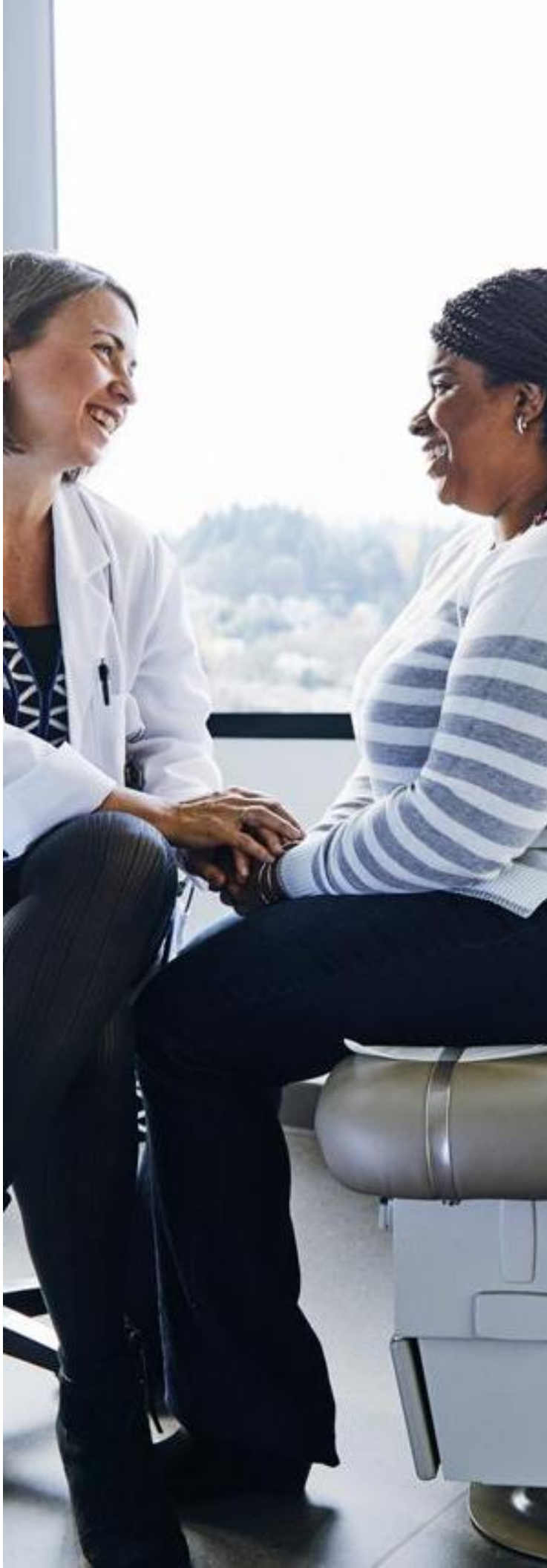
FUTURES WITHOUT VIOLENCE

Survivor Health Access Project

Protecting Survivors' Access to Healthcare Under H.R.1

State Strategies & Recommendations



August 2026

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Overview

H.R. 1, also known as the One Big Beautiful Bill Act (OBBBA), became law on July 4, 2025. This law makes sweeping changes to Medicaid for adults covered under the Affordable Care Act (ACA) Medicaid expansion. For the first time, Medicaid eligibility is linked to mandatory work and community engagement requirements.

Starting no later than January 1, 2027, **Medicaid expansion adults** will be required to complete 80 hours of **work and community engagement activities** each month, unless they are excluded or exempted, in order to apply for and maintain Medicaid health coverage. States must verify compliance with these requirements at the time of application and at least once every six months thereafter. While states may choose to implement the requirements before January 1, 2027, they may also request an extension that would delay implementation until as late as December 31, 2028.

This paper provides an overview of the work and community engagement requirements set forth in H.R. 1 as well as the implementation guidance in the interim final rule (IFR) that was published by the Centers for Medicare & Medicaid Services (CMS) on June 1, 2026.[1] The paper also suggests ways that domestic violence (DV) and sexual assault (SA) advocates and programs can help survivors maintain and keep their Medicaid health insurance.

