

Advocate for Action:

Urge States to Take Steps to Minimize Coverage Losses Due to Medicaid Work Requirements

Fully Utilize Exemptions

- Adopt the full definition of substance use disorder (SUD) under the "medically frail" exemption
 - Include all substances, both legal and illicit, and people with up to 5 years in recovery
 - Demonstrate SUD through claims regarding any substance use related services, medications, and supports in the absence of a formal diagnosis
- Adopt a comprehensive list of conditions, diagnoses, and disorders that count as "medically frail"
 - Develop simple form to request consideration for conditions not on this list
- Adopt, and make public, broad criteria for evaluating if a person's condition "significantly impairs" their ability to meet the community engagement activity requirement
 - Consider a person's condition holistically, and whether the person is able to demonstrate community engagement consistently
- Broadly interpret programs that meet the SUD treatment and rehabilitation exemption
 - Do not require minimum hours for the "participating in treatment" exemption
- Adopt the short-term hardship exceptions
 - Adopt a comprehensive list of services considered to have a similar acuity level as inpatient hospital services for that hardship exception
- Apply the exemption that will last the longest and be the least burdensome for that person

Minimize Burdens

- Develop simple questions, embedded in the enrollment application, to ensure individuals understand all potential qualifying conditions and circumstances that would exempt them from the requirements
 - Collaborate with people who have lived experience to use language and terms that people would recognize to describe their condition or status
- Automate verification wherever possible, while protecting rights to privacy
 - Leverage work done to comply with requirements to operationalize health data sharing for justice-involved youth (CAA of 2023) and Medicaid suspension during periods of incarceration (CAA of 2024)

- Require carceral settings to provide individuals with hard copies of documentation of incarceration/release date, and any medical records upon release
- Develop simple, streamlined documentation templates tracking the regulatory language that both providers and patients can use
 - Conduct outreach to providers so they understand the importance of documentation
 - Create a short template letter for providers and a simple standardized form for individuals
 - Adopt self-attestation to the greatest extent allowable
- Adopt a broad list of practitioners who can confirm a person is medically frail, beyond medical and treatment settings
 - Consider peer counselors, community health workers, and other community touch points for individuals with SUD
- Choose to reverify exemption status only as frequently as required by regulation (12 months for medical frailty)

Advance Inclusive Policies

- Promote transparency and public involvement in policy decision-making, and participation in Medicaid Advisory Committee (MAC) and Beneficiary Advisory Council (BAC)
 - Include a breadth of perspectives in committees, including formerly incarcerated individuals and individuals living with SUD and other chronic health conditions
- Expand screening for "medically frail" conditions in jails and prisons and safety net settings, including the simple questions and template for documenting the "significantly impairs" standard
- Develop strategies for maximizing exemption utilization in high-risk populations
 - For example, the majority of individuals leaving incarceration have a history of SUD. Work with reentry and other providers to connect individuals to services related to SUD and other health conditions.
- Establish additional qualified work programs
- Use AI responsibly – can help with verification and approvals, should not be used to make denials
- Ensure privacy of medical records and other sensitive information

*States should expect to share any lists and evaluation criteria with CMS upon request.