

JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

Implementing New Medicaid Work Requirements: Strategies to Minimize Harm in Your State

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Webinar Logistics

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Justice in Aging is a national organization that uses the power of law to fight senior poverty by securing access to affordable health care, economic security, and the courts for older adults with limited resources.

Since 1972 we've focused our efforts primarily on fighting for people who have been marginalized and excluded from justice, such as women, people of color, LGBTQ+ individuals, and people with limited English proficiency.

Our Commitment to Justice

- We believe that to advance justice in aging, we must ensure that everyone has access to what they need as they age, without discrimination and regardless of race, gender, gender identity, sexual orientation, ability, language or country of origin.
- We push for policies that will ensure that those experiencing the greatest barriers to economic security, health care, and housing can exercise their rights and fully access the services and programs they need.

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Today's Agenda

- Overview of new Medicaid work requirements
- What we know about exclusions and exemptions
- Implementation Challenges and Advocacy Strategies
- Tools and Resources
- Q&A



New H.R. 1 Work Requirements

Medicaid Work Requirements Under H.R. 1

- Last July, Congress passed H.R. 1, implementing Medicaid work requirements.
 - Separate from SNAP or TANF work requirements
 - Although some states have implemented work requirements (GA, AR) this is the first time it's being implemented at this scale in the Medicaid program
 - Prior implementation of Medicaid work requirements resulted in mass coverage losses and huge administrative burden
- States must implement work requirements by January 1, 2027, but states may implement sooner

