

Stay Covered: How to Navigate Medicaid Work Requirements

September 16, 2026



What we will cover

- Terminology
- Why we are talking about work requirements
- Who will and won't have a work requirement
- Who is exempt from work requirements
- How to comply with work requirements
- Timeline and key dates
- How individuals can stay covered
- Resources



Terminology

- Medicaid = Medical Assistance = MA
- Work Requirements = Community Engagement Requirements
- Exemptions are sometimes called Exclusions or Exceptions
- DHS – Pennsylvania Department of Human Services
- CAO – County Assistance Office (part of DHS)

Why are we talking about Medicaid work requirements?



- Starting January 2027, for the first time, some adults will have work requirements to get Medicaid
- “Work Requirement” – what does this mean?
 1. At least 80 hours / month work, community service, or work program; or
 2. Attend educational or career training program at least half-time; or
 3. Engage in a combination of the above for at least 80 hours / month; or
 4. Monthly household income of \$580 or more
- Does not apply to all adults on Medicaid and many people it applies to will be exempt

Who Will and Who Won't Have a Medicaid Work Requirement?

Work requirements only apply to people in Medicaid Expansion

- Only **adults age 19-64** who get MA in the **Medicaid Expansion** category are subject to work requirements – and many of those individuals will be exempt
- What is Medicaid Expansion?
 - Category of Medicaid added by the Affordable Care Act (ACA)
 - Before Medicaid Expansion, Medicaid for adults was limited to people with disabilities, older adults (age 65+) and very low-income parents/caregivers
 - ACA expanded Medicaid to childless adults and more parents/caregivers
 - PA's Medicaid expansion began in 2015



How do recipients know they are in the Medicaid Expansion category?



- September: DHS is sending letters to everyone in the Medicaid Expansion category– the same people will get DHS robo calls or texts mid-September
- DHS is working to put information in COMPASS
- Providers can look up patients in PROMISe to verify eligibility – only eligibility codes MG 90 and MG 91 are assigned to the Medicaid Expansion category
- Recipients can call the DHS Customer Service Center: 877-395-8930 (statewide) or 215-560-7226 (Philadelphia)

Who won't have to worry about work requirements?

Because NOT on Medicaid Expansion

- Age 18 or younger
- Age 65+
- SSI recipients
- Medicare eligibles
- Community HealthChoices (CHC) enrollees (all)
- Nursing facility residents
- CHC, Consolidated, Community Living, PFDS, Adult Autism and OBRA Waiver recipients
- LIFE enrollees
- MAWD & Workers with Job Success recipients (but must do some work to qualify)
- Parents/Caretakers of children under 18 with income at or below 33% of the federal poverty level
- Breast & Cervical Cancer Treatment Program enrollees
- Former Foster Youth until Age 26
- Eligible in any other non-Medicaid expansion category

Who won't have to worry about work requirements?

Because Clearly Exempt or Compliant

- \$580 or more in monthly household income
- Pregnant
- On post-partum Medicaid coverage
- Parents of children under 18*

Parents*



Parents who live with their **child under age 18** will not have to deal with work requirements because:

They parent a child under age 14 and are therefore **exempt**

OR

They have household income at or above \$580
and are therefore **already compliant**

OR

They have household income below \$580 which means they qualify for Medicaid in a **non-expansion category** that covers low-income parents and caregivers

Who Is Exempt From Work Requirements?



Exemptions overview

Many people who are in the Medicaid Expansion category, will not have to meet work requirements because they are **EXEMPT** from those requirements

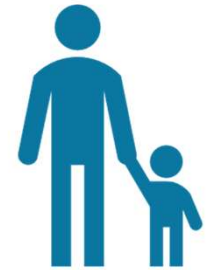
Other terminology: excluded, specifically excluded, exception

Exemptions from work requirements



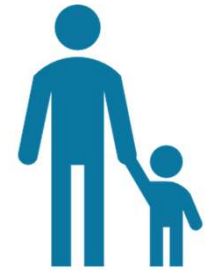
- Parent, guardian, caretaker relative or caregiver of a child under 14 or a person with a disability
- Pregnant or in Medicaid 12-month postpartum coverage period
- **Certain SNAP recipients**
- Meet TANF work requirement
- Participating in substance use treatment program
- Former foster youth under age 26
- “Medically frail” or special medical needs
- Incarcerated in one of the prior 4 months
- Veterans rated with a total disability
- **Travel for own or dependent’s medical care**
- **Received inpatient or similar care**
- High unemployment in county
- Emergency declaration

