State Medicaid Eligibility and Coverage Changes:
Emerging Policy Trends

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

- Medicaid expansion advancing in new states; however, some narrowing scope of expansion using Section 1115 waivers
  - Ballot Initiatives: OK and FL are working to include expansion ballot initiatives in their 2020 elections
  - Partial Expansion: ID and UT are advancing plans more narrow in scope than voter-approved ACA expansion in 2018
  - Alternative Expansions: GA, ID, NE, and UT are using or 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
  - In April 2019, Sec. Azar indicated states are interested in using block grants/ per capita caps via waivers; however, additional information has not yet become available
  - In May 2019, CMS released an RFI on ACA Section 1332 waivers – and is seeking input on how to align Section 1332 and 1115 waivers – suggesting Section 1115 waivers will continue to play a central role in coverage changes for low-income populations

- 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.

Source: CapView Strategies    Current as of 6/1/2019
Administration and States Examining How To Use Waiver Flexibilities To Advance Priorities

• Administrator Verma said CMS is considering allowing partial expansion states to receive the enhanced federal match established under the ACA
  - UT submitted—and GA plans to submit—proposals to partially expand Medicaid and receive the enhanced match, which has been awarded only for full expansion (up to 138% FPL)

• Section 1332 and 1115 waivers must be submitted and reviewed separately, but the Administration is interested in how states may align waiver initiatives
  - In May, HHS and the Department of the Treasury released an RFI on programs and concepts states could consider in developing Section 1332 waivers and how states might align these with section 1115 waivers, regulatory flexibilities, and state laws
  - GA is working to develop Section 1332 and 1115 waivers simultaneously

• More states advancing work requirements, but some considering policies that would trigger review of programs if portion of beneficiaries lose coverage
  - MT's Governor signed a bill extending Medicaid expansion but adding work requirements with a review of the program if over 5% of enrollees lose coverage
  - NH's legislature is considering a bill that would end the program if over 500 people have coverage suspended/lost or if providers report increases in uncompensated care

Source: CapView Strategies    Current as of 6/1/2019
36 States and DC Expanded Medicaid, Interest Growing in Additional States

Source: CapView Strategies  Current as of 6/1/2019
Growing Number of States Targeting Work Requirements

Source: CapView Strategies    Current as of 6/1/2019
Administration, States Reaffirm Commitment to Test Work Requirements Despite Ruling in AR, KY Case

- In March, the Administration continued to approve waivers with work requirements in OH and UT despite court’s order vacating AR and KY’s waivers.

- In April, the Administration appealed the court ruling and requested an expedited appeal and, in May, asked courts to Reinstall AR and KY’s programs.
  - Court granted CMS’ accelerated appeal; oral arguments likely to take place in fall 2019.
  - CMS sought expedited appeal to allow for review by the Supreme Court during 2019-2020 term as appeals court ruling is likely to be appealed by losing party.
  - In May, CMS asked a Federal Appeals Court to permit AR and KY’s halted programs to re-start, but no response issued.

- Despite the ongoing court cases, state legislatures are advancing bills to implement work requirements through waivers.
  - In mid-April, ID’s legislatures passed a bill requiring the state to submit an 1115 waiver to expand Medicaid and apply work requirements to expansion population.
  - NE announced plans to include work requirements in the state’s approach to implementing voter-approved Medicaid expansion.

Source: CapView Strategies    Current as of 6/1/2019
Impact of Work Requirements Will Become Clearer as More States Implement Programs in 2019-2020

<table>
<thead>
<tr>
<th>State</th>
<th>Approval Date</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Hampshire**</td>
<td>3/1/2019</td>
<td>(CMS waiver approvals pending)</td>
</tr>
<tr>
<td>Arkansas*</td>
<td>6/1/2018</td>
<td>(No sooner than 7/1/2019)</td>
</tr>
<tr>
<td>Wisconsin**</td>
<td>(No sooner than 11/1/2019)</td>
<td>(No sooner than 11/1/2019)</td>
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<tr>
<td>Indiana**</td>
<td>7/1/2019</td>
<td>(No sooner than 11/1/2019)</td>
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<tr>
<td>Michigan</td>
<td>(No sooner than 1/1/2020)</td>
<td>(No sooner than 1/1/2020)</td>
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<tr>
<td>Arizona</td>
<td>(No sooner than 1/1/2020)</td>
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<td>Kentucky*</td>
<td>(No sooner than 7/1/2019)</td>
<td>(No sooner than 7/1/2019)</td>
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<td>Utah</td>
<td>(No sooner than 1/1/2020)</td>
<td>(No sooner than 1/1/2020)</td>
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<tr>
<td>Ohio</td>
<td>1/1/2021</td>
<td>(No sooner than 1/1/2020)</td>
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** 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.

