PRACTICE ALERT

Medicaid Advocacy Tool Kit

Yael "Ellie" Silverman, MSW, LICSW
Senior Practice Associate

March 2018

The National Association of Social Workers (NASW) is committed to advocacy that preserves equal access to health care for all Americans. This commitment is grounded in NASW policy statements and social justice and advocacy priorities. NASW supports "improving access to universal comprehensive health care" (NASW, 2018a, p281) and more specifically states that "strengthening the Medicaid program is an important focus of the profession's social justice efforts" (NASW, 2018b, p. 147). Through policy work and participation in coalitions at the national office, NASW has advocated on behalf of Medicaid beneficiaries when possible at the national level. However, each state or jurisdiction has its own Medicaid programs, making advocacy by NASW chapters and other local organizations essential.

Two initiatives specific to Medicaid have been proposed by the executive branch in 2018: (1) a letter from the Centers for Medicare & Medicaid Services (CMS) to state Medicaid directors regarding section 1115 waiver programs (CMS, 2018) and (2) President Trump's budget proposals for fiscal year (FY) 2019 (U.S. Department of Health and Human Services [HHS], 2018). NASW compiled this tool kit to assist NASW chapters in responding to these two federal initiatives.

On January 11, 2018, CMS sent a letter to all state Medicaid directors indicating a drastic change in policy regarding eligibility for Medicaid. The letter encourages states to establish work requirements and other new expectations to maintain Medicaid eligibility by incorporating such requirements within section 1115 waiver demonstration projects. This is the first time that an administration has endorsed work requirements as a condition of Medicaid eligibility.

NASW and many other advocates believe that these work requirements constitute an effort to destabilize the Medicaid expansion afforded by the Patient Protection and Affordable Care Act of 2010 (ACA) (P.L. 111-148). In addition, experts project that tens of thousands will lose Medicaid benefits in states that successfully establish work requirements.

Although section 1115 demonstration projects are reviewed and approved at the federal level by CMS, each state has the option to create or modify a demonstration project. Program design and expectations for Medicaid beneficiaries will be unique to each state. Using their unique knowledge of local communities

and their relationships with state leaders, NASW chapters are well positioned to advocate successfully on behalf of Medicaid beneficiaries.

In addition to Medicaid reinforcing work requirements, President Trump's FY 2019 budget proposal includes budget savings measures that will affect Medicaid beneficiaries and others who may be eligible for Medicaid. Such proposals include the cost of prescription drugs, the availability of nonemergent medical transportation, and the state's relationship to managed care providers. The NASW national office will continue advocacy efforts related to the federal budget but encourages chapters to monitor changes that affect their own jurisdiction.

The tool kit includes the following materials:

I. A summary of the letter sent to state Medicaid directors regarding CMS section 1115 demonstration projects establishing work requirements for Medicaid eligibility

II. Strategic points of advocacy and questions for legislators

III. Resource to track activity by state

IV. Information regarding the legality of work requirements

V. National statistics regarding the relationship of working Americans to Medicaid

VI. The impact of work requirements for people with mental illness, substance use disorders, and other chronic conditions

VII. The impact of work requirements on children and older adults

VIII. Benefits of Medicaid expansion that could diminish under proposed demonstration projects

IX. Other elements of section 1115 waivers

X. Additional Medicaid proposals in the HHS FY 2019 Budget in Brief

XI. Resources and References

I. Summary CMS 1115 Demonstration Projects: Establishing Work Requirements

On January 11, 2018, CMS announced in a letter to state Medicaid directors that it would support state demonstration projects that establish work requirements for Medicaid eligibility under section 1115 of the Social Security Act. A state is eligible to design a demonstration project and submit it to CMS for full federal review process. CMS (2018) identified the goal of this initiative as "to promote better mental, physical, and emotional health" (p. 1) and stated that the programs may also be designed to help individuals and families overcome poverty. Each state may design its own project, but CMS provided some guidance, outlined here.

