TRIAGE HEALTH



Health Insurance

Quick Guide to Medicaid "Work Requirements"

(as of November 16, 2026)

A new federal law changes how people qualify for Medicaid. Starting 1/1/27 (or earlier in some states), many adults with Medicaid must meet a "community engagement" requirement, or qualify for an exclusion or exception, and then report to the state that they meet the requirement. This Quick Guide explains who has to meet the requirement, who qualifies for exclusions and exceptions, and what activities count.

What is Medicaid?

Medicaid is a federal program that provides free or low-cost health insurance. As of May 2026, about 73.5 million people are covered by Medicaid and CHIP (~1 in 4 Americans). It's a federal-state funding partnership: the federal government helps pay for it, but each state runs its own program and can customize it through §1115 waivers. For information about Medicaid: TriageHealth.org/QuickGuide-Medicaid.

Who has to meet the requirement?

The work requirement applies to adults, ages 19 to 64, who have Medicaid Expansion (or are in the programs in the box below).

When does it start?

States must start the requirement no later than 1/1/27. A few states started earlier:
NE: 5/1/26
MT: 7/1/26
AR: 7/1/26 (soft launch only)
IA: 12/1/26
GA: has had a work requirement since 7/23

State §1115 programs also subject to work requirement
GA: Pathways to Cover: Pathways population, and ESI/HIPP
HI: QUEST Integration: Populations 1, 4, and 5
MA: MassHealth: HIV/Family Assistance, and TANF/EAEDC
NY: Medicaid Redesign Team: TANF
OR: Oregon Health Plan: youth with special health care needs
TN: TennCare III: parent/caretaker relative expansion
UT: Medicaid Reform: adult expansion population and target adults
WI: BadgerCare Reform: childless adult demonstration population

What counts toward the 80-hour work requirement?

The "community engagement" requirement is commonly called the "work requirement," even though an individual can meet the requirement by doing one activity (e.g., work), or a combination of activities to meet the requirement, each month.

A. Work at least 80 hours	B. Complete at least 80 hours of community service	C. Participate in a work program for at least 80 hours	D. Are enrolled in an educational program at least half-time	E. Have monthly income that is not less than the Federal minimum wage x 80 hours (i.e., $7.25 (in 2026) x 80 = $580 per month)	F. Seasonal worker with an average monthly income over last 6 months that is not less than the Federal minimum wage x 80 hours
Can combine hours across more than 1 activity to reach 80 hours				Can use 1 of these income-based criteria	

Can use a combination of all of these to reach 80 hours

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Who is "specifically excluded" from the work requirement?

"Specified excluded individuals" do not have to meet the work requirement at all. This status is assessed at application or renewal, and includes:

- People who are medically frail (see box below) or otherwise have special medical needs
- A parent, guardian, caretaker relative, or family caregiver (see box below) of a dependent child age 13 or under, or of a person with a disability
- Veterans with a total (100%) disability rating
- People already complying with TANF work requirements
- Members of households subject to SNAP work requirements
- Participants in certain substance use disorder treatment or rehabilitation programs
- Inmates of a public institution
- Pregnant women, or people entitled to postpartum medical assistance
- Former foster care youth
- American Indians and Alaska Natives

Who is a caregiver?

A caregiver is an adult family member, or other individual, who has a significant relationship with, and provides care to:

- a dependent child age 13 or under
- a person with a disability (ADA definition)

A family caregiver is "specifically excluded" if they:

- Primarily live with the child or person with a disability; or
- Are a relative, even if they don't live together; and
- Provide at least 80 hours a month of assistance that is not solely incidental in nature.

Who is medically frail?

A person is medically frail if they:

- Have a **serious or complex medical condition**
- Are blind or disabled
- Have a substance use disorder
- Have a disabling mental disorder
- Have a physical, intellectual, or developmental disability that significantly limits their ability to perform daily activities

Note: CMS considers a **serious or complex medical condition** to be life threatening, seriously disabling, causing significant pain that disrupts daily life, requiring major caregiver time, frequent monitoring, affecting multiple organ systems, or requiring coordinated specialty care, among other factors.

But, each state will create its own list of qualifying conditions.

Note: CMS regulations also required that the condition must significantly impair the person's ability to meet the community engagement activities. To date, this has been vacated by a court and HHS has stated that they will appeal this decision.

What are the "mandatory exceptions" to the requirement?

A person does not have to meet the requirement for a certain month if, for all or part of that month, they were:

- Under age 19
- Entitled to or enrolled in Medicare Part A, or enrolled in Part B
- Originally receiving Medicaid through a non-expansion program, but have lost that eligibility and now receive Medicaid Expansion
- A specifically excluded individual (see above)
- An inmate in the 3 months before the requirement period

What are the "short-term hardship exceptions" to the requirement?

States can choose to offer these, but if they do, they must offer all of them.

