# Medicaid Work Requirements:
## A Guide for Advocates

Center on Budget and Policy Priorities

National Health Law Program

Families USA

Community Catalyst

January 29, 2026

# Work Requirements: Work Ahead

*Goals:*

1) **Document Harm**

2) **Reduce Harm**

Keep in Mind:

1) **Don't normalize work requirements** even as you work to mitigate harm.

2) **Maintain open channels of communication with federal policymakers** to ensure they understand the harm caused by work requirements and to lay the groundwork for eventual repeal.

3) **Everyone has a role to play**. Identify where your organization is best positioned to contribute and how you can leverage relationships with your partners.

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# Today's Agenda:

- **Welcome**

- **Level Setting**

- **Mitigation Strategies**

  - Public Drum Beat

  - Administrative and Legislative Advocacy

  - Tracking and Monitoring

  - Community Education and Outreach

- **Harm Documentation**

- **State Perspective: Georgia Budget and Policy Institute**

- **Questions**

**Resource:** <u>Strategies for State Advocates to Mitigate the Harm from Work Requirements</u> | CBPP

# Medicaid Work Requirement Baseline

David Machledt, Director of Delivery Systems Practice Area
Machledt@healthlaw.org

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# What is the expected impact of work requirements?

CBS projected **5.3 Million** increase in uninsured population

Projected Medicaid funding cut: **$325 Billion (Federal only)**

Projected reduction in **Medicaid expansion enrollment**: **30%**

By far the harshest work requirement to date

- Largest age range (19-64)
- Must comply prior to enrollment, with up to 3-month lookback
- Not eligible for Marketplace tax credits

# Who is in the adult Medicaid expansion?

Adults, 19-64, with incomes under 138% FPL (about $22,000/yr for one person, or $45,000 for a family of four).

This category includes over 20M people, including millions of:

- **Parents and caregivers** with incomes above the very low thresholds for those categories
- **People with disabilities** not eligible through disability-specific categories
- **Students**
- **Low-wage workers**, including many paid caregivers

# Medicaid Expansion: Health status

- **Roughly 1 in 4 Medicaid expansion adults have disabilities** – especially mental and behavioral health conditions – and likely even more have serious or complex medical conditions
  - 1 in 5 enrollees under 65 who use institutional long term care;
  - 1 in every 10 enrollees under 65 who use Medicaid Home and Community-Based Services (HCBS)

- By one state's survey, nearly 70% of Medicaid expansion adults reported at least one chronic condition. Over 30% of respondents had a newly diagnosis in the months after enrollment.

- Even after exempting people reporting disabilities, the remaining adults who are not working regularly have relatively poorer health status

# Millions of Caregivers in Medicaid expansion

- Family members caring for disabled youth or aging parents

- Parents whose income exceeds the often extremely low threshold for Medicaid Parent and Caretakers category

- A third of paid home care workers for people with disabilities

See: NHeLP, The Faces of Medicaid Expansion

# What We Learned from SNAP and TANF WR

- Massive loss of eligibility for benefits across programs

- No significant change in employment

- Increasing economic hardship
  - In Michigan, increasing sanctions reduced employment rates
  - Higher levels of "deep poverty"

- Carve-outs for disability and other exemptions fail
  - Coverage losses hit people with disabilities especially hard

# Why communications matter right now

- As work requirements roll out under the One Big Beautiful Bill Act, implementation itself becomes the story. Use this time to build a public pressure campaign

- Anchor communications to the implementation timeline

- Prioritize community-facing information, then lay on criticism of OBBBA and related health care policies

- Use multiple channels and leverage the expertise and connections you already have

- Use this winter to firm up communications capacity

- Follow along with the **Medicaid Work Requirements Mitigation: Campaign Timeline**