Parent, guardian or caretaker relative exemption



- Parents, guardians and caretaker relatives are exempt regardless of whether they live with the child or person with a disability
 - Parent (including non-custodial and adoptive) who provides some level of care
 - Guardian – court-appointed guardian of the person
 - Caretaker Relative who provides some level of care
 - Spouse, parent, stepparent, child, stepchild, grandchild, grandparent, sibling, stepsibling, uncle, aunt, first cousin, nephew, niece or spouse of any of the foregoing
 - May include other relatives
- More than one person can be exempt based on caring for the same person

Non-relative caregiver exemption



- Exemption depends on whether living with the person being cared for
 - If living with the child or person with a disability → Exempt.
No minimum hours of care, but provide regular assistance
 - If not living with the child or person with a disability → Exempt only if provide at least 80 hours care per month
- More than one person can be exempt based on caring for the same person

Certain SNAP recipients exemption



Exempt from Medicaid work requirements if receiving SNAP and subject to SNAP work requirements

What this means:

1. Person is on SNAP and compliant with SNAP work requirements,
or
2. Person is on SNAP and not compliant but in their 3-month SNAP time limit period,
or
3. Possibly more – still unclear

What if someone is exempt from SNAP work requirements?



- Exemption from SNAP work requirements is not an automatic exemption from Medicaid work requirements – these are evaluated separately
- Some people exempt from SNAP work requirements will be exempt because the categories overlap
 - Ex.: Caregivers, pregnant people
- Others must seek a separate exemption from Medicaid
 - Ex.: Someone with a SNAP medical exemption is not necessarily medically exempt from Medicaid work requirements (but people who are "medically frail" for Medicaid will be exempt for SNAP)

Medically frail exemption 2-part test



1

**Disability or
Serious Health
Condition**



2

**Significantly
Impairs Ability to
Comply with Work
Requirements**

Medical frailty test part 1: Disability or serious health condition categories

Meet one of the following:

1. Blind or disability as used for Social Security Disability (SSD) determinations
2. Significant disability that impairs ability to do at least 1 activity of daily living
3. Significant mental health condition
4. Substance use disorder – active or in recovery less than 5 years
5. Serious or complex medical condition

DHS approach to medical frailty exemption

Four Categories:

DHS will try to determine medical frailty using information it already has

- 
- 1. Severe conditions that indicate impaired ability to work**
 - 2. Chronic conditions when combined with “impairment factor(s)” indicate impaired ability to work**
 - 3. Significant acute or short-term conditions that indicate impaired ability to work**
 - 4. Other conditions where individual must provide information that ability to work is impaired**

Impairment factor for Category 2

Impairment factors are other factors DHS will look at to determine if certain chronic diagnoses impair ability to comply with work requirements. They include:

- Services and treatments received (ex.: multiple ER visits, chemotherapy)
- Medical equipment used (ex.: oxygen, a walker)
- Use of large number of medications
- Multiple chronic diagnoses

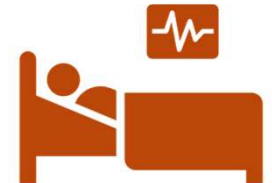


Travel for own or dependent's serious medical care exemption



- Travel must be outside community for “extended” period. Not clear how far the travel must be or for how long.
- Must request this exemption

Hospitalization or other facility care exemption



- Recent stay in a hospital, nursing facility, assisted living, personal care home, psychiatric facility, or other residential care setting.
- Must request this exemption

How to Comply with Medicaid Work Requirements

Complying with work requirements

If not exempt, an individual can show they are complying with work requirements in the following ways:

- Monthly household income of \$580 or more
- 80 hours of community engagement activities per month
 - Work
 - Community service
 - Work programs
- At least half-time education
- Activities can be combined to reach 80-hour requirement

Household income of \$580 or more



- Households with monthly income of \$580 or more in MAGI countable income will be compliant
 - Both earned and unearned income count
 - All members of the MA household will be compliant – even if they are not the source of income
- What is MAGI countable income?
 - Taxable income, non-taxable Social Security benefits, tax-exempt interest
 - Income not counted: SSI, Workers Compensation, child support, veterans' disability benefits, difficulty of care payments, and a few others
- Seasonal workers can use an average of \$580 per month or more over previous 6 months

\$580 = Magic Number

If a household has monthly income of \$580 or more, nothing else is required to show compliance with work requirements

Many people will be found compliant through this pathway

What if household income is below \$580?

Must show 80 hours a month of community engagement activities or at least half-time education

Remember that many people will be safe from work requirements

Many people with monthly income below \$580 will be safe through an exemption or because they are not subject to work requirements:

- Parents of kids under 18
- Many people with disabilities
- People with health conditions that impair ability to work
- Caregivers
- And others

Community engagement activities

Qualifying activities:

- Work
- Community service
- Work programs
- At least half-time education (does not need to be 80 hours)

Time can be combined across different activities to reach 80 hours

What counts as work?

