State Proposals for Medicaid Work and Community Engagement Requirements

In January 2018, the Centers for Medicare & Medicaid Services (CMS) issued a new policy allowing states to implement work and community engagement requirements for certain Medicaid enrollees. States would be permitted to seek federal approval to require non-elderly, non-pregnant, and non-disabled adults to participate in these types of activities to qualify for Medicaid or certain aspects of Medicaid coverage. In February 2021, the Biden Administration took steps to rescind the 2018 guidance allowing states to implement Medicaid work requirements and sent letters to states that CMS was in the process of determining whether to withdraw states' approved work requirement waivers. This chart summarizes states' pending and approved Section 1115 waivers, waiver renewals, and waiver amendments to implement work and community engagement requirements that were in effect prior to the Biden Administration's actions.

State	Waiver Status	Medicaid Expansion Status	Work Requirement Hours	Qualifying Activities	Population Group	Exempted Groups	Penalties for Non-Compliance
AL	Pending On Feb. 17, 2021, Alabama requested to withdraw its pending waiver	Has not implemented ACA Medicaid expansion	35 hours/week; 20 hours/week for parents and caretaker relatives with a child under age 6	-Employment -On-the-job training -Job search and job readiness activities -Attendance in high school, GED certification classes, an institution of higher education, or vocational classes -Volunteer work activities or community service -Technical training Individuals who fulfill the work requirements but become ineligible due to their income level exceeding Medicaid eligibility levels will be provided with 18 months of transitional Medicaid coverage.	Parent or Caretaker Relative eligibility group, up to age 60	-Disabled individuals, including anyone receiving SSDI, SSI, or Medicare -Medically frail individuals or individuals with a medical condition that prevents them from complying with the work requirements (validated by a medical professional) -Pregnant women or women receiving post-partum care -Individuals age 60 or older -Individuals required to care for a disabled child or adult -Individuals who are either compliant with or exempt from the TANF JOBS program -An individual who is a single custodial parent caring for a child age 12 months or younger, or caring for a child under the age of 6 for whom appropriate childcare is not available -Individuals who are able to provide a good cause for not meeting work requirement (similar to those in TANF JOBS program) -Only one individual in the household can be exempted for any of the reasons related to being the parent or caretaker of a child or disabled individual, unless there are valid extenuating circumstances	Individuals who are subject to the requirements will receive notice of the requirements, and will be given 90 days to become compliant or provide proof they qualify for an exemption. If after 90 days, an individual is non-compliant and non-exempt, the individuals will be terminated from the Medicaid program. Individuals who meet the requirements but later become non-compliant will also have 90 days to become compliant or demonstrate they meet an exemption.

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AZ	Approved Jan. 18, 2019; not yet implemented. On Oct. 17, 2019, the state indicated that it would postpone implementation of the work requirements due to the litigation in other states	Implemented ACA Medicaid expansion	80 hours/month	-Employment, including self-employment -Participating in employment readiness activities, which can include: -Education (less than full time) -Job skills training -Life skills training -Health education classes -Engage in job search activities similar to those required to receive unemployment benefits -Community service	Able-bodied individuals age 19-49 in an ACA Medicaid expansion group	-Individuals 50 years and older -Individuals who are members of federally recognized tribes -Pregnant women and post-partum women up to the end of the month in which the 60th day of post-pregnancy occurs -Former foster youth up to age 26 -Individuals with serious mental illness -Individuals receiving temporary or permanent disability benefits or who are determined to be medically frail -Individuals who are in active treatment for a substance use disorder -Full-time high school, trade school, college, or graduate students -Victims of domestic violence or homeless individuals -Caretakers of a child under age 18 or of a child who is 18 and is a full-time student expected to graduate before turning 19 (limit one caretaker per child) -Caregivers who are responsible for the care of an individual with a disability -Individuals with an acute medical condition (physical or behavioral) that would prevent them from complying -Individuals with a disability as defined by federal disabilities rights laws who are unable to comply for disability-related reasons -Individuals complying with other state-approved work programs	Individuals will need to report monthly that they are meeting the community engagement requirements. Individuals who do not meet requirements will have an initial three-month grace period; noncompliance after this period will result in suspension of eligibility for two months. Individuals with suspended eligibility will have their eligibility reactivated after the end of the two-month suspension period, as long as they meet all other eligibility criteria. Individuals can request and demonstrate good cause if unable to complete activity hours or report participation. Good cause exemptions include: -Disability of individual or if individual has an immediate family member in the home with a disability and is unable to meet requirements due to this; -Illness of the individual or a family or household member requiring beneficiary to care for the individual; -Severe inclement weather, including a natural disaster; or -Individual has family emergency or other life changing event (e.g., divorce, homelessness, domestic violence, birth or adoption, or death). *Arizona also proposed a lifetime coverage limit of five years for most able-bodied adults who failed to comply with the work requirements, but CMS did not approve this*

