Medicaid Work Requirements: A Guide for Community Health Workers

Who this guide is for

This guide is for Community Health Worker (CHW) program leaders and CHWs who support clients who may need to meet new Medicaid community engagement requirements (also known as "work requirements").

Background: Medicaid work requirements

On January 1, 2027, Medicaid will require certain adults in most states to meet work requirements or show that they are exempt in order to enroll in Medicaid or keep their coverage.[1]

These work requirements generally apply to adults ages 19 through 64 years old who are part of the 'Medicaid expansion' population. Forty states and DC provide coverage to adults in this group. Work requirements also apply to some adults in Georgia, Tennessee, and Wisconsin.

To enroll in or keep Medicaid coverage, these adults must show they either:

- participate in work, education, job training or a work program, or community service, for at least 80 hours in a month;
- have a minimum monthly income of $580; or
- are exempt from these requirements.

Most people already meet these requirements or qualify for an exemption, but they will need to document that they are complying, or they risk losing health insurance.

CHWs can help!

CHWs can help clients understand and navigate these requirements through providing education, connecting individuals to resources, supporting action planning and self-advocacy, and assisting with documentation and reporting.

If your CHW program serves individuals with Medicaid coverage and you are wondering how to help, this guide is for you!

This guide will walk you through the steps you can take, including:

1. **Outreach, Education, and Assessment.** Help clients understand if these requirements apply to them.
2. **Action Planning.** Partner with clients to create and execute a plan to meet these requirements and report.
3. **Ongoing Support.** Help clients stay on top of Medicaid coverage renewals.

[1] A few states (Nebraska, Montana, Iowa) started these requirements in 2026. A limited number of states may get approval to start work requirements after January 1, 2027.

Before you start engaging with clients, you need to know 1) if work requirements apply to individuals with Medicaid coverage in your state and 2) if they impact the clients that your program serves. Ask yourself:

- **Does your organization operate in a Medicaid expansion state or a state that has implemented work requirements?**

  The Affordable Care Act (ACA) created the opportunity for states to expand Medicaid coverage to nearly all adults with incomes up to a certain amount (i.e., $22,025 for an individual in 2026). Every state that adopted Medicaid expansion under the ACA must implement work requirements (see the full list here). Work requirements also apply to some adult Medicaid enrollees or applicants in Georgia, Tennessee, and Wisconsin.

- **Does your program serve adults with Medicaid coverage?**

  Work requirements apply to certain adults ages 19 through 64 who are enrolled in or applying for Medicaid coverage. If your client has both Medicaid and Medicare, these requirements do not apply to them.

If you answered "yes" to both of these questions, the clients that your program serves will likely be affected by these new requirements. This guide can help!

If your program is not in a Medicaid expansion state or you work with clients covered by only Medicare or commercial coverage, this new policy does not apply to the clients you serve. If you work with individuals who have Medicaid but are children, pregnant, enrolled in Medicaid on the basis of disability, or have both Medicaid and Medicare (e.g., a dual eligible), these requirements do not apply to them. However, someone in your client's household, family, or community may be impacted.

Note. This guide describes federal requirements, but each state's implementation may vary. If you work in an IMPaCT CHW program and would like to request state-specific training or workflow support, please reach out to your IMPaCT account team. If you are interested in learning more about how IMPaCT can support your CHWs, reach out to info@impactcarehq.com.

Sections included in this guide

Overview: Medicaid Work Requirements

CHW program leaders and CHWs can use this section to understand the basics of Medicaid work requirements.

Who do these new requirements apply to?

Generally, beginning on January 1, 2027, most states will require certain adults to meet work requirements (or show they are exempt) to maintain their Medicaid coverage or to enroll in Medicaid.

These requirements typically apply to individuals who are ages 19 to 64 and part of the Medicaid expansion population. This does **not** include people who:

- Are enrolled in Medicare (including dual eligibles who have Medicare and Medicaid)
- Are pregnant or in the postpartum coverage period[2]
- Qualify for Medicaid on the basis of disability
- Are in a different Medicaid eligibility category (children, traditional low-income parents)

Who is exempt?

