



Work Requirements in Safety Net Programs

Lessons for Medicaid from TANF and SNAP

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People enrolled in public assistance programs, such as Medicaid, the Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps), and Temporary Assistance for Needy Families (TANF, or cash assistance), say they want to find stable jobs that support their families. Most people agree that everyone should work if they can. So what's wrong with requiring people to work in exchange for receiving public assistance?

Despite the logic supporting work requirements in public assistance programs, the evidence shows work requirements fail to achieve their goal for two primary reasons:

- **Work requirements don't necessarily help people find jobs**, and certainly not jobs that lift people out of poverty.
- **The red tape associated with work requirements can cause people to lose access to vital supports even when they are working or should be exempt from the requirements.**

Helping people find jobs and maintain self-sufficiency is more challenging than simply requiring them to do so. To find jobs and maintain self-sufficiency without relying on public assistance, people need access to skill development, work supports such as child care and transportation, and job opportunities that provide living wages. Further, a sizable minority of people who currently rely on public assistance programs have health problems or caregiving responsibilities that make it difficult for them to maintain employment.

I don't think it's anybody's goal to stay on Medicaid or food stamps. I think ... everybody ... wants to be productive and get a job and be able to ... support themselves.

—Person receiving SNAP and Medicaid in Idaho (Hahn, Katz, and Isaacs 2017)

In this brief, we provide an overview of the lessons learned from TANF's and SNAP's work requirements and discuss the implications of expanding work requirements in SNAP or introducing them in Medicaid.

BOX 1

Current Work Requirements in TANF and SNAP

Temporary Assistance for Needy Families^a provides time-limited cash assistance and other services to low-income families with children. When TANF was created as part of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, it introduced both federal time limits on program participation and work requirements. Federal law requires states to (1) ensure that cash assistance recipients are working within 24 months of receiving assistance (or sooner if the state deems them to be ready for work), and (2) achieve annual work participation rates. States face potential financial penalties unless at least 50 percent of all TANF families with a work-eligible adult and 90 percent of two-parent TANF families with two work-eligible adults engage in specified work or work-related activities for a minimum number of weekly hours on average each month. However, states can reduce those percentages if they reduce their TANF cash assistance caseloads or increase their state spending (Hahn, Kassabian, and Zedlewski 2012).

The work activities specified in federal law generally include employment, job searches, and community service programs. TANF recipients engaged in these “core” work activities may spend additional hours in training and education directly related to employment,^b but some of these activities may only be counted for a limited time. States can allow cash assistance recipients to engage in other work activities, but only the federally specified activities count toward a state's work participation rate. Similarly, the federal government removes some families from the work participation rate calculation, such as those with single parents with children under a year old and those with parents caring for a disabled family member; states can choose to require such families to engage in work activities nonetheless or to exempt them for a longer period.

The Supplemental Nutrition Assistance Program, formerly known as the Food Stamp program, provides noncash benefits to low-income households for purchasing food. The Food Stamp Program was legislated in 1964 and amended in 1971 to include most of the work-related rules still in SNAP today. Federal rules require that able-bodied adult recipients who are not exempt (sometimes called “work registrants”) comply with a general work requirement. They must register to work, accept a job if offered, and not quit a job without good cause. Recipients are exempt from these requirements if they are under age 16 or over age 59; working at least 30 hours a week; “physically or mentally unfit for employment” as defined by the state; caring for children under age 6 or an incapacitated person; participating in treatment or rehabilitation; enrolled in school, training, or higher education at least half time; receiving unemployment compensation; or complying with work requirements under certain other programs. States also operate SNAP Employment and Training (E&T) programs, which are

intended to help participants build job skills, receive training, find work, and increase work experience. States have discretion to make certain recipients mandatory or voluntary participants in SNAP E&T programs. In 2017, about half of state SNAP E&T programs focused on voluntary participants (Rowe, Brown, and Estes 2017).

In 1996, the Personal Responsibility and Work Opportunity Reconciliation Act legislated a time limit for a subset of “work registrants”: able-bodied adults without dependents, including those who are noncustodial parents supporting their children through child support payments. Their benefits are limited to 3 months of assistance within a 36-month period unless they are working, participating in qualified education and training activities for 80 hours per month, or complying with workfare program activities (where the hours are determined by dividing the benefit amount by the minimum wage). Recipients are exempt from the time limits if they are under age 18, over age 49, pregnant, disabled, caring for a child or disabled family member, or already exempt from general SNAP work requirements.

