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Contacts:

Gerald Kratochvil
785-291-3684
gerald.kratochvil@ks.gov

Angela deRocha
785-296-6154
angela.derocha@ks.gov

CMS Offers New Policy Guidelines for State Medicaid Work Requirements

TOPEKA, Kan. – The Centers for Medicare and Medicaid Services (CMS) today announced a new policy guidance for states including community engagement for Medicaid enrollees as part of their 1115 demonstration programs. Kansas is one of ten states which have submitted proposals for so-called “work requirements” for the state’s Medicaid managed care program, known as KanCare.

”Those who work are healthier and achieve a greater well-being and self-sufficiency,” said Lt. Governor Dr. Jeff Colyer. “We are pleased that the Federal Government has allowed states like Kansas to lead the way in this proposal. Coupled with our optional work opportunities for individuals with disabilities, Kansans will show that one’s quality of life improves when you have a job.”

The work requirements proposed in the KanCare 2.0 Section 1115 waiver proposal align with current SNAP / TANF requirements as CMS recommends. Also, Kansas has proposed a number of activities to satisfy the work requirement including job training, achieving higher education and community service for up to 20 hours a week.

Under the KanCare 2.0 Section 1115 waiver proposal, able-bodied adults would have work requirements as members of the Medicaid program. Those exempt from the work requirements would include:

- Members receiving long-term care, including institutional care and Money Follows the Person, or enrolled in or on the waiting list for the following home and community-based services (HCBS) waiver programs: Autism, Serious Emotional Disturbance (SED), Technology Assisted (TA), Frail Elderly (FE), Traumatic Brain Injury (TBI), Intellectual and Developmental Disabilities (I/DD), and Physical Disability (PD);
- Children;



- Members who are over the age of 65;
- Women who are pregnant;
- Members who have disabilities and are receiving Supplemental Security Income (SSI);
- Caretakers for dependent children under six years or those caring for a household member who has a disability;
- Medicaid beneficiaries who have an eligibility period that is only retroactive;
- Members enrolled in the MediKan program;
- Members presumptively eligible for Medicaid;
- Persons whose only coverage is under a Medicare Savings Program;
- Persons enrolled in Programs of All-inclusive Care for the Elderly (PACE);
- Members with TBI, human immunodeficiency virus (HIV), or in the Breast and Cervical Cancer Program; and
- Certain caretakers of KanCare members 65 years and older who meet criteria specified by the State.

Details on the new CMS policy can be found at <https://www.medicaid.gov/federal-policy-guidance/downloads/smd18002.pdf>.

Details on the KanCare 2.0 1115 Application can be found at: [http://www.kancare.ks.gov/docs/default-source/about-kancare/kancare-renewal-forums/kancare-renewal/kancare-2-0-demonstration-renewal-application-\(002\).pdf?sfvrsn=4](http://www.kancare.ks.gov/docs/default-source/about-kancare/kancare-renewal-forums/kancare-renewal/kancare-2-0-demonstration-renewal-application-(002).pdf?sfvrsn=4).

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