



## DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

October 15, 2019

The Honorable Nancy J. King  
Chair  
Senate Budget and Taxation Committee  
3 West Miller Senate Office Building  
Annapolis, MD 21401-1991

The Honorable Maggie McIntosh  
Chair  
House Appropriations Committee  
121 House Office Building  
Annapolis, MD 21401-1991

**Re: 2019 Joint Chairmen's Report (p. 120) Linking Medicaid Recipients to Voluntary Workforce Training Opportunities**

Dear Chairs King and McIntosh:

Please see the attached report from the Maryland Department of Health (Department) on the 2019 Joint Chairmen's Report (p. 120) Linking Medicaid Recipients to Voluntary Workforce Training Opportunities. Specifically, the Department in consultation with the Department of Labor, submits this report on the following:

*Linking Medicaid Recipients to Voluntary Workforce Training Opportunities: Some states have programs that establish linkages between the Medicaid program and workforce training opportunities. These linkages are not imposed as a condition of Medicaid eligibility but rather are voluntary programs intended to provide Medicaid enrollees more direct access to workforce training in order to reduce reliance on Medicaid and other social programs. The committees are interested in the development of a workforce training program targeted at, and tailored to, Medicaid enrollees. The committees request that the Maryland Department of Health (MDH), in consultation with the Department of Labor, Licensing, and Regulation, submits a report that:*

- *provides information on the success and problems encountered in programs from other states that link Medicaid enrollees to workforce development opportunities;*
- *identifies existing workforce training opportunities in Maryland and how they might serve Medicaid enrollees;*
- *identifies barriers to utilization of those programs by Medicaid enrollees; and*
- *includes recommendations to improve linkages between Medicaid enrollees and workforce training in the state.*

Thank you for your consideration of this information. If you have any questions about this report, or would like to have additional information, please contact Chief of Staff Tom Andrews at (410) 767-1036 or [thomas.andrews@maryland.gov](mailto:thomas.andrews@maryland.gov).

Sincerely,

A handwritten signature in blue ink, appearing to read "Robert R. Neall", with a long horizontal flourish extending to the right.

Robert R. Neall  
Secretary

**Report on Linking Medicaid Recipients to Voluntary Workforce Training Opportunities**

Submitted by the Maryland Department of Health

2019 Joint Chairmen's Report  
Page 120

## **Executive Summary & Introduction**

Pursuant to the requirements of the 2019 Joint Chairmen’s Report (p. 120), Maryland Department of Health (MDH) in consultation with the Maryland Department of Labor (LABOR) submit this report addressing opportunities to establish linkages between the Medicaid program and LABOR’s voluntary workforce training opportunities to provide access to Medicaid participants. Specifically, this report:

1. Provides information on the success and problems encountered in programs from other states that link Medicaid enrollees to workforce development opportunities;
2. Identifies existing workforce training opportunities in Maryland and how they might serve Medicaid enrollees;
3. Identifies barriers to utilization of those programs by Medicaid enrollees; and
4. Includes recommendations to improve linkages between Medicaid enrollees and workforce training in the state.

As of June 2019, there are 1,402,038 Medicaid participants in Maryland, including 311,363 Affordable Care Act (ACA) expansion adults, 193,292 Parents and Primary Caretakers, and 22,184 adults enrolled in Transitional Medical Assistance (TMA) for a total of 526,839 working adults. Adults eligible for these coverage categories include the majority of participants of with the ability to work. For purposes of this report, these Medicaid participants are called “working-age adults.” Providing these individuals with direct access to workforce training available through LABOR may result in a reduced reliance on Medicaid and other social programs over time while increasing access to job opportunities and meaningful employment.

LABOR provides oversight for the American Job Centers (AJCs), which have twenty-eight (28) locations throughout the state. AJCs provide the workforce development services that benefit the population in need. Since there is a structure in place at the AJCs, MDH and LABOR can work together to connect the work-age adults enrolled in Maryland Medicaid who may benefit to the AJCs’ services.