- Employment
- In kind work
 - Example: Landlord pays maintenance person by providing an apartment without rent
- Unpaid work
 - Note that caregiving by a non-relative who does not live in the home would count as unpaid work.

What counts as community service?

- Must be unpaid
- Must be in a structured program through a public entity or non-profit
- Entity must have supervision over the activity and be able to report on type of service, date/times performed

What counts as a work program?

- WIOA Title 1 Programs, including services through CareerLinks
- SNAP & TANF Employment & Training Programs
 - State operated/supervised program
 - [EARN and KEYS programs](#)
 - [JETS programs](#)
 - SNAP workforce partnership, full list available here:
 - [Certified Programs to meet the SNAP Work Requirements - Google My Maps](#)
 - Note: job search activities must be less than half required hours
- Veterans' Programs
- Trade Act programs

What counts as half-time education?

- Educational institution
 - Higher education, including community college
 - Vocational or technical training program
 - High school or high school equivalency program
- Half-time
 - Is defined by the educational institution
 - Does not need to be 80 hours per month!
- Enrollment
 - Begins on first day of term and continues during vacation/recesses
 - Ends at the end of the month that the student graduates, withdraws, is expelled, or completes a term and is not enrolled for the next term



Timeline and Key Dates

For new applicants → January 1, 2027

Starting January 1, 2027, **new applicants** for Medicaid will be checked for compliance with or exemption from new work requirements if subject to them

New applicant compliance and exemption timing

- **Compliance** must be shown in the month before the month of application (lookback month)
- **Exemption** must be shown:
 - At the time of application
 - or
 - In the month before the month of application (lookback month)



Application examples

Alex applies for MA in December 2026. She will not be asked about work requirements.

Maria applies for MA in January 2027. DHS may request information about whether she complied with work requirements in December 2026 or whether she meets an exemption if they could not use information already available to them.

Nadya is 59. She is diagnosed with pancreatic cancer in February 2027 and applies for MA the same month. DHS determines that she meets criteria for the medical frailty exemption and approves her MA coverage.

For current recipients → at renewal

- People who are receiving Medicaid before January 1, 2027 will not have to show compliance until their first renewal due in 2027 starting with those whose renewals are due in February.

For Current Recipients – 12 month lookback

- Current recipients have to show compliance or that they met an exemption for ONE month since their LAST renewal.
- **For the first renewal in 2027**, recipients will have a 12 month lookback period.



6-month renewal schedule

- Beginning in 2027, people in the Medicaid Expansion will also be on a 6-month renewal schedule. They are currently on a 12-month schedule
- This will begin after the first application starting in January 2027 and the first renewals starting in February 2027

Renewal example 1

James receives MA and he has for years. He last renewed his MA in July 2026. In May 2027, he receives his renewal packet due in June 2027, which asks if he complied with the work requirements or met an exemption for any ONE month since July 2026. He provides information and maintains his MA. His next renewal will be due in December 2027. At that time, his lookback period will be July 2027 through December 2027.

Renewal example 2

Theo is 40 and on MA expansion. He cared for his mom until May 2027 when she passed away. In June 2027, Theo has his MA renewal. He does not have any work requirement exemptions at the time of the renewal. But because he was a caregiver for someone with a disability during at least one month since his prior renewal, Theo is found eligible.

How Individuals Can Stay Covered

DHS outreach is beginning now

- Outreach letters are going out to everyone in the Medicaid Expansion in September
- Text messages and robo calls will start soon:

New Medicaid work requirements start in 2027.
Find out about requirements, exemptions, and
how to report to PA Human Services at
www.dhs.pa.gov/MedicaidChanges