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AR	On March 17, 2021, CMS withdrew the waiver approval, indicating that it does not promote program objectives; withdrawal is effective April 16, 2021 unless the state appeals. Approved Mar. 5, 2018; began implementing in June 1, 2018. On Aug. 14, 2018, the National Health Law Program, the Legal Aid Society of Arkansas, and the Southern Poverty Law Center filed a lawsuit challenging the waiver. On March 27, 2019, a federal district court judge ruled that implementation of the work requirements must be halted; the federal government appealed the decision. On Feb. 14, 2020, a federal appeals court ruled that the waiver amendment approval was unlawful, confirming the earlier decision.	Implemented ACA Medicaid expansion	80 hours/month	-Employment or self-employment, or those whose income is consistent with being employed/self-employed at least 80 hours/month -Enrollment in educational program (high school, higher education, or GED classes) -On-the-job or vocational training -Job search or job search training (up to 40 hours/month) -Community service -Participation in classes on health insurance, using health care, or healthy living (up to 20 hours/year) -Participating in programs through state Department of Workforce Services -Compliance with either SNAP or Transitional Employment Assistance (TEA) employment programs	Non-medically frail individuals ages 19-49 in ACA Medicaid expansion group at or below federal poverty level, with individuals ages 19-29 exempt in 2018 *(in the waiver, the state also requested limiting the ACA Medicaid expansion eligibility group to those earning 100 percent of the federal poverty level (FPL) or less; this aspect of the waiver was not approved)*	-Individuals 50 and older -Full-time students (attending high school, an institution of higher education, vocational training, or job training) -Those exempt from SNAP work requirements -Those receiving Transitional Employment Assistance (TEA) cash assistance or who are exempt from TEA work requirements -Individuals incapacitated in the short term or medically certified as physically or mentally unfit for employment, or has an acute medical condition validated by a medical professional that would prevent compliance with requirements -Caregivers of an incapacitated individual -Those who live with a minor dependent child age 17 or younger -Those receiving unemployment benefits -Those participating in alcohol or drug addiction treatment program -Pregnant women, through the end of post-partum care -Individuals determined to be medically frail	Individuals must demonstrate compliance on a monthly basis. Loss of eligibility if enrollee fails to meet work requirements for any three months during the coverage year (either consecutive or non-consecutive months), with coverage termination occurring at the end of the third month of noncompliance. Unless a good cause exemption is met, individual would be locked out of coverage until start of next coverage year and would need to file a new application at that time. Good cause exemptions include: -Disability of individual or if individual has an immediate family member in the home with a disability and is unable to meet requirements due to this; -Hospitalization/serious illness of the individual or an immediate family member in the home; -Birth or death of a family member in the home; -Severe inclement weather or natural disaster causing inability to meet requirement; or -Individual has family emergency or other life changing event (e.g., divorce or domestic violence). If state determines that an individual's failure to comply or report compliance was the result of a catastrophic event or circumstances beyond an individual's control, the individual will receive retroactive coverage to the date coverage ended without the need for a new application.

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GA	Approved Oct. 15, 2020; not yet implemented	Has not implemented ACA Medicaid expansion (approved waiver permits the state to expand Medicaid only to 100% FPL, with no enhanced federal match)	80 hours/month	-Subsidized or unsubsidized public or private sector employment, including self-employment and employment as an independent contractor -On-the-job training -Participation in job readiness activities directly related to the preparation for employment, including habilitation and rehabilitation activities and GED programs -Community service with public or non-profit organizations -Vocational educational training (limited to 12 months in an individual's lifetime, unless enrolled in vocational education for a highly sought after trade through the Technical College System of Georgia High Demand Career Initiative) -Enrollment in an institution of higher education (qualifying hours earned will vary based on course load) -Enrollment and active engagement in the Georgia Vocational Rehabilitation Agency Vocational Rehabilitation program, as long as the individual has been determined eligible for these services based upon a documented disability and complies with program terms	Individuals ages 19 to 64 who are not currently eligible for Medicaid, which includes childless adults up to 100% FPL and parents/caretakers with income 35-100% FPL	No exemptions, other than good cause exemptions described in Penalties for Non-Compliance section	Reporting is required on a monthly basis. In addition to meeting the work requirements, individuals must timely pay required premiums, if applicable (premiums are required for individuals 50-100% FPL). If individuals do not meet the requirements, they will be suspended from the program. Individuals will have 90 days to meet the requirements for the suspension to be lifted, and can have coverage prospectively reinstated if proof of compliance is provided. If individuals do not meet the requirement by that time, they will be disenrolled. Individuals who have been compliant but become unable to comply due to certain circumstances will be allowed a maximum of 120 hours of non-compliance in a 12-month benefit year; the good cause circumstances include (but are not limited to): 1) enrollee or immediate family member is hospitalized or experiences a serious illness, preventing fulfillment of qualifying activities; 2) enrollee experiences a short-term injury or illness, preventing fulfillment of qualifying activities; 3) birth, adoption, or death of an immediate family member; 4) enrollee accepts a foster child or kinship care placement; 5) enrollee experiences a natural or human caused disaster, preventing fulfillment of qualifying activities; 6) enrollee has a family emergency or other life event (e.g. divorce, civil legal matter, or is a victim of domestic violence); 7) temporary homelessness; 8) enrollee is quarantining in response to having COVID-19 symptoms, diagnosis, or exposure, or closure of places where enrollee was meeting the hours and due to COVID-19 no longer can; 9) other good cause reason as defined and approved by the state. Individuals who demonstrate compliance for six consecutive months will be exempt from reporting until they are reevaluated for eligibility, but will need to inform the state if their employment status changes.

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ID	Pending	Nov. 2018 ballot measure to adopt full ACA Medicaid expansion beginning 4/1/19 was passed by voters. However, state legislature passed and governor signed into law S 1204 in April 2019 to modify the voter-approved expansion to include work requirements, as well as other changes.	20 hours/week, averaged monthly	-Working at least 20 hours per week, averaged monthly, or earning wages equal to or greater than the federal minimum wages for 20 hours of work per week -Participating in and complying with the requirements of a work training program at least 20 hours per week, as determined by the department -Volunteering at least 20 hours per week, as determined by the Idaho Department of Health and Welfare (IDHW) -Enrolled at least half-time in post-secondary education or another recognized education program, as determined by IDHW, and remaining enrolled and attending classes during normal class cycles -Meeting any combination of working, volunteering, and participating in a work program for a total of at least 20 hours per week, as determined by IDHW -Subject to and complying with a work program for TANF or participating and complying with a workforce program in SNAP	Able-bodied individuals age 19-59 in ACA Medicaid expansion group	-Individuals under age 19 or over age 59 -Individuals who are physically or intellectually unable to work (including behavioral health barriers) -Pregnant women -Parents or caretakers who are the primary caregivers of a dependent child under the age of 18 -Parents or caretakers who are personally providing care for a person with serious medical conditions or a disability -Individuals applying for or receiving unemployment compensation and complying with work requirements that are part of the federal-state unemployment insurance program -Individuals participating in a drug addiction or alcohol treatment and rehabilitation program -American Indians or Alaska Natives who are eligible for services through the Indian Health Service or through a tribal health program	Individuals who fail to comply with the requirements will become ineligible for Medicaid for a period of two months, unless they can provide proof of meeting an exemption or can demonstrate compliance before the disenrollment effective date. Individuals may become eligible for Medicaid upon the earlier of: 1) after two months from the date of ineligibility; or 2) at any time sooner, after demonstrating compliance or an exemption.

