Understanding IHAWP Community Engagement Requirement + Other Eligibility Changes

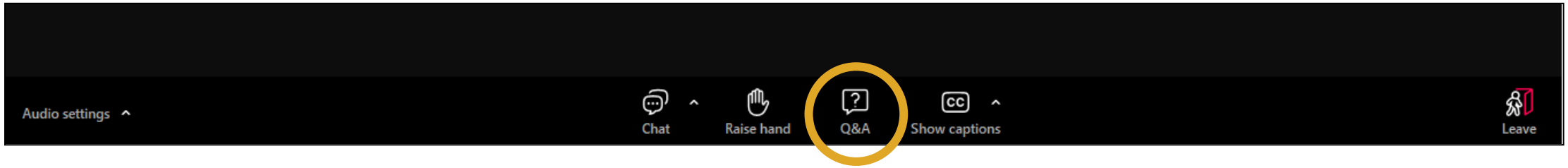
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Medical Assistance and Program Management Bureau Chief

November 18, 2026

IOWA Health and Human Services

Using Zoom Webinar



- Your microphone and video will be turned off during this meeting.
- To type a question during the webinar, click **‘Q&A’,** and a panelist will type a response when able. Some questions may be addressed verbally at the end of the webinar instead of a typed response.
- All unanswered questions will be addressed at the end, and we will follow up with any questions we cannot get to.

Agenda

- **Community Engagement Requirements**
  - Definition
  - Qualifying Activities and Exclusions
  - Medically Frail
  - Application and Renewals
  - Reporting Process
  - Verification Process
  - Helpful Resources
- **MCO and Provider Impacts**
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- **Other Medicaid Eligibility Changes**
  - Qualified Non-Citizens Definition Change
  - 6-Month Renewals
  - Retroactive Eligibility

IHAWP Community Engagement Requirements

IOWA Health and Human Services

What are Community Engagement Requirements (CER)?

- New **federally required rules** under the One Big Beautiful Bill Act (H.R. 1) apply to **certain Iowa Health and Wellness Plan (IHAWP) members** ages 19–64 beginning December 1, 2026.
- **CER encourages** employment, education, job training, volunteer service, and other forms of community involvement.
- Members **must meet activity requirements** to enroll and maintain coverage.
- While some states refer to these as "work requirements," Iowa uses the term Community Engagement Requirements.

Applications and Renewals

Application Effective Date

CER takes effect on **December 1** for new applicants.

Renewals Effective Date

CER takes effect for current members with renewals on or after **February 2027**.

Important Community Engagement Requirements (CER) Dates

July through August 2026

- A CMS outreach campaign that includes text messages and emails will be conducted.
- HHS mailing outreach letter to Iowa Health and Wellness Plan (IHAWP) members.

December 1, 2026

- Community engagement requirements are effective in Iowa.
- Individuals who apply on or after December 1, 2026, must meet CER to be eligible for IHAWP.

February 2027

First renewal cohort for active Iowa members who must meet CER to be eligible at renewal (Iowa Benefits Portal).

If you want to see if this applies to you, visit our **Self-Service Portal** and chat with Ellie, our virtual assistant.

Exclusions

Some people on the IHAWP program are excluded.

- 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

Medically Frail

- **October 2026 Ruling:** Chronically ill people on Medicaid will **not** be bound by these new requirements.
- Iowa HHS is working to finalize the medically frail policy and community engagement process, giving advance notice of changes, and minimizing administrative burdens during implementation.

Exclusion Timeframe

Application - Specified Excluded Individual

If an exclusion criterion occurs in the month of application, the person is excluded from CER and does not have a lookback period.

Renewals – Specified Excluded Individual

If an exclusion criterion occurs in the month the renewal is processed, the person is excluded from CER and does not have a lookback period. The month the renewal is processed could be when the passive renewal runs, or the month the worker processes the review form.

Examples of Proof for Exclusions

Pregnancy/Postpartum: A written statement or a completed Community Engagement Declaration form.

Care for a Child Under 14 or Someone with a Disability:

- A school enrollment letter,
- Custody or guardianship papers,
- A doctor's statement confirming the person needs daily assistance or a care plan,
- Home and Community-Based Services (HCBS) paperwork naming you as a caregiver,
- A completed Community Engagement Declaration form.