A hardship event, for all or part of a month before application or renewal, includes:

- Inpatient hospital, nursing facility, intermediate care facility, or inpatient psychiatric services
- Travel outside the individual's community (for themselves or a dependent) for an extended time to get medical care for a serious or complex medical condition, not available locally
- Living in an area under a presidentially declared national emergency
- Living in an area under a presidentially declared Stafford Act disaster
- Living in a county where the unemployment rate is at or above 8% or 1.5x the national rate, whichever is less

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What decisions have states made?

- **Eligibility checks**: most states will check income eligibility and if the work requirements have been met every 6 months (the minimum); IN & NH check every 3 months.
- **Work requirement look-back period at application**: states choose 1, 2, or 3 consecutive months before the application month.
  - Note: ID, IN, & NC use 3 months.
  - Note: for IN, because eligibility checks are every 3 months, you have to show you comply every month.
- **Work requirement look-back period at renewal**: if a state reviews every 6 months, the review period is any 1, 2, or 3 months before renewal. They do not need to be consecutive. (Note: AR, KY, & NC use 3 months.)

How are states verifying compliance?

- States must check to see if you qualify using data they already have ("ex parte"), such as wage or medical claims data. If that's enough to confirm you qualify, the state can't require extra paperwork.
- In 2027, states may accept self-attestation (a signed statement from an individual, no supporting documents required).
- Each state will create their own form.
- AR, ID, IN, NC, NH, & OH will not accept self-attestation in 2027.
- Starting 1/1/28, states must require documentation if reliable data isn't available.

For details about these requirements and state rules, visit: TriageHealth.org/HealthInsuranceChanges.

Latest News: on 11/13/26, CMS announced states can apply for a 6-month "hold harmless" period, where States will check if people meet the work requirement or are excluded from it, but will not deny applications or disenroll people if they do not meet the requirement.

Tips for Dealing with Work Requirements

Keep your paperwork
- pay stubs
- volunteer or caregiving hours
- school or work program records
- medical records
- job-search records (helps for unemployment)

Use a calendar
- track hospital stays or travel for treatment

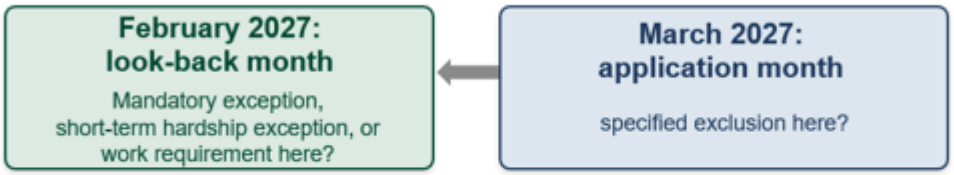
Open your mail, email, and online portal
- In most states, the first notices about the new requirements went out 9/26

If you get a Notice of Noncompliance, respond!
- You have a short window to prove you comply with the work requirement or show you qualify for an exception

These examples show the step-by-step process to figure out if someone qualifies for Medicaid at application, or renewal, based on the state that they are in.

Jane applies for Medicaid on March 15, 2027. Her state uses a 1-month look-back period.

What are the steps to see if Jane qualifies?



Specified exclusion	**In March 2027:** is Jane specifically excluded (e.g., medically frail, a caregiver)? If she is, the work requirement doesn't apply to her
Mandatory exception	**In February 2027:** does Jane meet a mandatory exception that month (i.e., under 18; entitled to/enrolled in Medicare Part A or enrolled in Medicare Part B; or specifically excluded)? If she does, she meets the work requirement that month
Short-term hardship	**In February 2027 (only if her state chose this option):** does Jane qualify for a short-term hardship exception (e.g., hospitalized, travel for medical care, declared disaster, or high unemployment)? If she does, she meets the work requirement that month

If no exclusions or exceptions, then we ask, does she have any activities that meet the work requirement?

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John renews his Medicaid coverage on March 20, 2027. His state uses a 6-month renewal and a 1-month look-back period.

What are the steps to see if John qualifies?



John must show that he complies in just 1 of these 6 months.
His state cannot choose which month.

Specified exclusion	**In March 2027:** is John specifically excluded (e.g., medically frail, a caregiver)? If he is, the work requirement doesn't apply to him
Mandatory exception	**In February 2027:** does John meet a mandatory exception that month (i.e., under 18; entitled to/enrolled in Medicare Part A or enrolled in Medicare Part B; or specifically excluded)? If he does, he meets the work requirement that month
Short-term hardship	**In February 2027 (only if his state chose this option):** does John qualify for a short-term hardship exception (e.g., hospitalized, travel for medical care, declared disaster, or high unemployment)? If he does, he meets the work requirement that month

If no exclusions or exceptions, then we ask, does he have any activities that meet the work requirement?

