

Overview of Centers for Medicare and Medicaid Services (CMS) Work and Community Engagement Policy.

- Program created to incentivize work and community engagement among non-elderly, non-pregnant, adult Medicaid enrollees.
- This announcement is a follow-up to several priorities outlined in a letter released by Health and Human Services (HHS) and CMS on March 14, 2017 to the nation's governors to continue a strong relationship in administering state Medicaid programs.

How would a state implement this policy?

- Work and engagement requirements can be authorized under a demonstration project within a section 1115 waiver.
- CMS will review 1115 waiver applications with work and community engagement requirements on a case-by-case basis. States are encouraged to outline how their approach is based upon the unique needs of their state's Medicaid beneficiaries.
- If states undertake work and community engagement requirements for Medicaid eligibility or as a condition for reduced payments for premiums, they must link requirements to positive health and wellness and employment outcomes. A state's program must be assessed by the overall effectiveness of improving the Medicaid program.
- Activities that qualify under these requirements include: work or community engagement, skills training, education, job searches, caregiving and volunteer service.
- CMS recognizes states will need flexibility when responding to their local employment markets by phasing in or suspending certain program features. States are encouraged to look at any unique economic circumstances or transportation barriers that may impact the design of a project with work and community engagement requirements.
- States may not accrue any savings from a reduction in Medicaid enrollment as result of a 1115 waiver approved demonstration, and will be required to submit regular reports on progress made in implementing their work and other community engagement activities.
- CMS is forming a committee to undertake their own monitoring and technical assistance with states and will review written reports from the states on a quarterly basis.

Who would qualify for work and community engagement requirements?

- When determining an individual's ability to participate in a work or community engagement requirement, or if an individual is participating but with certain modifications, states should consult and coordinate with CMS, who is coordinating with the HHS Office for Civil Rights in designing projects.
- States can also make modifications for eligible individuals with opioid or other substance use disorders (SUD). Modifications for these individuals can entail time spent in medical treatment or time undergoing intensive medical treatment in an inpatient or outpatient facility. CMS will consider other strategies states design for these individuals as well.

Can these requirements be aligned with any other programs?

- CMS supports states efforts to align their SNAP or TANF or work-related requirements within a Medicaid demonstration where it is appropriate and consistent with improving the overall health and well-being of Medicaid beneficiaries.
- States may want to consider the tracking and enrollment practices they currently use with [Supplemental Nutrition Assistance Program \(SNAP\)](#) and [Temporary Assistance for Needy Families \(TANF\)](#) when creating community engagement requirements for Medicaid beneficiaries.
- CMS will consider how closely Medicaid community engagement or work requirements align with TANF or SNAP programs if they are consistent with Medicaid objectives. If it is determined that these programs can be streamlined and additional technology assistance is required for a Medicaid demonstration, costs must comply with Medicaid statute and regulations, and funding must be directly linked to Medicaid beneficiaries.
- Individuals enrolled and compliant with a TANF or SNAP work requirement must automatically be considered as complying with the Medicaid work requirements. States will also need to communicate any differences in program requirements if individuals transition off SNAP or TANF but remain on Medicaid under the community engagement or work requirement.

What will be the reporting requirements if a state is approved for a waiver with work requirements?

- States that are approved to implement work and community engagement requirements will need to submit proposed metrics for quarterly and annual monitoring reports. CMS will combine these metrics with their own to monitor beneficiary enrollment and overall functionality of the demonstration.
- States will need to evaluate the health and other outcomes such as: an individual's ability to improve their health and well-being, their ability to obtain sustainable employment, and if they can transition from Medicaid to employer sponsored or another type of private health insurance.
- Draft evaluations must be submitted within a 1115 Medicaid waiver application and will be approved no later than 180 days after demonstration approval.