

# Medicaid Community Engagement Requirements

## Qualitative Research Communication Summary

This summary of findings comes from a focus group study conducted with current Medicaid beneficiaries in four expansion states in early April 2026.

- Almost all participants had not heard about the new Medicaid work requirements.
- After reading a high-level description about the changes, participants understood the basics but had many questions.

### Participants Lacked Awareness and Desire Specifics

After reading a high-level description, almost all participants said they hadn't heard of work requirements yet and desired more practical guidance. A list of common questions is provided in an appendix, but some of those questions are:

- What activities count?
- What documentation is required?
- Who verifies information?
- How often do you have to report?

### Many participants could not determine if they qualify for exemptions

- Many weren't sure who determines if someone is exempt.
- Many weren't sure if they had to report that they were exempt.
- Uncertainty was highest among people with:
  - Chronic illness but no disability designation with the Social Security Administration (SSA)
  - Caregiving responsibilities

### Message Guidance

We avoid describing the actual requirements because there are a variety of options to meet work requirements and to be exempt. These messages drive people to look for more information.

*Short messages that motivate information seeking:*

- "Medicaid rules are changing"
- "Find out how the new rules affect you"
- "Don't lose your coverage"
- "Keep your coverage"
- "Medicaid changes are coming"

*Longer suggestions that combine these concepts:*

- Don't lose your [state program name] coverage. Medicaid rules are changing for certain adults. Find out what you need to do.
- Do you have [state program name]? Rules are changing for certain adults under 65. Find out how they affect you, so you don't lose coverage.
- New requirements are here for certain adults on [state program name]. Find out what steps you need to take now so you don't lose your coverage.

### Language to Avoid (If possible)

These terms are vague and can make it seem like requirements are optional.

- "May affect"
- "Stay engaged"
- "May help you keep your Medicaid"

## Preferred Terminology

- **Use:** “Work Requirements” and then list options (i.e. volunteering or training) in sub-bullets. Work requirements are what people call these organically. “Work/Volunteer/Study & Report” is another possibility that is viewed as a comprehensive name.
- **Avoid:** “Community Participation” or “Community Engagement.” These terms are unknown and aren’t relatable by the Medicaid recipients.

## Trusted Communication Channels (Ranked)

1. Member services phone line
2. State/county offices
3. Clinics
4. Community organizations
5. Mail/Text (Text would be deemed credible if paired with mail, otherwise viewed with suspicion).

## What Beneficiaries Need Most

- Clear, plain language communications that explicitly reference Medicaid or their state program name
- The availability of accurate personalized information (preferably from a person)
- Personalized exclusion checklists
- Support from trusted community organizations
- Step by step reporting instructions

## Appendix of Common Questions

### ■ Applicability

- Am I one of the adults who has to meet the 80-hour requirement, or am I exempt?
- Is my state one of the ones these changes apply to?
- Who will tell me if I am required to meet work requirements? How do I find that out?
- What about people who are too sick to work reliably but not on SSA disability?
- How will this impact homeless adults?

### ■ Qualifying Activities

- What are “qualifying activities” in real life?
- How will they verify my work or activity counts?
- Does gig/cash work (Uber, babysitting, seasonal or commission work) count, and how do I prove it?
- What kinds of volunteering and school/training programs count, and what does “half-time” actually mean?
- If I work enough to meet 80 hours, will I earn too much and lose Medicaid?

### ■ Tracking/Reporting

- What do they want us to track — just total hours, or detailed logs/timecards?
- How do I submit — portal, app, mail, phone, through employers/volunteer sites?
- How often — monthly, quarterly? What are the deadlines?
- Who must verify hours (employer, pastor, volunteer supervisor, program director, self-attestation)?

### ■ Consequences

- What if I don’t reach 80 hours in a month (health flare, job loss, family emergency)?
- What if I can’t find another job or service opportunity?
- Can hours roll over from one month to another?
- What if I miss a reporting deadline or the system loses my paperwork, how fast do I lose coverage? What does “temporarily lose your coverage” actually mean (days, weeks, months)? How hard is it to get back? Will it impact other federal benefits?