Ohio Department of Medicaid

Agenda

- ❑ Overview of the Work and Community Engagement Requirement
- ❑ Expectations for Impacted Recipients
- ❑ Recipient Outreach Requirements
- ❑ Stakeholder Roles and Responsibilities
- ❑ Next Steps / What to Expect

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.

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

Overview

Community Engagement Requirement Overview

In July 2025, Congress passed the One Big Beautiful Bill Act (H.R.1), which introduced changes to Medicaid eligibility through a new Work and Community Engagement Requirement for certain adults. This provision, set to take effect **no later than December 31, 2026**, requires certain non-exempt individuals, ages 19 - 64, to demonstrate ongoing participation in work or community activities for a minimum of 80 hours per month as a condition of coverage.

Previously, Ohio had requested a demonstration waiver, based on Ohio HB 33, to implement a Work and Community Engagement Requirement for this population. With the passage of H.R.1, the policy and design of Ohio's version of the Work and Community Engagement Requirement will align with federal requirements as we await a decision from CMS regarding the waiver.

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.

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

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

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Comparison of Waiver and H.R. 1 Program Components

	H.R.1	ODM 1115 Waiver
Start Date	• No later than December 31, 2026, with possibility of an extension until January 2029	• June 2026
Verification of eligibility or exemption	• Verification of the status of qualifying activities or exemptions with existing data sources is required. Members will have to submit verification where data isn't available	• Same process
Qualifying Activities		
Hours of work, community service, work program, educational program, or a combination	• 80 hours per month	• 20 hours per week • Note: Unpaid family caregiver[s] for disabled family member are recognized as working
Exemptions		
Age	• Under the age 19 or over age 64	• Over age 55
Dependents	• Caregivers to children 13 or under, or disabled dependents	• [See note above]
Pregnancy	• Pregnant or postpartum individuals	• None
Other Exemptions	• Medically frail (full list included in the Appendix) • Veteran with a disability rated as total • Participate in a drug or alcohol treatment and rehabilitation program • Incarcerated or recently released from incarceration	• Same process
Optional Short-Term Hardships	1. Short term hospital or institutional stay; 2. Living in a county with a federal declared emergency; 3. Living in a county with an unemployment rate above 8% or 1.5 X the national unemployment rate	• None

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General View of the Individuals in Group VIII as of July 2025 Eligibility

Group VIII Breakdown

Total Group VIII population

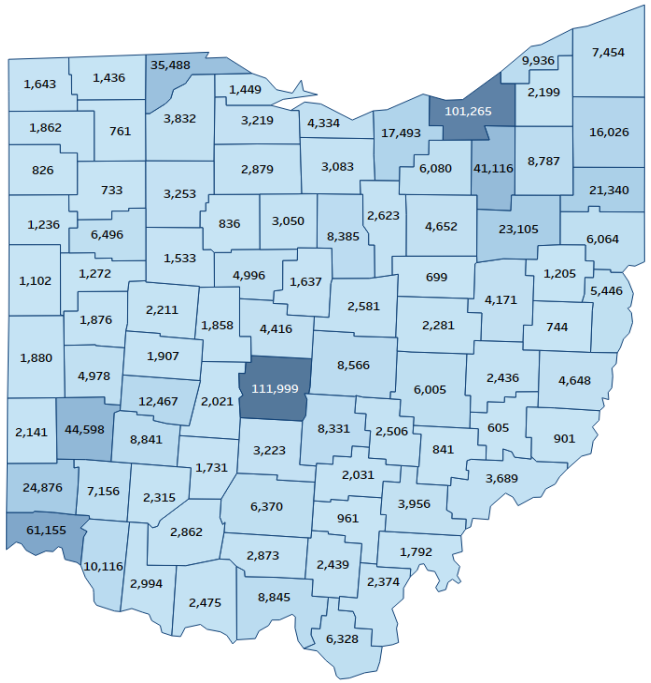
774,342

Group VIII Population by Age

Group	#	%
Age 19-20	62,384	8.2%
Age 21-44	435,547	56.9%
Age 45-64	266,546	34.8%
Age 65+	553	0.1%

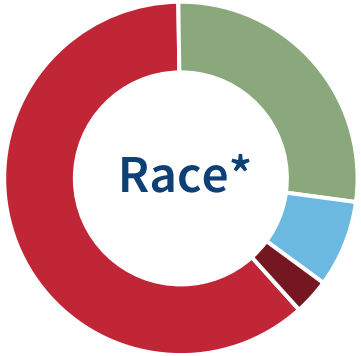
Total Group VIII population

- 57% are between the ages of 21 and 44
- 35% live in our three major counties
- 61% are white
- 54% are male
- 94% are in Managed Care



County of Residence
(Enrolled Group VIII Population)

Group VIII Race & Gender



- White: 61% (470,011)
- Black: 27% (209,375)

*Due to rounding, percentages do not add up to 100%

- Male: 54% (412,560)
- Female: 46% (352,484)