For information on the work requirements currently in use in TANF, SNAP, and some federal housing assistance programs, see *Work Requirements in Social Safety Net Programs: A Status Report of Work Requirements in TANF, SNAP, Housing Assistance, and Medicaid* (Hahn et al. 2017).

^a The federal government funds TANF as a block grant to states, and states are required to contribute funds, called “maintenance of effort.”

^b The nine core work activities specified in federal law are unsubsidized employment, subsidized private sector employment, subsidized public sector employment, on-the-job training, job searches and job-readiness training, work experience, community service, vocational educational training, and providing child care to a community service participant. “Noncore” activities that may be counted if a participant is engaged in core activities for at least 20 hours per week include job skills training directly related to employment and, only for those who have not received a high school diploma or equivalent, high school attendance or education directly related to employment. See *Ensuring That Recipients Work*, 45 CFR 261.

TANF Work Requirements Have Not Been a Path to Employment and Self-Sufficiency

Work requirements do not necessarily help people find jobs, and certainly not jobs that lift them out of poverty. Research on the initial implementation of TANF work requirements found that they led to modest employment increases that decreased with time and did not increase stable employment in most cases; most people who found jobs remained poor (Pavetti 2016). A rigorous random-assignment evaluation of the long-term effects of mandatory welfare-to-work programs during the 1990s found that few programs increased job-finding rates for participants above the already high job-finding rates of peers not participating in the welfare-to-work programs. Although program participants worked more quarters and earned more than those in the control group, family net income remained largely unaltered, and most families remained in poverty (Hamilton et al. 2001). Similarly, a meta-analysis of 12 studies examining the effects of welfare-to-work programs found no significant effect on parental health and again found that initial employment and earnings gains for program participants were short-lived and did not lift families out of poverty (Gibson et al. 2017). The evidence on the effectiveness of work requirements in TANF comes largely from welfare-to-work experiments that predated TANF and from TANF programs in the late 1990s through the early 2000s, when the economy was strong and TANF rules gave states greater flexibility to define work activities.

Recent research on the experiences of families in Kansas leaving TANF between 2011 and 2015 found results similar to the long-term evaluations (Mitchell, Pavetti, and Huang 2018). Although most families worked at some point both while they received TANF and after they left, their employment was unsteady and did not lift them out of poverty. Families who left TANF because of time limits or work sanctions had the worst outcomes: four years after leaving, 70 percent had incomes below half the poverty level (if they had earnings at all). Median annual earnings were just \$2,175 for families who left TANF because of work sanctions. **Thus, the work requirement contributed to their leaving TANF but did not help them achieve self-sufficiency.**

Taking Away SNAP and Medicaid Can Undermine Employment

Work requirements reduce or eliminate program access for people who do not demonstrate that they are exempt from the requirements or sufficiently engaged in work activities. The evidence detailed below shows that most working-age people receiving Medicaid and SNAP who are not disabled are already working or between jobs, and these programs provide crucial supports that help them keep their jobs or find the next one. A person losing Medicaid and SNAP when they lose a job or when their employer reduces their hours can harm family health and well-being, and it can undermine long-term self-sufficiency for both parents and children. TANF cash assistance is especially crucial for people who are looking for or preparing for work because it is the only public assistance that allows families to pay their rent and purchase necessities such as shampoo, toilet paper, diapers, and laundry detergent.

Most Working-Age, Nondisabled People Receiving Medicaid and SNAP Are Already Working or between Jobs

Data from the Survey of Income and Program Participation show 58 percent of working-age, nondisabled SNAP households are employed while receiving benefits; that figure rises to 62 percent for households with children.¹ Estimates from the March 2017 Current Population Survey show that about 80 percent of nondisabled, nonelderly Medicaid beneficiaries live in working families (with 64 percent living in a family with a full-time worker), and 60 percent are working themselves (Garfield, Rudowitz, and Damico 2017).

