Department of Medicaid

Medicaid Group VIII Work and Community Engagement Requirement Partner Packet

Version 2

August 2026

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Overview

Overview

Due to new federal laws, Medicaid eligibility requirements will be changing for individuals eligible for and enrolled in Group VIII coverage (also known as MAGI Adult or Ribicoff coverage). The new rules will introduce a Work and Community Engagement Requirement for certain non-exempt individuals to demonstrate ongoing participation in work or community activities for a minimum of 80 hours per month as a condition of coverage.

What is changing?

- To maintain Medicaid eligibility, some individuals in Group VIII must demonstrate that they meet new qualifying activities such as work, education, job training or community service, unless they meet an exemption.
- Beginning January 1, 2027, federal law will require renewals to take place every six months. This is more frequent than the current 12-month renewal requirement. To renew Medicaid coverage, individuals will need to show they met the Work and Community Engagement Requirement for at least one month since their last application or renewal. *Example:* If an individual's last renewal was in January and they renew again in July, they must show that they were exempt or met the work requirement for at least one month between January and July.
- When impacted individuals come up for renewal, the Ohio Department of Medicaid (ODM) will first try to use data already available to electronically verify that the individual is excluded from or meeting the requirement. If ODM is unable to verify using this data, then individuals will receive a request for more information.

When will these changes take effect?

The Work and Community Engagement Requirement will take effect on January 1, 2027.

How do members know if the requirement applies to them?

- The new requirement only applies to individuals eligible for and enrolled in Group VIII coverage, which refers to adults aged 19 through 64 who have Medicaid because their income is at or below 138% of the Federal Poverty Level.
- These changes do not affect individuals who have Medicaid for reasons other than income, or those who have certain health conditions or meet other exemptions.
- To find out if they are part of Group VIII, individuals can log in to their Self-Service Portal (SSP) account and look on the "View My Benefits" page. They also can look at a recent notice from ODM if they do not use the Self-Service Portal

How To Use This Tool Kit

Overview:

To support the implementation of the Work and Community Engagement Requirement, ODM has created this toolkit as a resource for anyone who interacts with Medicaid individuals. This includes healthcare providers, managed care organizations, County Departments of Job and Family Services, and others.

This toolkit includes templates and materials you can use to inform Medicaid individuals about the new Work and Community Engagement Requirement and how to maintain Medicaid coverage through meeting an exemption or completing qualifying activities.

Materials in this version include:

- **Flyers** – printable flyers, designed for posting in your business location or distributing as handouts to raise awareness about the new requirement
- **Rack Card** – printable rack card in the standard size (4x9 inches)
- **Social Media Materials** – graphic posts that can be used on your organization's social media accounts

Medicaid Group VIII Work and Community Engagement Requirement Comprehensive Overview

1. Eligibility and Exemption Criteria

The Medicaid Work and Community Engagement Requirement applies to adults who are enrolled in Group VIII coverage (also known as MAGI Adult or Ribicoff coverage).

Excluded Individuals:

Individuals are exempt from the Work and Community Engagement Requirement if they meet any of the following criteria:

- Current or former foster child under the age of 26
- Native American, Urban Native American, or California Native American (as defined in the Indian Health Care Improvement Act) or otherwise determined eligible for the Indian Health Service
- Parent, guardian, caretaker relative, or family caregiver of a dependent child 13 years of age and under, or a disabled individual
- Veteran with a disability rated as total
- Medically frail, including individuals:
    - Who are blind or disabled as defined by the Social Security Administration
    - With a substance use disorder
    - With a disabling mental disorder
    - With a physical, intellectual, or developmental disability that significantly impairs their ability to perform daily living activities
    - With a serious or complex medical condition
- Participating in the Temporary Aid for Needy Families (TANF) program and meeting any work requirements imposed as part of that program
- Member of a household that receives Supplemental Nutrition Assistance Program (SNAP) benefits and is not exempt from a work requirement under such act
- Participating in a drug or alcohol treatment and rehabilitation program
- Incarcerated or released from incarceration within the last 3 months
- Pregnant or entitled to postpartum medical assistance

Other People who are Exempt:

Individuals are also exempt from the Work and Community Engagement Requirement if they are:

- Under the age of 19 or over the age of 64
- Entitled to, or enrolled for Medicare Part A or enrolled in Medicare Part B
- Eligible for Medicaid under a different coverage category

Medicaid Group VIII Work and Community Engagement Requirement Comprehensive Overview

Documents That Show You Are Exempt:

If individuals are receiving Group VIII coverage and believe they are exempt from the Work and Community Engagement Requirement, they must provide proof by sharing one of the documents listed below with their local CDJFS office.