Acknowledgements

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Work and Community Engagement Activities

Under H.R. 1, Medicaid expansion adults must complete 80 hours of work and community engagement activities each month unless excluded or exempted. Individuals meet the 80-hour requirement by:

- Working at least 80 hours,
- Completing at least 80 hours of community service,
- Participating in work programs for at least 80 hours,
- Attending an educational program at least part-time, or
- Engaging in a combination of the above activities for at least 80 hours a month.

Work and community engagement requirements can also be met by:

- Having an income of at least $580 a month,[2] or
- Being a seasonal worker and making an average monthly income of at least $580 a month over a 6-month period.[3]
- For individuals who do not meet the monthly income requirement, their income can be converted to hours and combined with the activities listed above.

What is a Medicaid Expansion Adult?

H.R. 1 and the IFR apply to **Medicaid expansion adults**. Medicaid expansion adults are low-income individuals aged 19 to 64 who live in states that expanded Medicaid to encompass individuals with incomes below 138% of the Federal Poverty Level (FPL). For a single person, that amounts to about $22,025.

Under the ACA, forty states along with the District of Columbia chose to become Medicaid expansion states.[1] Two states, Georgia and Wisconsin, are partial expansion states. Eight states are non-expansion states. These eight states are Alabama, Florida, Kansas, Mississippi, South Carolina, Tennessee, Texas, and Wyoming.

In general, the work and community engagement requirements do not apply to the eight non-expansion states. However, they do apply to Georgia and Wisconsin, the District of Columbia, and the other forty Medicaid expansion states. The number of adults who will be impacted by the work and community engagement requirements is quite extraordinary -- more than 20 million people across the country.

Definitions of Work, Community Service, Work Programs, & Education Programs

The IFR provides information on what constitutes each of the work and community engagement activities.

Work

- Traditional paid employment, self-employment, in-kind work, and unpaid work.
- Unpaid work is different from community service because it can benefit a private entity or individual, such as internships or a trial period of work.
- Includes owning and running a business as well as independent contractors.

Community Service

- Unpaid work/volunteer service completed under a structured program that is run by a public agency or nonprofit organization – does not have to be 501(c)(3) entity.
- Must benefit or address a civic, public, or community need; cannot benefit one person or be partisan in nature.
- Does not have to be supervised, but the activities should be monitored and operated with sufficient oversight.
- Organizations must have a process in place to track the community service completed by individuals and include information such as the (1) type of community service activity, (2) dates and hours of the service, and (3) a point of contact that can confirm the hours completed.
- Court-ordered community service or diversion programs also count toward the required hours.

Work Programs

- Programs that help individuals get ready for work by providing training or work experience.
- Must be run or pre-approved by federal or state governments.
- May include supervised job search/training if the activity is less than half of the required 80-hours as well as job search activities conducted to comply with unemployment insurance requirements.

