

RESEARCH REPORT

Navigating Work Requirements in Safety Net Programs

Potential Pathways for Parents

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Navigating Work Requirements in Safety Net Programs: Potential Pathways for Parents

Work-related requirements, such as employment, job search, job training, or community engagement activities, are currently a condition of eligibility for some safety net programs, and recent proposals would expand or introduce new requirements in these and other safety net programs. Though the stated goal of work requirements is to increase employment and incomes and improve health and well-being, little evidence shows that new or proposed work requirements would have this desired effect. Simultaneously, work requirement policies introduce numerous ways that people can lose benefits, not only among those not complying with requirements but also among those who comply or qualify for an exemption but do not have their compliance or exemption approved. This report illustrates the pathways parents could follow under work requirement policies and summarizes the literature and research findings about each step of the pathway.

Imposing or enhancing work requirements in safety net programs is not as straightforward as parents simply engaging in required work activities and maintaining access to supports for their families. Do parents understand the requirement and whether it applies to them? Are parents already meeting the requirement, or can they get the help they need to increase their work engagement? Can they successfully document both their initial and ongoing compliance or eligibility for an exemption? Do the agencies administering safety net programs accurately and efficiently process each case? For work requirements to allow families to maintain benefits for which they are eligible and increase employment, the answers to these questions must be yes.

Figure 1 illustrates the complex pathways parents subject to work requirements could face and the potential implications for them and their children. The figure also serves as a graphic organizer for this report; each step in figure 1 corresponds with a report section detailing the available research on that step.

Step 1. The pathway begins with an eligible family deciding whether to participate in a program, such as Temporary Assistance for Needy Families (or TANF, which is cash assistance), the Supplemental Nutrition Assistance Program (or SNAP, formerly known as food stamps), housing assistance, or Medicaid (step 1a). For some families, the prospect of or confusion about work requirements can lead to

a “chilling effect,” where potentially eligible parents do not apply for assistance, and they and their children do not receive supports (step 1b).

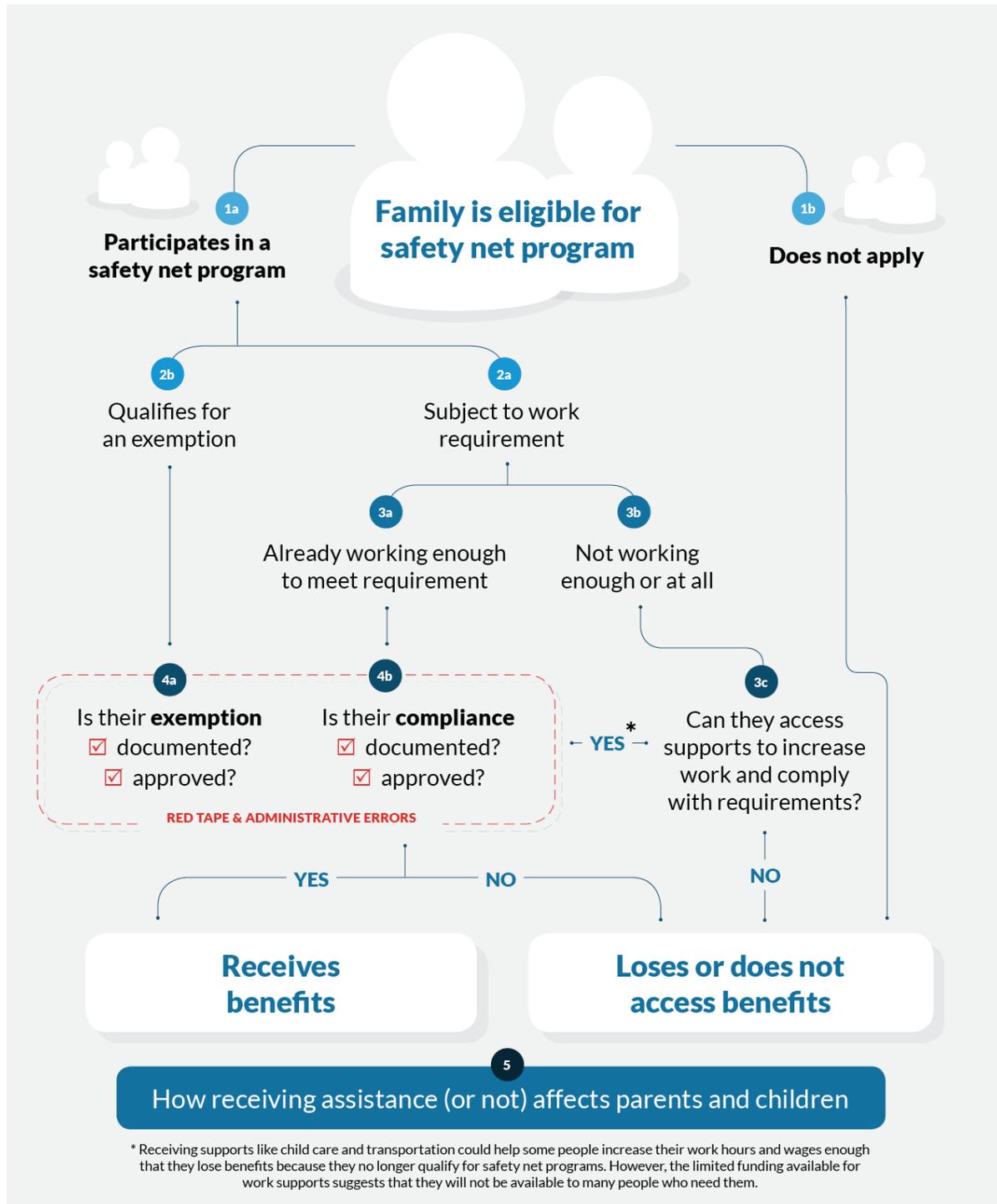
Step 2. Among people participating in a program with work requirements, some need to engage in work or related activities and others could qualify for exemptions. For those subject to work requirements, the policy details (step 2a), including to whom they apply, the amount and types of activities prescribed, and administrative procedures for reporting, can influence the subsequent steps in their path, with consequences for both parents and children. Work requirements across TANF, SNAP, some housing assistance agencies, and Medicaid programs vary widely across states.¹ They also differ by who is subject to the requirements and who is exempt, though parents of young children and people with disabilities are typically exempt (step 2b).

Step 3. Per the research cited in section 3, most people subject to work requirements are already working or engaged in allowable activities for enough hours to comply with the requirement (step 3a). Others may be working but face challenges like unstable schedules, involuntary part-time shifts, or physical and mental health issues that keep them from working enough or sufficiently consistent hours to meet the requirement (step 3b). Step 3c addresses whether those not meeting the requirement can access the supports they need to increase their work engagement and comply. Achieving compliance may require the help of child care assistance, transportation, education, training, or other supports to address barriers to work. If such supports help people increase their work hours and wages, they may no longer need or qualify for benefits. However, the limited funding available for work supports suggests that these supports will not be available to many people who need them.

Step 4. Documenting compliance or exemption eligibility is an important and often overlooked aspect of work requirements: not only must nonexempt families comply with requirements, but all families must document either their compliance or eligibility for an exemption, and program administrators must accurately process this information. The administrative processes can be cumbersome both for families seeking assistance and agencies administering it. Red tape and administrative errors can lead to families losing access to benefits, even if they are complying with work requirements or should qualify for an exemption. Step 4 is the critical final step determining whether eligible families receive benefits.

Step 5. This step represents the consequences of families’ pathways through work requirements. Whether families receive the support they need to meet their basic needs for cash, food, housing, or health care can have both immediate and long-term consequences for parents’ and children’s well-being; receiving assistance can support parents’ employment and lead to better health, cognitive, behavioral, education, and economic outcomes for children.

FIGURE 1
Navigating Work Requirements: Pathways for Parents



Some paths in figure 1 lead to continued benefit receipt and others lead to families losing access to benefits for which they are eligible. No path in figure 1 leads directly from work requirements to families increasing their employment income, accessing health insurance through their employers, and no longer needing to rely on public safety net programs. Research on welfare-to-work experiments shows that despite faster entry into jobs, the experiments did not increase family income unless work requirements were paired with employment services, supports, and earnings supplements; and even programs that included all of these elements did not reduce families' reliance on government assistance.² The welfare-to-work experiments that included earnings supplements had some positive outcomes for children's educational achievement, but all program designs had some negative outcomes for adolescents.³

Though the past welfare-to-work experiments differed from the existing and proposed work requirements in scope, purpose, and populations served, current research literature raises concerns that introducing or enhancing work-related requirements in safety net programs could result in parents and children losing access to benefits. A recent analysis of people potentially affected by new or enhanced work requirements suggests that very few people who should be working are not, and many more would likely lose access to benefits, despite attachment to the labor market or qualification for an exemption.⁴ An Urban Institute analysis of the 2018 House farm bill,⁵ which aimed to significantly expand and intensify work requirements in SNAP, found that over the course of a year, 1.9 million households with children could lose access to food assistance because the adults in the household did not meet the work requirement for at least one month, even though 60 percent of these households had at least one adult working enough to meet the work requirement in at least one other month of the year.⁶ Observers across the political spectrum have raised concerns that imposing work requirements as a condition of Medicaid eligibility could cause people to lose access to health care, for the various reasons depicted in figure 1, making it harder for them to address physical, mental, and behavioral health problems that prevent them from finding or keeping employment.⁷ Moreover, analyses from states that have proposed work requirements in Medicaid showed that employer-sponsored coverage would not be available or affordable for many low-wage or part-time workers who would be at risk of losing Medicaid coverage.⁸

Further, proposals for large-scale implementation of work requirements assume public agencies can design and implement such requirements in a way that documents and supports work while protecting both adults and children from inadvertent harm. The evidence from TANF, a much smaller program than SNAP or Medicaid, suggests that the process of designing and implementing work requirements is prone to error.⁹

Work requirements obviously do not apply to children, but the policies raise critical questions about the implications for children whose parents are subject to work requirements. Many people receiving SNAP, Medicaid, or housing benefits are either children or live in households with children, and TANF provides cash assistance only to families with (or expecting) dependent children.¹⁰ In households receiving SNAP, approximately 44 percent of recipients are children and another 22 percent are adults living with dependent children.¹¹ Among all noninstitutionalized Medicaid enrollees in 2017, about 48 percent were children and another 19 percent were parents.¹² In 2015, 42 percent of households enrolled in housing assistance had children (38 percent of those receiving vouchers and 56 percent of those living in public housing).¹³

Work requirements can also affect children who receive child support from parents who do not live with them. Child support paid by noncustodial parents is a crucial source of income for children living in or near poverty, but noncustodial parents (mostly fathers) who live in poverty often owe more in child support each month than their paychecks can provide.¹⁴ Working-age parents without disabilities who do not have custody of their children, also called “able-bodied adults without dependents,” are often the focus of work requirements. Noncustodial parents face the same pathways as other parents. When noncustodial parents lose access to these supports, their economic success and ability to financially support their children may be affected. Though work requirements also affect childless adults, this report focuses on parents of children ages 18 and under (both custodial and noncustodial) and children.

