Patient Advocate Foundation

Medicaid Work Requirements:
Patient Frequently Asked Questions



Helping you understand new community engagement and paperwork requirements so you can keep your Medicaid coverage .

What is Medicaid?
Medicaid is a health coverage program that helps eligible people pay for healthcare and is funded by the federal government and states.

Medicaid is not the same in every state. Each state has its own Medicaid office, rules, and resources. The name of the program may even be different depending on where you live. For example:

- California's Medicaid program is called Medi-Cal.
- Kansas' Medicaid program is called KanCare.
- South Carolina's Medicaid program is called Healthy Connections.

New changes and work requirements

What is changing with Medicaid?
A new federal rule is rolling out that connects health insurance to work or community activities. Under this rule, some adults with Medicaid may need to show that they are completing approved activities to keep their coverage.

When do these new rules start?
For most states, these rules will officially start on January 1, 2027 (although a few states are starting earlier in 2026).

How do I know if these new rules apply to me?
If you're an adult who qualified for Medicaid mainly because of your income, rather than because of a disability, pregnancy, or age, you're likely covered through expansion, and the new work requirements probably apply to you. **Check with your Medicaid office to find out.**

What are the work requirements?
If you are required to participate, you must complete at least 80 hours per month of approved activities. You can meet this rule by:

- Working a regular job
- Going to school or a technical training program at least half-time
- Participating in a job-training program
- Volunteering or doing community service
- Making a monthly income that equals 80 hours of work at the federal minimum wage (which is about $580 a month before taxes)

You can combine activities, like working 40 hours and volunteering 40 hours, to hit your 80-hour total.

Are there ways to meet the requirements if I am not currently working?

Yes. As long as you reach 80 hours a month, the state counts volunteering, community service, job-search programs, and taking classes (high school, college, or job training) just like regular work hours.

Are there any exceptions to the work requirements?

Yes, many people do not have to do these work hours. You are exempt (excused) from the rules if you are:

- Under age 19 or age 65 and older.
- Pregnant or in the 12-month period after giving birth.
- Already proven to have a disability or enrolled in Medicare.
- A parent, guardian, or caregiver for a child age 13 or younger, or caring for a person with a disability.
- An American Indian or Alaska Native.
- Considered "medically frail" due to a serious physical or mental health condition.

What does “medically frail” mean, and could I qualify?

It depends on how your illness affects your daily life. Under the federal rules issued in June 2026, having a medical diagnosis (like a chronic illness) is not automatically enough to excuse you.

To get a "medically frail" exemption, your healthcare provider must state that your physical or mental condition significantly limits your ability to work, volunteer, or go to school for 80 hours a month. You will need to work with your healthcare team to get the right paperwork signed.

Reporting and paperwork



If I believe I am medically frail, what proof will I need from my healthcare provider?

Some states will first try to verify your condition using medical records or claims they already have on file. If they don't have enough information, they may ask you to get documentation from your treating provider. Some states allow you to self-declare a condition one time, but may ask for provider documentation at your next renewal, so don't assume one submission covers you permanently. Check with your state agency for more details.

What if I have a caregiving responsibility instead of a medical condition?

Caring for a dependent child or a family member who can't care for themselves is generally treated as its own, separate exemption. It may not need medical documentation at all. Talk with your state about what proof, if any, is required.

Do I need to report my hours every month?

How often you report depends on your state. Many states plan to check existing records, like payroll or school enrollment data, automatically, without you having to submit anything. But you'll generally need to confirm your status at each renewal, which for many people is now every six months instead of once a year.

How often do I need to recertify my work requirements?

Under the new law, you will have your Medicaid coverage reviewed every 6 months instead of once a year. When you apply or renew, the state will look back at your past month of work or activities to verify you met the rules.

What happens if I don't try to renew or recertify my coverage?

If you do not submit your paperwork or prove you are working or exempt, you will lose your Medicaid health insurance. If the state cannot verify your hours, they must give you a 30-day notice to turn in the proof. If you do get disenrolled, you can reapply for Medicaid as soon as you can show you meet the requirements or qualify for an exemption.

Reasons for changes

What is Medicaid expansion?

Medicaid expansion is a part of the Affordable Care Act (ACA) meant to provide health insurance to more people with low incomes. Before this law, Medicaid was usually limited to specific groups, like children, pregnant women, seniors, and people with disabilities. But many low-income adults, especially those without children, could not get coverage no matter how little money they made.

States that choose to expand Medicaid open the program to almost all adults who make up to 140% of the Federal Poverty Level. Expanding the program is optional for states. As of mid- 2026, 40 states and Washington, D.C., have chosen to adopt it.

How do I know if my state expanded Medicaid?

Because each state decides on its own, you can check with your local Department of Social Services, or look up your state's current status on the **KFF Medicaid Expansion Tracker.**