# Stay up-to-date with the Implementation Timeline

**States Are Required To Implement Work Requirements by January 2027**
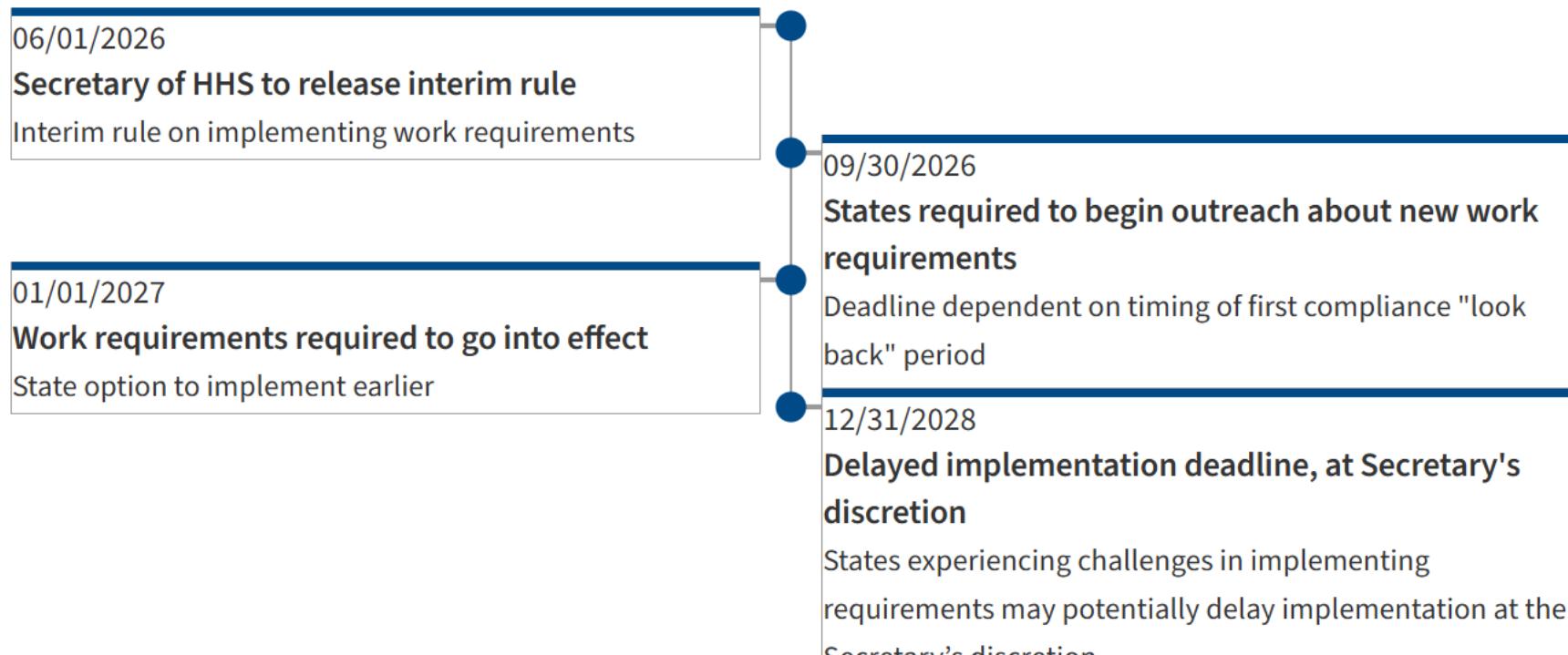
**06/01/2026**
**Secretary of HHS to release interim rule**
Interim rule on implementing work requirements

**01/01/2027**
**Work requirements required to go into effect**
State option to implement earlier

**09/30/2026**
**States required to begin outreach about new work requirements**
Deadline dependent on timing of first compliance "look back" period

**12/31/2028**
**Delayed implementation deadline, at Secretary's discretion**
States experiencing challenges in implementing requirements may potentially delay implementation at the Secretary's discretion