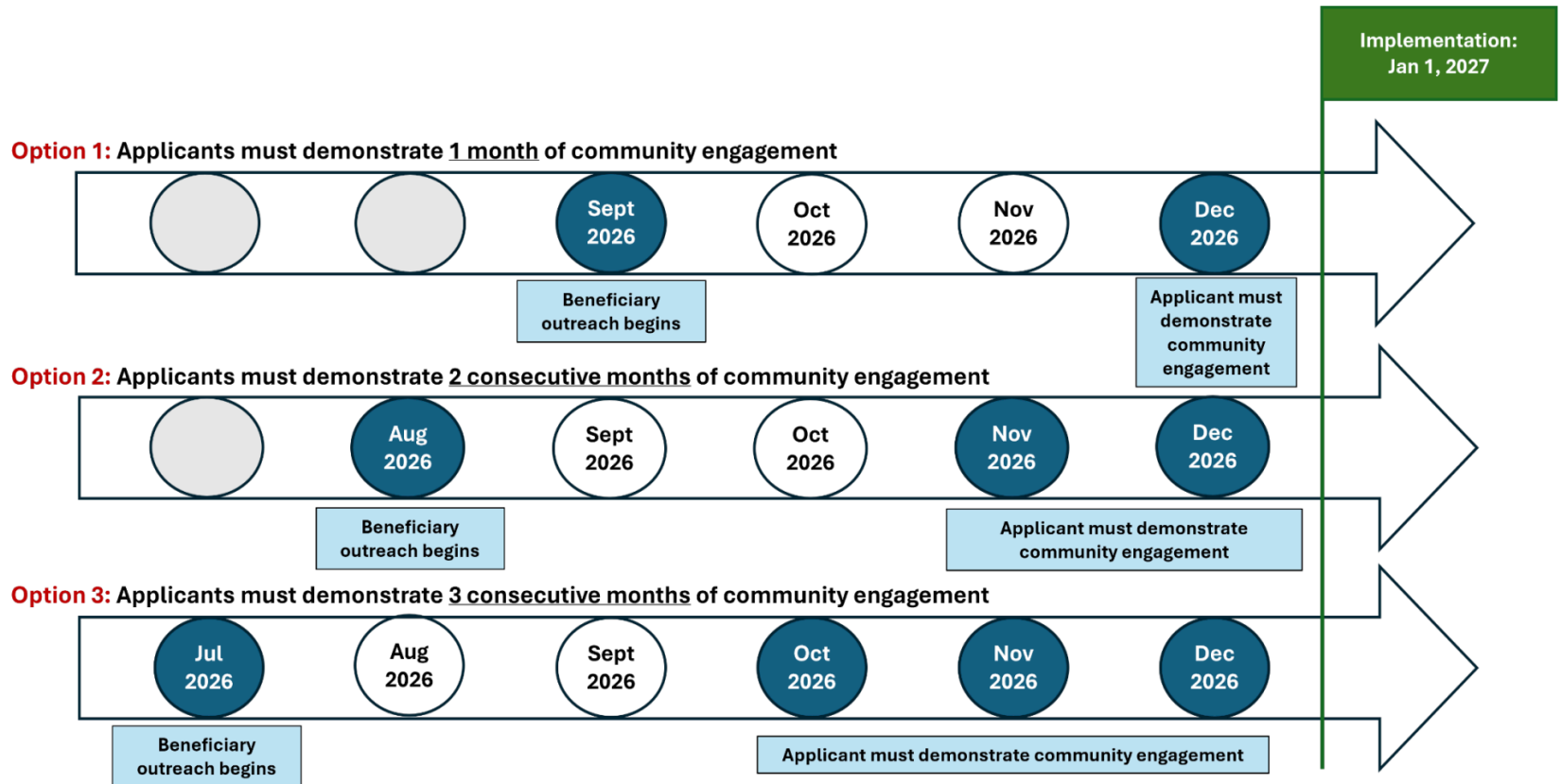
Work Requirements Overview

- Mandates every state implement work requirements for most adults ages 19 to 64 enrolled in Medicaid expansion or similar coverage
 - 80 hours of qualifying activities per month (work, education, volunteer, or job training)
- Unclear how to combine different activities to make 80 hours (e.g. 50 hours work, 20 hours volunteer, 10 hours education)
 - Waiting for additional guidance from CMS
- Individuals not in compliance with work requirements cannot receive Marketplace subsidies

States have Some Discretion with Reporting Requirements

- H.R. 1 requires enrollees to comply with work requirements *at least one month prior* to enrollment or redeterminations
 - States have option to require compliance *up to three months prior* to enrollment
- Law also requires reporting compliance at least at redeterminations/renewals (now every 6 months)
 - But states have discretion to require reporting more frequently

Timeline for Implementation





Exclusions and Exemptions

Not All Medicaid Enrollees Are Subject to Work Requirements

- Only "applicable individuals" as defined in the statute must comply
 - Medicaid expansion population (41 states) or
 - Individuals in expansion-like programs (e.g. Georgia Pathways, Wisconsin)
- H.R. 1 includes 3 types of exceptions from completing work activities:
 - Categorical Exclusion: Not enrolled in Medicaid expansion or similar pathway
 - Individual Exemptions: Exempted from "applicable individual" definition for all or part of a month
 - Short-term hardship exception: At state option

Categorical Exclusions from Work Requirements

- States must **exclude** the following groups from Medicaid work requirements because they are **not** applicable individuals.
 - Under age 19 or age 65+
 - Enrolled in or entitled to Medicare, i.e., dually-eligible (including Medicare Savings Programs)
 - Receiving Medicaid under Aged, Blind, Disabled program (including SSI recipients, medically needy/share of cost enrollees)
 - Receiving Medicaid for pregnancy or postpartum coverage
- These individuals should not have to apply for an exemption or otherwise verify they are excluded

Individual Exemptions from Work Requirements

- Even among the expansion population, some individuals are exempt from the “applicable individual” definition and therefore not required to demonstrate they completed work activities
- These exemptions must be verified
 - Waiting for additional guidance on how these exemptions will be verified and renewed
- Important for older adults ages 50 to 64 who have barriers to work
 - Chronic illness or disability
 - Retired
 - Caregiving responsibilities

Exemptions for Disability and Serious or Complex Conditions

- "Medically frail" exemption
 - Blind or disabled under SSA
 - Substance use disorder
 - Disabling mental disorder
 - A physical, intellectual, or developmental disability impacting an activity of daily living
 - Serious **or** complex medical condition

Exemptions for Caregivers

- Parent/guardian/caretaker relative/family caregiver of
 - dependent child age 13 or under OR
 - a disabled individual
- Caregivers of a disabled individual include caring for older adults
- Defines family caregiver using the RAISE Family Caregiver Act definition:
 - "An adult family member or other individual who has a significant relationship with, and who provides a broad range of assistance to, an individual with a chronic or other health condition, disability, or functional limitation"
- Note the RAISE Act definition is broader than disability

Additional Exemptions

- Foster care/former foster care youth under 26
- American Indians/Alaska Natives; California Indian; eligible for Indian Health Service
- Disabled veterans with total disability rating
- Individuals already meeting work requirements under SNAP or TANF
 - Rules for Medicaid work requirements are different from other programs
- Participants in qualifying Substance Use Disorder (SUD) treatment program
- Incarcerated or recently incarcerated individuals
 - Individual who is "inmate of a public institution" or was within prior three months