The rest of this report presents research on each step along the pathways depicted in figure 1. Much knowledge about work requirements comes from experiences implementing them in TANF and in welfare-to-work experiments that predated TANF.¹⁵ Though experience with work requirements in Medicaid and public housing programs is very limited, new information is emerging, and research on Medicaid, SNAP, and housing programs informs our understanding of the potential implications of new or enhanced work requirements in these programs.

1a. Which Safety Net Programs May Include Work Requirements?

Summary: Key safety net programs supporting low-income families include TANF, SNAP, housing assistance, and Medicaid. Each program now includes work requirements in some states.

TANF, SNAP, housing assistance, and Medicaid each include work-related requirements in some states or localities for some beneficiaries. To understand the implications of work requirements, we briefly describe each program.¹⁶

TANF. As a block grant to states, TANF provides time-limited cash assistance and other services to low-income families with children, primarily those headed by single mothers.¹⁷ Within federal guidelines, states can define eligibility and program rules, though nearly all states serve only families with incomes below 100 percent of the federal poverty level. To be eligible for TANF, applicant families can earn no more than \$875 per month, on average. This amount varies by state, however, from \$269 in Alabama to \$2,243 in Minnesota. (The next highest state is Hawaii, where families with incomes up to \$1,740 may be eligible for TANF.) The amount of TANF cash assistance families may receive also varies from \$170 per month for a family of three in Mississippi to \$923 in Alaska; the national average is \$445.¹⁸ There is no entitlement for families to receive TANF cash assistance.

SNAP. Formerly known as food stamps, SNAP provides noncash benefits to low-income households for purchasing food. As an entitlement program, the federal government funds SNAP benefits and matches states' administrative costs. Income eligibility for SNAP includes a gross income test of 130 percent of the federal poverty level, which is higher than the income eligibility level for TANF in almost every state.

Public housing and the housing choice voucher. Previously called Section 8, public housing and housing choice vouchers are two core housing assistance programs funded by the US Department of Housing and Urban Development. Families living in public housing or mixed-income developments pay income-based rents for apartments owned by local housing agencies. Families renting with a voucher pay income-based rents for privately owned apartments. The US Department of Housing and Urban Development funds local housing agencies, which then pay landlords up to a locally established standard. People and families with incomes at or below 50 to 80 percent of their area median income are eligible for housing assistance. However, housing assistance is not an entitlement program and only serves about 25 percent of eligible households.¹⁹ For families that make it on the waiting list, receiving a housing voucher can take two and a half years.²⁰

Medicaid. Funded jointly by federal and state governments, Medicaid was established in 1965 to provide health coverage for adults and children with disabilities or receiving cash assistance. Medicaid has expanded to cover additional low-income children, pregnant women, and parents. In 2010, the Affordable Care Act (ACA) further expanded Medicaid eligibility to nonelderly, nondisabled, nonpregnant childless adults and parents with incomes up to 138 percent of the federal poverty level (also known as “expansion” Medicaid enrollees), but a Supreme Court decision in 2012 made this optional for states.²¹ By July 2016, 31 states and the District of Columbia had implemented the Medicaid eligibility expansion under the ACA; Virginia’s expansion took effect January 1, 2019, and another four states had pending expansions as of December 31, 2018,²² with nationwide Medicaid enrollment at 66.3 million in October 2018.²³

1b. Do Work Requirements Affect Benefit Applications by Potentially Eligible Families?

Summary: Some potentially eligible people may not apply for benefits or continue to participate in safety net programs because of concerns or confusion about work requirements.

Some families potentially eligible for safety net programs do not submit applications because of concerns or confusion about work requirements. The strongest evidence of this chilling effect comes from experiences with TANF work requirements. Research on the chilling effect of work requirements in SNAP, housing assistance, and Medicaid is limited.

When TANF replaced the Aid for Families with Dependent Children program in 1997, it changed the program funding structure from an entitlement to a block grant and introduced new federal work requirements, time limits, and sanction policies. In the first decade after TANF implementation, cash assistance caseloads fell precipitously. About 87 percent of the caseload decline resulted from fewer eligible families participating in the program; the strong economy of the 1990s, increased family income, and changes to eligibility rules played a smaller role in the decline.²⁴ Before TANF implementation, 84 percent of eligible families received cash assistance; a decade later, about 40 percent did.²⁵ By 2015, just 26 percent of eligible families received cash assistance.²⁶ The US Government Accountability Office found that eligible families who did not participate had higher incomes and education levels than participating families, but 11 percent of those not participating did not work or receive disability benefits and had very low incomes—a group sometimes called “disconnected;” the US Government Accountability Office also reported work requirements as one of the most important factors affecting families’ decisions about whether to participate in TANF.²⁷ And in a study of 51 disconnected, unmarried mothers from Los Angeles and southwest Michigan, who neither worked nor received public assistance, some reported opting not to apply for TANF because of difficulties applying for the program and complying with work requirements.²⁸

Though Medicaid work requirements are too new to provide definitive evidence on their effects on program participation, research shows that knowledge gaps and perceived administrative hassles can decrease eligible children’s enrollment in Medicaid or the Children’s Health Insurance Program.²⁹ It is reasonable to expect that work requirements will heighten perceived and actual administrative hassles.

Interviews and focus groups with Medicaid beneficiaries newly subject to work requirements in Arkansas suggested confusion about and a lack of awareness of the requirements.³⁰ Section 4 of this report discusses how administrative processes determine whether program applicants or recipients access supports.

2a. What Are the Work Requirement Policies?

Summary: The hours participants are required to work, what activities count as meeting the work requirements, and the consequences for not complying vary by program and state.

Work-related requirements (such as being engaged in a job search, job training, employment, or work activities) have been a condition of program eligibility in TANF, SNAP, select Moving to Work housing assistance programs, and other programs for many years.³¹

In 2018, for the first time in Medicaid's 50-year history, the Centers for Medicare & Medicaid Services (CMS) approved waivers with work requirements (called "community engagement requirements" in Medicaid). As of December 31, 2018, CMS had approved work requirements in seven states; of these, five states (Arkansas, Indiana, Kentucky, Michigan, and New Hampshire) expanded Medicaid under the ACA, and two, Maine and Wisconsin, did not.³² Work requirements took effect in Arkansas in June 2018; a federal judge issued an injunction against Kentucky's Medicaid work requirements on June 29, 2018, and CMS reapproved their waiver on November 20, 2018. Court challenges to the reapproved Kentucky waiver and to Arkansas's waiver are pending. More states,³³ including several nonexpansion states, are seeking federal approval for waivers with work requirements in their Medicaid programs. In states that have not expanded Medicaid, many parents would no longer qualify for Medicaid coverage if they satisfied the proposed work requirements through paid employment, because their earnings could put them above the Medicaid eligibility thresholds (or "subsidy cliff").³⁴ Additional states, including Idaho and South Carolina, are considering submitting waivers proposing similar requirements to CMS.³⁵

In 2018, there were multiple efforts to expand existing work requirements in SNAP. The US Department of Agriculture's Food and Nutrition Service sent a letter to states on November 30, 2017, signaling openness to states' expanding SNAP work requirements.³⁶ In June 2018, the US House of Representatives passed its version of the farm bill reauthorization, which would have expanded and intensified work requirements for SNAP recipients, including parents of children ages 6 to 17. However, the Senate bill did not include expanded work requirements, and the legislation enacted at the end of 2018, did not include the House provisions. Following the passage of the legislation, the administration indicated it would continue seeking ways to tighten existing SNAP work requirements through regulatory changes or administrative procedures.³⁷

The work requirements and consequences for noncompliance in each program vary not only across programs but across states within a single program (table 1).

TANF. Federal law requires state TANF programs to engage a specified share of their caseload in one or more of 12 countable work activities (e.g., unsubsidized or subsidized employment, job search and readiness, job skills training) for a minimum number of weekly hours (typically 30) on average each month, and states must reduce benefits if recipients fail to comply.³⁸ Though states can establish their allowable work activities and required hours, most require participation in activities that will count towards the state's work rate. And consequences for noncompliance range from warnings to termination of benefits.

SNAP. Federal SNAP rules currently require nonexempt working-age (ages 16 to 59) participants to register to work, accept a job if offered, and not quit a job without good cause. However, SNAP able-bodied adults ages 18 to 49 without dependents must work or participate in specified activities at least 20 hours a week; if they do not, they can only receive SNAP for three months over three years, even if they are willing but unable to find sufficient work, unless their state has sought an exemption for some or all counties with poor economic conditions.³⁹ A number of these SNAP participants may be noncustodial parents who are contributing to their children's support and thus, loss or interruption of benefits because of challenges complying with work requirements may affect noncustodial parents' resources and ability to support their children.

Public housing authorities. Work requirements vary across the few public housing authorities that have implemented them, with some requiring wage employment and others allowing work activities and required hours ranging from 15 to 37.5 hours a week. In some agencies, work requirements apply only to public housing residents, but in others, requirements also apply to people with housing choice vouchers. The work requirements typically apply to all age-eligible (those ages 18 to 54 or 18 to 61) members of a household, except adults with a disability or an exemption.

Medicaid. Per information publicly available as of December 31, 2018, work requirements proposed in Medicaid vary across the states that have received approval but commonly require at least 80 hours of work activities per month for a prescribed number of months in the year,⁴⁰ with approved activities including paid employment, education and job training, job searching, and community service. Typically, failure to meet specified requirements results in suspension of Medicaid benefits until the requirements are met but may also include a lock-out period before enrollees can receive benefits again, even if they begin to comply immediately.