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IN	Approved Feb. 2, 2018; began implementing as of Jan. 2019 (but no work hours are required during the first six months). On Sept. 23, 2019, the National Health Law Program and Indiana Legal Services filed a lawsuit challenging the waiver. In response, in late October the state indicated that it would be suspending the work requirements until the lawsuit is resolved.	Implemented ACA Medicaid expansion	Requirements will increase over the course of the individual's first year of participation, beginning at five hours/week at the seventh month of enrollment and increasing to 20 hours/week at 18 months and beyond Enrollees must meet the community engagement requirements for eight months per calendar year	-Subsidized or unsubsidized employment -Participating in state's Gateway to Work program -Managed care entities employment initiatives -Job skills training -Job search activities -Education related to employment; general education (e.g. GED or community college) -Accredited ESL education or homeschooling -Vocational education/training -Community work experience -Community service/public service -Volunteer work -Caregiving services for a non-dependent relative or other individual with a chronic, disabling health condition -Compliance with SNAP work requirements Certain tribal members will be considered as meeting the Gateway to Work requirement due to tribe's Pathways employment program. Gateway to Work will also encourage enrollees with a substance use disorder to seek treatment by considering participation in treatment program as criteria for exemption.	Able-bodied individuals enrolled in Healthy Indiana Plan (HIP), up to age 60 (ACA Medicaid expansion group, Transitional Medical Assistance recipients, some parents and caretakers)	-Full- and part-time students -Pregnant women -Primary caregivers of a dependent child below the compulsory education age, or who are primary caregivers of a disabled dependent -Medically frail individuals -Certification of temporary illness or incapacity -In active substance use disorder treatment -Individuals over age 59 -Former foster care youth under age 26 (they are not covered under the demonstration) -Homeless individuals -Individuals who are meeting or are exempt from TANF work requirements -Recent incarceration (within last six months) -Individuals enrolled in state's Medicaid employer premium assistance program -Some other exemptions possible based on individual review	Each December, state will evaluate if enrollees have met work requirement hours for the prior 12-month calendar year. If requirements are not met, eligibility will be suspended beginning on the first day of the new calendar year. Individuals with suspended benefits can reactivate eligibility by meeting one of the following criteria: 1) becoming eligible under another eligibility group; 2) qualifying for an exemption; 3) completing one calendar month of the work requirement hours and submitting documentation information to the state. Unless an individual reactivates eligibility, eligibility will remain suspended until redetermination date; if at that time the individual does not qualify for an exemption, enrollment will be terminated and individual will need to reapply to regain coverage. Good cause exemptions include, but are not limited to: 1) Individual has a disability or has an immediate family member within the home with a disability and was unable to meet requirements due to this; 2) Individual is a victim of domestic violence; 3) Additional circumstances may be granted exemptions, as the state deems necessary.

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MI	On April 6, 2021, CMS withdrew the waiver approval, indicating that it does not promote program objectives Approved Dec. 21, 2018; implemented Jan. 1, 2020 (though implementation of the waiver's premiums and healthy behavior requirements were postponed until Oct. 1, 2020). Also, SB 362 was signed into law, which exempts individuals from having to report compliance if the state can determine compliance through other data, and allows individuals more time to report compliance. On Nov. 22, 2019, a lawsuit was filed challenging the approved waiver. On March 4, 2020, a federal district court ruled to block the work requirements.	Implemented ACA Medicaid expansion	80 hours/month	-Employment, self-employment, or having income consistent with being employed or self-employed (e.g. makes at least minimum wage for an average of 80 hours per month) -Education directly related to employment (i.e. high school equivalency test preparation, postsecondary education) -Job training or vocational training directly related to employment -Unpaid workforce engagement directly related to employment (e.g. internship) -Tribal employment programs -Participation in substance use disorder (SUD) treatment (court ordered, prescribed by a licensed medical professional, or Medicaid-funded SUD treatment) -Community service completed with a nonprofit 501(c)(3) or 501(c)(4) organization (can only be used as a qualifying activity for up to 3 months in a 12-month period -Job search directly related to job training -Individuals in compliance with or who are exempt from SNAP or TANF work requirements will be deemed compliant with the Medicaid work requirements	Non-disabled adults ages 19-62 In ACA Medicaid expansion group	-Caretaker of a family member under 6 years of age (only one parent at a time can claim this exemption) -Individuals currently receiving temporary or permanent long-term disability benefits from a private insurer or from the government -Full-time student who is not a dependent or whose parent or guardian qualifies for Medicaid -Pregnant women -Caretaker of a dependent with a disability who needs full-time care based on a licensed medical professional's order (this exemption is allowed only one time per household) -Caretaker of an incapacitated individual even if the incapacitated individual is not a dependent of the caretaker -Individuals who have proven they meet a good cause temporary exemption -Medically frail individuals -Individuals with a medical condition resulting in a work limitation according to a licensed medical professional order -Individuals who have been incarcerated within the last 6 months -Individuals currently receiving unemployment benefits -Individuals under age 21 formerly in the state's foster care system	Individuals will need to demonstrate compliance on a monthly basis An individual is allowed 3 months of noncompliance within a 12-month reporting period. After 3 months of noncompliance, individuals who remain noncompliant will not receive health care coverage for at least one month. Individuals can have coverage reinstated once they come into compliance with the requirements. If an individual is found to have misrepresented compliance with the work requirements, the individual will not be allowed to participate in the Healthy Michigan Plan for a one-year period.

