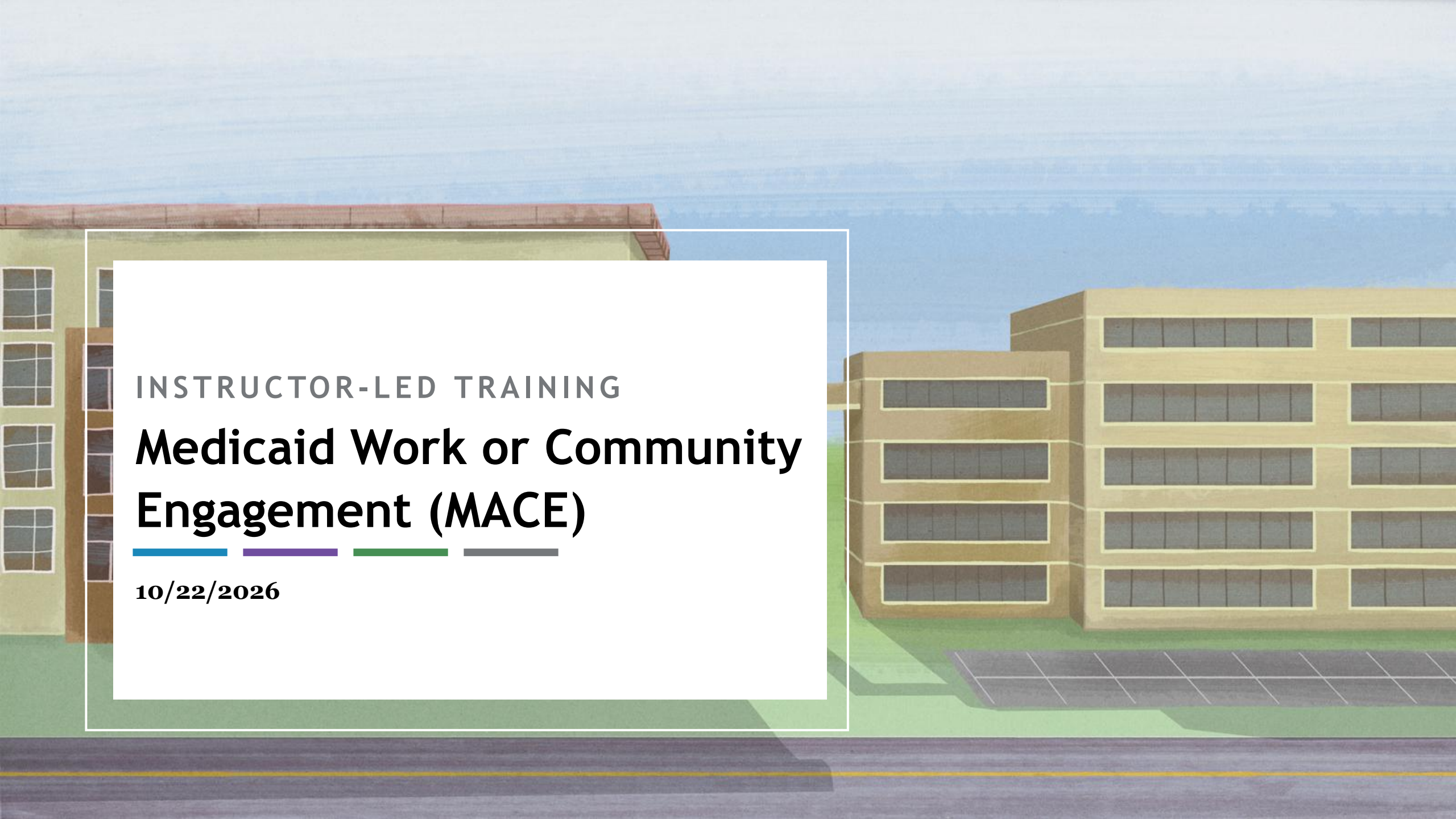


INSTRUCTOR-LED TRAINING

Medicaid Work or Community Engagement (MACE)

10/22/2026

Agenda

Topics and Schedule



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Topic	Duration
Welcome	-
Welcome and Purpose	10 mins
Training Topics	-
Eligibility Overview	90 mins
Lunch	60 min
Eligibility Lookback Rules and TOA Transition	50 mins
Eligibility RFI Rules	10 mins
Eligibility Renewals	30 mins
Break	5 min
Additional Eligibility Items	25 mins
SSP System Impacts	25 mins
Wrap-Up	-
Closeout Activity	5 min

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MODULE ONE

Introduction to Medicaid Work or Community Engagement (MACE)



01

Welcome & Purpose

This course is designed to prepare Conduent representatives to support Residents who have questions about MACE.



WHY THIS MATTERS

Conduent is the front line.

- Conduent is often the first point of contact for Kentucky Medicaid residents.
- Representatives help residents understand MACE, whether it may apply, the next steps they may need to take, and where to find additional assistance.
- Accurate, consistent information supports informed coverage decisions and connects residents to the right resources.

WHAT YOU'LL BE ABLE TO EXPLAIN

By the end of this training, you will be able to explain:

- The purpose of Kentucky's MACE program
- Who may be subject—and who may not be affected
- Common questions Residents may ask
- Appropriate resources, agencies, and support channels
- How to document related inquiries and interactions
- When to escalate or refer

HOW TO PARTICIPATE

Ask. Clarify. Follow up.

- Ask questions whenever clarification is needed.
- If an answer is not available in the moment, the training team will document the issue, research the appropriate guidance, and follow up after the session.
- The goal is to leave knowing your role and what you can confidently share with Medicaid residents.

01 MACE Definition and Timeline

What it is, and when it is going live in Kentucky.

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MACE

KENTUCKY MEDICAID WORK OR COMMUNITY ENGAGEMENT

WHAT IS MACE?

Kentucky Medicaid Work or Community Engagement (MACE) is a program that requires **certain Medicaid Expansion members** to demonstrate participation in **approved work or community activities**, or qualify for an **exemption**, as part of maintaining Medicaid coverage.

Approved activities may include **employment, education, job training, community service,** or a combination of qualifying activities.

WHEN SYSTEM CHANGES GO LIVE

PHASE 1

SEPTEMBER 1

System updates to the Self-Service Portal (SSP) and Integrated Eligibility and Enrollment System (IEES)/Worker Portal to support upcoming MACE eligibility enhancements.

PREPARE → GO LIVE

MACE ELIGIBILITY + SYSTEM GO-LIVE

JANUARY 1, 2027

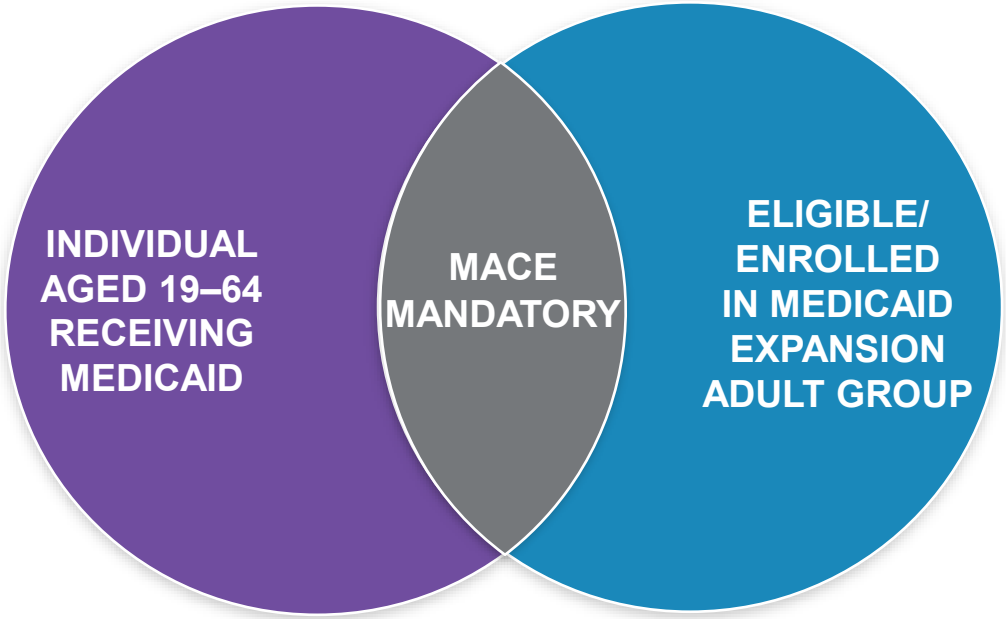
Implementation of all MACE eligibility updates and remaining system enhancements.

01 MACE Affected Populations

Who will be impacted by MACE, and who is not.

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WHO IS MACE MANDATORY?



HOW IEES IDENTIFIES THE POPULATION

IEES uses the applicable **Type(s) of Assistance (TOAs)** to identify Residents in the Medicaid expansion adult group.

The overlap—not Medicaid enrollment alone—defines the MACE Mandatory population.

WHAT THIS MEANS FOR 80 HOURS

NO 80-HOUR VERIFICATION

Members who **do not meet both qualifications**—or who meet them but **meet exemption criteria**—are not required to verify 80 hours of qualifying activities to keep Medicaid

80 HOURS REQUIRED

Only members in the overlap **without an exemption** must verify qualifying activities

01 Role of Conduent

Inform and support members—without making eligibility or policy decisions.



WHAT AGENTS SHOULD DO

Inform. Guide. Document.

- Educate Residents using approved materials, scripts, and guidance.
- Provide general information about Medicaid Work or Community Engagement requirements.
- Refer Residents to the appropriate agency, program, website, or support resource.
- Document questions, concerns, and call outcomes according to established procedures.
- Listen carefully, answer within scope, and clarify available next steps.

WHAT AGENTS SHOULD NOT DO

Decide. Approve. Interpret.

- Make on-the-fly eligibility determinations.
- Approve or deny exemptions.
- Interpret policy beyond approved guidance.
- Provide legal or case-specific eligibility advice.
- Discourage Residents from applying.

WHEN OUT OF SCOPE

DMS and DCBS make these decisions. Follow established referral and escalation procedures so Residents reach the right resource.

01 Training Topics
Overview of Topics

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Training Topics

MACE Status and Eligibility Hierarchy	Identify MACE Mandatory and Non-MACE Mandatory Groups and Apply the Appropriate Eligibility Hierarchy.
Exemptions, Hardships, & Qualifying Activities	Define MACE Exemptions, Hardships, and Qualifying Activities and Distinguish Among Them.
Verification Methods	Determine Whether a Status, Exemption, or Qualifying Activity is Verified Manually or Through Trusted Data Sources.
Lookback Rules and Processing Periods	Explain P0 (application month), P1, and P2 Processing Concepts and Apply Application, Report-a-Change, Member-Add, and Renewal Lookback Rules.
Retroactive Coverage Changes	Explain Coverage Changes Effective January 1, 2027.
Explain MACE-to-non-MACE, non-MACE-to-MACE, and APTC-to-MACE transitions.	**Type of Assistance Transitions**
Explain Notice of Eligibility Logic, MACE Participation RFI and Alignment Logic, and Reactivating and Reinstating Coverage.	**Notices, RFIs, and Coverage Status**
Explain 6- and 12-Month Renewals, Reverification Requirements, Passive versus Active Renewals, and Single- versus Multiple-Member cases.	**Renewals and Reverification**
Recognize how MACE Non-Compliance, Special Considerations, Income, Immigration Changes, and Reapplication may affect Processing.	**Additional Eligibility Considerations**
Identify Impacts in SSP and Interpret the Worker Portal Screens Available to Conduent Agents.	**System Impacts**

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MODULE TWO

Eligibility and Hierarchy Overview

02 MACE Definitions

Key Terminology (1/2)

	MACE	MACE Mandatory	Non-MACE Mandatory
TERM	**MACE**	**MACE Mandatory**	**Non-MACE Mandatory**
DEFINITION	Medicaid Work or Community Engagement is a Medicaid requirement where certain applicable adults must demonstrate at least 80 hours a month of qualifying activities.	An applicable individual who is subject to Medicaid Work or Community Engagement requirements.	An individual who does not meet MACE mandatory criteria and is not required to meet Medicaid Work or Community Engagement requirements.
EXAMPLE		A Resident who is **age 19-64 and is eligible in the Medicaid expansion adult group**.	A Resident who **is less than 19 years old or 65 years of age or older**.

02 MACE Definitions
Key Terminology (2/2)

TERM	MACE Exempted	MACE Compliant	MACE Non-Compliant
DEFINITION	An individual who may be MACE Mandatory but is exempted from demonstrating Medicaid Work or Community Engagement for a given month.	An individual who has verified that they meet Medicaid Work or Community Engagement requirements through a qualifying activity.	An individual who is subject to Medicaid Work or Community Engagement but has not verified that they meet an exemption or qualifying activity.
EXAMPLE	A Resident that is **under age 19 for part of the month** or **incarcerated at least one day within the last three months**.	A Resident who earns **at least $580 of earned income for 3 of the 6 months** of their certification period.	A Resident who **does not meet an exemption, or a qualifying activity for 3 of the 6 months** prior to renewal.

PLEASE NOTE

MACE Mandatory Individuals are required to report qualifying activities for 3 out of 6 months to be considered compliant for renewal. However, the months **<u>are not required to be consecutive</u>** for compliance. Seasonal employment individuals may have different requirements in regards to income and or monthly activities.

02 MACE Mandatory
Resident Eligibility

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Below are the TOAs used in KY to determine the adult expansion population receiving Medicaid.

Type of Assistance (TOA)	Description	Verification
ADLT	MAGI Medicaid for individuals aged 19-64.	Integrated Eligibility and Enrollment System (IEES)-verified based on Resident-reported information.
ADPR	Low-income adult who is pregnant. Individual must be approved in the ADLT TOA and have income within 138% of the FPL when pregnancy is reported.	Integrated Eligibility and Enrollment System (IEES)-verified based on Resident-reported information.
ADFF	Former Foster Care member who received foster care out-of-state, are at least 18 and under 26, and are earning at or under 138% FPL.	Integrated Eligibility and Enrollment System (IEES)-verified based on Resident-reported information.
PEAD	Presumptive Eligibility Medicaid for adult expansion members.	Integrated Eligibility and Enrollment System (IEES)-verified based on Resident-reported information.

PLEASE NOTE

Residents receiving benefits in the ADPR and ADFF TOAs are tracked as part of the MACE population because they are within the expansion adult TOA set, however, they are exempt from MACE requirements because they meet exemption criteria and are not subject to the 6-month renewal requirement.

02 Non-MACE Mandatory

Non-MACE Mandatory Eligibility

Below are the Non-MACE Mandatory groups defined and how each is verified.

Non-MACE Mandatory Group	Definition	Verification
Under 19	Younger than 19 years old.	IEES-verified based on Resident-reported information.
65 or Older	65 years of age or older.	IEES-verified based on Resident-reported information.
Pregnant / Postpartum	Pregnancy/postpartum coverage status outside expansion TOAs.	IEES-verified based on Resident-reported information.
Medicare Part A or B	Entitled to or enrolled in Medicare Part A or B.	IEES-verified based on Resident-reported information.
Non-Expansion TOA	Eligible under a non-expansion coverage group/TOA: including all non-expansion MAGI Medicaid, non-MAGI Medicaid, Medicare Savings Program (MSP), and Presumptive Eligibility (PE) TOAs (excluding PEAD TOA) and Advance Premium Tax Credits (APTC).	IEES-verified based on Resident's existing TOA classification.
MACE Exempted	Meets any MACE Exemption criteria.	Varies based on Exemption type.

02 Non-MACE Mandatory
Criteria Hierarchy

The criteria within the Non-MACE Mandatory category do not have a rank. If any of these criteria are fulfilled, the Resident is considered Non-MACE Mandatory and will exit the hierarchy flow:

- Less than 19 years old
- 65 years of age or older
- Pregnant or postpartum
- Entitled to or enrolled in Medicare Part A or B
- Non-Expansion TOAs
- Meeting MACE Exemption Criteria

ANY ONE APPLIES →

Non-MACE Mandatory

Exits the hierarchy flow with no MACE Exemption, Short Term Hardship, or Compliance logic applied for that month.

02 MACE Verifications
2027 vs 2028

For certain MACE Exemptions, Short-Term Hardships, and Qualifying Activities, verification requirements differ between 2027 and subsequent years.

2027

A client statement or self-attestation is used as the verification source.

2028+

Client statement is no longer allowed; additional supporting documentation may be required.

PLEASE NOTE

It will be important to review updated verification methods for MACE Exemptions, Short-Term Hardships, and Qualifying Activities prior to 2028.

02 MACE Exemptions

MACE Mandatory Overview

Definition

If an individual is otherwise MACE Mandatory but meets one of the following exemption criteria in the required month, IEES treats the individual as meeting the community engagement requirement through a MACE Exemption:

- Age
- Medicare Enrollment
- Medicaid Type of Assistance
- American Indian or Alaskan Native
- Caregiver of a Dependent Age 13 and Under
- Caregiver of a Disabled Individual
- Veteran Receiving Total Disability
- Drug or Alcohol Treatment Program
- Pregnant or Postpartum
- Former Foster Care
- Medically Frail
- SNAP Recipient Subject to Work Registration/ABAWD
- KTAP Recipient Not Exempt from KWP
- Inmate

02 MACE Exemptions
Age

Definition

- Age 18 or younger for any part of the month.

Verification

- System-verified based on Resident-reported information.

Example

- Taylor applies in March 2028 and turns 19 in that same month. Since she is age 18 for at least one day in the application month, she is Non-MACE mandatory and approved. Taylor would transition to ADLT effective in April 2028, and the renewal due date would be September 2028. She would not meet exemption criteria at her renewal given her certification period began from April and would be required to meet participation or exemption requirements at renewal to continue receiving Medicaid.

02 MACE Exemptions
Medicare Enrollment

Definition

- Entitled to, or enrolled for benefits under Medicare part A, or enrolled for benefits under Medicare part B for any part of the month.

Verification

Manually verified with any one of the following options:

- 2027: SSP Client Statement, System Inquiry
- 2028+: Collateral Contact, Award Letter, System Inquiry, Written statement, Conversion

Example

- Travis applies for Medicaid in July 2027, and is determined to be entitled to Medicare Part A at the time of application. Because he is entitled to Medicare Part A for part of July, he receives the Medicare Enrollment exemption and does not need to report MACE qualifying activities during his certification period.