** **~9.3k** Group VIII recipients were omitted from the view due to missing demographic information

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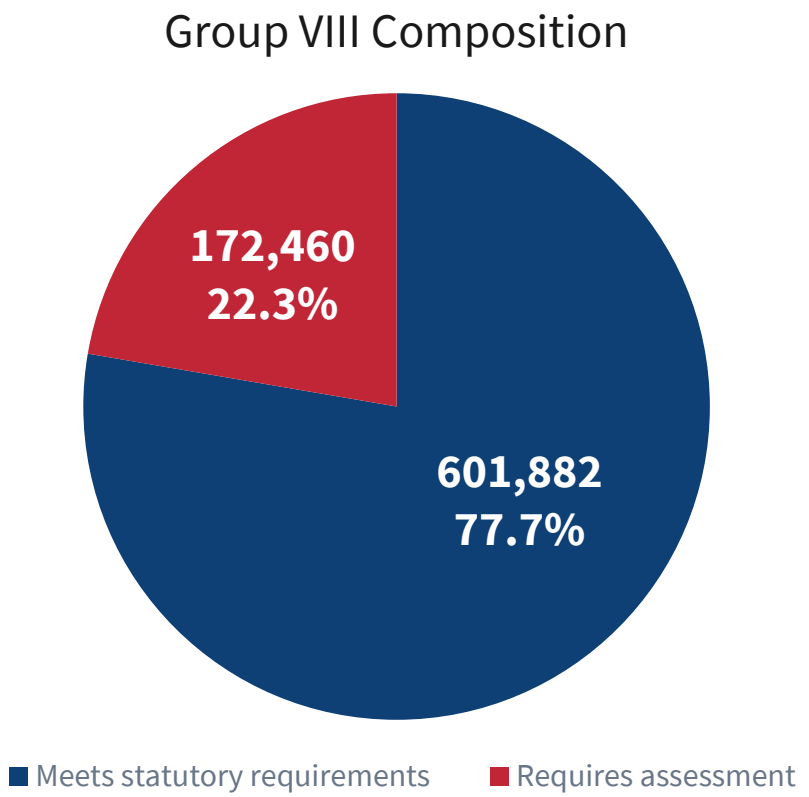
Analysis of the Individuals in Group VIII as of July 2025 Eligibility

Category	Count	% Total
Individuals that meet statutory requirements	**601,882**	**77.7%**
Working	329,397	42.5%
Age	350	<0.1%
Medically frail or disabled	142,662	18.4%
Parent of a child aged 13 or younger	16,653	2.2%
Pregnant, incarcerated, or former foster care	14,940	1.9%
Other qualifying activity	23,382	3.0%
Other Medicaid eligibility	74,498	9.6%
Requires assessment	**172,460**	**22.3%**
Total Population	**774,342**	**100.0%**



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Expectations for Impacted Recipients

Expectations for Impacted Recipients

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

- When individuals apply, the State must perform a "look-back" review to determine whether the Medicaid applicant met the Work and Community Engagement Requirement in a period between one and three months before their application
- When a current recipient is renewing their Medicaid coverage, the State must also verify that they continued to meet the Work and Community Engagement Requirement for at least one month within each six-month eligibility review period
- When possible, the State is required to use available data to verify compliance ex-parte
- 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

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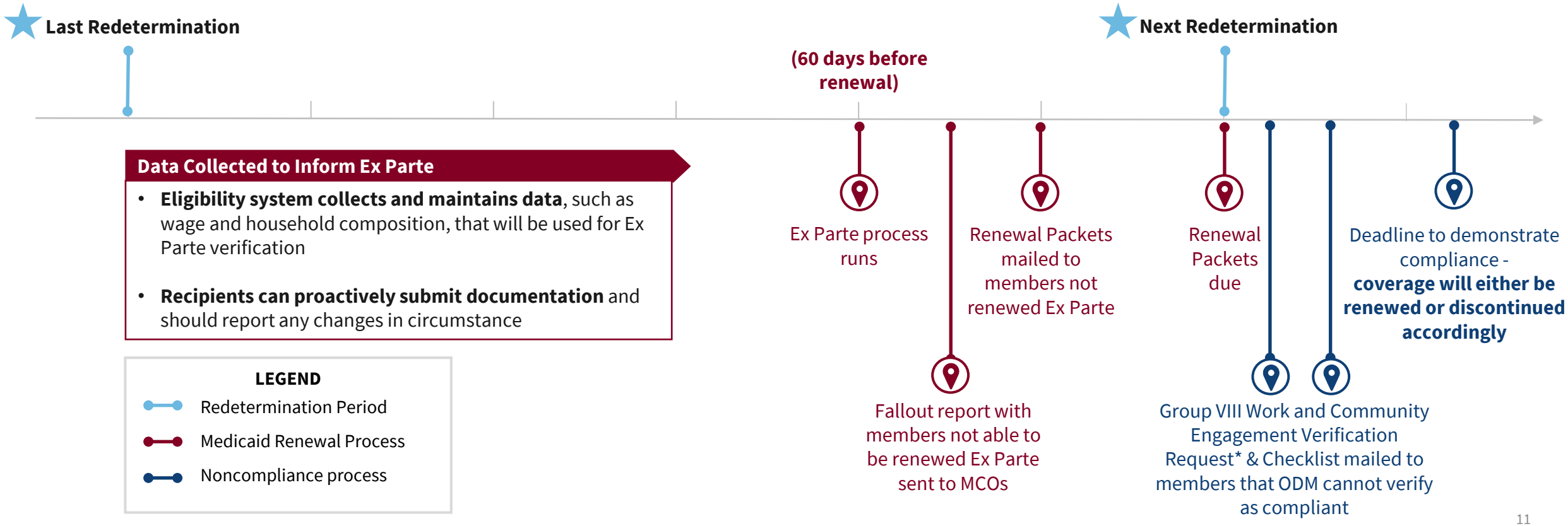
Renewal Process for Impacted Recipients