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MS	Pending	Has not implemented ACA Medicaid expansion	20 hours/week	-Working in paid employment -Self-employment -Participation with Office of Employment Security -Volunteering with approved agencies -Participation in alcohol or drug abuse treatment program -Compliance with SNAP and TANF work requirements Individuals who fulfill the workforce training or community engagement requirement but become ineligible due to their income level exceeding Medicaid eligibility levels will be provided with 12 month transitional medical assistance coverage. Once this coverage is exhausted, an additional 12 months of coverage will be offered if these individuals continue to meet the workforce training or community engagement requirement.	Non-disabled adults ages 19-64 covered under traditional Medicaid, including low-income parents and caretakers and individuals eligible for transitional medical assistance	-Native Americans -Pregnant women -Children under age 19 -Disabled individuals; individuals enrolled in 1915 (c) waivers -Individuals 65 years and older -Individuals residing in an institution Exemptions will also apply to an individual who is: -Diagnosed with mental illness; -Determined disabled by Social Security; -Physically or mentally unable to work; -Receiving or has applied for unemployment insurance; -A primary caregiver for: a child under the age of 6; a person diagnosed with a mental illness; or a disabled family member; -Participating in an alcohol or drug abuse treatment program; -Receiving treatment for cancer; -Enrolled in an institution of higher learning at least part time; or -High school student age 19 or older, attending at least half-time.	Those who choose not to participate in the workforce training or community engagement activities and who do not qualify for another category of eligibility will lose coverage. Beneficiaries who lose coverage due to lack of participation will be reinstated immediately upon notification of compliance.

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MT	Pending	Implemented ACA Medicaid expansion (expansion was scheduled to sunset in July 2019; in May 2019 a bill to continue the expansion that adds work requirements was signed into law)	80 hours/month	-Employment -Work readiness and workforce training activities -Secondary, postsecondary, or vocational education -Substance abuse education or substance use disorder treatment -Other work or work/community engagement activities that promote work or work readiness or advance the health purpose of the Medicaid program -Community service or volunteer opportunity -Any other activity required by CMS for the purpose of obtaining necessary waivers	Non-disabled adults ages 19-55 In ACA Medicaid expansion group	-Medically frail, blind, or disabled individuals -Pregnant women -Individuals experiencing an acute medical condition requiring immediate medical treatment -Individuals who are mentally or physically unable to work -Primary caregiver for a person who is unable to provide self-care -Foster parents -Full-time students in secondary school; students enrolled in the equivalent of at least six credits in a postsecondary or vocational institution -Individuals who are participating in or who are exempt from TANF or SNAP work requirements -Individuals under correctional supervision -Individuals experiencing chronic homelessness -Victims of domestic violence -Individuals living in an area with a high-poverty designation -A member of an entity subject to the fee provided for in 15-30-2660(3) -Individuals with income that exceeds an amount equal to the average of 80 hours per month multiplied by the minimum wage -Individuals otherwise exempt under federal law	Individuals who are non-compliant will have 180 days to come into compliance. Failure to comply within this time period will result in suspension from the program, unless an individual attests and the state confirms that the individual is exempt from the work requirements. Good cause exemptions include individuals who: 1) are hospitalized or caring for an immediate family member who has been hospitalized; 2) have a documented serious illness or incapacity or are caring for an immediate family member with a documented serious illness or incapacity; or 3) are impacted by a catastrophic event or hardship, as defined by the state, which prevents an individual from complying with the work requirements.

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NE	Approved Oct. 20, 2020; not yet implemented On Feb. 25, 2021, Nebraska Appleseed and the National Health Law Program filed a lawsuit challenging the waiver.	Nov. 2018 ballot measure to adopt full ACA Medicaid expansion was passed by voters. A state plan amendment was submitted in April 2019, to implement expansion no later than Oct. 2020 (which occurred). The implementation delay was due to the state seeking a waiver to modify the expansion, including adding work requirements to obtain an enhanced benefits package of "Prime" benefits. Prime benefits consist of dental, vision, and OTC medications; individuals must also meet other requirements to qualify for Prime benefits, such as annual health visits and completing a health risk assessment.	80 hours/month To be eligible for the Prime benefits package, in addition to complying with certain wellness activities, individuals must also meet the work requirements in the second year of implementation (scheduled for 4/1/22). During the initial benefit period after the work requirement takes effect, individuals must meet the requirement in four out of six months. For subsequent benefit periods, individuals must meet the requirement in each of the six months preceding the individual's benefit review date (which begins the first day of the fifth month of the current benefit period).	-Employment, including self-employment -Volunteering at a public charity -At least half-time enrollment at an accredited college, university, trade school, or post-secondary training program, including refugee employment program (individuals enrolled less than half-time can combine education hours with other approved activities to meet the requirement) -Participation in course of study leading to a GED -Participation in SNAP and/or TANF recognized job search activity for at least 20 hours per week (can be combined with other approved activities to meet the 80 hour/month requirement)	Adults ages 21-59 In ACA Medicaid expansion group	-Medically frail individuals -Individuals participating in a substance use disorder or mental health treatment program -Individuals receiving unemployment compensation or who have applied for it and are meeting work search requirements -Members of a federally recognized tribe -Pregnant individuals -High school students over age 21 who are attending at least half-time. -Individuals age 60 or older -Individuals residing in an area that has been granted a federal SNAP ABAWD waiver due to insufficient job availability -Victims of domestic violence, when participation would make it harder to escape, penalize the individual, or put them at further risk of domestic violence -Parent, caretaker relative, guardian, or conservator of a dependent child in the enrollee's home -Individuals responsible for the care of an elderly or disabled relative; caretakers can qualify for the exception even if they live elsewhere -Participation in SNAP Employment and Training program or otherwise meeting SNAP ABAWD requirements -Participation in the TANF Employment First program	Individuals who do not comply with the work requirements will not lose eligibility for the program, but will receive the Basic benefits package instead of the Prime benefits package. Specifically, these individuals will not receive Prime benefits for one six-month benefit period. (Non-compliance with some other requirements such as attending medical appointments and providing timely notification of eligibility changes result in a loss of access to Prime benefits for two six month benefit periods; see Table 2 in the waiver approval document for further details.) After the one- or two six-month Prime benefit suspension period, individuals can regain access to the Prime benefit package by meeting all engagement requirements or qualifying for an exemption or good cause exception. In instances where an individual is assigned to the Basic benefits package due to non-participation in the work requirements, individuals can appeal based on providing a good cause exception; these include (but are not limited to) the following: -individual has a disability and is unable to meet the requirement due to the disability, or has an immediate family member with a disability, and the individual is unable to meet the requirement due to reasons related to the family member's disability -The individual or an immediate family member living in the home with the individual experiences a hospitalization or serious illness -Birth or death of a family member living with the individual -Severe inclement weather or natural disaster causing inability to meet requirement -Individual has family emergency or other life changing event (e.g., divorce or domestic violence) -Individual experiences a temporary or short-term illness documented by a clinician