Education Programs

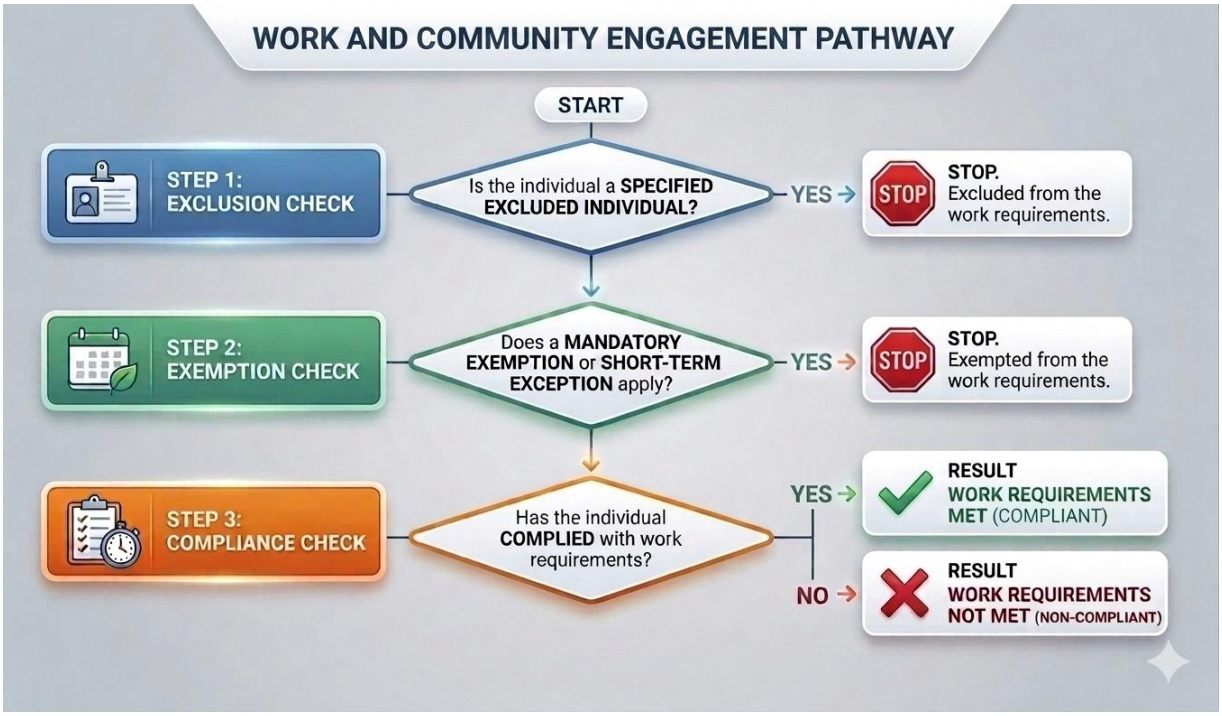
- Institutions of higher education.
- Career or technical education programs.
- High schools as well as state-approved high school equivalency programs.
- Clarifies that enrollment status continues through normal vacation and recess (e.g. summer and winter breaks).
- Defers to the institution whether a student is enrolled full-time, half-time, or less than half-time.
- Establishes a credit hour conversion standard for students enrolled in classes for less than half-time (e.g. 1 credit =3 hours).

Exclusions, Exemptions & Short-Term Hardship Exemptions

Not everyone who is part of the Medicaid expansion population (New Adult Group in CA) must meet the work and community engagement requirements. H.R. 1 and the IFR include information about who can be *excluded* from the work and community engagement requirements, who can be *exempted* from the requirements for a period of time, and who must comply with the requirements.

The exclusion and exemption language is particular and important and includes terms like **specified excluded individuals, applicable individuals, mandatory exemptions,** and **short-term hardship exemptions**. Understanding these terms is beneficial because the IFR instructs states on how they must determine if an individual is excluded, exempted, or must comply with the work and community engagement requirements, and the sequencing of these exclusions and exemptions.

Below is a diagram that shows the work and community engagement steps that states must take and an explanation of relevant terms.



Specified Excluded Individuals

Individuals in the Medicaid expansion adult population who are *completely excluded* from the work and community engagement requirements are called **specified excluded individuals**. States are instructed not to assess whether they meet the work and community engagement requirements because they do not apply to them. The IFR directs states to identify people who have specified excluded status first and completely

eliminate them from compliance review. (Note: A state's determination that a person is a specified excluded individual is based on the person's circumstances in the month of the application or renewal.)

