



Stay Covered: How to Navigate Medicaid Work Requirements

September 16, 2026

Webinar Q & A

Impacted Populations

Q1. How will dual eligible people with disabilities be affected, if at all?

Dual eligibles are people who receive both Medicare and Medicaid. They are not subject to work requirements because they are not in the Medicaid expansion category.

Q2. What about people on Social Security Disability (SSDI)?

We know that the large majority of people on SSDI will not have to deal with work requirements. Most will not be in the Medicaid expansion category. Instead, they will be in a disability-related Medicaid category. Those that are in the Medicaid expansion category (for example, because they do not yet have Medicare) will usually have income that is above the \$580 threshold, making them automatically compliant with work requirements. It may be possible that those whose SSDI is less than \$580/month and who have no other income could be in the Medicaid expansion category and have a work requirement (these would probably be individuals with resources). However, we think this is a VERY small group of people. We are still waiting to hear from DHS if these people will be exempt as medically frail given their SSDI approval. We hope to share more on this in the future.

Q3. Are parents with children over 14 also exempt from work requirements?

Parents of kids age 14 through 17 either are compliant with work requirements because they have countable household income at or above \$580 a month OR, if their income is less than \$580 a month, they are not in the Medicaid expansion category so they are not subject to work requirements. They should be safe either way.

Q4. Are those on waivers also required to renew twice a year or comply with work requirements?

No.

Q5. What about state-funded Medical Assistance enrollees who have a green card for less than five years?

State-funded Medical Assistance enrollees are not subject to the work requirements because they are not in the Medicaid expansion category.

Q6. Do individuals with mild intellectual disability need to comply with work requirements?

If the person is receiving Medicaid in the Medicaid expansion category then they are subject to work requirements, unless they have an exemption. It's possible that having a mild intellectual disability would qualify them for a medical frailty exemption. However, we do not know yet whether DHS will find that mild intellectual disability gives an automatic exemption or if the person would have to have other indicators that the disability impairs ability to meet work requirements.

Q7. Are there any estimates of what percent of people in PA will need to comply with work requirements (versus those who meet an exemption)?

We have requested those estimates from DHS, but have not received them.

Exemptions from Work Requirements

Q8. Exempt means they can still qualify, correct?

Exempt means they don't have to do work requirements. People still need to meet the requirements of MA eligibility.

Q9. If someone is currently in drug recovery for more than 5 years, however on medication assisted treatment does that make them exempt?

Does just receiving medication for opiate use disorder count as "drug treatment" or does there have to be groups, therapy, one on ones, etc. to be exempt?

For substance use treatment-- would that include just 1.0 outpatient weekly treatment? Does it need to be more intensive treatment?

Does a substance use treatment program need to be residential or are lesser levels of care such as outpatient, halfway house or PHP considered treatment? Also, what about if someone has a Certified Recovery Specialist (not a clinical service) and attends informal recovery groups such as AA/NA or resides in a recovery house (also not a clinical service)?

We do not know yet what will and will not count as participating in a substance use treatment program, although we do know it is not limited to residential programs. In 2027 a person can self-report meeting the exemption. SNAP work requirements also have an exemption for participating in a substance use treatment program. For SNAP, DHS only

asks for more information if there is a question about whether someone is participating in treatment. In that case, it is enough for a provider to complete a form indicating the SNAP recipient is participating in a substance use treatment program and specifying the program. We do not know whether DHS will do the same for Medicaid.

Q10. For the exemption for adults in substance use treatment – does this include outpatient as well as inpatient programs?

Yes.

Q11. What is the definition of “disability” used in the caregiver of a e person with a disability exemption?

It is the Americans with Disabilities Act and Rehabilitation Act definition which is that an individual has a disability if the disability y have a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

Q12. For the caring for a person with a disability exemption, does person with a disability include an adult person with a disability?

Yes. Adult or child.

Q13. What does a caregiver have to provide to prove that they provide care?

For 2027, DHS is accepting self-reports of caregiving. In 2028 they will not be able to accept self-reported caregiving, but we do not know yet what will be acceptable.

Q14. Do we know how long a medical frailty exemption for Medicaid lasts for SNAP? E.g., if a person is determined to be medically frail for Medicaid in January, how long will that exemption apply to SNAP as well? If they apply for SNAP in May, will they still be considered exempt from SNAP work requirements?

We'll have to see DHS's guidance. But they have said that a medical frailty exemption for MA will exempt someone from SNAP. If someone is receiving MA based on a medical frailty exemption, that's probably enough for the SNAP exemption - but we don't know yet.