02 MACE Exemptions
Medicaid Type of Assistance

Definition

- Eligible for Medicaid under a non-expansion coverage group/TOA (i.e., the individual is not in the expansion adult group).

Verification

- System verified/driven based on the Residents reported information.

Example

- Meredith is eligible for Medicaid through a Medicare Savings Program rather than the Medicaid expansion adult group. Her coverage category qualifies as a non-expansion Medicaid TOA, so she is exempted and is not required to establish a MACE qualifying activity.

PLEASE NOTE

This category includes all non-expansion MAGI Medicaid, non-MAGI Medicaid, Medicare Savings Program (MSP), and Presumptive Eligibility (PE) TOAs (excluding PEAD TOA).

02 MACE Exemptions
American Indian or Alaskan Native

Definition

- A Resident is an American Indian or Alaskan Native (AIAN)
- They have received services from Indian Health Services (IHS) or are eligible for services from IHS.
- This is a permanent exemption, and does not need to be reverified after initial verification

Verification

Manually verified with any one of the following options:

- 2027: Client Statement, SSP Client Statement, System Inquiry
- 2028+: Certificate of Degree of Indian Blood (CDIB), Document on tribal letterhead, tribal enrollment card, tribal census document

Example

- Benjamin applies in March 2027, reports that he is an enrolled member of a federally recognized tribe and provides a tribal enrollment card as verification. At application, he is Non-MACE Mandatory because he meets the AIAN exemption, is approved, and does not need to report MACE activities ever due to AIAN being a permanent exemption.

02 MACE Exemptions

Parent, Guardian, Caretaker Relative, or Family Caregiver of a Dependent 13 Years or Younger

Definition

- Residents are the parent, guardian, caretaker relative, or family caregiver of a child age 13 or younger during any part of the lookback period. If the dependent child is the applicant's natural, adopted, or stepchild, and the child is in the same household, IEES applies the exemption based on relationship data alone.
- Multiple Residents in the same household can receive this exemption for caring for the same child 13 or younger.

Verification

Manually verified with any one of the following options:

- 2027: Client Statement, SSP Client Statement, System Inquiry
- 2028+: Paternity Records, Adoption Record, Birth Certificate, Court Documents, Divorce Decree, Immigration Document (Government Issued), Hospital Birth Record, KVETS, Marriage License, Medical Record, Military Record, Notarized Statement, Naturalization Certificate, Public Health Record, Statement of Attending Physician or Midwife, Passport, Religious Record, School Record, Written Statement, Collateral Contact

Example

- Olivia is applying for MA in April 2027 and is the legal guardian of a 12-year-old in the home. Because she is caring for a dependent age 13 or younger, she qualifies for the exemption and does not need to report MACE activities during her certification period.

PLEASE NOTE

If a dependent child lives outside the household, a non-relative Resident must verify monthly that they provide at least 80 hours of non-incidental care. If they provide fewer than 80 hours, those care hours may count as unpaid work toward a combination of MACE Qualifying Activities. A relative caring for an out-of-household dependent child does not need to verify meeting 80-hours.

02 MACE Exemptions

Parent, Guardian, Caretaker Relative, or Family Caregiver of a Disabled Individual

Definition

- Residents are the Parent, Guardian, Caretaker Relative, or Family Caregiver of a disabled or incapacitated individual they are directly related to, who can be either in or out of the household at any point during the lookback period. If multiple records are added for different Residents caring for the same disabled or incapacitated individual, then IEES applies the exemption to both Residents from the care begin date.

Verification

Manually verified with the following:

- 2027: Client Statement, SSP Client Statement, System Inquiry
- 2028+: Doctor's Written Statement

Example

Joe applies in June 2028, reports caring for a parent with advanced dementia at home for the last 5 months, and provides a doctor's written statement as verification. At application, Joe is MACE Mandatory but exempted because he was caring for a disabled individual in the month prior to the application month, and is approved. He does not need to report MACE activities during his certification period. At his next Renewal, he will need to provide verification of caring for his parent for at least one month of his certification period to continue receiving this exemption.

PLEASE NOTE

If a disabled individual lives outside the household, a non-relative Resident must verify monthly that they provide at least 80 hours of non-incidental care. If they provide fewer than 80 hours, those care hours may count as unpaid work toward a combination of MACE Qualifying Activities. A relative caring for an out-of-household disabled individual does not need to verify meeting 80-hours.

02 MACE Exemptions
Veteran Receiving Total Disability

Definition

- Residents are receiving VA Benefits due to 100% disability. The disability could either be permanent or temporary. If the disability is temporary, then the Resident is required to reverify their disability every 12 months. If the disability is permanent, then the Resident is not required to reverify their status.

Verification

Manually verified with any one of the following options:

- 2027: Client Statement, SSP Client Statement, System Inquiry
- 2028+: Award Letter, Written Statement, System Inquiry, Collateral Contact, Verified by Federal Hub

Example

- Kylie applies in September 2028 and reports receiving VA benefits based on a 100% service-connected disability. At application, she provides the applicable VA documentation and IEES evaluates the VA disability status. Kylie is approved for Medicaid (assuming all other MA criteria is met) due to meeting the Veteran Total Disability exemption and does not need to report MACE activities during her certification period.

PLEASE NOTE

Residents are also exempted from MACE requirements if their disability rating is 100% total disability due to their inability to secure or maintain ‘substantial gainful employment’.

02 MACE Exemptions

Participation in a Drug Addiction or Alcohol Treatment Program

Definition

Residents are participating in a Drug Addiction or Alcohol Treatment program at any point during the lookback period.

Verification

Manually verified with any one of the following options:

- 2027: Client Statement, SSP Client Statement, System Inquiry
- 2028+: Written Statement, Collateral Contact, MACE-200 (Medically Frail Determination)

Example

- Connor applies in August 2028, reports enrollment in a drug treatment program that began in July and is still active, and provides a written statement from the program director as verification. At application, Connor is Non-MACE Mandatory because he is participating in drug or alcohol treatment during the application month, is approved, and does not need to report MACE activities during his certification period. At his next Renewal, he will be automatically approved for meeting an exemption at least one month in the Renewal lookback period.

02 MACE Exemptions
Pregnant or Postpartum

Definition

Residents who were actively pregnant or within the defined postpartum period at any time during the lookback period. The postpartum period ends on the earlier of the following:

- 12 months after the pregnancy due date, or
- 12 months after the pregnancy end date.

Verification

No verification is required for these Residents, because reporting pregnancy or previous pregnancy within the past 12 months would cascade the Resident into a non-ADLT TOA. Once they are established to be outside of the ADLT TOA they are not required to verify this information for MACE purposes.

Example

- Stephanie applies for MA in January 2027. Her previous pregnancy ended on February 10, 2026, and the expected delivery date was February 20, 2026. Stephanie remains in the postpartum period through the applicable 12-month limit through February 10, 2027, and is therefore exempt at application for still being in that postpartum period. At her next Renewal, she will be automatically approved for meeting an exemption at least one month in the Renewal lookback period (February).

02 MACE Exemptions
Former Foster Care

Definition

- Residents who aged out of foster care while receiving Medicaid. Individuals can receive this exemption until they turn 26 years old.

Verification

No verification is needed for these Residents, because reporting this information would cascade the Resident into a non-ADLT TOA. Once they are established to be outside of the ADLT TOA they are not required to verify this information for MACE purposes.

Example

- During application in June 2027, Trevor reports that he was in foster care when turning 18 years old, and is currently 24 years old. IEES evaluates the Resident for the former foster care Medicaid type of assistance making him Non-MACE Mandatory and is approved for MA from June 2027-ongoing. At Trevor's next Renewal, he will be automatically approved for meeting the Former Foster Care exemption due to still be under 26 years old.

02 MACE Exemptions
Medically Frail

Definition

Individuals can meet Medically Frail criteria by reporting and verifying any of the below categories:

- Blindness or disability
  - Resident is receiving RSDI, receiving Railroad Retirement benefits, is diagnosed with End Stage Renal Disease, is receiving lifetime payments from Worker's Compensation, has received SSI during any portion of the 12 months prior to their application date while still being disabled, Medicaid eligibility is requested only for the month of death, MRT Determination
- Substance Use Disorder, excluding those in stable recovery (recovery for five or more years)
- Disabling Mental Disorder
- Physical, Intellectual, or Developmental Disability
- Other Serious or Complex Medical Condition
- Other

Verification

Manually verified with any one of the following options:

- 2027: Client Statement, SSP Client Statement, System Inquiry
- 2028+: Award Letter, Written Statement, System Inquiry, Collateral Contact, Verified by Federal Hub, Doctor's Statement, Medical Records, Death Record, Date of Death Statement from Funeral Home, Newspaper Clippings, KVETS, SVES, MRT Determination, Final Hearing Order, Court Verified

Example

- Kara applies for Medicaid in February 2028 and reports a physical disability that substantially limits daily activities. Kara's medical condition is verified through a Medical Review Team (MRT) determination, and she meets the medically frail exemption criteria. Kara is approved for MA from February 2028.

02 MACE Exemptions

SNAP Recipient who is subject to Work Registration/ABAWD Time Limit

Definition

Residents who are approved for Supplemental Nutrition Assistance Program (SNAP) benefits and are subject to Work Registration OR Able-Bodied Adult Without Dependents (ABAWD) Time Limit requirements. If a Resident is exempted from one of these SNAP requirements, and not the other, then they can be eligible for this exemption. Residents are not required to meet SNAP work requirements to receive this exemption.

Verification

No verification is required for the Resident to receive this exemption for MACE as IEES determines SNAP program eligibility and tracks if a Resident is subject to SNAP Work Registration or the ABAWD time limit.

Example

- Ian applies for MA in March 2027, and is documented in IEES as being subject to the ABAWD time limit on his SNAP case in February 2027, but no longer subject to the time limit in March due to SNAP discontinuance. IEES uses Ian's ABAWD status to confirm his SNAP status for February, so a separate verification is not required. At application, Ian is MACE Exempted due to being subject to the ABAWD time limit in the application lookback month (February). At his next Renewal, he will need to report a new exemption, a short-term hardship, or 3 months of a qualifying activity to be approved for another MA certification period.

02 MACE Exemptions

KTAP Recipient who is not Exempt from KWP

Definition

Residents who are approved for Kentucky Transitional Assistance Program (KTAP) benefits and are meeting Kentucky Works Program (KWP) requirements. Residents receiving KTAP benefits who are not actively meeting KWP requirements or who are in a sanction month are not eligible for this exemption.

Verification

No verification is required for the Resident to receive this exemption for MACE as IEES determines KTAP program eligibility and tracks if a Resident is subject to KWP, or if they are in a sanction month.

Example

- Tracy, who is receiving KTAP, applies for MA in April 2027, and is tracked in IEES as in compliance with KWP requirements. At application, she is MACE Exempted because she is meeting KWP requirements, is approved, and does not need to report MACE activities for meeting an exemption at least one month in the certification period (April). The exemption applies only while Tracy remains compliant with KWP.

PLEASE NOTE

Receipt of Kinship Care or Family Assistance Short-Term (FAST) benefits do not qualify a Resident for this MACE Exemption.

02 MACE Exemptions
Inmate

Definition

Incarcerated (inmate) for at least one day within the last three months, or at the time of application.

- The three-month period begins the month prior to the lookback month (P2).

Verification

Manually verified with any one of the following options:

- 2027: Client Statement, SSP Client Statement, System Inquiry
- 2028+: Statement from Institution, Original Record, Collateral Contact, Written Statement, Appriss, Expected Release Date present

Example

- Peter applies in April 2027 and reports being incarcerated from January 20 through February 5, 2027. At application, Peter is Non-MACE Mandatory for meeting the Incarceration MACE exemption at least one day within the three-month lookback period. Peter meets all other MA criteria at application, and is approved. He must report another exemption, a short-term hardship, or qualifying activities at his next Renewal to continue receiving MA for future certification periods since the incarceration exemption no longer applies (due to incarceration ending 2/5/2027).

02 Short-Term Hardships
Overview

Definition

Individuals can receive Short-Term Hardship exemptions for individual months in their MACE lookback period. If an individual meets one of these hardship criteria for at least one day in a month, IEES evaluates that month as meeting MACE requirements:



Receiving Inpatient Services



Traveling for Medical Services



Public Emergency



High Unemployment Rate

PLEASE NOTE

Public Emergency and High Unemployment Rate are short-term hardships that are only activated by federal declaration.

02 Short-Term Hardships
Inpatient Services

Definition

Residents have received inpatient hospital services, nursing facility services, services in an intermediate care facility for individuals with intellectual disabilities, inpatient psychiatric hospital services, or other services of similar acuity, at any point during the lookback period.

Verification

Manually verified with any one of the following options:

- 2027: Client Statement or SSP Client Statement
- 2028: MACE-300 (MACE Participation & Short-Term Hardship Event)

Example

- During June, Mary spends five days receiving inpatient hospital services. At application, Mary is Non-MACE Mandatory because she received inpatient medical services during the month of application, IEES evaluates the inpatient stay for June. Because Mary received inpatient services for at least one day during the application month, she is treated as meeting the MACE requirement for June.

PLEASE NOTE

Residents can still have ADLT Medicaid and be receiving care in a nursing facility.

02 Short-Term Hardships
Traveling for Medical Services

Definition

Residents or their dependents must travel at least 25 miles outside of their community for 1 week, or 5 business days, to receive medical services at any point during the lookback period.

Verification

Manually verified with any one of the following options:

- 2027: Client Statement or SSP Client Statement
- 2028: MACE-300 (MACE Participation & Short-Term Hardship Event)

Example

- Ned travels outside the community for three weeks to receive specialty medical treatment that was unavailable locally. At application, he is Non-MACE Mandatory because the travel for medical services occurred during the lookback period. IEES evaluates whether Ned's travel meets the short-term hardship definition. Because the travel is for extended medical services, Ned qualifies for a short-term hardship for that month.

02 Short-Term Hardships
Public Emergency

Definition

Residents with a physical address within a county that is experiencing a designated public emergency at any point during the lookback period. Public Emergencies are designated by the federal government.

Verification

No verification is required from the Resident as this exemption is input at the county level by elevated users.

Example

- Olivia applies for Medicaid and reports a physical address located in a county designated as experiencing a public emergency during August. At application, Olivia is Non-MACE Mandatory because the county-level public emergency applies during the certification period. IEES compares Olivia's physical address with the county-level emergency designation. The county designation applies to Olivia for the month, without requiring separate resident verification.

02 Short-Term Hardships
Unemployment Rates

Definition

Resident resides at a physical address within a designated county if the county has an unemployment rate greater than the lesser of 8% or 1.5x the national average at any point during the lookback period. Unemployment rates are designated by the federal government.

Verification

No verification is required from the Resident as this exemption is input at the county level by elevated users.

Example

- Beau applies for Medicaid and reports a physical address in a county designated as having unemployment above the applicable threshold. IEES compares Beau's physical address with the county-level unemployment designation. Because the county meets the high-unemployment criterion, Beau is treated as meeting the MACE requirement for the application month.

02 MACE Qualifying Activities

Overview

What They Are

MACE Qualifying Activities are the ways a Resident can show they're meeting the work or community engagement requirement each month, when they don't already qualify through an exemption or short term hardship. There are seven ways to qualify.

Why They Matter

Work or community engagement is a requirement tied to Medicaid expansion eligibility. If a MACE Mandatory Resident doesn't meet one of these activities for a month, IEES considers them non-compliant, which can affect their continued coverage.

- Working 80 Hours
- Work Program
- Community Service
- School Enrollment
- Combined Activities
- Monthly Income
- Seasonal Employment

Each activity is covered in detail on the following slides.

02 MACE Qualifying Activities
Working 80 Hours

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What Qualifies

- A Resident meets the requirement by working at least 80 hours in a month.
- IEES only considers the activity for months the Resident attests they worked at least 80 hours.
- Only the Resident's own hours count. Hours worked by others in the household do not apply.

How it's Tracked

- IEES uses only actual hours for application lookback months, never projected hours. For ongoing months, IEES calculates projected hours based on pay frequency to estimate the number of hours worked in a month.
- Self-employment hours:
  - If actively working in the business: Monthly work hours = (hours worked per week) x (13 / 3)
  - If not actively working in the business, IEES estimates monthly hours from net self-employment income: Monthly work hours = (self-employment income − self-employment expenses) ÷ 7.25 (federal minimum wage)

How it's Verified

- In 2027, Client Statement is allowed to verify meeting this Qualifying Activity for MACE. An RFI may still generate in 2027 to verify the income meets general Medicaid income limit rules.
- It is possible to be verified through existing income/hours RFIs or automatically through the SWICA and AVS trusted data sources. Manual verification takes priority over automated data, if provided.
- At application, the Resident needs to demonstrate they've met the qualifying activity for one month in the lookback and at renewal demonstrate they've met it for at least 3 months; however, the months do not need to be consecutive.

02 MACE Qualifying Activities
Working 80 Hours Example

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Example 1

Scenario:
Bella, age 26, is applying for her ADLT Medicaid renewal in January 2028. She is MACE Mandatory and does not report any exemptions or short-term hardships. She verifies that she has worked at least 80 hours in three separate months, non-consecutively as seen in the table below.

Month	Actual Hours
July	16
August	92
September	0
October	84
November	80
December	0

Expected Outcome:
Because Bella has three months that she has worked 80 hours in her six-month lookback period at renewal, she is considered MACE compliant. She is approved for her next certification period, assuming she meets all other Medicaid eligibility criteria.

MACE Category: MACE Compliant

02 MACE Qualifying Activities
Work Program

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What Qualifies

A Resident meets the requirement by participating in a qualified Work Program for at least 80 hours. Only the Resident's own hours count. Hours from other household members don't apply.

Please Note: Qualified Work Program activities include Job Search Training, Supervised Job Search, Employment Education, Work Experience, and Self-Employment Training.

How it's Tracked

IEES uses the hours reported by the Resident from their qualified Work Program.