Specified excluded individuals are:

- Parents, guardians, and caretaker relatives, or family caregivers of a child *age 13 and under* or of a *disabled individual*.[4]
- Individuals who are pregnant or receive postpartum medical coverage.
- Former foster youth (individuals under age 26 who were in foster care until they aged out, were enrolled in Medicaid while in foster care, and are not included in a mandatory eligibility group).
- Individuals who are compliant with TANF work reporting requirements.[5] (Note: The IFR clarifies that an individual qualifies for the TANF exclusion if they are compliant with their state's TANF requirements, with compliance defined by the state's own TANF program standards.)
- Members of a household receiving SNAP and not exempt from SNAP work requirements.[6] (Note: The IFR clarifies that states are not required to confirm that individuals are compliant with SNAP work requirements.)
- American Indians and Alaska Natives who are eligible for health services through the Indian Health Service.
- Veterans with a disability rating as total under 38 U.S.C. Section 1155.
- Inmates in a public institution.
- Individuals who are participating in a drug addiction or alcoholic treatment and rehabilitation program.[7]
- Individuals who are **medically frail and whose condition significantly impairs their ability to work.** Medical frailty consists of the five categories and/or conditions below.
    - Individuals who are blind or disabled,[8]
    - Individuals with a substance use disorder (SUD),[9]
    - Individuals with a disabling mental disorder,[10]
    - Individuals with a physical, intellectual, or developmental disability that significantly impairs their ability to perform one or more activities of daily living,[11] and
    - Individuals with a serious or complex medical condition.[12]

*Note: **The IFR narrows the definition of medically frail by adding the requirement that individuals in the five categories above must show that their medical condition significantly impairs their ability to engage in work activities.** It remains unclear how this will be determined.*

Applicable Individuals

People in the Medicaid expansion population who are not specified excluded individuals are considered **applicable individuals**. This term means that the 80-hour work and community engagement requirements apply to them. However, applicable individuals can qualify for **mandatory exemptions** or **short-term hardship exemptions** that deem them compliant with the work and community engagement requirements for a short period of time.

Mandatory Exemptions

Mandatory exemptions for applicable individuals include those who are:

- Under 19 years of age.
- Entitled to or enrolled in Medicare Part A/Medicare Part B.
- Part of mandatory Medicaid eligibility groups.
- Released from incarceration within 90 days.

Short-term Hardship Exemptions

H.R. 1 gives states **discretion** to provide four short-term hardship exemptions. The IFR clarifies that if a state elects to provide short-term hardship exemptions, it must offer all of them.

Short-term hardship exemptions include:

- Individuals who receive inpatient hospital services, nursing facility services, services in an intermediate care facility, inpatient psychiatric hospital services, or such other services of similar acuity.
- Individuals or their dependent who must travel outside of their community for an extended period of time to receive medical services necessary to treat a serious or complex medical condition.
    - The IFR requires the individual request these two exemptions.
- Individuals who reside in a county where a federally-declared emergency or national disaster exists.
- Individuals who reside in an area where the unemployment rate is high.

Compliance

As noted above, if individuals within the Medicaid expansion population are not specified excluded individuals or do not fall within the mandatory or short-term hardship

exemption categories, they must comply with the 80-hour work and community engagement requirements.

Verification Requirements, Compliance, & Non-Compliance

Verification Requirements

States are required to verify whether an individual meets the work and community engagement requirements. Both H.R. 1 and the IFR make clear that states must attempt to use existing data sources to verify exclusions/exemptions or compliance with the work and community engagement requirements. (Note: Existing data sources may include state and local agency data, federal data sources, eligibility system data, case records, payroll data, adjusted claims and encounter data, student enrollment information from colleges or other educational programs.)

When data are not available, the IFR outlines when states may or must receive documentation from individuals and when accepting self-attestation is acceptable. (Self-attestation is an individual's signed declaration submitted under penalty of perjury.) For example, in 2027, if data is not available, states can require documentation or accept individuals' self-attestations. In 2028 and beyond, when data is not available, states must require documentation from individuals if documentation is reasonably available. If documentation does not exist or is not reasonably available, states must accept other information to sufficiently verify eligibility and states may not terminate or deny coverage solely because individuals are not able to produce documentation.

The rules around medical frailty are a bit different. In 2027, states *may* accept self-attestation from an individual whenever reliable information is unavailable. (Note: States may also require documentation.) In 2028, states may accept self-attestation once per enrollment period.