CMS Justification for Work or Community Engagement Activities

1. Work or community engagement (volunteer activities) may improve health outcomes, increase beneficiaries' sense of purpose, and build a healthy lifestyle.

2. Requiring work and community engagement as a condition of eligibility, cost sharing, or expanded coverage will result in more beneficiaries being employed or participating in other productive community engagement.

CMS recommendations on program design for states include the following:

1. Align systems already used by Temporary Assistance for Needy Families (TANF) or the Supplemental Nutrition Assistance Program to implement expectations for Medicaid. These alignments may include
    - allowed activities to be in compliance with work expectations,
    - required hours of participation,
    - excepted populations and protections for those who are disabled,
    - enrollee reporting requirements, and
    - availability of work supports such as transportation and childcare.

2. Identify the eligibility groups subject to work and community engagement requirements. They must comply with federal civil rights laws to ensure that individuals with disabilities are not denied Medicaid for inability to meet the requirements and that modifications are provided to people who need them.

3. Take steps to ensure that eligible individuals with opioid addiction and other substance use disorders (who are not defined as disabled by Medicaid but may be protected by disability law) have access to appropriate Medicaid coverage and treatment services.

4. Identify a range of community engagement activities that define eligibility.

5. Describe strategies to assist beneficiaries in meeting work and community engagement requirements that will link beneficiaries to resources for job training or other employment services. However, Medicaid funding may not be used for these supports.

II. Recommended Points of Advocacy for 1115 Waivers

Advocacy can occur throughout section 1115 demonstration project development, review, and implementation. Sample activities and questions are provided here as a guide.

During waiver development: Work with legislators and state agencies to help shape program design and content. It is easier to influence the waiver at this stage than to advocate for provisions to be removed during the subsequent comment period.

Once a waiver is developed: Comment and testify during state and federal comment periods. There will be a state-level comment period, two public hearings, and a comment period to CMS for each waiver. The volume of comments matters! In addition to submitting your own comments or testimony, be attuned to sign-on opportunities with like-minded advocates.

If a waiver is approved: Monitor the program and notify the state and federal governments of problems with access quality and other issues. Waivers and legislation can be amended.

Some crucial questions to ask your legislators or executive branch leaders **(**Families USA, 2018)

Can someone work the minimum required by the state and still qualify for coverage based on new eligibility criteria?

Will income eligibility standards be raised to account for potential new income of enrollees?

How many employees will be hired to manage the administration of the waiver and what other resources will be necessary? How much will this cost taxpayers?

Because there is no universal definition of “able-bodied,” how will the state define the criteria for work requirements?

How will the state attract employers to increase job opportunities in the state?

What are the expectations of “community engagement”? How will volunteer work affect the wages of paid workers?

How much paperwork will each employer, school administrator, and physician need to complete to prove that each beneficiary meets the work requirements or is unable to work?

What are the state costs for people who lose Medicaid coverage and become uninsured?

How will losing health insurance help someone to work?

How will the state pay for job supports such as training and transportation that are required by the 1115 waiver but cannot be funded with Medicaid dollars?

III. What Is Happening in My State

The Henry J. Kaiser Family Foundation has created a tool to track state applications for section 1115 waivers. Some waiver applications identified in this tracker may not be related to establishing of work requirements; for example, section 1115 waivers are used to expand services for people living with brain injuries. States may have more than one waiver application at a time.

Henry J. Kaiser Family Foundation State Tracker: https://www.kff.org/medicaid/issue-brief/which-states-have-approved-and-pending-section-1115-medicaid-waivers/?utm_source=web&utm_medium=trending&utm_campaign=waivers

States may submit new waiver applications regarding work requirements or amend an existing waiver. As of February 2018, states that have submitted waivers related to work requirements include Arizona, Kansas, Maine, Mississippi, New Mexico, Utah, and Wisconsin. Kentucky, Indiana, and Arkansas have received approval for waivers implementing work requirements.

As of February 2018, the following states are considering waivers regarding work requirements: Alabama, Louisiana, North Carolina, Ohio, South Carolina, South Dakota, Tennessee, West Virginia, and Virginia.

