IOWA | Health and Human Services

Iowa Medicaid Community Engagement Requirements

Provider FAQ | Updated: November 2026

Policy Overview, Eligibility, and Implementation

1. What is the difference between an exclusion and an exemption for Iowa Health and Wellness Plan (IHAWP) members?

An exclusion means the Community Engagement Requirement does not apply to an individual. An exemption means the requirement would otherwise apply, but the individual is excused from participating because of a qualifying circumstance, such as a health condition or caregiving responsibility.

2. How does the October 2026 federal court ruling regarding the definition of medical frailty affect Iowa's implementation of community engagement requirements?

Iowa HHS is currently reviewing the federal court ruling and its potential impact on Iowa's implementation of community engagement requirements. Updates regarding any changes to the state's implementation approach will be shared as they become available. CMS is expected to provide additional guidance to states.

3. What is Iowa's anticipated implementation timeline for community engagement requirements?

Community Engagement Requirements will take effect for applications filed on or after December 1, 2026.

For current members, the requirements will apply at renewals beginning in February 2027.

4. Which Medicaid eligibility groups will be subject to community engagement requirements, and which populations will be excluded or exempt?

Community Engagement Requirements apply to members enrolled in the Iowa Health and Wellness Plan (IHAWP). Certain populations may qualify for an exclusion or exemption from the requirements.

For a complete list of qualifying activities, exclusions, and exemptions, please visit the Iowa HHS Community Engagement Requirements website.

Qualifying Activities, Reporting, and Documentation

5. What specific activities will satisfy community engagement requirements?

Individuals may satisfy the Community Engagement Requirement through several qualifying activities, including:

- Paid employment for at least 80 hours per month or earnings of at least $580 per month.
- Participation in a qualifying job training or work program for at least 80 hours per month.
- Enrollment in a college, career, or technical education program at least half-time.
- Volunteer work for at least 80 hours per month.

6. How frequently must members demonstrate compliance?

For new applicants, the requirements take effect December 1, 2026. Applicants must meet the Community Engagement Requirement for the month immediately preceding their application month.

For current members, the requirements apply to active IHAWP members with renewal dates on or after February 2027. Members must meet the requirement for any two months during the review period since their last eligibility determination or renewal.

Iowa HHS will contact applicants and members when additional information is needed to determine compliance.

7. How will the six-month compliance period be administered? Must members satisfy the requirements every month?

Members must meet the Community Engagement Requirement for any two months during their review period. The two months do not need to be consecutive.

8. Will members be permitted to self-report compliance, or will HHS independently verify employment, education, and other qualifying activities?

Iowa HHS will attempt to verify compliance using available data sources. If HHS is unable to verify compliance, the applicant or member will receive a letter requesting documentation to demonstrate that the requirement has been met.

9. What documentation will members need to submit to demonstrate compliance?

Applicants and members may submit documentation commonly accepted for eligibility verification, including:

- Pay stubs or employer letters.
- W-2 forms or tax returns.
- Self-employment ledgers.
- Training program participation records.
- School enrollment or attendance records.

Documentation from community service organizations verifying volunteer participation.

For volunteer activities, documentation should include the organization's name and contact information, the activity performed, and the dates and hours of service.

The same types of documentation accepted for eligibility verification today will be accepted for the Community Engagement Requirement.

10. What information will the community engagement declaration or reporting form require members to provide?

Documentation may be submitted by mail, email, fax, in person, or through the new Community Engagement Portal (CEP).

The Community Engagement Declaration Form is currently under development. Additional information about the form and submission process will be provided when available.

11. What deadlines will apply to submitting community engagement information?

Applicants and members will have 30 days to provide documentation demonstrating compliance with the Community Engagement Requirement. The specific due date will be included in the notice requesting the information.

Exemptions and Medical Frailty

12. What exemptions will be available from community engagement requirements?

Several exemptions are available, including exemptions related to pregnancy and postpartum status, caregiving responsibilities, incarceration-related status, medical frailty, 100% VA disability, and American Indian or Alaska Native status.

For additional information about qualifying exemptions, please visit the Iowa HHS Community Engagement Requirements website.

13. How will Iowa define medical frailty for purposes of community engagement exemptions, particularly in light of the October 29 federal court ruling?

Iowa HHS is currently reviewing the federal court ruling and its potential impact on the definition of medical frailty. Additional information will be shared as it becomes available.

14. What documentation or clinical assessment will be required to establish medical frailty?

For 2027, Iowa HHS will accept declarations from applicants and members regarding qualifying exemptions. Additional instructions regarding verification procedures for 2028 will be provided at a later date.

15. Will members be permitted to self-attest to medical frailty or other qualifying exemptions during 2027?

Yes. Iowa HHS will accept applicant and member declarations for 2027. Additional information about verification procedures for 2028 will be provided as implementation guidance is finalized.