Frequency of Compliance

Both H.R. 1 and the IFR discuss how often states must check to see if an individual has complied with the work and community engagement requirements.

New Application: States must look to see if individuals complied with the work and community engagement requirements for one to three consecutive months before the application month. (States choose the time period: 1 month, 2 months, or 3 consecutive months.)

Current Enrollees and Redeterminations: H.R. 1 requires that states conduct redeterminations at least every six months rather than twelve months. In the redetermination process, states must verify that current enrollees continue to meet the requirements for at least one month within each six-month eligibility review period.

(States can choose to look at more consecutive or non-consecutive months to verify compliance.)

Non-Compliance

If states cannot verify individuals' compliance with the work and community engagement requirements, they must send a **notice of non-compliance** (via mail and at least one other form of contact). Individuals have 30 days to resolve the issue. Medicaid coverage ends if individuals cannot prove they are excluded, exempted, or complied with the requirements. Importantly, individuals disenrolled due to noncompliance become ineligible for ACA subsidies, creating large gaps in insurance and increasing risk of untreated injury, trauma, and/or chronic conditions.

Helping Survivors Keep Their Healthcare

Even though the work and community engagement requirements are still months away, states are and have been working on their implementation plans. They also have been fine-tuning the notices that the Medicaid expansion population will receive to explain that they are subject to the new requirements. Depending on the state, survivors may start receiving these notices as early as the end of August or the beginning of September. However, some survivors may not see these notices until sometime in 2027.

We know that the work and community engagement requirements will likely create significant barriers for survivors of domestic violence and sexual assault who depend on Medicaid for their health and behavioral healthcare. All too often survivors face: (1) safety concerns that make it difficult to work, volunteer, go to school, or attend job training programs; (2) abusers who intentionally sabotage employment, child care, transportation, and/or paperwork to keep the victim/survivor financially dependent on them; (3) unstable housing that may lead to missed notices; (4) trauma, physical injury, behavioral health issues, or caregiving demands that can interrupt compliance; and, (5) inconsistent work schedules that complicate documentation and compliance, and informal or unpaid labor that may be difficult to document.

DV/SA advocates and programs can play a crucial role in helping survivors maintain their healthcare while adjusting to these changes. Indeed, there are steps that can be taken now as states develop their implementation plans and notices. There are also steps that can be taken after January 1, 2027, when the work and community engagement requirements take effect.

Recommendations for State-Level Advocacy

DV/SA programs can help survivors by urging their states to impose strong state-level protections to help survivors obtain and maintain their healthcare. Below are state-level advocacy recommendations as well as programmatic suggestions for consideration. It is important to note that some of these strategies may also have unintended consequences for certain survivors, so, as with all policies relative to survivors, they should be options but never requirements.

Recommendation #1: Urge your state to support definitions and interpretations of terms that are inclusive of survivors' experiences and needs.

- Adopt a definition of community service that includes participation in DV programs and common survivor activities (e.g., caregiving, safety-planning, mutual aid).
- Champion definitions of medically frail that reflect trauma, behavioral health, chronic conditions, and disability resulting from abuse.
- Ensure individuals in DV shelters, counseling, SUD treatment, or recovery programs qualify for applicable exclusions and/or exemptions.

Recommendation #2: Urge your state to reduce administrative barriers.

Short-term Hardship Exemptions

- Encourage the state to include short-term hardship exemptions in their implementation plans.

Implementation Timeline

- If the state appears unready or unprepared to meet the January 1, 2027, implementation deadline, urge the state to request an extension to minimize the number of people who lose coverage despite being eligible.

Process

- Implement a clear, simple, and streamlined process to apply for and maintain Medicaid.
- Maintain a highly trained and robust Medicaid customer service office to help Medicaid customers apply for and keep their health insurance and ensure they provide full accessibility assistance to meet the needs of all recipients.

- Make sure all materials and forms are clear, comprehensive, fully accessible, and translated into relevant languages.

