

Notice of Community Engagement Requirements

Case Number:

This notice applies to: _____, Medicaid ID _____

Why am I getting this letter?

You are getting this letter because you are on the Iowa Health and Wellness Plan (IHAWP) Medicaid program¹. Because of a federal law, Medicaid eligibility rules are changing. Most IHAWP members must follow new community engagement requirements. Failure to meet requirements could result in loss of Medicaid or Marketplace coverage.

After December 1, 2026, you may need to prove that you are working, going to school, or helping in your community for at least two months since your last Medicaid review.

Who does not have to meet Community Engagement Requirements?

Some people do not have to complete community engagement activities² and are considered excluded. You are excluded if:

- You are pregnant or had a baby in the last 12 months while on Iowa Medicaid
- You care for a child under 14 or someone with a disability
- You are or were recently in jail or prison
- You are in a drug or alcohol treatment program
- You have a disability, are medically frail, or have a serious medical condition
- You already meet work requirements for SNAP or FIP
- You are a veteran with a total disability rating
- You are an American Indian or Alaska Native



For more information about Community Engagement Requirements, please visit the HHS website: hhs.iowa.gov/medicaid/plans-programs/iowa-health-wellness-plan/ihawp-community-engagement-requirements

What do I have to do for community engagement³?

If you are not excluded, you are considered an applicable individual and will need to complete one or more of the following activities for 80 hours each month.

- **Work:** This includes full or part-time work, self-employment, or seasonal work. You can also meet this requirement if you earn at least \$580 a month.
- **Job Training:** Take part in a qualifying job-training program.
- **Education:** Enrolled at least half-time in high school, college, GED, or other career and technical programs.
- **Community Service:** Volunteering with a public or nonprofit organization.

You can combine any of these options as long as your total is 80 hours or more each month.



If you want to see whether these requirements apply to you, visit our Self-Service Portal at hsservices.iowa.gov/apspssp/ssp.portal and chat with Ellie, our virtual assistant.

What do I need to do?

Iowa HHS will check records to see if you already meet the requirements or are excluded. If HHS needs more proof, they will send you a letter telling you what to send.

- Make sure to check your mail regularly
- Send proof when asked
- Keep your address, phone number, and email up to date with HHS
- Tell us if you have a life change, like income, pregnancy, or if someone moves in or out of your home
- Tell us if your community engagement situation changes, like if you are no longer excluded or if the requirements no longer apply to you

To report a change call 1-877-347-5678 Monday through Friday from 8:00 a.m. to 4:30 p.m. or by emailing IMCSC@hhs.iowa.gov.

Questions about Community Engagement?

Call 1-877-347-5678 Monday through Friday from 8:00 a.m. to 4:30 p.m. or by emailing CEoutreach@hhs.iowa.gov.

¹ 42 CFR 435.551

² 42 CFR 435.554

³ 42 CFR 435.552