CardinalCare
Virginia's Medicaid Program

VIRGINIA DEPARTMENT OF SOCIAL SERVICES

H.R. 1 Federal Work Requirement Member Toolkit

July 2026

Welcome – We're Here to Help You Keep Your Medicaid Coverage

Your health coverage is important to us. Virginia Medicaid is committed to helping eligible members understand upcoming federal changes, complete any required steps, and maintain their health coverage whenever possible.

A new federal law requires Virginia—and every other state—to make changes to certain Medicaid eligibility rules over the next several months. These changes include more frequent eligibility renewals and new work requirements, both of which take effect **January 1, 2027**

While these changes are required by federal law, **you will not have to navigate them alone.** Virginia Medicaid is committed to providing clear information, reminders, and support every step of the way so you understand what is changing, what it means for you, and what you need to do.

The good news is that **many Medicaid members will not be affected** by these new federal requirements. Children, pregnant individuals, adults age 65 and older, and many individuals with disabilities will continue receiving Medicaid under their current eligibility rules. However, some adults enrolled through Medicaid Expansion may be impacted by these new federal requirements, including more frequent eligibility renewals and new work requirements.

This toolkit was created to help you:

- Understand whether the new federal requirements apply to you.
- Learn what changes are happening and when they take effect.
- Know what steps, if any, you need to take.
- Find free assistance if you have questions or need help.
- Stay covered by completing any required actions on time.

What You Can Do Today

You may not need to take any action right now. However, taking a few simple steps today can help ensure you continue receiving important information about your Medicaid coverage.

Please:

- Make sure Virginia Medicaid has your current mailing address, phone number, and email address.
- Open and read every letter, email, or text message you receive from Virginia Medicaid or your health plan.
- Respond promptly if you are asked to complete a renewal or provide additional information.
- Keep this toolkit so you can refer back to it as new federal requirements take effect.

We're Here to Help

Our goal is simple: **to help every eligible Virginian keep the health coverage they qualify for.**

Virginia Medicaid will continue sharing information well before any changes affect your coverage. We'll explain what is changing, send reminders when action is needed, and connect you with resources that can help you complete any required steps.

If you have questions or need assistance, contact **Cover Virginia** at **1-855-242-8282** (TTY: **1-888-221-1590**) or visit http://www.dmas.virginia.gov for updates and resources.

You don't have to navigate these federal changes alone. Virginia Medicaid is here to help you understand your options, complete any required steps, and keep your health coverage if you remain eligible.

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Important Changes Affecting Medicaid Expansion Members

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IMPORTANT!
Changes Coming to Medicaid Expansion

STARTING JANUARY 1, 2027

WHAT IS CHANGING?

If you have Medicaid Expansion, new federal rules require Virginia to make changes to how eligibility is reviewed

ELIGIBILITY REVIEWS

Your Medicaid eligibility will be reviewed every 6 months

WORK REQUIREMENT

Some members will need to meet a Medicaid Work Requirement to keep coverage

WHO DO THESE CHANGES APPLY TO?

THESE CHANGES APPLY ONLY TO MEDICAID EXPANSION MEMBERS

Medicaid Expansion covers adults:

- Aged 19-64
- Income below 138% FPL
- Not eligible for Medicare

THESE CHANGES DO NOT APPLY TO:

- Children
- Pregnant and postpartum individuals
- Adults with a disability
- Adults who are over age 64

WHAT IF I NO LONGER QUALIFY?

1. Medicaid will first check if you qualify for another program
2. You will receive written notice from us with next steps
3. You will have the right to appeal the decision

KEEP YOUR INFORMATION UP TO DATE

Report changes within **10 days**, including:

- Address or phone number
- Income
- Household changes
- Changes that affect eligibility or work requirement status

NEED HELP?

Cover Virginia Call Center:
1-855-242-8282
TDD: 1-888-221-1590
Live chat: coverva.dmas.virginia.gov

Contact your local Department of Social Services (DSS).
To find you local DSS, visit
www.dss.virginia.gov/localagency/

Scan the QR code or visit dmas.virginia.gov to learn more about these changes

Understanding the Medicaid Expansion Work Requirement (beginning January 1, 2027)

Follow the path below to see how the new rules may affect you.

1 Do you qualify for an **EXCLUSION?** (see examples below)

- **Yes** → You are **EXCLUDED.** You do not have to meet the work requirement.
- **No** → **2** Do you meet an **EXCEPTION?** (see examples below)
  - **Yes** → **You qualify.** You meet the work requirement and do not need to report a qualifying activity.
  - **No** → **3** Do you complete a **QUALIFYING ACTIVITY?** (see examples below)
    - **Yes** → **You qualify.** Keep doing your activity to stay eligible.
    - **No** → **You may lose or be denied Medicaid Expansion coverage.**

1. EXCLUSIONS: You do not have to meet the work requirement if you meet **ONE** of the exclusions below in the month you apply or in the month your renewal is processed.

- Former foster care child under age 26
- American Indian or Alaska Native
- Veteran with a 100% disability rating
- Pregnant or gave birth within the past 12 months
- Parent, caretaker, guardian, or family caregiver of a child under 14 or a person with a disability
- Meeting SNAP or TANF work requirements
- Participating in a substance use disorder treatment program
- Currently incarcerated
- Have a serious medical or mental health condition, substance use disorder, or disability

2. EXCEPTIONS: At application, you can meet the work requirement if you have an exception the month before you apply. At renewal, you must meet an exception in at least one month since your most recent enrollment or renewal.

- Receiving inpatient hospital or institutional care
- Living in an area with high unemployment or a declared federal emergency/disaster
- Traveling for yourself or your dependent outside your community for necessary medical care
- Incarcerated within the past 3 months
- Transitioning from certain Medicaid coverage into Medicaid Expansion

3. QUALIFYING ACTIVITIES (If you are not excluded or excepted and have Medicaid Expansion, you must have a qualifying activity)

At application: you must meet a qualifying activity during the month before you apply. **At renewal:** You must meet a qualifying activity in at least one month since your most recent enrollment or renewal.

- ✓ Complete at least 80 hours per month of work*, job training, community service, or a combination of these activities
- ✓ Be enrolled at least half-time in an educational program
- ✓ Have household income of at least $580 per month

** Seasonal workers may average income over a 6-month period*

Scan to find work, volunteer, and education resources

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If you have questions, need additional assistance, or require language assistance services or large-print documents, please call Cover Virginia at 1-855-242-8282 (TTY: 1-888-221-1590) or email coververginia@dmas.virginia.gov. Visit dmas.virginia.gov for more information.