Verification and Compliance

- Ensure that the state uses existing data sources first, avoiding unnecessary documentation from survivors.
- Ensure that the state allows self-attestation to verify compliance as permitted by the IFR.
- Ensure the state adopts the least onerous compliance timeline. This would mean:
    - New Applicants: The state looks at an individual's compliance with the requirements one month before the month of the application.
    - Current Enrollees and Redeterminations: The state limits redeterminations to once every six months with a one-month compliance check.

Recommendation #3: Urge your state to provide safe, confidential pathways to verification.

- Require accessible, digital submission systems.
- Ensure survivors without stable housing or mailing addresses can safely receive notices.
- Ensure all forms and systems protect survivor confidentiality, including safe mailing options and trauma-informed communication.

Recommendation #4: Urge your state to partner with survivor-serving organizations.

- Urge state agencies to formally consult DV/SA organizations during implementation.

Recommendations for DV/SA Programs in 2026

Some DV/SA programs may choose to directly help survivors they serve with their healthcare. Below are suggestions on how programs can assist their clients now, before the implementation of the requirements on January 1, 2027.

Recommendation #1: Know the basics.

Get a sense of the basic rules in your state about work and community engagement requirements and what counts as work, community service, work programs, and educational programs. It's also important to know who is affected (e.g., adults ages 18–64) and who is exempt (e.g., many parents; people with disabilities). Remember, you don't need to be an expert. You just need a working knowledge of the requirements.

Recommendation #2: Educate your clients.

Educate survivors about the changes coming to Medicaid health insurance and the need to watch for and respond to notifications from the state Medicaid agency. Encourage clients to seek medications and medical assistance now and this fall.

Recommendation #3: Find a policy expert.

You don't need to be an expert—but you should know who can help your clients navigate the changing health insurance landscape. This could be someone at a community health center or hospital; local health care advocates or legal aid programs may also fill this role. Build this relationship now so you have somewhere to turn to when policy questions come up.

Recommendation #4: Find an enrollment expert.

Your clients will likely have questions about work and community engagement requirements, and you'll need to know who to ask. Building a relationship with a local enrollment assister or navigator can provide enrollment support and make it easier for clients to maintain their Medicaid health insurance.

Recommendation #5: Talk about safety and confidentiality.

Prepare to talk to your clients about the safety and confidentiality of providing information to Medicaid. For example, Medicaid will be relying on a lot of data matching, including joint tax filing, address matching, etc. Survivors need to know who is accessing their information and any potential risks.

Recommendations for Programmatic Assistance After January 2027

Below are suggestions on how programs can help their clients after the implementation of work and community engagement requirements takes effect in January 2027.

Recommendation #1: Partner with employers, work programs, and service programs.

Are there employers, work programs, and/or volunteer programs that you can work with in your community to help survivors find jobs, training programs, and/or service opportunities so that they can keep their Medicaid healthcare?

Recommendation #2: Provide volunteer opportunities.

Are there volunteer opportunities within your program to support survivors who need Medicaid healthcare?

Recommendation #3: Help with documentation.

Are there ways that you could assist survivors with documentation to verify their compliance with work and community engagement requirements if they engage in unpaid work or volunteer service while in shelter?

Recommendation #4: Document the trends.

Much is still unknown about how work and community engagement requirements will play out in practice. Prepare to be a "trend spotter" by paying close attention to what your clients are experiencing—and let us know what you find.

For more information about Futures Without Violence and our work, see: https://futureswithoutviolence.org. To share feedback related to this paper, contact Karen A. Herrling, Senior Policy Advisor, at kherrling@futureswithoutviolence.org

Endnotes

[1] The Centers for Medicare & Medicaid Services (CMS) issued an interim final rule on work reporting requirements on June 1, 2026. https://www.federalregister.gov/documents/2026/06/03/2026-11094/medicaid-program-community-engagement-requirement-for-certain-individuals

[2] The $580 amount is equal to 80 hours of work at the federal minimum wage.