SNAP, Medicaid, and TANF also support people who are between jobs. In more than 80 percent of SNAP households with a nondisabled, nonelderly adult, at least one adult was employed within the year before or after receiving SNAP, indicating that they used SNAP while they were between jobs.² Research from Minnesota found that 80 percent of TANF applicants had worked in the recent past or immediately before applying for benefits, indicating and that most had turned to TANF because they lost a job or left a job. The Minnesota research also revealed that a significant majority of TANF recipients work in accommodations (such as hotels and restaurants); administrative services (such as temporary hiring agencies); health care and social services, or retail, where wages tend to be low, schedules and hours can be unpredictable, and job turnover is high.

Programs like SNAP and TANF buffer spells of unemployment for many low-wage workers who do not qualify for Unemployment Insurance. All state Unemployment Insurance programs have eligibility requirements that include minimum standards for prior labor force attachment (generally requiring that the recipient have earned a certain amount during a certain period before losing a job), and these thresholds can exclude many low-wage workers. The GAO (2007) has previously found that low-wage workers are less likely to receive Unemployment Insurance benefits than higher-wage workers even though they are more likely to experience spells of unemployment.

Making ends meet is difficult for many low-wage American workers who may need support when they are working as well as when they are underemployed or unemployed. **Almost one in eight workers is in an occupation whose median wages barely lift their families out of poverty.** These include such jobs as retail salespeople, cashiers, food service workers, wait staff, stock clerks, and personal care aides (Keith-Jennings and Palacios 2017). **Many low-wage jobs in the current economy are also temporary or involve unpredictable, fluctuating schedules and few benefits,** making it difficult even for people who want to work full time to support themselves and their families (Ben-Ishai 2015; Gehr 2017).

Right now we are struggling and having it hard. We are trying just as hard as you are. Don't give up on us. We are utilizing this program to get us to the next step.

—Married couple receiving TANF and other supports for their family while he works as a hotel banquet chef and she is completing an associate's degree (Hahn, Giannarelli, et al. 2016)

The nature of employment affects people's ability to fulfill work requirements in Medicaid (such as those recently approved in Kentucky).³ Using data from the US Census Bureau's 2016 American Community Survey on Kentucky Medicaid enrollees, Gangopadhyaya and Kenney (2018) show that more than one-third of enrollees who are potentially nonexempt and working at the time of the survey were not working at least 50 weeks a year and 20 hours a week, so they would not fulfill Kentucky's requirement for year-round work. During the weeks that they do work, however, these enrollees work an average of 36 hours. The fluctuations in work hours may be the result of high job turnover and seasonal work. Currently, Kentucky's Medicaid work requirement indicates that if enrollees work more than 80 hours a month, the surplus hours cannot be applied to the following month. If they work fewer than 80 hours a month, however, nonexempt enrollees can make up missed hours in the following month, complete a state-approved health or financial literacy course, or apply for a "good-cause" exemption. Nonetheless, Gangopadhyaya and Kenney conclude that working enrollees who have problems finding consistent work might fall in and out of compliance with the waiver's work

requirements, causing interruptions in their Medicaid coverage and thus gap in their access to health care.

SNAP and Medicaid Help People Keep Jobs

Further, getting a job does not solve all of a struggling family's problems. Evidence shows that Medicaid and SNAP help workers maintain their health and well-being (as well as their children's) when the jobs they can find don't include health insurance and related benefits or don't pay enough to support themselves and their families. SNAP benefits are designed to minimize disincentives to work by not reducing SNAP benefits for every dollar earned and by allowing households to own cars they need to commute (Oliveira et al. 2018).

Improved access and use of health care is critical for children's and parents' health, for current parental employment, and for children's future employment.