In addition to work requirements, some states have proposed other changes to Medicaid coverage. Such provisions include coverage lock-outs for failure to renew eligibility on time (which can result in six months of ineligibility), coverage time limits (limiting Medicaid eligibility to three or five years over one's lifetime), drug testing, and new requirements to report changes in circumstances or to pay required premiums (as high as 4 percent of income).

Talking Points from the NASW and Other Trusted Resources

NASW is a member of several national coalitions that monitor and advocate for Medicaid and other health care policies and regulations. Participation in these coalitions enables us to keep abreast of issues, trends, and policy proposals. Coalition participation also helps us to strengthen and expand our own advocacy efforts.

To offer a comprehensive resource for state-targeted advocacy, NASW has used materials from our trusted coalition partners in addition to our own statements. Chapters would benefit from supplementing these national-level messages with state-specific statistics and knowledge.

IV: Are Work Requirements Legal?

The Secretary may waive certain parts of the Medicaid Act under 1115 but not create new ones. The Secretary cannot create entirely new Medicaid eligibility criteria under Section 1115- namely that people be working in order to receive benefits.

Work requirements do not promote the objectives of the Medicaid statute. 1115 waivers must promote the objectives of the Title XIX (the Medicaid title) of the Social Security Act. The core objective

of Title XIX is assisting low-income people to get medical services. A work requirement would lead to low-income people losing their health coverage, an outcome totally at odds with the purposes of the Act.

Work requirements implicate the civil rights protections contained in the Americans with Disabilities Act (ADA) and section 504 of the Rehabilitation Act. These laws make it illegal for states to take actions that have a discriminatory impact on people with disabilities. Section 1115 does not authorize the Secretary of HHS to waive these laws. (Callow, 2018)

Note that citizens in Kentucky have filed a lawsuit challenging the HHS authority to grant the waiver establishing work requirements.

V. Statistics on the Medicaid Eligible Population and Employment

National statistics on Medicaid eligible population are available from the Center on Budget and Policy Priorities (CBPP):

- Of the roughly 25 million people nationally who could be subject to work requirements, 60 percent are already working, and 79 percent have at least one worker in the family (Katch, Wagner, & Aron-Dine, 2018).

- Of those who aren't themselves working, more than 80 percent are in school or report an illness, disability, or caregiving responsibilities that keep them from working (Katch, et al., 2018).

- Nationally, studies estimate that about one-third of all nonworking, nonelderly adult Medicaid enrollees not receiving SSI report that they are unable to work due to a disability (CBPP, 2018a). Garrett (2018) defined *disability* as enrollees who report problems with hearing, vision, cognitive functioning, mobility, self-care, or independent living.

- People with disabilities who should qualify for exemptions may struggle to prove that they do so. Obtaining physician testimony, medical records, or other required documents may be difficult, especially if beneficiaries don't have health coverage while seeking to prove they are exempt (CBPP, 2018a).

- Enrollees who are seemingly able to work but aren't employed typically lack not motivation, but work supports such as job search assistance, job training, childcare, or transportation assistance. Although states are mandated to offer work supports, they are not prohibited from using Medicaid dollars to do so (Katch, et al., 2018).

- Enrollees may lose or see interruptions in coverage because their work hours fluctuate from month to month, sometimes falling below required thresholds. Fluctuating hours are particularly common in the two industries with the largest number of Medicaid enrollees: restaurant or food services and construction (Katch, et al., 2018).

VI. Impact on Individuals Diagnosed with a Chronic Condition, Mental Illness, or Substance Use Disorder

- About 36 percent of Medicaid-eligible low-income people with any mental illness and 44 percent of those with a serious mental illness do not work (Frank, 2018).

- Only about half of Medicaid-eligible adults who have a mental illness and do not work are classified as disabled according to these criteria (Frank, 2018).

- Documentation and paperwork requirements have been repeatedly shown to reduce enrollment in Medicaid across the board, and people with serious mental illness or physical impairments may face challenges in meeting these new documentation and paperwork requirements (Katch, et al., 2018).