TABLE 1

Work Requirements in TANF, SNAP, Housing Assistance, and Medicaid Programs

Program	Requirements	Consequences for noncompliance	State variation
TANF	<p>State TANF programs establish their own rules about who must engage in work activities and how quickly, allowable work activities, and required hours.</p> <p>Federal law requires states engage a share of their cash assistance families with a work-eligible adult (with the share varying by state and year) in specified work activities (e.g., unsubsidized or subsidized employment, job search and readiness, job skills training) for a minimum number of weekly hours on average each month.</p>	<p>States establish consequences, ranging from warnings to termination of benefits.</p> <p>States face potential federal financial penalties for not meeting the required work participation rate.</p>	<p>Yes, state rules for cash assistance recipients vary in activities allowed and available, hours required, timing, and exemptions.</p>
SNAP	<p>Federal rules require that able-bodied adult recipients ages 16 to 59 register to work, accept a job if offered, and not quit a job without good cause.</p> <p>Able-bodied adults ages 18 to 49 without dependents must work 20 hours a week, unless they are otherwise exempt.</p>	<p>States determine consequences within federal maximums. Consequences become more severe with repeated violations, ranging from temporary benefit reduction to permanent disqualification for the violating household member or temporary termination of household's full benefit.</p> <p>Able-bodied adults without dependents who do not meet the 20-hour work requirement can receive SNAP for no more than three months over three years.</p>	<p>Yes, some states have statewide or partial waivers for able-bodied adults without dependents; states' employment and training services (known as SNAP E&T) vary by their availability and whether they are mandatory or voluntary.</p>
Housing	<p>Depends on public housing authority. Select Moving to Work demonstration public housing authorities require some public housing tenants and housing choice voucher participants engage in wage employment and/or work activities. Hours required range from 15 to 37.5 hours a week.</p>	<p>Depends on public housing authority. In some, noncompliant tenants can be evicted from public housing and have their housing assistance terminated.</p>	<p>Yes, public housing authorities involved in the Moving to Work demonstration can set work requirements.</p>
Medicaid	<p>CMS has issued guidance for states on the implementation of community engagement requirements.</p>	<p>Depends on the state. Consequences of failing to meet work requirements can include</p>	<p>Yes. Allowed activities, number of required hours per month, number of months per year, and</p>

Program	Requirements	Consequences for noncompliance	State variation
	<p>Any work requirements pertain to nonelderly adults who are not disabled and not exempt per CMS guidance. Some expansion states are proposing to apply work requirements only to adults newly eligible under the ACA Medicaid expansion, but other states would apply them to both traditional and expansion Medicaid beneficiaries. In states that have not expanded Medicaid, work requirements only apply to traditional Medicaid beneficiaries.</p>	<p>suspension of benefits until the requirements are met or a lock-out period.</p>	<p>reporting requirements (e.g., frequency, mode) vary across states with approval to implement work requirements.</p>

Sources: Brian Neale, “RE: Opportunities to Promote Work and Community Engagement among Medicaid Beneficiaries,” the Centers for Medicare & Medicaid Services, January 11, 2018; Hahn and colleagues (2017); CMS-approved waivers as of December 31, 2018, for Arkansas, Indiana, Kentucky, Maine, Michigan, New Hampshire, and Wisconsin, available at <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/index.html>.

Note: In Medicaid, work requirements are called “community engagements.”

2b. Who Is Exempt from Work Requirements?

Summary: Program participants exempt from work requirements vary by program and state.

Who must engage in work activities and who is exempt varies by program and state, but typically, disabled or incapacitated people and adults caring for people with disabilities or young children are exempt. TANF programs in 42 states exempt recipients caring for a child, though age cutoffs vary from under 24 months in one state to under three months in 12 states.⁴¹ SNAP programs in all states currently exempt parents with children under age 6. Medicaid and housing assistance exemptions for caregivers vary by state or housing authority. Some states have proposed exempting parents of minor children from Medicaid community engagement requirements, and others would exempt only parents of children younger than ages 6 or 1.⁴²

Considering exemptions for people who are disabled or incapacitated, or caring for others who are, TANF programs in 30 states exempt these recipients, 10 states exempt only those caring for others who are sick or incapacitated, and 11 states exempt neither group.⁴³ SNAP, housing assistance, and Medicaid all exempt from work requirements people deemed disabled per specific program rules. Programs' definitions of disability can be strict; some limit the definition to qualification for disability benefits. People who do not qualify for exemptions may still have physical or mental health issues or caregiving responsibilities that affect their capacity for consistent employment.

Each program exempts people for other reasons as well (table 2). SNAP also exempts people in treatment or rehabilitation and those enrolled in school, training, or higher education at least part time. All public housing authorities exempt the elderly and those mentally unable to work. Under CMS guidance on Medicaid community engagement requirements,⁴⁴ the elderly, pregnant women, and those who are "medically frail" are also exempt, and states have discretion to exempt other people, such as those looking after disabled family members. CMS encourages states to align their Medicaid community engagement requirements with the existing SNAP and TANF work requirements, including their exempt populations. The seven states with approved Medicaid work requirements consider beneficiaries exempt from or meeting the SNAP and/or TANF requirements as exempt from or meeting the Medicaid work requirements.

TABLE 2

Federal and State Work Requirement Exemptions in TANF, SNAP, Housing Assistance, and Medicaid Programs

Program	Exemptions
TANF ^a	<p>Varies by state. Federal exemptions include single parents with a child under 12 months old (limited to 12 months in a lifetime), parents caring for an ill or incapacitated family member, and some sanctioned recipients. Parents meeting these exemption criteria are not considered eligible for work and are not considered in the federal work rate. Parents who are sick or incapacitated are not removed from the federal work rate.</p> <p>States may choose to exempt others from work activities, but the exemption does not remove them from the state’s federal work participation rate. States may also choose not to exempt people in federally exempt categories.</p>
SNAP	<p>Adults ages 16 to 59 are exempt from the work requirement if they are physically or mentally unable to work; caring for disabled family members or children under age 6; participating in treatment or rehabilitation; or enrolled in school, training, or higher education at least half time.^b</p> <p>People are exempt from the additional work requirement applying to able-bodied adults without dependents if they are under age 18; over age 49; pregnant; disabled; caring for a child or disabled family member; sharing a household with a child under age 18; unable to work because of physical or mental health reasons; or already exempt from SNAP work requirements.</p>
Housing	<p>Depends on public housing authority. All public housing authorities exempt the elderly, people with disabilities, and those physically or mentally unable to engage in work activities.</p>
Medicaid	<p>Per CMS guidance, children, the elderly, pregnant women, people eligible for Medicaid based on disability, and the “medically frail” are excluded from work requirements. Some states are also proposing to exempt other groups of Medicaid beneficiaries, such as primary caregivers of young children, adults in households with children under age 18, nonelderly adults over age 50, full-time students, and those receiving treatment for a substance use disorder.</p> <p>Per CMS guidance, beneficiaries in compliance with or exempt from work requirements in SNAP and TANF programs are deemed meeting or exempt from Medicaid work requirements.</p>

Source: Brian Neale, “RE: Opportunities to Promote Work and Community Engagement among Medicaid Beneficiaries,” the Centers for Medicare & Medicaid Services, January 11, 2018; Hahn and colleagues (2017).

Notes: As of December 31, 2018, seven states had received approval to implement work requirements in Medicaid and another ten states had waivers with work requirements under consideration at CMS. For waiver documents, see <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/index.html>.

^a State TANF policies are as of July 2016.

^b For additional detail, see Lizbeth Silbermann, letter to all regional directors of the Supplemental Nutrition Assistance Program, May 25, 2018, <https://fns-prod.azureedge.net/sites/default/files/snap/Clarifications-on-WorkRequirements-ABAWDs-ET-May2018.pdf>.

3a–3b. Are People Subject to Work Requirements Already Working Enough to Comply?

Summary: Studies show that most parents receiving public assistance are already working if they can, but they may not consistently work enough hours to satisfy work requirements. Though personal challenges, such as disabilities, health issues, or low education and skill levels, may limit employment opportunities, job availability in the local economy and unstable low-wage work also create challenges to gaining and maintaining steady employment.

One goal of work requirements is to ensure people receiving public assistance are doing all they can to support themselves. Research shows that most people receiving public assistance are already working if they can, but some workers may not consistently work enough hours to satisfy work requirements. Participants with temporary employment and fluctuating work schedules could lose benefits if their job does not give them enough or stable hours each month to comply with requirements. They may work enough during a year, but not within a given month.⁴⁵ Though these people would meet work requirements for most months, this inconsistency could result in loss of benefits.

SNAP. Among SNAP households with children, 87 percent worked the year before or after receiving SNAP,⁴⁶ and 55 percent had earnings while receiving SNAP.⁴⁷ If the SNAP work requirement applying to families with children were revised to require a minimum number of hours of consistent employment, some of the working families between jobs could fall out of compliance. Among SNAP households with children, 1.9 million could have lost access to food assistance under the work requirement proposed in the House Committee on Agriculture’s reauthorization of the farm bill, because the adults in the household would not meet the work requirement for at least one month, even though 60 percent of these households had at least one adult working enough to meet the work requirement in at least one other month of the year.⁴⁸

Medicaid. Among nonelderly Medicaid recipients without disabilities, one study found that in 2016, 80 percent lived in working families, 64 percent lived with full-time workers, and 60 percent worked,⁴⁹ and other studies found similar results.⁵⁰ Though employed, many low-wage workers turn to Medicaid because their employers do not offer health coverage, or they cannot afford coverage through their employers or the private health insurance market. Recent research on Medicaid work requirements in

Kentucky estimated that two-thirds of working enrollees potentially subject to work requirements have work patterns that align with the requirements. Among the other working enrollees, many worked at least 960 hours annually, equivalent to 80 hours per month for 12 months, but they had gaps in employment that could put them at risk of noncompliance at some point in the year. When they did work, they averaged 38 hours a week. Even those who did not work at least 960 hours annually did work roughly half the year and averaged 23 hours per week in the weeks for which they had work.⁵¹

TANF. Among TANF families deemed “work-eligible” and counted in the work rate in 2017, 53 percent, on average, engaged in work activities for at least the minimum hours. Among these, 86 percent engaged in unsubsidized employment (i.e., had a job) for an average of 30.9 hours per week. An additional 11 percent of work-eligible TANF families engaged in work activities for fewer than the minimum hours.⁵² Research from Minnesota found that nearly 80 percent of TANF applicants had worked in the recent past or immediately before applying for TANF; they turned to TANF because they lost or left a job.⁵³ This suggests that TANF acts as unemployment insurance for low-wage or part-time workers in hotels, restaurants, retail, or health care, who are ineligible for formal unemployment insurance programs.