Inmate: a letter from your probation or parole officer, a booking record, or a court record.

Drug/Alcohol Treatment Program: a letter from the program or your counselor, confirmation of enrollment or attendance, or a discharge summary.

Disabled, Medically Frail, Serious Medical Condition: A written statement, a completed Community Engagement Declaration form, or a call to your eligibility worker.

Veteran with Total Disability Rating:

- VA disability rating decision,
- VA award letter,
- VA benefits summary,
- A screenshot from VA.gov showing your disability rating.

American Indian/Alaska Native: A written statement, a completed Community Engagement Declaration form, or a call to your eligibility worker.

Qualifying Activities



Work

Paid employment for 80+ hours per month or earn at least $580 per month (based on federal minimum wage)*



Job Training

Enroll in a qualifying job training or work program for 80+ hours per month



Education

Attend a college or career / technical education program at least half-time



Community Service

Volunteer work for 80+ hours per month

*Seasonal Workers: Income is averaged

Combination: A mix of the activites listed above totaling 80+ hours per month

Lookback Period for Applicable Individuals

Application Lookback Period

The member lookback period is **one month before** the month of the application.

Renewals Lookback Period

The member lookback period is **any two months** since the last renewal or application.

The two months are not required to be consecutive months.

Examples of Proof for Qualifying Activities

Work:

- Pay stubs and/or a W-2
- An employer earnings statement or letter showing your earnings and/or hours worked
- A self-employment ledger showing your earnings and/or hours worked
- A tax return, including all pages and schedules

Education Programs:

- An enrollment letter, transcript, registration letter, class schedule

Job Training or Work Program:

- You can provide training logs or a letter from your training program.
  - Your proof must confirm that the program qualifies and show the dates and hours you participated.

Community Service:

- You can provide a letter from the organization, signed by your community service supervisor.
- Your proof must include: The organization's name and address, type of activity, dates and hours of service, name of a contact person.

