Montana HELP-Link:
A Positive Model for West Virginia

Support to Help Medicaid Enrollees Succeed in the Workforce

Montana's Health and Economic Livelihood Partnership Link (HELP-Link) offers a positive alternative to a mandatory work requirement program for West Virginia.

What HELP-Link does:

- All newly eligible Medicaid enrollees receive information about HELP-Link's services at the point of enrollment and in a follow-up letter.
- Outreach materials about HELP-Link are distributed by community partners who interact with Medicaid enrollees, including hospitals and other health care providers.
- All Medicaid enrollees are asked to fill out a survey about their employment and barriers to work.
- Program workers analyze the surveys and make outreach calls to offer personalize assistance based on the needs and barriers identified in the survey. Calls are targeted to individuals who are most likely to be able to overcome barriers to work.
- On the call, an appointment is made for an in-person assessment with a case manager trained to understand barriers to for low-income individuals.
- The case manager and the enrollee develop and agree together on an individualized employment plan that includes education and training needs to achieve goals.
- In addition to services such as interview skills-building and resume writing, the employment plan links participants to services to address barriers to jobs such as child daycare, home health aide, and transportation assistance.
- Tuition assistance is available for Medicaid enrollees who want to pursue jobs in high-demand sectors such as in health care.
- Community organizations and businesses (including hospitals) collaborate with HELP-Link to provide on-the-job training programs.

HELP-Link Targets Resources to Medicaid Enrollees Who Can Benefit from Services:

- HELP-Link targets unemployed Medicaid enrollees who do not have severe barriers to work and Medicaid enrollees who are working but want more stable employment with better wages. Targeting Medicaid enrollees who can work and may be looking for a job or who want a better job is a smart use of resources.
- According to the West Virginia Department of Health and Human Resources (DHHR), 66% of adult and child Medicaid enrollees in WV are in families with a worker. However, many of these workers have low or minimum wage seasonal jobs or other types of employment with fluctuating hours and/or temporary lay-offs. Those that do not work have an illness or disability, caregiving responsibilities at home for a child or older family member, or are in school.

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WEST VIRGINIANS TOGETHER FOR MEDICAID

HELP-Link's Positive Employment and Training Outcomes:

- 22,000 of Montana's Medicaid expansion adults have received employment services
- 91% of HELP-Link participants who completed their training are employed
- 78% of HELP-Link participants who were unemployed during 2016 found employment after completing the program
- 51% of HELP-Link participants who had jobs had higher wages after completing the program.
- The most common occupations pursued by HELP-Link participants were registered nurses, nursing assistants, truck drivers, and medical record and health information technicians.

Design a Program that Helps Medicaid Enrollees Work – Not One that Creates More Work Barriers

- Indiana and Arkansas are moving away from a voluntary employment supports model for Medicaid enrollees to a work requirement, citing low participation by enrollees. However, these programs did not provide intensive outreach to the target population or a full set of employment support services.
- A Medicaid work requirement will not help more enrollees successfully join the workforce. It will result in enrollees losing coverage and access to health care. Kentucky, which has received an 1115 waiver with a Medicaid work requirement, estimates that enrollment would decline significantly by 100,000 or more.
- Under a mandatory work requirement, some of the enrollment declines will be among West Virginians who do work or are looking for work. Documenting legitimate reasons for an exemption to a work requirement creates a real paperwork burden month after month for both DHHR and Medicaid enrollees. Documenting employment or job search efforts over and over will create a paperwork barrier to sustaining enrollment – especially among low-wage workers struggling already to balance work and family responsibilities.
- Tracking and monitoring work requirements will create a huge drain on DHHR and taxpayer dollars. Kentucky is allocating close to $374 million over the next two years to cover increased costs under their waiver with a mandatory work requirement – most of which will go to track compliance with the new work rules. Rather than incurring new administrative costs, West Virginia should invest in needed workforce participation supports, education, and training as Montana has done.
- Low-income workers experience fluctuation in their hours, seasonal employment, and frequent lay-offs and may meet a work requirement one month and fail to do so the next month. The result will be gaps in Medicaid coverage and in the very care, prescription drugs, and treatment that allows low-income workers to stay healthy and continue to work.
- Ohio surveyed their Medicaid expansion enrollees and found that over half of enrollees who are working (without being required to do so) reported that having Medicaid made it easier for them to stay healthy ad continue to work. This is particularly true for West Virginians employed in low-wage jobs that involve walking, standing, lifting and other physical labor who can experience physical injuries. The Ohio analysis also found that expansion enrollees who were unemployed but looking for work reported that having Medicaid made it easier for them to seek employment.