Mike applies for Medicaid on March 15, 2027. He lives in ID, which uses a 3-month look-back period.

What are the steps to see if Mike qualifies?



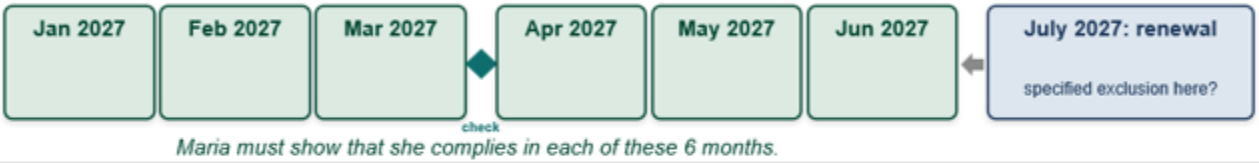
Mike must show that he complies in all 3 consecutive months

Specified exclusion	**In March 2027:** if Mike specifically excluded (e.g., medically frail, a caregiver)? If he is, the work requirement doesn't apply to him
Mandatory exception	**In Dec, Jan, or Feb 2027:** does Mike meet a mandatory exception (i.e., under 18; entitled to/enrolled in Medicare Part A or enrolled in Medicare Part B; or specifically excluded)? If he does, he meets the work requirement that month
Short-term hardship	**In Dec, Jan, or Feb 2027 (ID has chosen this option):** does Mike qualify for a short-term hardship exception (e.g., hospitalized, travel for medical care, declared disaster, or high unemployment)? If he does, he meets the work requirement that month

If no exclusions or exceptions, then we ask, does he have any activities that meet the work requirement?

Maria lives in IN, which checks eligibility every three months and has a 3-month look back period for renewals. So Maria must meet the work requirement every month to keep Medicaid.

What are the steps to see if Maria qualifies?



Maria must show that she complies in each of these 6 months.

Specified exclusion	**In July 2027:** if Maria specifically excluded (e.g., medically frail, a caregiver)? If she is, the work requirement doesn't apply to her
Mandatory exception	**In each month**: does Maria meet a mandatory exception that month (i.e., under 18; entitled to/enrolled in Medicare Part A or enrolled in Medicare Part B; or specifically excluded)? If she does, she meets the work requirement that month
Short-term hardship	**In each month (but IN has not chosen this option):** Skip this step

If no exclusions or exceptions, then we ask, does she have any activities that meet the work requirement?

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These examples show how to apply the step-by-step process, to figure out if someone qualifies for Medicaid at application, or renewal, based on the state they are in.

Wanda turns 19 in March 2027, month 3 of her 6-month renewal period. She starts a full-time job in May 2027. Her renewal is in July 2027. Does she qualify?

Jan 2027	Feb 2027	Mar 2027	Apr 2027	May 2027	Jun 2027	← Jul 2027
Excluded: under 19	Excluded: under 19	Turns 19: excluded all month		Starts a full-time job	Continues full-time job	Renewal decision point

State A: one-month look-back at renewal

April	May	June
Reviewed: not compliant	Reviewed: compliant	Reviewed: compliant

Eligible for Medicaid

State A only needs 1 qualifying month anywhere in the 6-month period. Wanda meets a mandatory exception because she is under 19, in Jan, Feb, and March. In April, she doesn't meet an exception or have any activities, but she does in May and June, after her full-time job starts. So, she has 2 qualifying months and only needs 1.

State B: three-month look-back at renewal

April	May	June
Reviewed: not compliant	Reviewed: compliant	Reviewed: compliant

Not eligible for Medicaid

State B needs 3 qualifying months anywhere in the 6-month period. Wanda meets a mandatory exception because she is under 19, in Jan, Feb, and March. In April, she doesn't meet an exception or have any activities, but she does in May and June, after her full-time job starts. But she only has 2 qualifying months, and needs 3.

Eric lost his job on March 25. He was out of work in April and May while looking for a new job. In June, he started a part-time job and worked 80 hours. He applies for Medicaid in July. Does he qualify?

April 2027	May 2027	June 2027	← July 2027
Out of work, job searching	Out of work, job searching	Worked 80 hrs, part-time job	Eric applies for Medicaid

State A: one-month look-back at application

April	May	June
Not reviewed	Not reviewed	Reviewed: compliant

Eligible for Medicaid

State A only reviews the 1 month immediately before Eric's application. June is the only month reviewed, and Eric worked 80 hours that month So, he is complies for the 1 month that matters

State B: three-month look-back at application (ID, IN & NC)

April	May	June
Reviewed: not compliant	Reviewed: not compliant	Reviewed: compliant

Not eligible for Medicaid

State B reviews all 3 consecutive months before Eric's application. Eric was out of work and job searching in both April and May, and no exception applies, so he does not comply 2 of the 3 required months

Eric lost his job March 25 and job-searched through April and May, then worked 80 hours in a part-time job in June. He applies for Medicaid in July. Does Eric qualify, if his county has a high rate of unemployment?

