

Ohio Department of Medicaid

Agenda

- ❑ Overview of the Work and Community Engagement Requirement
- ❑ Expectations for Impacted Recipients
- ❑ Exclusions and Exceptions
- ❑ Implementation Rollout and Next Steps

Webinar Logistics



Please submit any questions you have in the Q&A box. Some questions will be addressed live during the session. Any questions not answered will be collected and included in our FAQ guide, which will be made available on the webpage.



If you experience any technical difficulties, please add a question requesting technical support. Please turn on closed captions if you need them.

Overview

Work and Community Engagement Requirement 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).



To maintain Medicaid eligibility, some individuals enrolled in Group VIII coverage must demonstrate that they meet new qualifying activities such as work, education, job training, or community service, unless they meet an exemption.



The new requirement **only** applies to individuals eligible for and enrolled in Group VIII coverage (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.



Most individuals currently in receipt of Group VIII coverage (MAGI Adult or Ribicoff coverage) are already known to either meet an exemption or are participating in a qualifying activity.



Federal law also 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 are exempt or met the Work and Community Engagement Requirement for at least one month since their last application or renewal.

General View of the Individuals in Group VIII as of June 2026 eligibility

Group VIII Breakdown

Total Group VIII population

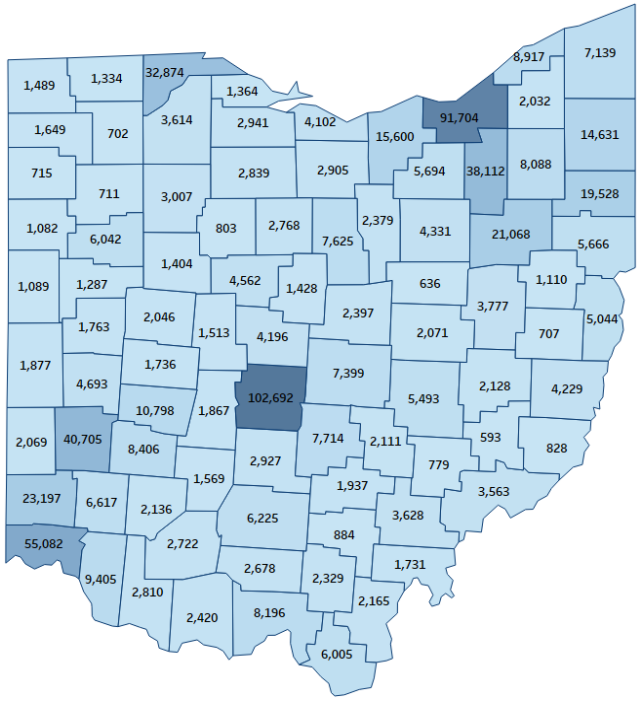
714,447

Group VIII Population by Age

Group	#	%
Age 19-20	58,444	8.2%
Age 21-44	400,946	56.1%
Age 45-64	254,057	35.6%
Age 65+	987	0.1%

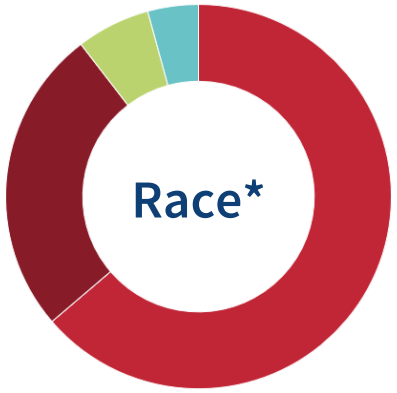
Total Group VIII population

- 56% are between the ages of 21 and 44
- 35% live in our three major counties
- 64% are white
- 54% are male
- 95% are in Managed Care



County of Residence
(Enrolled Group VIII Population)

Group VIII Race & Gender



White: 64% (455,171)

Black: 26% (184,463)



Male: 54% (384,331)

Female: 46% (329,823)

***~300** Group VIII recipients were omitted from the view due to missing demographic information

Note: The content presented here is subject to change prior to program implementation based on future CMS guidance

Meeting the Work and Community Engagement Requirement

To maintain Medicaid eligibility, some Group VIII individuals who do not meet one of the exemptions listed below must demonstrate that they meet new qualifying activities such as work, education, job training or community service.