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NH	On March 17, 2021, CMS withdrew the waiver approval, indicating that it does not promote program objectives; withdrawal is effective April 16, 2021 unless the state appeals. Approved May 7, 2018 (implemented as of March 2019; reporting began in June 2019). On March 20, 2019, the National Health Law Program, New Hampshire Legal Assistance, and the National Center for Law and Economic Justice filed a lawsuit challenging the waiver; in July 2019, a federal district court judge ruled to block the work requirements. Also, on 7/8/19, Gov. Sununu announced that any penalties associated with noncompliance would be delayed through Sept. 2019, and also signed into law SB 290, which adds additional exemptions for individuals, suspends rather than terminates coverage for noncompliance, and waives the requirements if a substantial number of individuals are unable to comply.	Implemented ACA Medicaid expansion	At least 100 hours per calendar month	-Subsidized or unsubsidized employment -Education directly related to employment, in the case of an individual who has not received a high school diploma or equivalent -Secondary school/course of study leading to a certificate of general equivalence -Enrollment at an accredited community college, college or university that is counted on a credit hour basis -Vocational training (not to exceed 12 months) -On-the-job training -Job skills training related to employment -Job search/readiness activities, such as job training workshops and time spent with employment counselors -Participation in substance use disorder treatment -Community service and public service -Caregiving services for a non-dependent relative or other individual with a disabling health, mental health, or developmental condition -Compliance with SNAP or TANF work requirements	Able-bodied adults covered by the ACA Medicaid expansion	-Individuals temporarily unable to participate due to illness or incapacity as documented by a licensed provider -Individuals participating in a state-certified drug court program -Parent or caretaker where the required care is certified as necessary by a licensed provider -Parent or caretaker of a dependent child under age 6 (only one exemption per household) -Parent or caretaker of a dependent child of any age with a disability -Pregnant women or women 60 days or less post-partum -Medically frail individuals -Individuals with a disability who are unable to comply due to disability-related reasons -Individuals residing with an immediate family member with a disability and are unable to meet requirements due to family member's disability -Individuals who experience a hospitalization or serious illness, or who reside with an immediate family member who experiences a hospitalization or serious illness -Individuals who are exempt from TANF or SNAP work requirements -Individuals enrolled in state's voluntary Health Insurance Premium Program	Individuals will have 75 calendar days after the start of the requirement or after their eligibility determination to meet the requirement. Failure to comply will result in suspension of eligibility, unless there is a good cause exception. Good cause exceptions include: -Disability of the individual or if individual has an immediate family member in the home with a disability and is unable to meet requirements due to this; -Hospitalization/serious illness of the individual or an immediate family member in the home; -Birth or death of a family member in the home; -Severe inclement weather or natural disaster causing inability to meet requirement; -Individual has family emergency or other life changing event (e.g., divorce or domestic violence); or -Other reasons as defined or approved by the state. If individuals are non-compliant, the state will inform individuals that their eligibility will be suspended at the end of the following month, until an individual reports that they meet a good cause exception or qualify for an exemption, or that they make up the deficient hours for the month that resulted in noncompliance. If individuals remain non-compliant or do not meet an exemption, the state will suspend eligibility effective the first of the month following the one-month opportunity to cure.

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OH	Approved Mar. 15, 2019 (not yet implemented)	Implemented ACA Medicaid expansion	20 hours/week (80 hours averaged monthly)	-Work or employment in exchange for money -Self employment -Work in exchange for goods and services (in kind work) -Unpaid work, including unpaid formal and informal volunteer, community service and public service activities -Education and training activities -Formal and informal job search or job readiness programs (for no more than 30 days in a year unless combined with another qualifying activity and less than half the required hours are spent in job search or job readiness programs or job search is the only activity completed) -Participation in and compliance with SNAP and/or TANF work registration or employment and training requirements	Able-bodied adults in ACA Medicaid expansion group, up to age 50	-Individuals age 50 and older -Individuals who are physically or mentally unfit for employment -Individuals who are caring for a disabled or incapacitated household member -Pregnant women and women during the 60-day postpartum period -Parent/caretaker/individual residing in same house with minor child (under age 19) -Individual who has applied for or is receiving unemployment benefits -Students who are in school at least half time -Individuals who are participating in a drug or alcohol treatment program -Applicants for or recipients of SSI -Individuals participating in the state's Specialized Recovery Services program -Eligible incarcerated individuals -Individuals residing in counties approved by the USDA Food and Nutrition Service for a waiver of the Able-Bodied Adults without Dependents time limit -Individuals who are exempt from SNAP and/or TANF work requirements -Medically frail individuals	Individuals subject to the requirements must demonstrate compliance on an annual basis. Beneficiaries will be non-compliant if the state is unable to verify via data available through state systems and data sources that the beneficiary is compliant or if the beneficiary has not reported their compliance to the state within 60 days of being notified that they are required to participate in community engagement. If a beneficiary does not report within the 60 days that they are completing a qualifying activity, meet the criteria for an exemption, or experience a good cause circumstance, the beneficiary will be considered non-compliant and be disenrolled from Medicaid. Disenrollment will occur the first day of the month following appropriate notice after the end of the 60-day period by which the individual was notified about the community engagement requirement. Individuals who are disenrolled for non-compliance can reapply immediately or at any time following disenrollment. Good cause reasons include but are not limited to: -Hospitalization or serious Illness -Illness of an immediate family member requiring the presence of the individual subject to the requirements or beneficiary has an immediate family member living in the home who experiences a hospitalization or serious illness -Emergencies, as defined by the state -Severe inclement weather (including a natural disaster) -Unavailability of transportation -Domestic violence