VIRGINIA DEPARTMENT OF SOCIAL SERVICES

Medicaid Expansion Work Requirement Member Journey Flow

Scenario 1: Compliance With Work Requirement Based on Earned Income

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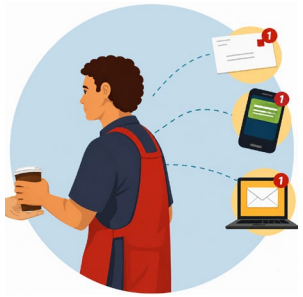
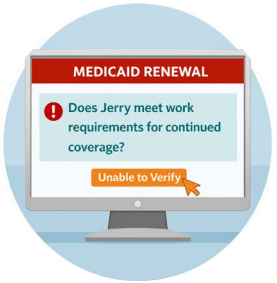
Jerry is 35 years old. He works two jobs that, combined, provide him with a monthly income of $1,500 in June and July 2027.

Application (July 2027)
Jerry applies online; reports $1,500 income from his job for ***the month before he applied*** (June 2027). State verifies he meets all eligibility rules for Medicaid Expansion starting July 1, including meeting the work requirement for June 2027. Coverage begins July 1st.



State sends Jerry a renewal packet to confirm or correct income and work status. He does not respond.



Renewal 1 (October 2027)
Jerry's coverage is due to expire December 31. State attempts to verify income and work status as part of the automatic renewal process. State can't verify compliance or exemption in ***any one month since his initial application***.

Termination
State cannot find Jerry eligible for Medicaid since he has not responded. Jerry receives a termination notice with appeals rights.

He does not request an appeal and his coverage ends at the end of December 2027.

Grace Period
Jerry is provided a 90-day grace period after his coverage is terminated to submit his renewal paperwork. If he does, his coverage can be restored beginning the first of the month he returns the paperwork (or the prior month, if he was eligible in that month).

Medicaid Expansion Work Requirement Member Journey Flow

Scenario 2: Compliance With Work Requirement Based on Qualifying Activities

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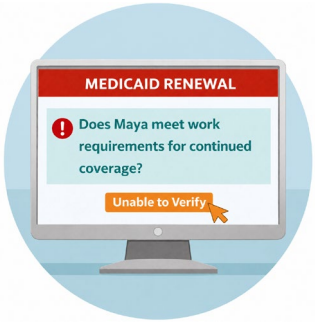
Maya is 24 years old. She is a full-time graduate student and works a part-time job that provides a monthly income of $500 in April and May 2027.

Application (May 2027)
Maya applies online. Following a check of available data sources, the state accepts her self-declaration* of being a full-time college student in ***the month before she applied*** (April 2027) as verification that she meets the work requirement. She enrolled in Medicaid Expansion coverage effective May 1, 2027.



Renewal 1 (August 2027)
Maya's coverage is due to expire October 31. State initiates automatic renewal process and verifies Maya's income is within threshold. The state cannot verify her school enrollment or whether she meets or is exempt from meeting the work requirement in ***any one month since her initial application***.

State sends Maya a renewal packet with request to provide her school enrollment information within 30 days.

Maya returns the renewal packet with education enrollment information. State accepts her self-declaration* and coverage is renewed.

Starting in 2028, school enrollment must be verified through available data source or documents provided by the applicant/member.

Medicaid Expansion Work Requirement Member Journey Flow

Scenario 3: Compliance at Renewal for a Seasonal Worker

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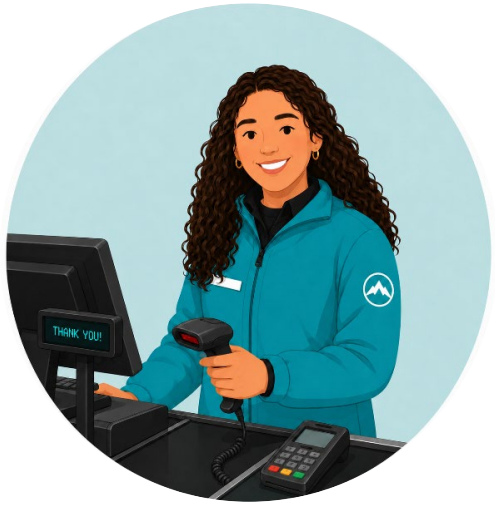
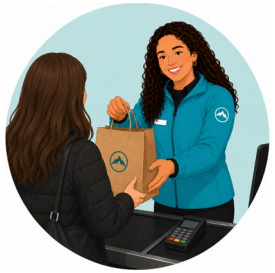


Jane is 32 years old and works seasonally in retail. She has been enrolled in Medicaid Expansion since 2023.



At Renewal (June 2027)

In April 2027, the state attempts to automatically renew Jane's eligibility. The state will see if Jane meets or is exempt from the work requirement in ***at least one month since her last eligibility determination***.

The state verifies Jane's income electronically and sees that she is income-eligible for Medicaid Expansion at renewal.

Since Jane is a seasonal worker, the state can also look at her average income over a six-month period to see if she meets the work requirement.

Her average monthly income is calculated as $673. Since this is above the required $580 ***average over the past six months***, the state determines Jane continues to meet the work requirement, and her coverage is renewed.

Medicaid Expansion Work Requirement Member Journey Flow

Scenario 4: Exception for Short-Term Hardship for Inpatient Care

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Phoebe is 21 years old. She was briefly hospitalized after a car accident in June. She has a monthly income of $500.

At Application (July 2027)

Phoebe applies for Medicaid and indicates on her application that she experienced a short-term hardship due to her hospitalization ***in the month before she applied*** (June). The state verifies Phoebe's attested income and accepts her declaration* from her application about meeting an exception from the work requirement. Her Expansion coverage begins July 1, 2027.

Renewal (November 2027)

Phoebe's coverage is effective through December 31. The state begins the automated renewal process to see whether Phoebe is still eligible for Medicaid. Her income data ($500 per month) confirms she is still within Medicaid's income limit. However, the state cannot verify that she meets or is excepted or excluded from work requirements in ***at least one month since her initial enrollment (July 1)***.

The state sends Phoebe a paper renewal packet and gives her 30 days to provide proof of compliance or an exception or exclusion. Phoebe does not respond.

Termination

The state looks to see if Phoebe can be eligible for Medicaid under another eligibility group (for example, for someone who has a disability). She is not Medicaid eligible under another group. The state sends a notice informing her of the upcoming termination and appeal rights. Phoebe does not request an appeal.