Exemption	Verification
Pregnant or Postpartum	• Verbal or Written Statement of Pregnancy • Doctor's Statement • Newborn Birth Certificate
Parent or Caretaker to child under the age of 13 or Disabled Individual	**Parent or Caretaker to child age 13 and under:** • Birth Certificate • Custody Documents **Parent or Caretaker to Disabled Individual:** • Disability Award Letter • Doctor's Statement • Letter confirming number of hours assistance/care is provided
Current or Former Foster Care Child up to Age 26	• Court Order • Letter from Public Children's Services Agency
Entitled to Medicare Part A or B	• Copy of Medicare Card
Disabled Veteran (rated as total)	• Disability Award Letter
Medically Frail including disability or hospitalization or serious illness	• Disability Award Letter • Doctor's Statement
Drug or Alcohol Treatment	• Doctor's Statement • Statement from Treatment Facility or Program
Incarcerated (current or released within prior 90 days)	• Proof of Release Statement • Bail Related Documentation
Member of a Native American Tribe	• Tribal Identification Card • Official Statement from Federally Recognized Tribe

Medicaid Group VIII Work and Community Engagement Requirement Comprehensive Overview

2. How to Comply with the Requirement

To be considered **in compliance with the Work and Community Engagement Requirement** for a given month, individuals must meet at least **one** of the following conditions:

- **Work:** Paid employment or self-employment, or unpaid work like caregiving, work in exchange for goods or housing, or an internship. People can meet this requirement by having a monthly income that is at least $580 (the federal minimum wage times 80 hours). Seasonal workers can use average monthly income to meet this requirement.
- **Community Service**: Volunteer work through an organization, government agency, or religious group that helps your community. The organization cannot be for a political reason.
- **Work Program Participation**: Taking part in a recognized work program, such as those offered through OhioMeansJobs.
- **Education:** Being enrolled at least half-time in high school, a GED course, college, or technical schools. The definition of half-time is determined by the school.
- **Combination of Activities**: Engages in any combination of the above activities — employment, community service, work program participation, or education — for a total of at least 80 hours in the month.

Documents that Show Qualifying Activities:

Individuals are receiving Group VIII coverage may need to provide verification that they meet the Work and Community Engagement Requirement by sharing one of the documents listed below with their local County Department of Job and Family Services (CDJFS) office.

Activity	Verification
Work or Employment, including Self-Employment	• Paycheck stubs showing your last 30 days of income (If you are paid every other week, provide two paycheck stubs. If you are paid once a week, provide four paycheck stubs.) • Letter from employer providing hourly wage, hours worked, and pay frequency • If self-employed, a copy of your most recent income taxes or ledger • Letter confirming number of hours assistance/care is provided
Community Service	• Letter from organization providing scheduled hours and begin date
Work Program	• Letter from organization providing scheduled hours and begin date
Education and Training Activities	• Enrollment documentation • Class schedule

3. Consequences of Noncompliance

If an individual is receiving Group VIII coverage, failure to meet the qualifying activities or provide proof of an exemption from the Medicaid Work and Community Engagement Requirement **will result in their application being denied or their benefits being discontinued**. If ODM denies an individual's application or discontinues their benefits, the impacted individual will receive a notice explaining the decision and information on how to request a state hearing if they disagree with the action taken on their case. Individuals may reapply for medical assistance at any time.

4. Reporting Changes

An individual must tell their county Job and Family Services office *within 10 days* if they have changes in income, where they live, who lives with them, or pregnancy. They may need to provide proof. ,

Submission methods include the following:

- Upload through the Self-Service Portal (preferred): https://benefits.ohio.gov
- Mail or drop off documents at the county Job & Family Services office (addresses at the website above)
- Call (800) 324-8680 or your local county Job & Family Services office.

More information is available on our Community Engagement webpage https://medicaid.ohio.gov/resources-for-providers/special-programs-and-initiatives/group-viii.

5. Implementation Rollout

New applications submitted on or after January 1, 2027, will be evaluated for the Work and Community Engagement Requirement.

- **If additional information is needed** to verify exclusion or compliance, a Verification Checklist will be sent to the applicant. This initiates the 30-day noncompliance period during which the applicant can provide more information. If ODM still cannot verify exclusion or compliance at the end of that period, the application will be denied.
- **Approved applicants** will be given a six-month eligibility period (due to the transition to six-month renewals for Group VIII.)

Renewals initiated on or after January 1, 2027,(i.e., beginning with renewal due dates in March 2027) will be evaluated for the Work and Community Engagement Requirement.

- **If a case can be verified ex parte** as meeting basic eligibility requirements and as either excluded, exempt, or compliant with the Work and Community Engagement Requirement, it will be approved for a six-month period.
- **If a case cannot be verified ex parte** as meeting basic eligibility requirements or the Work and Community Engagement Requirement, a renewal packet (and, if needed, subsequent verification checklists) will be sent.