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OK	Pending	Has not implemented ACA Medicaid expansion	Average of 80 hours/month, with a phased-in hours per week approach available: -First three months no verification required (grace period); -At least 10 hours/week for 4-6 months of enrollment -At least 15/hours week for 7-9 months of enrollment -At least 20 hours/week for 10-12 months of enrollment Individuals recently released from incarceration will have a 9-month grace period	-Employment -Workforce Innovation and Opportunity Act (WIOA) Program -Employment & Training (E&T) Program; job search or job search training activities when offered as part of other E&T program components are acceptable as long as those activities comprise less than half the total required time spent in the components -Education related to employment -General Education Development/Diploma (GED) -Vocational education/training -Participation in Oklahoma Works -Volunteer work (e.g. classroom volunteer, faith-based or community service programs) -Meeting any combination of work, participating in work training or volunteering the specified number of hours per week, averaged monthly	Non-disabled adults ages 19-50 covered under traditional Medicaid (exemptions noted in Exempted Groups section)	-Individuals under age 19 or over age 50 -Pregnant women -Individuals who are medically certified as physically or mentally unfit for employment -Parent or caretaker responsible for care of a dependent child under age 6 -Individuals complying with TANF or SNAP work requirements -Individuals participating in drug or alcohol treatment program -Students enrolled at least part time in a recognized school, training program, or institution of higher education -Individuals complying with a work registration requirement under Title IV of the Social Security Act or the federal-state unemployment compensation system -Self-employed individuals working a minimum of 30 hours/week or receiving weekly earnings equal to federal minimum wage multiplied by 30 hours -Individuals with disabilities -Individuals enrolled in Oklahoma Health Care Authority family planning program -Individuals in the Oklahoma Health Care Authority Breast and Cervical Cancer Program -Foster care parents -Former foster care members -Native Americans and Alaska Natives	Individuals who do not comply with the requirements will be terminated in accordance with current termination and notification policies Individuals who lose eligibility after non-compliance may re-apply if they comply with work requirements for at least the specified number of hours in a 30-day period Individuals can submit a good cause exemption request; the exemptions align in part with those in the SNAP program

State	Waiver Status	Medicaid Expansion Status	Work Requirement Hours	Qualifying Activities	Population Group	Exempted Groups	Penalties for Non-Compliance
SC	Approved Dec. 12, 2019; not yet implemented	Has not implemented ACA Medicaid expansion Proposes to increase the income threshold for the Parent as a Caretaker Relative program to 100% FPL (approving in separate waiver) Proposes to extend current coverage for pregnant up to 194% FPL from 60 days postpartum to one-year postpartum (not approved) Proposes to expand coverage to individuals not otherwise eligible for Medicaid who meet certain criteria—chronically homeless, justice involved, or needing SUD treatment (approving in separate waiver as new Targeted Adult Group) Proposes to provide individuals who lose Medicaid eligibility due to employment and who are not eligible for ESI with financial assistance to purchase QHP coverage (not approved)	80 hours/month	-Subsidized or unsubsidized employment, including self-employment -Participation in adult secondary education program through public school district or technical college, including GED programs -At least half-time enrollment in a degree or certificate program in an accredited institution of higher education -Compliance with unemployment insurance work-search requirements -Compliance with SNAP or TANF work requirements -Participation in a tribal work program -Community or public service, including verifiable volunteerism with public entities or qualified charitable organizations	Non-disabled adults under age 65 enrolled in the state's Medicaid as a Parent Caretaker Relative program, Transitional Medical Assistance enrollees, and the new Targeted Adult Group	-Members of federally recognized tribal organizations -Individuals who are qualified as working disabled individuals -Individuals diagnosed with an acute medical condition that would prevent them from complying with work requirement -Primary caregiver of a child up to age 18, and/or a disabled individual -Individuals receiving Social Security Disability Insurance or Supplemental Security Income -Individuals participating in a Medicaid-covered treatment program for alcohol or substance abuse addiction, including opioid addiction -Individuals receiving treatment through Medicaid's Breast and Cervical Cancer Program -Individuals who are compliant with or exempt from SNAP or TANF work requirements -Former foster care youth -Individuals residing in regional areas that have an unemployment rate of 8 percent or greater -Home and community-based services waiver participants or individuals in institutions -Medically frail individuals -Individuals who are pregnant through 365 days post-partum	Individuals who are non-compliant and who do not meet the requirement within 90 days of receiving notice of non-compliance would be suspended, unless an appeal is filed or an individual has a good cause exemption. Individuals can have coverage reinstated if state receives notification of compliance with or exemption from the work requirements. If an individual remains suspended at the end of the eligibility period and is not eligible for Medicaid on another basis, the individual will be disenrolled. Circumstances constituting a good cause exemption include: -Disability of the individual or if individual has an immediate family member in the home with a disability and is unable to meet requirements due to this; -Hospitalization/serious illness of the individual or an immediate family member in the home; -Birth or death of a family member in the home; -Severe inclement weather or natural disaster causing inability to meet requirement; -Individual has family emergency or other life changing event (e.g., divorce or domestic violence); or -Individual experiences a temporary or short-term illness documented by a clinician.

