

# Work and Community Engagement Requirements in Medicaid: Streamlined Medicaid Application, Eligibility, and Enrollment Requirements

Authored by Manatt Health

A grantee of the Robert Wood Johnson Foundation

August 2018

In January 2018, the Centers for Medicare & Medicaid Services (CMS) released a State Medicaid Director Letter (SMDL) providing guidance to states as to the circumstances under which CMS would approve 1115 demonstration waivers making work/community engagement (CE) requirements a condition of Medicaid eligibility. Since then, CMS has approved state work/CE waivers in Arkansas, Indiana, Kentucky, and New Hampshire, and additional states have submitted or are poised to submit similar waivers. Work/CE programs are complicated and costly to implement, and how states implement work/CE programs will determine whether beneficiaries find jobs, maintain or lose health insurance coverage, and experience improved health and well-being.

Federal Medicaid law and implementing regulations require a coordinated and streamlined eligibility and enrollment process in Medicaid. Approved demonstration special terms and conditions (STCs) sometimes cross-reference specific Medicaid eligibility and enrollment regulations but also—without reference to regulations—refer to states' ongoing obligations to maintain compliance with regulations that require states to have in place systems that minimize burden on beneficiaries in various ways, including by promoting reliance on electronic data exchange. Unless a specific provision of law is waived, states implementing Section 1115 work/CE waivers are required to comply with all existing requirements relating to application, eligibility determinations and enrollment requirements. The following regulatory provisions should guide states' implementation approaches. Other work/CE-related charts identifying features of approved state work/CE waivers; CMS guidance and waiver special terms and conditions; information technology business requirements; and state costs associated with implementing work/CE requirements are available in the full publication, [Work and Community Engagement Requirements in Medicaid: State Implementation Requirements and Considerations](#).

## Streamlined Medicaid Application, Eligibility, and Enrollment Requirements

Requirement	Citation	Description
<b>Application</b>	42 CFR 435.907	States must use a single, streamlined application for Medicaid and other insurance affordability programs, and that application must be accepted online, by telephone, by mail, in person, or through other commonly available electronic means. An in-person interview may not be required for individuals whose income is determined based on modified adjusted gross income (MAGI) methodologies.
<b>Attestation</b>	42 CFR 435.945(a)	States may accept attestation of information needed to determine the eligibility of an individual for Medicaid (either self-attestation by the individual or attestation by an adult who is in the applicant's household).
<b>Verification</b>	42 CFR 435.940-435.965	Taken together, these regulations require verification of any eligibility criteria through available electronic databases, the individual's account, or an electronic data exchange. Electronic verification may be systems-automated or completed manually by an eligibility worker without requiring additional information from the beneficiary.
<b>Noticing content and timing</b>	42 CFR 435.917-435.919	States must provide all applicants and beneficiaries with timely and adequate written notice of any decision affecting their eligibility, including an approval, denial, termination or suspension of eligibility, or a denial or change in benefits and services. Notices must be written in plain language, accessible to individuals with limited English proficiency, and available electronically. The state also must give beneficiaries timely and adequate notice of proposed action to terminate, discontinue, or suspend their eligibility, or to reduce or discontinue services they may receive under Medicaid.

Requirement	Citation	Description
Appeals processes	42 CFR 431.200-431.250	States must provide an opportunity for a fair hearing to any person whose claim for assistance is denied or not acted upon promptly, or who is subject to suspension, termination, reduction of services, or denial of a good cause exemption. Medicaid regulations specify detailed requirements related to hearing notices, rights, and procedures.
Change in circumstance	42 CFR 435.916(d)	States must promptly redetermine eligibility between regular renewals of eligibility whenever they receive information about a change in a beneficiary's circumstances that may affect eligibility.
Renewals	42 CFR 435.916	Ex parte renewals (renewals that do not require any action by the beneficiary) should be processed based on reliable information available in the beneficiary's account and/or new information that the state has verified through electronic data sources. To the extent the state needs additional information to complete a renewal, the state must issue a pre-populated form that includes all eligibility-related information available to the state and requests new information required to renew eligibility.
Coordinated eligibility and enrollment	42 CFR 435.1200	States must ensure coordinated eligibility and enrollment processes, including for eligibility renewal, among Medicaid, marketplace, and other insurance affordability programs to minimize burden on the individual; comply with eligibility information-sharing requirements; and ensure prompt determinations of eligibility and enrollment without undue delay.

---

Support for this research was provided by the Commonwealth Fund and the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of either the Fund or the Foundation.

#### ABOUT THE ROBERT WOOD JOHNSON FOUNDATION

For more than 45 years the Robert Wood Johnson Foundation has worked to improve health and health care. We are working alongside others to build a national Culture of Health that provides everyone in America a fair and just opportunity for health and well-being. For more information, visit [www.rwjf.org](http://www.rwjf.org). Follow the Foundation on Twitter at [www.rwjf.org/twitter](http://www.rwjf.org/twitter) or on Facebook at [www.rwjf.org/facebook](http://www.rwjf.org/facebook).

---

#### ABOUT STATE HEALTH AND VALUE STRATEGIES—PRINCETON UNIVERSITY WOODROW WILSON SCHOOL OF PUBLIC AND INTERNATIONAL AFFAIRS

State Health and Value Strategies (SHVS) assists states in their efforts to transform health and health care by providing targeted technical assistance to state officials and agencies. The program is a grantee of the Robert Wood Johnson Foundation, led by staff at Princeton University's Woodrow Wilson School of Public and International Affairs. The program connects states with experts and peers to undertake health care transformation initiatives. By engaging state officials, the program provides lessons learned, highlights successful strategies and brings together states with experts in the field. Learn more at [www.shvs.org](http://www.shvs.org).

---

#### ABOUT MANATT HEALTH

This brief was prepared by Patricia Boozang, Allison Orris, Mindy Lipson, and Deborah Bachrach. Manatt Health integrates legal and consulting expertise to better serve the complex needs of clients across the healthcare system.

Combining legal excellence, first-hand experience in shaping public policy, sophisticated strategy insight, and deep analytic capabilities, we provide uniquely valuable professional services to the full range of health industry players.

Our diverse team of more than 160 attorneys and consultants from Manatt, Phelps & Phillips, LLP and its consulting subsidiary, Manatt Health Strategies, LLC, is passionate about helping our clients advance their business interests, fulfill their missions, and lead health care into the future. For more information, visit <https://www.manatt.com/Health>.