[CAO Name] [Address Line 1] [Address Line 2] [City, State Zip-Zip Extn]	 Pennsylvania Department of Human Services Office of Income Maintenance
[Name First] [Name Last] [Address Line 1] [Address Line 2] [City, State Zip-Zip Extn]	Mail Date: [Mail Date] Record ID: [Record ID]
MEDICAL ASSISTANCE (MA) RULES ARE CHANGING IN 2027. THIS LETTER HAS IMPORTANT INFORMATION FROM THE PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES (PA DHS) ABOUT YOUR MA AND NEW WORK REQUIREMENTS. You are receiving this letter from PA DHS because starting January 1, 2027, a new federal law will change the rules for who can get MA. To get or keep MA health coverage, many adults ages 19 to 64 will need to provide information they are meeting work requirements or meet an exemption. This letter explains how to meet work requirements and who is exempt from the new rules. The following people in your household may be affected by these changes and will need provide information that they are meeting the work requirement or are exempt from the rule at your next renewal in 2027: What do I need to do now? Review this letter and take steps needed before your next renewal so that you do not lose your MA. 1. Check if you are exempt (<i>see Am I exempt from work requirements?</i>). 2. If you are not exempt, you should plan to do work, school, training, volunteering/community service, or a combination of these for at least 80 hours per month. To make sure you get important information from PA DHS regarding your MA, keep your address and contact information up to date with PA DHS and the United States Postal Service (USPS). Report changes to your contact information: • Online: Visit www.dhs.pa.gov/COMPASS or use the MyCOMPASS PA mobile app • By Phone: Call the Customer Service Center at 877-395-8930 or 1-215-560-7226 (for Philadelphia residents) • Mail/In Person: Submit to your local County Assistance Office	



What happens at application?

1. Applicant fills out the Medicaid application and submits it to the CAO or through COMPASS – applicants should answer every question
2. DHS uses information on the Medicaid application and other information it has on file or from other sources to decide if the applicant is compliant or meets an exemption
3. If DHS cannot verify compliance or an exemption, it will send a notice and a work requirement “assessment” form to the applicant
4. Applicants should answer every question on the assessment form and submit it and any other requested documentation within the deadline on the notice
5. Applicants will receive a DHS notice telling them whether they are approved for or denied Medicaid



What happens at renewal?

1. DHS first tries to use information it has on file or from other sources to decide if the recipient is still eligible for Medicaid, including whether they are compliant or meet an exemption
2. If DHS cannot verify eligibility, including compliance or an exemption, it will send a renewal form and a notice about the need to provide information about compliance or an exemption
3. Recipients should answer every question on the renewal and submit it within the renewal deadline – the renewal will include work requirement compliance and exemption related questions
4. Recipients will receive a DHS notice telling them whether or not they continue to be eligible for Medicaid

Is other verification needed?

- In 2027, giving information on a signed application, questionnaire or renewal that shows compliance or an exemption is sufficient verification – this is called **self-attestation**
 - Exception – Income documentation is always required
- In 2028 and beyond
 - Self attestation for the medical frailty exemption BUT only for applicants or one time for someone already on Medicaid
 - Everyone else must provide documentation of compliance or an exemption (if DHS cannot verify with its data or information from other sources)

Denials and terminations – APPEAL!

- Even those who do everything right might face a cut off
- If someone receives a denial or a termination of their MA, they should **appeal right away** by requesting a fair hearing
- If you have MA and get a termination letter, you can keep your MA if you appeal within 15 days from the date on the notice
- Work with CAO to resolve appeal before the hearing date by submitting missing information

Key takeaways

- Work requirements begin for NEW APPLICANTS on January 1, 2027
- Work requirements begin for CURRENT recipients at first renewal in 2027 starting in February
- Many people will be safe from work requirements, including households with income \$580+/month or with children under 18, and people getting Medicaid based on disability
- In 2027, DHS will accept a written statement as verification of exemption or compliance. Proof of income still needed.
- Update your address, open all mail from DHS, and submit documents timely and keep a receipt

For more information

- [Sign up](#) for the **Benefits Access Coalition** webinar series
 - Upcoming Webinars
 - 10/14: More Than One Way to Qualify: Medicaid Eligibility Beyond the New Requirements – [register here](#)
 - 10/28: What You Need to Know About Federal Changes to Pennie
 - 11/5: Medicare in 2027
 - Past Webinars (recordings):
 - [What You Need to Know About Immigrant Access to Medicaid](#)
 - [Overview of Federal Changes to SNAP and Lessons Learned](#)
 - [Best Practices for Assisting with Public Benefits Applications](#)
- DHS Medicaid Changes [Website](#)



Where to go for help

Legal Advice & Help with Appeals

- **Pennsylvania Health Law Project**
(statewide)
Call: 800-274-3258
Email: Staff@phlp.org
Mon & Wed starting at 8am
- **Community Legal Services**
(Philadelphia residents only)
Call: 215-981-3700
Mon & Wed 9am-12pm
Walk In: 1410 W. Erie Ave
(Broad & Erie)
Tue & Thu 9am-12pm

- **Pennsylvania Legal Aid Network (PLAN)**

Connects to local legal aid offices
Offers [Online intake](#)
List of Legal Aid office [phone numbers](#) around the state

MA Application & Renewal Help

- **Pennsylvania Health Access Network**
Call or text: 877-570-3642
[Online intake](#)
- **BenePhilly** (Philadelphia)
Call: 800-994-5537

Thank you!

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