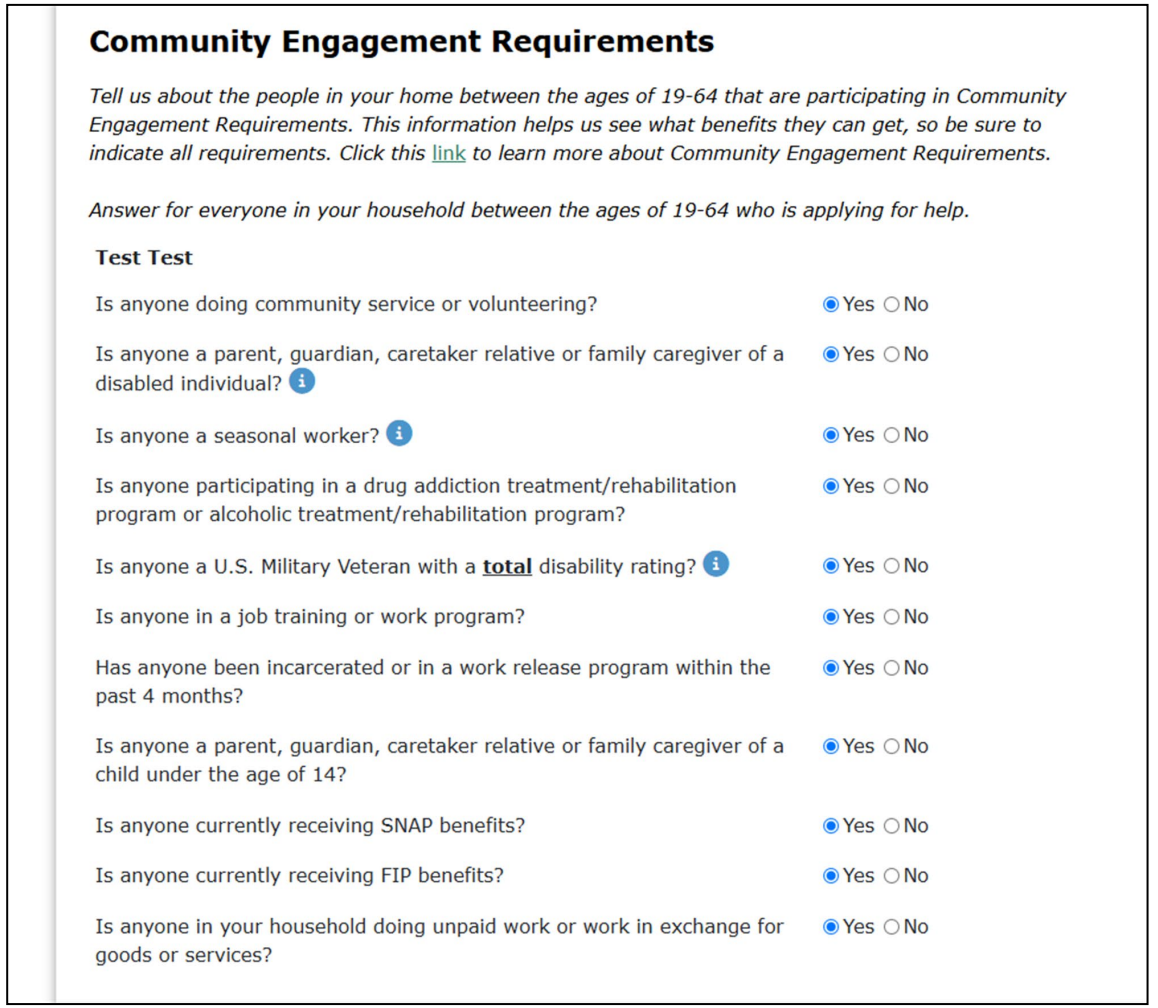
Process Changes

- Application and renewal forms have been updated to gather CER information.

- 30 Days to provide verification of compliance with CER.
  - Other requests for information will remain at 10 days to provide verification.

CER Data Collection Updates - Application

- Late June: Application portal and presumptive eligibility portal updates.
- Updates are being completed to prepare for implementing CER in December 2026.
- New pages and questions are being added to capture information needed for CER compliance in the application (both SSP and paper applications).
  (See example to the right)
- Data captured from the new pages and questions will not be utilized by Iowa HHS until December 2026.



Community Engagement Requirements

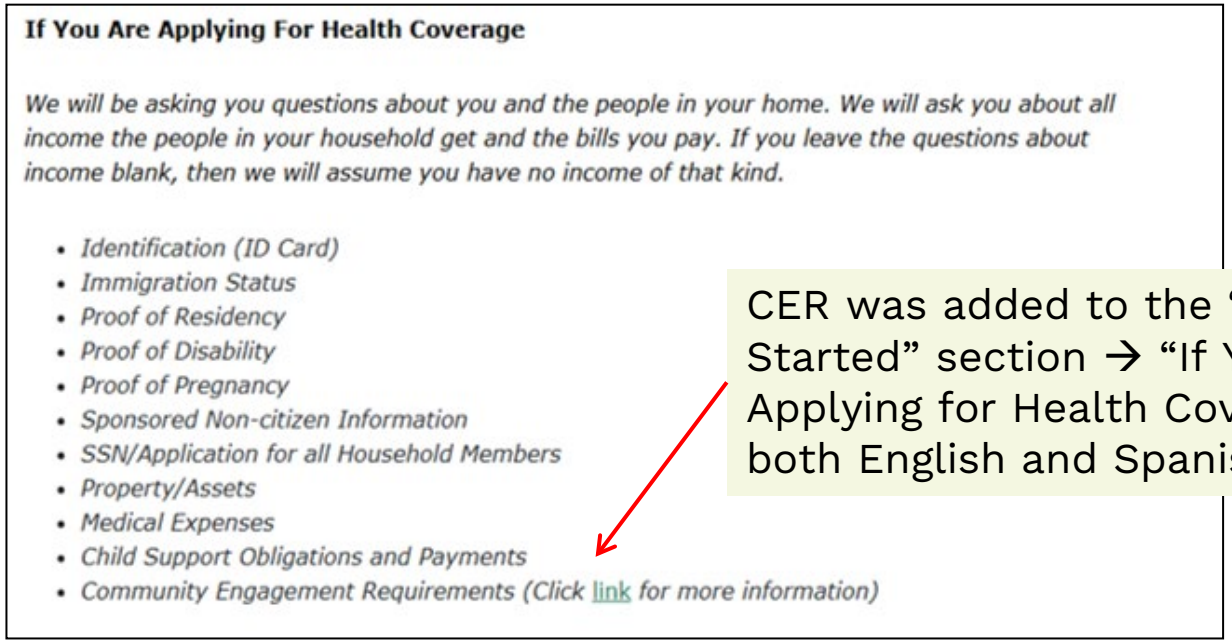
Tell us about the people in your home between the ages of 19-64 that are participating in Community Engagement Requirements. This information helps us see what benefits they can get, so be sure to indicate all requirements. Click this link to learn more about Community Engagement Requirements.