Short-Term Hardship Exception

- States have the option to provide short-term hardship exceptions for individuals with extenuating circumstances:
 - Receiving care in hospitals, nursing facilities, psychiatric facilities, or other intensive care setting
 - Living in federally declared disaster area
 - Residing in counties with unemployment rate higher than 8% or 1.5 times national unemployment rate
 - Required to travel outside community for medical care (for themselves or their dependent) to treat a serious or complex condition for an extended time

Excluded Groups vs Exempted Individuals

- Individuals receiving Medicaid under one of the excluded groups should **not** have to apply for or verify their excluded from work requirements
- Exempted individuals belong to a Medicaid group that is subject to work requirements but may have individual circumstances that qualify for exemptions
- Compare:
 - 61 year old on SSI receiving Medicaid should never be evaluated for work requirements
 - 61 year old has pending application for SSI due to disability but has not yet been approved. They are receiving Medicaid through Medicaid expansion. Must show they meet "medically frail" exemption to be exempted from requirements.



Implementation Challenges and Advocacy Strategies

Principles for Work Requirement Implementation (1 of 2)

1. Automatically and permanently exclude non-expansion population from work requirement consideration
2. People who can work must be able to receive exemptions if otherwise eligible
3. Medically frail criteria cannot be limited to strict SSA disability criteria
4. Explicitly include caregivers for older adults in family caregiver exemption

Principles for Work Requirement Implementation (2 of 2)

5. Accept self-declarations to verify eligibility for exemptions, particularly for caregivers and people who qualify as medically frail
6. Use ex parte and other tools to minimize administrative burden and procedural terminations
7. Provide advance outreach, education, and accessible assistance, including information about due process and appeal rights

Challenge: State Options

- States' discretionary actions can increase likelihood of procedural terminations due to lost paperwork or other clerical issues, missing or incorrect data, and systems not being ready
- Examples:
 - Using 3-month rather than 1-month look back period for new applicants and requiring monthly compliance for enrollees
 - Increasing reporting periods to monthly instead of 6 months
 - Not taking up temporary hardship exemptions
 - Implementing work requirements prior to Jan. 1, 2027

Advocacy Strategies: State Options

- Urge your state to minimize the compliance and reporting periods and not implement early
- Consider state legislation to require your state to take the options that minimize the burden on enrollees

Advocacy Spotlight

- [Nebraska Appleseed](#) worked with partners to introduce 3 state bills aimed at mitigating coverage loss:
 - [LB723](#)
 - Prohibits state from implementing work requirements early or expanding work requirements beyond what federal law requires
 - Requires state to adopt all possible exemptions and define “medically frail” as comprehensively as possible; accept individual’s statement to verify compliance and exemption status to maximum extent possible; ensure ex parte processes are effective; use an income proxy to verify work
 - [LB777](#)
 - Requires the state to report on the status of work requirements implementation and data on applications/renewals, including how many are denied for procedural reasons
 - [LB812](#)
 - Prohibits state from implementing work requirements early or verifying Medicaid expansion eligibility or work requirement compliance more frequently than required

Challenge: Implementing Exemptions

- Some states are interpreting exemptions incorrectly or too narrowly
- Misinterpreting “medically frail”
 - Applying Social Security disability language for medically frail (inability to work due to a disability)
 - Conflating categories or misstating the statute (e.g., “serious OR complex medical condition” is it’s own category to protect people who don’t fit another category)
- Narrowing the caregiver exemption
 - Using "dependent" or "caretaker relative" language only
 - Focusing only on children or parent/child caregiving
 - Requiring someone be disabled or have specific medical diagnosis for their caregiver to receive exemption
 - Failing to specify that caregivers of older adults are included in the definition

Advocacy Strategies: Implementing Exemptions

- Engage with your state as they are developing exemption policy and materials; send a letter and ask to review materials
- Use examples to illustrate the wide array of caregivers and people with serious or complex health conditions states must consider

Ex Parte Review

- Ex parte is when the state uses existing records within their systems to verify eligibility
 - For example payroll data or SNAP enrollment
- Generally, ex parte is useful and helps enrollees avoid complicated paperwork by having their eligibility automatically verified
- H.R. 1 requires states to use ex parte data to verify compliance or exemptions when possible

Challenge: Use of Ex Parte Data

- Ex parte could be problematic if used incorrectly
 - Using ex parte data like payroll data as "proof" someone doesn't meet an exemption
 - Payroll data may show medically frail individual or caregiver is working but they still meet an exemption
 - Only relying on claims or other Medicaid data for exemptions
 - Some caregivers receive payment under Medicaid, but many do not
 - People with disabilities in expansion Medicaid with no claims data showing their disability

Advocacy Strategies: Use of Ex Parte Data

- Consider legislation or other advocacy to encourage robust use of ex parte data to verify both work and exemptions where possible
- Urge your state to accept self-declarations to verify eligibility for exemptions, particularly for caregivers and people who qualify as medically frail
- Urge your state to test its data and verification systems before enforcing work requirements
 - Is the system correctly identifying categorically excluded groups and automatically excluding them?
 - Are ex parte data sources identifying exempted individuals?