People are generally exempt if they are:

- medically frail
- parents, guardians, caretaker relatives, or family caregivers of a dependent child under age 14, or of a disabled individual
- pregnant or eligible for postpartum coverage
- meet the Temporary Assistance for Needy Families (TANF) work requirements or live in a household with someone required to meet Supplemental Nutrition Assistance Program (SNAP) work requirements
- American Indians and Alaskan Natives
- participating in a drug or alcohol rehabilitation or treatment program
- a Veteran with a permanent and total disability rating
- a former foster care youth under age 26
- an inmate of a public institution (or was an inmate within the last 90 days)
- enrolled in or eligible for Medicare

People who are exempt do not need to work, attend school, participate in a job training or work program, or volunteer. They may, however, need to submit information to show they are exempt.

Your state may also offer “short-term hardship exceptions”. For example, adults receiving inpatient hospital or nursing facility services, traveling for medical care, or living in a county with high unemployment may be exempt from the work requirements. Check your state's Medicaid website to see if your state offers “short-term hardship exceptions”.

[2] Regardless of the pregnancy outcome.

The Medical Frailty Exemption

A diagnosis is not enough to qualify for an exemption based on being medically frail. Medical frailty depends on both:

- the presence of a specified condition (e.g., blind or disabled, substance use disorder, a disabling mental disorder, a serious or complex medical condition, or a physical, intellectual, or developmental disability that limits an individual's ability to perform activities of daily living); and
- whether it prevents the individual from being able to work or participate in other qualifying activities. (This requires a determination beyond just the presence of a diagnosis.)

To understand who might qualify as medically frail in your state, check your state's Medicaid website for a list of conditions. A state will generally verify if someone is exempt because they are medically frail once every 12 months. However, states have the option to reverify this more frequently.

What counts as "work"?

To meet the work requirement, an individual must complete at least 80 hours of activities including:

- Work (including unpaid work like an internship or in-kind work done in exchange for goods such as housing, meals, or utilities)
- Community service (such as volunteering at a food bank or mentoring)
- Participation in a specified job training or work program (such as a state-operated employment or training program)
- Enrollment in an educational program at least half-time (including higher education, a high school program, or a state-approved program that leads to a diploma or certificate, such as a General Educational Development (GED) certificate)
- Earning at least $580 per month[3] (if an individual is a seasonal worker, income must average to $580 per month over the last 6 months)

Individuals can reach the 80-hour goal by doing just one of these activities or a mix of them.

How will someone know if these work requirements apply to them?

Your state must send a notice to individuals who may be eligible that explains the work requirements, how to meet them or show they are exempt, what happens if they don't, and how to report updates to the state.

If the work requirement in your state begins January 1, 2027, the state will send notices sometime between July and September 2026. Individuals will also receive this information when their Medicaid eligibility is redetermined (at least every 6 months).

Let your clients know to look out for a letter in the mail (or electronically) or outreach from the state by phone or text message. You and your client can also find information on your state's Medicaid website or from your client's health plan.

[3] This is the equivalent to the current federal minimum wage multiplied by 80 hours.

How often will someone need to meet these requirements?

People will need to meet these requirements every time they:

- apply for Medicaid coverage. New applicants must meet the requirements the month before they apply.
- when their coverage is renewed (at least every 6 months). Medicaid enrollees must meet the work requirement (or be exempt) for one or more months between renewals. States have the option to check if an individual is meeting the work requirements more regularly than every 6 months.

How does a state know if someone has met the requirements or is exempt?

Your state's Medicaid agency will determine if an individual must meet the work requirements. **CHWs do not determine if someone meets these requirements or is exempt.**

States will try to use existing information to verify whether a Medicaid enrollee meets the work requirements (or qualifies for an exemption). For example, states may use payroll data, community college data, data from the Department of Veterans Affairs, claims and encounter data, or other data already submitted to show eligibility for SNAP.

However, it is unlikely that your state will have all the information it needs to verify compliance or exemptions. If the state lacks information, it will request documentation. Individuals will generally have 30 days to submit the required information.

