State Medicaid Eligibility and Coverage Changes: Emerging Policy Trends

Current as of May 1, 2019
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State Medicaid Eligibility and Coverage Trends
State, Federal Medicaid Policy Reflects System Tensions Between Expanding Coverage and Containing Costs

• Medicaid expansion advancing in new states; however, some narrowing scope of expansion using Section 1115 waivers
  - **Ballot Initiatives:** ID, UT and NE passed ballot initiatives to expand Medicaid in 2018; residents in OK are trying to secure an expansion ballot initiative for next election
  - **Partial Expansion:** ID and UT advancing plans more narrow in scope than voter-approved ACA expansion; GA is considering partial expansion
  - **Alternative Expansions:** NE, ID and UT plan to use Section 1115 waivers to expand Medicaid – joining 9 other states that have used waivers to implement expansion

• CMS and states using Section 1115 waivers to move work requirement programs forward and to consider structural financing changes
  - CMS indicated it will likely appeal Judge’s decision to halt KY and AR programs to the Supreme Court and has continued to support testing
  - Sec. Azar indicated states are interested in using block grants/ per capita caps via waivers

• Medicaid Buy-In proposals to expand Medicaid to an even broader population under review in several states and Congress

People-centered care starts with people covered. Trinity Health supports policies that improve care and reduce costs without impacting access to care.
36 States and DC Expanded Medicaid, Interest Growing in Additional States

Source: CapView Strategies  Current as of 5/1/2019
Growing Number of States Targeting Work Requirements

* On March 27, D.C. a District Court Judge ordered AR and KY’s Section 1115 waivers be vacated and remanded back to HHS.

Source: CapView Strategies    Current as of 5/1/2019

* On March 27, D.C. a District Court Judge ordered AR and KY’s Section 1115 waivers be vacated and remanded back to HHS.
Administration, States Reaffirm Commitment to Test Work Requirements Despite Court Ruling in AR and KY Case

- In March, Administration continued to approve waivers with work requirements despite court’s order vacating AR and KY’s waivers
  - On March 15, CMS approved OH waiver
  - On March 29, CMS approved UT’s waiver; 2 days after court ruled against AR & KY’s waivers

- On April 10, Administration appealed the court ruling and requested an expedited appeal; will likely appeal to Supreme Court
  - Accelerated appeal granted; oral arguments are likely to take place fall 2019
  - CMS sought expedited appeal to allow for review by the Supreme Court during 2019-2020 term given that appeals court ruling likely to be appealed by losing party

- Despite the ongoing court case, states’ legislatures advancing bills requiring states seek waivers to implement work requirements
  - In mid-April ID and MT’s legislatures passed bills requiring the states to submit 1115 waivers to expand Medicaid and apply work requirements to expansion population
  - On April 1, NE announced plans to include work requirements in the state’s approach to implementing voter-approved Medicaid expansion
Impact of Work Requirements Will Become Clearer as More States Implement Programs in 2019-2020

- New Hampshire** (3/1/2019)
- Arizona (No sooner than 1/1/2020)
- Arkansas* (6/1/2018)
- Indiana** (7/1/2019)
- Delaware (No sooner than 7/1/2019)
- Wisconsin** (No sooner than 11/1/2019)
- Michigan (No sooner than 1/1/2020)
- Arizona (No sooner than 1/1/2020)
- Kentucky* (No sooner than 7/1/2019)
- Utah (No sooner than 1/1/2020)
- Ohio (1/1/2021)
- AL, MS, OK, SD, TN, VA (CMS waiver approvals pending)

* HHS’ approval of AR and KY’s waivers were vacated as of March 27, 2019 court ruling. AR’s program halted.

**IN’s Gateway to work program started 1/1/2019, but beneficiaries are not required to meet hourly requirements until July 2019. NH’s program went into effect 3/1/2019, but beneficiaries are not required to report until June 2019. WI’s work requirements will go into effect “no sooner than 12 months after waiver approval.” The waiver was approved 10/31/2018.

Source: CapView Strategies  Current as of 5/1/2019
States Have Tools Available to Support Employment Without Mandating Work or Community Engagement

- **Case Management Services to Support Employment**: State-provided case management services can link individuals to employment resources.

- **Coordination Across State Agencies to Link Individuals to Employment**: States can improve coordination across service agencies to connect individuals to employment resources.

- **MCO Care Coordination Services Can Support Employment**: Medicaid plans have flexibility to offer non-medical services; could be leveraged to connect individuals to employment.

- **State Plans and Waivers Support Employment Relates Services**: States can already use SPAs or waivers to offer employment-related services to disabled individuals eligible for Medicaid HCBS.

States and managed care plans have tools to help link beneficiaries to employment resources, which can be pursued as an alternative to mandatory requirements. WellCare in KY announced plans to help members find jobs to complete community service requirements.
## Addressing Social Determinants of Health

### New York
- Supports a Supportive Housing Initiative focused on providing rental subsidies/other supports to vulnerable, high-cost Medicaid members.
- **Early results:** 40% reduction in inpatient days; 26% reduction in ED visits; 15% reduction in overall Medicaid health expenditures for those in the program.