- Three groups for whom coverage losses and interruptions in coverage are especially harmful—people with serious chronic health conditions, mental illness, and substance use disorders. For these populations, even the temporary loss of access to medications or other treatment could be harmful or sometimes catastrophic (Katch, et al., 2018).

- By definition, the "medically frail" exemption includes people with "chronic" substance use disorders, but that suggests people must have had multiple episodes of substance use or that their illness has persisted for a long time. Many people with substance use disorders will not meet this standard (CBPP, 2018b).

- The guidance suggests allowing time spent in medical treatment to count toward the hours needed to fulfill the work requirement and exempting individuals receiving inpatient or intensive outpatient treatment for substance use. However, it's likely that a narrow range of treatment options, such as inpatient care or care at a mental health clinic, will qualify as "medical treatment" and that several evidence-based behavioral health services delivered in the home or other informal setting may not (CBPP, 2018b).

VII. Impact on Older Americans and Children

- Only a minority of 60- to 64-year-old Americans work. In addition, some working enrollees (of all ages) work part time, meaning they may not meet monthly hours requirements under work requirement policies (CBPP, 2018c).

- Hundreds of thousands of Social Security retirees age 62 to 64 depend on Medicaid for coverage. If Social Security is their only or primary source of income, they likely qualify for Medicaid: the average Social Security benefit for someone who retires at age 62 puts them just slightly above the poverty line for a single adult (CBPP, 2018c).

- People in their 50s and 60s are also much more likely than younger people to have serious chronic health conditions and generally do not qualify for disability. Such conditions often

make it hard for people to maintain steady, full-time employment, putting them at risk of noncompliance with work requirements and therefore lost or interrupted coverage (CBPP, 2018c).

- Placing a time limit on parents' coverage will also have negative implications for their children's coverage and health. Research has repeatedly demonstrated that children are more likely to have health insurance when their parents have health insurance. In addition, when parents have insurance, their children are more likely to receive annual check-ups and well-child visits. Limiting parents' Medicaid access will undermine children's healthy development (Gehr, 2018).

- A report in *Pediatrics* found that children whose parents recently enrolled in Medicaid were 29 percent more likely to receive at least one well-child visit. Another study found that states that expanded Medicaid also saw greater declines in their infant mortality rates between 2010 and 2016, with larger declines among African American infants (Stock, 2018).

VIII. Research That Demonstrates the Positive Benefit of Medicaid Expansion

- Overall, expansion reduced unpaid medical debt in its first two years by $3.4 billion. This has resulted in a reduction of financial stress on individuals and institutions (Brill, 2018).

- Hospitals in rural states, where resources are specifically limited, saw an increase in patients covered by Medicaid and a corresponding decrease in uncompensated care, which improved hospitals' overall bottom lines and helped them keep their doors open (Brill, 2018).

- Medicaid expansion initiatives, both prior to and as a result of the ACA, can be linked to a significant reduction in crime (Doleac, 2018).

- Each additional substance abuse treatment facility in a county reduces the social costs of crime in that county by $4.2 million per year. Annual costs of treatment in a facility are approximately $1.1 million. The benefits far exceed the costs (Doleac, 2018).

- Medicaid expansions have reduced violent crime by 5.8 percent and property crime by 3 percent. ACA's Medicaid expansions resulted in cost savings of $13.6 billion due to the reduction in crime (Doleac, 2018).

IX. Additional Elements of Section 1115 Waivers

While the CMS letter to state Medicaid directors was sent to promote the establishment of work requirements, states have submitted demonstration projects to CMS that include other requirements affecting Medicaid eligibility.

Time Limits

States are imposing time limits (Gehr, 2018) on Medicaid coverage that range from 36 months to 60 months. Some states are counting months of eligibility regardless of compliance with work requirement expectations, and some states are counting only months where work requirements are not being met.

In 2017, just 14 percent of workers earning the lowest 10 percent of wages had employer-provided health insurance. If denied Medicaid, most low-wage workers will go without insurance, no matter how hard they work (Gehr, 2018).