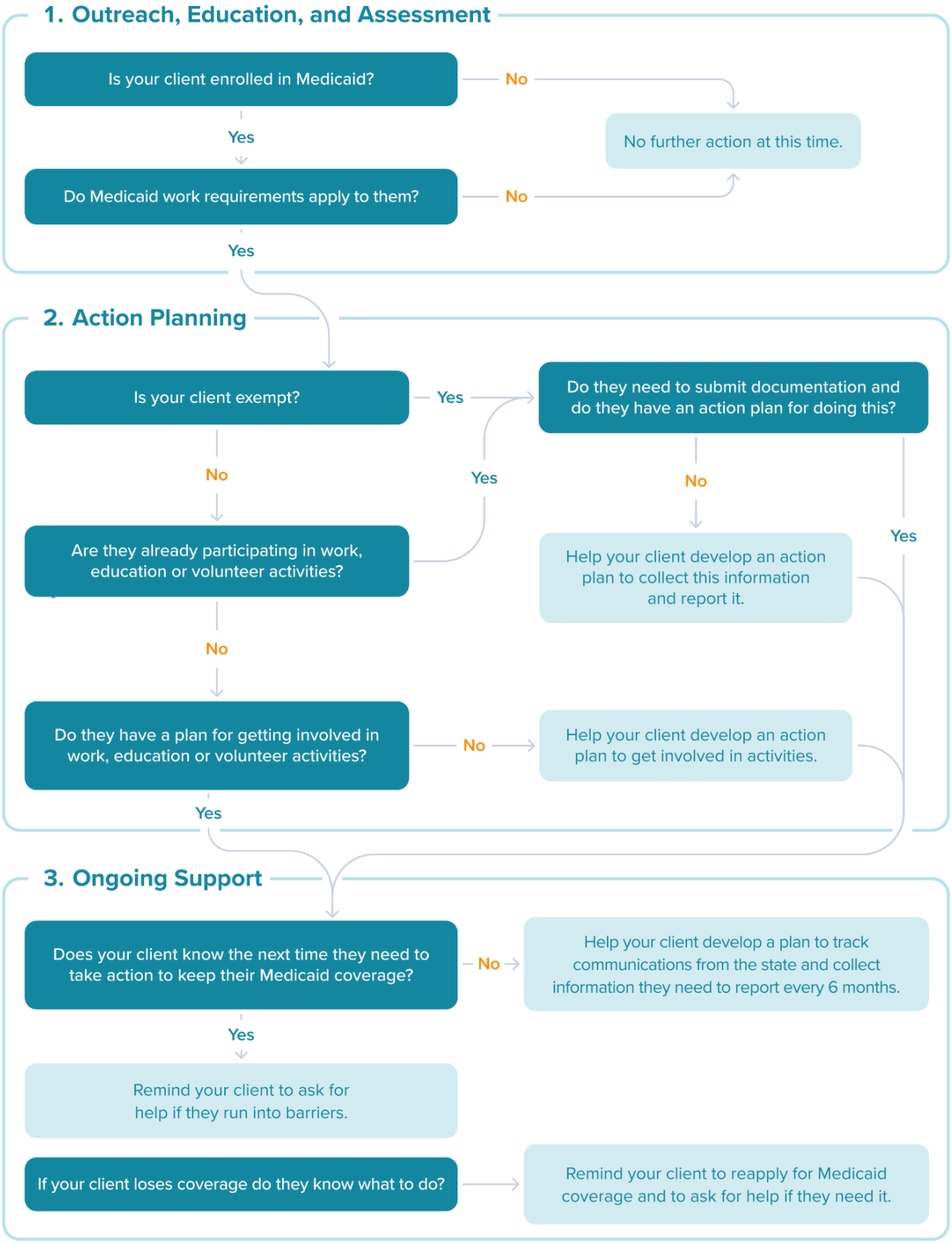
The information a state will use to verify whether someone meets the work requirement will vary by state. Your state's Medicaid website or the information an individual receives from the state will explain what documentation the state will accept. Examples of documentation that an individual may submit to show they have met the work requirement include:

- paystubs showing hours worked or income
- a document from a community-based organization reporting hours spent volunteering
- a school transcript demonstrating enrollment in an educational program at least half-time

If an individual is exempt, they will likely need to submit documentation showing this. Depending on the exemption (for example a Veteran with a permanent and total disability rating), the individual may only need to submit this documentation once. In some cases, the individual may need to submit documentation each year showing they are exempt.