### States are implementing programs to address SDoH through SPAs, Waivers, and managed care contracts.
- **MA** – MCOs must evaluate new enrollees within 90 days and assess providing linkages to community services (e.g. housing search).
- **MI** – MCOs must refer enrollees to resources to reduce socioeconomic challenges (e.g. healthy food).

## Value-Based Payments

### Ohio
- Implemented bundled payments in its Medicaid program.
- **Results:** Acute asthma treatment and COPD treatment costs decreased by 21% and 18%, respectively over 2 years.

### New York’s DSRIP includes initiatives to improve system transformation, clinical care, and population health.
- **Results:** Providers reduced potentially preventable readmissions by 14.9%, and reduced potentially preventable ER visits by 11.8% by year 2 of program.

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COPD - Chronic Obstructive Pulmonary Disease; DSRIP—Delivery System Reform Incentive Payment Program

Source: CapView Strategies Current as of 5/1/2019
Proposals to Restructure Medicaid Financing Resurface – States May Test Changes Via Waivers

- President’s FY 2020 proposed budget includes Federal cap on Medicaid spending
  - Would allow states to choose between per capita caps and block grants

- Secretary Azar testified to Congress that states have expressed interest in implementing block grants or per capita caps via waivers
  - UT plans to submit a waiver amendment request to use a per capita cap
  - TN is considering requesting federal financing to the state be turned into a block grant

- Administration has indicated it is working on guidance about how states can use waivers to implement block grants/per capita caps
States and Congress Considering Medicaid Buy-in or Coverage Expansion Proposals

• **Public Polling for Buy-In.** A January 2019 poll found that 75% of the public favors a Medicaid buy-in plan for individuals who do not have access to employer-sponsored coverage.

• **Federal Legislation.** In February 2019, Medicaid buy-in legislation was introduced in Congress by Sen. Brian Schatz (D-HI) and Rep. Ben Ray Lujan (D-NM).

• **State Activity.** As of March 2019, at least 8 states had active legislative proposals that include a Medicaid Buy-in or public option.
  - More states are commissioning studies to examine implications of buy-in policies.

Source: CapView Strategies  Current as of 5/1/2019
Looking Ahead – Medicaid Policy Trends & Implications

- Administration and states supporting policies to control program enrollment and spending—mostly via Section 1115 waivers
  - **Work Requirements.** CMS likely to continue to approve waivers with work requirement proposals, but more evidence on impact expected in 2019 as more states launch programs
  - **Financing Reforms.** To date, no states have tested use of block grants or per capita caps, but CMS has indicated it may work with states to test these through Section 1115 waivers

- At the same time, states and Congress look to expand Medicaid
  - **Medicaid Expansion.** Additional states are weighing Medicaid expansion, however many are considering partial expansion or tying new eligibility to work requirements
  - **Medicaid Buy-In.** States and Congress considering Medicaid buy-in plans
Overview and Impacts of Medicaid Coverage Changes
Although More States Moving Towards ACA Medicaid Expansion, Enrollment in Program Decreased in 2018

- ID, NE, and UT passed ballot initiatives in 2018 approving Medicaid expansion, however legislators in ID, UT are narrowing scope
  - ID legislature is advancing a partial expansion proposal paired with work requirements
  - UT gained CMS approval to expand Medicaid to individuals up to 95% FPL and close enrollment if program expenditures exceed annual state appropriations

- Additional states currently considering Medicaid expansion
  - In WI and KS, new democratic Govs. replacing republican predecessors ran on support for Medicaid expansion; however, governors face opposition from their state’s legislature
  - GA’s legislature passed a bill directing state to seek Section 1115 waiver to partially expand Medicaid, Gov. Kemp likely to sign legislation

- CMS data shows Medicaid and CHIP enrollment declined by 3% in 2018
  - CMS examining cause of decrease—initially citing an improved economy—while other stakeholders point to policies limiting enrollment

2019 analysis estimated that 4.4 M nonelderly, uninsured adults could gain coverage if the 14 non-expansion states expanded Medicaid
Early Research Shows Positive Impacts of Medicaid Coverage on Health Status, Financial Security

• Medicaid coverage increases access to care, associated with better health status
  - Study of OH’s Medicaid expansion found that: 64.3% of newly enrolled reported improved access to care; 47.7% indicated improvement in health; and approx. 33.9% reported fewer ED visits since enrolling
  - Medicaid expansion associated with decrease in the rate of screening for depression (9.2%) and an increase in utilization of preventive care and screening services

• Medicaid coverage associated with reduced financial burden on individuals
  - Study comparing impacts of Medicaid expansion in KY and AR versus non-expansion in TX found expansion was associated with decline in difficulty paying bills; uninsured people gaining coverage saw $337 reduction in annual medical out-of-pocket spending
  - Catastrophic expenditures decreased by almost 4.5% among those enrolled in Medicaid following Oregon’s Medicaid expansion

Source: CapView Strategies   Current as of 5/1/2019
Policy Approaches Vary Across States, But Common Themes Emerge To Guide Assessment of Impact