State	Waiver Status	Medicaid Expansion Status	Work Requirement Hours	Qualifying Activities	Population Group	Exempted Groups	Penalties for Non-Compliance
SD	Pending (though the program operating on a voluntary basis beginning 7/1/18)	Has not implemented ACA Medicaid expansion	80 hours/month On an individualized basis, the 80 hour requirement may be reduced to a lesser amount	-Employment Meeting monthly milestones through activities such as: -English as a second language courses -Health insurance literacy courses -Financial literacy courses -Disease management courses and other healthy living courses -Treatment for chronic or behavioral health conditions -High school equivalency education -Post-secondary education and training -Volunteer work -Caregiving for an elderly or disabled individual -Resume writing and soft skills training -Job searching Individuals will be connected with a case manager to assist with connecting individuals to support services and to develop an employment and training plan Individuals will be eligible for Transitional Medical Benefits (TMB) for 12 months if their income exceeds the Medicaid income eligibility limit, and for up to an additional 12 months of premium assistance if they have income above the Low Income Families program limit but below 100% FPL. One well-adult visit and one preventive dental visit is required during the period an individual is eligible for TMB to qualify for premium assistance.	Parents ages 19-59, in two of the state's counties (Minnehaha and Pennington)	-Individuals age 18 or younger or age 60 or older -Full-time students -Pregnant women -Disabled individuals -Medically frail individuals -Individuals participating in other state workforce participation programs that meet the same objectives (e.g. SNAP, TANF, or unemployment insurance) -Nonparent caretaker relatives -Parents of dependent children under one year of age who are living in the parent's residence -Primary caregivers of elderly or disabled individuals living in the caretaker's residence	Newly enrolled individuals will be granted a three-month period from their initial application month before they become subject to the requirements During the first and second months of non-compliance, individuals must contact the Department of Labor and Regulation (DLR) within 30 days to develop a corrective action plan. After the third month of non-compliance, individuals will be given a 10-day notice of termination of Medicaid eligibility. Individuals who lose eligibility can work with DLR to take corrective action within 30 days of coverage closure to reinstate coverage, which will be determined by the Department of Social Services. Failure to obtain reinstatement during the 30 day period will result in a 90-day ineligibility period. Individuals who are disenrolled but are subsequently determined to qualify for an exemption and remain eligible will have eligibility reinstated starting the month they qualify for the exemption. Individuals can qualify for a good cause exemption prior to disenrollment due to non-compliance, which include but are not limited to: -Family member in the home with a disability and individual is unable to meet requirements due to serving as short-term caretaker for that family member; -Hospitalization/serious illness of the individual or an immediate family member in the home; -Death of a family member in the home; -Severe inclement weather or natural disaster causing inability to meet requirement; -Individual has family emergency or other life changing event (e.g., divorce or domestic violence)

State	Waiver Status	Medicaid Expansion Status	Work Requirement Hours	Qualifying Activities	Population Group	Exempted Groups	Penalties for Non-Compliance
TN	Pending	Has not implemented ACA Medicaid expansion	20 hours/week (averaged monthly)	-Paid employment -Self-employment (individual must be able to demonstrate income consistent with working at least 20 hours/week, averaged monthly) -General education (e.g. high school or high school equivalency, college, ESL courses, etc.) -Vocational education and training -Participation in job search or job skills training activities sponsored by the state's Department of Labor & Workforce Development -Accredited homeschooling -Community service (volunteering) in approved settings -Individuals complying with SNAP or TANF work requirements will be deemed compliant	Non-pregnant, non-disabled, non-elderly adults in parent/caretaker relative eligibility category	-Individuals age 65 and older -Individuals who are physically or mentally incapable of work, as certified by a medical professional -Medically frail individuals -Individuals with a short-term or long-term disability or an acute medical condition that would prevent them from complying, validated by a medical professional -Individuals participating in inpatient or residential treatment or an intensive outpatient program for a substance use disorder -Individuals who are the primary caregiver of a child under age 6 (one exemption per household) -Individuals providing primary caregiver services for a household member (child or adult) with a disability or incapacitation or medical frailty that prevents the caretaker from meeting work requirement -Individuals receiving unemployment benefits -Individuals who have recently been directly impacted by a catastrophic event such as a natural disaster -Pregnant women and women during their period of postpartum coverage	Individuals will be required to document compliance on a monthly basis. To maintain coverage, individuals must meet the requirement for four months out of every six-month period. Individuals who have not demonstrated compliance for at least four months of the six-month reporting period will be subject to benefit suspension. Benefits will remain suspended until an individual demonstrates compliance with the requirements for one month. Good cause exemptions may be granted for acute or short-term individual circumstances that warrant special consideration (e.g. individuals experiencing homelessness, victims of domestic violence, victims of human trafficking, etc.)