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

Source: CapView Strategies    Current as of 6/1/2019

States Testing SDoH and VBP to Promote Health and Program Sustainability

**Addressing Social Determinants of Health**

- **New York** has 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
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
  - TN’s legislature passed a bill ordering the governor to submit an 1115 waiver request to restructure their Medicare program into a block grant program
  - UT submitted a waiver application to institute an alternative funding mechanism for three populations of adult enrollees—setting a per enrollee cap on spending in addition to getting increased FMAP for this population

• 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 May 2019, 7 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.
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 UT submitted the first Section 1115 waiver request and CMS has indicated it may work with states to test these
  - Alignment with Section 1332 Waivers. The Administration continues to seek ways to align Section 1332 and 1115 waivers – which could lead to eligibility, access and coverage changes for low-income Medicaid and exchange populations

• 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 Ballot Initiatives Called for Expanding Medicaid, States & CMS Designing Partial Expansions

- 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 100% FPL and close enrollment if program expenditures exceed annual state appropriations

- CMS contemplating granting enhanced federal match for partial expansion
  - GA and UT passed bills directing the states to expand Medicaid up to 100% FPL instead of ACA’s 138% FPL—and request enhanced Federal funding for Medicaid expansion
    - CMS previously rejected requests from states—AR and MA—to roll back expansion to 100% FPL and maintain enhanced match; but Administrator Verma has indicated the agency is considering allowing partial expansion with the enhanced match

- Medicaid expansion debate likely to continue in some states
  - WI and KS—where new Democratic Govs. replaced Republican predecessors—did not advance bills to expand Medicaid in their 2019 legislative session, may be revisited

2019 analysis estimated that 4.4 M nonelderly, uninsured adults could gain coverage if the 14 non-expansion states expanded Medicaid
April 2019 GAO report calls for more transparency in Section 1115 amendment approvals, as policies could have major impact on beneficiaries and costs

- GAO looked at approvals to new and extensions to or amendments of existing Section 1115 Waiver Demonstrations between January 2017 and May 2018 and found that:
  - For changes to pending waivers, some states submitted changes that could have substantial impacts on beneficiaries (e.g. disenrollment) without seeking public comment at the state level
  - In amendment applications, CMS has not required states to include assessment of how changes could impact beneficiary enrollment or address publicly raised concerns

New research continues to call into question benefit of work requirements and challenges beneficiaries may face in complying

- A study examining the intersection between having a chronic health condition and employment among Medicaid enrollees concluded that enrollees subject to the work requirements are more likely to have a behavioral health or other condition and less likely to have worked 20 hrs/week
- An analysis found that Medicaid enrollees likely subject to work requirements, were more likely to face barriers to employment (e.g. health problems, lower educational attainment, barriers related to transportation or internet access, etc.), when compared to privately insured

Source: CapView Strategies   Current as of 6/1/2019
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
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>
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<td></td>
<td>• Job search/ training</td>
<td>• Pay premiums</td>
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<td></td>
<td>• Volunteering/ Community service</td>
<td>• Timely report changes affecting eligibility</td>
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<td>• Education</td>
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<td>Population</td>
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<td>Traditional Medicaid adults and/or ACA expansion adults</td>
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<tr>
<td>Exemptions</td>
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<td></td>
<td>• 50-65 Years Of Age</td>
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<td></td>
<td>• Disabled/ Medically Frail</td>
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<td>• Caregivers</td>
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<td>• Former Foster Care Youth</td>
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<td>• Native Americans</td>
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<td>• Students</td>
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<td>• Pregnant</td>
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<td></td>
<td>• Drug Treatment</td>
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<tr>
<td>Penalty</td>
<td>Termination of coverage</td>
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### 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><strong>Approved</strong></td>
<td><strong>Pending</strong></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>