<table>
<thead>
<tr>
<th>Policy</th>
<th>Work Requirements</th>
<th>Lock-out</th>
<th>Coverage Time Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirements</td>
<td>20-30 hours/week or 80 hours/month of:</td>
<td>3-6 month lock-out for failure to:</td>
<td>• 3-5 year lifetime coverage limit</td>
</tr>
<tr>
<td></td>
<td>• Employment</td>
<td>• Timely renew eligibility</td>
<td>• 48 months enrollment limit, followed by 6 month lock-out</td>
</tr>
<tr>
<td></td>
<td>• Job search/ training</td>
<td>• Pay premiums</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Volunteering/ Community service</td>
<td>• Timely report changes affecting eligibility</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population</td>
<td>Traditional Medicaid adults and/or ACA expansion adults</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exemptions</td>
<td>• 50-65 Years Of Age</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>• Disabled/ Medically Frail</td>
<td></td>
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<tr>
<td></td>
<td>• Caregivers</td>
<td></td>
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<tr>
<td></td>
<td>• Former Foster Care Youth</td>
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<tr>
<td></td>
<td>• Native Americans</td>
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<td></td>
<td>• Students</td>
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<td></td>
<td>• Pregnant</td>
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<td></td>
<td>• Drug Treatment</td>
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</tr>
<tr>
<td>Penalty</td>
<td>Termination of coverage</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: CapView Strategies    Current as of 5/1/2019
In Addition to Work Requirements, States Considering Other Policies that Could Lead to Coverage Restrictions

<table>
<thead>
<tr>
<th>Policy</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Approved</td>
</tr>
<tr>
<td>Work Requirement</td>
<td>AR*, AZ, IN, KY*, MI, NH, OH, UT, WI</td>
</tr>
<tr>
<td>Enrollment Lock-Out</td>
<td>IN, KY*, MI, MT, NM, WI</td>
</tr>
<tr>
<td>Waive Retroactive Eligibility**</td>
<td>AR*, AZ, FL, IA, IN, KY*, NH, NM, UT</td>
</tr>
<tr>
<td>Coverage Time Limits***</td>
<td></td>
</tr>
</tbody>
</table>

**Approved** – Waiver approved by CMS  
**Pending** – Waiver pending CMS approval  
**In Development** – Policy in development at state level

* On March 27, D.C. a District Court Judge ordered AR and KY’s Section 1115 waivers be vacated and remanded back to HHS.
** 6 additional states had retroactive coverage waivers that pre-date the ACA. Some states waive retroactive coverage for the expansion populations, others for expansion and traditional Medicaid adults.
*** Arizona and Kansas’ proposals to impose lifetime limits for some Medicaid enrollees were not approved by CMS.
Data Shows Work Reqs Leading to Coverage Losses, Analysis Projects Increased Uncompensated Care Costs

- Over 18,000 Arkansans lost Medicaid coverage between June and December 2018 due to non-compliance with work and reporting requirements
  - Number of beneficiaries losing coverage could grow in 2019 as requirement is expanded to individuals age 19-29; previously requirement only applied to those age 30-49
  - As of March 2019, 116,229 individuals were subject to work requirements—13,373 of which did not meet the requirement

- Early analysis of Arkansas’ program found beneficiaries were confused by the program or unaware of requirements
  - Initial reporting found that the state, health plans, providers, and advocates had difficulty contacting beneficiaries and setting up online accounts for reporting compliance was a complex and challenging program for beneficiaries
  - In Dec. 2019, state announced it would expand outreach and allow reporting via phone
  - Despite increased outreach (e.g. phone calls, advertising, text messages), almost 6,500 AR enrollees have not met reporting requirements for 2 months in 2019

AHA analysis projects work requirements could increase hospitals’ uncompensated care costs by 13% to 158%, depending on the state, with larger impact on rural hospitals.

Source: CapView Strategies   Current as of 5/1/2019
Work Requirements Likely to Increase States’ Financial and Administrative Burden, Complexity for Beneficiaries

- **Upfront State Investment in Updating Systems and Building Capacity.** States likely need to modify eligibility systems, establish processes to document compliance, and invest in beneficiary communications and staff training.
  - Projections indicate states will experience increased cost and administrative burden in implementing these new requirements.

- **New Complexities for Beneficiaries.** Understanding work requirements and documenting compliance/exemptions will likely increase complexity for beneficiaries:
  - Arkansas – of those likely to be subject to work requirements, 54% of those working and 78% of those not working face at least one of the following barriers in complying:
    - No internet access, no access to a vehicle, less than a high school education, a serious health limitation, or a household member with a serious health limitation.

Most analyses indicate that net savings from work requirements—and other policies such as lock-outs, premiums, etc.—will result from lower Medicaid enrollment. Testing of these policies should promote beneficiary engagement, while not undermining access to coverage and care or creating additional burden for states.