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

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

Application Process for Impacted Applicants

The Application Process will include two primary verification checkpoints:

Application review	Checklist reviews
As part of the initial application review, the eligibility system and caseworker will review information provided to identify exemptions or compliance with the requirement.	If compliance cannot be verified after the initial application, 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 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, then 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

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Verifications for Impacted Recipients

Impacted Group VIII Recipients may need to provide documentation that they meet exemption criteria or are completing qualifying activities. Potential examples of these documents are listed below, but CMS guidance will be required to confirm.

Example Verifications for Exemptions

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	• Disability Award Letter • Doctor's Statement • Birth Certificate • Custody Documents
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
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

These examples have been prepared by ODM, and we welcome any suggestions or recommendations you may have. Please let us know if there are other types of documentation you would propose for consideration.

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Outreach Requirements

Recipient Outreach Requirements

State Medicaid agencies are required to conduct member outreach through regular mail and one or more additional forms, such as by telephone, text message, website, and "other commonly available electronic means." Outreach is required to begin at least three months prior to implementation as well as at specified points afterward.

Required Information

How To Comply	Consequences of Noncompliance	How To Report
How to comply with the requirement, including an explanation of the exemptions and qualifying activities	Consequences of noncompliance with the Work and Community Engagement Requirement	How to report Qualifying Activities, Exemptions, or any change in the individual's status

Communications

Group VIII Pre Notice Letter	**Description:** A pre-notice letter to inform individuals that they are part of Group VIII and could be impacted by the upcoming changes. This letter will also prompt recipients to begin reporting documentation in their SSP. **Timing:** Late 2025/Early 2026
Formal Outreach	**Description:** A formal notice that provides all information required by HR1. This information will also be populated on a public ODM webpage. **Timing:** At least three months prior to implementation
Verification Request (only in cases where compliance cannot be verified)	**Description:** A notice for noncompliant individuals providing 30 calendar days to provide documentation to verify they meet an exemption or qualifying activities to avoid being disenrolled or having their application denied. **Timing:** At application or redetermination when ODM is unable to verify that the individual is already meeting the requirement

ODM is also expanding outreach efforts beyond H.R.1 requirements, through providing communications to partner organizations, posting notices on the Ohio Benefits Self Service Portal, and additional outreach initiatives.

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Stakeholder Roles and Responsibilities

Stakeholder Organizations – Our Requests for You

1. Help us educate Group VIII and beyond by leveraging materials in our Partner Packet
2. Use our FAQ to respond to questions and refer recipients to their SSP or county offices if they want to verify their current enrollment status
3. Provide us with feedback on common questions that you're hearing, especially if we don't already have them covered in our FAQ
4. Keep an eye out for more information from ODM in the future

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Managed Cared Organizations (MCOs) – Our Requests for You

1. Help us educate Group VIII and beyond by leveraging materials in our Partner Packet
2. Use our FAQ to respond to questions and verify current enrollment category for your members
3. Provide us with feedback on common questions that you're hearing, especially if we don't already have them covered in our FAQ
4. Continue to receive fallout lists from ODM to support the efforts in gathering member information as part of the eligibility process
5. Keep an eye out for more information from ODM in the future

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Next Steps

ODM will continue to provide updates based on emerging CMS guidance. These updates will include further specificity on program design, processes, and requests for stakeholders.

Resources

- *News Update on Ohio Benefits found [here]*
- *Work and Community Engagement Webpage [Link to be added prior to posting]*
- *Partner Packet & FAQ Guide [Link to be added prior to posting]*

QUESTIONS?

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

Ohio Department of Medicaid

THANK YOU

medicaid.ohio.gov

APPENDIX

Exemptions and Qualifying Activities

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

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

- ❑ Individuals under the age 19 or over age 64
- ❑ Pregnant or entitled to postpartum medical assistance
- ❑ Caregivers to children 13 years of age and under, or disabled dependents
- ❑ Those with disabilities or serious medical conditions
- ❑ Individuals participating in a substance use disorder (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

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
- ❑ Completes at least 80 hours of community service in the month
- ❑ Participates in a recognized work program for no less than 80 hours 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

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