Grace Period

Phoebe is provided a 90-day grace period after her coverage is terminated to submit information showing she meets or exempt from the work requirement. If she does, her coverage can be effective the first on the month before the month that she returns the renewal paperwork.

***Starting in 2028, eligibility for short-term hardship exceptions must be verified through available data source or documents provided by the applicant/member.**

Medicaid Expansion Work Requirement Member Journey Flow

Scenario 5: Specified Excluded Individual: Parent of a Child Under 14

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DMAS

Jim is 45 years old and is a parent of a child under 14.

At Application (July 2027)
Jim fills out an application online for Medicaid. He attests to $450 monthly income for June 2027. He answers questions in the application about his family, including his child's date of birth.

The state verifies Jim's income electronically using available data sources. The state also confirms that Jim is excluded from the work requirement because he is the parent, guardian, caretaker relative, or family caregiver of a child who is under 14 years of age (or a person with a disability) ***at the time he applies***.

He is enrolled in Medicaid effective July 1, 2027.

At First Renewal (December 2027)
In November 2027, the state begins the automated process to verify Jim's continued Medicaid eligibility. The state will verify whether Jim meets or is exempt from the work requirement in ***at least one month since his last eligibility determination*** (July 2027).

The state verifies Jim's monthly income remains within the Medicaid limits, and sees that his son Jim Junior remains under 14, so he is renewed for Medicaid coverage automatically.

Federal Medicaid Work Requirement FAQs

July 2026

Overview

What is the new federal Medicaid work requirement?

A new federal law requires certain adults to meet or be exempt from the work requirement to qualify for Medicaid. To meet the requirement a person must:

- Work, volunteer, and/or participate in a work training/education program for at least 80 hours a month;
- Be enrolled in an education program at least half time; or
- Have qualifying household income of at least $580 per month.

These same adults will also have their coverage reviewed every 6 months, instead of every 12 months. Both changes will be phased in beginning in **January 2027.**

Who must meet the new federal work requirement?

This new requirement applies only to members enrolled in Virginia's Medicaid Expansion. Medicaid Expansion covers adults who are between 19 and 64, have income under 138% of the federal poverty level (FPL), and are not eligible for Medicare. Medicaid Expansion covers about 550,000 Virginians.

Important: The new work requirement **DOES NOT** apply to other types of Medicaid, such as coverage for children, pregnant or postpartum individuals, or adults with a disability or who are age 65 or above.

How will someone know if they are enrolled in Medicaid Expansion?

Medicaid Expansion members will be sent a notice by the end of **September 2026** telling them about the new requirement, how to meet it, and available exemptions. This information will also be included on approval notices sent to individuals enrolled in Medicaid Expansion beginning in January 2027.

Members can also call Cover Virginia at 855-242-8282, chat with a live agent at coverva.dmas.virginia.gov, or contact their local Department of Social Services, to find out if they are enrolled in Medicaid Expansion.

When will the new Medicaid work requirement begin?

New applicants who apply on or after January 1, 2027, and who appear eligible for Medicaid Expansion, will need to meet or be exempt from the work requirement to be eligible for Medicaid Expansion.

Current members will need to meet or be exempt from the requirement beginning with their **first renewal** in 2027. The new rule will not be used to redetermine eligibility for renewals that are started in 2026.

Exemptions from the New Federal Work Requirement

Who will be exempt from the new work requirement?

Medicaid Expansion members will not have to complete 80 hours of approved activities if they meet an 'exclusion' or an 'exception':

Exclusions:

An individual is excluded from the work requirement if they meet one of the exclusions listed below. The exclusion must be met for at least one day in the month that they apply or, if a current member, in the month that their renewal is processed.

- Pregnancy, or being within 12 months of the end of a pregnancy
- Being a former foster care youth who is 25 or younger
- Being a parent, guardian, caretaker relative, or family caregiver of a dependent child age 13 or younger, or of a person of any age who has a disability (as defined in the Americans with Disabilities Act)
- Meeting TANF or SNAP work requirements
- Having a 100% disability rating from the U.S. Department of Veterans Affairs
- Being an American Indian or Alaska Native
- Participation in a SUD treatment program
- Incarceration
- Having a serious medical condition, serious mental health condition, substance use disorder, or disability

Exceptions:

A Medicaid Expansion member can also be exempt from the work requirements if they meet one of the exceptions below in the month before the month they apply (for a new applicant). A current Medicaid Expansion member can be exempt if any of the following apply during **any one month** since their last renewal:

- Being under age 19
- Being enrolled in certain other types of Medicaid coverage (children's coverage, pregnancy coverage, coverage for SSI recipients)
- Meeting a specified exclusion (during the review period, but not in the month that the

application is submitted or renewal is processed)
- Having been incarcerated in the past 3 months
- Living in a locality with an unemployment rate that is at least 8% or is 1.5x the national unemployment rate
- Living in a locality under federal emergency or disaster declaration,
- Receiving inpatient hospital care, or nursing facility care, or institutional care (including psychiatric), or care of similar acuity level (Note: this exception must be requested by the applicant.)
- Having to travel to get medical care, for self or a dependent, for a serious or complex medical condition, because that care is not available in the community (Note: this exception must be requested by the applicant.)

Virginia Medicaid will first use information from the member's application, case record and other information available to the state to see if a Medicaid Expansion member meets an exclusion or exception. Starting in 2028, the state may request additional documentation to confirm that the member or applicant meets certain exclusions or exceptions.

Federal Work Requirement Compliance Activities

How can I fulfill the Medicaid work requirement if I am not exempt?

The new requirement can be fulfilled in a few different ways. Individuals can:

- Work, participate in a work program, attend school, and/or volunteer for at least 80 hours during a month in their review period. Work can include both in-kind and unpaid work, such as receiving free or reduced-cost housing as compensation for work and unpaid internships.
- Be enrolled in school (including high school, GED program, higher education, career, and technical education) at least half time, as defined by their school/institution.
- Have monthly income of $580 per month. (For a seasonal worker, the average income over the prior 6 months must be equal or higher than $580.)

New applicants must have met the requirement in the month before the month they apply.

Example: James applies for coverage in February 2027. Virginia Medicaid will assess whether he is exempt or compliant with the requirement in January 2027.

Existing members must have met the requirement for **at least one month** since their most recent eligibility renewal.

