



Work Reporting Requirements May Reduce Access for People with Disabilities

Work reporting requirements are extremely burdensome for beneficiaries to navigate and for states to administer. Data demonstrates that in 2023, nearly two-thirds of adults ages 19-64 covered by Medicaid were working, and nearly three in ten were not working because of caregiving responsibilities, illness or disabilities, or due to school attendance.¹ Adding more red tape requirements for Medicaid beneficiaries will, at best, not meet the stated intent of increasing the number of Medicaid beneficiaries in the workforce, and at worst, will likely lead to administrative barriers that force otherwise eligible adults to lose coverage.

This comes into sharp focus for people with disabilities. Requiring people with disabilities who are working to document and verify that they are working or engaging in similar activities for numerous hours each month will lead to those who do not successfully navigate these bureaucratic processes losing Medicaid coverage, including access to the very employment supports necessary to continue working.

Work reporting requirements are also likely to have unintended negative consequences for low-income workers, including direct support professionals who are the backbone of long-term services and supports for people with I/DD. Approximately one-third of direct support professionals work part time or with inconsistent schedules—two job features that are generally incompatible with work reporting requirements.²

If direct support professionals are unable to meet burdensome reporting requirements, they will lose the health care that enables them to engage in the workforce and further endanger the sustainability of community-based supports for people with I/DD.

¹ Jennifer Tolbert, Sammy Cervantes, Robin Rudowitz, and Alice Burns; [Understanding the Intersection of Medicaid and Work: An Update](#); February 2025.

² King, Jessica; [Medicaid Work Requirements Will Harm Direct Care Workers](#); August 2023.

States Often Face Significant Challenges in Implementing Exemptions

Work requirements often include some type of exemption for certain Medicaid beneficiaries with disabilities, but states routinely face significant challenges in efficiently and effectively identifying this population. For instance, exemption processes that assume people with disabilities all qualify for Medicaid based on their receipt of Supplemental Security Income (SSI) will fall short of capturing the full population of Medicaid enrollees with disabilities, since sixty percent of non-elderly adult Medicaid beneficiaries with disabilities do not receive SSI.³

Individuals with disabilities risk losing Medicaid eligibility due to work requirements if they are unable to document that they work or engage in work-like activities, fail to complete renewal paperwork on time, or report a change in circumstances. People with I/DD may face substantial obstacles that make participating in the workforce or completing the required paperwork in a timely manner difficult. These challenges may include an inability to adequately respond to forms and document requests without support and accommodation, as well as limited access to the internet, mobile devices, and transportation.

Work Requirements Waste Federal Funding

Medicaid work requirements waste millions of dollars on expensive tracking systems and overhead costs. For example, Georgia has implemented an alternative to Medicaid expansion, which includes work reporting requirements. In its first year, the program cost Georgia taxpayers \$26 million, with 90% of the expense paid to consulting firms and administrative overhead. This is in stark contrast to the typical administrative costs, which range approximately 12% to 16% of overall program spending for Medicaid programs.⁴

Moreover, people with disabilities who lose Medicaid are unlikely to be eligible for other insurance coverage. Declining health or losing access to the support that Medicaid finances to help people with disabilities live in their homes and communities increases the risk of utilizing hospital emergency rooms, state-run institutional or nursing home care, which compromises their independence and costs taxpayers more than community-based supports do.

³ Jennifer Tolbert, Sammy Cervantes, Robin Rudowitz, and Alice Burns; [Understanding the Intersection of Medicaid and Work: An Update](#); February 2025.

⁴ Miller, Andy and Rayasam, Renuka; [Georgia's Medicaid Work Requirements Costing Taxpayers Millions Despite Low Enrollment](#); March 2024.