*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.***

**Approved** – Waiver approved by CMS

**Pending** – Waiver pending CMS approval

**In Development** – Policy in development at state level

Source: CapView Strategies Current as of 6/1/2019
Data Shows Work Reqs Leading to Coverage Losses, Study 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 its 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 6/1/2019
Work Requirements Likely to Increase States’ Financial & 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 and burden on 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>
</table>
| AL    | No                     | 35 hrs/wk (20 hrs/wk parent/caretaker of child <6)  
• Employment  
• Job search/training  
• Vol./Comm. Service  
• Education | Trad. Medicaid adults | • 60+  
• Disabled/med. frail  
• SUD Treatment  
• Caregivers  
• Enrolled/exempt from TANF JOBS prog.  
• Pregnant/post-partum | • Termination after 90 days for non-comp.  
• 18 mo coverage if income rises above threshold due to employment | Pending  
**Effective Date:**  
Within 6 mo of CMS approval |
| AR    | Yes, through waiver | 80 hrs/mo (phased in by age group)  
• Employment  
• Job search/training  
• Vol./Comm. Service  
• Education | ACA expansion adults | • 50+  
• Disabled/med. frail  
• Drug treatment  
• Students  
• Catastrophic event  
• Caregivers  
• Unemp. Comp.  
• Pregnant | • 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 | Approved  
3/5/2018  
**Effective Date:**  
6/1/2018  
**On hold as of 3/27/19** |

* 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.
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</tr>
</thead>
</table>
| AZ    | Yes, through waiver    | 80 hrs/mo         | ACA        | • 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  | • Coverage suspended if noncompliant for any month after 3 mo grace period  
• May reactivate coverage after 2 mos of coverage suspension | Approved 1/18/19  
**Effective Date:** No sooner than 1/1/2020 | |
| IA    | Yes, through waiver    | 20 hrs/wk         | ACA        | • Disabled  
• Pregnant  
• Parent/Caretaker of disabled or child <6  
• Unemployment comp.  
• SUD tmnt  
• Full-time student  | • Coverage terminated for the remainder of the benefit year if not compliant for first 6 mos of enrollment | 2019 Legislative session concluded without passage | |

* Effective date refers to requested/approved start date of waiver or specific provision, where indicated.
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<th>Status / Effective Date*</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID</td>
<td>Yes (developing waiver)*</td>
<td>20 hrs/wk • Job training • Vol./Comm. Service • Education • SNAP/TANF work program</td>
<td>ACA expansion</td>
<td>• 60+ • Pregnant • Parent/Caregivers • Disabled • Unemp. Comp. • Indian health service • SUD tmnt • Applying for SSDI • Earning wages equal to Fed. min wage (20 hrs/wk) • American Indian/Alaskan</td>
<td>• May re-apply 2 months after non-compliance OR be subject to copayments</td>
<td>In Dev't. <strong>Effective Date:</strong> As soon as approved</td>
</tr>
<tr>
<td>IN</td>
<td>Yes, through waiver</td>
<td>Up to 20 hrs/wk (at least 8 mo./yr) • Employment • Job search/training • Vol./Comm. Service • Education</td>
<td>ACA expansion and trad. Medicaid adults</td>
<td>• 60+ • Disabled/med. frail • Drug treatment • Students • Caregivers</td>
<td>• Eligibility suspended on Jan. 1 if reqs. not met in prior year • 6 mo grace period (reqs phased-in. in yr 2) • ~Loss of Coverage: 25,000 benes</td>
<td>Approved 2/2/18 <strong>Effective Dates:</strong> • 1/2019 program starts • 7/2019 required participation</td>
</tr>
</tbody>
</table>

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<tbody>
<tr>
<td>KS</td>
<td>No</td>
<td>20-30 hrs/wk</td>
<td>Trad. Medicaid adults</td>
<td>• 65+</td>
<td>• 36 month coverage limit</td>
<td>State withdrew proposal from waiver approved 12/18/18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Employment</td>
<td></td>
<td>• Caregivers</td>
<td>• 3 mo coverage limit for enrollees who fail to meet work req</td>
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<td>• Job search/training</td>
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<td>• LTSS/HCBS</td>
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<td>• Vol./Comm. Service</td>
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<td></td>
<td></td>
<td>• Education</td>
<td></td>
<td>• HIV/TB/Breast, Cervical Cancer program</td>
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<tr>
<td>KY</td>
<td>Yes</td>
<td>80 hrs/mo</td>
<td>ACA expansion and trad. Medicaid adults</td>
<td>• 65+</td>
<td>• 1 mo. benefit suspension for non-compliance</td>
<td>Approved: 11/20/2018**</td>
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<tr>
<td></td>
<td></td>
<td>• Employment</td>
<td></td>
<td>• Disabled/med. frail</td>
<td>• Terminated if not compliant at redeterm.</td>
<td>Effective Date: 7/1/2019</td>
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<td></td>
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<td>• Job search/training</td>
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<td>• Vol./Comm. Service</td>
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<td>• Catastrophic event</td>
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<td>• Drug treatment</td>
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<td>• Caregivers</td>
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<td>• Former foster care</td>
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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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<th>Impact on Coverage</th>
<th>Status / Effective Date*</th>
</tr>
</thead>
</table>
| ME    | Yes                    | 20 hrs/wk        | Trad. Medicaid adults | • 65+  
• Pregnant/post-partum  
• Disabled/med. frail  
• Drug treatment  
• Caregivers  
• Unemp. Comp. | • Disenrollment after 3 mo if not compliant  
• Coverage capped at 3 mo in 36 mo period if not compliant | Approved 12/21/18  
State will not implement |
| MI    | Yes, through waiver    | 80 hrs/mo (at least 9 mo./yr) | ACA expansion adults | • 63+  
• Disabled/med. frail  
• Unemp. Comp.  
• Students  
• Caregivers  
• Pregnant  
• Incarc. in last 6 mo.  
• Former foster care  
• Enrolled/exempt frm SNAP | • Coverage loss after 3 mo of non-compliance  
• Disenrolled for at least 1 mo (and until bene complies with req.) | Approved 12/21/18  
Effective Date: 1/1/2020 |