**KFF**

**Implementation: Jan 1, 2027**

**Option 1:** Applicants must demonstrate 1 month of community engagement

- Sept 2026
- Oct 2026
- Nov 2026
- Dec 2026

Beneficiary outreach begins

Applicant must demonstrate community engagement
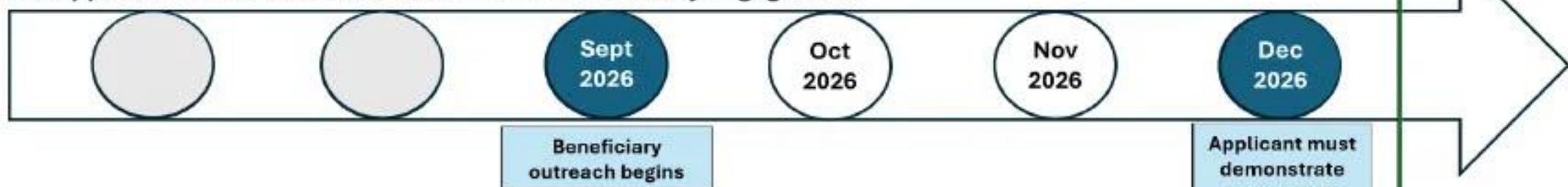
**Option 2:** Applicants must demonstrate 2 consecutive months of community engagement

- Aug 2026
- Sept 2026
- Oct 2026
- Nov 2026
- Dec 2026

Beneficiary outreach begins

Applicant must demonstrate community engagement
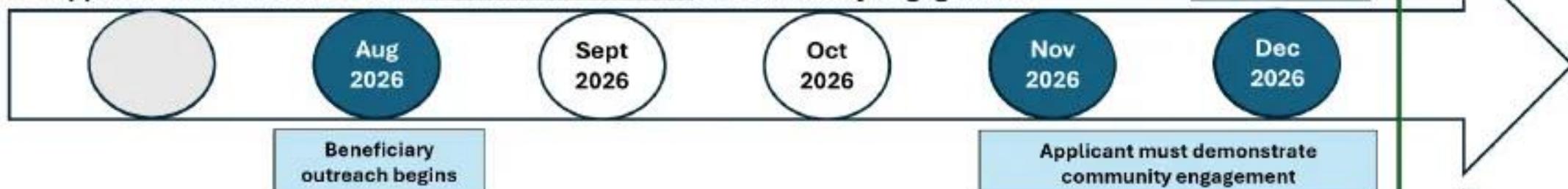
**Option 3:** Applicants must demonstrate 3 consecutive months of community engagement

- Jul 2026
- Aug 2026
- Sept 2026
- Oct 2026
- Nov 2026
- Dec 2026

Beneficiary outreach begins

Applicant must demonstrate community engagement

Source: Georgetown Center for Children and Families

# Administrative & Legislative Actions for Advocates

Kaylan Szafranski, Sr. Policy Analyst

Community Catalyst

# Key Asks for State Agencies and Administrations

**Data Transparency**

**Timelines**

**Staffing**

**State Mitigation and System Testing Transparency**

**Call Center Scripts**

**Enrollee Outreach and Informing Plans**

**Notices**

**Provider & Plan Engagement**

**Start with what you know...**

What is your area of expertise?

What will communities need?

Who else is doing this work and how are your efforts complementary (or not)?

What are the existing priorities and opportunities?

What challenges or issues are impacting the state and Medicaid agency?

# Different Levers Depending On Your State and Circumstances

| **Legislative** | **Administrative** |
|---|---|
| ✓ Compelling data transparency and regular public reporting<br>   ○ Eligibility and enrollment/disenrollment data<br>   ○ Processing times<br>   ○ Call center<br>   ○ Appeals and grievances<br><br>✓ Codifying guard rails and best practices<br>   ○ Ex parte<br>   ○ Self-reporting<br>   ○ Exemptions<br><br>✓ Transparent processes and public engagement<br><br>✓ Appropriations!! | ✓ Building on existing available data<br><br>✓ Outreach & informing<br>   ○ Timelines<br>   ○ Notice development<br>   ○ Role of MCOs<br>   ○ Call scripts<br>   ○ Provider education and resources<br>   ○ Translation<br><br>✓ Feedback loops<br>   ○ MAC/BACs<br>   ○ Ombuds reports/ updates<br>   ○ Case management |

# Legislative Advocacy: More than just bills (but also bills!)

## Connecting with Legislators

- Opportunity for new connections; position as a trusted source for information and education; Constituent stories and district data

## Harm Mitigation & Strengthening Systems

- Codify protections and best practices; Compelling transparency; Agency investments

## Building a Public Record

- Testimony and public hearings; Direct advocacy; Story dissemination; Raising the needs and will of the people; Highlighting issues for the media

## Accountability

- Addressing misinformation and harmful rhetoric; Holding elected officials responsible for their votes and actions; Combatting misinformation

**Additional considerations**

What is your big picture strategy and how does this align?