How it's Verified

- **A Client Statement is accepted for verification for 2027. Beginning January 1st, 2028 a MACE-100 form or other documentation is accepted. Client statement will no longer be accepted.**
- Failure to verify within 30 days can result in denial or discontinuance of coverage.
- At application, the Resident needs to demonstrate they've met the qualifying activity for one month in the lookback and at renewal demonstrate they've met it for at least 3 months; however, the months do not need to be consecutive.

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Example 1

Scenario:
Edward, age 23, is applying for Medicaid as a low-income adult without children in December 2027. He is MACE Mandatory and does not report any exemptions or short term hardships. He is currently enrolled in a valid work program. Edward started the program in the second half of October and submits his application in the first half of December. However, in November (P1) he was full time in the program and has 80 hours in one lookback month. He submits a client statement that verifies his hours in the program.

Month	Work Program Hours
October (P2)	40
November (P1)	80
December (P0)	40

Expected Outcome:
Because Edward verifies 80 hours of valid Work Program participation in his application lookback period, he is considered MACE compliant. Edward is approved for ADLT Medicaid from the application month, assuming he meets all other Medicaid eligibility criteria.

MACE Category: MACE Compliant

02 MACE Qualifying Activities
Community Service

What Qualifies

A Resident meets the requirement by completing at least 80 hours of community service. Only the Resident's own hours count. Hours from anyone else in the household don't apply.

How it's Tracked

IEES uses the hours reported by the Resident from their Community Service activities.

How it's Verified

- **A Client Statement is accepted for verification for 2027. Beginning January 1st, 2028 a MACE-100 form or other documentation is accepted. Client statement will no longer be accepted.**
- Failure to verify within 30 days can result in denial or discontinuance of coverage.
- At application, the Resident needs to demonstrate they've met the qualifying activity for one month in the lookback and at renewal demonstrate they've met it for at least 3 months; however, the months do not need to be consecutive.

02 MACE Qualifying Activities
Community Service Example

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Example 1

Scenario:
Rosalie, age 29, is applying for Medicaid/Financial Assistance in February 2028. She is MACE Mandatory and does not report any exemptions or short term hardships. She currently volunteers part-time hours for a local animal shelter. Rosalie reports participating in community service and provides verification to her kynector. The kynector enters 80 hours of community service for the month of January on the Medicaid Community Engagement Tracker screen.

Date	Hours
12/1/2027	20
12/15/2027	10
01/01/2028	40
01/15/2028	40
02/01/2028	10

Expected Outcome:
Because Rosalie has one month in her lookback period that has 80 hours certified community service, she is considered MACE compliant. Rosalie is approved for Medicaid, assuming she meets all other Medicaid eligibility criteria.

MACE Category: MACE Compliant

02 MACE Qualifying Activities
Enrolled in School

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What Qualifies

A Resident meets the requirement by being enrolled at least half-time in an eligible school type: High School, Home School, GED, Technical/Trade/Vocational School, or College/University. Active enrollment still counts during school breaks if the Resident hasn't graduated. Hours from anyone else in the household don't apply.

How it's Tracked

- Must select an enrollment status of 'Half Time or More' or 'Full Time.'
- Below-half-time enrollment doesn't qualify alone, but those hours may count toward Combined Activities.
- If expected graduation date is:
  - Present & within the lookback period or in the future, does not require reverification if previously verified.
  - Not provided, or before the lookback period, require verification at renewal.

How it's Verified

- **A Client Statement is accepted for verification for 2027. Beginning January 1st, 2028 the following documents are acceptable:** PA-33D, School Attendance Report, Statement from Educational Institution, Collateral Contact, Class Schedule, or DCC-90L.
- Verified through the existing Enrollment RFI, a manual, document-based process (not an automated trusted data source).
- Failure to verify within 30 days can result in denial or discontinuance of coverage.
- At application, the Resident needs to demonstrate they've met the qualifying activity for one month in the lookback and at renewal demonstrate they've met it for at least 3 months; however, the months do not need to be consecutive.

02 MACE Qualifying Activities
School Enrollment Example

Example 1

Scenario:
Emmett, age 20, is applying for Medicaid and is a low-income adult without children. He does not report any exemptions or short term hardships and is therefore MACE mandatory. He is currently enrolled half-time in a state university. As part of his application process, Emmett provides a School Attendance Report that shows half-time enrollment for verification.

Expected Outcome:
Assuming he meets all other criteria, Emmett is approved because he has provided documentation to prove he is complying with MACE requirements.

MACE Category: MACE Compliant

02 MACE Qualifying Activities
Combined Activities

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What Qualifies

A Resident can meet the requirement by adding up hours across several qualifying activities to reach 80 hours total in a month: work (earned or self-employment), Work Program participation, school attendance, community service, or providing substantial (not incidental) care to a child (13 years old or younger) or disabled person outside the household who isn't a relative.

How it's Tracked

- Work Programs, community service, qualifying caregiving hours, and employment hours through work are tracked as actual hours reported for each activity with no conversion formula needed.
- School enrollment is the one exemption: below half-time, hours are calculated as Credit hours × 3 × 4.33 weeks; programs without credit hours (technical/trade/vocational) count actual hours in class or related activities.
- IEES totals the hours across all reported activities to determine whether the combined 80-hour threshold is met.

How it's Verified

- There's no single verification method for combined activities. **Client Statement is accepted for verification in 2027 for qualifying activities, beginning January 1st, 2028 refer to each activity to determine appropriate verification sources.**
- Each activity is verified the way it's verified on its own: income and work hours through existing RFIs or trusted data sources, school through the Enrollment RFI, and Work Program or community service through client statement in 2027, or with a MACE-100 form.
- At application, the Resident needs to demonstrate they've met the qualifying activity for one month in the lookback and at renewal demonstrate they've met it for at least 3 months; however, the months do not need to be consecutive.

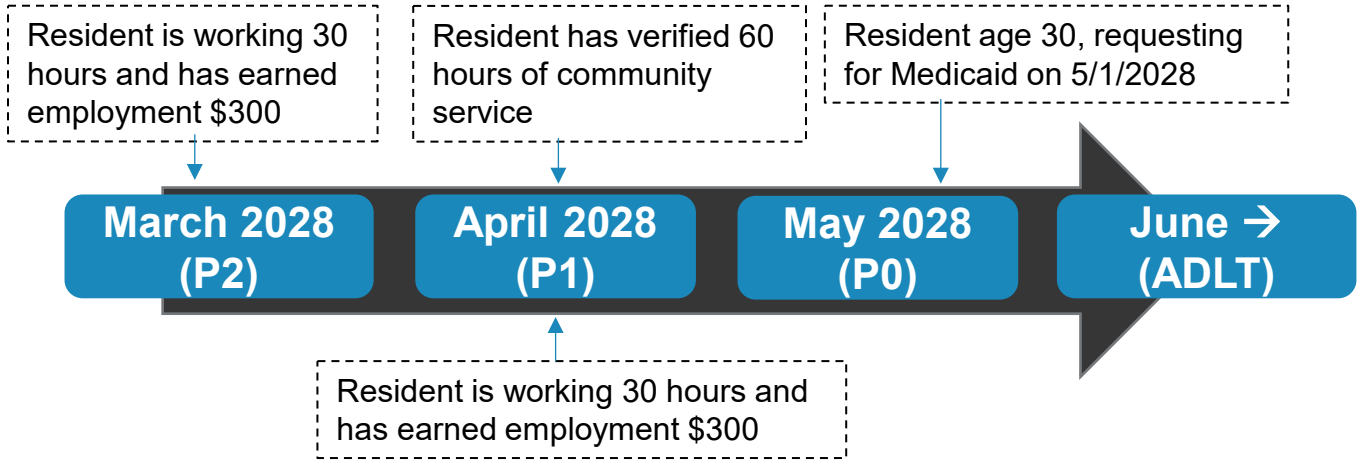
02 MACE Qualifying Activities
Combined Activities Example

Example 1

Scenario:

Alice, age 30, applies in person for Medicaid/Financial Assistance on 05/01/2028. Alice is MACE mandatory and does not report any exemptions. She verified the below wages and hours worked along with reported community service for the month of April. Alice provides verification to her kynector. The kynector enters 60 hours of community service on the Medicaid Community Engagement Tracker for April.

Date	Amount	Hours
3/1/2028	$200	20
3/15/2028	$100	10
4/1/2028	$100	10
4/15/2028	$200	20



Expected Outcome:

IEES will combine the verified work hours with the verified community service hours for the P1 lookback month of April (10+20+60 = 90). Alice has combined hours exceeding the 80 hours/month requirement and is determined as MACE compliant through a combination of activities.

MACE Category: MACE Compliant

Renewal Due Date: 10/31/2028

02 MACE Qualifying Activities
Monthly Income

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What Qualifies

- Countable monthly income must be at least $580 (federal minimum wage $7.25 times 80 hours).
- This threshold is subject to change if the minimum wage changes.

How it's Tracked

- Uses the same net countable income as Medicaid eligibility determination for the month (includes earned income (including tips), unearned income, & self-employment income currently used in MAGI budgeting).
- Can include income from other household members if it's part of the Medicaid budget, not just the individual's own.
- Unlike Medicaid budgeting, MAGI deductions are not subtracted for MACE evaluation of this qualifying activity. For example, if deductions in MAGI budgeting cause the income to fall below $580, but prior to the deduction the income is above the $580 threshold, they meet MACE requirements.
- Only actual income counts for application lookback months. At renewal, IEES uses the income already budgeted for Medicaid eligibility that month (either anticipated at the last report date, or actual income reported during the certification period). The requirement must be met in any 3 months of the lookback period; the months do not need to be consecutive.

How it's Verified

- In 2027, Client Statement is allowed to verify meeting this Qualifying Activity for MACE. An RFI may still generate in 2027 to verify the income meets general Medicaid income limit rules.
- It can be verified through existing income-specific RFIs or automatically through the SWICA and AVS trusted data sources. Manual verification takes priority, if provided. If the Resident does not attest to income greater than or equal to $580 per month, IEES treats the individual as not meeting MACE through this activity.
- At application, the Resident needs to demonstrate they've met the qualifying activity for one month in the lookback and at renewal demonstrate they've met it for at least 3 months; however, the months do not need to be consecutive.

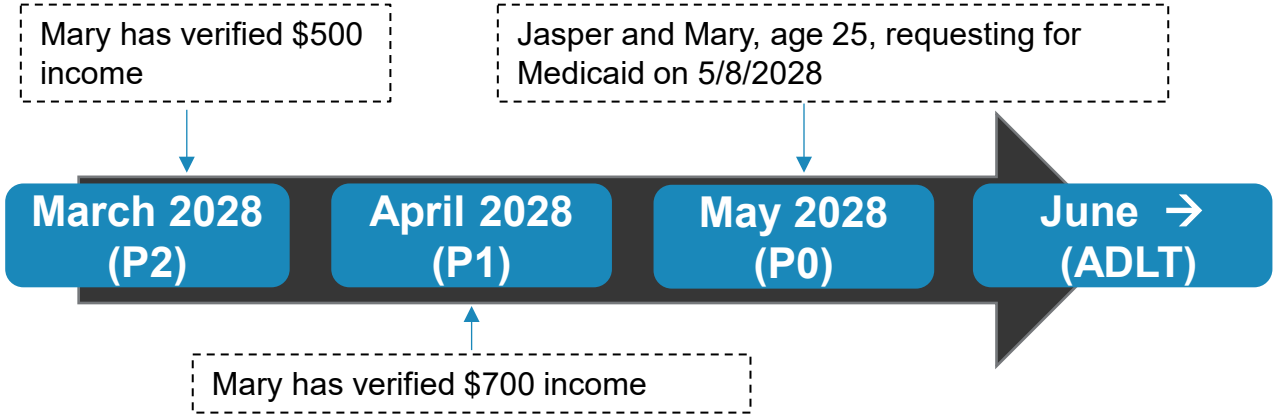
02 MACE Qualifying Activities
Monthly Income Example

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Example 1

Scenario:
Jasper and his spouse, Mary, both age 25 apply for Medicaid/Financial Assistance on 5/8/2028. They do not request retro coverage and are determined eligible for Medicaid in the ADLT type of assistance. The below income is verified for Mary at application:

Date	Amount
3/1/2028	$200
3/15/2028	$300
4/1/2028	$500
4/15/2028	$200



Expected Outcome:
The income of Mary is considered towards the eligibility determination of both Jasper and Mary. They are identified as MACE Mandatory during the application and MACE compliant for the P1 lookback month of April 2028 since countable income >=$580.

MACE Category: MACE Compliant

Renewal Due Date: 10/31/2028

02 MACE Qualifying Activities

Seasonal Employment During Application

What Qualifies

- Seasonal employment is any work that happens for only part of the year. This includes, but is not limited to retail during the holidays, farm jobs, part-time tax work, etc.
- If the $580 income threshold or 80-hour threshold is met during P1, or the month prior to application, IEES does not check previous months.
- If it's not met in P1, for those that have selected seasonal employment, IEES checks for Seasonal Employment income or hours across a rolling 6-month lookback window instead of one month.
- At application, this window is based on the month (P2) before the lookback month, covering that month and the 5 months before it.

How it's Verified

- In 2027, Client Statement is allowed to verify meeting this Qualifying Activity for MACE. An RFI may still generate in 2027 to verify the income meets general Medicaid income limit rules.
- It can be verified through existing income-specific RFIs or the SWICA and AVS trusted data sources, confirmed to cover seasonal income.

02 MACE Qualifying Activities

Seasonal Employment Application Tracking

Income Test Before Hours Test

IEES checks the $580 income test first, then the 80-hour test, for the lookback month.

Seasonal Evaluated Only on Failure

Seasonal income is only evaluated if both of those tests fail. If seasonal employment is not selected for the Resident, the standard lookback period applies instead.

All Jobs Count Toward the Window

If any one job is marked seasonal, income from all of that Resident's jobs, both seasonal and non-seasonal, counts toward the window.

Application vs. Lookback Month Handling

If requirements are met for the application month but not the lookback month, the application month is denied while ongoing coverage starts from the month after the application month.

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Example 1

Scenario:
Logan is a seasonal worker who applied for Medicaid in January 2028. After flowing through the hierarchy, he is required to meet a qualifying activity to be approved for benefits. Logan does not have any income or hours for P1 (December) but indicates he had seasonal employment in 2027. Therefore, IEES searches for seasonal employment using a rolling 6-month window that ends with P2 (November). The following table shows Logan's seasonal employment income for the months of June to November:

Month	Income
June	$0
July	$0
August	$600
September	$0
October	$0
November (P2)	$0

Expected Outcome:
Logan is determined to meet the seasonal employment qualifying activity due to demonstrating an income of at least $580 for one month within the rolling 6-month window ending with P2.

MACE Category: MACE Compliant

02 MACE Qualifying Activities

Seasonal Employment During Renewal

What Qualifies

- At renewal, IEES also looks at a rolling 6-month window in addition to the renewal lookback period for seasonal workers to confirm if the Resident is meeting the qualifying activity criteria.
- Unlike applications, this window is anchored to any one month within the certification period, not a fixed lookback point. For 6-month certification periods, the 6-month rolling can be checked as far back as 12 months (6 months rolling window in addition to 6-month certification period)..

How it's Verified

- In 2027, Client Statement is allowed to verify meeting this Qualifying Activity for MACE. An RFI may still generate in 2027 to verify the income meets general Medicaid income limit rules.
- It can be verified through existing income-specific RFIs or the SWICA and AVS trusted data sources, confirmed to cover seasonal income.

02 MACE Qualifying Activities

Seasonal Employment Renewal Tracking

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Standard Activity Check First

Each month in the renewal lookback is checked against the standard rule, income of $580 or more, or 80 work hours. Meeting either in any 3 months satisfies MACE, so no seasonal math is

When Seasonal Rules Apply

Seasonal rules only kick in when a job is flagged as seasonal and seasonal income was reported. If there is no seasonal income, the standard monthly check is all that applies.

Rolling 6-Month Window

If seasonal rules apply, IEES looks at a rolling 6-month window instead of just the renewal lookback months. Hitting $580 income or 80 hours in any 3 of those months meets MACE.

Combining Multiple Jobs

If even one job is marked seasonal, income from all of the Resident's jobs, both seasonal and non-seasonal, is combined for that same 6-month window.

Single-Month Shortcut

Earning $1,740 or more ($580 times 3) in just one month within the window meets MACE outright, treated the same as hitting $580 in three separate months.

6-Month Average Test

Total countable income across the 6-month window, divided by 6, also meets MACE if that average comes to $580 or more.

02 MACE Qualifying Activities

Seasonal Employment Renewal Rolling 6-Month Window

First Renewal Cycle

12-Month Certification Period

Up to 18 months

of income history when seasonal employment applies

The rolling 6-month window is anchored to any month in the certification period, not fixed start or end dates, which is what stretches the total lookback.

Please Note: This applies only to Residents whose certification began before 01/01/2027. Residents applying on or after that date start on a 6-month certification instead.

Second Renewal Cycle Onward

6-Month Certification Period

Up to 12 months

of income history when seasonal employment applies

Applies once a Resident's next redetermination assigns the new, shorter certification period.

Why it varies:

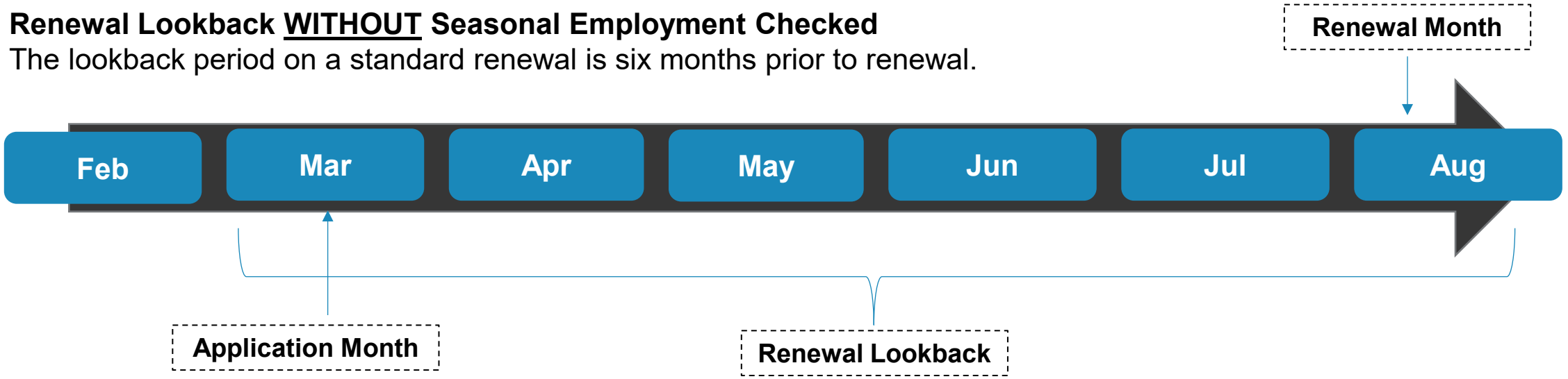
At renewal, the lookback period equals the Resident's certification period. Existing Residents keep their 12-month certification until their next renewal, during which IEES assigns the new 6-month certification going forward.