Example: Ellen's first renewal in 2027 is in March. She is enrolled in Medicaid Expansion does not meet an exclusion or exception. She will have to have met the work requirement in **at least one** month since her last renewal. If renewed, she will be enrolled in a new 6-month period of coverage, from April 1, 2027 to September 30, 2027. At her next renewal, her review period she will have to have met the work requirement in any one month between April and September to remain enrolled.

What types of work can be counted?

Paid work, self-employment, contract work, in-kind work and unpaid work can all be used to meet the work requirement. In-kind work means the person gets 'paid' in non-cash goods and services, like food, housing, or transportation (for example, a property manager who receives free rent in exchange for building duties).

Unpaid work includes activities like internships, work done during a trial-period, and unpaid family caregiving. It *does not* include helping friends, family or neighbors, in an informal way or time spent doing regular chores and responsibilities for your own home.

What types of education programs can be counted?

Education includes enrollment in high school, a high school completion or equivalency program recognized by the state (GED programs), higher education (such as an associate's degree program or college), and technical or career education programs. To meet the requirement based on participation in an education program alone, a person must be enrolled at half-time. If they are enrolled less than half-time, the hours spent participating in one of these programs can be combined with hours spent working and/or volunteering to meet the 80 hours per month requirement.

Whether someone is enrolled half time will depend on how your educational program defines it. For example, 1 credit hour equals 1 hour of instruction, and we expect students to spend 2 hours on out-of-class work for a total of 3 hours of time spent in the educational program for the week. To calculate the time spent in the educational program for a 1 credit hour course during a 1-month period, this would be 3 hours a week multiplied by 4.33 weeks (in a month)33 for a total of 12.99 hours in a month. This new standard is based on the Carnegie Unit, which defines 1 unit of credit as equal to 3 hours of student work per week (1 hour of lecture plus 2 hours of homework).

Another example from the IFR: If an individual's institution determines that 6 credit/semester hours is insufficient for half-time enrollment, a State would use our standard to convert that 6 credit/semester hours to monthly hours of educational activity. Under our standard, 6 credit hours converts to 77.94 hours of monthly activity for community engagement (6 credit hours x 3 x 4.33 = 77.94), which is close to, but slightly less than, the 80 hours of activity needed to demonstrate community engagement for a month.

If a person enrolled in an education program applies during a regular break (ex: summer break), they are still considered enrolled in the education program.

What type of community service or volunteer work can be counted?

Community service must be 1) unpaid, and 2) completed for the direct benefit of the community (i.e., not only to assist one individual, like mowing a neighbor's lawn). It cannot be partisan (e.g., canvassing for a particular political candidate, party or cause). The work must be done through a public or nonprofit organization that supervises and is able to track the time

spent on community service activities.

What type of work program can be counted?

Work programs include those offered by VA Works under the Workforce Innovation and Opportunity Act (WIOA) or the Trade Act of 1974, a state administered or supervised work program (such the SNAP Employment and Training program), and those offered by the U.S. Departments of Labor and Veteran's Affairs for the training and employment of veterans.

Programs can include supervised job search or job search training activities, as long as the time spent on these activities is less than half of the total program required hours.

Find out more about these programs:

- Virginia Works: **www.virginiaworks.gov**
- SNAP Employment and Training Program: (**www.dss.virginia.gov/relief/food-assistance/snap/snap-employment-and-training-et/**)

What happens if a Medicaid Expansion member who is not exempt is not volunteering, attending school, or working when they apply, but is starting a job in the future?

Future employment **does not fulfill** the requirement. To be eligible for Medicaid Expansion, they would need to meet the 80-hour requirement the month before they apply. If they do not, they won't be eligible for Medicaid until the month ***after*** they meet the requirement. A person who is working during the month that they apply, but was not working the month before, can be found eligible for Medicaid Expansion starting the month after they applied.

Can someone who is denied or whose Medicaid ended because they did not meet the new work requirement appeal the decision?

Yes, applicants and members can appeal eligibility decisions related to work requirements. Individuals who wish to appeal should follow the appeal instructions in the Notice of Adverse Action that they receive. Get **additional information about appeals.**

Where to Learn More About the New Work Requirement

Affected members will receive letters by mail, text, or email starting in August 2026. **Important: Members need to ensure that Virginia Medicaid has their updated contact information to receive these important communications.** Changes to contact information can be reported online at commonhelp.virginia.gov, or by calling Cover Virginia at 855-242-8282

(TTY: 888-221-1590).

- Members can also visit the Virginia Medicaid website, **dmas.virginia.gov** and follow Cardinal Care on social media channels for updates.

  Instagram: @CardinalCare

  Facebook: @CardinalCare

  LinkedIn: @Virginia Department of Medical Assistance Services

- Scan below for more information about the new Federal Medicaid Work Requirement:

Please note: all information in this document is based on current understanding. Additional forthcoming federal guidance may result in changes. We will update this document as new information is received.

Six-Month Eligibility Renewals FAQs

Beginning in January 2027, a new federal law requires states to review the eligibility of Medicaid Expansion members every 6 months, instead of every 12, through the Medicaid renewal process.

Who does this change apply to?

This change applies only to Medicaid Expansion members. Medicaid Expansion covers adults who are between 19 and 64, have income under 138% of the federal poverty level (FPL), and are not eligible for Medicare. Most Medicaid-covered adults in this age range are in Medicaid Expansion.

Who does this change *not* apply to?

Individuals enrolled in other types of Medicaid, such as coverage for children and adults with a disability or who are 65+, will continue to be renewed every 12 months. American Indians and Alaska Natives, even those in Medicaid Expansion, will also continue to be renewed every 12 months. Pregnant members will continue to be renewed at the end of their postpartum coverage period.

How does the Medicaid renewal process work?

Virginia Medicaid first tries to confirm that a member is still eligible using available information without reaching out to the member. If there is not enough information to confirm their eligibility, or if they appear ineligible, the state will send the member a prepopulated renewal form. They should update incorrect information, add new information, sign, and return the form within 30 days. If the member is no longer eligible or does not complete the renewal form, they may be moved into limited-coverage Medicaid or lose their coverage.

More frequent renewals may result in the state asking Medicaid Expansion members for information more often. To make sure members don't miss important information or requests, it is important that they:

- Check their mail, email, and text messages regularly.
- Keep their contact information (mailing address, email address, phone number) up-to-date so they receive all important communications and requests. Members can make changes by calling Cover Virginia at 1-855-242-8282 (TTY: 1-888-221-1590) or online at **commonhelp.virginia.gov**.
- Read all information sent by Cardinal Care as soon as they receive it, and respond quickly to all requests for information. Failure to respond by the specified deadline may result in loss of coverage.