Housing assistance programs. Among households with nonelderly people without disabilities in the three main housing assistance programs, approximately 74 percent were either currently working, had recently worked, or received TANF and thus were likely already subject to work requirements. Working families held jobs that paid too little to afford market rent.⁵⁴ Though research on work requirements in housing assistance programs is limited, a major study found that residents subject to work requirements and engaged with case management had higher employment rates (but did not necessarily work more hours each week) and higher earnings than comparable residents not subject to the work requirements.⁵⁵

What Prevents People from Finding Work or Meeting Work Requirements?

Though the evidence cited previously shows that most people participating in safety net programs are working if they can, systemic and personal challenges make it difficult for some people to work at all, enough hours, or consistently enough to satisfy work requirements. Among SNAP and Medicaid participants not working for pay, few report disinterest in working: just 0.3 percent of SNAP

participants ages 18 to 49 with dependents ages 6 to 17 and 1.1 percent of Medicaid participants ages 18 to 49 with no dependents under age 6.⁵⁶

For those who want to work, several challenges can limit their ability to comply with work requirements. The first set of challenges—irregular hours, unstable schedules, and involuntary part-time shifts—limits the consistency of work, and the other issues can deter people from working at all.

Irregular hours, unstable schedules, and involuntary part-time shifts in low-wage work can make it difficult for some workers to consistently work enough to comply with work requirements.⁵⁷ Three-quarters of hourly-wage workers ages 26 to 32 experience irregular hours that can fluctuate more than eight hours a week, and many experience involuntary part-time work.⁵⁸ Despite a common perception that steady employment will lead to increased wages and job security, recent research on the volatility in low-wage work proves this false.⁵⁹ Workers in the low-wage jobs most common among SNAP and Medicaid recipients—nursing aides, orderlies and attendants, cashiers, cooks, and retail sales clerks—are more likely to lose their jobs than middle-class workers. And low-wage jobs do not promise continued employment or rising wages.⁶⁰

Research shows that finding work can depend on the *local economy and availability of jobs*.⁶¹ Recent analyses assessing the potential impacts of reinstating SNAP work requirements in Kentucky illustrated that, though the statewide, non-seasonally adjusted unemployment rate was 5.0 percent in June 2018, county unemployment rates ranged from 3.6 percent to 14.9 percent.⁶² Moreover, the Kentucky counties with high unemployment rates tend to be clustered, so unemployed workers cannot easily commute to another county with better job prospects.⁶³ Research on households receiving housing assistance shows that, though few nonelderly, nondisabled households are persistently unemployed, those that are tend to live in areas of higher poverty and unemployment.⁶⁴ Parents face different challenges to complying with work-related requirements depending on where they live.

Job opportunities may differ by race and ethnicity regardless of the economy or job availability.⁶⁵ Citing Census Bureau estimates, an analysis of potential labor market challenges to meeting work requirements in Kentucky's Medicaid program found that in 2016, the unemployment rate among white Kentuckians was 5.6 percent, but 9.3 percent for African American Kentuckians and 7.0 percent for Hispanic Kentuckians.⁶⁶ Similarly, an analysis of employment opportunities in Mississippi found that African American residents tend to live in counties with high unemployment, persistent poverty, and more job seekers than jobs.⁶⁷ These racial and ethnic disparities are not unique to Kentucky and Mississippi. An analysis of 22 states found that in the first quarter of 2018, the African American unemployment rate was at least double the white unemployment rate in 14 states and the District of

Columbia. In five of the states and the District of Columbia, the Hispanic unemployment rate was at least double the white unemployment rate. National unemployment rates in the first quarter of 2018 were 7.2 percent for African Americans, 5.1 percent for Hispanics, 3.3 percent for whites, and 3.0 percent for Asians.⁶⁸ Thus, parents face different challenges to complying with work-related requirements depending on their racial and ethnic background.

Lower education and skill levels make it difficult for people to find and keep jobs. A lack of formal education is a significant barrier to finding a better-paying job.⁶⁹ The median salary for those without a high school diploma is \$500 a week, and \$700 a week among those with a high school diploma but no college education.⁷⁰ About 40 percent of parents receiving TANF do not have high school education.⁷¹ In 2016, 24 percent of nonelderly Kentuckian Medicaid enrollees without disabilities who were not working and did not appear eligible for a student or caregiver exemption, and thus could be potentially subject to work requirements, did not have a high school diploma.⁷²

Physical and mental health issues create challenges to finding and maintaining employment. Though people who qualify for disability benefits are typically exempt from work requirements, many people have physical or mental health issues that prevent consistent employment, which could affect their ability to comply with work requirements.⁷³ More than one-quarter of adult TANF recipients have physical, mental, or emotional issues that affect their ability to work or the types of work they can do.⁷⁴ Among working-age public housing households with no prior work history, 45 percent report fair or poor health, and 31 percent report having a work-limiting health condition, though they did not meet the Department of Housing and Urban Development's eligibility criteria for a disability.⁷⁵ Among SNAP participants ages 18 to 49 with a dependent child ages 6 to 17 in the household, about half (52 percent) said they were not working because of health or disability, even though they did not receive disability income.⁷⁶ Similarly, data from the 2015 National Health Interview Survey show that, among Medicaid beneficiaries not working nor looking for work or receiving disability benefits, one-third reported that they could not work because of a disability, 5 percent could not work because of a temporary illness or disability, and 30 percent could not work because they were caring for a family member.⁷⁷ In Kentucky, 59 percent of Medicaid nonworking enrollees who do not appear eligible for a student or caregiver exemption, and thus could be subject to work requirements, have or live with someone with a serious health limitation.⁷⁸ Though some people would automatically qualify for a medical frailty exemption under the Kentucky waiver based on information available to the state, requesting and documenting medical frailty status may be challenging for those who do not automatically qualify, putting their coverage at risk.⁷⁹ Per CMS guidance, states must accommodate beneficiaries who qualify for Medicaid under the nondisabled category and are therefore subject to work requirements but may have difficulty

meeting the work requirements because of a disability. Modifications may include granting exemption from the requirements, reducing the number of work hours required, and providing support services necessary to participate. However, CMS guidance specified that federal Medicaid funding cannot be used to match states' funds for such supportive services.⁸⁰

Other challenges to finding and maintaining employment include unstable housing, domestic violence, and history of justice involvement. People who face multiple challenges will struggle more to meet work requirements, making them more likely to lose benefits. Information available about Kentucky's community engagement initiative suggests that beneficiaries who are survivors of domestic violence, experience housing instability, and those with felony convictions may request a good cause exemption from work requirements.⁸¹ A review of approved waivers with Medicaid work requirements indicates that several other states would exempt beneficiaries on similar grounds (Indiana, Maine, New Hampshire, and Wisconsin).

A lack of affordable, reliable child care and transportation can also limit a person's ability to engage in work or related activities. The following section (3c) discusses these challenges and how families can access supports necessary to work. Section 5 of this report discusses how receiving supports from safety net programs can help people maintain their health and well-being so they can find and keep jobs.

3c. Can Parents Access the Supports Necessary to Comply with Work Requirements?

Summary: Without access to affordable, reliable child care and transportation, job search assistance, and education and training, engaging in work or related activities can be difficult. However, safety net programs are unlikely to fully meet families' needs for these supports, given resource limitations and other restrictions.

Assistance accessing affordable and reliable child care, transportation, job search assistance, and education and training could enable parents who lack these supports to increase their work activities and comply with work requirements. These supports could potentially help some people increase their work hours and wages enough that they no longer qualify for or need safety net programs. However, safety net programs are unlikely to fully meet families' needs for these supports. Current child care funding can support only a small share of the need for child care subsidies. Also, though states implementing Medicaid community engagement requirements are encouraged to help people access child care, transportation, job training, and other job-related services and supports, states are not permitted to use Medicaid funding for these services.⁸²

The literature also finds *racial disparities in access to discretionary supports*, like child care, training, and education, for which caseworkers act as gatekeepers.⁸³ Studies have found that non-Hispanic white recipients receive supports more often than African American and Hispanic recipients, including mental health referrals, educational activities, and transportation allowances.⁸⁴

Next, we discuss the importance of child care, transportation, job search support, and education and training; the challenges parents face accessing them; and prospects for addressing these challenges.