Appendix: State Policy Approaches
# State Approaches to Medicaid Work Requirements

<table>
<thead>
<tr>
<th>State</th>
<th>ACA Medicaid Expansion</th>
<th>Work Requirement</th>
<th>Population</th>
<th>Exemptions</th>
<th>Impact on Coverage</th>
<th>Status / Effective Date*</th>
</tr>
</thead>
<tbody>
<tr>
<td>AL</td>
<td>No</td>
<td>35 hrs/wk (20 hrs/wk parent/ caretaker of child &lt;6) • Employment • Job search/training • Vol./Comm. Service • Education</td>
<td>Trad. Medicaid adults</td>
<td>• 60+ • Disabled/med. frail • SUD Treatment • Caregivers • Enrolled /exempt from TANF JOBS prog. • Pregnant/post-partum</td>
<td>• Termination after 90 days for non-comp. • 18 mo covrg. if income rises above threshold due to employment</td>
<td>Pending Effective Date: Within 6 mo of CMS approval</td>
</tr>
<tr>
<td>AR</td>
<td>Yes, through waiver</td>
<td>80 hrs/mo (phased in by age group) • Employment • Job search/training • Vol./Comm. Service • Education</td>
<td>ACA expansion adults</td>
<td>• 50+ • Disabled/med. frail • Drug treatment • Students • Catastrophic event • Caregivers • Unemp. Comp. • Pregnant</td>
<td>• Termination at the end of 3 mo of non-compliance • Lock out until next coverage year • ~Loss of Coverage Approx. 25 - 30% of eligible benes in 2018</td>
<td>Approved 3/5/2018 Effective Date: 6/1/2018 On hold as of 3/27/19**</td>
</tr>
</tbody>
</table>

* Effective date refers to requested/approved start date of waiver or specific provision, where indicated.

** On March 27, a D.C. District Court Judge ordered AR’s Section 1115 waiver with work requirements be vacated and remanded back to HHS.

Source: CapView Strategies Current as of 5/1/2019
## State Approaches to Medicaid Work Requirements

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<th>Impact on Coverage</th>
<th>Status / Effective Date*</th>
</tr>
</thead>
<tbody>
<tr>
<td>AZ</td>
<td>Yes, through waiver</td>
<td>80 hrs/mo</td>
<td>ACA expansion adults</td>
<td>50+ • Pregnant/post-partum • Disabled/med. frail • Full-time Students • Caregivers • Former foster care • SMI or in SUD tmnt • Enrolled in SNAP, Cash Assit, Unemp. Insur.; work prog. • American Indian/Alaska Native</td>
<td>Coverage suspended if noncompliant for any month after 3 mo grace period • May reactivate coverage after 2 mos of coverage suspension</td>
<td>Approved 1/18/19 Effective Date: No sooner than 1/1/2020</td>
</tr>
<tr>
<td>IA</td>
<td>Yes, through waiver</td>
<td>20 hrs/wk</td>
<td>ACA expansion</td>
<td>Disabled • Pregnant • Parent/Caretaker of disabled or child &lt;6 • Unemployment comp. • SUD tmnt • Full-time student</td>
<td>Coverage terminated for the remainder of the benefit year if not compliant for first 6 months of enrollment</td>
<td>In Dev’t. Effective Date: 3/1/21</td>
</tr>
</tbody>
</table>

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<th>Exemptions</th>
<th>Impact on Coverage</th>
<th>Status / Effective Date*</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID</td>
<td>Yes (developing waiver)*</td>
<td>20 hrs/wk</td>
<td>ACA expansion</td>
<td>• 60+</td>
<td>• May re-apply 2 months after non-compliance OR be subject to copayments</td>
<td>In Dev’t. Effective Date: As soon as approved</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Job training</td>
<td></td>
<td>• Pregnant</td>
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<tr>
<td></td>
<td></td>
<td>• Vol./Comm. Service</td>
<td></td>
<td>• Parent/Caregivers child &lt;18; disabled individual</td>
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<tr>
<td></td>
<td></td>
<td>• Education</td>
<td></td>
<td>• Disabled</td>
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<tr>
<td></td>
<td></td>
<td>• SNAP/TANF work program</td>
<td></td>
<td>• Unemp. Comp.</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>• Indian health service</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>• SNAP/TANF work program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN</td>
<td>Yes, through waiver</td>
<td>Up to 20 hrs/wk (at least 8 mo./yr)</td>
<td>ACA expansion and trad. Medicaid adults</td>
<td>• 60+</td>
<td>• Eligibility suspended on Jan 1 if reqs. not met in prior yr</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Employment</td>
<td></td>
<td>• Disabled/med. frail</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Job search/training</td>
<td></td>
<td>• Drug treatment</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Vol./Comm. Service</td>
<td></td>
<td>• Students</td>
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<td></td>
<td></td>
<td>• Education</td>
<td></td>
<td>• Caregivers</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• 6 mo grace period (reqs phased-in. in yr 2)</td>
<td>Approved 2/2/18 Effective Dates:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• ~Loss of Coverage: 25,000 benes</td>
<td>• Jan. 2019 program starts</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• July 2019 required participation</td>
</tr>
</tbody>
</table>