- **Access to affordable health care helps people maintain their health so they can look for and keep jobs.** Illness or disability is the single most common reason that working-age adults living in poverty are not working (Rachidi 2016). According to a recent comprehensive report from the Ohio Department of Medicaid, more than half of people who enrolled after the state expanded eligibility reported that Medicaid made it easier to secure and maintain employment (Gehr and Wikle 2017; Ohio Department of Medicaid 2017).
- Medicaid coverage also improves families' financial circumstances, allowing them to pay for other basic needs, such as food and housing. The resulting reduction in financial stress further helps them focus on finding and keeping jobs (Caswell and Waidmann 2017; Gehr and Wikle 2017; McMorrow et al. 2017; Ohio Department of Medicaid 2017).
- Expanded eligibility for Medicaid and the Children's Health Insurance Program not only improves children's health insurance coverage, access to care and services, and health outcomes in childhood (Howell and Kenney 2012) but also yields long-term life improvements for the children enrolled.⁴ For example, children who gained access to Medicaid and the state Children's Health Insurance Program in the 1980s and 1990s paid more in cumulative taxes, collected less in earned income tax credit payments, and had higher wages by age 28 (Brown, Kowalski, and Lurie 2015).
- Expanded Medicaid coverage for parents leads to improvements in their coverage rates, access to care, health care affordability, and psychological stress (McMorrow et al. 2016; McMorrow et al. 2017). Further, expansions to parents have impacts that extend to children: the implementation of the coverage provisions of the ACA led to a spillover effect where Medicaid and Marketplace coverage expansions to parents translated into improvements in coverage and access to care for children (Alker and Pham 2017; Burak 2016; Hudson and Moriya 2017; Kenney et al. 2016; Kenney et al. 2017; Lukanen, Schwehr, and Fried 2016; Venkataramani, Pollack, and Roberts 2017).

Participating in SNAP boosts income, rewards earnings, and can significantly improve children’s short- and long-term outcomes.

- In the short term, SNAP lifts millions of families out of poverty and reduces food insecurity (defined as a lack of access at times to enough food for an active, healthy life). In 2015, SNAP lifted 8.4 million people from poverty, reducing the overall poverty rate 17 percent and the number of children in poverty 28 percent (Wheaton and Tran 2018).
- Using SNAP benefits to purchase food also allows low-income families to use their earnings for other necessities and reduces their need to choose among food, health care, housing, heat, and electricity (Carlson, Rosenbaum, and Keith-Jennings 2016).
- When children have adequate nutrition, they are healthier, are more emotionally stable, do better in school, and are more likely to graduate from high school (Carlson, Rosenbaum, and Keith-Jennings 2016; Cook and Frank 2008; Frongillo, Jyoti, and Jones 2006).
- These immediate improvements to children’s lives contribute to gains in their futures. Research shows that children who grew up in areas of the country with access to nutrition assistance have lower incidences of obesity, high blood pressure, heart disease, and diabetes as adults than children who grew up at the same time in areas without access to nutrition assistance. Further, girls in that study had improved employment, income, poverty status, high school graduation, and program participation as adults (Hoynes, Schanzenbach, and Almond 2016).

By helping low-income individuals and families pay their rent, purchase food and toiletries, and access health care, **TANF, SNAP and Medicaid also boost local economies and support jobs for farmers, distributors, food retailers, health care providers, and others** (Ayanian et al. 2017; Oliveira et al. 2018).

BOX 2

Racial Implications of Work Requirements

Studies have found disparate policy and employment impacts for African American and Latino people:

- African American people receiving TANF have less stable employment, are hired less often, and are more likely to cycle back to TANF, suggesting that African American job seekers face structural disparities and discriminatory employment practices that make it more challenging for them to find and keep jobs and comply with work requirements.
- State TANF policies are disproportionately restrictive and less generous in states where a larger share of the general population is African American. For example, states with higher concentrations of African American people tend to have more severe sanctions for an initial incident of noncompliance with the work requirement. A 5 percentage-point increase in the African American share of the population is associated with a nearly 10 percentage-point increase in the probability of having harsher initial sanctions (Hahn et al. 2017).
- African American and Latina TANF recipients also are more likely to face sanctions and caseworker bias in sanctioning decisions, highlighting the importance of considering not only written policies but also caseworker discretion in the implementation of work requirements (McDaniel et al. 2017; Monnat 2010).

Work Requirements Are Problematic for People with Physical and Mental Health Challenges and Other Barriers to Employment

Navigating work requirements could be especially daunting and damaging for people who have significant mental and physical health challenges that limit the hours or types of work they can do but who do not qualify as disabled for Supplemental Security Income or Social Security Disability Insurance. In tandem, work requirements pressure TANF administrators to achieve a certain work participation rate, leading to them pushing some people to work before they are ready rather than addressing issues that impede or limit their employment (Hahn, Giannarelli et al. 2016; Hahn, Golden, and Stanczyk 2012).