Time limits can deter people from enrolling in Medicaid. This can prevent them from getting crucial preventive care, early treatment for new illnesses, or consistent treatment of chronic diseases (Gehr, 2018).

Time limits will prevent states from being able to provide necessary assistance during a recession. TANF had difficulty responding to periods of high unemployment for families who had already reached their 60 months of maximum benefit. The same limitations will apply to Medicaid benefits in states with time limits preventing government response to economic cycles (Gehr, 2018).

Coverage Lock-Outs

Lock-out periods are being proposed to enforce work requirement and payment of premiums in some states. Other states are proposing lock-out time periods for failure to submit recertification paperwork on time (Families USA, 2017a).

Locking people out of coverage is antithetical to Medicaid's goals—it keeps a Medicaid-eligible person from receiving medical assistance. (Families, USA, 2017a,).

Gaps in care will increase the utilization of emergency rooms and hospitalizations. They will also increase the need for hospitals and clinics to provide uncompensated care, which costs the states more than services provided under Medicaid (Families USA, 2017a).

Currently 25 percent to 50 percent of people do not recertify their Medicaid on time across states. A lockout at renewal will mean that these Medicaid enrollees will lose coverage for six months or longer every year if they fail to immediately reapply for Medicaid as soon as it becomes available (Families USA, 2017a).

Premiums and Copayments

As part of Medicaid expansion states were permitted to establish cost-sharing premiums. These premiums could be as high as 4 percent of a person's income.

Some states have proposed to impose lock-outs if up to six months of premiums are not paid on time.

States are permitted to charge higher copays for nonemergent use of emergency rooms to promote utilization of lower-cost resources.

Regulations regarding cost sharing and Medicaid can be found at https://www.medicaid.gov/medicaid/cost-sharing/index.html.

Drug Testing

Conditioning Medicaid coverage on the results of a drug test and an otherwise qualified applicant's willingness to seek treatment will bar many low-income people who cannot afford necessary medical services from receiving vital care (Families USA, 2017b).

The Americans with Disabilities Act explicitly requires that an individual be provided health services and drug treatment and cannot be denied due to current substance use. The Medicaid program's statutory purpose and critical day-to-day role is to provide health services to low-income people (Families USA, 2017b).

The Wisconsin Legislature found that drug testing would cost approximately $33 per test. This would cost hundreds of thousand dollars to the state and would be a burdensome, invasive process for applicants (Families USA, 2017b).

Retroactive Eligibility:

Retroactive coverage ensures that enrollees aren't stuck with high medical bills for the three months before they applied for Medicaid if their income was so low that they would have been Medicaid eligible. It encourages doctors and hospitals to treat uninsured Medicaid-eligible individuals, because they may be paid for the services they provided once the person is enrolled (Families USA, 2017c).

Medical debt contributes to nearly half of all bankruptcies in the United States. Retroactive coverage prevents debt that might be accrued during a hospitalization or skilled nursing placement (Families USA, 2017c).

Retroactive Medicaid coverage reduces hospitals' uncompensated care burden: Actuarial analyses of Medicaid payments have shown that about 5 percent of Medicaid payments occur during the retrospective eligibility period (Families USA, 2017c).

Retroactive coverage creates an incentive for health care providers to help uninsured Medicaid-eligible patients enroll in coverage so that they can continue to get the care they need (Families USA, 2017c).

NASW supported a sign-on letter urging CMS to reject Iowa's 1115 waiver demonstration that would eliminate three-month retroactive coverage for Medicaid beneficiaries (NASW, 2018)

X. Additional Medicaid Proposals of HHS FY 2019 Budget in Brief

Medicaid Managed Care

The FY 2019 budget proposed to reduce repetitive reviews at the federal level associated with continuing managed care contracts by state Medicaid authorities. The terms of the agreements need to remain unchanged and the program must be renewed at least once in a federal review.