Who is the best messenger for a specific Legislator or Committee?

What is your unique perspective or area of expertise?

What other tactics will support your efforts? (i.e. inside/ outside game)

What cross-sector partnerships can help support your work, and how can you support theirs?

# Administrative Advocacy: Help me, help you!

**Notice and Script Development**

**Stakeholder Engagement and Testing**

**Outreach Planning**

**Feedback Structures and Follow-up**

**Data Transparency**

**Unique Expertise and Value Add**
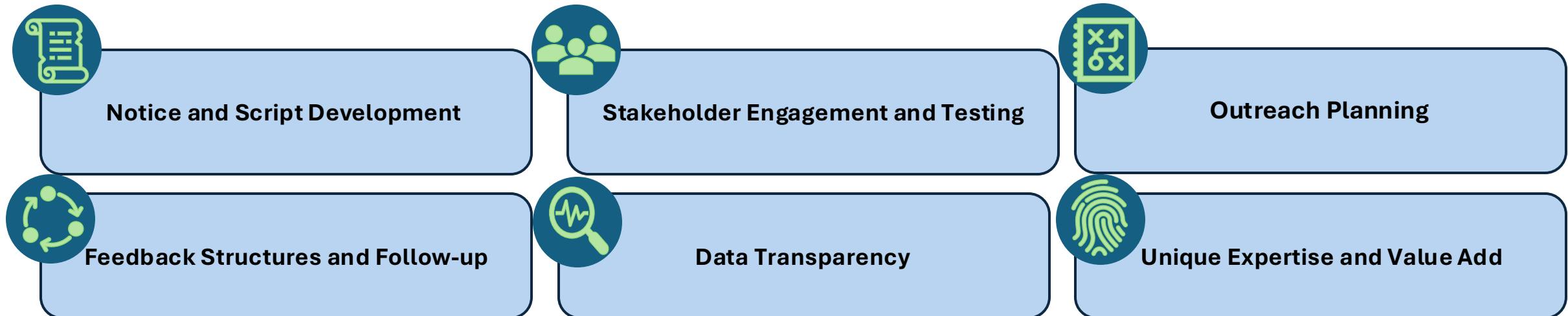
**Increased capacity; Aligned messaging; Expanded reach; Strengthened infrastructure; New/ renewed partnerships; Collaborative problem solving and sustainable solution development**

# A Quick Note on Notices

Just because states may "technically" comply with outreach and informing requirements...doesn't mean they are producing good notices.

And there are significant incentives for state agencies to prioritize comprehensive, easy-to-understand notices, including the recent victory in Florida thanks to the Florida Health Justice Project and the National Health Law Program.

# Tracking and Monitoring

## Current Administrative Data

- Indicators of growing backlogs in state administration
  - Application timeliness
  - Share of pending renewals
  - Call center wait times and abandonment rates
- Indicators of red tape
  - Applications denied, unable to verify WRR
  - Enrollment
  - Renewal outcomes
  - Share Renewed Ex Parte
    - Share Renewed Returned Form
    - Ineligible
    - Procedural Disenrollment

## Need Better Data

- Disaggregation by eligibility group, specifically expansion adults
- Disaggregation by reasons for other indicators:
  - Share expansion adults automatically renewed by type of compliance (e.g., work, school, community engagement or exempt)
    - Further disaggregation by race, ethnicity, geography, gender
- CMS has talked about performance data but released no specifics
- Advocate for your state to track and post data that is disaggregated for the expansion group

# Intel from the Field

- Host or join a feedback group that includes community health centers, hospitals, navigators, assistors (and ideally the state).
  - Meet regularly to gather intel on how WRR implementation is affecting real people
  - Identify areas of concerns and explore potential remedies
  - Work with others to find a way to encourage willingness to share lived experiences

- Share intel with MACs/BACs, policymakers, state officials
- Advocate for rapid response from the state
- Work with media to highlight problems and stories from real people
- Provide feedback to national partners so we can help identify issues that may need federal oversight

# Key Points about Community Education and Outreach

- Semi-annual renewals, WRR, and mandatory cost-sharing don't impact everyone
  - On average, less than 1/3 of Medicaid enrollees are in the expansion group
- Broad-based outreach could confusion enrollees about whether the policies apply to them
- Better to target communications on those specific policies directly to the enrollees who are affected
- Reminding people to update their contact information and stay on top of mail from the agency should be a frequent message form states in multiple formats and communication modes.