We have to look at some of those folks needing time for treatment, physical therapy, surgeries, or mental health treatment.

—Local TANF manager responsible for eligibility and jobs program (Hahn, Giannarelli, et al. 2016)

Even if new or enhanced work requirements in Medicaid and SNAP exempt people with disabilities, they would still need to document that they qualify for an exemption. Estimates from the March 2017 Current Population Survey found that among adult Medicaid beneficiaries who were not working and not receiving Supplemental Security Income in 2016, 36 percent reported that an illness or disability was their main reason for not working (Garfield, Rudowitz, and Damico 2017). Similarly, a study examining the health and employment status of Medicaid expansion populations using data from the 2015 National Health Interview Survey found that 48 percent of expansion enrollees are permanently disabled, have a serious physical or mental health condition, or are in poor health.⁵ Among households receiving SNAP, 20 percent include adults with disabilities⁶ (Farson Gray, Fisher, and Lauffer 2016).

In Kentucky, which received approval in January 2018 to require some Medicaid enrollees to participate in work or community engagement activities, an estimated 165,000 enrollees are potentially nonexempt and not working and are thus at highest risk of losing Medicaid coverage. Using data from the US Census Bureau's 2016 American Community Survey on Kentucky Medicaid enrollees, Gangopadhyaya and Kenney (2018) show that for enrollees who will not qualify for an exemption, finding and retaining work may be challenging. **Nearly half of these enrollees indicate they have no access to a vehicle, have no access to the internet, or are less than high-school educated, which could limit their job prospects and make it more difficult for them to report on community engagement activities they fulfill.** Moreover, **59 percent report either having a serious health limitation or living**

with someone who does, potentially limiting the scope of activities they can fulfill outside the household. These considerations raise the risks that some enrollees will lose Medicaid despite qualifying for an exemption or satisfying the waiver's work requirements, and such losses could adversely affect their health and ability to work and participate in other activities.

People with these characteristics could face substantial difficulty complying with work requirements, documenting compliance, and seeking and documenting exemptions. **The same challenges that impede their ability to work also impede their ability to successfully navigate the social service administrative processes that work requirements demand.**

Evidence from TANF shows that people with barriers to work, such as health challenges, experiences of domestic violence, or having a child with a chronic illness or disability, are more likely than other families to be sanctioned for not complying with work requirements (Pavetti, Derr, and Hesketh 2003). Many of those who lose benefits for not complying with work requirements could and should have qualified for exemptions (Meyers et al. 2006). But according to the US Department of Health and Human Services's Office of Inspector General, TANF caseworkers often lack sufficient resources to identify the characteristics that could trigger an exemption from work requirements (Office of Inspector General 1999a, 1999b), and agencies do not adequately communicate to recipients the details of state sanction policies or how people can qualify for exemptions.

Work Requirements Create Burdensome Administrative Procedures

Work requirements do or could create burdensome administrative procedures affecting many people who are eligible for TANF, SNAP, and Medicaid as well as the agencies administering the programs. **Studies of Medicaid and SNAP have shown that even without work requirements, eligible people lose access to basic health care and food for administrative reasons such as not completing paperwork on time, not receiving notices, or office errors** (Isaacs, Katz, and Amin 2016). Churn, or the temporary loss of benefits by eligible families who must then reapply for services, can destabilize low-income individuals and their families. It can also add to agency workload because processing what would be a new application is more time consuming than renewing an existing case. In recent years, some states have changed policies, practices, and technology to reduce churn, promote continuity of benefits, and improve government efficiency (Isaacs, Katz, and Amin 2016; Hahn 2016).