Advocacy Tools and Resources

Justice in Aging Toolkit

- Regularly updated [Mitigating the Harms of Medicaid Work Requirements for Older Adults: Tools for State Advocates](#) resource provides an overview of Medicaid work requirements and principles to advocate for during implementation
- Includes [template letter](#) with recommendations to minimize coverage loss that advocates can customize
- Please use and share!

Template Letter

Template Letter

Instructions: Download and customize this letter to respond to your state's situation and your organization's advocacy priorities. Edit the highlighted and bracketed text and include additional examples of situations and barriers your clients face to show why it is critical your state take steps to minimize the additional barriers of work requirements.

Copy to Clipboard

Download as Word (.docx)

Dear [state Medicaid director or other official],

On behalf of [Organization(s)], we urge you to adopt the recommendations below for implementing Medicaid work requirements to minimize harm and preserve continuous access to essential [Medicaid or state program name] services for older adults, people with disabilities and chronic health conditions, caregivers, and others. We also ask that you share these recommendations and concerns with federal officials as they finalize guidance for implementation.

[Add info about organization(s)]

In July 2025, Congress passed the budget reconciliation act of 2025 (H.R. 1) establishing federal community engagement requirements for Medicaid expansion [or your state's program name] enrollees between ages 19-64. The statute mandates the state to verify work, education, training, or volunteer participation for these Medicaid enrollees and defines required exemptions and optional short-term hardship exceptions.

As [aging and disability] advocates, we are concerned that work requirements create administrative barriers that will lead to improper terminations and disrupted access to

Use Examples

- Illustrate who exemptions should cover
 - Who might the state not be thinking about as “medically frail”?
 - Who might have barriers to working 80 hours+ every month?
 - Who are the older adults who retire early?
 - Who is caregiving but not might identify themselves as a caregiver?
- Examples:
 - “I do self work with Instacart because ...I get to pick and choose the days I’m able to work and dealing with my dad, getting in that nursing home and also dealing with my mom now because she’s getting into that phase where she’s needing more doctor appointments.” – 52-year-old man
 - “Ever since I haven’t been working, I haven’t been able to find a job that’s legal or decent enough for working from home...They all want somebody in the office to stand up or sit down for long periods of time. I can’t even walk to my vehicle without being in pain. Or get into a vehicle and drive that vehicle because of the stress all behind that.” – 51-year-old woman
 - Source: [KFF’s The Debate Over Federal Medicaid Cuts: Perspectives of Medicaid Enrollees Who Voted for President Trump and Vice President Harris](#)

Gather State Specific Data

- [Older Adults Ages 50-64 Who Rely on Medicaid Expansion by State](#), AARP
- [Caregiving State Data Profiles](#), AARP and National Alliance for Caregiving
- [Family Caregivers and Own Health Insurance Coverage by State](#), National Alliance for Caregiving

Additional Resources

- [Implementing Medicaid Work Reporting Requirements: Defining A 'Serious Or Complex Medical Condition'](#), Milken Institute School of Public Health, George Washington University and Leading Age LTSS Center @ UMASS Boston
- [Work Requirement Exemptions Based On Medical Frailty: We'd Better Get Them Right This Time](#), Center for Health Law and Policy Innovation, Harvard Law School
- [Recommendations for Mitigating Harms to People with Disabilities, Older Adults, and Caregivers from Medicaid Work Requirements](#), Justice in Aging, National Health Law Program, Bazelon Center for Mental Health Law
- [What's in the Budget Reconciliation Act of 2025 and What Does it Mean for Low-Income Older Adults' Access to Health and Long-Term Care?](#), Justice in Aging

Next Steps

- Reach out to partners, state Medicaid officials, and even your state or federal representatives about your concerns
- Share materials with others to combat misinformation about upcoming changes to Medicaid
- Look out for additional guidance from CMS in coming months

Poll Question

- What advocacy strategies are you using?
 - Letters and/or meetings with state policymakers
 - Joined a coalition or new partnerships
 - Developing or advocating on state legislation
 - Educating clients and the public
 - Something else – tell us in the Q&A!



Questions?

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