Answer for everyone in your household between the ages of 19-64 who is applying for help.

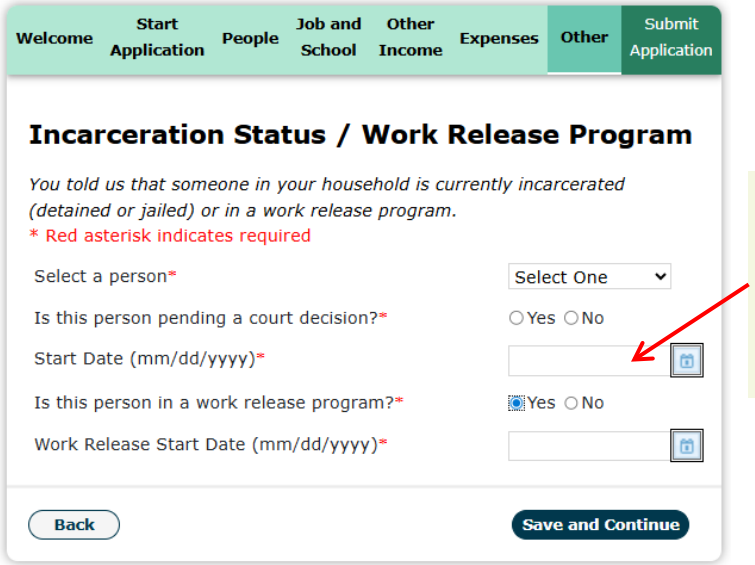
Test Test

Is anyone doing community service or volunteering?	Yes No
Is anyone a parent, guardian, caretaker relative or family caregiver of a disabled individual?	Yes No
Is anyone a seasonal worker?	Yes No
Is anyone participating in a drug addiction treatment/rehabilitation program or alcoholic treatment/rehabilitation program?	Yes No
Is anyone a U.S. Military Veteran with a **total** disability rating?	Yes No
Is anyone in a job training or work program?	Yes No
Has anyone been incarcerated or in a work release program within the past 4 months?	Yes No
Is anyone a parent, guardian, caretaker relative or family caregiver of a child under the age of 14?	Yes No
Is anyone currently receiving SNAP benefits?	Yes No
Is anyone currently receiving FIP benefits?	Yes No
Is anyone in your household doing unpaid work or work in exchange for goods or services?	Yes No

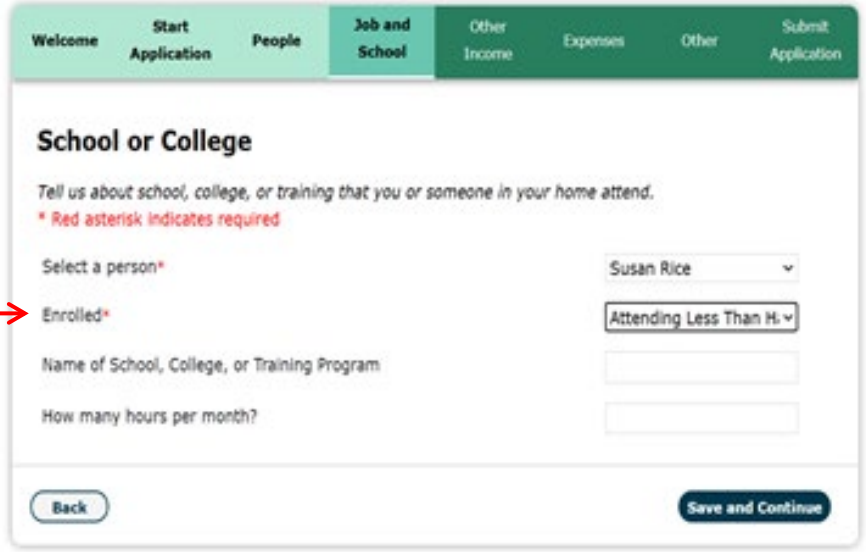
Self-Service Portal (SSP) Data Collection Examples