Introducing or enhancing work requirements in Medicaid and SNAP could increase churn and compound these burdensome processes. Applying for and recertifying eligibility for Medicaid, SNAP, TANF, and other work supports is often complex, cumbersome, and confusing. Families obtaining assistance are often in crisis, and visiting overcrowded social service offices, navigating administrative procedures, and waiting for an eligibility decision add to the challenges and stress. Surveys of SNAP applicants in Colorado and Illinois found that among SNAP applicants who were working, 15 percent lost pay because they missed work to visit the social service office (Isaacs, Katz, and Amin 2016). To get

through all the steps of applying for assistance, over half of Illinois and Colorado applicants surveyed had three or more contacts with a social service office, including in-person visits and phone calls. In South Carolina, 40 percent of applicants had three or more contacts with the office (Hahn, Katz, and Isaacs 2017). Among SNAP applicants facing emergencies or problems such as job loss, lack of sufficient food, loss of housing or care, and emergency medical needs, 60 percent reported that these situations could have been avoided or mitigated if they had received benefits faster (Isaacs, Katz, and Amin 2016).

Administering work requirements in TANF requires caseworkers to spend a considerable amount of time tracking and verifying clients' work activities and hours, in turn limiting caseworkers' time for connecting families with work and support services. **Caseworkers must track every hour that TANF recipients spend in each type of work activity, and people receiving assistance typically must document their time and activities in writing each month** (Hahn and Loprest 2011; Schott and Pavetti 2013; Zedlewski and Golden 2010). Moreover, TANF's caseload is far smaller⁷ than those of SNAP⁸ or Medicaid (3.5 million recipients versus 42 and 68 million recipients, respectively).⁹ **Documenting compliance with (or exemption from) new or enhanced work requirements in Medicaid and SNAP would introduce new administrative challenges** (for agency staff as well as for recipients and their families) associated with maintaining coverage (Hahn et al. 2018; Hahn, Pratt, et al. 2017).

TANF agencies are motivated to spend time and resources documenting compliance with work requirements because states are held accountable for the work participation rate. In Medicaid and SNAP, however, if only people participating in the programs are held accountable for meeting work requirements, states have less incentive to ensure that work effort and exemptions are recognized. For example, SNAP and Medicaid participants with temporary employment and fluctuating work schedules may have difficulty documenting their work hours each month and face the danger they will lose benefits if their hours fall in any given month. SNAP and Medicaid, however, would not be penalized for failing to provide benefits to eligible people (Hahn et al. 2018; Phillips 2016).

State and federal policymakers may assume that technology would ease the implementation and monitoring of work requirements, but states' lessons from implementing new technology prove otherwise (Hahn 2016; Loprest, Gearing, and Kassabian 2016). State social service agencies updating or implementing new technologies to comply with Affordable Care Act requirements encountered extensive challenges.¹⁰ Problems arose with incomplete or limited functionality, delays in development leading to limited time or suboptimal conditions for training staff, and technological glitches (Loprest, Gearing and Kassabian 2016). In some cases, these problems created significant backlogs in processing applications and occasional reports of lost applications or paperwork. Any technology changes needed for implementing new or enhanced work requirements will require ample time and funding and can be expected to require a lengthy process.

“Some [SNAP and Medicaid beneficiaries] can’t even make a phone call—people who don’t know what the pound key is. A lot of those people out there are technology illiterate.” –Social service worker in South Carolina (Hahn, Katz, and Isaacs 2017)

State social service agencies relying on online reporting of compliance with new work requirements are also likely to encounter challenges related to beneficiaries’ internet access and technological literacy. Surveys and focus groups with people applying for SNAP in selected states that enhanced options for online applications reveal that online applications can be problematic, especially when they are first developed (Hahn, Katz, and Isaacs 2017). Applicants who chose to apply online were more likely to be younger, better educated, recently employed, and English speakers than clients who chose to apply in person. Program administrators and staff in these states also reported a wide range of technological literacy among the people they serve. A social service worker in North Carolina worker said some clients “will want to see you face to face ... Some people don’t trust computers” (Hahn, Katz, and Isaacs 2017). In addition to comfort with the internet, access to the internet is an obstacle. Recent analysis in Kentucky finds that among Medicaid beneficiaries potentially subject to work requirements and not working, 25 percent lack internet access (Gangopadhyaya and Kenney 2018).