State	Waiver Status	Medicaid Expansion Status	Work Requirement Hours	Qualifying Activities	Population Group	Exempted Groups	Penalties for Non-Compliance
UT	Approved Dec. 23, 2019; implemented Jan. 1, 2020; however, on 4/3/20, the state suspended the work requirement due to COVID-19.	Nov. 2018 ballot measure to adopt full ACA Medicaid expansion beginning 4/1/19 was passed by voters. However, state legislature passed and governor signed into law SB 96 in Feb. 2019 to modify the voter-approved expansion. The first phase of SB 96 only expanded Medicaid up to 100% FPL, at the state's regular FMAP, and was approved in March 2019. This implementation toolkit outlines the state's plan. In Nov. 2019, the state submitted a waiver for the "fallback" plan, which implements the full ACA expansion at the enhanced match rate, with work requirements, which was approved in Dec. 2019.	Hours not specified (see Qualifying Activities section)	Individuals will be required within the first three months starting on the first of the month following notification that the individual is subject to the work requirement to complete the following activities: • 1) register for work through the state's online system; • 2) complete an online assessment of employment training needs; • 3) apply for employment, either directly or through the state's automated employment application submission process, with at least 48 applications; • 4) complete the online training modules, as determined appropriate by the online assessment. Once the required activities are completed, an individual will remain eligible for the remainder of the 12-month eligibility period.	Individuals in ACA Medicaid expansion group, under age 60	-Individuals age 60 and older -Pregnant or up to 60 days postpartum -Physically or mentally unable to meet requirements (as determined by a medical professional or documented through other data sources) -Parents/caretakers with dependent child under age 6 -Caretaker for disabled individual -Member of a federally recognized tribe -Receiving or has applied for unemployment insurance benefits -Participating regularly in SUD treatment program, including intensive outpatient treatment -Student enrolled at least half time in any school or vocational training or apprenticeship program -Participation in refugee employment services -Family Employment Program (FEP) recipients who are working with an employment counselor -Individuals in compliance with or who are exempt from SNAP and/or TANF work requirements -Individuals working at least 30 hours/week	Failure to comply within the three months an individual is required to complete the work requirements will result in loss of eligibility, unless s/he can demonstrate a good cause exemption. Eligibility is terminated on the last day of the month in which the individual receives notification of his or her non-compliance, unless an appeal is filed or the individual qualifies for a good cause exception. Individuals can become eligible again by meeting requirements; these individuals must reapply and would be re-enrolled with eligibility effective the first day of the month in which the individual re-applies. If the individual reports having met the requirements within one month of disenrollment, s/he will not have to submit a new application. Good cause exemptions include: -Disability of individual or if individual has an immediate family member in the home with a disability and is unable to meet requirements due to this; -Hospitalization/serious illness of the individual or an immediate family member in the home; -Birth or death of a family member in the home; -Severe inclement weather or natural disaster causing inability to meet requirement; -Individual has family emergency or other life changing event (e.g., divorce or domestic violence); -Individual has no access to internet or transportation to a place where the requirements can be completed, such as a job center or library; -There are fewer than 48 employers in the individual's geographic area that potentially could offer employment or from whom the individual reasonably could be expected to accept an employment offer; or -Individual is the primary caretaker of a child age 6 or older and was unable to meet the requirement due to childcare responsibilities

State	Waiver Status	Medicaid Expansion Status	Work Requirement Hours	Qualifying Activities	Population Group	Exempted Groups	Penalties for Non-Compliance
WI	On April 6, 2021, CMS withdrew the waiver approval, indicating that it does not promote program objectives Approved Oct. 31, 2018; not yet implemented	Has not implemented ACA Medicaid expansion *(state has waiver to cover childless adults aged 19-64 up to 100% FPL)*	80 hours/month	-Working in exchange for money or for goods or services -Unpaid work (e.g. volunteer work or community service) -Self-employment -Participating in allowable work, job training, or job search program (e.g. FoodShare Employment and Training and other state-approved workforce programs)	Adults ages 19-49 who are eligible for Medicaid as childless adults	-Individuals receiving SSDI or other disability benefits -Primary caregiver of individual who cannot care for self -Physically or mentally unable to work as determined by the state or verified as unable to work by a health care professional or social worker -Individuals experiencing chronic homelessness -Receiving or has applied for unemployment insurance and in compliance with unemployment compensation work requirements -Exempt from SNAP work requirements -Participating in certain alcohol or drug abuse treatment programs -Enrolled in institution of higher learning (including vocational programs or GED classes) at least half time -Individuals attending high school at least half-time	Individuals will be disenrolled and not allowed to re-enroll for six months if they do not comply with the work requirements for an aggregate period of 48 months. Good cause exemptions include: -Disability of individual or if individual has an immediate family member in the home with a disability and is unable to meet requirements due to this; -Hospitalization/serious illness of the individual or an immediate family member in the home; -Birth or death of a family member in the home; -Severe inclement weather or natural disaster causing inability to meet requirement; -Individual has family emergency or other life changing event (e.g., divorce or domestic violence) *The state originally sought to require individuals to complete drug screening assessments, and also a drug test if needed; in the approved waiver instead of these requirements, a completion of a health risk assessment is a condition of eligibility.*

Notes: Kansas submitted a waiver proposal to CMS in December 2017 that included Medicaid work requirements for certain individuals; in December 2018, CMS approved the waiver, but the state asked CMS to defer consideration of the work requirements. North Carolina submitted a waiver proposal to CMS in November 2017 that included Medicaid work requirements, but the work requirements were contingent on proposed legislation to expand Medicaid through a program called Carolina Cares that did not move forward. Maine's request to implement Medicaid work requirements that was submitted under former Gov. LePage was approved Dec. 21, 2018; on Jan. 22, 2019, Gov. Mills informed CMS that the state would not accept the terms of the waiver and would instead direct state officials to make vocational training and workforce supports available to enrollees. Kentucky's request to implement work requirements under former Gov. Bevin was approved in Jan. 2018, but was never implemented due to legal challenges, and on Dec. 16, 2019, Gov. Beshear informed CMS that the state would not be moving forward with the Kentucky HEALTH waiver, and that the state is no longer challenging the March 2019 ruling that vacated the waiver approval. While Virginia submitted a waiver application in Nov. 2018 that included work requirements for the expansion population, in Dec. 2019 the governor said that the state will pause negotiations with CMS, indicating that with the General Assembly moving to Democratic control it is unlikely the state will move forward with the work requirement; and on July 1, 2020, Virginia submitted a formal request to withdraw the work requirements (and cost sharing provisions) from the state's waiver application. On Feb. 17, 2021, Alabama requested to withdraw its pending waiver to implement work requirements within the state's traditional Medicaid program.

Chart updated 4/8/21