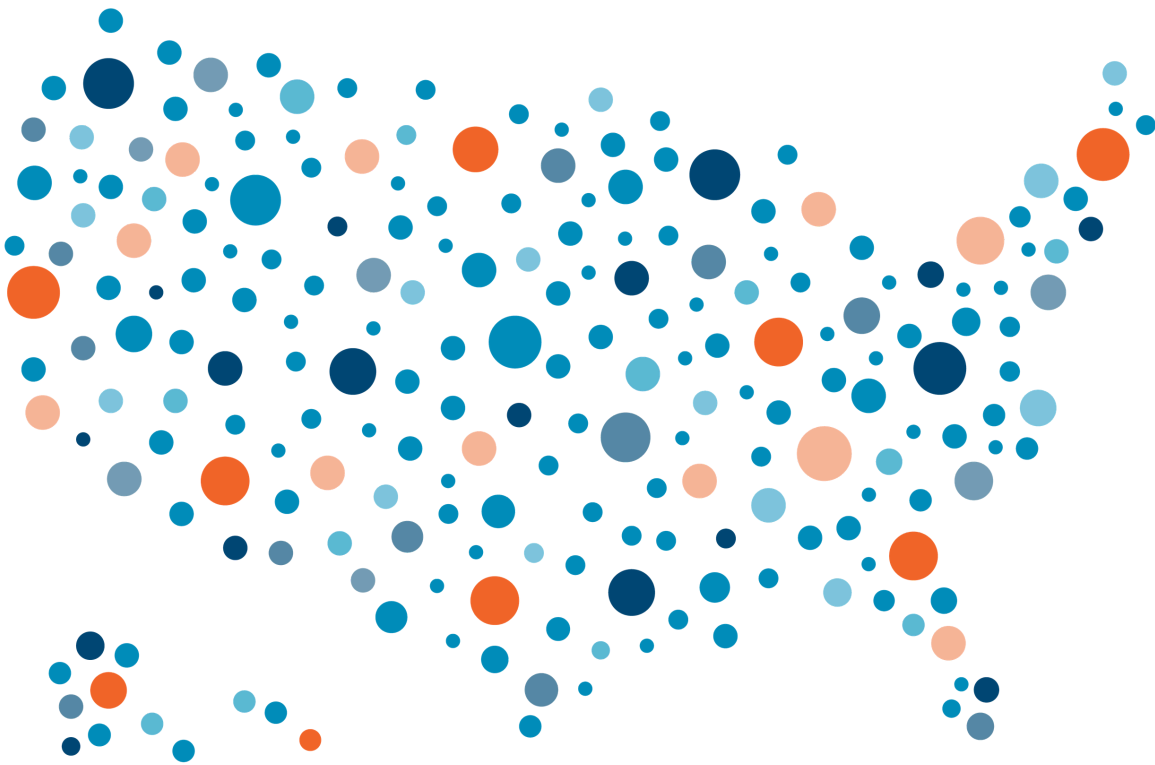




Access is Non-Negotiable: CMS IFR at a Glance

Quick Reference Guide to CMS-2454-IFC,
Medicaid Community Engagement
Requirements



JUNE 2026

SUBJECT TO CHANGE

WHO THIS RULE APPLIES TO

2

coverage types

The rule only applies to certain adults on Medicaid. It calls them **“applicable individuals.”** To be an applicable individual, a person must first be enrolled in or eligible for one of two types of Medicaid coverage:

Coverage Type	What It Covers
Standard Medicaid Expansion (§435.119)	Available in states that chose to expand Medicaid under the ACA, generally covering adults earning up to 138% of the federal poverty level (about \$22,000 a year for a single person in 2026)
Federally Approved Special Medicaid Program (§1115 Demonstration)	Available in states running CMS-approved programs that provide minimum essential coverage. This is how states like Georgia and Wisconsin, which have not adopted full Medicaid expansion, still have populations the requirement reaches

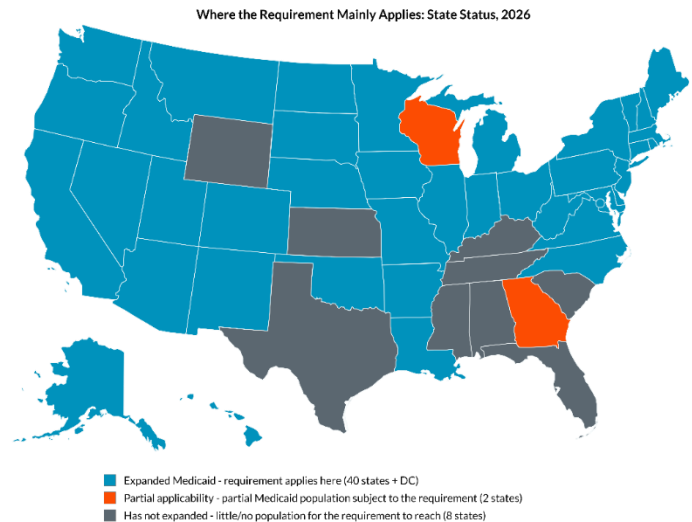
In addition, the person must meet **ALL FOUR** of the following criteria:

