

Overview

In July 2025, Congress passed H.R.1, which introduced changes to Medicaid eligibility through a new Work and Community Engagement Requirement for certain adults. This provision, set to take effect no later than January 1, 2027, requires some non-exempt Medicaid individuals ages 19-64 to demonstrate ongoing participation in work or community activities as a condition of eligibility.

The New Medicaid Group VIII Work and Community Engagement Requirement :

Who Is Affected: The requirement applies to some people who are covered in Group VIII (also known as MAGI Adult or Ribicoff coverage) — generally, adults ages 19–64 who have Medicaid because their income is at or below 138% of the Federal Poverty Level. It only applies to Medicaid individuals that are part of Group VIII, who are not pregnant, not disabled, and not otherwise exempt (such as parents of young children, individuals with certain medical conditions, Native Americans, and others specified in H.R.1).

Exemptions: Some people will be exempt from the qualifying activities, including:

- Individuals under 19 or over 65,
- Pregnant or postpartum individuals,
- People who are eligible for Medicare,
- Caregivers of young children (13 or under) or disabled dependents,
- Individuals meeting SNAP or TANF work requirements,
- Those with disabilities or serious medical conditions,
- People participating in a Substance Use Disorder (SUD) treatment program,
- Former inmates of a public institution during the last 3 months, and
- Native Americans and certain other groups.

Qualifying Activities: To maintain Medicaid eligibility, individuals must demonstrate that they meet **one** of the following in a given month:

- Worked at least 80 hours, which can be verified by income in some cases,
- Completed 80 hours of community service,
- Participated in a work program for 80 hours,
- Been enrolled half-time in an educational program, or
- Engaged in a combination of these activities totaling at least 80 hours.

The Ohio Department of Medicaid (ODM) will provide more information when it is available. As CMS guidance is released and program details are confirmed, updated Partner Packets will be issued to support ongoing outreach.

Frequently Asked Questions (FAQs)

Timeline & Resources

Q: When is the Medicaid Work and Community Engagement Requirement effective?

A: The requirement will be effective on or before January 1, 2027. At this time, ODM does not have a confirmed start date for the Work and Community Engagement Requirement. This is because ODM needs guidance from the federal government prior to confirming any changes.

ODM will share updates as soon as they are available. People affected by the requirement will also get information sent to them directly at least 3 months before the requirement would be effective.

Q: When will we know more details about the requirement?

A: ODM is working to finalize the details of the requirement. Finalizing the details will require decisions from the federal government and ODM does not know exactly when those decisions will be made. ODM will share updates as soon as they are available.

Q: I am already meeting the requirement; can I provide documentation now?

A: Any changes in circumstances (income, job, living arrangements, pregnancy, etc.) need to be reported within 10 days. These are part of your individual responsibilities as a Medicaid recipient. If you believe you meet an exemption from the work requirement, please have verification ready to be submitted when the requirement starts.

Q: Where can we find resources with detailed information on the Work and Community Engagement Requirement?

A: All information and resources will be found on the Work and Community Engagement Webpage.

Eligibility

Q: How do I know if I am in Group VIII (also known as MAGI Adult or Ribicoff coverage)?

A: Generally, if you are aged 19-64 and receive Medicaid solely based on your income being at or below 138% of the Federal Poverty Level (\$21,597 for one person, \$36,777 for a family of three), you may be in Group VIII. Please refer to your most recent Notice of Action (NOA) or the Ohio Medicaid Self-Service Portal (SSP) to find out your current category of eligibility.

Note to caseworkers or others who have access to verify eligibility: [If you have access, verify their category of eligibility on Case Summary. Then explain to the individual that they can also refer to their most recent Notice of Action (NOA) or the Ohio Medicaid Self-Service Portal if they ever need a reminder of their current category of eligibility.]

Frequently Asked Questions (FAQs)

Q: I am enrolled in Medicaid for [XYZ reason], will I lose coverage?

A: If you qualify for Medicaid due to a disability or other health condition, then you are likely not part of the group that would be impacted by the requirement. ODM will continue to provide updates about possible exemptions and next steps as more information becomes available.

Note to caseworkers or others who have access to verify eligibility: [If you have access, verify their category of eligibility on Case Summary. Then explain to the individual that they can also refer to their most recent Notice of Action (NOA) or the Ohio Medicaid Self-Service Portal if they ever need a reminder of their current category of eligibility.]

Q: What happens if I can't meet the new requirement because of my health?

A: Details of the program, including exemptions for people who cannot work, are still being confirmed. If you qualify for Medicaid due to a disability or other health condition, then you likely are not part of the group that would be impacted by the requirement. ODM will continue to provide updates about possible exemptions and next steps as more information becomes available.

Q: Will my children or family members be affected by these changes?

A: These changes apply only to Group VIII. If your children or other family members receive Medicaid coverage or related benefits through a different eligibility category or program, their coverage is likely not affected.

Q: How will presumptive eligibility work with this new requirement? Anything more that hospitals or other providers need to do during the presumptive eligibility process?