CER was added to the "Let's Get Started" section → "If You Are Applying for Health Coverage" in both English and Spanish.



Updated Incarceration Status/Work Release Program Page and School/College Page



CER Data Collection Updates - Renewal

- Late December: Review forms will be mailed with CER updates for individuals with a February 2027 review due date. *(See document change example to the right)*
- A new section is being added to the Medicaid/Hawki Review form. *(See examples on the following slide)*

Community Engagement

Adults who get Medicaid through the Iowa Health and Wellness Plan (IHAWP) must meet community engagement requirements or be excluded. Requirements and exclusions are:

- Complete 80 hours a month of working, a job training/work program, volunteering or attending school less than half time (or a mix of these)
- Earn at least $580/month; seasonal earnings averaged over 6 months
- Attend school at least half time
- American Indian or Alaska Native
- Caregiver of a child age 13 and under or of a disabled individual
- Veteran with a total disability rating
- Disabled, medically frail, or have a serious medical condition
- Meeting work requirements for the Family Investment Program (FIP) or Supplemental Nutrition Assistance Program (SNAP)
- In a drug or alcohol treatment program
- An inmate of a public institution or was within the last 4 months
- Pregnant or receiving postpartum Medicaid

The questions below, along with information provided in other parts of this form, will help HHS decide if you are meeting the community engagement requirement or if you do not have to meet it. Answer the questions below for everyone applying for or renewing their Medicaid coverage who is between the ages of 19 and 64.

Is anyone in a job training or work program? ☐ Yes ☐ No

If yes, fill out the information below.

Name	Name of the job training/work program	Number of hours per month

Is anyone attending school (includes GED), college or a training program? ☐ Yes ☐ No

If yes, fill out the information below.

Name	Name of school/program	Full-time, half-time or less than half-time	If less than half-time, number of hours per month

Member Verification Process

Certain IHAWP members without an exclusion must complete **80 hours a month of work, volunteering, or job training, or be enrolled in school at least half-time**, to keep their **Medicaid coverage**. You can combine activities to reach 80 hours.

You complete the required activity hours to keep your Medicaid coverage.



You keep copies of all pay stubs, volunteer logs, and job training or school forms.





Iowa HHS will contact you through a mailed letter and a text message (when applicable) requesting your required activities.

Submit your documents at renewal or application, using the Community Engagement Portal online, email or fax, or at your local HHS office.



Documents are reviewed by eligibility workers to verify requirements were met.



IHAWP coverage continues if you meet the requirements.