Learn more about the renewal process at **coverva.dmas.virginia.gov/members/renew-my-coverage/**

When will this change happen for new Medicaid Expansion members?

Individuals who submit an application in January 2027 or later, and are found eligible, will receive 6-month eligibility periods.

When will this change happen for current Medicaid Expansion members?

Current Medicaid Expansion members will be renewed, if eligible, for 6-month eligibility periods starting with their first renewal in 2027. A member's renewal date is printed on the notice of eligibility sent when they are enrolled in coverage or when their coverage is renewed.

Members can also confirm (1) if they are enrolled in Medicaid Expansion and (2) when their next renewal is scheduled by calling the Cover Virginia Call Center at 1-855-242-8282 (TTY: 1-888-221-1590) or by contacting their local Department of Social Services.

Please note: all information in this document is based on current understanding. Additional forthcoming federal guidance may result in changes. We will update this document as new information is received.

Updated March 2026

If you have questions, need additional assistance, or require language assistance services or large-print documents, please call Cover Virginia at 1-855-242-8282 (TTY: 1-888-221-1590) or send an email to covervirginia@dmas.virginia.gov. This entity does not discriminate in its programs and services on the basis of race, color, national origin, sex, age, or disability.

Medicaid Expansion Renewal Process

Starting in January 2027, Medicaid Expansion members will be subject to a new Medicaid Work Requirement and have their eligibility for coverage reviewed every 6 months. Medicaid Expansion covers adults aged 19 to 64 who are not eligible for Medicare and have income below 138% of the federal poverty level. All states are federally required to make these changes.

● Virginia Medicaid Responsibility ● Member Responsibility

State Attempts Automatic Renewal

Before your renewal is due, we try to automatically renew your coverage using existing information, including whether you meet or are exempt from the work requirement.

Automatically Renewed

You will receive a letter - your coverage continues for another 6 months! You don't need to take any action!

Not Automatically Renewed

We will mail you a renewal form, or send it to your secure inbox on CommonHelp if you selected this option, asking for more information.

Receives a Renewal Form

Complete your renewal (call Cover Virginia, go online to CommonHelp, or return the paper form) by the due date. Be sure to answer all questions about work requirement exemptions or qualifying activities.

Virginia Medicaid Reviews Your Coverage

Once all requested information is received, we will review your case and contact you.

Receives a [Verification] Checklist*

We will send you a checklist only if more information is needed to complete your renewal. The checklist will tell you exactly what you need to send - make sure to return the information by the due date.

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If your coverage continues….

You will receive a letter letting you know your Medicaid will continue.

If you are enrolled in Medicaid Expansion, the renewal process will happen every 6 months.

If your coverage does not continue….

You will receive a letter letting you know next steps.

If you lose coverage because you did not complete your renewal or send in your information, you can return your information within 90 days for review.

If you think we made a mistake…

If you think we made a mistake, your letter includes information on how to file an appeal with Virginia Medicaid. If your information is referred to the marketplace, they will explore if you're eligible for other coverage.

CardinalCare
Virginia's Medicaid Program

VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

Member and Stakeholder Materials

July 2026

IMPORTANT:

Upcoming Changes to Medicaid Eligibility

A new federal law made major changes to Medicaid eligibility.

Changes to Eligibility for Non-U.S. Citizen Adults (Begins October 1, 2026)
Limits Medicaid eligibility for adult noncitizens (who are not pregnant or within the 12 months postpartum) to Lawful Permanent Residents, Cuban-Haitian Entrants, and Compact of Free Association (COFA) Migrants. Members who lose eligibility for full-benefit Medicaid due to this change may still be eligible for Emergency Services Medicaid. ***These changes apply only to adults. The eligibility rules for children and pregnant/postpartum members are not changing.***

Federal Work Requirements (Begins January 1, 2027)
Requires Medicaid Expansion members (most non-pregnant adults ages 19-64) to work, volunteer, or participate in a work training or education program to keep their Medicaid coverage. Some adults may be exempt from this requirement.

More Frequent Eligibility Checks (Begins January 1, 2027)
Requires states to review the eligibility of Medicaid Expansion members, except certain American Indians and Alaskan Natives, every 6 months. All other members will continue to have their eligibility reviewed once per year. Pregnant members still receive coverage through 12 months postpartum.

New Limits on Retroactive Coverage (Begins January 1, 2027)
Reduces retroactive Medicaid (coverage provided before the month in which a person applies) to one month for Medicaid Expansion member and 2 months for all other Medicaid members. Currently, all Medicaid members can get up to three months of retroactive coverage.

Members, don't miss updates about your coverage!

- Check your mail, email, and text messages regularly.
- Report all changes to your address and contact information.
- Read all information sent by Cardinal Care as soon as you receive it and respond quickly to all requests.

Learn More. Stay Connected!

Scan or visit **dmas.virginia.gov** to learn more about these changes, how to update your contact information and stay up-to-date.

If you have questions, need additional assistance, or require language assistance services or large-print documents, please call Cover Virginia at 1-855-242-8282 (TTY: 1-888-221-1590) or email covervirginia@dmas.virginia.gov.

CardinalCare
Virginia's Medicaid Program

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VIRGINIA DEPARTMENT OF SOCIAL SERVICES

⚠ IMPORTANT:

Upcoming Changes to Medicaid Eligibility

A new federal law made major changes to Medicaid eligibility. Some changes will begin in October 2026, and others will begin January 2027.

Learn more about how these changes may affect your coverage by visiting dmas.virginia.gov or scanning below.

If you have questions, need additional assistance, or require language assistance services or large-print documents, please call Cover Virginia at 1-855-242-8282 (TTY: 1-888-221-1590) or email covervirginia@dmas.virginia.gov.

CardinalCare
Virginia's Medicaid Program

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VIRGINIA DEPARTMENT OF SOCIAL SERVICES

Upcoming Changes to Medicaid Eligibility for Adults

A new federal law made major changes to Medicaid eligibility.

Some changes will begin in October 2026, and others will begin January 2027.

Learn more about how these changes may affect your coverage by visiting dmas.virginia.gov or scanning below.

HR1 Rack Card EN

New Federal Medicaid Eligibility Requirements Overview

H.R 1 (also known as the One Big Beautiful Bill Act, or OBBBA) was signed into law on July 4, 2025, making major changes to Medicaid eligibility rules. Virginia and other states must implement these changes beginning in October 2026.