Note. In 2027, states may give individuals the option to self-attest that they are exempt from or meeting the work requirements. Check your state's Medicaid website to see if there is a form individuals should use and what information they can submit in 2027. Starting in 2028, individuals can only use self-attestation one time to demonstrate the medical frailty exemption.

Medicaid Work Requirements: A Roadmap for CHWs and their Clients



1. Outreach, Education, and Assessment

CHWs can use this section to help clients determine if Medicaid work requirements apply to them.

Many people may not have heard of work requirements. Even if they have heard about these new requirements, they may not know what it means for them. Below are key questions you and your client can work together to answer.

Does your client have Medicaid coverage?

Some of your clients may not know what type of insurance coverage they have. You can help them find this information on their insurance card. If your client does not have their insurance card, they can contact their health plan or their doctor's office to confirm what insurance they have.

Note. If your client has Medicaid or is considering applying for Medicaid, you can help them assess if they need to meet work requirements. (Continue to the next question.)

If your client has Medicaid and Medicare, Medicare-only, marketplace coverage, or employer-sponsored coverage, these work requirements do not apply to them.

Does your client know about Medicaid work requirements?

If your client has Medicaid, they may not be aware of these new work requirements. You can use the information in the overview section of this guide to explain these new work requirements.

You can also visit your state's Medicaid website with your client to review the requirements together.

Do these new requirements apply to your client?

If your client is enrolled in Medicaid, is age 19 to 64, is not pregnant, and is not enrolled in or eligible for Medicare, they may be required to submit proof of meeting the requirements to keep their Medicaid coverage.

Review the list of exemptions together. If your client is in any of these groups (for example, they are pregnant or currently meeting SNAP work requirements) they are likely exempt from the Medicaid work requirements. They may still need to submit information to the state Medicaid program to show that they are exempt.

If they are not within one of the exemption categories, they will likely need to meet the work requirements.

How will your client get information from the state?

Your state must send a notice to individuals who may be eligible for Medicaid work requirements. States must send this information by mail or electronically and by phone, text or through another electronic method. Tell your client to check their mail (as well as their phone and text messages, etc.) for this notice. They can also call the state Medicaid program.

You and your client can use this information to develop and execute an action plan to meet the requirements and maintain their Medicaid coverage.

2. Action Planning

CHWs can use this section to help clients show they meet the work requirements, demonstrate they are exempt, and connect with necessary resources.

Once you and your client have determined they are likely required to meet work requirements (or need to demonstrate an exemption), they may need to take steps to fulfill these requirements and prove this to the state. These can be complicated and time-consuming processes.

Below are the key questions you and your clients can work together to answer.

Is your client getting updates from the state on what they need to do?

Your state must send a notice to individuals who may be eligible for Medicaid work requirements. For this information to reach your client, the state Medicaid program must have the individual's current mailing address (and other updated contact information).

Work with your client to develop a plan to help them monitor state communications and respond promptly to requests for additional information. Remind your client to ensure that they can receive mail at the address listed with the state Medicaid program (or let them know they should update their mailing address). Also remind them to check their mail, email, phone, and text messages regularly for any requests from the state.

Is your client already participating in activities that meet the requirements?