A: The presumptive eligibility process itself remains unchanged: individuals granted PE status will still need to complete a full Medicaid application, which now includes supplying documentation or verification for the Work and Community Engagement Requirement.

Requirement & Definitions

Q: What does Work and Community Engagement Requirement mean?

A: Work and Community Engagement Requirement refers to activities such as working, volunteering, attending school, or participating in a job training program. These activities may be required for some people in Group VIII in order to maintain coverage.

Q: How will ODM know if I am meeting the requirement?

A: ODM is developing processes to verify whether Medicaid individuals are meeting the Work and Community Engagement Requirement. As details are finalized, you will receive clear instructions on how to report your activities, if not already known to your case, and what documentation may be needed.

Q: How do I prove that I am working or looking for work?

A: ODM is developing processes to verify whether members are meeting the Work and Community Engagement Requirement. As details are finalized, you will receive clear instructions on how to report your activities and what documentation may be needed.

Frequently Asked Questions (FAQs)

Q: Will I get help with transportation to and from work?

A: Medicaid does not provide transportation assistance specifically for commuting to and from work. Transportation services may still be available for approved medical appointments. You can check with your Managed Care plan to see if they offer any of this type of transportation support.

Q: Do I need to report my income or job status more often?

A: Any changes in circumstance (income, job, living arrangements, pregnancy, etc.) need to be reported within 10 days. These are part of your individual responsibilities as a Medicaid recipient.

Q: Will my coverage stop if I miss paperwork or deadlines?

A: You will receive notice from your local County Department of Job and Family Services (CDJFS) when it is time to renew or if they need additional information from you. You will also receive another request for information if you do not respond to the first notice. It's important to report all information requested and any changes in circumstances to your local CDJFS to avoid a gap in coverage.

Q: For the SUD and medically frail exemptions, has ODM received any guidance from CMS on the exact diagnoses or types of treatment that will be included?

A: States are currently evaluating considerations for medical frailty. There are some Federal parameters, but we expect that states will be given some discretion. In Ohio, we plan to identify people who are medically frail based on claims data and will rely on documentation for new applicants. For SUD programs, we will review actual participation for those already enrolled and consider other options for new applicants.

Q: In the outreach process, if the letter is returned because the person moved and we don't have other contact info, what steps would happen next to try and reach the recipient?

A: For returned mail, the same process would be used as with any returned mail in the eligibility review process. There are specific outreach requirements that states must comply with based on HR1. We will use multiple modalities for outreach, including multiple mailings, multiple SMS, and telephone calls, and we will encourage MCOs to do the same.

Q: How long postpartum does HR1 allow for an exemption?

A: The postpartum exemption is expected to be aligned with the existing eligibility for postpartum coverage. CMS is expected to post new regulations in June 2026, which may provide further information or updates.

Q: Is it possible for an individual to meet the community service obligation through providing hours to multiple organizations?

A: Individuals can volunteer at multiple organizations or use a combination of activities to meet the requirement.

Frequently Asked Questions (FAQs)

Benefits

Q: Will these changes affect my doctor or the services I get?

A: As long as you are enrolled as Group VIII, whether that be from meeting the Work and Community Engagement Requirement or otherwise, there will be no changes in your coverage/benefits.

Q: Will any services I use now no longer be covered?

A: As long as you are enrolled, whether that be from meeting the Work and Community Engagement Requirement or otherwise, there will be no changes in your coverage/benefits.

Q: Will I still get transportation to medical appointments?

A: Yes, Medicaid will continue to provide transportation assistance for approved medical appointments. If you need help arranging transportation, contact your Medicaid plan for more information about available services and how to schedule a ride.



Department of Medicaid

Attention Medicaid Individuals!

Did you know?

Medicaid eligibility will be changing for certain individuals in Group VIII

Due to new federal laws, Medicaid individuals eligible for and enrolled in Group VIII coverage (also known as MAGI Adult or Ribicoff coverage), are subject to a Work and Community Engagement Requirement (42 U.S.C.1396a(xx)).

How do I know if this applies to me?

The requirement only applies to Medicaid individuals who are covered in Group VIII (also known as MAGI Adult or Ribicoff coverage) — generally, adults ages 19–64 who have Medicaid because their income is at or below 138% of the Federal Poverty Level.

If you are in Group VIII but have certain health conditions or meet other exemptions, you may not need to participate in activities to keep your Medicaid.

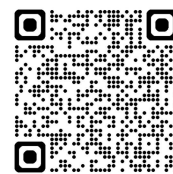
Please refer to your most recent Notice of Action (NOA) or the Ohio Medicaid Self-Service Portal (SSP) to find out your current category of eligibility.



To learn more about how these changes could apply to you, please contact the Ohio Medicaid Consumer Hotline at (800) 324-8680, or visit us online at:



ODM Webpage
[[Link](#)]



ODM Self Service Portal
[<https://benefits.ohio.gov/>]