02 MACE Qualifying Activities

Standard Renewal Lookback vs Seasonal Renewal Lookback

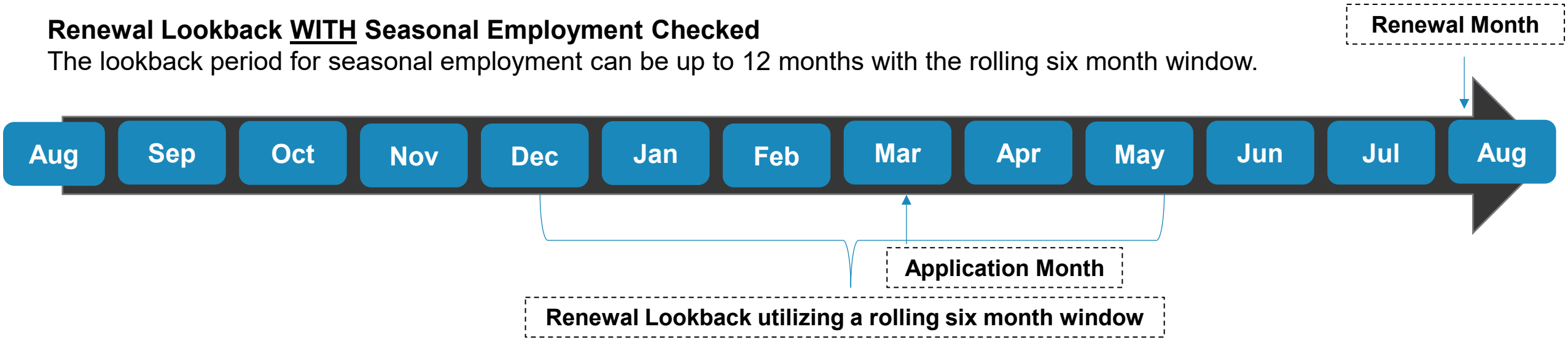
Renewal Lookback WITHOUT Seasonal Employment Checked

The lookback period on a standard renewal is six months prior to renewal.



Renewal Lookback WITH Seasonal Employment Checked

The lookback period for seasonal employment can be up to 12 months with the rolling six month window.



02 MACE Qualifying Activities
Seasonal Employment Example 1

Example 1

Scenario:

Grace is a seasonal worker who applied for Medicaid in August 2027 and has a 6-month renewal period. At her first renewal in January 2028, she is MACE-Mandatory and does not meet any exemption criteria. Therefore, IEES checks for completion of any qualifying activities. The following table shows Grace's seasonal employment income for the months of February 2027 to December 2027:

Month	Income
February	$720
March	$0
April	$610
May	$0
June	$645
July	$0
August	$0
September	$0
October	$0
November	$0
December	$0

Expected Outcome:

Grace is determined to meet the seasonal employment qualifying activity due to demonstrating an income of at least $580 for any three months within the lookback period.

MACE Category: MACE Compliant

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Example 2

Scenario:

Garrett is a seasonal worker who applied for Medicaid in August 2027 and has a 6 month renewal period. At renewal in January 2028, he is MACE-Mandatory and does not meet any exemption criteria. Therefore, IEES checks for completion of any qualifying activities. The following table shows Garrett's seasonal employment income for the months of February 2027 to December 2027:

Month	Income
February	$0
March	$0
April	$0
May	$2100
June	$0
July	$0
August	$0
September	$0
October	$0
November	$0
December	$0

Expected Outcome:

Garrett is determined to meet the seasonal employment qualifying activity due to demonstrating an income of at least $1,740 in one month within a rolling 6-month window.

MACE Category: MACE Compliant

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Example 3

Scenario:

Hannah is a seasonal worker who was approved for Medicaid in July 2026 and has a 12-month renewal period. When she initiates her June 2027 renewal in May of 2027, she is MACE-Mandatory, does not meet any exemption criteria in her 12-month lookback period, or 3 months of a qualifying activity. Therefore, IEES checks for seasonal income in an additional 6-month rolling window prior to July 2026. The following table shows Hannah's seasonal employment income for the months of January 2026 to June 2027:

Month (2026)	Income
Jan 2026	$0
Feb 2026	$0
Mar 2026	$0
Apr 2026	$595
May 2026	$690
Jun 2026	$0
Jul 2026	$0
Aug 2026	$0
Sep 2026	$0
Oct 2026	$0
Nov 2026	$0
Dec 2026	$0

Month (2027)	Income
Jan 2027	$0
Feb 2027	$0
Mar 2027	$0
Apr 2027	$610
May 2027	$720
Jun 2027	$0

Expected Outcome:

Hannah is determined to **NOT** meet the seasonal employment qualifying activity due to not demonstrating an income of at least $580 in at least 3 months within a rolling 6-month window in the lookback period.

MACE Category: MACE Non-Compliant

Example 4

Scenario:

Tucker is a seasonal worker who was approved for Medicaid in February 2027 and has a 6-month renewal period. When he initiates his July 2027 renewal in June of 2027, he is MACE-Mandatory, does not meet any exemption criteria in his 6-month renewal lookback period, or 3 months of a qualifying activity. Therefore, IEES checks for seasonal income in an additional 6-month rolling window prior to February 2027. The following table shows Tucker's seasonal employment income for the months of July 2026 to June 2027:

Month (2026)	Income
Jul 2026	$0
Aug 2026	$0
Sep 2026	$0
Oct 2026	$700
Nov 2026	$635
Dec 2026	$605
Jan 2027	$0
Feb 2027	$0
Mar 2027	$0
Apr 2027	$0
May 2027	$0
Jun 2027	$0

Expected Outcome:

Tucker is determined to meet the seasonal employment qualifying activity due to demonstrating an income of at least $580 in at least 3 months within a rolling 6-month window in the lookback period.

MACE Category: MACE Compliant

02 MACE Qualifying Activities

Evaluation Hierarchy

Qualifying activities are evaluated in the hierarchy order shown below:

1. Monthly Income ≥ Federal Minimum Wage × 80
2. Working 80 Hours
3. Seasonal Workers — Income ≥ Federal Minimum Wage × 80 Over Last 6 Months
4. 80 Hours of Community Service
5. Participating in a Work Program for 80 Hours
6. Enrolled in School at Least Half Time
7. 80 Combined Hours of Qualifying Activities

Verifying any one activity above exits the hierarchy flow and the Resident is considered MACE Compliant.

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High-Level Hierarchy Overview

An individual is evaluated against the overall MACE hierarchy in the order below. The highest hierarchy level met determines the MACE status used for reporting and downstream communication.

Is MACE Mandatory?

- Checked against current, and ongoing months
- If No, MACE rules will not be applied
- If Yes, check for Exemption

Is MACE Exempted?

- Checked against lookback months for Exemptions
- If Yes (and Verified), considered to meet MACE
- If No, check for Short Term Hardship

Is Experiencing Short Term Hardship?

- Checked against lookback months for Short Term Hardship
- If Yes (and verified), considered to meet MACE
- If No, check for MACE compliance

Is MACE Compliant?

- Checked against lookback months for qualifying activities
- If Yes (and verified), considered to meet MACE
- If No, considered MACE Non-Compliance

02 MACE Qualifying Activities
Knowledge Check

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Scenario

A household includes a resident and their spouse and they apply in March 2027. The resident has **$300** in countable monthly income, and the spouse has **$320**, both in February. Both incomes are included in the household's Medicaid budgeting. The household's income is **$620 before MAGI deductions** and **$570 after loan interest deductions are accounted for**.

Discuss at your table

1. Does the household meet the monthly-income requirement?
2. Which income amount should be used for MACE compliance?
3. Can the spouse's income be included?

Answer

1. **Yes.** The household meets the monthly-income requirement because its countable income is at least **$580**.
2. Use the household's **$620 income before MAGI deductions**; MACE does not subtract MAGI deductions when evaluating this activity.
3. **Yes.** Income from another household member may be included if it is part of the Medicaid budget.

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MODULE THREE

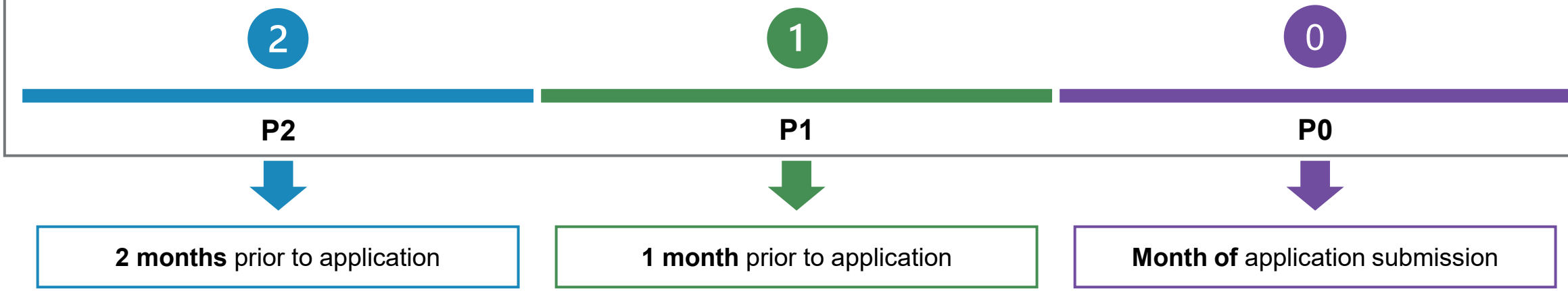
Eligibility Lookback Rules & TOA Transition

03 MACE Application Lookback
Overview

MACE Lookback

To meet MACE requirements, a Resident must be exempted or compliant for the required number of months within the applicable lookback period.

Lookback Period



Retro Medicaid

Residents may request coverage for months prior to the application month, however, starting January 1, 2027, retroactive coverage is changing:

- MAGI Expansion TOAs (ADLT, ADFF, ADPR) will allow only 1 retroactive month, while non-MAGI and other MAGI TOAs will allow up to 2 retroactive months. Individuals may request up to 2 retroactive months; however, retroactive eligibility may not be granted for both months if the applicant is determined to be part of the MAGI Expansion population.
- For Spend Down, retroactive eligibility will decrease from up to 3 months to up to 2 months for SPMA and SPNM. If an individual is eligible for only 1 retroactive month, the second requested retroactive month will be denied.

03 MACE Application Lookback

Application Lookback (Steps 1 - 4)

Step 1

Determine the **first Medicaid-eligible month** (For example, application month).

If the requested application month is denied or if Advance Premium Tax Credits (APTC) is approved, the first eligible Medicaid month is considered application month.

Step 2

In the application month, determine whether **the resident is Non-MACE Mandatory**.

If yes, do not apply MACE rules (exemptions or community engagement).

Step 3

If the **Resident is considered MACE Mandatory** in the application month, **evaluate the application month for MACE Exempted status**.

Step 4

If the Resident is MACE Mandatory but **MACE Exempted** in the application month, **the first eligible Medicaid month for the individual is the application month**.

IEES sets the status accordingly, do not evaluate **P1**.

PLEASE NOTE

The lookback period for applications is one month prior to the application date. **For MACE, the application date is the Medicaid program request date – not the submission date.** Applications can be backdated up to 20 days. IEES will use the program request date to determine the application and lookback months.

03 MACE Application Lookback

Application Lookback (Steps 5 - 8)

Step 5

If the Resident is MACE Mandatory and is not MACE Exempted in the application month, evaluate their **P1** (one month prior to application month) for MACE status.

Step 6

If the **Resident is Non-MACE Mandatory or MACE Exempted** in **P1**, the first eligible Medicaid month for the individual is application month, and IEES sets the status accordingly.

Step 7

If the **Resident is MACE Mandatory** in **P1** and is **not MACE Exempted** in **P1**, the Resident must demonstrate community engagement (a qualifying activity) for **P1** to be eligible for benefits in application month.

Step 8

If it **cannot be established that the Resident met community engagement requirements or an exemption** for **P1,** IEES will hard pend application month and issue a 30-day Request for Information (RFI) to allow the Resident to demonstrate compliance through a qualifying activity, or an exemption.

03 MACE Application Lookback

Application Lookback (Steps 9-11)

Step 9

If the **Resident does not provide verification within the 30-day RFI period**, IEES will deny benefits for application month due to not meeting MACE requirements in **P1**.

Step 10

If the **Resident meets community engagement in the application month** (for example, working 80 hours in application month) **but does not meet community engagement** in **P1**, IEES will hard pend the application month and issue the same 30-day RFI described above to allow the Resident to demonstrate MACE in **P1**.

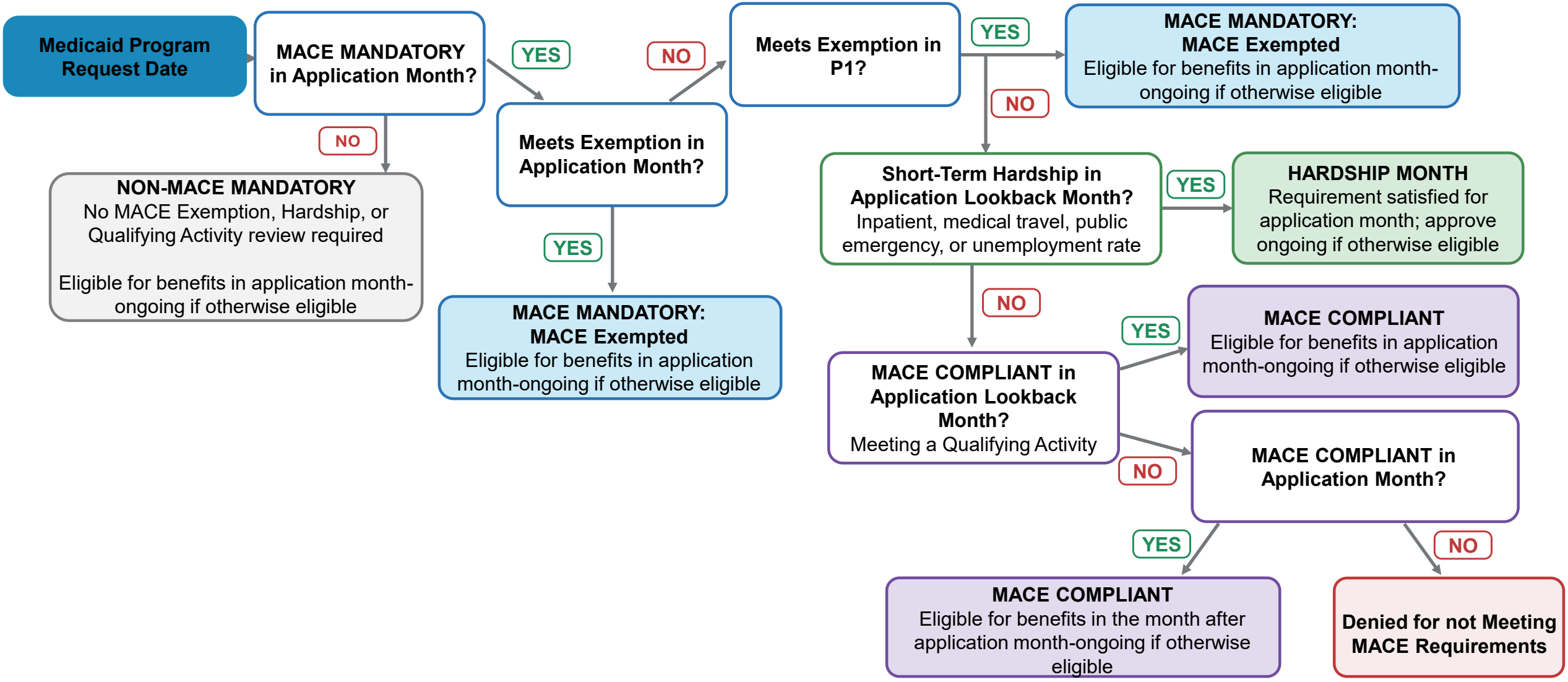
Step 10a (as applicable)

During the **pend period, the month following the application month will show as pended**. IEES does not allow partial disposition at the member level.

Step 11

If **verification is not provided within the 30-day RFI period**, IEES will deny benefits for **P0** (application month) due to not meeting MACE requirements in **P1**, and the first eligible month for Medicaid benefits is application month **+1** because the Resident meets community engagement requirements in application month and is eligible on an ongoing basis (assuming all other eligibility criteria are met).

03 MACE Application Lookback
Decision Tree



03 MACE Application Lookback
Example 1

Example 1

Scenario:
Sarah, age 27, applies for Medicaid/Financial Assistance on 02/05/2027. The household contains Sarah and a dependent child, Riley, who turns 19 on 02/15/2027. Sarah does not report any income or MACE exemption criteria during application. In March, Riley transitions to ADLT due to being 19 years old.

Expected Outcome:
Sarah is approved for PACA in February, and ADLT from March-ongoing. MACE exemptions or qualifying activities are not evaluated in February, but will start being evaluated from March. Sarah's renewal is set for August 31, 2027, 6 months from the ADLT effective date. Riley must meet MACE requirements starting in March due to turning 19 and being in the ADLT TOA. Riley's Renewal is also set to August 31, 2027.