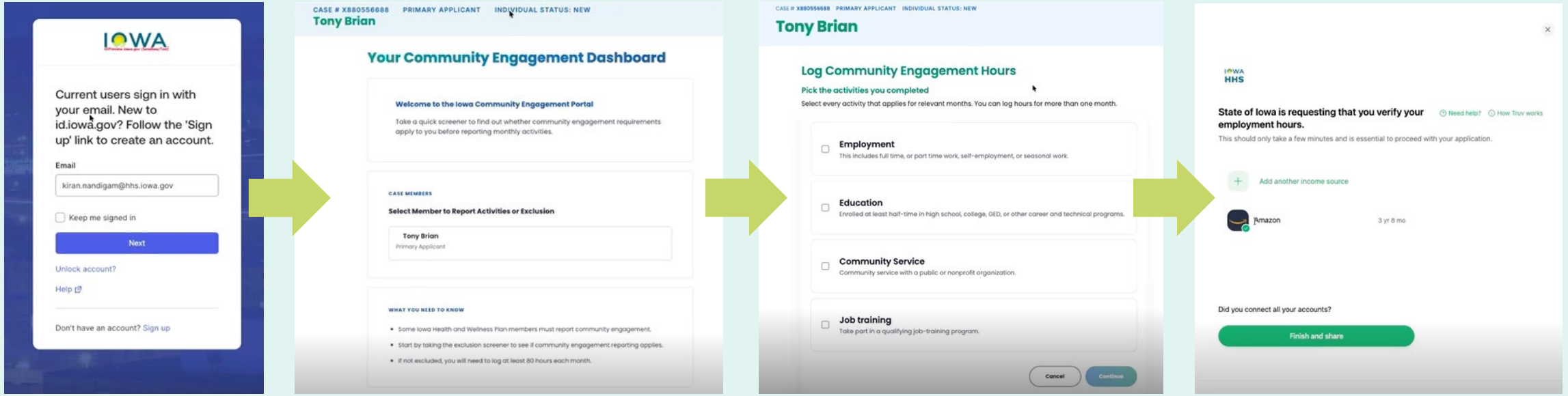


Learn more about exclusions and qualifying activities at **hhs.iowa.gov/ihawp-cer**

1-877-347-5678 | **hhs.iowa.gov/ihawp-cer** | **Visit your local HHS office.**

Community Engagement Portal (CEP)

- New customer-facing portal.
- Members and applicants provide verification through electronic consent, manual entry, and/or uploading supporting documentation.
- New applicants will use this beginning December 2nd; existing members will begin using it on January 5th.



Document Samples

Non-Compliance

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Case Number: [ELIAS Case Number]

Community Engagement Notice of Noncompliance - Renewal

This notice is for **[First Name Last Name]**, **[State ID]**.

Why You Are Getting This Notice

Certain Iowa Health and Wellness Plan (IHAWP) members must meet monthly community engagement requirements to enroll and maintain coverage. These requirements are designed to encourage work and community involvement.

Iowa HHS looked at the information we have for you, and we need more information to determine if you meet the requirements or are excluded from the requirement for IHAWP.

How You Can Meet the Requirement

You meet the requirement for a month if you:

- Complete **80 hours** of qualifying activities,
- Earn at least **$580**,
- Combine activities to reach 80 hours, or
- Meet an **exclusion** for the month.

What You Need to Do

Step 1: Review the tables on the next pages that explain exclusions, community engagement activities, and examples of acceptable proof.

Step 2: Find all the **exclusions** that currently apply to you.

Step 3: Find all the **exclusions** and **activities** that you met since your last application or renewal month. You must meet the community engagement requirement for **at least two months** since your last application or renewal.

Your last application or renewal month	[Last Application/Renewal Month Year]

Step 4: Provide proof of your exclusions and activities. You can easily submit proof online using the Community Engagement Portal (CEP): https://cep.dvh.hhs.iowa.gov. In the CEP, you may be able to look up employment information, veteran data, school enrollment, and submit documents. You can also send information by:

- **Mail:** Use the envelope provided
- **Email:** [Worker Email address from profile]
- **Fax:** [Worker fax number from profile]
- **In person:** At a local HHS office

This proof is due by **[Due Date]**. If you do not provide proof or the proof you provide does not meet the community engagement requirement, your benefits will be denied or canceled.

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Self-Declaration

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Case Number: [ELIAS Case Number]

Community Engagement Declarations

This declaration is for **[First Name Last Name], [State ID]**. Check boxes and complete any sections below that apply to you.

Parent, guardian, caretaker relative or family caregiver for a child under age 14 or a person with a disability

The person I care for is: ☐ A dependent child under age 14, or ☐ An individual with a disability

- Name of the person: _____
- If a child, date of birth: _____
- Relationship: _____

Check the statement that describes your caregiving situation.

☐ I live in the same household as the person I care for, and I provide assistance that is regular and not incidental.

☐ I am a relative* of the person I care for but I do not live in the household with them. I provide assistance that is regular and not incidental.

**A relative is related by blood, adoption, or marriage — for example, a parent, grandparent, sibling, stepparent, stepsibling, aunt, uncle, cousin, niece, or nephew.*

☐ I am not a relative and I do not live with the person I care for, and I provide at least _____ hours of care to them per month.