Changes to Noncitizen Eligibility
Effective Date: October 1, 2026
Limits adult noncitizen eligibility for full-benefit Medicaid to Lawful Permanent Residents (LPRs, often called "green card" holders), Cuban-Haitian Entrants, and Compact of Free Association (COFA) Migrants. Individuals who lose eligibility for full-benefit Medicaid due to this change may still be eligible for Medicaid coverage of Emergency Services.

These changes **DO NOT** impact eligibility rules for children or pregnant/postpartum individuals. Lawfully residing noncitizen children, and pregnant members (regardless of immigration status) may still qualify after October 1, 2026.

New Limits on Retroactive Coverage
Effective Date : January 1, 2027
Reduces retroactive coverage to one month for Medicaid expansion members and two months for all other Medicaid members. Retroactive Medicaid coverage is currently available for up to three months prior to the application month, if the applicant met Medicaid eligibility criteria during those months. Limits the federal option to provide retroactive coverage through the Children's Health Insurance Program (CHIP) to two months. VA does not provide retroactive CHIP coverage.

Six-Month Eligibility Renewals
Effective Date : January 1, 2027
Requires states to renew coverage for Medicaid expansion members every 6 months instead of once a year. Other populations, including children, will continue to be renewed annually. American Indians and Alaskan Natives are exempt from this change and will continue to have their eligibility renewed annually. Pregnant members will be renewed at the end of their 12-month postpartum period.

Federal Work Requirements
Effective Date : January 1, 2027
Requires Medicaid Expansion members to work, volunteer, or participate in a work training or education program, or meet an exemption from this requirement, to be eligible.

Learn More
Scan or visit www.dmas.virginia.gov for more information. Resources will be updated as additional federal guidance becomes available.

CardinalCare
Virginia's Medicaid Program

VIRGINIA'S MEDICAID PROGRAM
DMAS

<DATE>
Case Numbers: <Case#)
Client ID: <Client ID>

<Member Name>
<Address 1>
<Address 2>

Important Information About Changes to Medicaid Eligibility

You are getting this letter because you are enrolled in Medicaid Expansion, and federal changes made by *H.R. 1* (also called the "One Big Beautiful Bill") may affect your coverage.

Starting in January 2027, Medicaid Expansion members will be subject to a new **Medicaid Work Requirement** and have their eligibility for coverage reviewed every 6 months. Medicaid Expansion covers adults aged 19 to 64 who are not eligible for Medicare and have income below 138% of the federal poverty level. All states are federally required to make these changes.

The new Medicaid Work Requirement DOES NOT apply to other types of Medicaid, such as coverage for children, pregnant and postpartum individuals, or adults with a disability or who are over age 64.

The work requirement will be used to determine your eligibility **beginning with your first renewal in 2027.** The state will first determine if you meet an exclusion and are a "specified excluded individual." If you are, you will not need to meet the new requirement. If you do not meet an exclusion and are an "applicable individual," you will be subject to the requirement. Applicable individuals will need to engage in qualifying activities or meet an exception to remain eligible for Medicaid Expansion. Exclusion, exception, and qualifying activity details are on the next page.

If you are no longer eligible for Medicaid Expansion, the state will check your eligibility for other types of Medicaid before ending your coverage. You will be sent a notice each time your Medicaid coverage is renewed, changed, or ended, and you have the right to appeal if you disagree with the decision. If you lose Medicaid because you do not meet the work requirement, you will also be ineligible for financial assistance to purchase private health insurance from Virginia's Insurance Marketplace.

Changes to your contact information and changes that may impact your Medicaid eligibility, including meeting or no longer meeting work requirement exclusions and exceptions, should be reported within 10 days of the change. Changes can be reported by calling the Cover Virginia Call Center, 855-242-8282 (TDD: 1-888-221-1590), at commonhelp.virginia.gov, or at your local Department of Social Services.

You can get information about your current Medicaid coverage and your next renewal date by calling the Cover Virginia Call Center, chatting with a live customer service agent at www.coverva.dmas.virginia.gov, or by contacting your local Department of Social Services.

Learn More and Stay Connected!
Scan or visit dmas.virginia.gov to learn more about these changes, find resources, and stay up-to-date.

A person must meet one of the exclusions listed below in the month that they apply or in the month that their renewal is processed to be a "specified-excluded individual."

- Being a former foster care child who is under age 26
- Being an American Indian or Alaskan Native
- Being a veteran with a total (100%) disability rating
- Being pregnant or having been pregnant within the past 12 months
- Being a parent, caretaker relative, guardian, or family caregiver of a dependent child under 14, or an individual with a disability of any age
- Complying with Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) work requirements
- Participating in a substance use disorder (SUD) treatment program
- Being incarcerated or having been incarcerated in the past 3 months
- Having a physical, intellectual, or developmental disability, blindness, a disabling mental disorder, a serious or complex medical condition, or a substance use disorder that significantly impacts the person's ability to work, attend school or training, or volunteer

Exceptions & Qualifying Activities

At application, an 'applicable individual' must meet an exception or be compliant in the month before they apply. At renewal, a person must meet an exception or be compliant in at least one month since their most recent enrollment or renewal. when their coverage is being renewed.

Exceptions

- Transitioning into Medicaid Expansion from certain other types of Medicaid coverage, such as children's coverage, coverage for pregnant individuals, or coverage for SSI recipients.
- Receiving in-patient hospital care, institutional care, or care of a similar level.
- Needing to travel outside of community to get necessary medical care for self or a dependent because care is not available in your community.
- Living in a county or city that has a high unemployment rate or where a federal emergency or disaster has been declared.

Compliance Activities

1. Completing at least 80 hours of one or more of the following:

   Work: Includes paid work, self-employment, contract work, and in-kind (work done for goods and services) and unpaid (ex: internships and trial-work periods) work.*

   Work Program: Employment and training programs, such as those offered by Virginia Works and the U.S. Department of Veteran's Affairs.

   Community Service: Unpaid, non-partisan work for the direct benefit of the community done with a public or nonprofit organization that supervises and tracks the work.

   Education: High school, high school completion or equivalency program, higher education (ex: associate degree or college), or technical/career education program.

2. Being enrolled in an education program at least half time, as defined by the educational institution.
3. Having a household income of at least $580 per month.*

*Hours worked and income can be averaged over a 6-month period for seasonal workers.