MACE Category: Non-MACE Mandatory in the application month (P0) but are considered MACE Mandatory in the month after application.

Renewal Due Date: 08/31/2027

03 MACE Application Lookback
Example 2

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Example 2

Scenario:
Steven turns 19 on January 15, 2027, and applies for Medicaid/Financial Assistance on February 05, 2027. He does not report any income or MACE exemption criteria during the application.

Expected Outcome:
For the month Steven turns 19 (January 2027), he is considered MACE Exempted due to being under age 19 for part of the month. For the application month (February 2027) and ongoing months, he is MACE Mandatory and is subject to MACE evaluation using the application lookback rules. Because the application lookback month for February is January, and Steven is MACE Exempted for January (meets exemption status in the lookback month), he is eligible for Medicaid in February without needing to demonstrate a qualifying activity for the lookback month.

MACE Category: MACE Exempted for P1 but would be MACE Mandatory starting in the application month

Renewal Due Date: 07/31/2027

03 MACE Application Lookback
Example 3

Example 3

Scenario:
Angela, age 30, applies for Medicaid/Financial Assistance on April 01, 2027. She does not report any income but reports incarceration from 12/01/2026 – 12/22/2026.

Expected Outcome:
For the application month (April 2027) and ongoing months, Angela is MACE Mandatory and is subject to MACE evaluation using the application lookback rules. The application lookback month for April is March 2027. Because she was incarcerated within the last three months prior to March 2027 (released from incarceration on December 22, 2026), Angela meets the inmate exemption criterion for the applicable evaluation period and is treated as MACE Exempted for the lookback month. Therefore, she is eligible for Medicaid in April without needing to demonstrate a qualifying activity for the lookback month.

MACE Category: MACE Exempted

Renewal Due Date: 09/30/2027

03 MACE Application Lookback
Example 4

Example 4

Scenario:
Robert, age 30, applies in person for Medicaid/Financial Assistance on 05/01/2028. He is MACE mandatory and does not report any exemptions. Robert verifies the below wages:

Date	Wages Earned	Community Service Hours
3/1/2028	$200	15
3/15/2028	$100	15
4/1/2028	$100	20
4/15/2028	$200	10

He reports community service for the month of April and provides verification to his kynector. The kynector enters 60 hours of community service on the Medicaid Community Engagement Tracker.

Expected Outcome:
IEES will combine the verified work hours with the verified community service hours for the P1 lookback month of April (15+15+60 = 90). Robert has combined hours exceeding the 80/month requirement and is determined as MACE compliant through a combination of activities during the lookback requirements. Moving forward for his renewal, Robert will need to show a minimum of three months of compliance.

MACE Category: MACE Compliant

Renewal Due Date: 10/31/2028

03 Retro Coverage

Eligibility and Lookback Logic

The IEES applies the application lookback logic to each month that residents request retro coverage (P1) for during an application, Member Add, or during the reconsideration period.

Eligibility

1. To be eligible for **P1** (retro) coverage, the resident must meet MACE requirements in the **P1 lookback month (P2)**, using the same application lookback criteria covered on recent slides.

2. To be eligible for ongoing coverage starting in **application month (P0)**, the Resident must meet MACE requirements in the **application month's** (**P0) lookback month (P1)** (i.e., the month prior to **P0**), using the same application lookback criteria covered on recent slides.

3. IEES treats the **application month (P0)** and **P1** MACE determinations as separate. IEES may deny **P1** coverage, **application month (P0)** coverage, or both if MACE requirements are not met for the applicable lookback month(s) (**P2** for the **P1** determination; **P1** for the **P0** determination).

PLEASE NOTE

Meeting MACE requirements for the **P1** lookback period (**P2**) does not allow approval of **P0** (ongoing) coverage if MACE is not met for the **P0** lookback period (**P1**)**.** Likewise, meeting MACE requirements for the **P0** lookback period does not allow approval of **P1** coverage if MACE requirements are not met for the **P1** lookback period.

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Example

Scenario:

Jessica requests Medicaid/Financial Assistance on February 03, 2028 (P0) and also requests retro coverage for January 2028 (P1). She is eligible under the ADLT TOA (MACE Mandatory) for both months and does not meet any Non-MACE Mandatory or Exemption criteria. Jessica verifies employment income of $900 for the P1 month of January but does not report any income or MACE activity for the P2 month of December. A 30-day RFI is generated to verify compliance in P2.

Action 1:

IEES evaluates the following benefits:

Month	Lookback Month
Application Month (P0): February	January
Retro (P1) - January	December

Action 2:

Jessica does not return verification within the 30-day RFI period for P2.

Expected Outcome:

IEES evaluates January and February separately. Because Jessica did not verify MACE compliance for December, January Medicaid is denied. Her verified January income supports February-ongoing eligibility, assuming all other requirements are met, and she must verify three months of qualifying activities, or one month of an exemption in her lookback period at renewal on July 31, 2028.

03 Report a Change
Eligibility

Residents only need to demonstrate MACE compliance at the time of application and renewal. If a Resident Reports a Change (RAC) in the middle of their certification period, IEES does not consider MACE requirements when determining eligibility. When the IEES processes a case under RAC, the IEES evaluates eligibility using standard, non-MACE Medicaid rules for the impacted month.

Step 1

IEES **does not apply MACE exemption**, or **community engagement compliance logic** as part of RAC processing.

Step 2

If the Resident is **otherwise eligible for Medicaid** in the impacted month(s), **benefits continue (or are approved) even if the Resident is not meeting a MACE exemption** and is **not meeting community engagement requirements** in those month(s).

Step 3

MACE **evaluation resumes at the next application or renewal**, as applicable.

Example

If a Resident is receiving ADLT benefits and a RAC is processed mid-certification period, and the Resident is not meeting a MACE exemption and is not meeting community engagement, IEES will continue to approve benefits for the impacted month(s) as long as the Resident remains otherwise eligible.

03 Member Add
Adding a New Individual

Member Add Logic

1. For MACE purposes, the member add request month is treated as **the application month** for the new individual and the month prior to the request month is treated as **P1**.

2. For Member Add scenarios, the **application** month is determined using the **case program individual request date** (not the action date). IEES uses that request date to identify **the application month** and **P1**, and applies the same application lookback decision flow for retro requests.

3. If retroactive coverage is requested as part of Member Add (i.e., requesting **P1** coverage in addition to **the application month**), IEES will follow the Retro (P1) Month Requests logic and evaluate each requested month separately (including using **P2** as the lookback month for the **P1** determination).

Example

A member is added to an active Medicaid household with a Medicaid request date of 05/01/2027.

IEES will treat May 2027 as the application month (P0) for the member add (based on the case program individual request date) and will evaluate April 2027 (P1) using the application lookback logic to determine eligibility for May.

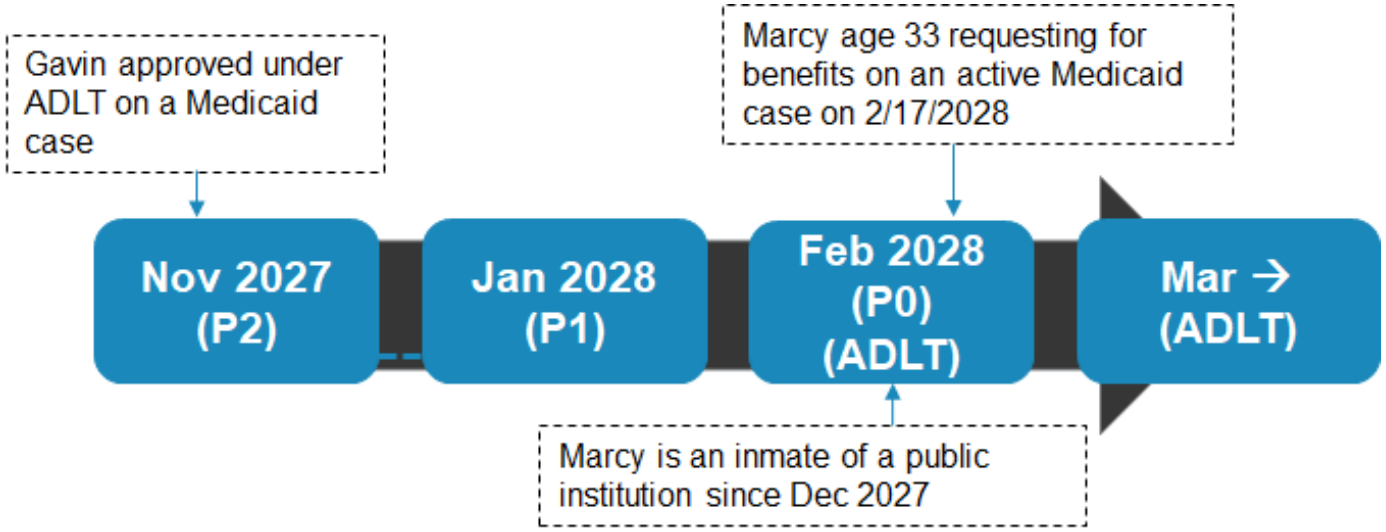
PLEASE NOTE

An application signature is not captured as part of the Member Add process.

Example

Scenario:

Gavin is approved under ADLT on a Medicaid case effective November 2027. On 2/17/2028, Marcy is added on the case requesting benefits from February. Marcy is a MACE Mandatory individual and is evaluated in the ADLT TOA for February and March. Marcy is an inmate of a public institution since December 2027.



Expected Outcome:

Marcy is a MACE Mandatory individual and potentially eligible for ADLT. As Marcy is currently an inmate of a public institution, she is MACE Exempted and not required to participate in qualifying activities or community engagement. She should be eligible for Medicaid, provided other criteria are met.

03 Renewal Lookback Logic

Timing and Logic for Lookback Periods

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When MACE Starts

- MACE applies to renewals that **begin in February 2027**.
- **January 2027 renewals are not included** because they start in December, before MACE begins.

How IEES Checks Renewal

- At renewal, IEES checks whether the Resident met MACE rules during the lookback period
- The lookback period is the time since the last application or renewal through the renewal date

Renewal Timeline

- Some Residents may have a 12-month lookback period if their renewal was set before January 1st, 2027. After their first renewal post January 1, 2027, MACE Mandatory Residents will have 6-month renewals.

Example 1: 6-month renewal

If a Resident is approved with a certification period starting 01/01/2027 and the renewal due date is set to 06/30/2027 (6 months from the approval date), then the renewal lookback period is 01/01/2027 through 06/30/2027.

Example 2: 12-month renewal

If a Resident is approved with a certification period starting 09/01/2026 and the renewal due date is set to 08/31/2027 (12 months from the approval date), then the renewal lookback period is 09/01/2026 through 08/31/2027.

03 Renewal Lookback Logic

Overall Process

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Check MACE Status → **Identify Lookback Period** → **Assess Lookback Eligibility** → **Verify Work or Community Engagement**

Check the renewal initiation month:

If the Resident is Non-MACE Mandatory or MACE Exempted in that month, the Resident is eligible at renewal. The Resident does not need to meet any other MACE rules for the lookback period.

Find the lookback period:

If the Resident is not Non-MACE Mandatory or MACE Exempted in the renewal initiation month, find the renewal lookback period. This is the certification period.

Check each month in the lookback period:

If the Resident is Non-MACE Mandatory or MACE Exempted in any month in the lookback period, the Resident has met MACE at renewal and is eligible.

Work or Check for community engagement:

If the Resident is not Non-MACE Mandatory or MACE Exempted in any month in the lookback period, the Resident must show work or community engagement for at least three months of that lookback period. The three months do not have to be consecutive.

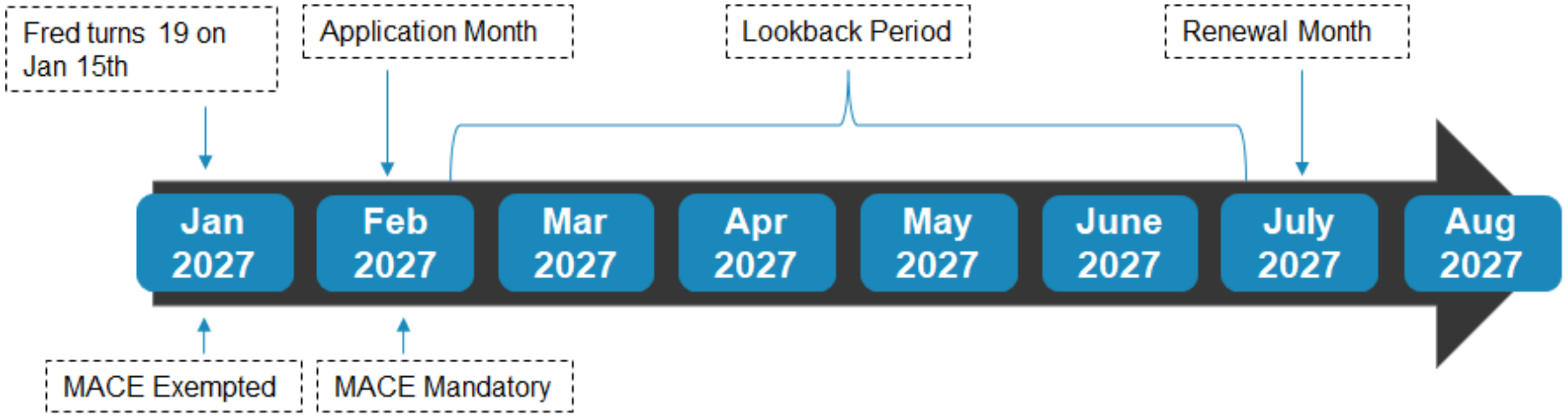
Renewal Lookback Logic

Renewal Lookback Example 1

Example #1

Scenario:

Fred, age 19, is approved under ADLT effective February 2027 with a six-month certification period ending July 2027. At application, Fred is MACE Exempted because he is treated as age 18 in the lookback month (P1). At renewal, MACE rules are evaluated again. Fred is not participating in community engagement through any qualifying work activity at the time of renewal.



Expected Outcome:

At renewal, Fred is MACE mandatory and does not qualify as MACE Exempted. He must demonstrate an exemption or participation in qualifying work activities during the renewal lookback period in order to comply with MACE. IEES will not carry the previous MACE Exempted status forward from the initial application month.

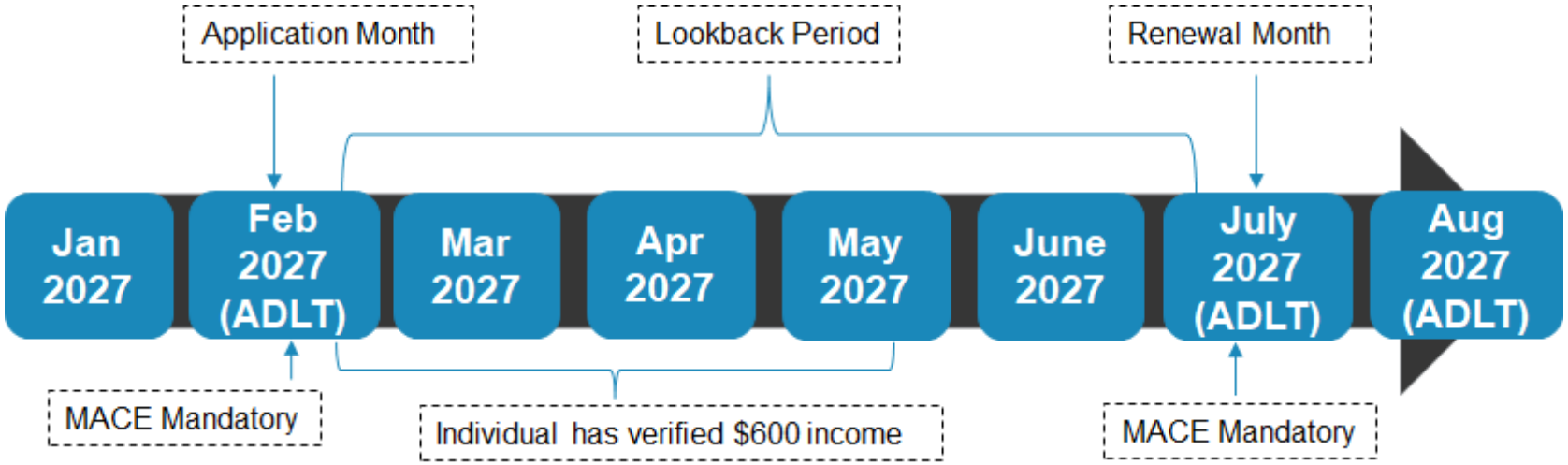
Renewal Lookback Logic

Renewal Lookback Example 2

Example #2

Scenario:

Lucy, age 30 is approved under ADLT effective February 2027 with a six-month certification period ending July 2027. She is due for passive renewal, and MACE rules are evaluated. Lucy has verified $600 income for the months of February, March, April and May.



Expected Outcome:

Lucy is considered MACE Mandatory and evaluated under ADLT TOA for July and August. She is not MACE Exempted at renewal, and is required to demonstrate an exemption or 3 non-consecutive months of qualifying work activities participation in the lookback period. As Lucy has verified $600 (>=580) income for 4 months in the lookback period, she is considered to be MACE compliant.

03 Type of Assistance (TOA)
Transitions

MACE to Non-MACE

If a Resident moves from a MACE TOA to a Non-MACE TOA, the Resident does not have to meet MACE for any month when the Non-MACE TOA is effective.

IEES does not check MACE exemptions, or qualifying activities for those months.

MACE to Non-MACE

If a Resident moves from a MACE TOA to a Non-MACE TOA, the Resident does not have to meet MACE for any month when the Non-MACE TOA is effective.

IEES does not check MACE exemptions, or qualifying activities for those months.

APTC to MACE

APTC is not a Medicaid TOA. Because of that, it does not meet the rule used for Non-MACE to MACE transitions.

A Resident moving from APTC to a MACE TOA must show MACE during the transition. IEES uses the application lookback rules to decide if the Resident meets MACE for the first Medicaid-eligible month under the MACE TOA.