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** A ballot initiative passed in November 2018, directing the state to expand Medicaid.
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</thead>
<tbody>
<tr>
<td>KS</td>
<td>No</td>
<td>20-30 hrs/wk</td>
<td>Trad. Medicaid adults</td>
<td>65+ • Caregivers • LTSS/HCBS • Pregnant • HIV/TB/Breast, Cervical Cancer program</td>
<td>• 36 month coverage limit • 3 mo coverage limit for enrollees who fail to meet work req</td>
<td>State withdrew proposal from waiver approved 12/18/18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Employment • Job search/training • Vol./Comm. Service • Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KY</td>
<td>Yes</td>
<td>80 hrs/mo</td>
<td>ACA expansion and trad. Medicaid adults</td>
<td>65+ • Disabled/med. frail • Pregnant • Students • Catastrophic event • Caregivers • Former foster care</td>
<td>• 1 mo. benefit suspension for non-compliance • Terminated if not compliant at redeterm.</td>
<td>Approved: 11/20/2018** Effective Date: 7/1/2019</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Employment • Job search/training • Vol./Comm. Service • Education • Drug treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ME</td>
<td>Yes</td>
<td>20 hrs/wk</td>
<td>Trad. Medicaid adults</td>
<td>65+ • Pregnant/post-partum • Disabled/med. frail • Drug treatment • Caregivers • Unemp. Comp.</td>
<td>• Disenrollment after 3 mo if not compliant • Coverage capped at 3 mo in 36 mo period if not compliant</td>
<td>Approved 12/21/18 State will not implement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Employment • Job search/training • Vol./Comm. Service • Education • SNAP/TANF work program</td>
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</tbody>
</table>

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** On 11/20/2018 CMS re-approved KY’s waiver. On March 27, a D.C. District Court Judge ordered KY’s Section 1115 waiver with work requirements be vacated and remanded back to HHS.
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</thead>
<tbody>
<tr>
<td>MI</td>
<td>Yes, through waiver</td>
<td>80 hrs/mo (at least 9 mo./yr) • Employment • Job search/training Education • SUD Tmnt • Comm. Service</td>
<td>ACA expansion adults</td>
<td>• 63+ • Disabled/med. frail • Unemp. Comp. • Students • Caregivers • Pregnant • Incarc. in last 6 mo. • Former foster care • Enrolled/exempt frm SNAP</td>
<td>• Coverage loss after 3 mo of non-compliance • Disenrolled for at least 1 mo (and until bene complies with req.)</td>
<td>Approved 12/21/18 Effective Date: 1/1/2020</td>
</tr>
<tr>
<td>MO</td>
<td>No</td>
<td>80 hrs/mo • Employment • Job search/training • Vol./ comm service • Education • Child Care</td>
<td>Trad. Medicaid adults</td>
<td>• 65+ • Disabled/med. frail • Complex condition • SUD • Pregnant • Caregiver • Enrolled in TANF/SNAP</td>
<td>Not specified</td>
<td>In Dev’t. Effective Date: 1/1/2019</td>
</tr>
<tr>
<td>MS</td>
<td>No</td>
<td>20 hrs/wk • Employment • Training • Volunteering • SNAP/TANF work reqs • Drug treatment</td>
<td>Trad. Medicaid adults*</td>
<td>• 65+ • Pregnant • Disabled/med. frail • Caregiver • Student • Receiving cancer trmt • Unemp. Comp.</td>
<td>• Coverage loss for non-compliance • Coverage reinstated once compliant</td>
<td>Pending Effective Date: 7/1/2019</td>
</tr>
</tbody>
</table>

*Effective date refers to requested/approved start date of waiver or specific provision, where indicated.
** Applies to parents with income up to 27% FPL

Source: CapView Strategies  Current as of 5/1/2019
# State Approaches to Medicaid Work Requirements

<table>
<thead>
<tr>
<th>State</th>
<th>ACA Medicaid Expansion</th>
<th>Work Requirement</th>
<th>Population</th>
<th>Exemptions</th>
<th>Impact on Coverage</th>
<th>Status / Effective Date*</th>
</tr>
</thead>
</table>
| MT    | Yes, through waiver    | 80 hrs/mo        | ACA expansion adults | • 56+ SUD tmnt  
• Med. Frail  
• Disabled  
• Lives in area w/ high-poverty  
• Students  
• Foster Parent/Caregiver  
• Incarcerated  
• Homeless  
• Pregnant/ post partum  
• Wages = working 80 hrs/mo min. wage  
• Meets TANF/SNAP work reqs | • Coverage suspended for non-compliance after 180 days of enrollment  
• May re-enroll after 180 days of disenrollment | In Dev’t.  
**Effective Date:** 1/1/2020 |
| NE    | Yes (developing waiver) | 80 hrs/mo        | ACA expansion adults | • Caregiver | • Benes lose enhanced benefits, enrolled in basic benefit plan for failure to meet reqs | In Dev’t |
| NH    | Yes, through waiver    | 100 hrs/mo       | ACA expansion adults | • 65+  
• Disabled/med. frail  
• Drug treatment  
• Caregivers  
• Pregnant | • Benes have 1 mo to make up hrs short of 100 hr req in preceding mo  
• Suspension of benefits if failure to make up hours in following mo. | Approved 5/7/18**  
**Effective Date:** 3/1/2019 |

*Effective date refers to requested/approved start date of waiver or specific provision, where indicated. **CMS approved an extension of NH’s waiver on November 30, 2018, which included some changes to the state’s work requirements program.*

Source: CapView Strategies  Current as of 5/1/2019
# State Approaches to Medicaid Work Requirements