Child Care

Working parents depend on affordable and reliable child care to work, but affordable child care is scarce nationwide.⁸⁵ Child care typically costs more than a low-wage, working mother can afford.⁸⁶ Low-income families who paid for child care in 2011 spent an average of 30 percent of their income on child care, compared with 7 percent for all families.⁸⁷ But, child care assistance has positive employment

effects.⁸⁸ Mothers who had help paying for child care were 40 percent more likely to remain employed two years later and experience wage growth.⁸⁹

Obtaining child care assistance for families subject to work requirements is complicated by long wait lists, and existing funding for subsidies can only serve a fraction of eligible families.⁹⁰ Though the federal government recently passed a significant increase in child care funding, states face many competing demands for these funds. And though states often give families receiving TANF priority for child care subsidies, states do not typically give priority to families subject to work requirements for other programs. Parents seeking to satisfy work requirements through education or training are likely even lower priority than employed parents.⁹¹

Even when parents can access subsidies, finding child care can be difficult: child care hours often do not match low-wage workers' irregular, nonstandard schedules, and finding care is especially difficult for parents with multiple children and children with special needs.⁹²

Information on how states with approved Medicaid work requirement waivers will address child care barriers is limited. Among the first seven states with approved Medicaid waivers, only adults not living with dependent children must comply with work requirements in Wisconsin; Arkansas and Kentucky exempt primary caregivers of dependent children; Indiana will exempt primary caregivers of children under age 7; and Maine, Michigan, and New Hampshire will exempt primary caregivers of children under age 6.⁹³ Some parents with school-aged children in these states will be subject to the work requirements and could need to find child care for when school is not in session, before- or after-school care when school is in session, and financial assistance to pay for both.⁹⁴

Transportation

Workers also need affordable and reliable transportation to work, which is challenging for low-income families. The cost of gas and car maintenance and the lack of public transportation can make it difficult for families in both urban and rural areas to get to work. Studies of families receiving TANF have consistently highlighted the importance of affordable and reliable transportation. Even public transportation can be unaffordable for low-income families.⁹⁵ As one participant who received transportation assistance from the TANF office said, "They gave me bus passes, which have been a phenomenal help for me. Trying to catch the bus and pay that amount every time is hard. They gave us bus passes for the month, and oh, my gosh, was that ever a help. That saved our lives."⁹⁶

In Kentucky, 11 percent of nonelderly Medicaid recipients without disabilities who do not work and do not qualify for a student or caregiver exemption and are therefore potentially subject to work requirements lack access to a vehicle in their household.⁹⁷ Kentucky has proposed granting temporary exemptions to certain beneficiaries who “do not have reliable transportation,” which prevents them from meeting work requirements.⁹⁸ It is unclear how Kentucky Medicaid beneficiaries would apply for and document good cause exemptions.

Job Search Assistance, Education, and Training

To improve their employment prospects, parents may need help identifying job opportunities or developing résumés or interviewing skills. To access better-paying and more stable employment, low-wage workers may need additional education and training, but the safety net programs implementing work requirements are not well positioned to address this need.⁹⁹

States currently are required to operate *SNAP Employment and Training (E&T) programs*, which help participants build job skills, receive training, find work, and increase work experience, but few SNAP recipients participate. States can make SNAP E&T participation mandatory or voluntary. About half of SNAP E&T programs in 2015 focused on voluntary participants.¹⁰⁰ Because many of the 47 million SNAP recipients were children, elderly, had a disability, were caring for a child or disabled family member, or were otherwise exempt from work requirements, only 13.3 million SNAP recipients registered for work in 2013, the most recent year for which data are available; about 629,000 participated in E&T programs. States can design their SNAP E&T programs but must include at least one of the following services: (1) job search assistance; (2) job search training; (3) workfare; (4) work experience or training; (5) state, local, or Workforce Innovation and Opportunity Act work programs; (6) education programs; (7) self-employment; and (8) job retention services. Despite this range, research has shown that most SNAP E&T participants use job search assistance, rather than more intensive services that may further increase employment and skills.¹⁰¹

States spend a small share of their limited TANF funds on education and training, and only slightly more on job search and other work activities. In 2016, states used an average of less than 4 percent of their state and federal TANF funds on education and training activities. Nationally, \$1.2 billion of the total \$31 billion in TANF funds used went to education and training, and this includes funds spent on college scholarships for higher-income students who did not qualify for TANF cash assistance.¹⁰² TANF agencies face a disincentive to offer training to families receiving cash assistance because the complex work participation rate calculation limits how much states can count training activities.¹⁰³ The

prescriptive work activity categories can make it hard for states to provide cash assistance recipients with training and education that will help them get better-paying jobs.¹⁰⁴ States used an average of 5 percent of their state and federal TANF funds (\$1.5 billion) in 2016 on “work activities,” including work experience and community service activities, job search assistance, and job readiness (e.g., employment counseling, coaching, job development, information and referral, and outreach to business and nonprofit community groups).¹⁰⁵ Among TANF recipients participating in work activities in 2017, 12 percent participated in job search and 9 percent participated in education or training (i.e., vocational education, job skills training, education related to employment, or school attendance).¹⁰⁶ Most (86 percent) TANF recipients participating in work-related activities were engaged in employment, work experience, or community service.

CMS guidance explicitly prohibited the use of *Medicaid* funds for work supports, including education and training, child care, and transportation, but encouraged states to connect beneficiaries to these resources, to the extent they are available in the community, to help them meet work requirements.¹⁰⁷ Both Arkansas and Kentucky Medicaid agencies developed partnerships with state workforce and career centers to make resources and hands-on assistance available for beneficiaries searching for jobs, training, or educational opportunities.¹⁰⁸ Indiana has established and funded the Gateway to Work program to provide job search, volunteering, and job training assistance to Medicaid beneficiaries subject to work requirements.¹⁰⁹ New Hampshire has established the Granite Workforce pilot program, which will use allowable TANF funds to subsidize employment in high-need areas and provide supports to some Medicaid beneficiaries with barriers to work.¹¹⁰ As of December 31, 2018, it was unclear what assistance would be available to Medicaid beneficiaries in Maine, Michigan, and Wisconsin to help them meet the work requirements.

4a–4b. Is Compliance or Exemption Documented and Approved?

Summary: Processes for documenting compliance or exemptions can be complex and confusing, leading to program participant or agency errors and, in some cases, loss of benefits.

Meeting work requirements or the criteria for exemption does not ensure that families receive the benefits for which they are eligible; families must also document their compliance with or exemption from the requirement, and the administering agency must approve and accurately process this information. Program participant and agency errors can cause families to lose benefits.

Outside the work requirements context, research on administrative processes in SNAP, Medicaid, and other safety net programs shows that though some families may successfully reapply after losing coverage for procedural reasons, this “churning” is costly to families and social service agencies. Families who temporarily lose access to benefits not only have a harder time securing necessary food and medical care, but they also miss work and family responsibilities to reapply.¹¹¹ Agencies processing these reapplications incur additional costs. One study estimated that processing the applications for SNAP households that lost coverage and reapplied in 2011 cost states an average of \$82 to \$133 per household. This is two to three times greater than the cost of processing a redetermination for a SNAP household that maintained participation.¹¹² A recent study of SNAP participation found many eligible households failed to complete the recertification process and exited the program because of cumbersome paperwork requirements.¹¹³ A study of churning in Medicaid found that roughly 20 percent of people who lost Medicaid coverage returned to the program within seven months, but this figure varied greatly across states, likely deriving in part from differences in states’ renewal processes.¹¹⁴

Adding work requirement documentation to existing eligibility documentation requirements can amplify the burden on program participants and state agencies, which may cause more eligible families to lose benefits.

Documenting Compliance or Exemption

Even without work requirements, social service agencies require program applicants and participants to document their eligibility and compliance with program rules. Research shows that social service agencies sometimes experience inefficient processes and outdated technology that can cause eligible families to lose assistance.¹¹⁵ Applications for Medicaid, SNAP, and other supports can be longer than 20 pages, and answers to detailed questions about family members, income, and expenses typically must be substantiated through pay stubs, proof of residence, expenses verifications like rent and child care, and other documents. In some states, people wait several hours to see a staff member at a social service office or on hold to speak to someone at a call center.¹¹⁶ The average wait time for calls to the Rhode Island Department of Human Services, which administers SNAP and other programs, was recently about two hours.¹¹⁷

Documenting compliance with or exemption from work requirements varies widely across and within programs and can be confusing and complex. If people have complicated work circumstances, like self-employment, multiple jobs, temporary employment, or fluctuating work schedules and variable hours, documenting compliance is even more difficult. And people with disabilities may struggle to navigate the processes for documenting their disability and applying for an exemption.

To document their compliance with TANF work requirements, parents typically must document their time and activities in writing each month, but processes vary by state.¹¹⁸ To receive exemptions from work requirements, TANF recipients with disabilities typically need to provide medical documentation of their disability, sometimes including detailed information about the characteristics of their disability and its impact on their ability to work.¹¹⁹

Proposed legislation in the House of Representatives to reauthorize the 2018 farm bill would have expanded and intensified work requirements in SNAP, giving adults subject to the requirements one month to find employment or training programs with the minimum required hours. The proposed House provisions were not included in the Senate version of the bill and not part of the legislation enacted at the end of 2018. The House proposal raised concerns about the participants' potential challenges to complying and submitting documents within the one-month time frame given the unstable nature of many low-wage jobs, states' ability to effectively manage the expanded documentation and monitoring process with limited administrative resources, and the possible risks to people with disabling or incapacitating health if timely exemptions are not obtained.¹²⁰

Reporting requirements for the newly approved Medicaid work requirements vary across states. In Arkansas, unless they qualify for a reporting exemption, Medicaid beneficiaries subject to work

requirements were, until recently, required to document their compliance online, despite Arkansas having the third-lowest internet accessibility in the nation in 2016.¹²¹ Though the state has allowed enrollees who may have difficulty with online reporting to designate a “registered reporter” to enter their hours,¹²² many may not be aware of this option.¹²³ Early implementation experience in Arkansas demonstrates how challenging online reporting may be for Medicaid beneficiaries.¹²⁴ According to information released by the state, only 1,525 of 15,243 Medicaid beneficiaries required to report their monthly hours for October 2018 did so, and an additional 1,590 reported an exemption.¹²⁵ Arkansas added a phone reporting option for Medicaid beneficiaries on December 19, 2018.¹²⁶

In some cases where states have data available, they may automatically exempt certain groups of beneficiaries from reporting work requirements, such as those exempt from the TANF and SNAP work requirements or those who can qualify for an exemption based on a medical frailty status.¹²⁷ Successfully obtaining exemptions may be problematic for some not automatically made exempt by the state because of challenges navigating reporting requirements, related to factors such as limited internet access, health limitations, or low educational attainment.¹²⁸ It appears that though in Kentucky, “primary caregivers” of dependent minors would be exempt from work requirements, they must report this exemption via phone or online.¹²⁹

Little is known about how housing agencies document compliance or exemption requests or penalize households that do not meet work requirements.¹³⁰

Agency Approval of Compliance or Exemption

Reporting requirements for work requirements can cause burdens for both program participants and administering agencies. Social service agencies may need to adopt new processes for approving compliance with or exemptions from new or enhanced work requirements. However, research has shown that even without work requirements in Medicaid and SNAP, eligible people sometimes lose access to basic health care and food because of administrative errors like lost paperwork or misdirected notices.¹³¹