Exempt Individuals

Many people in Group VIII will be **exempt from the Work and Community Engagement Requirement** due to criteria including the following:

- ❑ Individuals under the age 19 or over age 64
- ❑ Pregnant or entitled to postpartum medical assistance
- ❑ Caretaker of a dependent child 13 years of age and under or a disabled individual
- ❑ Those with disabilities or serious medical conditions
- ❑ Individuals participating in a SUD treatment program
- ❑ Incarcerated or recently released from incarceration
- ❑ Veteran with a disability rated as total
- ❑ Individuals meeting SNAP or TANF work requirements
- ❑ Current or former foster child under the age of 26
- ❑ Native Americans

A more detailed discussion of exemptions (categorized as exclusions and exceptions) will be covered later in this presentation.

Qualifying Activities

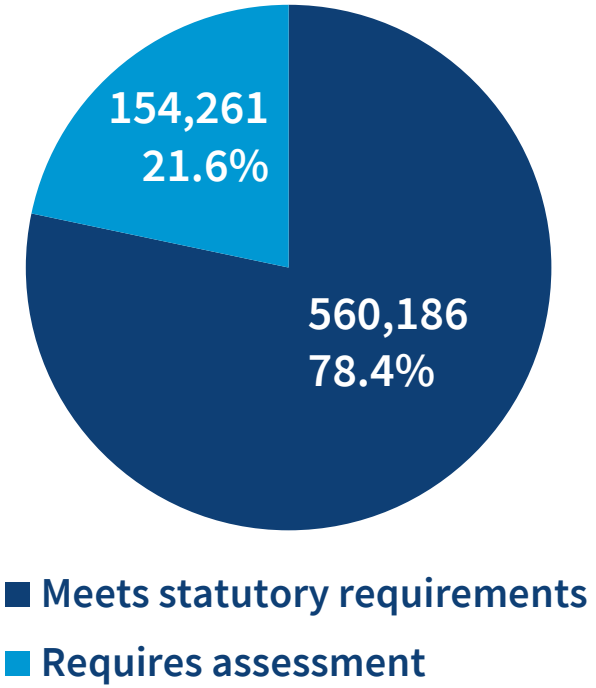
To be considered **in compliance with the Work and Community Engagement Requirement** for a given month, the individual must meet at least one of the following conditions:

- ❑ **Works a minimum of 80 hours** during the month, which can be verified by income in some cases
  - ❑ Work can be verified based on a monthly income of at least $580 (80 hours * federal minimum wage)
  - ❑ Seasonal workers can be verified using average income over the last six months
- ❑ Completes at least **80 hours of community service** in the month
- ❑ Participates in a recognized **work program for no less than 80 hour**s within the month
- ❑ Maintains **enrollment in an educational program at least half-time** during the month
- ❑ 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

General View of the Individuals in Group VIII as of June 2026 Eligibility

Category	Count	Percent Total
Individuals that meet statutory requirements	**560,186**	**78.4%**
Working	315,811	44.2%
Age	547	0.1%
Medically frail or disabled	136,708	19.1%
Parent of a child aged 13 or younger	14,274	2.0%
Pregnant, incarcerated, or former foster care	14,445	2.0%
SNAP Household	12,481	1.7%
Other Medicaid eligibility	65,920	9.2%
Requires assessment	**154,261**	**21.6%**
Total Population	**714,447**	**100.0%**

Group VIII Composition



Expectations for Impacted Recipients

Expectations for Impacted Recipients

Impacted Group VIII applicants and enrollees will experience some changes in eligibility processes

- When individuals apply for coverage and are eligible for Group VIII, the State must verify that the applicant is either excluded from the requirement or met the requirement in the month before they applied.
- When a current recipient is renewing their Medicaid coverage, the State must also verify that they met the Work and Community Engagement Requirement for at least one month within each six-month eligibility review period.
- For example, if a recipient'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 possible, the State is required to use available data to verify compliance ex parte. Ex parte renewals are an automated process where the State checks existing data sources to renew an individual's eligibility without requiring them to provide any additional information.
- If the State cannot verify that an individual is meeting the Work and Community Engagement Requirement, then the applicant / recipient will receive a notice of non-compliance (called the Group VIII Work and Community Engagement Verification Request).
- After receiving a notice of non-compliance, applicants / recipients have 30 days to demonstrate compliance before disenrollment or denial.

Implementation Rollout

The Work and Community Engagement Requirement will phase in across new applications and renewals through three key implementation milestones in 2027.

January 2027

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 April 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 or compliant with the Work and Community Engagement Period, 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.

May 2027

For the first round of Work and Community Engagement Requirement renewals, if the applicant does not provide additional information that allows ODM to verify exclusion or compliance, the individual will be disenrolled effective May 1, 2027.