<table>
<thead>
<tr>
<th>State</th>
<th>ACA Medicaid Expansion</th>
<th>Work Requirement</th>
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<th>Exemptions</th>
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<th>Status / Effective Date*</th>
</tr>
</thead>
<tbody>
<tr>
<td>NC</td>
<td>No (legislation includes expansion)</td>
<td>• Not specified</td>
<td>ACA expansion adults</td>
<td>• Caregiver • SUD treatment • Med. Frail • Pregnant/ post partum • Indian Health Service</td>
<td>• Not specified</td>
<td>In Dev’t</td>
</tr>
<tr>
<td>OH</td>
<td>Yes, through waiver</td>
<td>20 hrs/wk • Employment • Job search/training • Education • SNAP/TANF Work Reqs • Vol./ comm. Service</td>
<td>ACA expansion adults</td>
<td>• 50+ • Disabled/med. frail • Caregivers/Parents • Unemp. Comp. • SSI • Education • Drug treatment • Pregnant/post partum</td>
<td>• Coverage loss if beneficiary is not compliant within 60 days of enrollment • Beneficiary can re-enroll immediately upon losing coverage</td>
<td>Approved 3/15/19 Effective Date: 1/1/2021</td>
</tr>
<tr>
<td>OK</td>
<td>No</td>
<td>20 hrs/wk (phased in) • Job search/ training • Education • Vol./ comm. Service • Work program</td>
<td>Trad. Medicaid adults**</td>
<td>• 50+ • Pregnant • Disabled/med. Frail • Caregivers/Parents • Unemp. Comp. • SNAP/TANF work program • Drug treatment • Employed part-time • Students • Incarc. in last 6 mo.</td>
<td>• Suspension of benefits (after 90-day grace period) for at least one month, until compliant</td>
<td>Pending Effective Date: On or after 2/1/2019</td>
</tr>
</tbody>
</table>

*Effective date refers to requested/approved start date of waiver or specific provision, where indicated.

** Oklahoma’s waiver proposes to require parents (with income up to 45% FPL) to work for 80 hours a month to maintain coverage.
### State Approaches to Medicaid Work Requirements

<table>
<thead>
<tr>
<th>State</th>
<th>ACA Medicaid Expansion</th>
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</tr>
</thead>
<tbody>
<tr>
<td>PA</td>
<td>Yes</td>
<td>20 hrs/wk; 12 job training activities/mo • Employment • Education • Job search/training</td>
<td>Trad. Medicaid and ACA expansion adults</td>
<td>• 65+ • Student • Caregivers • Pregnant • Disabled • In MH institution</td>
<td>• Loss of coverage for 3 mo in yr 2, 6 mo in yr 3, and 9 mo in yr 4</td>
<td>Gov. Vetoed</td>
</tr>
<tr>
<td>SD</td>
<td>No</td>
<td>80 hrs/mo or achieve monthly milestones (e.g. education, volunteer work, job search)</td>
<td>Trad. Medicaid adults, (in two pilot counties)</td>
<td>• 60+ • Student • Pregnant • Disabled/med. frail • In TANF/SNAP work program • Parent/ Caregiver</td>
<td>• 90-day ineligibility period after 3 mo noncompliance • Bene has 30 days to take corrective action before 90 day ineligibility</td>
<td>Pending Effective Date: Voluntary 7/1/2018, fully operating within 90 days of CMS approval</td>
</tr>
<tr>
<td>TN</td>
<td>No</td>
<td>20 hrs/wk (averaged monthly) • Employment • Education • Job search/training • Comm. services</td>
<td>Trad. Medicaid adults w/o children &lt; 6 years</td>
<td>• 65+ • Disabled/med. Frail • Unemp. comp • Caregivers • Drug treatment • Pregnant/ post partum • TANF/SNAP work program</td>
<td>• Benefits suspended if non-compliant for any 4 mo in 6 mo period • Suspended until compliant for 1 mo • ~Loss of Coverage Approx. 56,000 - 68,000 benes</td>
<td>Pending</td>
</tr>
</tbody>
</table>

* Effective date refers to requested/approved start date of waiver or specific provision, where indicated.
## State Approaches to Medicaid Work Requirements

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<tr>
<th>State</th>
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<th>Exemptions</th>
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</tr>
</thead>
</table>
| UT    | Yes (developing waiver) ** | Complete activities within 3 months of enrollment (unless working 30 hrs/wk)  
• Register for state's training/job search system  
• Assessment of training needs  
• Apply for employment  
• Job training | ACA expansion adults* | • 60+  
• Disabled/med. frail  
• SUD treatment  
• Students  
• Caregivers  
• Unemp. Comp.  
• Enrolled in State Family Emply. Program  
• Meeting/exempt from SNAP/TANF reqs  
• Native Americans  
• Working 30 hr/wk (or earning equivalent wages) | • Loss of coverage for failure to complete requirements within 3 months of enrollment  
• May re-enroll once activities completed | Approved 3/29/19  
** Effective Date: No sooner than 1/1/2020 |