**Health Care Defense: Work Reporting Requirements**

**Harm Mitigation Strategies: Community Education, Outreach, and Feedback Loops**

*January 29, 2026*

*Dedicated to creating a nation where the best health and
health care are equally accessible and affordable to all*

# Harm Mitigation Strategies: Community Education, Outreach, and Feedback Loops

## Along with the state, <u>who</u> should be involved in outreach efforts?

- **Community-based organizations, legal aid, and statewide health care coalitions**
- **Medicaid Managed Care Organizations (MCOs)**
  - Existing infrastructure for consistent member communication with a trusted messenger.
  - Identifying exemptions, supporting data analysis, leading outreach & communications.
- **Providers, including those like case workers, dentists, pharmacists** – anyone interfacing with patients and enrollees.
- **Community Health Centers (CHCs), Federally Qualified Health Centers (FQHCs), and safety net providers**
  - For providers, ensuring they are prepared to train staff and communicate with patients (in-person and with in-office materials, message blasts, on patient portals).
- **Resource from Unwinding: [Tips and Best Practices for Unwinding (2022)](), Georgetown CCF**
  - To be successful, we'll need to engage a wide range of stakeholders in planning, communications, implementation, and evaluation/monitoring. This resource reminds us of key considerations and strategies for a successful Unwinding that remain applicable for work reporting requirement harm mitigation in 2026.

Sources

## **Where** can advocates inform outreach plans & interface with decisionmakers?

- **Medicaid Advisory Committees (MACs)/Beneficiary Advisory Councils (BACs)**
  - Message-testing, feedback on outreach materials or campaign plans, submission portals/tech.
  - Discussions at the MACs/BACs can inform questions advocates can ask to a wider beneficiary audience in the state.
- **MCO contract language**
  - Spelling out how plans are expected to support outreach: who are target groups of members *and* how are MCOs communicating with them?
  - Advocates can raise the question of contract amendments at MAC/BAC meetings.
- **Regular check-ins with Department staff & administrative advocacy opportunities**
- **Legislative hearings or Department budget updates/hearings**
- **Through storytelling efforts led by organizations, coalition(s), or reporters/the media**
- **Create your own opportunities**
  - Press conferences, media moments, timely hooks, social media or digital spaces.
  - When Department communications materials are released; when notices are being sent to consumers; when back to school season comes around; etc.
  - See Campaign Timeline document for timing considerations.

Sources

FAMILIESUSA

# Harm Mitigation Strategies: Community Education, Outreach, and Feedback Loops

## What else should you consider right now?

- **Language access**
  - Engage with your Department and push them to create a plan with effective messaging to all residents, including those with limited English proficiency, regarding vital document translation and any messaging campaigns.
  - Utilize examples from the Unwinding—especially poor examples where you can point to confusion or detrimental outcomes—and offer better solutions or coordination (CBO contracting, review from impacted communities, focus group testing).
- **Message consistency (across organizations and Department)**
  - Be aware that multiple messages could cause consumer confusion; if your Department is using effective messages and communicating well, aligning to their message will increase consumer awareness.
  - Note if/how the Department is utilizing both broad-based and more targeted outreach, and ensure messages to parents or caregivers are strong & accurate.
- **Creating feedback loops**
  - Your organizations & on-the-ground partners, providers, etc. → Department
  - It is important that both statewide health care coalitions and the state are working to *understand the full continuum of Medicaid churn* – and catching people if they lose coverage; documenting the reasons behind coverage loss; and/or supporting re-enrollment when they churn off & noting what enrollment documentation may be too restrictive.