Documenting compliance with or an exemption from work requirements can be costly for state agencies. Research on work requirements in TANF shows that caseworkers spend considerable time tracking and verifying clients’ work activities and hours, limiting time for connecting families with needed work and other support services.¹³² Programs like Medicaid and SNAP have much larger caseloads than TANF, which suggests higher administrative costs for documentation. The

Congressional Budget Office analysis of proposed SNAP legislation found that tracking for work requirements would cause \$900 million in associated administrative costs, or \$1.8 billion with the 50 percent matching rate.¹³³ To reduce the administrative burden of monitoring its work requirement, the Chicago Housing Authority has proposed allowing residents more time to comply and between check-ins with the property manager.¹³⁴

State and federal policymakers may assume that technology would ease the implementation and monitoring of work requirements, but states' experiences suggest otherwise; State social service agencies updating or implementing new technologies to comply with ACA requirements encountered extensive challenges. Problems arose with incomplete or limited functionality, delays in development leading to limited time or poor conditions for training staff, and technology glitches that sometimes resulted in significant backlogs in application processing and reports of lost paperwork.¹³⁵ Any technology changes needed for implementing new or enhanced work requirements will require ample time and funding. States' technology and processes for implementing work requirements may result in people losing benefits unnecessarily. Some Medicaid enrollees who lost coverage in Arkansas in September for failure to meet work requirements may have been disenrolled because the reporting website experienced technical issues that prevented them from reporting their hours for August. Though these enrollees could request a good cause exemption by early October to maintain their Medicaid benefits, it is unclear how many were affected by the website issues or how many requested and obtained a good cause exemption.¹³⁶

Studies also show that a family's ability to maintain benefits often depends on their caseworker. In one recent study, TANF recipients emphasized that caseworker approaches, which ranged from supportive to hostile, shaped families' experiences, including whether they obtained child care subsidies to engage in work or training. TANF recipients noted that some caseworkers offered more help than others to families navigating the application process.¹³⁷ Similarly, a report on clients' experiences in social services offices found that some staff were more helpful or kind than others.¹³⁸ People in these and other studies also reported social service offices losing their paperwork.¹³⁹

Further, research on racial and ethnic disparities in human services finds that services, treatment, and outcomes can vary by race, suggesting similar disparities in the implementation of work requirements.¹⁴⁰ Studies find that African American and Hispanic TANF recipients are more likely to be sanctioned for noncompliance with program rules than white recipients with similar work histories, and that caseworker bias can affect sanctioning outcomes.¹⁴¹ Higher sanction rates are also tied to differences in education, housing, and the labor market, as well as access to transportation and past work experience—systems and circumstances that also include racial and ethnic disparities.¹⁴² Some

studies have found that African American TANF recipients were also more likely to be sanctioned than white recipients who had more barriers to employment.¹⁴³

5. How Does Assistance Affect Parents and Children?

Summary: Safety net programs like SNAP, Medicaid, TANF, and housing assistance can mitigate the effects of poverty; reduce food insecurity and financial burdens; and improve not only mental and physical health but children’s long-term health, education, and economic outcomes. Further, receiving assistance, even without requiring work, can support parents’ employment by improving their physical and mental health, reducing their food insecurity, and stabilizing their housing.

The previous sections demonstrate the complexity of including work requirements in safety net programs and the many barriers to obtaining assistance that can arise along the eligibility and enrollment pathway. Though comprehensively evaluating the impacts of receiving public assistance to obtain affordable food, housing, and medical care is beyond the scope of this analysis, substantial evidence suggests that these programs have short- and long-term benefits for low-income families.

In the short term, access to one or more safety net program discussed here can lift some families out of poverty,¹⁴⁴ and it can improve food security,¹⁴⁵ housing stability,¹⁴⁶ access to affordable medical and dental care,¹⁴⁷ physical and mental health,¹⁴⁸ and family financial security.¹⁴⁹ A recent analysis of the combined effect of participating in TANF, SNAP, and Medicaid/the Children’s Health Insurance Program found that low-income families with children participating in these programs experienced 1.23 fewer hardships on average, and program participation reduced the share of families experiencing food insufficiency by 18.5 percentage points.¹⁵⁰ Moreover, exposure to these programs in childhood has lasting positive impacts on educational, economic, and health outcomes.¹⁵¹

Not all research evidence on the impacts of safety net programs is unambiguously positive, however. Despite strong evidence of improved access to affordable care from Medicaid or the Children’s Health Insurance Program,¹⁵² evidence on these programs’ health impacts is not as strong.¹⁵³

Though receiving means-tested benefits can reduce the incentive to work, the literature has generally found modest labor supply responses to safety net expansions, including expansion of Medicaid under the ACA, and that participation in safety net programs can enhance employment prospects.¹⁵⁴ Numerous studies investigating the impact of Medicaid expansion under the ACA on labor supply find that Medicaid expansion has not greatly affected employment.¹⁵⁵ Research on Medicaid expansion and contraction to similar populations before ACA implementation found more mixed

evidence of impacts.¹⁵⁶ The existing literature's varying estimates suggest programs' effects depend on the policy context, populations studied, and data sources used in the analysis.

Conclusion

Work requirements in safety net programs are meant to encourage participants' employment and other work activities, improve participants' economic status, and reduce program caseloads. Though it is too early to gauge the employment impacts of work requirements in Medicaid, and research on the employment impacts of SNAP work requirements is limited, nonexperimental research on the implementation of TANF found that caseload declines resulted primarily from eligible families no longer taking up assistance, in part because of work requirements, rather than families becoming ineligible because they increased their employment earnings.¹⁵⁷

This report has illustrated the various pathways by which parents who are working, want to work, or are unable to work could lose access to the support of safety net programs for themselves and their children when work requirements are implemented or expanded. People who want to work but do not work the requisite hours need to not only address transportation, child care, and related challenges but also could face unpredictable scheduling and involuntary reductions in hours that can prevent them from working consistently or at all. People who regularly work enough to meet the requirements and people who should qualify for exemptions could still need to navigate the administrative processes to document their compliance or exemption, which agencies then need to accurately process and approve. Given the numerous pathways that could lead people to lose benefits, it is possible that those vulnerable to losing access from work requirement policies outnumber those expected to gain employment and no longer need the support of safety net programs.¹⁵⁸

Though intended to increase economic wellbeing, the implementation of work requirements in safety net programs risks the health and well-being of children and families who may lose access to safety net programs or face difficult trade-offs between work and other family priorities. The high stakes of these policy changes warrant careful implementation studies and rigorous outcome evaluations.¹⁵⁹

Notes

- ¹ Heather Hahn, Eleanor Pratt, Eva Allen, Genevieve M. Kenney, Diane K. Levy, Elaine Waxman, and Nathan Joo. “Work Requirements Tracker,” Urban Institute, August 21, 2018, <https://www.urban.org/features/work-requirements-tracker>.
- ² See Falk 2018. For a discussion of the history of the welfare-to-work experiments, see Gueron and Rolston (2013) and Bopp and Falk (2012).
- ³ See Morris and colleagues (2009).
- ⁴ See Bauer, Schanzenbach, and Shambaugh (2018).
- ⁵ See the Agriculture and Nutrition Act of 2018, H.R. 2, 115th Cong. (2018), which recently passed the House Committee on Agriculture with a partisan 26–20 vote.
- ⁶ Elaine Waxman, “Proposed SNAP Work Requirements and Children’s Food Security,” Urban Institute, accessed November 27, 2018, https://www.urban.org/sites/default/files/publication/98653/farm_bill_fact_sheet_1.pdf.
- ⁷ Robert Rector, “Work Requirements in Medicaid Won’t Work. Here’s a Serious Alternative,” Heritage Foundation, March 19, 2017, <https://www.heritage.org/health-care-reform/commentary/work-requirements-medicaid-wont-work-heres-serious-alternative>; Suzanne Wikle, “Work Requirements in Medicaid Would Add More Red Tape and Barriers to Health Coverage,” *Say Ahhh!* (blog), Georgetown University Health Policy Institute, November 3, 2017, <https://ccf.georgetown.edu/2017/11/03/work-requirements-in-medicaid-would-add-more-red-tape-and-barriers-to-health-coverage/>. See also Katch (2016).
- ⁸ See Gangopadhyaya, Johnston, and colleagues (2018) and Emily M. Johnston, Anuj Gangopadhyaya, Genevieve M. Kenney, and Stephen Zuckerman, “Arkansans Losing Medicaid Due to Work Requirements Are Likely to Face Limited Private Insurance Options,” *Urban Wire* (blog), Urban Institute, October 29, 2018, <https://www.urban.org/urban-wire/arkansans-losing-medicaid-due-work-requirements-are-likely-face-limited-private-insurance-options>.
- ⁹ See Pavetti (2016) and Peter Germanis, “Expanding Work Requirements in Noncash Welfare Programs: TANF Is Not a Model, but a Cautionary Tale,” October 21, 2018, <https://mlwiseman.com/wp-content/uploads/2018/10/TANF-No-Model.pdf>.
- ¹⁰ 42 U.S.C. § 608 (2017).
- ¹¹ See Lauffer (2017) and Center on Budget and Policy Priorities (2018).
- ¹² Unpublished Urban Institute analysis of the 2017 National Health Interview Survey. Parents are biological, adoptive, or step parents of a child ages 18 or younger in their household.
- ¹³ “National and State Housing Fact Sheets and Data,” Center on Budget and Policy Priorities, August 9, 2017, <https://www.cbpp.org/research/housing/national-and-state-housing-fact-sheets-data>.
- ¹⁴ See Hahn, Edin, and Abrahams (2018).
- ¹⁵ See Falk (2018).
- ¹⁶ The descriptions that follow are taken from Hahn and colleagues (2017), which explores these topics in more depth.
- ¹⁷ The federal government funds TANF as a block grant to states, and states are required to contribute funds, called “maintenance of effort.”
- ¹⁸ See Giannarelli and colleagues (2017).