Detailed Guidance - Caregivers

In addition to parents, guardians, and caregiver relatives, there are certain circumstances where an individual can be excluded based on their status as a "Family Caregiver."

CMS defines a Family Caregiver as "an adult family member or other individual who has a significant relationship with, and who provides care within a broad range of assistance to, a dependent child or a disabled individual."

This person may be excluded from the Work and Community Engagement Requirement if they meet one of three situations:

- The individual primarily resides with the dependent child or disabled individual and provides assistance that occurs regularly and is not solely incidental in nature
- The individual is a relative of the dependent child or disabled individual and does not live with the child or individual, but provides assistance on a regular basis and is not solely incidental in nature
- The individual is not a relative of the person receiving care and does not live with the child or individual, but provides at least 80 hours of assistance to the dependent child or disabled individual per month*****

What does this mean for caregivers?

People who qualify as family caregivers may not have to meet the Work and Community Engagement Requirement if they can verify their caregiving relationship and hours. ODM will use household, relationship, and caregiving information to confirm eligibility, and may request documentation or other information if needed.

***Note:** An individual who meets this definition but provides less than 80 hours per month of care can count time spent caregiving as "unpaid work" for purposes of the Work and Community Engagement Requirement.

Detailed Guidance – Medical Frailty

People in Group VIII may be excluded from the Work and Community Engagement Requirement if their physical, mental, or other behavioral health condition significantly impairs their ability to comply with the community engagement requirement. An individual is deemed to meet the medical frailty exclusion if they:

- Are **blind or disabled** as defined by the Social Security Administration
- Have a **substance use disorder (SUD)**, including individuals in recovery for up to five years
- Have a **disabling mental disorder**
- Have a **physical, intellectual, or developmental disability** that significantly impairs ability to perform daily living activities
- Have a **serious or complex medical condition** that impacts their ability to complete Work and Community Engagement Requirement activities

ODM engaged the Clinical Director's team to compile a list of ICD-10 codes for diagnoses that indicate medical frailty. ODM identified 1,935 codes (including sub codes) that are associated with a medically frail classification.

For example:

- ICD-10 code A170 indicates tuberculosis meningitis – **a complex medical need**
- ICD-10 code F1010 indicates alcohol abuse, uncomplicated – **a substance use disorder**
- ICD-10 code F259 indicates Schizoaffective disorder, unspecified – **a disabling mental disorder**
- ICD -10 code Q909 indicates down syndrome – **a developmental disability**

Individuals will be classified as medically frail if – in the past year (or past 5 years for SUD diagnoses) – they have a diagnosis code(s) identified. This process will be automated in cases where ODM has claims data available for impacted individuals.

The full list of ICD-10 codes will be made available on the ODM webpage prior to implementation of this requirement.

Frequently Asked Questions (FAQs)

Timeline & Resources

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

A: The requirement will be effective on January 1, 2027.

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.

To report changes, you can:

- Use the Self-Service Portal by clicking on the "Access Ohio Benefits Self-Service Portal" at https://benefits.ohio.gov.
- Mail or take documents to their county Job & Family Services office. Locations can be found at https://benefits.ohio/gov under "Find Your Local County Agency."
- Call (800) 324-8680 or their local county Job & Family Services office.

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

A: All information and resources can 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 ($22,025 for one person, $37,702 for a family of three), you may be in Group VIII. To find out if you are part of Group VIII, you can log in to your Self-Service Portal (SSP) account and look on the "View My Benefits" page. You can also look at a recent notice from ODM if you do not use the Self-Service Portal.

Note to caseworkers or others who have access to verify eligibility: If you have access to Ohio Benefits, you can verify an individual's category of eligibility on the Case Summary screen. Then, explain to the individual that they also can 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. More information about exemptions can be found on the Work and Community Engagement webpage.

Note to caseworkers or others who have access to verify eligibility: If you have access to Ohio Benefits, you can verify an individual's category of eligibility on the Case Summary screen. 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: 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.

If you receive Group VIII coverage, you may be exempt from the Work and Community Engagement Requirement if you have a physical, mental, or other behavioral health condition that significantly impairs your ability to comply with the community engagement requirement.

Details of the program, including exemptions for people who cannot work, can be found on the Work and Community Engagement webpage.

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? Are there any additional things that hospitals or other providers need to do during the presumptive eligibility process?

A: Qualified Entities will begin asking new questions as part of the presumptive eligibility process to verify exclusions from or compliance with the requirement for members who appear to be eligible under Group VIII (the MAGI Adult group). Individuals granted PE status will still need to complete a full Medicaid application, which now includes the Work and Community Engagement requirement.