The budget proposal also gives the secretary of HHS the flexibility to determine the appropriate time frame of approval for 1915(b) waivers or those involving programs for beneficiaries who are dually eligible for Medicaid and Medicare.

- The NASW Long-Term Services and Supports (LTSS) policy statement expresses concern regarding beneficiary choice under Medicaid managed care agreements, specifically with LTSS. Monitoring of quality, coordination, and integration within Medicaid managed care programs is recommended (NASW, 2018c, p. 226).

Immigration Status

The proposal gives states flexibility on whether to provide Medicaid coverage during a grace period if verbal confirmation of satisfactory immigration status is provided but written documentation is not available. States that elect to provide coverage during a grace period would not be eligible to use federal dollars for these costs.

- The NASW Immigration and Refugee policy statement supports (1) "ensuring access to emergency humanitarian aid, health and mental health care for all immigrants and refugees" and (2) "ensuring that biopsychosocial, legal, health care, and education needs of all children are met regardless of their immigration status" (NASW, 2018b, p. 189).

Drug Pricing and Affordability

The proposal will increase flexibility for five states to negotiate prescription prices directly with drug manufactures rather than through the existing Medicaid Drug Rebate Program. States that participate in the demonstration project will be required to include an appeals process for beneficiaries to access noncovered drugs based on medical need.

- As a member of the Leadership Council of Aging Organizations (LCAO), NASW supported an issue brief on instituting prescription drug rebates within Medicare. The brief cited a 2011 study indicating that Medicaid rebates required by law reduced expenditures by more than three times the saving on Part D rebates secured through negotiations with private plans (LCAO, 2017).

Regarding Medicare Part D plans for beneficiaries who are dually eligible, the proposal narrows the applicability of the Special Enrollment Period and specifies the intent to promote integration of Medicaid and Medicare coverage and to allow individuals to make choices after auto-assignment to a Part D plan.

- NASW contributed to and supported LCAO principles, stating that "choice of care must be voluntary, 'opt in' enrollment vs. mandatory enrollment or assignment. Dually eligible beneficiaries must not be forced or locked into any plans or delivery models or be deprived the right to choose afforded to other Medicare beneficiaries" (LACO, 2012, p1).

Non-Emergency Medical Transportation (NEMT)

The administration's proposal would make the state's provision of Medicaid-funded NEMT an option instead of mandatory. Some states are also proposing to discontinue NEMT in their section 1115 waiver applications.

- NASW signed onto a letter in 2017 in support of continued access to Medicaid-funded NEMT.
- Medicaid enrollees are 10 times more likely to identify transportation as a barrier to attending primary care appointments than those with private insurance. The missed appointments due to lack of transportation increase emergency room use. Emergency room use is three times more expensive than an office visit (Families USA, 2018c).

Repeal and Replace of ACA

The administration's FY 2019 budget proposal includes an endorsement of repealing and replacing the ACA. The Graham-Cassidy legislation is highlighted as an alternative piece of legislation. Medicaid block grants and per capita caps are recommended to begin in 2020. NASW does not support Medicaid block grants or per capita caps as discussed in the "Medicaid at Risk: Understanding Proposals to Limit Medicaid Benefits through Block Grants and Per Capita Caps" practice alert (Dorn, 2017).

NASW has been advocating strongly to preserve the ACA. NASW list of sign-on letters supporting the ACA and Medicaid are available on our Web site. Please refer to other organizations listed in the Reference and Resource section for additional resources if needed.

XI. References and Resources

National Association of Social Workers (NASW): http://www.socialworkers.org/

Dorn, C. (2017, April). *Medicaid at risk: Understanding proposals to limit Medicaid benefits through block grants and per capita caps* [NASW Practice Alert]. Retrieved from http://www.socialworkers.org/LinkClick.aspx?fileticket=jXie8_YTyvQ%3d&portalid=0

National Association of Social Workers. (2017, May 18). *Open letter, signed by NASW, supporting continued access to nonemergency medical transportation for Medicaid beneficiaries.* Retrieved from http://www.socialworkers.org/LinkClick.aspx?fileticket=0Bj_X6gXFtQ%3d&portalid=0

National Association of Social Workers. (2018a). Health care. In *Social work speaks: National Association of Social Workers policy statements, 2018–2020* (11th ed., pp. 146–151). Washington, DC: Author.