- ¹⁹ See Scally and colleagues (2018) for an overview of federal housing assistance programs.
- ²⁰ See Kingsley (2017) and Watson and colleagues (2017).
- ²¹ Kevin Russell, “Court Holds That States Have Choice Whether to Join Medicaid Expansion,” *SCOTUSblog*, June 28, 2012, <http://www.scotusblog.com/2012/06/court-holds-that-states-have-choice-whether-to-join-medicaid-expansion/>.
- ²² “Where States Stand on Medicaid Expansion Decisions,” National Academy for State Health Policy, November 7, 2018, <https://nashp.org/states-stand-medicaid-expansion-decisions/>.
- ²³ “October 2018 Medicaid and CHIP Enrollment Data Highlights,” Medicaid Program, accessed January 15, 2019, <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html>.
- ²⁴ See GAO (2010a).
- ²⁵ See Crouse and Waters (2015) and GAO (2010a).
- ²⁶ See Crouse and Macartney (n.d.).
- ²⁷ See GAO (2010a).
- ²⁸ See Sandstrom and colleagues (2014).
- ²⁹ See Haley and Kenney (2001), Kenney and colleagues (2015), Kleven and Kopczuk (2011), and Wright and colleagues (2017).
- ³⁰ See Musumeci, Rudowitz, and Lyons (2018) and Jessica Greene, “Medicaid Recipients’ Early Experience with the Arkansas Medicaid Work Requirement,” *Health Affairs Blog*, accessed September 5, 2018, <https://www.healthaffairs.org/doi/10.1377/hblog20180904.979085/full/>.
- ³¹ See Falk, McCarty, and Aussenberg (2014).
- ³² On January 3, 2019, Governor Mills issued an executive order directing state agencies to implement Medicaid expansion in Maine; see Tami Luhby, “Maine’s New Governor Moves ahead with Medicaid Expansion,” *CNN Politics* (blog), January 3, 2019, <https://www.cnn.com/2019/01/03/politics/maine-medicaid-expansion/index.html>.
- ³³ As of December 31, 2018, Alabama, Arizona, Mississippi, North Carolina, Ohio, Oklahoma, South Dakota, Tennessee, Utah, and Virginia had submitted Section 1115 waiver applications with work requirements to CMS. For updated information, see Urban’s [Work Requirements Tracker](#).
- ³⁴ See Solomon and Aron-Dine (2018).
- ³⁵ Audrey Dutton, “Will Idaho Make People on Medicaid Work for Their Insurance? New Governor Says Maybe,” *Idaho Statesman*, January 3, 2019, <https://www.idahostatesman.com/news/business/article223871410.html>; Lauren Sausser, “Critics Argue SC Medicaid Plan to Add Work Requirements for Adults Will Mostly Harm Moms,” *Post and Courier* (Charleston, SC), January 4, 2019, https://www.postandcourier.com/health/critics-argue-sc-medicaid-plan-to-add-work-requirements-for/article_2e8f1366-0a06-11e9-9a17-2b25409176d8.html.
- ³⁶ Brandon Lipps, letter to state SNAP commissioners, November 30, 2017. <https://www.usda.gov/sites/default/files/documents/lipps-snap-letter.pdf>.
- ³⁷ 7 C.F.R. § 273 (2018).
- ³⁸ The 12 countable work activities are (1) unsubsidized employment; (2) subsidized private sector employment; (3) subsidized public sector employment; (4) work experience; (5) on-the-job training; (6) job search and readiness assistance; (7) community service programs; (8) vocational educational training (not to exceed 12

months); (9) job skills training directly related to employment; (10) education directly related to employment, for recipients who do not have a high school diploma or a certificate of high school equivalency; (11) satisfactory attendance at a secondary school or in a course of study leading to a certificate of general equivalence, for recipients who have not completed secondary school or received such a certificate; and (12) the provision of child care services to an individual participating in a community service program. See [Pub. L. No. 104-193, 110 Stat. \(1996\)](#).

- ³⁹ Under current law, the hourly requirement for each month of work experience equals the benefit amount divided by the minimum wage.
- ⁴⁰ Per information publicly available as of December 31, 2018, Arkansas, Kentucky, Maine, Michigan, and Wisconsin require 80 hours of community engagement activities. In Indiana, work requirement hours gradually increase from five hours a week up to 20 hours a week. New Hampshire requires 100 hours of community engagement activities a month.
- ⁴¹ See Giannarelli and colleagues (2017).
- ⁴² Lynne A. Valenti, “Re: South Dakota Career Connector 1115 Waiver Application,” South Dakota Department of Social Services, Division of Medical Services, August 10, 2018, <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/sd/sd-career-connector-pa.pdf>.
- ⁴³ See Giannarelli and colleagues (2017).
- ⁴⁴ Brian Neale, “RE: Opportunities to Promote Work and Community Engagement among Medicaid Beneficiaries,” the Centers for Medicare & Medicaid Services, January 11, 2018, <https://www.medicaid.gov/federal-policy-guidance/downloads/smd18002.pdf>.
- ⁴⁵ See Gangopadhyaya, Johnston, and colleagues (2018).
- ⁴⁶ Center on Budget and Policy Priorities, “Policy Basics: The Supplemental Nutrition Assistance Program (SNAP),” February 13, 2018, <https://www.cbpp.org/research/policy-basics-the-supplemental-nutrition-assistance-program-snap>.
- ⁴⁷ See Lauffer (2017).
- ⁴⁸ See Acs, Wheaton, and Waxman (2018).
- ⁴⁹ See Garfield, Rudowitz, and Damico (2018).
- ⁵⁰ See Leighton Ku and Erin Brantley, “Medicaid Work Requirements: Who’s at Risk?” *Health Affairs Blog*, April 12, 2016, <https://www.healthaffairs.org/doi/10.1377/hblog20170412.059575/full/>; Leighton Ku and Erin Brantley, “Myths about the Medicaid Expansion and the ‘Able-Bodied,’” *Health Affairs Blog*, March 6, 2017, <https://www.healthaffairs.org/doi/10.1377/hblog20170306.059021/full/>. See also Tipirneni, Goold, and Ayanian (2018).
- ⁵¹ See Gangopadhyaya, Johnston, and colleagues (2018).
- ⁵² “Work Participation Rates – Fiscal Year 2017,” US Department of Health and Human Services, Office of the Administration of Children and Families, Office of Family Assistance, June 26, 2018, <https://www.acf.hhs.gov/ofa/resource/work-participation-rates-fiscal-year-2017>, tables 4A, 4B, 7B, and 8B.
- ⁵³ See Minnesota Department of Human Services, Program Assessment and Integrity Division (2008).
- ⁵⁴ See Mazzara and Sard (2018).
- ⁵⁵ See Webb, Rohe, and Frescoln (2016).
- ⁵⁶ See Bauer, Schanzenbach, and Shambaugh (2018).

- ⁵⁷ See Butcher and Schanzenbach (2018) and Gehr (2017).
- ⁵⁸ See Gehr (2017).
- ⁵⁹ See Butcher and Schanzenbach (2018) and Gabe, Abel, and Florida (2018).
- ⁶⁰ See Butcher and Schanzenbach (2018).
- ⁶¹ See Chetty, Hendren, and Katz (2016); Loprest and Nightingale (2018); and Mazzara and Sard (2018).
- ⁶² Nathan Joo and Elaine Waxman, “How Kentucky’s Economic Realities Pose a Challenge for Work Requirements,” *Urban Wire* (blog), Urban Institute, August 9, 2018, <https://www.urban.org/urban-wire/how-kentuckys-economic-realities-pose-challenge-work-requirements>.
- ⁶³ “Local Area Unemployment Statistics Map,” Bureau of Labor Statistics, accessed November 30, 2018, <https://data.bls.gov/map/MapToolServlet?survey=la>.
- ⁶⁴ See Mazzara and Sard (2018).
- ⁶⁵ See Cajner and colleagues (2017) and Loprest and Nightingale (2018).
- ⁶⁶ Joo and Waxman, “How Kentucky’s Economic Realities Pose a Challenge for Work Requirements.”
- ⁶⁷ Elaine Waxman and Nathan Joo, “Mississippi’s Work Requirements Don’t Account for a Varying Labor Market by Race and Geography,” *Urban Wire* (blog), Urban Institute, October 18, 2018, <https://www.urban.org/urban-wire/mississippis-work-requirements-dont-account-varying-labor-market-race-and-geography>.
- ⁶⁸ See Jones (2018).
- ⁶⁹ See Gabe, Abel, and Florida (2018).
- ⁷⁰ “High School Graduates Who Work Full Time Had Median Weekly Earnings of \$718 in Second Quarter,” Bureau of Labor Statistics, July 21, 2017, <https://www.bls.gov/opub/ted/2017/high-school-graduates-who-work-full-time-had-median-weekly-earnings-of-718-in-second-quarter.htm>.
- ⁷¹ See Office of Family Assistance (2018).
- ⁷² See Gangopadhyaya and Kenney (2018).
- ⁷³ See Boudreaux and Lipton (2018); Hammermesh and Biddle (1994); Harford and Chrisopoulos (2012); Harper (2000); Hayes and colleagues (2013); IHME (2016); Loprest and Maag (2009); Martinez (2002); Mazzara and Sard (2018); and Pithon and colleagues (2014).
- ⁷⁴ See Loprest and Maag (2009).
- ⁷⁵ See Martinez (2002) and Mazzara and Sard (2018).
- ⁷⁶ Lauren Bauer and Jay Shambaugh, “Health Conditions Keep Many SNAP Participants out of the Labor Force,” The Hamilton Project (blog), November 1, 2018, http://www.hamiltonproject.org/blog/health_conditions_keep_many_snap_participants_out_of_the_labor_force.
- ⁷⁷ Ku and Brantley, “Medicaid Work Requirements: Who’s at Risk?” <https://www.healthaffairs.org/doi/10.1377/hblog20170412.059575/full/>.
- ⁷⁸ See Gangopadhyaya and Kenney (2018).
- ⁷⁹ 895 Ky. Admin. Regs. 1:055 (2018); “FAQ,” Kentucky HEALTH, accessed January 18, 2019, <https://kentuckyhealth.ky.gov/Pages/FAQ.aspx>; Deborah Yetter, “‘It’s a Mess’: Kentucky Medicaid Unclear on ‘Medically Fragile’ Meaning,” *Louisville Courier Journal*, December 6, 2018, <https://www.courier-journal.com/story/news/2018/12/06/kentucky-medicaids-medically-fragile-meaning-unclear/2217346002/>.