Requirement & Definitions

Q: What does the Work and Community Engagement Requirement mean?

A: It is a requirement that certain Medicaid applicants and beneficiaries must complete 80 hours per month of qualifying activities such as working, volunteering, attending school, or participating in a job training program to maintain their coverage.

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

A: If you are receiving Group VIII coverage and are subject to the Work and Community Engagement Requirement, you may receive a request to provide verification by sharing documentation with your local County Department of Job and Family Services (CDJFS) office. If you do receive a request for documentation, you must respond in order to keep your coverage.

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: Yes, this may result in your benefits being discontinued. 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 also will 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 the Centers for Medicare and Medicaid Services (CMS) on the exact diagnoses or types of treatment that will be included?

A: CMS has provided guidance to states on defining medical frailty, but states are responsible for identifying the exact diagnoses that will be included. ODM plans 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 to 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 federal law. ODM will use multiple modalities for outreach – including multiple mailings, multiple SMS, and telephone calls – and will encourage MCOs to do the same.

Q: How long is the postpartum period exemption allowed for the Work and Community Engagement Requirement?

A: The postpartum exemption is expected to match the current postpartum coverage period of 12 months.

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 doctors or the services I get?

A: As long as you remain enrolled in Medicaid, there will be no changes in the medical services you receive.

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

A: As long as you remain enrolled in Medicaid, there will be no changes in the medical services you receive.

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 Managed Care Plan for more information about available services and how to schedule a ride.

Six-Month Renewals

Q: What changed under the new federal law for renewals?

A: The law now requires renewals to take place every six months for Group VIII individuals, rather than every 12 months. This means members will be reviewed more frequently to confirm they still meet the applicable Medicaid requirements.

Q: How does a member show compliance at a 6-month renewal?

A: The member must show they were exempt or met the work requirement for any one month between their last renewal and the current renewal.

Q: Can you give an example of how this works?

A: If a member's last renewal was in January and they renew again in July, they must show that they were exempt or met the work requirement for at least one month between January and July.

Q: Does the member have to prove compliance for all six months?

A: No. The member only needs to show exemption or compliance for at least one month since the last renewal.

Q: What happens if the member cannot show exemption or compliance at renewal?

A: If the state cannot verify compliance, it must send a notice of noncompliance and give the member 30 calendar days to show that they met the requirement or that the requirement does not apply. If they do not respond within that timeframe, their coverage may be denied or terminated.

Draft Communications

Full-page Flyer

Department of Medicaid

ATTENTION MEDICAID MEMBERS!

Did you know?

On January 1, 2027 Medicaid eligibility will be changing for certain individuals in Group VIII

Due to new federal laws, Medicaid members 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 members 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
[https://medicaid.ohio.gov]

ODM Self Service Portal
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Flyer (see the full-page flyer on the following page)

Rack Card

Department of Medicaid

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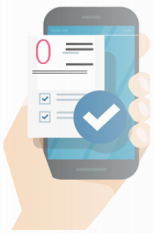

Don't miss important updates about your Medicaid Eligibility & Coverage, visit our website today.

Rack Card (see the full-size Rack Card on the following page)

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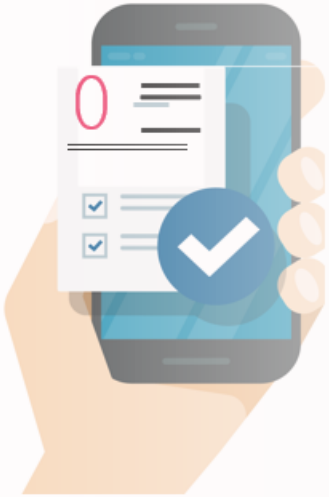

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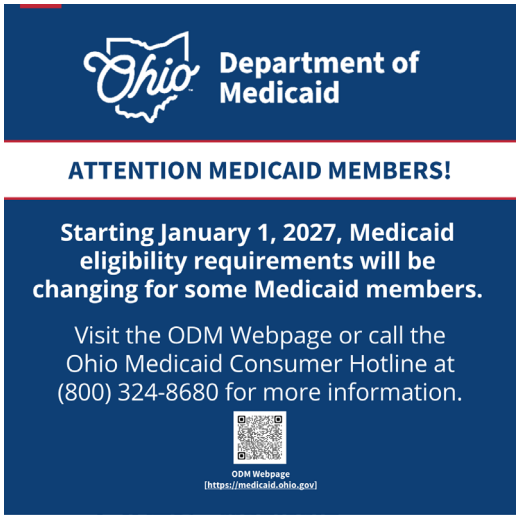
Draft Communications

Social Media Posts



Social Media (see the full-size images on the following pages)

Department of Medicaid

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Introducing New Medicaid Work & Community Engagement Requirement

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