* Effective date refers to requested/approved start date of waiver or specific provision, where indicated.
## 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>
| MO    | No                     | 80 hrs/mo        | Trad. Medicaid adults | • 65+  
• Disabled/med. frail  
• Pregnant  
• Primary caregiver  
• Enrolled in TANF/SNAP | Not specified | In Dev’t.  
**Effective Date:** 1/1/2020 |
| MS    | No                     | 20 hrs/wk        | Trad. Medicaid adults* | • 65+  
• Pregnant  
• Disabled/med. frail  
• Caregiver  
• Student  
• Receiving cancer trmt  
• Unemp. Comp. | • Coverage loss for non-compliance  
• Coverage reinstated once compliant | Pending  
**Effective Date:** 7/1/2019 |

* Effective date refers to requested/approved start date of waiver or specific provision, where indicated.
# 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 tmt  
• 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 if in compliance for 30 days  
• Audit of program triggered if over 5% of enrollees lose coverage | 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  
Effective Date: 10/1/2020 |

* Effective date refers to requested/approved start date of waiver or specific provision, where indicated.
# 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>
| 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.  
  • ~Loss of Coverage: 15,000-23,000 benes | Approved 5/7/18**  
  Effective Date: 3/1/2019 |
| NC    | No                     | • Aligns with work requirements under SNAP | ACA expansion adults | • 65+  
  • ABD/ medically needy  
  • Disabled  
  • SUD treatment  
  • Pregnant/ family planning  
  • Caregiver  
  • Foster care/former foster care  
  • Unemp. Comp  
  • Inmates | Not specified | In Dev’t  
  Effective Date: On or by July 1, 2020 |

*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.
<table>
<thead>
<tr>
<th>State</th>
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</tr>
</thead>
</table>
| OH    | Yes, through waiver    | 20 hrs/wk        | ACA expansion adults | • 50+    
• Disabled/med. frail  
• Caregivers/Parents  
• Unemp. Comp.  
• SSI  
• Education  
• Drug treatment  
• Pregnant/post partum | • Coverage loss if beneficiary is not compliant within 60 days of enrollment  
• Beneficiary can re-enroll immediately upon losing coverage | Approved 3/15/19  
Effective Date: 1/1/2021 |
| OK    | No                     | 20 hrs/wk (phased in) | Trad. Medicaid adults** | • 50+  
• Pregnant  
• Disabled/med. Frail  
• Caregivers/Parents  
• Unemp. Comp.  
• SNAP/TANF work program  
• Drug treatment  
• Employed part-time  
• Students  
• Incarc. in last 6 mo. | • Suspension of benefits (after 90-day grace period) for at least one month, until compliant | Pending  
Effective Date: On or after 2/1/2019 |

*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.

