OASIS · AT A GLANCE

Medicaid work requirements start January 2027

Eighty hours a month, ages 19 to 64. Your adult child is almost certainly exempt. Arkansas proved that being exempt and being able to prove it are two different things.

PILLARS: WHEN · HOW | COMPANION TO BLOG POST B153 | 2-PAGE BRIEF

80

HOURS PER MONTH

Of work, training, education, or community service, for ages 19 to 64.

How the check actually runs

DATA FIRST, YOU SECOND

STAGE 1

The requirement attaches

Beneficiaries ages 19 to 64 must complete at least 80 hours a month of qualifying work, education, job training, or volunteer service.

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STAGE 2

The state checks first

States must use existing Medicaid claims and administrative data to verify exemptions, using auditable ICD-10 code lists aligned with federal definitions.

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STAGE 3

You get 30 days

If the automated check does not clear you, you have 30 days to demonstrate compliance or prove an exemption.

Is your adult child exempt?

CMS-2454-IFC

The medically frail exemption, and how it is decided

The rule requires functional impairment, not a diagnosis alone. The fork below turns on whether that impairment is already documented in active claims data.

Does your adult child have a documented intellectual or developmental disability, disabling mental disorder, or blindness or disability, with functional impairment, coded in current claims data?

Yes, and the codes are in recent active claims.

The automated check clears and most families never hear about any of this. Confirm the coding this year rather than assuming. Keep the physician letter in the binder anyway.

No, or the diagnosis is old and has not been billed recently.

The automated check fails and a letter arrives with a 30 day clock. Self-attestation is allowed only once, only through January 2028. At renewal, provider certification or medical records are required.

18,000

Lost coverage in Arkansas

Many of them qualified for an exemption they could not document in time.

30

Days to respond

From a letter that may sit unopened. That window is where coverage is lost.

2027

Federal compliance date

Nebraska began May 1, 2026. Montana, Arkansas, and Iowa followed on 2026 dates.

EXEMPT ON PAPER, TERMINATED IN PRACTICE

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In Arkansas the letters went to addresses people had moved away from, describing an online portal that closed at nine at night. Roughly 18,000 people lost coverage. The state did not decide they were ineligible. It decided they had not proven otherwise, in time, in the format required.

ELIGIBILITY YOU CANNOT DOCUMENT IS NOT ELIGIBILITY.

THE TAKEAWAY

The state checks its own data first. Everything you do in 2026 should aim at making that automated check succeed, so the letter with the 30 day clock never gets sent.

TURN THE PAGE

The full exemption list, what proves medically frail, and the four administrative steps that prevent a lost notice.

Building the exemption file in 2026

BEFORE THE LETTER, NOT AFTER

EXEMPT

Who the rule excepts

- [ ] Medically frail, including IDD and disabling mental disorders
- [ ] Blindness or disability with functional impairment
- [ ] Caregivers of children 13 and under or disabled individuals
- [ ] Pregnant and postpartum individuals, tribal members
- [ ] Former foster youth, veterans with total disability rating

PROVE

What documents medically frail

- [ ] Physician letter naming the qualifying condition
- [ ] Functional impairment described, not just diagnosed
- [ ] Current diagnosis codes in active claims history
- [ ] SSI or SSDI award letter, if applicable
- [ ] Behavior support plan or psychiatric records

PREVENT

Stop the notice from being missed

- [ ] Confirm the mailing address on the case file
- [ ] Add yourself as an authorized representative
- [ ] Update phone and email with the state
- [ ] Calendar the renewal date now
- [ ] Open every envelope from Medicaid the day it arrives

RESPOND

If a notice arrives anyway

- [ ] Read the date. You have 30 days
- [ ] Respond in writing, not by phone
- [ ] Attach the physician documentation
- [ ] Keep the postmark or confirmation
- [ ] Self-attestation works once, only through January 2028

BRING ONE PAGE, NOT A BINDER

The exemption one-pager

01

The condition

The qualifying category, named in the rule's own language.

02

The impairment

How it functionally impairs the ability to comply.

03

The evidence

Diagnosis codes, dates, and the treating clinician.

04

The contact

Authorized representative, address, phone, and email.

YOUR MOVE

If a termination notice arrives

1. **Read the date**
   The 30 day clock started when it was issued.
2. **Respond in writing**
   Attach the physician documentation.
3. **Request continuation**
   Ask that coverage continue during review.
4. **Appeal**
   File through the state process, keep the copy.
5. **Get help**
   Disability Rights Michigan, 800-288-5923.

Your adult child is exempt. The only question is whether the state's data already knows it in December, or whether you find out in a January envelope.

SOURCES

Centers for Medicare and Medicaid Services. Medicaid Community Engagement Requirement for Certain Individuals, Interim Final Rule with Comment Period, CMS-2454-IFC. Issued June 1, 2026.

Centers for Medicare and Medicaid Services. Fact sheet, Medicaid Community Engagement Requirement, CMS-2454-IFC.

Holland and Knight. CMS Issues Interim Final Rule Implementing Medicaid Community Engagement Requirements. June 2026.

KFF. Medicaid work requirements tracker and state implementation analysis.

Disability Rights Michigan. Medicaid termination and appeal advocacy. 800-288-5923.

ABOUT THE AUTHOR

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