### **I. Workforce Engagement Opportunities and Medicaid**

Workforce engagement programs can be either voluntary or mandatory for Medicaid participants. Voluntary programs focus on outreach and services to the Medicaid participants who do not have disabilities or other barriers to employment but may not currently be working. Individuals in these programs are offered unconditional employment assistance. Montana operates one of the country’s preeminent voluntary workforce programs for Medicaid adults. The Centers for Medicare and Medicaid Services (CMS) also permits states to seek authority to operate mandatory workforce programs for Medicaid participants. In January 2018, the Centers for Medicare and Medicaid Services (CMS) announced a policy permitting states to seek a waiver to require some beneficiaries to work or otherwise engage in job-seeking related activities for a set number of hours in a month in order to retain benefits.<sup>1</sup>

Montana’s Voluntary Workforce Program, known as Montana Health and Economic Livelihood Partnership Link (HELP-Link), was authorized concurrent with the State’s adoption of the ACA

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<sup>1</sup> <https://www.medicare.gov/federal-policy-guidance/downloads/smd18002.pdf>

Medicaid expansion and was launched on January 1, 2016. This workforce promotion program helps connect Medicaid participants to state resources that reduce barriers to work.<sup>2</sup> As a voluntary program, it is not mandatory for unemployed Medicaid participants. Montana links Medicaid participants looking for work or better jobs with services such as career counseling, training programs, and subsidized employment.

Montana's HELP-Link's outreach focused program provides a number of services to help Medicaid enrollee's find better employment. HELP-Link assists participants in five ways:

1. Employment services and career planning
  - a. This includes resume assistance, mock interview practice, and local job opportunities information
2. Workforce and educational training
3. Subsidized wages in work based learning
4. Supportive services
5. Referrals to other service providers

Each case is handled with a team approach and enables the job service staff to coach clients through the applications and paperwork needed to enter training programs.<sup>3</sup> The most common occupations pursued by HELP-Link participants are registered nurses, nursing assistants, heavy and tractor-trailer truck drivers, and medical records and health information technicians.

In addition to working directly with Medicaid enrollees, HELP-Link also works with employers in the program and other partners to teach them how to provide intensive outreach, meaningful services, and trainings to low-income Medicaid enrollees.<sup>4</sup> This strategy contributes to its success.

As of March 2018, over 11,500 people completed HELP-Link surveys and over 22,000 people enrolled through the Montana HELP Plan have received employment services through the Montana Department of Labor & Industry. Since the launch of HELP-Link, over 2,500 people have received intensive, one-on-one employment training services through the program. As of July 2017, 91% of HELP-Link participants who completed their training are employed and 78% who were unemployed during 2016 found employment after completing the program. The average wage increase was \$1,470 with 51% of participants having high wages after completing the program.<sup>5</sup>

The Montana HELP-Link program continues to serve as a model for other states. Louisiana recently passed a bill to connect Medicaid enrollees to workforce training and job opportunities. They favored a Pilot Program that will focus on a small portion of Medicaid recipients with the opportunity the program based on the pilot's success. The Pilot Program will run through a Community College that will enroll 50 Medicaid expansion recipients in training specific to

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<sup>2</sup> <https://www.cbpp.org/sites/default/files/atoms/files/4-20-18health.pdf>

<sup>3</sup> [https://montanaworks.gov/Portals/180/Documents/help-link/HELP-Link\\_2016-Year\\_End\\_Report.pdf?ver=2018-06-11-161003-350](https://montanaworks.gov/Portals/180/Documents/help-link/HELP-Link_2016-Year_End_Report.pdf?ver=2018-06-11-161003-350)

<sup>4</sup> <https://www.cbpp.org/sites/default/files/atoms/files/4-20-18health.pdf>

<sup>5</sup> [https://montanaworks.gov/Portals/180/Documents/help-link/March-2018-HELP\\_Link\\_Fact\\_Sheet.pdf?ver=2018-06-11-161005-367](https://montanaworks.gov/Portals/180/Documents/help-link/March-2018-HELP_Link_Fact_Sheet.pdf?ver=2018-06-11-161005-367)

health, banking, trucking and other industries. The state views this approach as a way to help people gain access to a growing economy, as well as to elevate their station in life.<sup>6</sup> The Louisiana Pilot Program is in the preliminary stages and seen as an alternative to the Community Engagement Requirement other states have imposed.<sup>7</sup>

Other states elected to pursue the CMS waiver for mandatory Community Engagement Requirements, also commonly known as Medicaid Work Requirements. As of August 2019, sixteen states have sought waivers from CMS to implement Work Requirements.<sup>8</sup> Covered populations, exemptions, and other requirements vary across the different states. In most cases, participants would be required to engage in work or job-seeking activities for at least 80 hours a month.<sup>9</sup> Failure to meet the required number of hours results in certain consequences, including disenrollment from Medicaid and/or lock out from benefits for a set period of time. Three states – Arkansas, Kentucky, and New Hampshire – faced litigation regarding their waivers and their waivers have been set aside. Additionally, initial studies suggest introduction of mandatory work requirements did not increase employment rates or improve health outcomes and resulted in increased rates of uninsured individuals.<sup>10</sup>