16. Will Iowa revise its existing Medically Exempt Attestation Form? Will electronic completion and submission be available?

Iowa HHS will accept applicant and member declarations for 2027. Additional instructions regarding verification procedures for 2028 will be provided at a later date.

17. How will caregiving exemptions be defined and administered?

Members may qualify for a caregiving exemption if they provide regular, ongoing care for a child under age 14 or an individual with a disability.

Acceptable documentation may include:

- School enrollment letters.
- Custody or guardianship documents.
- A physician's statement or care plan.
- Home and Community-Based Services (HCBS) documentation identifying the caregiver.
- A completed Community Engagement Declaration Form.

Documentation must demonstrate that the caregiving responsibilities are regular and ongoing, rather than incidental.

If the caregiver is not related to the individual receiving care and does not live in the same household, documentation must also demonstrate at least 80 hours of caregiving per month.

18. How frequently will exemptions need to be reviewed or renewed?

Most qualifying activities and exclusions must be verified at each renewal. Iowa HHS will attempt to verify compliance using available data sources.

If HHS is unable to verify the information, the applicant or member will receive a letter requesting documentation.

Noncompliance, Coverage Termination, and Appeals

19. Under what circumstances will failure to satisfy community engagement requirements result in loss of Medicaid coverage?

The Community Engagement Requirement must be met, or an applicable exclusion must be established, to maintain IHAWP coverage.

The process is consistent with existing Medicaid eligibility determination procedures. Applicants or members who do not demonstrate compliance with the requirement or establish an applicable exclusion will be denied or discontinued.

Before a negative eligibility action is taken, members will receive a notice of noncompliance requesting documentation or verification of their Community Engagement Requirement status. If the requested information is not provided, or the information submitted does not establish compliance or an applicable exclusion, a notice of denial or discontinuance will be issued.

20. When will coverage terminate following a determination of noncompliance?

IHAWP coverage ends on the last day of the month.

21. Will members receive a grace period or an opportunity to correct missing or incomplete documentation before coverage is terminated?

Applicants and members will have 30 days to provide documentation demonstrating compliance with the Community Engagement Requirement.

If the required information is not provided or does not establish compliance, the applicant or member will be denied or discontinued. A notice of action will be mailed explaining the denial or discontinuance and its effective date.

22. If a member submits required documentation after coverage has terminated, how will reinstatement work?

If the requested information is received within 14 days of its due date, eligibility may be reconsidered without requiring a new application. In this situation, the original effective date of eligibility will be used.

Information received more than 14 days after the due date cannot be used to reconsider the original eligibility determination. The individual must submit a new application. If

approved, the effective date of coverage will be the first day of the month in which the new application is received.

23. What appeal rights, reconsideration processes, and opportunities to demonstrate good cause will be available to members who lose coverage?

Appeal rights are the same as those available for other Medicaid eligibility actions. Members may also be eligible for reconsideration under the process described above.

There is no good cause exclusion or exception to the Community Engagement Requirement.

24. How will community engagement requirements affect eligibility for Emergency Medicaid or access to emergency medical services?

Individuals potentially eligible for IHAWP through the Emergency Medicaid pathway must demonstrate compliance with the Community Engagement Requirement or establish an applicable exclusion before eligibility can be approved.

Member Notifications, Communication, and Support

25. How and when will HHS notify members that they are subject to community engagement requirements?

Members affected by the new requirements will receive a letter by mail.

Individuals who want to determine whether the requirements apply to them can visit the Iowa HHS Self-Service Portal and use Ellie, the virtual assistant.

Members can also report changes by calling 1-877-347-5678 or emailing IMCSC@hhs.iowa.gov.

A sample member notification letter is also available on the Iowa HHS website.

26. How will members be notified that their coverage is at risk of termination or has been terminated?

Members will receive a notice of action by mail or, if they have elected electronic notifications, through their electronic account. The notice will explain that Medicaid coverage is ending.

It is important for members to keep their contact information current with Iowa HHS to ensure they receive important notifications.

27. What resources will be available to help members understand their obligations and resolve eligibility issues?

Iowa HHS offers a Self-Service Portal and member service lines to help individuals navigate the new requirements. Members can use these resources to determine whether they may qualify for an exemption, report changes, and ask questions about their eligibility.

Additional information and resources are available on the Iowa HHS Community Engagement Requirements website.

28. Will HHS establish a dedicated phone number, contact team, or escalation process for community engagement questions and coverage issues?

Members and stakeholders may contact Iowa HHS with questions about Community Engagement Requirements using the following contact information:

Phone: 1-877-347-5678

Hours: Monday through Friday, 8:00 a.m. to 4:30 p.m.