*Effective date refers to requested/approved start date of waiver or specific provision, where indicated.  
** A ballot initiative passed in November 2018, directing the state to expand Medicaid. The waiver includes expansion of Medicaid to individuals up to 95% FPL.
<table>
<thead>
<tr>
<th>State</th>
<th>ACA Medicaid Expansion</th>
<th>Work Requirement</th>
<th>Population</th>
<th>Exemptions</th>
<th>Impact on Coverage</th>
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</tr>
</thead>
</table>
| VA    | Yes                   | 20 hrs/mo for first 3 mo; then phased up to 80 hrs/mo (after initial 12 mo)  
• Employment  
• Job search/training  
• Vol./Comm. Service  
• Education | ACA expansion adults and traditional adults | • 65+  
• Disabled/med. frail  
• Caregivers  
• Students  
• Dual eligibles  
• Pregnant  
• Former foster care youths  
• Caregiver  
• Participating in SNAP/TANF work program  
• SMI | • Coverage suspended if non-compliant for any 3 mo in 12 mo period  
• ~Loss of Coverage: 50,000 benes | Pending  
**Effective Date:** Dependent on CMS approval |
| WI    | No                    | 80 hrs/mo  
• Employment  
• Job search/training  
• Vol./Comm. Service | Trad. Medicaid adults (childless adults w/ income up to 100% FPL) | • 50+  
• Parents  
• Disabled/med. frail  
• Drug treatment  
• Students  
• Caregivers  
• Unemployment compensation  
• Exempt from SNAP  
• Chronic homelessness | • Termination after 48 mo (cumulative) of non-compliance with work req  
• Eligible to reenroll after 6 mo lock-out  
• Time spent complying with req not counted toward 48-mo limit | Approved 10/31/2018  
**Effective Date:** At least 1 year after CMS approval |

* Effective date refers to requested/approved start date of waiver or specific provision, where indicated.
# Overview of State Waivers Including Lock-Out Policies

<table>
<thead>
<tr>
<th>State</th>
<th>ACA Medicaid Expansion</th>
<th>Lock-Out</th>
<th>Population</th>
<th>Exemptions</th>
<th>Impact on Coverage</th>
<th>Status / Effective Date*</th>
</tr>
</thead>
</table>
| IN    | Yes, through waiver   | 3 mo lock-out for failure to timely renew eligibility | ACA expansion adults | • Pregnant (60-days postpartum)  
• Disabled/med. frail  
• Caretakers/parents | Prohibited from re-enrolling for 3 mo if bene fails to provide documentation for redetermination (after 90-day period) | Approved 2/2/18 |
| IN    | Yes, through waiver   | Disenrollment and 6-mo lock-out for non-payment of premiums | ACA expansion adults (income > 100% FPL) | • Medically frail**  
• Parent/Caregiver | Disenrollment for up to 6 mo for bene with income at or above 100% FPL who fails to make premium contributions to HSA within 60 days of invoice | Approved 2/2/18 |
| KY    | Yes                   | 6 mo lock-out for failure to pay premium | Trad. and ACA expansion adults (income > 100% FPL) | • Med. frail  
• Former foster care youths  
• Pregnant | Disenrolled and subject to 6 mo non-eligibility period for bene with income at or above 100% FPL who fail to pay premium | Approved *** |

* Effective date refers to requested/approved start date of waiver or specific provision, where indicated.

** Medically frail beneficiaries with income 100% FPL are required to make monthly POWER contributions but will not be dis-enrolled

*** On 11/20/2018 CMS re-approved KY’s waiver. On March 27, a D.C. District Court Judge ordered KY’s Section 1115 waiver with work requirements be vacated and remanded back to HHS.
## Overview of State Waivers Including Lock-Out Policies

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<tr>
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</tr>
</thead>
</table>
| KY    | Yes                    | 6 mo lock-out for failure to timely report changes affecting eligibility | Trad. and ACA expansion adults | • Med. frail  
• Former foster care youths  
• Pregnant | Prohibit re-enrollment and deny eligibility for up to 6 mo for bene who fails to timely/accurately report change in circumstance where a bene would no longer be eligible | Approved **  
** Effective Date: 7/1/2018 |
| KY    | Yes                    | 6 mo lock-out for failure to timely renew eligibility | Trad. and ACA expansion adults | • Med. frail  
• Former foster care youths  
• Pregnant | 6 mo non-eligibility period for those who fail to comply with the redetermination process following 90 day reconsideration period | Approved **  
** Effective Date: 7/1/2018 |
| ME    | No                     | Disenrollment and 90 day lock-out for non-payment of premiums | Trad. Medicaid adults | Same as work requirement | Disenrollment and lock-out until premiums are paid (within 60-day grace period) | Approved 12/21/18  
** State will not implement |
| MI    | Yes, through waiver    | Coverage terminated for non-payment of premiums | Trad. Medicaid adults | • Pregnant  
• Med. Frail  
• Flint Michigan 1115 demo enrollees | • Disenrollment until premiums are paid (after 60-day grace period) – only after 48 cumulative mos of enrollment  
• May re-enroll once premiums are paid | Approved 12/21/18 |

*Effective date refers to requested/approved start date of waiver or specific provision, where indicated.

** On 3/21/19, a D.C. District Court Judge ordered KY’s waiver with work requirements be vacated and remanded back to HHS.