## **II. Maryland’s Medicaid Population: Working-Age Adults**

Under the Affordable Care Act (ACA), Maryland expanded Medicaid eligibility to adults under the age of 65 years with incomes up to 138 percent of the federal poverty level (FPL) in January 2014. As of July 2019, there are 1,402,038 Medicaid participants in Maryland, including 311,363 ACA expansion adults, 193,292 Parents and Primary Caretakers, and 22,184 adults enrolled in Transitional Medical Assistance (TMA). TMA is for households with eligible parents and caretaker relatives. To be eligible for TMA, the parent or caretaker relative must meet specific eligibility criteria, in addition to general Medicaid eligibility requirements. Specifically, they must have a dependent child under 21, have Medicaid coverage as a low-income parent or caretaker relative for at least three months in the last six months and have an income increase or change in household composition that increases the household’s FPL to above 123% FPL.

ACA expansion adults, parents and primary caretakers, and TMA adults include the majority of Medicaid participants with the ability to work. For purposes of this report, they are referred to as “working-age adults.” These individuals may benefit the most from referral to LABOR’s programs. Providing these individuals with direct access to workforce training may result in a reduced reliance on Medicaid and other social programs over time.

As Table 1 documents, Medicaid enrolled working-age adults are predominately located in Baltimore City (100,675) followed by Prince George’s County (79,622) Baltimore County (77,125) and Montgomery County (62,191).

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<sup>6</sup> <https://www.labudget.org/2019/04/a-workforce-pilot-program-in-monroe/>

<sup>7</sup> <https://apnews.com/1367df6ddd2646db9507d7cdb5e41aeb>

<sup>8</sup> <https://www.kff.org/medicaid/issue-brief/medicaid-waiver-tracker-approved-and-pending-section-1115-waivers-by-state/>

<sup>9</sup> <https://nashp.org/state-proposals-for-medicaid-work-and-community-engagement-requirements/>

<sup>10</sup> Benjamin D. Sommers, et al, Medicaid Work Requirements – Results from the First Year in Arkansas, The New England Journal of Medicine, 2019. Found at <https://static.politico.com/8d/24/6ef0e361444bb034aabc884b2606/sommers-arworks.pdf>

**Table 1: Number of Maryland Medicaid Enrolled Working-Age Adults by County, June 2019**

<b>Counties</b>	<b>Total Count of Working Adults*</b>	<b>Total Medicaid Population</b>
Alleghany	8,728	21,938
Anne Arundel	37,476	95,467
Baltimore City	100,675	259,434
Baltimore County	77,125	199,638
Calvert	6,248	14,320
Caroline	4,421	12,006
Carroll	9,453	23,021
Cecil	11,115	26,183
Charles	12,818	32,185
Dorchester	5,050	12,854
Frederick	15,204	40,949
Garrett	3,452	8,534
Harford	18,337	45,202
Howard	16,669	45,872
Kent	2,094	4,986
Montgomery	62,191	188,760
Prince George's County	79,622	229,878
Queen Anne's	3,415	8,407
Somerset	3,360	8,839
St. Mary's	9,512	22,774
Talbot	3,283	8,577
Washington	17,176	44,149
Wicomico	13,131	34,755
Worcester	5,794	13,310
<b>Total</b>	<b>526,839</b>	<b>1,402,038</b>

\*Total count of working adults was calculated by combining Coverage Groups A02 – Childless Adults < 65, 138% FPL, inc disabled, A03 - Parents and Caretaker Relative 124%-138% FPL, F02 - Post-TCA: Earnings Extension, and F05 - Parents/Primary Caretakers and Children <123% FPL

### **III. Maryland Department of Labor (LABOR)'s Work Programs and Opportunities for Medicaid Participants**

LABOR provides valuable opportunities that bolster workforce development, including the Maryland Workforce Exchange, Maryland Business Works, and EARN Maryland. Moreover, LABOR provides oversight of 12 local workforce development boards and 28 American Job Centers (AJCs) across Maryland. Maryland's AJCs provide diverse workforce services for no cost to businesses and job-seekers, including training programs, job placement services, and job-readiness workshops.

AJCs place a specific emphasis on helping unemployed and underemployed individuals to identify and obtain gainful employment. To this end, LABOR, local workforce development boards, and AJCs utilize the Maryland Workforce Exchange (MWE), a valuable tool for both job-seekers and employers. The MWE provides opportunities for job seekers to find and apply for jobs, allows employers to search resumes to find applicants, and offers labor market information data. Moreover, job-seekers are able to create a resume, obtain information regarding unemployment insurance, and identify education and training opportunities, all in one location.