[3] H.R. 1 notes that seasonal worker is defined under 26 U.S.C. 45R(d)(5)(B), with an average monthly income over the preceding 6 months that is not less than the federal minimum wage multiplied by 80 hours, would also meet the monthly "community engagement requirements." 1 Pub. L. No. 119-21, Section 71119(a)(2)(G), 139 Stat. 72 (2025).

[4] HR 1 incorporates the definition of *family caretaker* from section 2 of the RAISE Family Caregivers Act. See https://www.congress.gov/bill/115th-congress/house-bill/3759/text. In addition, the IFR provides more guidance.

Parent: An individual with the legal status of a mother or father under applicable state law who provides some level of care to the dependent child or disabled individual. Living with the person is not required.

Guardian: An adult appointed by a court to care for and make personal decisions on behalf of an individual who cannot care for themselves.

Caretaker relative: A parent or other relative living with a dependent child, who assumes primary responsibility for the dependent child's care.

Family caregiver: 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 disabled individual. (The family caregiver can be a co-residing caregiver, a related and non-residing caregiver, or an unrelated and non-residing caregiver. Each of these caregiver categories have requirements.)

Dependent child: A child 13 years old or younger who relies on another individual for care.

Disabled individual: An individual meeting the ADA definition of "disabled" at 28 C.F.R. Section 35.108. Also, clarifies that multiple individuals in a household may qualify for the exclusion.

[5] It is not clear yet if individuals who have the Family Violence Option (FVO) for TANF will be deemed compliant with the Medicaid community engagement requirements. The IFR does not promulgate a uniform definition of compliance. It would appear that compliance depends on state requirements.

[6] It appears that the exclusion only requires that the person is living in a SNAP household and not exempt from SNAP work requirements. For more information on this topic, Wagner, J., Bolen, E., Huguelet, A., Rosenbaum, D., *Coordinating Medicaid and SNAP Work Requirements to Streamline Determinations,* Center on Budget and Policy Priorities, April 14, 2026, retrieved from: https://www.cbpp.org/research/health/coordinating-medicaid-and-snap-work-requirements-to-streamline-determinations

[7] According to HR 1 *drug addiction or alcoholic treatment and rehabilitation program* has the same definition as section 3(h) of the Food and Nutrition Act of 2008. See https://www.govinfo.gov/content/pkg/COMPS-10331/pdf/COMPS-10331.pdf. According to the IFR, states may establish minimum time commitments for participation, consistent with appropriate clinical guidelines. It also acknowledges the significant overlap with with the exclusion for individuals who have a substance use disorder (SUD).

[8] IFR provides some guidance. For instance, the IFR defines blind as visual acuity of 20/200 or less in the better eye with correction. Disabled follows Social Security criteria, which includes a requirement that the individual cannot participate in a "substantial gainful employment."

[9] Includes individuals with SUD, including those in recovery from SUD, except people with at least 5 years of stable recovery.

[10] For "disabling mental disorder," the IFR notes that states are directed to consider whether the disabling mental disorder "significantly impairs an individual's ability to comply with the community engagement requirement."

[11] The IFR directs states to consider the effect of the physical, intellectual, or developmental disability on an individual's ability to comply with the community engagement requirement. The IFR explicitly excludes Instrumental Activities of Daily Living (IADLS) in the preamble.

[12] A serious or complex medical condition is defined in the IFR as "A medical condition that is life threatening, seriously disabling without necessarily being life threatening, causing significant pain or

discomfort that can cause serious interruptions to life activities, requiring a major time or effort commitment from caregivers for a substantial period of time, requiring frequent monitoring, associated with severe consequences or negative consequences for someone else, affecting multiple organ systems, requiring management to tight physiological parameters, requiring coordination of multiple specialties, requiring treatment that carries a risk of serious complications, or requiring adjustment in non-medical environments. The rule links to the 1999 Institute of Medicine report (at 19): https://www.nationalacademies.org/read/9695/chapter/1.