April 2027	May 2027	June 2027	← July 2027
Out of work, job searching	Out of work, job searching	Worked 80 hrs, part-time job	Eric applies for Medicaid

State B uses a 3-month look-back. Does the high unemployment hardship exception change the outcome?

State B: doesn't have hardship exception

April	May	June
Reviewed: not compliant	Reviewed: not compliant	Reviewed: compliant

Not eligible for Medicaid

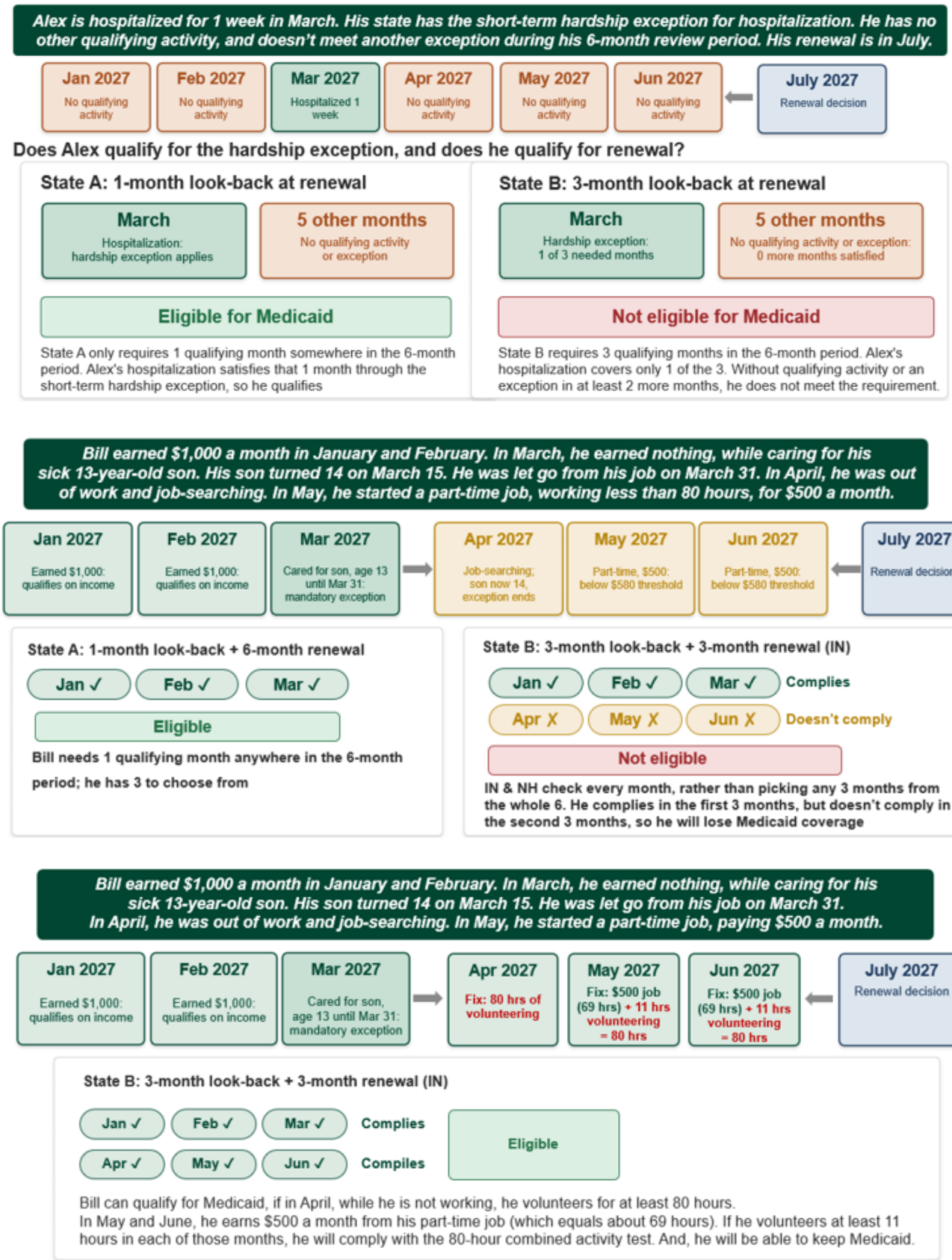
April and May have no qualifying activity and no exception applies. 2 of the 3 required months are not satisfied, even though he complies in June

State B: has hardship exception

April	May	June
Reviewed: hardship exception	Reviewed: hardship exception	Reviewed: compliant

Eligible for Medicaid

Eric's county meets the state's hardship exception for high unemployment, which applies automatically to everyone in the county. He now complies in April and May, so he complies in all 3 months of the look-back period



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