CardinalCare
Virginia's Medicaid Program

Medicaid Work Requirement Support Health Plan Comparison Chart

Beginning in January 2027, federal law will require certain adult Medicaid members to engage in employment, education, training or volunteer activities for at least 80 hours a month, to maintain their health care coverage. To learn more visit: www.dmas.virginia.gov.

	Aetna Better Health **1-800-279-1878 |** TTY: 711 AetnaBetterHealth.com/Virginia	Anthem Healthkeepers Plus **1-800-901-0020 |** TTY: 711 anthem.com/vamedicaid	Humana Healthy Horizons **1-844-881-4482 |** TTY: 711 humana.com/HealthyVirginia	Sentara Community Plan **1-800-881-2166** | TTY: 711 SentaraHealthPlans.com	United Healthcare **1-844-752-9434 |** TTY: 711 uhccp.com/virginia
Employment support	**Dedicated Member Employment Specialist** Partnership with CVS Health® Workforce Initiatives team to create pathways to career opportunities. Career counseling, skills training, resume and interview support, job coaching, and post-employment supports. **Supported Employment**: On-the-job coaching and ongoing supports for individuals needing additional help. **Pre-Employment & Post-Employment Services**: Training before work and continued supports after employment begins.	**Job Connections Program** - Help finding job openings, building resumes, and preparing for interviews - Job skills training through the Learning Hub - Earn incentives (one per member): - $50 for completing a skills assessment - $50 for securing an interview - $50 for completing a post-employment survey	**Humana Community Navigator®:** Find job placement assistance programs and employment services **Enhanced Benefits:** $110 to expunge criminal record per lifetime	Social Workers help members meet new rules and get ready for jobs (help write resume, prep for interviews, connect to open jobs, support to build skills and job coaching). 24 free non-medical round trip rides (includes job interviews). One-on-one support and digital tools to guide members to jobs, education, and training.	The Community Resource search tool in MyUHC makes it easy to find local resources to support your employment goals. You can search for job opportunities as well as training and vocational programs, all in one place. A health plan coordinator can help connect you with employment services and find the resources you need. This includes support for members who have been involved with the justice system.

Questions? Go to virginiamanagedcare.com. Or call us toll free at 1-800-643-2273 (TTY: 1-800-817-6608). We can speak with you in other languages.
If you are a Fee For Service (FFS) member please contact the Member Services Helpline at 804-786-6145

	Aetna Better Health **1-800-279-1878 |** TTY: 711 AetnaBetterHealth.com/Virginia	Anthem Healthkeepers Plus **1-800-901-0020 |** TTY: 711 anthem.com/vamedicaid	Humana Healthy Horizons **1-844-881-4482 |** TTY: 711 humana.com/HealthyVirginia	Sentara Community Plan **1-800-881-2166** | TTY: 711 SentaraHealthPlans.com	United Healthcare **1-844-752-9434 |** TTY: 711 uhccp.com/virginia
Education and training support	**ESL Classes-** $250 towards English as a 2nd language for members 18+ **CampusEd-** online resource where members can earn their GED. Pay for GED testing , up to $120 **Post-graduate support-**Members 18+ who graduated HS or GED receive $500 toward need supplies to support next steps in life, higher ed, military or trade school **30 free round-trip rides/year can be used for job interviews. Remote/tele-education when available.** **Career counseling and planning**: Guidance on education paths aligned with employment goals. **Training referrals**: Connection to approved training programs or vendors in-network. **Credential and certification support**: Assistance with selecting relevant certifications and navigating registration. **Academic accommodations**: Coordination of supports for students with disabilities (e.g., extended time, accessible materials) when pursuing approved programs.	**GED** assistance **Online Enrichment Classes** **Post-Secondary Education Support,** eligible members receive $75 for education expenses	**Humana Community Navigator®:** Find job training and education resources **Enhanced Benefits:** • GED test prep and testing • 15 non-medical transportation round trips per year • $40 childcare reimbursement every 90 days • Up to 6 financial literacy coaching sessions per year **Go365** educational videos	**GED:** Up to $275 for GED prep, coaching and tests. **College:** $75 refund for application fee. **Adult classes** to build reading and writing skills and learn how to manage your health. Social Workers refer members to programs that build job skills in high demand. **Transportation:** 24 free round-trip rides/year can be used for school and training. **Digital tools** to help manage your money.	**GED Works** helps you prepare for and complete your GED. The program includes an assessment, prep courses, and one-on-one support from an advisor either online or by phone. Available to English and Spanish speaking members age 18+. You may receive up to six non-medical round trips every six months to help you get to important community resources, such as places of worship or the library, for educational purposes.

	Aetna Better Health **1-800-279-1878 |** TTY: 711 AetnaBetterHealth.com/Virginia	Anthem Healthkeepers Plus **1-800-901-0020 |** TTY: 711 anthem.com/vamedicaid	Humana Healthy Horizons **1-844-881-4482 |** TTY: 711 humana.com/HealthyVirginia	Sentara Community Plan **1-800-881-2166** | TTY: 711 SentaraHealthPlans.com	United Healthcare **1-844-752-9434 |** TTY: 711 uhccp.com/virginia
Volunteering connections	**Volunteer matchmaking**: Connecting members with in-network nonprofit partners that need volunteers. **Skill-aligned placements**: Roles that build job-related skills (administrative tasks, event support, mentoring, etc.). **Transportation and accessibility accommodations**: Help coordinating accessible pickup/drop-off or remote/virtual volunteering when possible. **Supervision and supports**: On-site or remote guidance from program staff to ensure a positive experience. **Volunteer-friendly learning tracks**: Brief trainings or orientation sessions to prepare volunteers for placements.	**Community Resource Link** **VolunteerConnections,** Support finding orgs and tracking hours	**Humana Community Navigator®:** Find volunteer resources **Get Involved Reward** for completing 4 social activities including Community engagement and volunteering	Connect members to volunteer needs through a broad network of community partners. Social Workers refer members to volunteer options that match their skills or help build skills in high demand. 24 free round-trip rides/year can be used for volunteer duties.	You can use the Community Resource search tool in MyUHC to find local volunteer opportunities that match your interests. Our Community Outreach team is also here to help connect you to volunteer opportunities in your community.

CardinalCare
Virginia's Medicaid Program

VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

Partner Resources

July 2026

Need help applying for or renewing your Medicaid/FAMIS coverage?

We can help!

Enroll Virginia and Project Connect assisters are trained to give free and unbiased help with Medicaid and FAMIS health coverage.

They can help you navigate the process, including filling out application or renewal forms and turning in needed paperwork.