Q15. I thought Part 2 (impaired ability to work) of the medical frailty definition was still in litigation?

It is in litigation, but the court permitted part 2 of the medical frailty definition to go forward while the litigation continues.

Q16. Can you please list the significant mental health conditions that would be accepted as meeting the medical frailty exemption?

We don't know what mental health conditions PA DHS will determine are severe enough to mean a person will definitely be exempt from work requirements. The list of conditions and which categories they will be in is not yet available.

Q17. Will patient compliance be taken into account in determining medical frailty?

We have no reason to believe that patient compliance will be taken into consideration in determining medical frailty, especially in 2027 when self-attestation will be accepted.

Q18. Are folks who get Social Security Disability (SSDI) exempt on their own, or would they be considered "medically frail"?

We know that the large majority of people on SSDI will not have to deal with work requirements. Most will not be in the Medicaid expansion category. Instead, they will be in a disability-related Medicaid category. Those that are in the Medicaid expansion category (for example, because they do not yet have Medicare) will usually have income that is above the \$580 threshold, making them automatically compliant with work requirements. It may be possible that those whose SSDI is less than \$580/month and who have no other income could be in the Medicaid expansion category and have a work requirement (these would probably be individuals with resources). However, we think this is a VERY small group of people. We are still waiting to hear from DHS if these people will be exempt as medically frail given their SSDI approval. We hope to share more on this in the future.

Q19. Will folks who are in the process of applying for SSDI be considered as an exemption? I would imagine they would meet criteria based on these medical frailty categories, but wondering.

Applying for SSDI does not make you exempt on your own. These folks would need to establish that they are medically frail, meet another exemption or are compliant with work requirements.

Q20. Are all cancer diagnoses Medicaid eligible?

There are no Medicaid rules that apply to everyone with cancer. Cancer patients have the same income and assets rules for Medicaid as other people (except for the breast and cervical cancer treatment category). Having cancer might make someone medically frail (and therefore exempt from work requirements) if they are subject to the work requirements, but it might not. It would depend on whether the cancer impaired their ability to work.

Q21. Will people who have a qualifying health condition for medical frailty be forced to apply for SSDI?

People who are "medically frail" should not be made to apply for SSDI/SSI. There is also no longer a requirement to apply for SSDI/SSI for any category of federally funded Medicaid.

See:

<http://services.dpw.state.pa.us/oimpolicymanuals/ma/assets/docs/Revised%20PC%20PMA-21851-350%20PMN-21851-450.docx>

Q22. How often do medical exemptions forms need to be filled out and submitted?

Right now, we know that DHS will ask about medical frailty at application and renewal. During 2027, self-attestation will be accepted so no additional form will be needed. In 2028, underlying documentation will be required, but DHS has not said whether individuals will need to submit that documentation once or twice a year.

Q23. When people are exempt due to medical frailty, based on information that the state has, how will that be displayed to individuals and those helping them in Compass? How will advocates and helpers know that someone is exempt and why?

We know that individuals will be able to see that they have satisfied the work requirement on COMPASS, but COMPASS will not show whether it is satisfied through an exemption or compliance. They will also not be able to see the reason beneath it. We also learned that, as of right now, that information will not be available on the Community Partner COMPASS view. People can find out their status by calling the customer service center as well.

Q24. For former foster children, is it for children who were in foster care at any time, for any length of time?

Former foster youth who were on Medicaid when they turned 18 or when they aged out of foster care are exempt from work requirements until they turn 26. None of these individuals should even be in the Medicaid expansion category at all. DHS has information on youth who were in foster care in Pennsylvania so they automatically should be getting Medicaid in the former foster youth category. For young people who were in foster care in another state, Pennsylvania will provide coverage in the former foster youth category, but they will have to show some documentation of their foster care status.

Q25. Homelessness was left up to the states for being a SNAP exemption. Do you know if something similar will happen for Medicaid where each state will have the ability to decide if homelessness will be an exemption as well?

The rules for SNAP exemptions and Medicaid exemptions are very different. The SNAP rules give states more discretion. We don't have any reason to think states will be given new Medicaid discretion to exempt people without housing.

Q26. Can you help to define "received inpatient or similar care recently."

Services covered by this exemption include institutional services like inpatient hospital services, nursing facility services, intermediate care facility services, and inpatient psychiatric hospital services. Services in other institutional settings may also count. It also includes non-institutional services, like home health, without which the person would likely need services in an institution.

Q27. How does DHS collect information on medical frailty or recent hospitalization exemptions? If a person went into the hospital for chronic pancreatitis and has Medicaid, does DHS have access to this information? Or is this more self-reported?