National Association of Social Workers. (2018b). Immigrants and refugees. In *Social work speaks: National Association of Social Workers policy statements, 2018–2020* (11th ed., pp. 187–191). Washington, DC: Author.

National Association of Social Workers. (2018c). Long-term services and supports. In *Social work speaks: National Association of Social Workers policy statements, 2018–2020* (11th ed., pp. 225–231). Washington, DC: Author.

National Association of Social Workers. (2018d). Role of government, social policy, and social work. In *Social work speaks: National Association of Social Workers policy statements, 2018–2020* (11th ed., pp. 278–282). Washington, DC: Author.

National Association of Social Workers. (2017, September 5). Open letter, signed by NASW, commenting on Iowa's proposed amendment to the Iowa Wellness Plan 1115 Demonstration. Retrieved from:http://naela.informz.net/NAELA/data/images/PDFs/Natl%20Org%20Comments%20Iowa%201115%20Waiver%20Sept%205%202017.pdf

A list of sign-on letters that NASW supports regarding Medicaid and the ACA is available at https://www.socialworkers.org/Advocacy/Sign-On-Letters-Statements/Sign-On-Letters

Brookings Institute: https://www.brookings.edu

Doleac, J. L. (2018, January 3). New evidence that access to healthcare reduces crime [Web post] Retrieved from https://www.brookings.edu/blog/up-front/2018/01/03/new-evidence-that-access-to-health-care-reduces-crime/

Center for Law and Social Policy: https://www.clasp.org

Gehr, J. (2018, January 29). *No justification to time limit Medicaid* [Web post]. Retrieved from https://www.clasp.org/blog/no-justification-time-limit-medicaid

Center for Medicare & Medicaid Services (CMS): https://www.cms.gov

Centers for Medicare & Medicaid Services. (2018, January 11). *CMS announces new policy guidance for states to test community engagement for able-bodied adults* [Press release]. Retrieved from https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2018-Press-releases-items/2018-01-11.html

Center on Budget and Policy Priorities (CBPP): https://www.cbpp.org

Center on Budget and Policy Priorities. (2018a, February 20) *How Medicaid work requirements will harm older Americans* [Fact Sheet]. Retrieved from: https://www.cbpp.org/research/health/how-medicaid-work-requirements-will-harm-older-americans

Center on Budget and Policy Priorities. (2018b, January 26). *How Medicaid work requirements will harm people with disabilities and serious illnesses* [Fact Sheet]. Retrieved from https://www.cbpp.org/research/health/how-medicaid-work-requirements-will-harm-people-with-disabilities-and-serious

Center on Budget and Policy Priorities. (2018c, February 8). *How Medicaid work requirements will harm people with substance use disorders* [Fact Sheet]. Retrieved from https://www.cbpp.org/research/health/how-medicaid-work-requirements-will-harm-people-with-substance-use-disorders

Katch, H., Wagner, J., & Aron-Dine, A. (2018, February 8). *Medicaid work requirements will reduce low-income families' access to care and worsen health outcomes.* Retrieved from https://www.cbpp.org/research/health/medicaid-work-requirements-will-reduce-low-income-families-access-to-care-and-worsen

Community Catalyst: https://www.communitycatalyst.org

Brill, R. (2017, November 20). *The hits keep on coming: Medicaid expansion shows a myriad of benefits* [Web post]. Retrieved from https://www.communitycatalyst.org/blog/the-hits-keep-on-coming-medicaid-expansion-shows-a-myriad-of-benefits#.WoSrKainHcs

Brill, R. (2018, January 10). *The hits keep on coming: Medicaid expansion helps rural hospitals stay open* [Web post]. Retrieved from https://www.communitycatalyst.org/blog/the-hits-keep-on-coming-medicaid-expansion-helps-rural-hospitals-stay-open#.WoSmq6inHcs