Criteria	Requirement
Age	Between 19 and 64 years old
Pregnancy	NOT currently pregnant
Medicare	NOT enrolled in or eligible for Medicare Parts A or B (a separate federal health program for people 65 and older and people with certain disabilities — not the same as Medicaid)
Other Medicaid eligibility	NOT already eligible for Medicaid through another pathway, and NOT a specified excluded individual

42 + DC

states where the requirement will mainly apply

The requirement attaches to specific Medicaid populations, not all Medicaid enrollees. Every state must comply, but as of 2026 the requirement will mainly reach the **40 states and the District of Columbia** that expanded Medicaid, plus **Georgia and Wisconsin** through their Section 1115 programs. In the remaining eight non-expansion states — Alabama, Florida, Kansas, Mississippi, South Carolina, Tennessee, Texas, and Wyoming — there is no applicable population for the requirement to reach.



KEY IMPLEMENTATION DATES

July 31, 2026	Rule takes effect.
Jan 1, 2027	Requirement applies to Medicaid coverage. States must condition eligibility on community engagement (unless granted a good faith delay). States may implement earlier via State Plan Amendment or Section 1115 demonstration. For people already enrolled: compliance first checked at their first renewal on or after this date.
Jan 1, 2028	Documentation rules tighten. Self-attestation for medical frailty limited to once per period of enrollment.
Dec 31, 2028	Hard deadline: All good faith exemptions expire. No extension is possible past this date.
Oct 1, 2034	Several related procedural rules sunset. CMS would issue new rules to replace them.

THE THREE STATUSES

3

Everything in this rule flows from understanding these three categories. Every eligibility check ends with one of these three outcomes.

possible outcomes for every eligibility check.

COMPLIANT

The person completed a qualifying activity. They worked, volunteered, attended school, or earned enough income to meet the 80-hour threshold for the required month. They did the hours.

DEEMED COMPLIANT

The person is treated as if they met the requirement — even though they did not complete the activities. There are two ways this happens:

- **Mandatory exception:** The person was under 19, on Medicare, in a standard Medicaid coverage group, or incarcerated during the relevant period. The state must automatically count the requirement as met.
- **Short-term hardship exception (if state offers it):** The person was hospitalized, in a disaster area, in a high-unemployment county, or traveling for medical care.

In both cases, the person gets credit for the month without having done anything.

EXEMPT

The requirement does not apply to the person at all. They are a specified excluded individual — a caregiver, a medically frail person, a former foster youth, a pregnant person, a Native American, a disabled veteran, and others. There is nothing to prove, no hours to count, and no exception needed. The requirement simply does not reach them.

Status	What It Means	Do They Have to Do the Hours?
Compliant	They completed qualifying activities	Yes, and they did
Deemed compliant	They get credit without doing the hours	No — mandatory exception or hardship applies
Exempt	The requirement does not apply to them at all	No — they are outside the scope entirely

THE 7 QUALIFYING ACTIVITIES

80

To be compliant, a person must show at least 80 hours of one — or a qualifying combination — of the following for the required month. hours per month minimum

#	Activity	What Counts
1	Work	Paid in money; paid in goods or services (in-kind work); or unpaid work that is not community service. Self-employment and gig work count. Medicaid-covered employment services do not count.
2	Community service	Unpaid work done voluntarily (or by court order) for the direct benefit of the community through a public or nonprofit organization. Host org must track hours, provide oversight, have a point of contact, and the activity cannot serve a partisan purpose.
3	Work program	A WIOA Title I program; Trade Act § 236 program; Governor-approved state employment and training program (including SNAP E&T); DOL or VA veterans employment program; or SNAP workforce partnership.
4	Education	At least half-time enrollment in a college or university; career/technical education program; high school; or state-approved high school equivalency program. Enrollment status is determined by the school, not the state.
5	Combination	Any mix of activities 1-4 totaling 80+ hours. Education hours can only be combined if enrolled less than half-time. Each activity counted separately by actual hours.
6	Monthly income	Monthly income at least equal to the federal minimum wage multiplied by 80 hours. Measured using MAGI-based household income.
7	Seasonal worker income	Average monthly income over the past 6 months at least equal to federal minimum wage multiplied by 80 hours. Measured using MAGI-based household income.

Credit hour conversion for less-than-half-time enrollment:

Step 1: Each credit hour × 3 = weekly education hours

Step 2: Weekly hours × 4.33 = monthly hours

THE 10 SPECIFIED EXCLUDED INDIVIDUAL CATEGORIES

10

categories of people the requirement does not reach.