To learn more and find an assister near you, visit:
https://coverva.dmas.virginia.gov/apply/find-help-in-your-area/

Scan here for more info:

CardinalCare
Virginia's Medicaid Program

VIRGINIA HEALTH CARE FOUNDATION

ENROLL VIRGINIA!

Virginia Free Clinics: A Lifesaving Investment

Ensuring the underserved have access to quality care

VAFCC Member Clinics Reported in CY25:

100,536 VULNERABLE PATIENTS
377,975 PATIENT VISITS

69 FREE CLINICS
7,374 VOLUNTEERS

$213+ MILLION WORTH OF CARE

418,227 PRESCRIPTIONS

PRIMARY CARE SERVICES

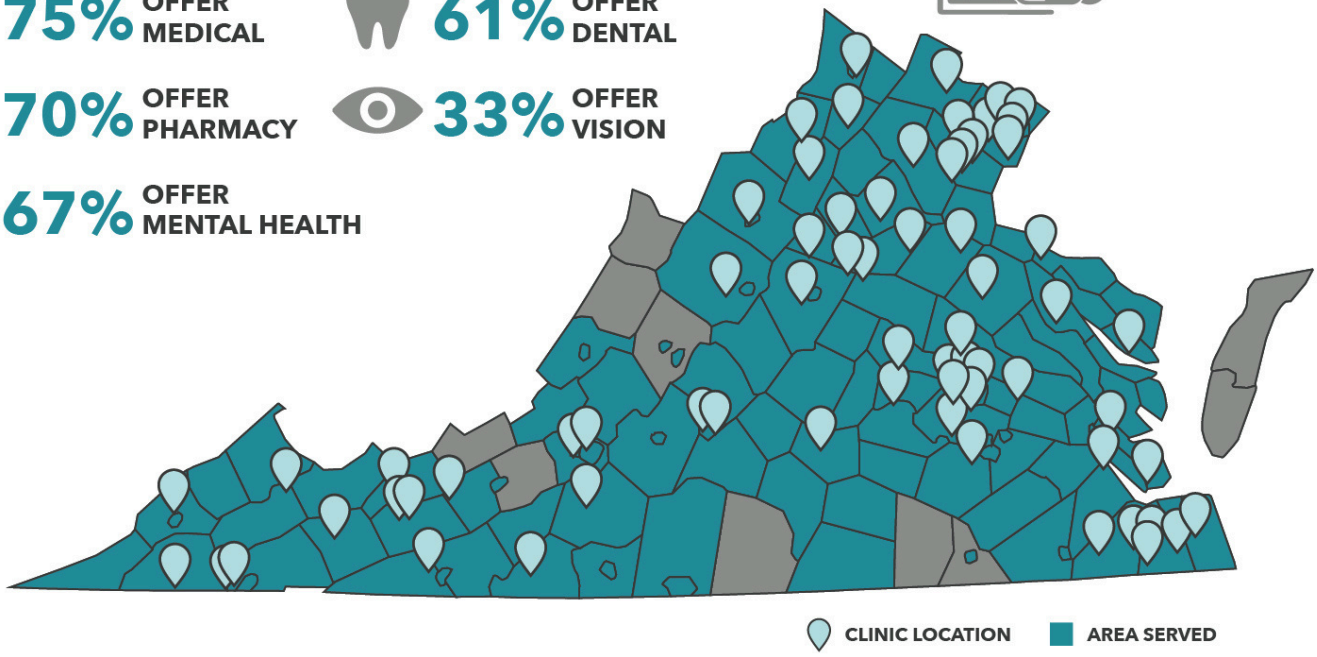
75% OFFER MEDICAL

61% OFFER DENTAL

70% OFFER PHARMACY

33% OFFER VISION

67% OFFER MENTAL HEALTH



VAFCC

https://www.vafreeclinics.org

Working towards a Virginia where all people have access to comprehensive, quality healthcare so that hardworking individuals and families are protected from healthcare crises.

FREE CLINICS **CARE FOR VIRGINIA**

FREE CLINICS CARE FOR VIRGINIA.

CARING FOR VULNERABLE RESIDENTS & COMMUNITIES

Free and charitable clinics provide integrated care to uninsured and underinsured patients, including medical, dental, pharmacy, behavioral health, vision, and social determinants of health services. They serve as efficient and high-quality medical homes constituting an essential statewide safety net of care for Virginia's underserved. Since Medicaid expansion in 2019, 24 clinics have also become Medicaid providers, caring for 29,023 Medicaid recipients in 2024.

www.VaFreeClinics.org

PLAYING AN IMPORTANT ROLE IN PREVENTATIVE CARE

Good health is the foundation for stability, whether it's steady employment, success in school, or maintaining the social connections that support mental wellbeing. Virginia's free and charitable clinics provide accessible, comprehensive, and high-quality preventive and chronic care, ensuring uninsured and underinsured individuals can remain healthy and active in their daily lives. By helping patients manage chronic conditions, access screenings, and receive timely interventions, clinics reduce unnecessary emergency room visits and avoidable hospital readmissions.

www.FreeClinicsCare.org

VAFCC

VIRGINIA ASSOCIATION OF FREE AND CHARITABLE CLINICS

Community Health Centers

What is a Community Health Center?

Community Health Centers (CHCs), also known as Federally Qualified Health Centers (FQHCs) are non-profit, community-based, patient-centered organizations that deliver comprehensive, integrated primary and preventative health care services to everyone in their communities, regardless of their insurance status or ability to pay.

CHCs offer access to primary health, dental, behavioral health, pharmacy, and substance use disorder services in areas with limited access to affordable health care services. Locations are generally open during regular business hours. Some may have a have longer hours some nights or weekends. *Please note: CHCs generally do not provide emergency/hospital services. If you are experiencing a medical emergency, you should call 911 or go to the nearest hospital emergency room.*

How do I know if I am eligible to receive care at a CHC?

Anyone is eligible to seek care at a CHC. CHCs do not accept or deny patients based on ability to pay, insurance status, age, sex, religion or race. Depending on how busy the CHC is, you may have to wait, or be on a waitlist, before you are able to get care.

How much does care cost at a CHC?

CHCs accept many types of health insurance, including Medicaid, FAMIS and Medicare. If you don't have health insurance, the CHC uses what is called a "sliding fee scale", based on your income and family size, to determine how much you must pay for services.

How can I find a CHC near me?

To find a Community Health Center in Virginia near you, visit findahealthcenter.hrsa.gov.