Garrett, D. (2018, February 12). *Medicaid work requirements will have devastating impacts for people with complex health needs* [Web post]. Retrieved from https://www.communitycatalyst.org/blog/medicaid-work-requirements-will-have-devastating-impacts-for-people-with-complex-health-needs#.Wo7koainHcs

Stock, K. M. (2018, February 16). *Medicaid work requirements will undermine the well-being of children and their families* [Web post]. Retrieved from https://www.communitycatalyst.org/blog/medicaid-work-requirements-will-undermine-the-well-being-of-children-and-their-families#.WpBq-Ojwbcs

Families USA: http://familiesusa.org/

Callow, A. (2018, February 7). *Six reasons work requirements are a bad idea for Medicaid* [Web post]. Retrieved from http://familiesusa.org/blog/2018/02/six-reasons-work-requirements-are-bad-idea-medicaid

Families USA. (2017a). *1115 waiver element: Drug testing*. Retrieved from http://familiesusa.org/1115-waiver-element-drug-testing

Families USA. (2017b). *1115 waiver element: Lock-outs*. Retrieved from http://familiesusa.org/1115-waiver-element-lock-outs

Families USA. (2017c). *1115 waiver element: NEMT*. Retrieved from http://familiesusa.org/1115-waiver-element-nemt

Families USA. (2017d). *1115 waiver element: Retroactive coverage*. Retrieved from http://familiesusa.org/1115-waiver-element-retroactive-coverage

Families USA. (2018, February). *Medicaid waivers Webinar: work requirements and beyond.* Retrieved from http://familiesusa.org/product/medicaid-waivers-webinar-work-requirements-and-beyond

Fishman, E. (2018, January 23). *Medicaid work requirements aren't about work, they're about taking health care away from low-income Americans* [Web post]. Retrieved from http://familiesusa.org/blog/2018/01/medicaid-work-requirements-arent-about-work-theyre-about-taking-health-care-away-low

Henry J. Kaiser Family Foundation: https://www.kff.org

Henry J. Kaiser Family Foundation. (2018, February). *Medicaid waiver tracker: Which states have approved and pending section 1115 Medicaid waivers?* Retrieved from https://www.kff.org/medicaid/issue-brief/which-states-have-approved-and-pending-section-1115-medicaid-waivers/?utm_source=web&utm_medium=trending&utm_campaign=waivers

The Hill: http://thehill.com

Frank, R. G. (2018, February 3). Medicaid work requirements will reduce care for mentally ill. *The Hill*. Retrieved from http://thehill.com/opinion/healthcare/372181-medicaid-work-requirements-will-reduce-care-for-mentally-ill

Justice in Aging: http://www.justiceinaging.org/

Justice in Aging. (2017, June). *Medicaid funding caps will harm older Americans* [Fact sheet]. Retrieved from http://www.justiceinaging.org/wp-content/uploads/2017/06/Medicaid-Caps-Will-Harm-Older-Americans.pdf

Leadership Council of Aging Organizations (LCAO): http://www.lcao.org/

Leadership Council of Aging Organizations. (2012, April). *LCAO dual eligible principles*. Retrieved from http://www.lcao.org/files/2013/02/LCAO-Dual-Eligible-Principles-040512.pdf

Leadership Council of Aging Organizations. (2014, July). *Building on what works: Restoring Medicare drug rebates* [Issue brief]. Retrieved from http://www.lcao.org/files/2014/07/LCAO-Drug-Rebates-Final.pdf

U.S. Department of Health and Human Services (HHS): https://www.hhs.gov

U.S. Department of Health and Human Services. (2018, February 19). *Putting America's health first: FY 2019 President's budget for HHS* [HHS Budget in Brief]. Retrieved from https://www.hhs.gov/sites/default/files/fy-2019-budget-in-brief.pdf

Other

Patient Protection and Affordable Care Act, P.L. 111-148, 124 Stat. 119 (2010).