DHS would like to be able to use data on diagnoses and services received that it gets from Medicaid managed care plans and health information exchanges. However, it is not clear how smoothly this will work. Managed care plan medical data is provided to DHS, but is often delayed. And as of mid-September, DHS does not have access to health information exchange data. It is therefore likely that, in 2027, this information will often have to be self-reported. In 2028, self-reporting will only be allowed for the medical frailty exemption and only once during a period in which someone is enrolled in Medicaid without interruption. We do not know specifically how DHS will verify information at that point if it doesn't already have access to it.

Work Requirements Compliance

Q28. Do parents with a 15-year-old still have to prove meeting the work requirement even if they earn \$580+ per month?

Assuming DHS has the information about the income through a database or pay stubs submitted, the work requirement is met.

Q29. Just confirming, the \$580 monthly income is for all household sizes?

Yes, it applies regardless of household size. The "household" is the MAGI Medicaid household. For tax filers and spouses of tax filers, the MAGI Medicaid household is the tax filer, their spouse and their tax dependents. For adults who do not file taxes, the MAGI Medicaid household is the applicant/recipient, their spouse who lives with them, and their children under 19 who live with them.

Q30. For the household income 580+ compliance, will all household members be compliant if one makes \$580+? Would this apply to roommates?

Yes, if they are in each other's MAGI Medicaid household. The "household" is the MAGI Medicaid household. For tax filers and spouses of tax filers, the MAGI Medicaid household is the tax filer, their spouse and their tax dependents. For adults who do not file taxes, the MAGI Medicaid household is the applicant/recipient, their spouse who lives with them, and their children under 19 who live with them.

Q31. Is household everyone in the house?

Not necessarily. The "household" is the MAGI Medicaid household. For tax filers and spouses of tax filers, the MAGI Medicaid household is the tax filer, their spouse and their tax dependents. For adults who do not file taxes, the MAGI Medicaid household is the applicant/recipient, their spouse who lives with them, and their children under 19 who live with them.

Q32. When you say \$580 or more, can it exceed \$2,000 a month?

\$580 or more a month is used to determine compliance with the work requirement. But a person also must be within the income limit for Medicaid. The upper income limit will depend on the household size. In 2026, the monthly income limit is \$1,836 for a single person in the Medicaid expansion category and \$2,489 for a household of two.

Q33. People in households with \$580 or more will be compliant with work requirements but not all income sources will count towards that \$580 figure. SSI, VA benefits, and child support are not counted, right?

Correct, it is only \$580 in MAGI countable income. There are some sources of income, including SSI, Workers Compensation, child support, and a few others, which will not count as MAGI income.

Q34. If you were injured on the job and receiving workman's comp payments but haven't yet been approved for permanent disability, how are you supposed to get Medicaid benefits?

People who are not compliant with work requirements because their only income is workers' comp (so not countable towards the \$580 a month in MAGI income) might still be exempt from the work requirements based on the medical frailty standard or might meet another exemption. Depending on other factors, they might also be eligible for Medicaid in a non-expansion category.

Q35. Scenario: Parents of four children under 14 who are on Medicaid. The mom does not work and dad was injured at his job. They have green cards from Afghanistan. Dad has received workers' comp for the past 11 months from and he is still going through physical therapy. The workers' comp income he is receiving is over \$580/month but it appears that does not qualify as MAGI income. Will they be removed from Medicaid?

This family has their green cards, so they meet HR1's new immigration status rules. They should NOT lose Medicaid because of their immigration status. If the parents are in a Medicaid expansion category, they will be subject to work requirements, but the parents will be EXEMPT from work requirements because they have at least one child under 14. This family should remain eligible for Medicaid.

Q36. Regarding compliance with \$580 income in a month. Will doing an annual Roth conversion of \$6,960 make the recipient compliant for the calendar year?

Money moved from a pre-tax retirement account to a Roth IRA is taxable as ordinary income and counts as MAGI income. If someone in the Medicaid expansion category has income that exceeds the monthly income limit and the income is expected to decrease or terminate, DHS should annualize the income the person earns in the calendar year, for purposes of determining income eligibility. The Centers for Medicare and Medicaid Services (CMS) has indicated that this annualization of income can be used in determining whether a seasonal worker is compliant based on \$580 in monthly income. However, it is not clear whether annualization of income can be used for other people (non-seasonal workers) who expect reductions in their income. It may make more sense for someone to do a Roth conversion of \$580 in any one month between renewals.