Source: CapView Strategies  Current as of 6/1/2019
## State Approaches to Medicaid Work Requirements

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<tr>
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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 <strong>Effective Date:</strong> Voluntary 7/1/2018, fully operating within 90 days of CMS approval</td>
</tr>
</tbody>
</table>

*Effective date refers to requested/approved start date of waiver or specific provision, where indicated.*
<table>
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<tr>
<th>State</th>
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</tr>
</thead>
</table>
| TN    | No                     | 20 hrs/wk (averaged monthly) | Trad. Medicaid adults w/o children < 6 years | • 65+   
• Disabled/med. Frail  
• Unemp. comp  
• Caregivers  
• Drug treatment  
• Pregnant/ post partum  
• TANF/SNAP work program | • 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 | Pending |

*Effective date refers to requested/approved start date of waiver or specific provision, where indicated.
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<tbody>
<tr>
<td>UT</td>
<td>Yes, through waiver**</td>
<td>Complete activities for first 3 months of eligibility in program (unless working 30 hrs/wk) • Register for state’s training/job search system • Assessment of training needs • Apply for employment • Job training</td>
<td>ACA expansion adults*</td>
<td>• 60+ • Disabled/med. frail • SUD treatment • Students • Caregivers • Pregnant/Post Partum • Unemp. Comp. • Enrolled in State Family Empl. Program • Meeting/exempt from SNAP/TANF reqs • Native Americans • Working 30 hr/wk (or earning equivalent wages)</td>
<td>• Loss of coverage for failure to complete requirements within 3 months of enrollment • May re-enroll once activities completed • Enrolled for remaining portion of 12-month eligibility period, once 3 month participation period is over</td>
<td>Approved 3/29/19 (Second waiver pending) Effective Date: No sooner than 1/1/2020</td>
</tr>
</tbody>
</table>

*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 100% FPL.
<table>
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</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 tradition adults | 65+  
• Disabled/med. frail  
• Caregivers  
• Students  
• Dual eligibles  
• Pregnant  
• Former foster care youths  
• Caregiver  
• In SNAP/TANF work prog.  
• 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  
• Unemp. Comp.  
• 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  
Effective Date: 2/1/2018 |
| IN    | Yes, through waiver    | Disenrollment and 6-mo lock-out for non-payment of premiums | ACA expansion adults (income > 100% FPL) | • Medically frail**  
• Parent/Care giver | 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  
Effective Date: 2/1/2018 |

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# Overview of State Waivers Including Lock-Out Policies

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<th>Exemptions</th>
<th>Impact on Coverage</th>
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</tr>
</thead>
</table>
| 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: 7/1/2018 |
| 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 |

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

Source: CapView Strategies Current as of 6/1/2019
# Overview of State Waivers Including Lock-Out Policies

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>ME</td>
<td>No</td>
<td>Disenrollment and 90 day lock-out for non-payment of premiums</td>
<td>Trad. Medicaid adults</td>
<td>Same as work requirement</td>
<td>Disenrollment and lock-out until premiums are paid (within 60-day grace period)</td>
<td>Approved 12/21/18</td>
</tr>
</tbody>
</table>
| 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 |

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# Overview of State Waivers Including Lock-Out Policies

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</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 qtrly 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.

Source: CapView Strategies  Current as of 6/1/2019
## Overview of State Waivers Including Lock-Out Policies

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</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.
## State Waivers With 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>
<tbody>
<tr>
<td>AZ</td>
<td>Yes, through waiver</td>
<td>5 yr max lifetime coverage limit</td>
<td>ACA expansion adults</td>
<td>Pregnant • Caregiver • Long-term disability • Some students • Employed full time • Enroll. by 19 yrs old • Under 26 yrs (in state custody at 18 yrs)</td>
<td>Does not include previous time bene received benefits • Does not include time bene complies with work reqs</td>
<td>Not Approved 1/18/19</td>
</tr>
<tr>
<td>KS</td>
<td>No</td>
<td>36 mo lifetime limit</td>
<td>Trad. Medicaid adults, eligible for work req</td>
<td>Same as work requirement</td>
<td>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</td>
<td>Not Approved: 5/7/18</td>
</tr>
<tr>
<td>UT</td>
<td>Yes (developing waiver)*</td>
<td>60 mo lifetime limit</td>
<td>Trad. Medicaid adults w/o dependent children</td>
<td>American Indian/Alaska Natives</td>
<td>60 mo lifetime limit • Beginning 1/1/2018, any mo an individual receives coverage and does not meet SNAP work exemptions counts towards limit</td>
<td>Pending Effective Date: 1/1/2018</td>
</tr>
</tbody>
</table>

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<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>
<tbody>
<tr>
<td>WI</td>
<td>No</td>
<td>• Drug screening for all benes • Testing/potential treatment for benes who screen positive</td>
<td>Trad. Medicaid</td>
<td>Not specified</td>
<td>• 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</td>
<td>Not Approved: 10/31/2018</td>
</tr>
</tbody>
</table>

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Source: CapView Strategies  Current as of 6/1/2019
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Source: CapView Strategies    Current as of 6/1/2019
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