report the identification of non-compliance but can be reinstated once they comply again.
New Hampshire (approved)	Eligibility is suspended until the member makes up the deficient participation hours or demonstrates exemption status.
North Carolina	Not specified
Ohio	Eligibility will be terminated.
Utah	Members would lose eligibility until they comply with the work and community engagement requirements or become eligible for an exemption.
Wisconsin	Time that members are not meeting the work or community engagement requirements would count against proposed time limits on eligibility

Note: CMS has not yet approved state proposals unless otherwise indicated.

Source: MACPAC 2018 analysis of CMS 2018a, b, c, d, e, f, h; CMS 2017a, b, d, e, h, i.