Q37. Someone in a household with \$580+ per month applies across household members. Does the 80 hours for the subset of folks who are not exempt also get shared across all household members? For example, in that family of two adults, can each do roughly 40 hours per month each?

No, unfortunately, that won't work. They'd each have the 80-hour requirement (if they aren't exempt). It's only the \$580 a month in MAGI income for the household that makes all household members compliant.

Q38. Does half-time education includes online degrees?

It should.

Q39. Do we know what the compliance reporting will look like for the work training programs, especially for 2028 (either by the program or by the participant)?

We do not know this yet.

Timeline, Key Dates and Staying Covered

Q40. Is Pennsylvania requiring everyone to renew on 1/1/2026 or did they take the option where 6-month renewals start after their renewal year ends?

When the annual renewal is due in 2027, *starting with renewals due in February*, will be the first time the work requirement will be reviewed, if the person is in the expansion group. After that, their renewal will be every six months. So if John applied in June 2026, his renewal will be in June 2027, and the work requirement will be reviewed then. Thereafter, his renewal will be due every 6 months.

Q41. Will everyone be held to the 6-month renewal standard or just those in the Medicaid expansion category?

Only those in the Medicaid expansion category will move from 12-month to 6-month renewals.

Q42. Who does the renew every 6 months change apply to? If someone is exempt, will they have to renew every 6 months?

Everyone in the Medicaid expansion category will have to renew every 6 months, even if they are exempt from work requirements. That's the 700,000 Pennsylvanians in the categories made possible by the Affordable Care Act. Before the ACA, only very low-income families, seniors, and people with disabilities were eligible for MA.

Q43. If currently coded as Medicaid expansion MG 91 (homeless), and the renewal date is Feb 28th 2027, when might the termination date fall due to failure to fulfill work requirements? (Note their SNAP renewal is January 31, 2027).

February 28, 2027

Q44. A single 26-year-old, self-employed Medicaid expansion recipient was eligible for coverage in November 2025. Their renewal is in November 2026. When will 6-month renewals start for them?

Assuming the November 2026 renewal is successful, the next renewal will be in November 2027. The first 6-month renewal will be May 2028.

Q45. Starting in 2027, will the 6 month renewal be for pregnant patients also?

No. Pregnant people should be in a non-Medicaid expansion category.

Q46. For the 6 month renewal period, will folks need to prove compliance or exemption for all months or just any one of those months (like they would for the initial 12 month period)?

Just one month.

Q47. If someone applies in January 2027, how will they have a look back month?

The work requirement compliance lookback period will be December 2026. For NEW applicant, the lookback period is the month before applying.

Q48. Will an individual with a renewal choose which month to look at for work requirement compliance or will it be DHS choosing that month for them?

It's not a matter of choosing which month. If a person satisfies a work requirement in any month between renewals, they are compliant.

Q49. For the work requirement, it sounds like a person only needs to qualify via \$580/community service/etc., for only ONE month during the lookback period. E.g., for someone requalifying in June 2027, they just need one month since their June 2026 renewal. Is that correct?

Yes.

Q50. Are individuals whose renewal date is in January 2027 be subject to the work requirements?

Not until their next renewal which will be completed in January 2028.

Q51. if you use a family address but are in a homeless shelter, will that be a problem with renewal applications?

No. DHS's computer system has a place to list your mailing address and note that you are experiencing homeless.

Q52. Will the notice of non-compliance be sent in the renewal packet or separately?

Our understanding is that it will be sent along with the renewal packet.

Q53. Is there a specific appeal form?

Yes, an appeal form is sent with a termination or denial notice. However, the CAO will accept any writing and people do not need to use their form.

Q54. Will there be a penalty period if someone is found to be out of compliance before attempting to reapply?

No. As long as the individual can show compliance in the one month lookback period or that they meet an exemption, they can reapply at any time and be approved if otherwise eligible.

Resources and Additional Information

Q55. What can certified benefits planning professionals do to help prepare for this?

Learn about the law, familiarize yourself with exemptions, and make sure applicants are answering all questions on the application and renewals so that their exempt or compliant status is captured.

Q56. Do the partners who facilitated this call have a script for CBOs to use when having convos about the changes? if so can you share with us

CLS has some flyers on its web page, and it, PHLP and the other organizations will have more over time: <https://clsphila.org/public-benefits/medicaid-rules-in-pennsylvania-are-changing/>

Q57. Will your organizations be creating a flyer about how to use the COMPASS account and how to set up an account with the record ID number?

We are hoping to provide a webinar on this topic soon.