June 2027

Renewal caseloads will begin to increase due to the transition to six-month renewals.

Application Process for Impacted Applicants

The application process will include two primary verification checkpoints:

Application Review	Checklist Review
As part of the initial application review, the eligibility system and caseworker will review information provided as part of the application to identify exclusions or compliance with the requirement.	If compliance cannot be verified after the initial application review, two checklists will be sent to guide the individual on types of documentation that can be submitted for review by the caseworker.

Note: The steps displayed below reflect actions taken in addition to the typical application process.



Application is initiated and typical information is provided

Based on the information provided by the applicant, **the system will determine if the applicant may be in Group VIII, and if they are meeting a qualifying activity or an exemption**

After caseworker review, if more information is needed to verify compliance, a **Group VIII Work and Community Engagement Verification Request* & Checklist will be mailed to applicants**

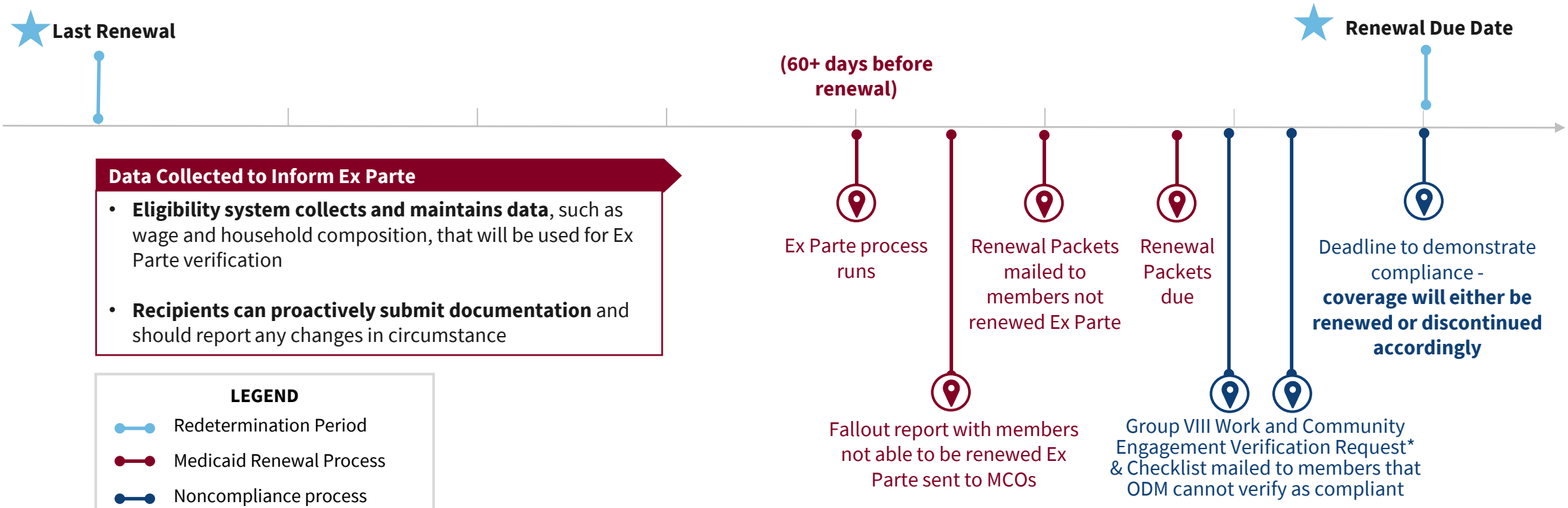
30 days after application, if compliance cannot be verified, then the application will be denied

*The Verification Request is ODM's Notice of Noncompliance required by H.R.1

Renewal Process for Impacted Recipients

The Renewal Process will include three primary verification checkpoints:

Ex Parte review	Renewal Packet review	Checklist reviews
As part of Ex Parte, the eligibility system will review existing data sources to identify members who are exempt or already meeting the Work and Community Engagement Requirement.	While reviewing renewal packets, caseworkers will look for newly submitted information that shows that the recipient is exempt or meeting the requirement.	If compliance cannot be verified after return of the renewal packet, two checklists will be sent to guide the individual on types of documentation that can be submitted for review by the caseworker.



Data Collected to Inform Ex Parte

- **Eligibility system collects and maintains data**, such as wage and household composition, that will be used for Ex Parte verification
- **Recipients can proactively submit documentation** and should report any changes in circumstance

LEGEND

- Redetermination Period
- Medicaid Renewal Process
- Noncompliance process

*The Verification Request is ODM's Notice of Noncompliance required by H.R.1

Verifications for Impacted Recipients

Impacted Group VIII Recipients may need to provide documentation that they meet exemption criteria or are completing qualifying activities. Examples of these documents are listed below.