Conclusion

Evidence shows that the simple logic of work requirements (that they will lead nonworking people into jobs and self-sufficiency) falls apart in the face of the facts about the household and labor market circumstances facing the populations targeted by TANF, SNAP, and Medicaid. Although they are intended to help people find employment, lead to self-sufficiency, and ensure that people are working if they can, work requirements in practice can lead to people losing the very supports that can help them maintain their health, well-being, and employment. Taking away people’s food, health care, or basic cash assistance could undermine the goal of helping them find employment and become self-sufficient. For better or worse, the complex challenges that families face and the nature of work in the current economy require more complex solutions.

Better ways to help people find and keep jobs include expanding access to workforce development programs and improving efficient access to SNAP and Medicaid. Workforce development funding is insufficient to meet current employment and training needs (Hahn, Adams et al. 2016). In the most recent year for which data are available, 6 million people received services through federal Workforce Innovation and Opportunity Act programs, but these programs provided training to only about 153,000 adults nationwide. To help eligible low-income workers access SNAP and Medicaid benefits without interruption and without missing a day of work, social service agencies can simplify and streamline their application and renewal processes, such as by lowering reporting burdens by using data to automatically verify compliance, extending certification periods, and offering online access to reporting

systems to reduce the need for in-person office visits (Hahn 2016). They can also help families access and afford child care, transportation, or other supportive services that make employment possible. But expanding work requirements for SNAP and Medicaid runs the risk of undermining the employment and skill-development goals of the workforce development system while denying basic health care and food to adults and children who need it.

Notes

- ¹ Center on Budget and Policy Priorities, “Policy Basics: The Supplemental Nutrition Assistance Program (SNAP),” Updated February 13, 2018. <https://www.cbpp.org/research/policy-basics-the-supplemental-nutrition-assistance-program-snap>.
- ² Center on Budget and Policy Priorities, “Policy Basics.”
- ³ In January 2018, the Centers for Medicare & Medicaid Services approved Kentucky’s Section 1115 demonstration waiver, which allows the state to require some enrollees to participate in work or community engagement activities to retain their Medicaid coverage (Gangopadhyaya and Kenney 2018).
- ⁴ Bill Gardner, “Medicaid Is Good for Children and Makes Them Better Adults,” *Incidental Economist* (blog), July 7, 2017.
- ⁵ Leighton Ku and Erin Brantley, “Myths about the Medicaid Expansion and the ‘Able-Bodied,’” *Health Affairs* blog, March 12, 2017.
- ⁶ Households with a nonelderly member with a disability are defined as those with (1) nonelderly SSI recipients, (2) a medical expense deduction and no elderly individuals, (3) nonelderly adults who worked fewer than 30 hours a week and received Social Security income, veterans’ benefits, or workers’ compensation, or (4) nonelderly adults in single-person households who received Social Security income. See Farson Gray, Fisher, and Lauffer (2016).
- ⁷ “TANF & SSP: Total Number of Recipients, Fiscal Year 2017,” Office of Family Assistance, accessed March 9, 2018, https://www.acf.hhs.gov/sites/default/files/ofa/2017_recipient_tanssp.pdf.
- ⁸ “Supplemental Nutrition Assistance Program (SNAP),” accessed April 16, 2018, <https://www.fns.usda.gov/pd/supplemental-nutrition-assistance-program-snap>.
- ⁹ “October 2017 Medicaid and CHIP Enrollment Data Highlights,” Medicaid.gov, accessed December 20, 2017, <https://www.medicare.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/reporthishighlights/index.html>.
- ¹⁰ The Affordable Care Act requirements related to eligibility and enrollment for health coverage programs necessitated new or updated technology for many states. For example, the ACA mandated that states provide an online application option for health benefits. See “Part III: Department of Health and Human Services, Centers for Medicare and Medicaid Services,” 77 Fed. Reg. 57 (March 23, 2012); and Centers for Medicare & Medicaid Services (2011).

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Heather Hahn is a senior research associate in the Center for Labor, Human Services, and Population at the Urban Institute. Throughout her career, Hahn has conducted nonpartisan research on the wide range of issues related to the well-being of children and families, including cash assistance, nutrition assistance, and other supports for low-income families as well as education, labor, and other policy issues. Hahn has extensive experience designing and conducting case studies related to the implementation of supports for low-income families. At Urban, she has also collaborated on several reports examining federal spending and tax expenditures on children; she is currently colead of the evaluation of the Work Support Strategies initiative.

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