A person who falls into any one of these categories is fully exempt from the requirement. Meeting any one is enough.

#	Category	Key Detail
1	Former foster youth	Qualifies regardless of whether they turned 18 on or after January 1, 2023
2	American Indians and Alaska Natives	Must meet the definition of Indian under federal Medicaid rules
3	Parents, guardians, caretaker relatives, and family caregivers	Of a dependent child (age 13 or under) or a disabled individual. Multiple caregivers in the same home can each qualify separately.
4	Veterans with a total disability	Temporary or permanent disability rated 100% by the Department of Veterans Affairs
5	Medically frail or having special medical needs	Two-part test applies. See below.
6	TANF compliant individuals	Already meeting work or participation requirements under the state's TANF program
7	SNAP household members not exempt from SNAP work requirements	In a household receiving SNAP benefits and not exempt from the SNAP work requirement
8	Drug or alcohol treatment program participants	Participating in a qualifying program. States may set a minimum time commitment consistent with clinical guidelines.
9	Inmates of a public institution	As defined under Medicaid rules
10	Pregnant or postpartum individuals	Pregnant, or entitled to postpartum Medicaid coverage

THE MEDICALLY FRAIL TWO-PART TEST

Both conditions must be true at the same time. Condition 2 alone is not enough — the condition must also actually and significantly impair the person's ability to meet the 80-hour requirement.

Condition 1

The person's physical, mental, or behavioral health condition significantly impairs their ability to meet the 80-hour community engagement requirement.

AND

Condition 2: The person falls into at least one of these groups	What It Means
Blind or disabled	Meets the definition of blind or disabled under the Social Security Act
Substance use disorder	Has a substance use disorder — not including someone in stable recovery for 5 or more years
Disabling mental disorder	Has a mental disorder that is disabling
Physical, intellectual, or developmental disability	Significantly limits ability to perform one or more basic daily activities such as bathing, dressing, or eating
Serious or complex medical condition	<p>A condition that is at least one of the following:</p> <ul style="list-style-type: none"> • Life threatening • Seriously disabling even if not immediately life threatening • Causes significant pain or discomfort that seriously interrupts daily life • Requires major time or effort from caregivers for a substantial period • Requires frequent monitoring • Affects multiple organ systems • Requires coordination of multiple specialties • Requires treatment carrying risk of serious complications

State list requirement: Each state must maintain a written list of qualifying conditions. The list must be auditable and updated regularly.

If a person's condition is not on the list, the state must have a process for that person to request consideration.

THE 4 SHORT-TERM HARDSHIP EXCEPTIONS

2 + 2

automatic · request required

Optional for states. Does not apply to specified excluded individuals. Experiencing any of these for all or part of a month counts as meeting the requirement for that month.

Hardship	Trigger	Applied How	Request?
Federally declared emergency or disaster	Person lives in a county with a Presidentially declared emergency or disaster	State applies automatically. National Emergencies Act: applies only where emergency actually affects ability to meet requirement. Stafford Act: runs from first month of incident through end of month it ends.	No
High unemployment county	Unemployment at or above 8%, or 1.5 times the national rate (whichever is lower)	State submits request to CMS with BLS data. Once approved, applies automatically to all applicable individuals in that county.	No (from person)
Inpatient or institutional care	Person is receiving qualifying inpatient or institutional care, or intensive non-institutional services that would likely lead to inpatient care if not received	Person or representative submits a request. State must provide a process, timeframe, determination notice, and appeals option.	Yes
Travel for medical care	Person or dependent must travel outside community of residence for an extended period to receive care for a serious or complex condition not available locally	Person or representative submits a request. If dependent travels without the person, person must show their ability to meet the requirement was affected.	Yes

THE NONCOMPLIANCE TIMELINE

30

days to respond to notice

When a state cannot confirm compliance, deemed compliance, or exempt status, it must follow this sequence before ending or denying coverage.

Day 0	Notice of noncompliance sent to person
Day 5	Notice is treated as received. The 30-day response window opens. Example: notice dated June 1 is treated as received June 6.
Days 5–35	Person has 30 calendar days from receipt to respond by showing compliance, deemed compliance, or exempt status. Coverage continues for enrolled people during this period.
Day 35+	If no satisfactory response: State must first check all other Medicaid eligibility pathways before moving to denial or disenrollment.
End of following month	Earliest date coverage can end. State must provide written notice of specific reasons and the right to a fair hearing before coverage ends.
Up to 90 days after	Reconsideration window. Applies to people on MAGI-based Medicaid dropped for not returning paperwork. State must review eligibility without requiring a new application.

No lockout: The state cannot restrict a person’s ability to reapply at any time. Losing Medicaid for noncompliance does not make a person ineligible for Marketplace premium tax credits.