PLEASE NOTE

With MACE changes, notice rules will change. If an individual moves from Non-MACE TOA to MACE TOA (i.e., ADLT), and the case is not a functional duplicate, IEES will send a notice of eligibility and a Facts about Medicaid Work or Community Engagement Requirements document. IEES will not send these notices for moves to ADPR or ADFF. IEES also will not send new notices when an individual already classified as ADLT reports a change but does not change TOAs.

03 TOA Transitions

MACE Non-Compliance - ADLT and APTC Eligibility

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MACE Non-Compliant Individuals Will Not Automatically be Eligible for APTC

Medicaid in the ADLT TOA is explored before APTC. IEES does not automatically move an Individual to APTC when Medicaid in the ADLT TOA is denied solely because of MACE non-compliance.

Decision Logic

1. Evaluate ADLT eligibility.
2. If the individual is otherwise eligible for ADLT but fails MACE requirements, deny ADLT.
3. Does not automatically evaluate or approve APTC based only on MACE failure.
4. Consider APTC only if the individual becomes ineligible for ADLT for an independent reason—for example, exceeding applicable income limits.

Renewal and Certification Period

If an annual APTC renewal results in the Resident being approved for ADLT, the case receives a new six-month certification period.

The certification period begins based on the month in which ADLT is approved.

MACE Lookback

For MACE purposes, the process is handled similarly to an application lookback.

The relevant MACE requirements are reviewed using the applicable lookback period rather than treating the case as an automatic transition from ADLT to APTC.

Key Takeaway

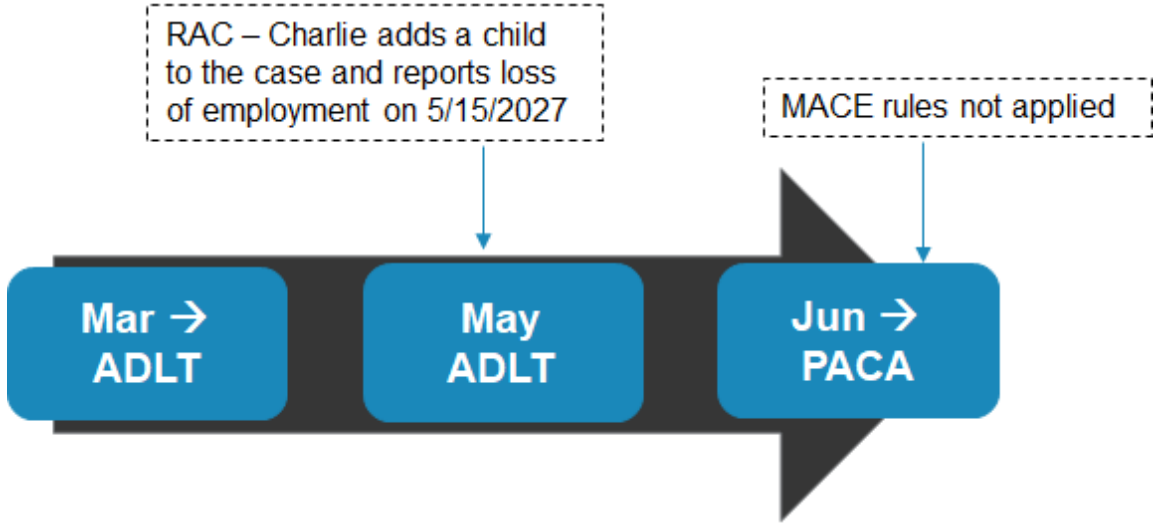
Individuals who lose Medicaid coverage because they do not meet the MACE requirements will not be eligible for APTC for future months in which they otherwise would have qualified for Medicaid.

03 TOA Transitions
MACE to Non-MACE Example

Example

Scenario:

Charlie is approved under ADLT effective March 2027. On 5/15/2027, he reports a change, adds a child to the case and reports loss of employment. Charlie is now potentially eligible for PACA TOA effective June 2027.



Expected Outcome:

As Charlie qualifies for the PACA TOA (a non-expansion, non-MACE TOA) starting June 2027, MACE rules should not be evaluated, and IEES should cascade him to PACA TOA. At the transition, Charlie is given a new 12-month renewal due date (more info on this later in the training) of May 31, 2028, and the child's renewal due date is aligned to that date as well.

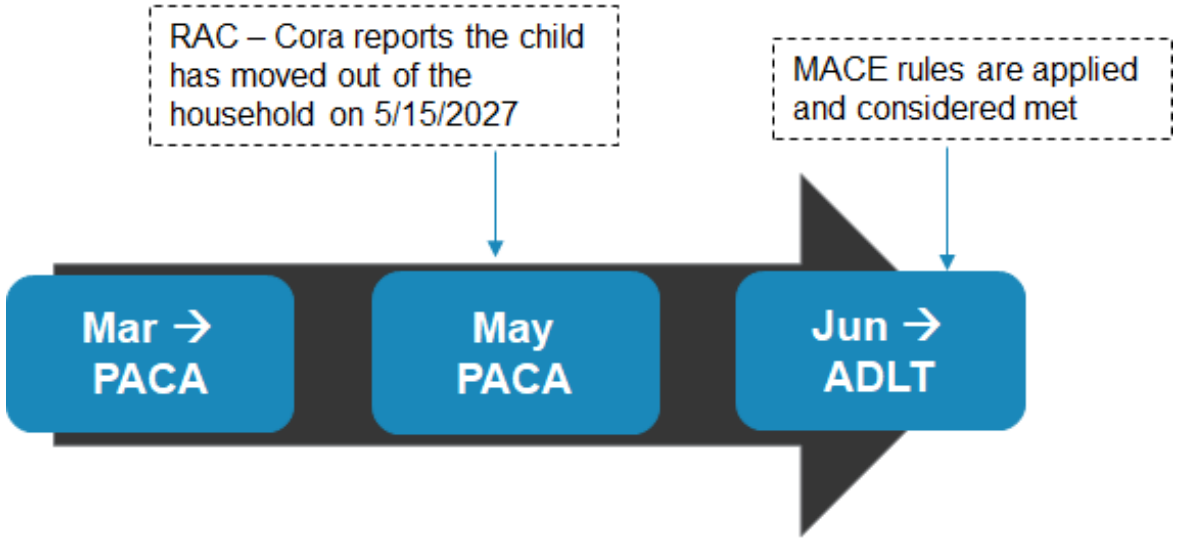
TOA Transitions

Non-MACE to MACE Example

Example

Scenario:

Cora is approved under the PACA TOA effective March 2027. On 5/15/2027, she reports a change on the case of a child moving out of the household. Cora is no longer eligible for the PACA TOA but potentially eligible for the ADLT TOA. IEES cascades the member to the ADLT TOA.



Expected Outcome:

Cora cascades to the ADLT TOA effective June 2027 and is treated as MACE mandatory beginning that month. However, because she is eligible for the PACA TOA in May 2027, which is a non-expansion, non-MACE TOA, she is not required to demonstrate MACE compliance for the month of May. Cora will be given a new 6-month renewal due date of November 30, 2027, and she must demonstrate meeting a qualifying activity for at least 3 of those 6 months, or meeting an exemption for 1 month.

TOA Transitions

APTC to MACE Example 1

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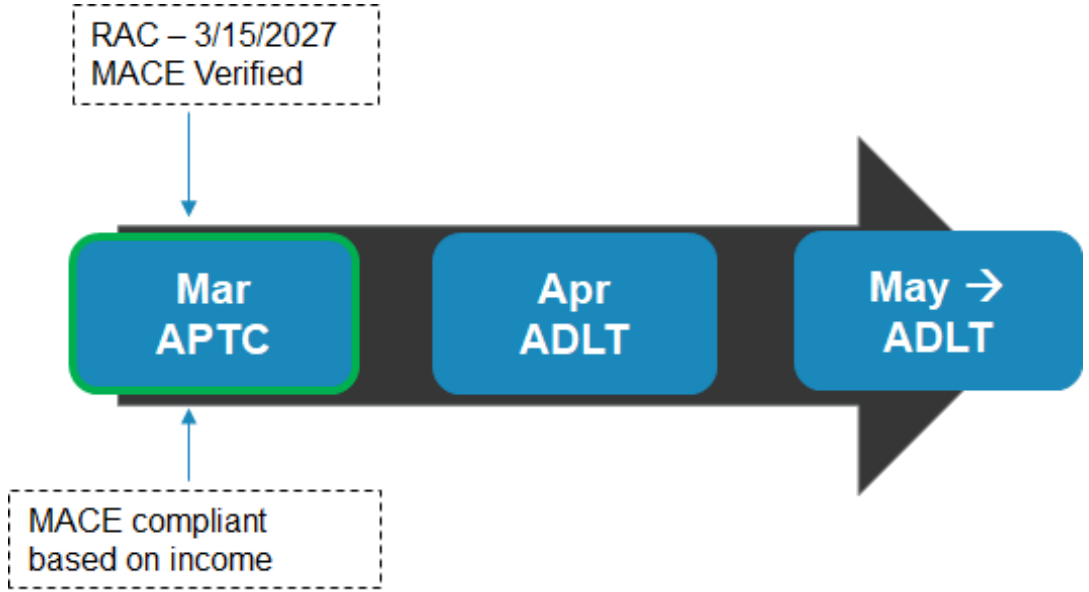
Example #1

Scenario:

Theo is transitioning from APTC to the ADLT TOA. During the RAC, IEES verifies his MACE requirements and approves the ADLT TOA beginning the following month (**the application month** for MACE purposes).

Expected Outcome:

IEES follows the application lookback. If Theo is Non-MACE Mandatory or MACE Exempted in **the application month**, he's eligible for **the application month** and **P1** isn't evaluated. If he is MACE Mandatory in **the application month** instead, IEES evaluates the lookback month (**P1**), and Theo may meet MACE for **the application month** by being Non-MACE Mandatory, MACE Exempted, or MACE Compliant in **P1**.



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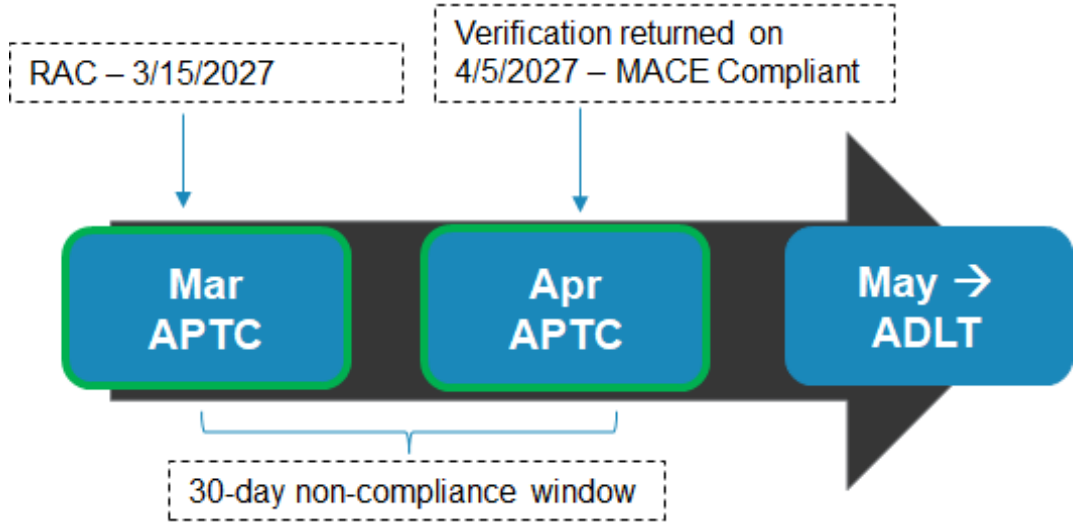
Example #2

Scenario:

Jane is transitioning from APTC to the ADLT TOA, but IEES can't verify her MACE requirements during the transaction. ADLT benefits may pend while IEES issues a 30-day RFI, and she can return verification the following month. Meanwhile, APTC continues for one additional month while the ADLT TOA is pended.

Expected Outcome:

For MACE evaluation, IEES will treat the first month being evaluated for ADLT as **the application month** (for MACE purposes) and will apply the same one-month application lookback logic. Jane must meet MACE requirements in the required lookback month (**P1**) by meeting an **exemption** or a **qualifying activity**. Because APTC may continue for one additional month while ADLT is pended, the required lookback month (**P1**) may be either: (1) the month prior to the originally intended ADLT effective month, or (2) the month prior to the shifted ADLT effective month created by the one-month APTC extension. IEES will accept compliance established in either applicable **P1** month.



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MODULE FOUR

Eligibility RFI Rules



04 Request for Information (RFI) Rules

Overall Verification Changes

1 Period 1: 2027 (self-attestation allowed)

- For new Medicaid applications with an application date from January through December 2027, and for renewals with renewal due dates from February through December 2027, IEES will allow self-attestation for nearly all MACE exemptions and qualifying activities.
  - This includes “Client Statement” and “SSP client statement.”
  - Verification sources other than “Not verified” are considered valid for this period.

2 Period 2: 2028-Ongoing (self-attestation not allowed unless specified otherwise)

For new Medicaid applications dated on or after January 2028, and for renewals with renewal due dates on or after January 2028, self-attestation (Client Statement, or SSP Client Statement) is no longer acceptable unless specified otherwise.

- Individuals must provide additional verification to support exemptions or qualifying activity criteria.

04 Request for Information (RFI) Rules

Overview

MACE RFIs Overview: Verification for Compliance Status

- Used to request verification needed to determine whether a MACE Mandatory individual meets MACE participation or exemption criteria.
- Not required for general Medicaid benefit calculation; however, they may affect whether the individual can meet MACE compliance or qualify for a higher MACE status based on the MACE hierarchy.

MACE Non-Compliance RFIs

During application or renewal, if a MACE Mandatory individual does not meet MACE participation or exemption criteria for the required month(s), IEES will:

- Generate a mandatory generic MACE non-compliance RFI, AND
- Hard pend the case for 30 days from the EDBC run date, AND
- Trigger and send the applicable MACE non-compliance notice

If the member does not return verification by the RFI due date, benefits are denied for MACE non-compliance.

MACE Exemption RFIs

In addition to the generic MACE non-compliance RFI, IEES may:

- Generate specific MACE Exemption RFIs for reported MACE exemption criteria that require verification
- These RFIs are used to verify specific exemption statuses

There is no specific RFI for qualifying activities. If qualifying activity information is unverified and MACE compliance is not otherwise met, only the generic MACE non-compliance RFI is generated.

PLEASE NOTE

MACE RFIs may be issued in 2027; however, because a Client Statement is accepted for all exemptions and qualifying activities, residents only need to submit a Client Statement attesting to the applicable MACE activity or exemption.

04 Request for Information (RFI) Rules

RFI Rules Examples

Example 1

Scenario:

A MACE Mandatory Resident, Vivian, reports a qualifying activity for the month of application, but does not provide verification during the application interview. She does not otherwise meet MACE participation or exemption criteria.

Expected Outcome:

Because there is no specific RFI for qualifying activities, IEES will generate the generic MACE non-compliance RFI with a 30-day due date and hard pend the case.

Example 2

Scenario:

A MACE Mandatory member, Dean, reports an exemption for the application lookback month, such as caring for a disabled individual, but does not provide verification. He does not otherwise meet MACE participation or exemption criteria.

Expected Outcome:

IEES generates the MACE exemption non-compliance RFI, along with a MACE Exemption RFI requesting verification of caring for the reported disabled individual.

PLEASE NOTE

MACE RFIs may be issued in 2027; however, because a Client Statement is accepted for all exemptions and qualifying activities, residents only need to submit a Client Statement attesting to the applicable MACE activity or exemption.

04 Request for Information (RFI) Rules

Multiple MACE RFIs and Criteria

Multiple MACE RFIs

- If multiple MACE-related RFIs are open and the Resident returns verification for at least one item that establishes MACE compliance or exemption for the required month(s), IEES clears the generic MACE non-compliance RFI and any RFI associated with the verified criterion.
- After compliance is established, IEES evaluates any remaining open MACE Compliance RFIs against the verified criterion in the MACE hierarchy. For remaining MACE RFIs:
  - If the unverified criterion is below the verified criterion in the MACE hierarchy, IEES soft deletes the RFI. The soft-deleted RFI is retained for audit and history purposes but is no longer actionable.
  - If the unverified criterion is above the verified criterion in the MACE hierarchy, IEES reclassifies the RFI as a soft-pend, optional RFI. The RFI retains its original due date. If left unverified, the Resident is categorized under the verified exemption criteria.

Multiple MACE-Related Criteria Reported

Individuals may also report multiple MACE-related criteria during application or renewal, such as qualifying activity participation and one or more exemptions. If IEES establishes MACE compliance for the required lookback period based on any verified criterion, IEES may still generate a 30-day soft-pend, optional MACE RFI for a reported, unverified MACE exemption criterion when both of the following are true:

- the reported unverified data is ongoing; and
- verification of the data could qualify the individual for a higher MACE status based on the MACE hierarchy

04 Request for Information (RFI) Rules

Optional MACE Participation RFIs

Optional RFIs

- Optional MACE Participation RFIs do not prevent Medicaid benefits from being approved. IEES will not deny or terminate benefits if verification for an optional RFI is not returned by the RFI due date.
- The optional RFI will not regenerate for the same record within the same certification period but may regenerate at renewal if the record remains valid for consideration.

Example 1

Scenario:

Joey reports, but does not verify, that he is caring for a disabled non-household member. He also reports that he has a life-altering intellectual disability, which they verify with Medical Records for Medically Frail status.

Expected Outcome:

Since Medically Frail ranks above Caring for a Disabled Individual in the hierarchy, IEES does not generate a RFI for the unverified criterion.

Example 2

Scenario:

Rachel reports, but does not verify, that she is a veteran with a permanent disability and receives total disability compensation. She also reports Medically Frail status, and verifies that status with an acceptable verification.

Expected Outcome:

Since Veteran Receiving Total Disability ranks above Medically Frail in the hierarchy, IEES issues an optional RFI for unverified VA disability information. If verified, Rachel is categorized under that exemption. If not, she remains under the Medically Frail exemption status.

PLEASE NOTE

MACE RFIs may be issued in 2027; however, because a Client Statement is accepted for all exemptions and qualifying activities, residents only need to submit a Client Statement attesting to the applicable MACE activity or exemption.

