## Up ... Not Off: Moving from Medicaid to Self-Sufficiency

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### Why "Up ... Not Off?"

ACF's goal is to facilitate the achievement of self-sufficiency.

94 million American adults are not in the labor force (37% of our civilian, non-institutionalized population aged 16+):

- 44 million are retired
- 13 million are caring for family members

## This leaves 37 million genuinely idled:

14 million of those claim a health impediment

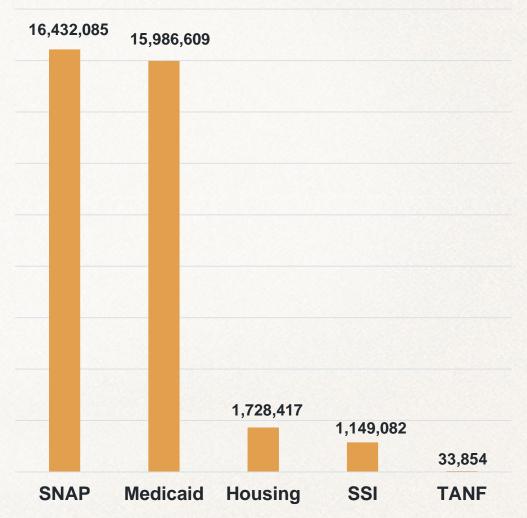
These absent workers are not only an impediment to continued economic growth, they are consigning themselves to an early death.

We have both an economic imperative and a moral imperative to draw these non-workers back into the economy, to reengage them as participating members of American society.

# Medicaid Uniquely Identifies 16M Beneficiaries of Work Promotion

- Adults (18+)
   receiving only one of
   these benefits =
   35,330,047
- Adults (18+)
  receiving 2-5 of
  these benefits =
  19,110,901

## Number of Unique Recipients in Each Program



## What Constitutes Effective Engagement?

- Differentiated assistance pathways based on individual needs
- Effective triage
- Intensive engagement for a brief time period (such as Life Coaching)
- Modest Investment/Pay-for-Performance

## **Current Landscape of Section 1115 Community Engagement Demonstrations**

#### APPROVED Section 1115 Demonstrations

- Arkansas
- Indiana
- New Hampshire

#### PENDING Section 1115 Demonstrations

- Alabama
- Arizona
- Kansas
- Maine
- Mississippi
- Ohio
- South Dakota
- Utah
- Wisconsin

#### The Great Untapped Infrastructure of Engagement: Managed Care Organizations (MCOs)

## States with MCO Coverage for 100% of Medicaid Population

3 of 51 states (TN, NE, HI)

## States with MCO Coverage for more than 75% of Medicaid Population

29 of 51 states (includes D.C.)

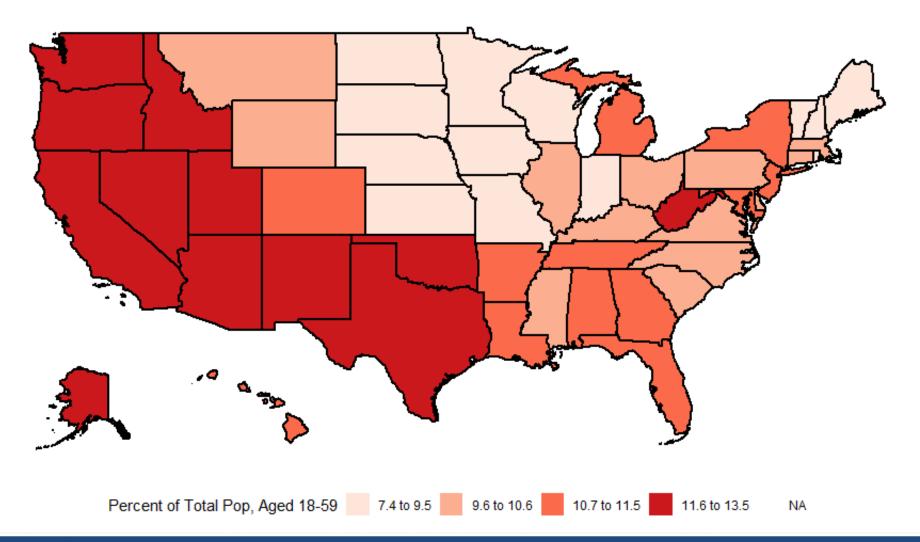
Source: As of July 1, 2017. Kaiser Family Foundation, <a href="https://www.kff.org/medicaid/state-indicator/share-of-medicaid-population-covered-under-different-delivery-systems">https://www.kff.org/medicaid/state-indicator/share-of-medicaid-population-covered-under-different-delivery-systems</a>



## What ACF has Learned in Conversations with MCOs

- State contracts often require nurses/PAs to serve as the casemanager; how does that work in the MCO world?
- Challenges of benefit cliffs
- Unavailability of federal funds for behavioral health services, social services, and employment services – a key barrier identified by MCOs
- More explicit guidance/TA for employment-focused case management and the kinds of practices that can help MCOs/Medicaid
- Data interoperability
- Workforce Innovation and Opportunity Act (WIOA) barriers

# Percent of Population 18-59 Disengaged from Work, Average Annual: 2013-2015





#### How ACF Can Help - www.acf.hhs.gov

- Convening Federal Partners
- Training and Technical Assistance
- TANF Unobligated Balances
- Research and Best Practices
- Federal Policy Review

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#### **Support on the Ground:**

Example: ACF leadership can visit states to (1) see and hear the challenges states are facing in implementation and (2) send the message that HHS is not motivated by a desire to reduce Medicaid enrollment, but to help low-income Medicaid recipients improve their well-being through increased work.

#### **Making Helpful Connections:**

Example: ACF can help facilitate Medicaid-TANF-DOL conversations at the regional level by hosting calls/webinars with the state Medicaid, TANF, and workforce offices.

## **Sharing Research and Technical Assistance Materials:**

- Example: ACF can provide studies of work engagement strategies and work requirements spanning decades, including:
  - Mathematica, <u>Strategies for Increasing TANF</u> Work Participation Rates
  - Mathematica, <u>Improving Engagement of TANF</u>
     <u>Families: Understanding Work Participation and</u>
     <u>Families with Reported Zero Hours of</u>
     <u>Participation in Program Activities</u>
  - MDRC, <u>Framing the Message: Using Behavioral</u> <u>Economics to Engage TANF Recipients</u>