Sources

# [Click Here to View Campaign Timeline](#)

**Medicaid Work Requirements Mitigation:**

## Campaign Timeline

Timeline of activities in 2026, ahead of the January 1, 2027 implementation date

*Updated January 2026*

| Key Activities | Advocacy Opportunities & Actions |
|---|---|
| **JANUARY TO JUNE 2026** | |
| Public drumbeat on harm | • Build public pressure on the state to do the best possible job of protecting people from the harms of work requirements. Consider using "Protect Our People" or something similar as a messaging frame that emphasizes the need for leaders to take actions now to protect people and not just wait on further CMS guidance. Make sure your messaging is coordinated with partners and test the effectiveness of different messages with your audiences.<br>• Build campaign infrastructure that allows advocates, partners and stakeholders to amplify the public message and surface real-time harms as they occur to the public and to state and federal policymakers.<br>• Even as we work to improve implementation decisions to mitigate harm, consistently lift messages that these are bad policies that will harm people. |
| Education and outreach to partners and the public | • Educate your partners early about Medicaid work requirements, including who will be affected and when. Use coalition meetings or direct conversations to engage your partners in conducting outreach to their constituents/clients about the upcoming requirement and in participating in advocacy to mitigate harm. (i.e. providers, patient groups, coalition partners, etc.)<br>• Develop and disseminate consistent, early, and ongoing public-facing information, including:<br>  ○ Work with partners across sectors, state Medicaid agencies, and key players to ensure consistent communication and avoid confusion. |

| | JULY TO DECEMBER 2026 |
|---|---|
| Build public pressure | • When your state issues public notices prior to implementing the work requirement, use that moment to lift public awareness messages and make connections to harmful policies from HR 1. States must send out notices three months, plus the number of months they elect for the application lookback period, prior to implementation. This means states implementing in January 2027 must send out notices between June 30, 2026 and August 31, 2026.<br>• Track public awareness about work requirements. Experiences in other states have shown low awareness prior to launching work requirements, which can put pressure on the agency.<br>• Use experience from early adopter states (e.g. GA, NE) to show the harms of the policy and pressure your Medicaid agency to make the best implementation choices.<br><br>*Another policy development to note: Marketplace enrollment numbers are expected to come out in July. They will likely show lower enrollment, which is another argument for the need to extend coverage without restrictions like work requirements. |
| Documenting harm using monitoring and oversight | • Work with partners and coalitions to develop your own systems for monitoring and tracking implementation issues, outreach, and eventual outcomes from new Medicaid requirements (including both quantitative and qualitative (e.g., stories) data)<br>• Continue to connect with partners, communities, and providers regarding their on-the-ground experiences, and identify opportunities for additional policy changes to mitigate harms, alleviate burden, protect and/or increase access, etc. |

Center on Budget and Policy Priorities

# Questions and Conversation

# Resources

## Work Requirement Advocacy:

Medicaid Work Requirements Mitigation: Campaign Timeline | Community Catalyst & CBPP

Work Requirements: A Policy Guide for State Advocates | Community Catalyst

Strategies for State Advocates to Mitigate the Harm from Work Requirements | CBPP

Engaging Medicaid Members and Community-Based Organizations in Medicaid Work Requirements Implementation | CHCS

Medicaid Managed Care: Top Issues for Advocates in 2026 | Families USA

How to Prepare for Work Requirements | NHeLP

## Work Requirement Implementation & Harm Mitigation:

A Guide to Reducing Coverage Losses Through Effective Implementation of Medicaid's New Work Requirement | CBPP

Key Implementation Questions for State Agencies | CBPP

Medicaid Work Requirements: Mitigating Harm Through Implementation | NHeLP

Recommendations for Mitigating Harms to People with Disabilities, Older Adults, and Caregivers from Medicaid Work Requirements | NHeLP

Medicaid Work Requirements and Due Process Q&A Series: Notices | NHeLP

A Technical Guide for States to Reduce Procedural Terminations from Medicaid's Work Reporting Requirements | NHeLP

Got Your (Work) Number: The Intersection of Medicaid Eligibility Data Sources and Work Requirements | NHeLP

Leveraging Managed Care Plans to Support Implementation of Medicaid Work Reporting Requirements | SHVS + Manatt Health