Source: CapView Strategies    Current as of 5/1/2019
# Overview of State Waivers Including Lock-Out Policies

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<tr>
<th>State</th>
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<th>Population</th>
<th>Exemptions</th>
<th>Impact on Coverage</th>
<th>Status / Effective Date*</th>
</tr>
</thead>
</table>
| MT    | Yes, through waiver    | Disenrollment and 3-mo lock-out for non-payment of premiums | ACA expansion adults (Income >100% FPL) | • Individuals with income at or below 100% FPL  
• Med. frail | • Disenrollment of bene with income >100% FPL after 90-day grace period  
• Lock-out until premium paid or 3 mo has passed (may re-enroll after qrtly debt assessment) | Approved 12/20/17  
**Effective Date:** 12/20/17 |
| MT    | Yes, through waiver    | Disenrollment and lock-out for non-payment of premiums | ACA expansion adults (Income >100% FPL) | • Individuals with income at or below 100% FPL  
• Med. frail | • Disenrollment of bene with income >100% FPL after 120 days of nonpayment  
• Lock-out until premium paid | In Dev't |
| NM    | Yes                    | Disenrollment and 3 mo lock-out for non-payment of premiums | ACA expansion adults (Income >100% FPL) | • Native Americans | Coverage suspension for 3 mo for bene with income >100% FPL who fails to pay premium (after 90 day grace period); re-enrollment after 3 mo and upon payment of premium | Approved 12/14/18  
**Effective Date:** Within 6 mo of CMS approval |

* Effective date refers to requested/approved start date of waiver or specific provision, where indicated.
## Overview of State Waivers Including Lock-Out Policies

<table>
<thead>
<tr>
<th>State</th>
<th>ACA Medicaid Expansion</th>
<th>Lock-Out</th>
<th>Population</th>
<th>Exemptions</th>
<th>Impact on Coverage</th>
<th>Status / Effective Date*</th>
</tr>
</thead>
</table>
| VA    | Yes                    | Disenrollment and lock-out for non-payment of premiums | ACA expansion adults (Income >100% FPL) | Same as work requirement | • Coverage suspension after 3 mos of failure to pay premium  
• Individuals do not have to pay the full amount owed to reactivate coverage | Pending |
| WI    | No                     | Disenrollment and 6 mo lock-out:  
• For non-payment of premiums at annual enrollment  
• After 48-mo of non-compliance with work req | Trad. Medicaid adults (childless adults w/income 50-100% FPL) | • Individuals with income <50% FPL  
• Native Americans | • 6 mo disenrollment for failure to pay premiums; no re-enrollment until premiums paid or 6 mo have passed  
• Re-enrollment after 6 months of non-eligibility for non-compliance with work req | Approved 10/31/2018  
Effective Date: At least 1 year after CMS approval |

* Effective date refers to requested/approved start date of waiver or specific provision, where indicated.
# Overview of State Waivers Including Time Limits on Medicaid Coverage

<table>
<thead>
<tr>
<th>State</th>
<th>ACA Medicaid Expansion</th>
<th>Time Limit on Coverage</th>
<th>Population</th>
<th>Exemptions</th>
<th>Impact on Coverage</th>
<th>Status / Effective Date*</th>
</tr>
</thead>
</table>
| AZ    | Yes, through waiver    | 5 yr max lifetime coverage limit | ACA expansion adults | • Pregnant  
• Caregiver of fam. < 6 yrs old  
• Receiving long-term disability  
• Some students  
• Employed full time  
• Enrolled before 19 yrs old  
• Under 26 yrs (in state’s custody at 18 yrs) | • Does not include previous time bene received benefits  
• Does not include time bene complies with work reqs | Not Approved 1/18/19 |
| KS    | No                     | 36 mo lifetime limit | Trad. Medicaid adults eligible for work req | Same as work requirement | Coverage limited to 3 mo within 36 mo period for failure to meet work reqs  
36 mo of coverage max. for those who meet work reqs | Not Approved: 5/7/18 |
| UT    | Yes (developing waiver)* | 60 mo lifetime limit | Trad. Medicaid adults without dependent children | American Indian/Alaska Natives | 60 mo lifetime limit  
Beginning 1/1/2018, any mo an individual receives coverage and does not meet SNAP work exemptions counts towards limit | Pending |

*Effective date refers to requested/approved start date of waiver or specific provision, where indicated.

** A ballot initiative passed in November 2018, directing the state to expand Medicaid. The waiver includes expansion of Medicaid to individuals up to 95% FPL, but not the full ACA Medicaid expansion population.

Source: CapView Strategies  Current as of 5/1/2019
## State Approaches to Drug Testing and Screening in Medicaid

<table>
<thead>
<tr>
<th>State</th>
<th>ACA Medicaid Expansion</th>
<th>Drug Screening and Testing</th>
<th>Population</th>
<th>Exemptions</th>
<th>Impact on Coverage</th>
<th>Status / Effective Date*</th>
</tr>
</thead>
</table>
| WI    | No                     | • Drug screening for all benes  
• Testing/ potential treatment for benes who screen positive | Trad. Medicaid | Not specified | • Ineligibility until screening is complete  
• Ineligibility until bene who screens positively submits to a drug test (or is willing to enter treatment)  
• Ineligibility for benes who test positive (without valid prescription) and fail to enroll in treatment  
• Individuals able to reapply at any time, if member consents to treatment | Not Approved: 10/31/2018 |

*Effective date refers to requested/approved start date of waiver or specific provision, where indicated.*

Source: CapView Strategies    Current as of 5/1/2019
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Source: CapView Strategies   Current as of 5/1/2019
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