Email: CEoutreach@hhs.iowa.gov

29. How will HHS communicate with members who have limited English proficiency, disabilities, limited internet access, unstable housing, or other barriers?

Iowa HHS uses multiple communication methods to reach members, including mailed notices, phone calls, and text messages.

Community Engagement forms are available in English and Spanish. Additional accommodations are available upon request.

Healthcare Provider and Managed Care Organization (MCO) Responsibilities

30. How will healthcare providers verify whether a patient is subject to community engagement requirements and whether their Medicaid coverage remains active?

Community Engagement Requirement compliance information will not be available to healthcare providers. Providers can continue using the Eligibility Verification System (ELVS) to verify a member's Medicaid eligibility and coverage status.

31. Will community engagement reporting deadlines, compliance status, or upcoming eligibility renewal dates be available through an existing provider portal or eligibility verification system?

There will be no changes to how providers verify member eligibility, and no additional Community Engagement Requirement information will be added to provider eligibility systems at this time.

Members are responsible for tracking their own review dates.

32. How quickly will Medicaid managed care organizations receive and reflect eligibility changes related to community engagement requirements?

The timeline for notifying managed care organizations of eligibility changes resulting from Community Engagement Requirements will remain the same as the process used for other eligibility changes.

There will be no changes to the eligibility updates sent to managed care plans.

33. What guidance will HHS provide to providers when a patient arrives for a scheduled appointment and appears to have lost Medicaid coverage because of community engagement requirements?

Members who have lost Medicaid coverage should contact Iowa HHS to determine what steps are necessary to regain coverage.

34. If a patient has lost Medicaid coverage but wishes to proceed with services, what requirements will apply regarding financial responsibility and patient protections?

Individuals who do not meet the Community Engagement Requirement and have been discontinued from IHAWP are no longer eligible for Medicaid coverage.

Providers should follow standard processes regarding financial responsibility and applicable patient protections.

35. Will providers have a designated contact or escalation pathway to help resolve eligibility discrepancies or delayed reinstatements?

No. Providers should continue to follow existing processes for resolving eligibility discrepancies and coverage-related issues.

36. What role, if any, will providers and MCOs be expected to play in educating members and assisting with the new requirements?

Iowa HHS is working closely with managed care organizations (MCOs) to help educate members about the new Community Engagement Requirements.

HHS Resources, Guidance, and Stakeholder Education

37. What information should be available on the Iowa HHS website before implementation?

The Iowa HHS website currently includes information about eligibility requirements, qualifying activities, and exemptions.

Additional guidance regarding reporting procedures, deadlines, forms, notices, appeals, reinstatement, and member support processes may be made available as implementation continues.

39. How will HHS communicate changes in federal guidance, court decisions, state policies, or implementation timelines?

Iowa HHS will use the Community Engagement Requirements website, along with various communication channels, to support member and provider outreach. These channels will include email, social media, mailed letters, and messages through the HHS Self-Service Portal.

40. Will HHS provide advance training, webinars, written guidance, or other educational opportunities before requirements take effect?

Iowa HHS has scheduled a webinar for November 18, 2026, for members and stakeholders, as well as a provider-specific webinar for November 19, 2026, to explain the Community Engagement Requirements.

Registration is limited for both webinars. A recording will be provided after each presentation and posted to the HHS website.

Member Webinar | Wednesday, November 18 from 4:00-5:30 P.M. CT

Registration Link:
https://www.zoomgov.com/webinar/register/WN_5Xy6u8hDRs684b0HDJEONQ

Provider Webinar | Thursday, November 19 from 4:00-5:30 P.M. CT

Registration Link:
https://www.zoomgov.com/webinar/register/WN_rnxMEMwVSPiFK2IOzuqTrQ

Additional resources, including eligibility change information, community toolkits, and resource directories, are available on the Iowa HHS website.

41. What processes will HHS establish to collect ongoing questions, identify recurring problems, and update its FAQs and communications?

Questions about Community Engagement Requirements may be submitted to CEROutreach@hhs.iowa.gov.

Members may also contact the Iowa Medicaid Customer Service Center (IMCSC) to report issues or ask questions about their cases.

Phone: 1-877-347-5678

Hours: Monday through Friday, 8:00 a.m. to 4:30 p.m.

Email: CEoutreach@hhs.iowa.gov

Eligibility Systems, Billing, and Claims

42. Are there plans to include the redetermination date as a defined field in the Real-Time Eligibility (RTE) response provided by Iowa Medicaid?

There will be no changes to how providers verify member eligibility, and no additional information will be added to provider eligibility systems at this time. Members are responsible for tracking their own review dates.

43. Will the implementation of community engagement requirements have an impact on provider billing or claims processing?

No. There will be no changes to existing billing processes or claims submission requirements.