### American Job Centers

Maryland's 28 AJCs annually provide workforce development services to thousands of Marylanders. Located across diverse economic regions and within every Maryland County, AJCs serve as learning centers and points of contact to sustained employment.

AJCs provide job-seekers with information on available jobs, resume development tools, and employment training and education opportunities. Employers are able to contact AJCs to find candidates, review job market trends, and analyze labor force data. These important opportunities strengthen Maryland's economy by connecting employers and employees to ensure that all Marylanders are prepared to succeed in today's economy.

All AJCs offer a full range of in-person, no-cost assistance to job seekers and businesses.<sup>11</sup> Qualified AJC professionals assist with numerous employment-related services that include training strategies, services, and initiatives that help job seekers and businesses succeed. They include services for employers in resources, recruitment, and retention strategies. All AJCs provide access to Spanish speaking individuals or Spanish-speaking resources, access to English as a second language courses, and adult education classes.

Given the variety of resources available, AJCs present promising opportunities to begin engaging Maryland Medicaid working-age adults. LABOR already engages in a number of different strategies to outreach to adults who may benefit from its services. Moreover, individual workforce development boards and AJCs conduct community-based outreach to ensure that local populations are aware of the workforce services provided at AJCs. Both Labor and local entities place a specific emphasis on unemployed individuals, veterans, immigrants, and returning citizens.

Unemployed, indigent, and working adults currently utilize no-cost workforce training opportunities at AJCs. As LABOR and local workforce development boards provide direct oversight of AJCs, these entities are the most practical option to facilitate referrals from the Medicaid Program. By conducting outreach to the Medicaid population and encouraging those individuals to seek workforce development opportunities at AJCs, Maryland can connect more residents to employment.

## **IV. Recommendation and Conclusions**

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<sup>11</sup> <https://www.dllr.state.md.us/county/>



To establish a voluntary workforce program, Medicaid and LABOR recommend targeting Medicaid's ACA expansion population and TMA adults, with a focus on working-age adults only. Specifically, we recommend that Medicaid and LABOR execute a Data Use Agreement to permit Medicaid to identify these individuals to LABOR for purposes of outreach. The fiscal impact of this outreach will vary depending on whether the program is implemented on a statewide or regional basis. In the event that limited funds are available, the voluntary workforce program could be implemented on a more limited, pilot basis to certain regions of the state to help mitigate fiscal impact and assess outcomes prior to further expansion.

To facilitate LABOR extending job services outreach to Medicaid working-age adults, Maryland Medicaid could identify working-age adults enrolled in Medicaid, provide this information to LABOR, and utilize location-based outreach to ensure Medicaid participants are connected to their local AJC.

In addition, mailings could be targeted to specific regions in the state on a pilot basis, however, as the Medicaid population is very mobile, not all efforts to contact participants may be successful as addresses are often inaccurate or no longer valid. Mailings may also be ineffective as they can easily be lost or ignored. If a person is receptive to the program, the individual may have difficulty finding adequate transportation to get to the AJCs. Without infusing additional funding to the existing AJCs, the staff might be overwhelmed with the new working-age adult population accessing the AJCs for assistance. A training or webinar should be created to inform the staff of the potential outreach efforts to the working age adult population within Maryland Medicaid. Finally, additional funds have to be set aside for potential expanded mailing costs and for funding additional PINs or employment hiring and other related costs that will likely arise from such an expansion.

## **V. Conclusion**

Given the existing workforce development programs at LABOR, Maryland's existing workforce development infrastructure includes diverse opportunities to connect medicaid recipients to employment. As of June 2019, there are 1,402,038 Maryland Medicaid enrollees, 526,839 of which are working-age adults. The AJCs, located throughout Maryland, provide jobseekers with a range of benefits including resume development tools and employment training.

The services provided by AJCs are available to the working-age adults of Maryland Medicaid. To link working-age adults to the AJCs' services, Medicaid, following the execution of a Data Use Agreement, can share the necessary information with LABOR so outreach to working-age adults enrolled in Medicaid in specific jurisdictions, could be conducted. LABOR could lead outreach efforts, including direct mailings and providing webinar trainings to AJC staff about the potential of increasing utilizers of the AJCs. While, the outreach provided to Maryland Medicaid recipients will increase their workforce opportunities while benefiting Maryland's economy, further steps and additional funding have to be set aside before outreach efforts begin.