04 Request for Information (RFI) Rules

Report a Change (RAC) RFIs

During RAC

- For newly reported MACE exemptions that require verification, IEES may generate 30-day soft-pend RFIs. Benefits are not terminated during RAC if the Resident does not provide verification by the RFI due date.
- For unverified qualifying activities, IEES does not generate the generic MACE non-compliance RFI during RAC. If qualifying activity verification is still needed, the RFI will generate at renewal.

Example 1

Scenario:

During RAC, Dustin reports a new MACE exemption, such as caring for a disabled individual, but does not provide verification.

Expected Outcome:

IEES generates a 30-day soft-pend RFI. Benefits do not terminate if verification is not returned by the due date. At his next renewal, the individual must verify that exemption to continue receiving MA.

Example 2

Scenario:

During RAC, Amy reports a qualifying activity, but the activity is unverified.

Expected Outcome:

IEES does not generate the generic MACE non-compliance RFI during RAC. At renewal, Amy must verify that qualifying activity for that month, and at least two other months (or 1 month of an exemption) to continue receiving MA.

PLEASE NOTE

MACE RFIs may be issued in 2027; however, because a Client Statement is accepted for all exemptions and qualifying activities, residents only need to submit a Client Statement attesting to the applicable MACE activity or exemption.

04 Request for Information (RFI) Rules

MACE RFI Alignment

MACE RFIs vs non-MACE RFIs

- MACE RFIs have a 30-day due date calculated from the MACE Non-Compliance determination date and are aligned only with other MACE RFIs.
- MACE RFIs do not align to non-MACE RFIs, and existing non-MACE RFI alignment logic is not changing and will not align to MACE RFIs.

Due Date	No Alignment to Non-MACE RFIs	Action Based on Earliest Due Date	MACE-to-MACE Alignment	Non-MACE RFI Behavior
All MACE RFIs are created with the 30th-day due date displayed (i.e., there is no initial 15-day due date).	MACE RFIs do not align to non-MACE RFIs. Non-MACE RFIs will continue to follow existing alignment logic and will not align to MACE RFIs.	If multiple MACE RFIs are open, IEES acts based on the earliest RFI due date.	If a new MACE RFI is issued while one is already open, it shares the existing due date—no new 30-day period applies.	Non-MACE RFIs use a 15-day due date process with a 30-day system default and a second notice at day 15. This behavior will **not** be used for MACE RFIs.

Example 1: MACE RFI Behavior

Scenario:

A MACE exemption RFI is generated with a due date of 2/01/2028. Ten days later, Bryan reports a different exemption that requires verification.

Expected Outcome:

The new exemption RFI aligns to the existing due date of 2/01/2028. A new 30-day due date is not calculated.

Example 2: Non-MACE RFI Behavior

Scenario:

Johnny reports unverified income on 1/1/2028. An income-specific RFI is generated with a system due date of 1/31/2028. On 1/16/2028, the individual still has not returned the income verification.

Expected Outcome:

On 1/16/2028, a second notice is sent to Johnny with an updated due date of 1/31/28 to verify the reported income.

04 Request for Information (RFI) Rules

Knowledge Check

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Scenario

A Medicaid case has a non-MACE RFI which has 10 days remaining. There is also a MACE RFI open with 20 days remaining, and a new MACE RFI is issued for an additionally reported qualifying activity.

Discuss at your table

1. Do the MACE and non-MACE RFIs align?
2. What due date applies to the new MACE RFI?

Answer

1. The MACE and Non-MACE RFIs do not align across categories.
2. The new MACE RFI shares the existing MACE due date—20 days remaining—and does not receive a new 30-day period.

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MODULE FIVE

Eligibility Renewals



05 Eligibility Renewals

Overview

Beginning January 1, 2027, states are required to renew benefits **every 6 months** for members receiving benefits in a Medicaid expansion TOA.

Existing Residents receiving MA **will retain their current 12-month certification period and renewal due date**. A new 6-month renewal will be assigned at the next redetermination.

Members excluded from the 6-month renewal requirement include:

- Members receiving benefits in a Non-MACE Mandatory TOA.
- Members receiving benefits in ADPR and ADFF TOAs.
- Members verified as American Indian or Alaskan Native (AIAN) who are receiving benefits in the ADLT TOA.

PLEASE NOTE

Individuals who attest to AIAN status but do not verify it will receive a 6-month certification period.

05 Eligibility Renewals

New Medicaid Applications

The case program request date is used to determine whether a 6-month or 12-month certification period is assigned. IEES uses the P0 (application month) program request date to determine the certification length; the P1 retro request month is not considered.

If the P0 program request date is prior to 01/01/2027, assign a 12-month certification period. This includes:

Path 1

Applications submitted prior to 01/01/2027 but processed on or after 01/01/2027.

Path 2

Applications submitted on or after 01/01/2027 where the application is backdated and the P0 program request date is prior to 01/01/2027.

05 Eligibility Renewals

Member Add Scenarios

When adding a new Resident to a Medicaid application, the member's Medicaid program request date for the P0 month is used to determine whether a 6-month or 12-month certification period is assigned. IEES uses the P0 individual program request date to determine the certification length; the P1 retro month is not considered.

Assign a 12-month certification period for the following:

Path 1

The P0 program request date is prior to 01/01/2027.

Path 2

The P0 program request date is prior to 01/01/2027 but the member add is processed on or after 01/01/2027 prior to case disposition.

05 Eligibility Renewals

Ongoing Eligibility Determines Certification Period Length

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Key Considerations

In some cases, a member may be eligible under a non-MACE TOA in the application month but eligible under a MACE TOA on an ongoing basis after reporting a change (or vice versa). In these situations, the ongoing eligibility outcome is used to determine whether a 6-month or 12-month certification period is assigned.

The renewal due date is determined from the effective date of the ongoing TOA. For members who are not subject to the 6-month renewal requirement, the renewal due date is determined from the earliest effective date among the member's ongoing Non-MACE TOAs.

Examples

6-Month Renewal

Melanie applies with a Medicaid program request date of 01/01/2027 and is eligible for PACA for January but is eligible for ADLT from February - ongoing. She receives a 6-month certification period based on the ongoing ADLT TOA. The renewal due date is set to 07/31/2027 (6 months from the effective date of ADLT).

12-Month Renewal

If a Resident, Max, is eligible for PACA in the application month of January but is eligible for ABDM on an ongoing basis, he receives a 12-month certification period. The renewal due date is set to December based on the earliest effective date of Max's Non-MACE TOAs.

05 Eligibility Renewals

Renewal Alignment

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CURRENT

Medicaid renewal due dates are currently aligned at the case level, with limited exemptions (for example, temporary pass through).

There are also additional renewal alignment considerations for 12-month renewals; for example, Medicaid aligns to the State Supplementation or KI-HIPP renewal due dates when those programs are approved on the same case.

MOVING FORWARD

There are no changes to the alignment logic for 12-month renewals.

However, **6-month renewals will be assessed at the member level** and will not be aligned at the case level. This **may result in scenarios where members have multiple renewals due close together** (including back-to-back renewals), which means keeping contact information up-to-date, assisting applicants, and reading notices is more important than ever.

PLEASE NOTE

It's more important than ever to ensure Residents review all correspondence from DCBS and respond in a timely manner.

05 Eligibility Renewals

Reverification at Renewal: 90-Day Verification Lookback

90-Day Verification Lookback

Incomes verified within 90 days of the renewal date do not require reverification during renewal.

This applies the same for BOTH Non-MACE Medicaid and MACE.

Example

Scenario:

Lauren is receiving ADLT Medicaid and has a renewal due date of September 30, 2027. She reports a change of income on July 15, 2027 showing she is now receiving $630 monthly, and provides verification. Passive renewal runs on August 1, 2027.

Expected Outcome:

Income is not required to be reverified during the Resident's renewal due to being verified within 90 days of the renewal case selection date.

05 Eligibility Renewals

Reverification at Renewal: Trusted Data Sources Threshold

Trusted Data Sources (TDS) Threshold

Threshold used to determine if Trusted Data Sources (TDS) can be used to verify reported income/hours.

Non-MACE Medicaid: Not changing; 25% Reasonable Compatibility check during application, TOA limit at renewal

MACE: $580/month or 80 hours/month

Example

Scenario:

Paul is receiving ADLT Medicaid, is MACE Mandatory, and reports a part-time job earning $610 per month at 72 hours per month. Trusted Data sources return that Paul is making $550 per month and is working 70 hours per month.

Expected Outcome:

TDS confirm that Paul is not meeting the $580/month Qualifying Activity, and he must demonstrate another Qualifying Activity in 3 months of his Renewal Lookback, or an exemption in 1 month of the lookback to continue receiving Medicaid.

05 Eligibility Renewals

Reverification at Renewal: Reported Income/Hours Sources

Reported Income/Hours Sources

Only certain sources are allowed to be used to verify reported income/hours for both Non-MACE Medicaid and MACE.

Non-MACE Medicaid: State Wage Information Collection Agency (SWICA), Account Verification Service (AVS), AHI (IRS)
MACE: State Wage Information Collection Agency (SWICA), Account Verification Service (AVS)

Example

Scenario:

Victoria is receiving ADLT Medicaid and reports wages from a new employer at renewal totaling $640 for 80 hours of work. Her reported income is matched against SWICA and AVS, both of which confirm the reported wages and hours.

Expected Outcome:

Victoria's reported income and hours are verified using approved sources, SWICA and AVS and it's confirmed that she meets MACE requirements.

05 Eligibility Renewals

Reverification at Renewal: Income Types

Income Types

Income-specific rules are applied based on reported income type.

Non-MACE Medicaid: Certain unearned income types do not require reverification at renewal. Self-employment - requires reverification.
MACE: Unearned and self-employment income – verify if latest verification is over 12 months, regardless of the unearned income type.

Example

Scenario:

Wesley is receiving ADLT Medicaid and reports self-employment income from a small side business. The last verification of this income was completed 13 months ago, and no newer verification is available at renewal.

Expected Outcome:

Wesley's self-employment income must be reverified because the latest verification is older than 12 months.

05 Eligibility Renewals

Reverification of Income or Employment Hours

During the renewal process, income and employment hours may be reverified:

Step 1

Decision

- IEES identifies all MACE Eligibility Determination Groups (EDGs) due for renewal the following month (Case Selection)

Outcome

- Sets status as passive renewal

Step 2

Decision

- IEES identifies earned income verified w/in 90 days of the Case Selection process

Outcome

- If earned income verified w/in 90 days, then do not require reverification.
- If earned income verified >90 days in the past, then go to step 4 outcome

Step 3

Decision

- IEES identifies all unearned and self-employment income records for the EDG

Outcome

- If unearned and self-employment income is verified w/in 12 months, then do not require reverification.
- If verified >12 months in the past, then go to step 4 outcome

Step 4

Decision

- IEES identifies all income records for the EDG

Outcome

- **2027:** If verification source is 'Not Verified', then it requires reverification.
- **2027:** If verification is something other than 'Not Verified,' does not require reverification.
- **2028 Policy Change:** Requires reverification for all verification sources, including Client Statement.

PLEASE NOTE

The below logic will be applied for incomes that do not require reverification:

- If any combination of income or hours >=$580 or 80 hours, then member is MACE compliant.
- If income or hours < $580 or 80 hours, then IEES will attempt reverification via TDS.

05 Eligibility Renewals

Reverification of Participation at Renewal

Certain MACE exemption criteria and participation/qualifying activities require reverification during renewal and cannot be carried forward from a prior certification period. Other criteria are considered permanent (or system-verified) and do not require reverification unless the underlying data changes. Participation-based activities must be reported and/or verified for the applicable month(s) within each certification period to be counted toward MACE.

Work Program

Must be reported for applicable months within each certification period.

Community Service

Must be reported for applicable months within each certification period.

Education

If expected graduation date is:

- present & within the lookback period or in the future, do not require reverification if previously verified.
- not provided, or before the lookback period, require verification at renewal.

05 Eligibility Renewals

Reverification of Exemptions at Renewal - Not Applicable

These exemption categories are not applicable to be reverified at renewal:

- **Former Foster Care**
- **Medically Frail — Death**
- **Inmate**
- **Pregnant or Postpartum**
- **Short-Term Hardship — Inpatient Services**
  IEES considers the record as valid if the end date is within the certification period. Otherwise, exemption is not applied.
- **Short-Term Hardship — Traveling for Medical Services**
  IEES considers the record as valid if the end date is within the certification period. Otherwise, exemption is not applied.
- **Medically Frail — System Entered**
  IEES considers the record as valid if the end date is within the certification period. Otherwise, exemption is not applied.

05 Eligibility Renewals

Reverification of Exemptions at Renewal - Permanent/Not Required

These exemption categories are permanent and do not require reverification at renewal:

- **American Indian/Alaskan Native**
- **Veteran Receiving Total Disability — Permanent Disability**
- **Medically Frail — End Stage Renal Disease**
- **Medically Frail — Lifetime Payment for Worker's Comp**
- **Medically Frail — RSDI due to disability**

05 Eligibility Renewals

Reverification of Exemptions at Renewal - System Determined

These exemption categories are evaluated automatically by the system and do not require manual verification:

Medically Frail — MMIS Interface
IEES considers the record as valid if the end date is within the certification period. Otherwise, exemption is not applied.

Medically Frail — Medical Review Team (MRT)
If redetermination is prior to current certification period, reverification required. If in the certification period, reverification not required.

Medically Frail — SSI in Last 12 Months
IEES does not consider if the start date is >12 months from the start of the certification period. If < 12 months form the certification period, it is considered.

Member Receiving KTAP, Compliant with Work Requirements

Member Receiving SNAP, Not Exempt From Work Registration OR ABAWD Requirements

Short-Term Hardship — High Unemployment Rate

Short-Term Hardship — Public Emergency

05 Eligibility Renewals

Reverification of Exemptions at Renewal - Reverification Required

These exemption categories require manual reverification at renewal:

Caretaker of a Disabled or Out-of-Household Individual

Participating in Drug Addiction or Alcohol Treatment Program

Veteran Receiving Disability — Temporary Disability

Reverification required when the most recent verification is more than 12 months before the renewal case-selection date.

Eligibility Renewals

Reverification at Renewal Examples

Example

Scenario:

Claire is approved for ADLT Medicaid with a renewal due in September 2027. She reported she was caring for a disabled Resident during application in April 2027 and has not updated the case information since the initial application. Medicaid passive renewal is complete on 08/15/2027. Claire meets all eligibility criteria and is approved for ADLT Medicaid.

Expected Outcome:

IEES will consider the exemption as verified during passive renewal since client attestation is allowed during coverage year 2027. IEES will not require additional verification or an updated attestation.

Example

Scenario:

Phil is approved for ADLT Medicaid with a renewal due in March 2028. He reported he was caring for an out of household disabled Resident during application in April 2027 and has not updated the case information since the initial application. Medicaid passive renewal was complete on 08/15/2027 and Phil was determined MACE exempt based on self-attestation. Passive renewal runs for him again on February 15, 2028.

Expected Outcome:

IEES will consider the exemption as unverified during passive renewal in 2028 since the last verification date is outside of the current certification period. IEES will issue the applicable RFIs and align the RFI due date to the renewal due date of 03/31/2028.

05 Eligibility Renewals

6-month to 12-month Renewals

Residents transitioning between 6-month and 12-month renewal groups will be assigned a new renewal due date based on the effective date of the transition.

Single Member Case

If a Resident transitions from a 6-month renewal group (MACE TOA) to a 12-month renewal group (Non-MACE TOA), IEES will assign a new 12-month certification period and renewal due date based on the effective date of the Non-MACE TOA.

Multiple Members Case

If another Resident on the case already has a 12-month certification period, IEES aligns the transitioning resident's renewal due date to that existing member's due date at the time of transition. The system assigns the renewal due date based on whether Medicaid renewal case selection has run for the existing renewal.

- If Medicaid renewal case selection has **not run** for the existing renewal, the resident will **align to the existing case-level renewal due date**.
- If Medicaid renewal case selection **has run** for the existing renewal, the resident will **be assigned a renewal due date equal to the existing renewal due date plus 12 months**.

05 Eligibility Renewals

12-Month Renewal to 6-Month Renewal

If a Resident transitions from a 12-month renewal group (Non-MACE TOA) to a 6-month renewal group (MACE TOA), IEES will assign a new 6-month certification period and renewal due date based on the effective date of the MACE TOA.

Example

Scenario:

A 3-person household includes two adults, Mitchell and Lily, and their son, an 18-year-old, Cameron. The household applies January 5th and is approved. The adult Residents are in the ADLT TOA, so they are MACE mandatory and share a June 30th renewal date. Cameron, the 18-year-old is initially in a non-ADLT TOA with a 12-month certification and turns 19 in April.

Expected Outcome:

When Cameron turns 19 in April, he moves to the ADLT TOA in May, become MACE mandatory, and get a new renewal date of October 31st. This renewal date does not align with the parents' renewal date.

PLEASE NOTE

Renewal alignment logic is not applicable because 6-month renewals are assessed at the individual level and are not aligned at the case level.

05 Eligibility Renewals

Passive Renewal Process



MACE Residents receiving Medicaid in the ADLT TOA are still eligible for passive renewal. IEES will follow the existing passive renewal process and timelines for these residents.



If IEES cannot verify MACE during passive renewal but the Resident remains potentially eligible for Medicaid, IEES will keep the resident in the passive renewal path and will issue the applicable MACE non-compliance notice and/or MACE-related RFIs to obtain the needed information.



This follows the existing renewal process for requesting missing information and does not, by itself, convert the renewal to an active renewal.

05 Eligibility Renewals

Meets MACE for Exactly 3 Non-Consecutive Months

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Example

Scenario:

Luke is receiving Medicaid in the ADLT TOA (MACE Mandatory) with a 6-month certification period of 01/01/2027–06/30/2027 and a renewal due date of 06/30/2027. During the certification period, he has a mix of verified and unverified participation data.

Monthly details (renewal lookback months):

- January 2027: Verified earned income/work hours meet ≥80 hours (or income ≥$580) → month counts.
- February 2027: No verified exemption/qualifying activity → month does not count.
- March 2027: Verified school enrollment is Half Time or More → month counts.
- April 2027: No activity or income reported → month does not count for renewal.
- May 2027: Verified income ≥$580 (budgeted and verified) → month counts.
- June 2027: No verified exemption/qualifying activity → month does not count.