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- ⁸¹ “How Does Kentucky HEALTH Support Survivors of Domestic Violence?” Kentucky HEALTH, accessed January 18, 2019, <https://kentuckyhealth.ky.gov/SiteCollectionDocuments/Kentucky%20HEALTH%20Resources%20for%20Specific%20Populations%20Quick%20Print.pdf>; “Kentucky Health Frequently Asked Questions: Overall Kentucky HEALTH Program Questions,” Kentucky HEALTH, accessed November 30, 2018, <https://kentuckyhealth.ky.gov/SiteCollectionDocuments/Kentucky%20HEALTH%20FAQs.pdf>.
- ⁸² Neale, “Re: Opportunities to Promote Work and Community Engagement among Medicaid Beneficiaries.”
- ⁸³ See McDaniel and colleagues (2017).
- ⁸⁴ For more on racial disparities in access to discretionary supports, see Bonds (2006), Freedman (2002), and Gooden (1997). For more on non-Hispanic whites’ greater access to (1) mental health referrals, see Richardson (2002); (2) educational activities, see Gooden (1997) and Marchevsky and Theoharis (2008); and (3) transportation allowances, see Gooden (1997).
- ⁸⁵ See Malik and Hamm (2017).
- ⁸⁶ See Gould and Cooke (2015).
- ⁸⁷ See Laughlin (2013).
- ⁸⁸ See Acs, Loprest, and Ratcliffe (2010) and Schaefer, Kreader, and Collins (2006).
- ⁸⁹ See Boushey (2002).
- ⁹⁰ See Chien (2015) and Sandstrom and colleagues (2014).
- ⁹¹ See Adams and Gebrekristos (2018).
- ⁹² See Henly and Adams (2018) and Sandstrom and colleagues (2014).
- ⁹³ In New Hampshire, parents with children under age 12 can qualify for a good cause exemption if they cannot obtain child care. See “New Hampshire Granite Advantage Health Care Program 1115 Demonstration,” Centers for Medicare & Medicaid Services, November 30, 2018, <https://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/nh/nh-granite-advantage-health-care-program-ca.pdf>.
- ⁹⁴ New Hampshire will be piloting a work support program as part of its Medicaid work requirement initiative, which will help some families pay for child care registration fees. For more information, see “Granite Workforce Pilot Overview,” New Hampshire Department of Health and Human Services, accessed January 7, 2019, <https://nheasy.nh.gov/#/granite-advantage/granite-workforce>.
- ⁹⁵ See Hahn, Giannarelli, and colleagues (2016) and Hahn, Coffey, and Pratt (2018).
- ⁹⁶ See Hahn, Giannarelli, and colleagues (2016).
- ⁹⁷ See Gangopadhyaya and Kenney (2018).
- ⁹⁸ “Kentucky HEALTH Frequently Asked Questions: Overall Kentucky HEALTH Program Questions,” Kentucky HEALTH, accessed November 30, 2018, <https://kentuckyhealth.ky.gov/SiteCollectionDocuments/Kentucky%20HEALTH%20FAQs.pdf>. In addition to lack of reliable transportation, the FAQ addresses consideration of temporary exemptions for other exceptional circumstances, such as people who “are living in an area without available work or volunteer

opportunities, have been convicted of a felony, or are facing other hardships,” preventing them from meeting work requirements.

⁹⁹ See Gabe, Abel, and Florida (2018).

¹⁰⁰ See Rowe, Brown, and Estes (2017).

¹⁰¹ See Rowe, Brown, and Estes (2017).

¹⁰² “Fiscal Year 2016 TANF Financial Data – FY 2016,” US Department of Health and Human Services, Office of the Administration of Children and Families, Office of Family Assistance, February 1, 2018, <https://www.acf.hhs.gov/ofa/resource/tanf-financial-data-fy-2016>, table A.1.

¹⁰³ Nisha G. Patel, “The F in TANF Is for Families: Reducing Child Poverty Should Be An Explicit Goal,” *Urban Wire* (blog), Urban Institute, May 9, 2018, <https://www.urban.org/urban-wire/f-tanf-families-reducing-child-poverty-should-be-explicit-goal>. See also GAO (2010b) and Schott and Pavetti (2013).

¹⁰⁴ See Patel (2018) and Schott and Pavetti (2013).

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¹⁰⁶ “Work Participation Rates – Fiscal Year 2017,” US Department of Health and Human Services, Office of the Administration of Children and Families, Office of Family Assistance, June 26, 2018, <https://www.acf.hhs.gov/ofa/resource/work-participation-rates-fiscal-year-2017>, table 6B.

¹⁰⁷ Neale, “RE: Opportunities to Promote Work and Community Engagement among Medicaid Beneficiaries.”

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¹¹⁰ See “Granite Workforce Pilot Overview,” New Hampshire Department of Health and Human Services, and S. 313-FN, 2018 Sess. (N.H. 2018).

¹¹¹ See Isaacs, Katz, and Amin (2016).

¹¹² See Isaacs, Katz, and Amin (2016) and Mills and colleagues (2014).

¹¹³ See Gray (2018).

¹¹⁴ See Orzol, Hula, and Harrington (2015).

¹¹⁵ See Hahn, Amin, and colleagues (2016).

¹¹⁶ See Hahn, Coffey, and Pratt (2018).

¹¹⁷ Patrick Anderson, “DHS Ordered to Beef up Staff to Speed Food Assistance,” *Providence Journal*, March 20, 2018, <http://www.providencejournal.com/news/20180320/dhs-ordered-to-beef-up-staff-to-speed-food-assistance>.

¹¹⁸ See Hahn and Loprest (2011), Schott and Pavetti (2013), and Zedlewski and Golden (2010).

¹¹⁹ See Thompson and colleagues (1998). Though this work is not recent, the authors’ recent review of TANF manuals suggests this is still the standard practice.

¹²⁰ See Acs, Wheaton, and Waxman (2018).

- ¹²¹ See Gangopadhyaya, Kenney, and colleagues (2018) and Anuj Gangopadhyaya, Emily M. Johnston, Genevieve M. Kenney, and Stephen Zuckerman, “Under Medicaid Work Requirements, Limited Internet Access in Arkansas May Put Coverage at Risk,” *Urban Wire* (blog), Urban Institute, October 29, 2018, <https://www.urban.org/urban-wire/under-medicaid-work-requirements-limited-internet-access-arkansas-may-put-coverage-risk>.
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- ¹²⁵ “Arkansas Works Program October 2018 Report,” Arkansas Department of Human Services, accessed December 3, 2018, http://d31hzlhk6di2h5.cloudfront.net/20181115/0a/f4/18/8f/d4081feebb280d0dc2b7c2fd/111518_AWreport.pdf.
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- ¹²⁹ “Welcome to Kentucky HEALTH,” Kentucky Cabinet for Health and Family Services, October 15, 2018, https://kentuckyhealth.ky.gov/SiteCollectionDocuments/DRAFT_Kentucky%20HEALTH_Citizen%20Resource%20Guide_06212018.pdf.
- ¹³⁰ See Levy, Edmonds, and Simington (2018).
- ¹³¹ See Hahn (2016).
- ¹³² See Hahn and Loprest (2011), Schott and Pavetti (2013), and Zedlewski and Golden (2010).
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- ¹³⁵ See Hahn (2016) and Loprest, Kassabian, and Gearing (2016).
- ¹³⁶ Andy Davis, “Health Coverage Dropped for 4,574 Arkansas Works Enrollees: Work Mandate Unmet, State Says,” *Northwest Arkansas Democrat Gazette*, September 6, 2018, <https://www.nwaonline.com/news/2018/sep/06/health-coverage-dropped-for-4-574-20180/>. See also Musumeci, Rudowitz, and Hall (2018).
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- ¹³⁸ See Hahn, Katz, and Isaacs (2017).
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- ¹⁴¹ For more on racial and ethnic disparities in TANF sanctioning, see Fording, Soss, and Schram (2007); Kalil, Seefeldt, and Wang (2002); and McDaniel and colleagues (2017). For more on caseworker bias, see Freedman and Mannix (2013); Lee and Yoon (2012); Monnat (2010); Schram and colleagues (2009); and Soss, Fording, and Schram (2011).
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- ¹⁴³ See Keiser, Mueser, and Choi (2004) and Lee and Yoon (2012).
- ¹⁴⁴ See Carlson, Rosenbaum, and Keith-Jennings (2016); Sommers and Oellerich (2013); and Wheaton and Tran (2018).
- ¹⁴⁵ See Cook and colleagues (2006); Kreider and colleagues (2012); Mabli and colleagues (2013); and Ratcliffe, McKernan, and Zhang (2011).
- ¹⁴⁶ See Sandstrom and colleagues (2014).
- ¹⁴⁷ See Clemans-Cope and colleagues (2015); Finkelstein and colleagues (2012); Harrington and colleagues (2014); Howell and Kenney (2012); McMorro and colleagues (2016; 2017); Simon, Soni, and Cawley (2017); Smith and Dye (2015); Sommers and colleagues (2015); and Wherry and Miller (2016).
- ¹⁴⁸ See Cook and colleagues (2006); Kirkpatrick, McIntyre, and Potestio (2010); McLaughlin and colleagues (2012); Poole-Di Salvo, Silver, and Stein (2016); and Sommers, Gawande and Baicker (2017).
- ¹⁴⁹ See Caswell and Waidmann (2017); Hu and colleagues (2018); and Wherry, Kenney, and Sommers (2016).
- ¹⁵⁰ See McKernan, Ratcliffe, and Iceland (2018).
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- ¹⁵⁵ See Duggan, Goda, and Jackson (2017); Kaestner and colleagues (2017); and Leung and Mas (2018).
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About the Author



Heather Hahn is a senior fellow in the Center for Labor, Human Services, and Population at the Urban Institute. She is a national expert on Temporary Assistance for Needy Families (TANF) with two decades of experience conducting 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. She coleads Urban’s From Safety Net to Solid Ground initiative, providing timely and rigorous analyses of state and federal policy changes, and the Kids’ Share project, examining federal spending and tax expenditures on children. Hahn co-led the Work Support Strategies evaluation of state efforts to modernize families’ access to nutrition assistance, child care, and Medicaid. She received an MPP from Duke University and a PhD in political science from Stanford University.

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