If caregiving responsibilities total less than 80 hours each month, these hours contribute to the community engagement qualifying activity requirement and you must complete other qualifying activities to meet the 80-hour requirement.

Pregnancy

☐ I am pregnant.

If yes, how many babies are expected during this pregnancy? _____

What is your due date? _____

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Application and Renewal Scenarios

All Applicants / Members
Applying for or renewing IHAWP.

Not Subject to CER
Lookback Period does not apply or they meet an exclusion.

Approved for IHAWP

Subject to CER
- Lookback Period Applies.
- CER must be met.

Based on the lookback rules for renewal or application.

Meets CER
30-day notice not sent.

Approved for IHAWP

Does not meet CER, but complies within 30-day notice.
Provides documentation before end of 30 days.

Approved for IHAWP

Does not meet CER and does not comply within 30 days.
Does not provide documentation by the end of 30 days.

Denied or Discontinued from IHAWP

Lookback Period

Renewal: *Member lookback period is any two months since the last renewal or application.*

Application: *The lookback period is one month before the month of application.*

Where to Find Information

HHS Self-Service Portal



Visit the HHS Self-Service Portal and chat with Ellie, our virtual assistant.

HHS Website



Find information and helpful resources on the IHAWP Community Engagement webpage.

Check Your Mail



HHS is mailing notices out to all households affected by these new requirements.

Managed Care Organization and Provider Impacts

IOWA Health and Human Services

What to Expect from Your MCO

- Continue outreach related to renewal and certification periods
- Include CER information in enrollment materials
- Use HHS-provided educational materials
- Maintain current continuity of care activities

Losing and Getting Back Coverage

- What happens if CER is not met?
  - Medicaid coverage will be denied or discontinued.
- What is the effective date of Medicaid ending?
  - Medicaid coverage ends on the last day of the month.
- Opportunities to correct a missed requirement?
  - Documentation verifying compliance can be provided within the 14-day grace period.
- How to get coverage back?
  - Submit a new application for Medicaid.

Other Medicaid Eligibility Changes

IOWA Health and Human Services

Qualified Non-Citizen Definition Change

- **Effective October 1, 2026.**
- Limits the definition of 'qualified alien' for Medicaid:
  - Lawful permanent residents (LPRs)
  - Certain Cuban and Haitian immigrants
  - Individuals living in the United States through a Compact Free Association (COFA)
- Individuals who do not meet the definition of 'qualified alien' for Medicaid may still be eligible for Limited Medicaid for Emergency Services

6-Month Renewals

6-month renewals:

- Iowa will transition IHAWP members at the next scheduled renewal.
- Goes into effect for new applications received on **January 1, 2027**.
- The first renewal cohort to transition current IHAWP recipients will be individuals with a renewal due in **March 2027**.

Exceptions:

- Alaska Native and American Indians will still be granted a 12-month renewal period.

Retroactive Eligibility

- Two months for pregnant women, children, and residents of a nursing facility, beginning January 1, 2027. Prior to 2027, it was three months.

- Reviews received in the 90-day reconsideration period will be treated as an application and retroactive eligibility only allowed for pregnant women, children and residents of nursing facilities for up to two months.

- **Example:**
  - Renewal due, not provided, and individual is discontinued effective March 1, 2027.
  - The review form is received by HHS on May 4, 2027.
  - The review form is treated like an application, and the application date is May 4, 2027.
  - The individual is not a child, pregnant woman, or resident of a nursing facility.
  - The individual is eligible for Medicaid. The effective date of coverage is May 1, 2027.

Implementation Timeline

July–August 2026:
CER Letters sent to affected members

October 1:
Qualified Non-Citizen Definition Change

Dec 1, 2026:
CER requirements begin for new applicants

January 1:
6-month renewals and Retroactive Period Length Policy

Feb 2027 Onward:
CER applies at renewal for existing members

March 2027:
6-Month Renewals for IHAWP.

Questions?

Email: CEOutreach@hhs.iowa.gov

Website: hhs.iowa.gov/ihawp-cer

Chatbot, Ellie: https://hhsservices.iowa.gov

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