Example Verifications for Exclusions and Exceptions

Pregnant or Postpartum	• Verbal or Written Statement of Pregnancy • Doctor's Statement • Newborn Birth Certificate
Parent or Caretaker of a child 13 years of age and under 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 from an individual receiving care (or their guardian)
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

Example Verifications that Show Qualifying Activities

Work or Employment, including Self-Employment	• Paycheck Stubs showing your last 30 days of income (If you are paid every other week, provide 2 paycheck stubs. If you are paid once a week, provide 4 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 from an individual receiving care (or their guardian) indicating number of hours 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

Exclusions and Exceptions

Additional Detail on Exclusions and Exceptions

Exclusions

Exclusions are determined at the time of application or renewal, and determine whether the individual is subject to the Work and Community Engagement Requirements.

Exceptions

Exceptions are applied during the lookback period for an individual, such as the month before their application or the period since their last renewal. If someone has an exception for a month, they are considered to have met the requirement for that month.

People in Group VIII may be exempt from the Work and Community Engagement Requirement if they meet one of the following criteria:

Exclusions:

- ❑ Pregnant or entitled to postpartum medical assistance
- ❑ Parent, guardian, caretaker relative, or family caregiver of a dependent child 13 years of age and under or a disabled individual
- ❑ Participating in a substance use disorder (SUD) treatment program
- ❑ Incarcerated
- ❑ Veteran with a disability rated as total
- ❑ Current or former foster child under the age of 26
- ❑ Native American, Urban Native American, or California Native American
- ❑ 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 SNAP benefits and is not exempt from a work requirement under such act
- ❑ Medically frail

Exceptions:

- ❑ Under the age 19 or over age 64
- ❑ Recently released from incarceration
- ❑ Entitled to or enrolled for benefits under Medicare Part A or enrolled for benefits under Medicare Part B
- ❑ Eligible for a mandatory eligibility category
- ❑ Meeting an exclusion

Spotlight: Family 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:

1

The individual:

- Primarily resides with the dependent child or disabled individual, and
- Provides assistance that occurs regularly and is not solely incidental in nature

2

The individual is:

- A relative of the dependent child or disabled individual
- Does not live with the child or individual
- But, provides assistance on a regular basis and is not solely incidental in nature

3

The individual is:

- Not a relative of the person receiving care
- 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.

Spotlight: 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 Work and 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**, 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 WCER activities

Spotlight: Medical Frailty Classification

ODM engaged the Clinical Director's team to compile a list of ICD-10 codes for diagnoses that indicate medical frailty.

ICD-10 Codes

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**

Classification Process

Individual will be classified as medically frail if – in the past year (or past 5 years for SUD diagnoses) – they have one or more the diagnosis codes identified.

For ex parte renewals each month, **ODM will query the last year of claims data for all recipients to identify recipients with at least one of the diagnosis codes. Then ODM will merge that list with the Group VIII population** to identify those individuals who meet this exemption. This all occurs automatically prior to the recipient being asked for documentation.

*Individuals who are blind or disabled based on SSA definitions are also deemed medically frail but likely would receive SSDI and not need identification through ICD-10 codes.

Implementation Rollout and Next Steps

Implementation Planning and Preparation

To prepare for implementation of this new requirement, ODM has completed the following:

- Updated the Ohio Benefits integrated eligibility system in alignment with standards set by CMS to support eligibility screening, document uploads, and caseworker review workflows
- Prepared Ohio Administrative Code updates to codify program requirements and policies
- Developed Outreach Notices in accordance with federal requirements
- Launched a public webpage and Partner Packet
- Analyzed the current Group VIII population to identify those who cannot be verified using data on file in coordination with the MCOs
- Initiated creation of trainings and other supports for caseworkers, consumer hotline staff, and Qualified Entities

Next Steps



ODM is distributing Mandatory Outreach Notices to impacted members (e.g., those in Group VIII).

ODM is also preparing a webpage refresh to provide additional details on implementation.

Resources

- *News Update on Ohio Benefits found [here]*
- *Work and Community Engagement Webpage*
- *Partner Packet & FAQ Guide*

*Please note that resources will be linked prior to posting this presentation on the ODM webpage.

QUESTIONS?

Please add any questions you have in the Q&A box

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THANK YOU

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