Your client may already participate in activities that count towards the work requirement. Ask them if they are doing any of the following:

- Work (including unpaid work like an internship or in-kind work done in exchange for goods such as housing, meals, or utilities)
- Community service (such as volunteering at a food bank or mentoring)
- Enrollment in an educational program at least half-time (including higher education, a high school program, or a state-approved program that leads to a diploma or certificate, such as a General Educational Development (GED) certificate)
- Participation in a specified job training or work program (such as a state-operated employment or training program)
- Earning at least $580 per month (if an individual is a seasonal worker, income must average to $580 per month over the last 6 months)

If your client's Medicaid coverage is renewing and they spent 80 hours on a combination of these activities during at least one month in the last 6 months, they may already meet the work requirements. If your client is applying for Medicaid, they will generally need to show that they spent 80 hours participating in these activities in the month before applying for coverage. Check your state's Medicaid website to see if your client needs to show they met these requirements for more than one month.

If your client did not participate in 80 hours of these activities in one month and is not exempt, you can work with them to set goals and develop an action plan to meet the requirements.

Does your client need to send information to the state to prove they meet the requirements?

If your state cannot verify that an individual meets the requirements or is exempt, the individual will receive a notice. The notice from the state will generally explain:

- how to demonstrate the individual is currently meeting requirements or is exempt
- the months that will be assessed to determine if the individual met requirements (or exemption)
- the deadline for submitting information (typically 30 calendar days)
- how to submit the information
- the consequences of failing to meet the deadline
- how to reapply for Medicaid coverage

Note. Many states will verify whether an individual meets work requirements when their Medicaid coverage is renewed or when they apply. Check your state's policy to see if your client needs to submit this information more frequently than every 6 months. Review this with your client so they know what they need to submit and when to submit it to avoid losing Medicaid or being denied coverage.

Note. In 2027, states may give individuals the option to self-attest that they are exempt from or meeting the work requirements, when documentation is unavailable. Self-attestation means an individual certifies that the information they are providing is accurate without submitting supporting documentation. Check your state's Medicaid website to see if there is a form individuals should use and what information they can submit to self-attest in 2027.

How does your client show they are exempt because they are medically frail?

To understand who might qualify as medically frail in your state, check your state's Medicaid website.

If your client has a condition that may enable them to qualify as medically frail, they may still need to take steps to demonstrate that this condition prevents them from being able to work. Your client may need to obtain documentation from their primary care provider or another physician.

You can work with your client to develop a plan to connect with their provider, advocate for themselves, and obtain documentation confirming how their condition impacts their ability to work, be in school, or volunteer.

Note. In 2027, an individual may self-attest they are exempt because they are medically frail. Effective January 1, 2028, states may only accept self-attestation of medical frailty one time.

What is your action plan for collecting information to submit to the state?

With your client, review information from the state (from the notice they received and/or the state's Medicaid website) and identify the following:

- **What information to collect and report.** Review the list of information your client needs to collect and report. In general,
    - If your client has participated in work, education, job training or a work program, or community service, documentation of their participation could include a paystub showing hours worked or income or a school transcript demonstrating enrollment in an educational program. Your client may need to collect multiple forms of documentation if they do not participate in one activity for a total of 80 hours in a month.
    - If your client is exempt, they may need to submit documentation to prove it. This could include documentation from the Department of Veterans Affairs showing disability status.
    - **Action.** Help your client make a list of the information they need to collect.
- **Where to get the documentation.** Once you and your client know what types of documents to collect, work together to identify where to get that information.
    - **Action.** Work with your client to make a list of the entities (e.g., employer, school, organization or nonprofit where they volunteer, Department of Veterans Affairs, physician, etc.) your client needs to request documents from.
    - **Action.** Work with your client to make a list of what to request from each entity and help them make a plan to get needed information.
    - **Action.** Set up a regular check-in with your client to support problem-solving when barriers arise.
- **How to report.** Your client must submit information via the state's Medicaid website, phone, mail, or in person.
    - **Action.** Review this process with your client so they know what they have to do and how to do it.
- **Report.** Once your client has all of the information they need to submit, they must report it.
    - **Action.** Help your client organize and review the information and documentation they collected. Encourage them to seek clarification from the state when requirements are unclear.
    - **Action.** Work with your client to submit this information (this could include reviewing the reporting process or sitting with them as they upload the documents or call the state).
    - **Action.** Once your client has submitted the requested documents to the state, remind them to check for updates from the state Medicaid program daily. This will help ensure they receive any notices requesting additional information or updates on their application or renewal.

Note. Whenever possible, CHWs should encourage clients to actively participate in the reporting process so they gain confidence navigating future requirements independently.

What is your action plan for helping your client get involved in work, education, or community service?

If work requirements apply to your client, but they are not participating in activities that count, you can help them take steps to meet the requirements. This could include:

- **Goal setting.** Work with your client to set goals for finding employment, community service or enrolling in qualifying education, job training, or work programs. If they are already doing some of these activities, but not for a total of 80 hours in a month, you can help them expand the number of hours they spend on these activities.
    - **Action.** Partner with your client to identify what types of qualifying activities they want to participate in. Work with them to identify steps they will take and a timeline for reaching these goals. For example, help them commit to a weekly goal, such as applying for two jobs or volunteer positions.
- **Identify and connect to resources.** Work with your program leaders to ensure you are connecting clients to the right resources. Your state may also have work requirements resources available on its Medicaid website. You may need to partner with workforce development agencies, educational institutions, nonprofit organizations, faith-based organizations, and employers to identify opportunities aligned with a client's interests, abilities, and circumstances.
    - **Action.** Work with your client to identify, connect with, and navigate resources that help individuals find a job, a community service opportunity, or an education, job training or work program that can count towards the work requirements. Your organization, other organizations in your community (e.g., schools, non-profits), or the state may provide these resources and services.
- **Coaching.** Check in regularly with your client to assess progress towards goals.
    - **Action.** Set up a regular check-in with your client (at least once a week) to support them until they achieve their goals.
    - **Action.** Partner with your client through coaching, ongoing support (e.g., motivation to apply for a position, support for interview preparation), and problem-solving to address challenges they face and develop other solutions.
- **Supporting.** Once your client is participating in qualifying activities, they should track the documents (e.g. a letter from a nonprofit confirming the number of hours and dates of community-service, pay stubs, transcripts) they may need to submit to the state Medicaid program to verify they meet the requirements.
    - **Action**. Make sure your client knows what they will need to submit to the state and ensure they have a plan for collecting and storing it.

3. Ongoing Support

CHWs can use this section to help clients plan ahead for ongoing compliance with work requirements or support clients who lose Medicaid coverage.

What are the next steps?

After your client submits their documentation to the state, they should save a copy of all reported materials. They should look for communication from the state Medicaid program confirming they currently meet the requirements or are exempt.

Generally, your client will need to go through this process every 6 months (possibly more frequently depending on the state).

Help your client sign up for reminders from the state Medicaid program and/or their health plan that notify them of the next deadline to show they meet the requirements (or are exempt).

What if my client loses coverage?

If your client loses Medicaid coverage because they cannot prove that they meet the requirements, they may reapply for Medicaid coverage. You can help them reapply or refer them to a navigator for help.

Unless your client's circumstances change (e.g., they have become pregnant, disabled, etc.), they will likely need to demonstrate that they meet or are exempt from the work requirements when they reapply.

IMPaCT thanks the CHWs, CHW Association leaders, CHW program leaders, and policy experts who provided input on this guide. We are grateful for your partnership and expertise.

How IMPaCT Can Help

The IMPaCT application can help your CHWs track to-dos to help clients maintain coverage, achieve work and community engagement goals, track eligibility and exemptions, and submit documentation. If you already work with IMPaCT and would like state-specific, custom trainings, or workflow development, please reach out to your IMPaCT account team. If you are interested in learning more about how IMPaCT can support your CHW team in supporting clients to maintain continuous coverage, reach out to info@impactcarehq.com.

About IMPaCT Care

IMPaCT is the most evidence-based and widely used CHW program in the U.S. IMPaCT serves more than 50 partners across 20 states, providing a standardized, scalable approach that identifies altruistic people from local communities and supports them to drive meaningful change. IMPaCT has been tested in multiple randomized controlled trials and has demonstrated dramatic improvements in cost, health, and patient satisfaction – $8,490 savings per enrolled person in year 1, improved mental health, and 66% of hospital days compared with matched controls. Get in touch with us to learn more!