Action:

Medicaid renewal case selection runs and IEES evaluates MACE for the renewal lookback period (01/01/2027–06/30/2027).

Expected Outcome:

Luke meets MACE at renewal because IEES identifies exactly 3 months within the lookback period—January, March, and May—where a verified exemption or qualifying activity is met. The 3 qualifying months do not need to be consecutive. Because Luke has met the 3-month requirement, IEES successfully passively renews the certification and approves the next 6-month certification period, assigning the next renewal due date based on that post-renewal period.

MACE Category (for renewal outcome):

MACE Compliant

05 Eligibility Renewals

APTC Passive Renewal Transition Example

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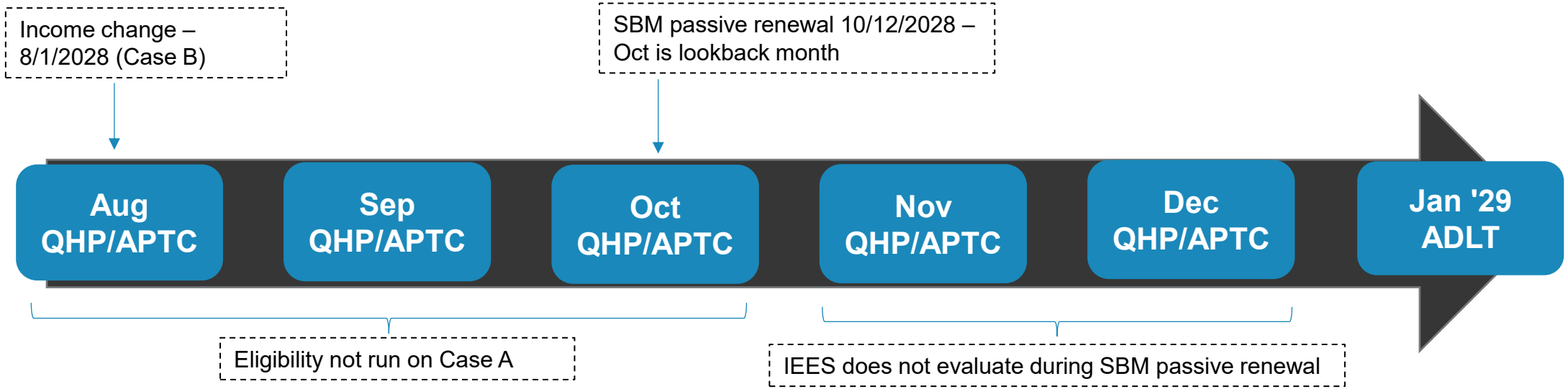
Example

Scenario:

Alex is receiving QHP+APTC in Case A and is due for renewal on 12/31/2028. She is also a case member on a separate case (Case B) but is not receiving benefits. An income change was reported on 08/01/2028 in Case B but Field Staff did not run eligibility on the APTC/QHP case (Case A). During SBM passive renewal on 10/12/2028, Alex is determined eligible for ADLT Medicaid from 01/01/2029. IEES does not evaluate November or December months during SBM passive renewal.

Expected Outcome:

IEES considers October as the lookback month and checks for MACE compliance.



05 Eligibility Renewals

Special Consideration for Active Renewals

During the passive renewal process, if IEES determines the Resident is ineligible for Medicaid, IEES converts the renewal to an active renewal and sends an active renewal packet to the Resident.

MACE non-compliance notice included

The 30-day notice of MACE non-compliance is sent **with** the active renewal packet and renewal reminder notice.

Due date alignment

The MACE non-compliance due date will align to the renewal due date shown on the active renewal packet. This aligned period serves as the resident's non-compliance window.

No reset based on initiation

Residents will **not** receive a new MACE non-compliance due date based on the renewal initiation date. The due date will not be shortened if the renewal is initiated sooner.

05 Eligibility Renewals

Renewal Extension for Some ADLT Residents

Medicaid renewals will not be redistributed in preparation for MACE. However, some may be extended based on when the existing Renewal Due Date is.



Due to existing case-level alignment logic of Medicaid renewals, some ADLT Residents with renewal dates between February 2027 and April 2027 could end up with less than 6 months of coverage in their renewal period. For those Residents, IEES will make a data fix to push out the renewal date so they still get a full 6-month certification period.

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MODULE SIX

Additional Eligibility Items

06 State-Based Marketplace Plans & APTC

Impact to SBM Plans

When MACE non-compliance affects a case, here is what happens to Qualified Health Plans (QHP) and APTC.

No Change for QHP

This update does not change Qualified Health Plans (QHP). Marketplace coverage stays the same.

No APTC After an ADLT Denial

If MACE non-compliance causes an ADLT Medicaid denial, that person cannot receive Advance Premium Tax Credit (APTC).

How IEES Handles the Denial

No separate APTC denial is created after the ADLT denial, but APTC is denied. The denial reason reads as: “Resident failed to comply with Medicaid Work or Community Engagement requirements.”

PLEASE NOTE

They can still enroll in a full price plan, but they cannot receive APTC. To become eligible for APTC again, a Resident must reapply for MA and be ineligible for MA for any reason other than for MACE non-compliance (such as income over the MA income limit), and then cascade to APTC (assuming APTC criteria is met).

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MACE Self-Attestation for Presumptive Eligibility for Adults

Presumptive Eligibility for Adults (PEAD) now includes a new step. Residents must attest that they meet Community Engagement requirements.

New Attestation Added

A new self-attestation question is added to the PE application, confirming the Resident meets an exemption, or the MACE requirements in the month prior to the PE application. It only applies to PEAD, and does not change eligibility for other PE TOAs.

If the Answer Is Yes

The Resident is eligible for PEAD if they meet every other eligibility rule.

If the Answer is No

PEAD benefits are denied. The notice will read: “Resident is ineligible for PE benefits since he/she does not meet Medicaid Work or Community Engagement requirements.”

PLEASE NOTE

IEES does not track exemption or participation details for PEAD TOA. There are no other changes to the current PE process.

06 Additional Eligibility Items

Retro (P1) Requests Prior to January 1, 2027

If a Resident applies for Medicaid on or after 01/01/2027 and requests retro coverage for December 2026 (P1), the following applies:



The Resident is not subject to MACE for the December 2026 eligibility month because the coverage month falls prior to the MACE effective date.



The Resident is subject to MACE for the January 2027 application month (P0). They must show 80 hours of qualifying activities, or meet an exemption in the January lookback month (December) to be eligible for MA in January.

06 Additional Eligibility Items

Additional Income Considerations for MACE

In MAGI Medicaid determinations, income is organized into three broad categories: Earned, Unearned, and Self-Employment. Whether an income type is countable (included in the household income calculation) or excluded (not counted) depends on the specific income subtype. Certain income and deduction types are given special consideration during the MAGI eligibility determination, and have MACE impacts:

Lottery/Gambling

Winning amounts of $80,000 or more are treated as income over a set period for the winner: $80,000–$89,999 is spread evenly over 2 months, and each additional $10,000 adds 1 more month.

For other household members in the eligibility group, lottery winnings count as income only in the month received.

Alimony

Alimony is considered in MAGI budgeting if Divorce/Settlement Agreement date is on or before 12/31/2018 and excluded if the agreement date is after.

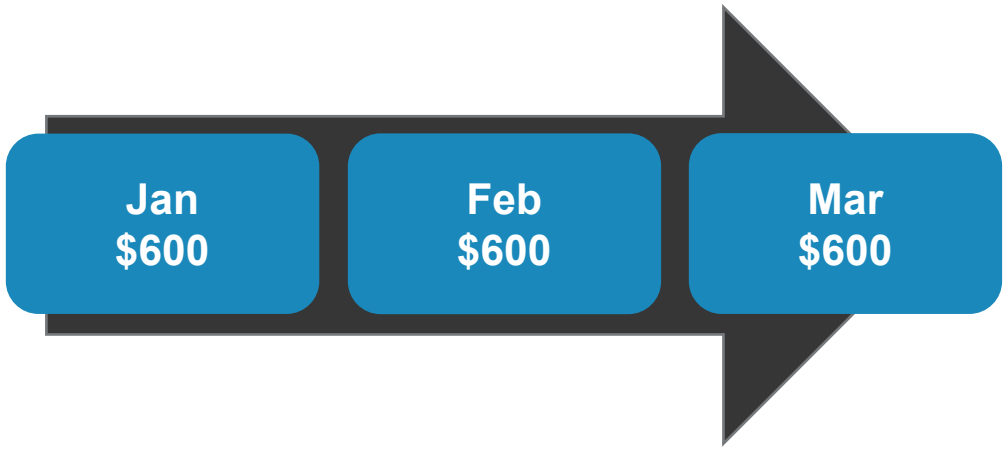
06 Additional Eligibility Items

Unearned Alimony Income Example

The below example illustrates a household that received unearned Alimony income. The agreement date will determine if the amount is considered for eligibility and MACE.

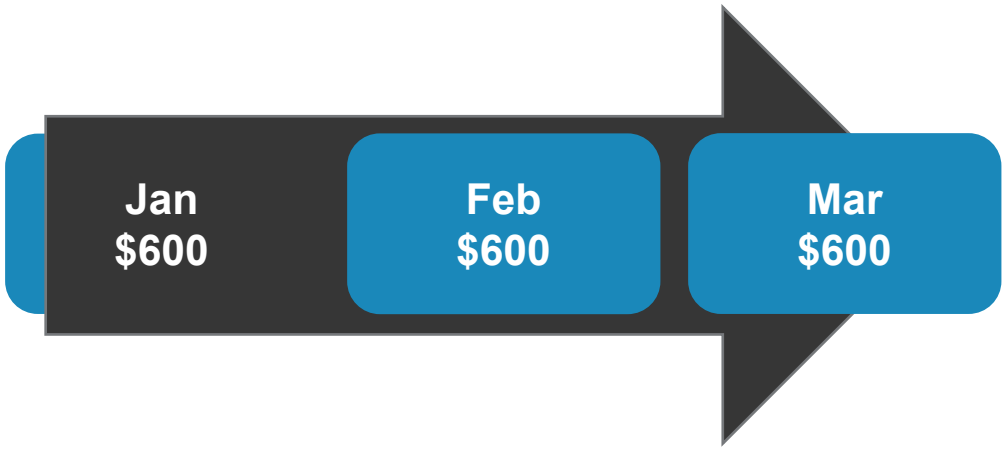
Example

Income is countable since the agreement date is prior to 12/31/2018. This household meets MACE compliance.



Alimony agreement date: 1/1/2015

Income is excluded since the agreement date is after 12/31/2018. This household does not meet MACE compliance.



Alimony agreement date: 1/1/2020

06 Additional Eligibility Items

Additional Income Considerations for MACE

Below are more income types or thresholds which are excluded for MACE:

Dependent Disregard

Tax dependents whose annual earned income falls below the yearly earned tax exemption threshold and whose annual unearned income falls below the yearly unearned tax exemption threshold have their entire income disregarded — it is not counted toward household income at all.

AIAN

The following income types are excluded for AIAN members: Rental income, life estate interest, farm income, mineral rights.

06 Additional Eligibility Items

Retroactive Changes to Exemptions or Qualifying Activities

Residents may report changes (or have updates from interfaces) that affect exemption status or qualifying activity information for a prior month.

IEES evaluates retroactive changes based on whether the Resident's MACE status for the past month **was already established as met/verified or remains unmet/not verified.**

If a month's MACE status has been verified, IEES does not retroactively change the MACE status for that month due to later changes in reported data collection or other eligibility information.

If a month's MACE status has not been verified and verification is later provided for that past month, IEES may update the **verification status** for the past month based on the newly provided verification.

06 Additional Eligibility Items

Late-Reported Income Decrease Example

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Example

Scenario:

John has income that meets the MACE income threshold ($580 per month), and MACE is considered met based on income for 01/01 and ongoing months. His income decreased effective 03/01 but the decrease was not reported until 06/01. The income change will follow standard EDBC change processing rules and will be effective prospectively based on the change action month. IEES will not retroactively change John's MACE participation status for the months of 03/01 through 06/01 because the eligibility determination for those months used the income that was in effect at the time.

- 01/01: Income is at or above $580; MACE status is established as $580 for January and ongoing months.
- 03/01: Actual income decreases (not yet reported).
- 06/01: Income decrease is reported; EDBC updates eligibility and budgeting prospectively based on the report (change action) month.

Outcome:

MACE status already established for March through June is not recalculated retroactively; the updated income is applied to the current and ongoing months.

06 Additional Eligibility Items

Consideration of Short-Term Hardships

The following short-term hardship designations are federally declared and are not triggered by clients, members, or enrollees:



Short-term hardship exemptions for **Unemployment** and **Public Emergency** are frequently received or entered with a past effective date (e.g., a county designation is applied after the impacted month has already occurred).



For these two hardship categories only, **IEES will retroactively apply the applicable MACE exemption criteria** to impacted prior month(s) so the Resident's MACE status history reflects the hardship for the correct month(s).

PLEASE NOTE

No other exemption or participation criteria will be retroactively applied by IEES; all other late-reported items will follow the standard non-retroactive tracking behavior.

06 Additional Eligibility Items

Medicaid Immigration Changes

Qualified non-citizen eligibility changes may apply with effective dates varying by benefit program.

Medicaid and State Supplementation
October 1st, 2026

Immigrants that do not fall within the qualified categories below will be determined ineligible on the benefit program's effective date:

- U.S. citizens and U.S. nationals
- Legal permanent residents (still subject to 5-year bar, if applicable)
- Cuban/Haitian entrants
- Micronesians who are citizens of the Compacts of Free Association (COFA)

Excluded from the new restrictions:

- Categorically eligible TOAs, including Subsidized Adoption Medicaid, Department of Juvenile Justice Medicaid, and Foster Care Medicaid.
- Children (under age 19) and pregnant women - Only lawful presence is required for these individuals. They do not need to meet qualified non-citizen or five-year bar rules under this change.
- Individuals eligible for time-limited Emergency Medicaid (qualified non-citizen rules are not applicable)

PLEASE NOTE

Beginning October 1st, 2026, Residents in continuous coverage Medicaid (e.g., CHCC, CXCC) who do not meet the new qualified non-citizen definition will no longer be eligible to receive full Medicaid benefits.

06 Additional Eligibility Items

APTC Immigration Changes

Qualified non-citizen eligibility changes may apply with effective dates varying by benefit program.

Advance Premium Tax Credit (APTC)
January 1st, 2027

Immigrants that do not fall within the qualified categories below will be determined ineligible on the benefit program's effective date:

- U.S. citizens and U.S. nationals
- Legal permanent residents (No 5-year bar)
- Cuban/Haitian entrants
- Micronesians who are citizens of the Compacts of Free Association (COFA)

Unlike for MA, there are no exceptions to the new immigration rules for pregnant women and children for APTC, but there is not a 5-year bar as there is for MA for LPRs.

Excluded from the new restrictions:
• Qualified Health Plan-only eligible types of assistance (TOAs)   • Resident can still purchase a full price QHP through the marketplace

PLEASE NOTE

Residents who do not currently fall within the new qualified immigrant categories but that are receiving APTC as of October 2026 are not passively renewed. They must prove they meet one of the new qualified immigrant categories, or shop for a full price plan.

06 Additional Eligibility Items

MA and APTC Changes - Impact on New Applications

For new applications (or when Individuals are added to an existing case) after the new effective dates, eligibility will be based on both the immigration status reported on the application and the federal verification response returned through the Verify Lawful Presence system.

Eligible Non-Citizen

If the federal response confirms a Resident is an eligible non-citizen, benefits may be approved.

Eligible Immigration Status

If the Resident reports an eligible immigration status but the federal response is pending, missing, or does not confirm eligibility, IEES sends an RFI.

Ineligible Immigration Status

If the Resident reports an ineligible immigration status and this is confirmed by VLP, they are denied. If VLP returns a different response than what is reported by the Resident, IEES uses the VLP response as the immigration status.

PLEASE NOTE

For Medicaid, SS, MSP, and KCHIP, there are no changes to the eligibility determination process prior to October 1st, 2026. For APTC, there are no changes to the eligibility determination process prior to January 1st, 2027. On or after the applicable effective dates, eligibility will be determined using the new qualified non-citizen definition.

06 Additional Eligibility Items

Time Limited Emergency MA

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Still an option in an emergency — even if immigration status no longer qualifies someone for ongoing coverage.

Emergency Time-Limited Medicaid (ETLM) provides short-term coverage for a qualifying emergency medical condition, regardless of immigration status.

Basic Eligibility Requirements

Applies when a resident no longer meets the qualified immigrant definition for ongoing Medicaid. Must still meet all other technical and financial criteria except enumeration, and have a qualifying emergency medical condition.

Criteria for ETLM

Conditions that seriously endanger health, impair bodily function, or cause organ dysfunction — including childbirth (newborn only eligible) and emergent events.

Processing Expectations

Initial coverage lasts two months, with retroactive coverage available up to two months depending on type of assistance. Extensions require a new physician statement and must be requested within 30 days of the end of coverage.

PLEASE NOTE

This coverage only helps with the emergency itself — it does not provide ongoing or unrelated care. Kentucky's Federally Qualified Health Centers (FQHCs) provide affordable primary and preventive health care services to all patients, regardless of whether they have Medicaid, private insurance, or no insurance at all. These community health centers can help individuals continue to access needed medical care even if they are no longer eligible for Medicaid coverage.

06 Additional Eligibility Items

Knowledge Check

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Scenario

A resident applies for Medicaid on January 7, 2027, and requests retro coverage back to December 2026.

Discuss at your table:

1. Is the resident subject to MACE for December 2026?
2. Is the resident subject to MACE for January 2027, and if so, what do they need to show?

Answer

1. No. December 2026 falls before the MACE effective date of January 1, 2027, so the resident is not subject to MACE for that month. Lookback rules do not apply for December.
2. Yes. January 2027 is the application month and is after MACE rules take effect. The resident must show 80 hours of qualifying activities or meet an exemption / short term hardship in the December lookback month to be approved.

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MODULE SEVEN

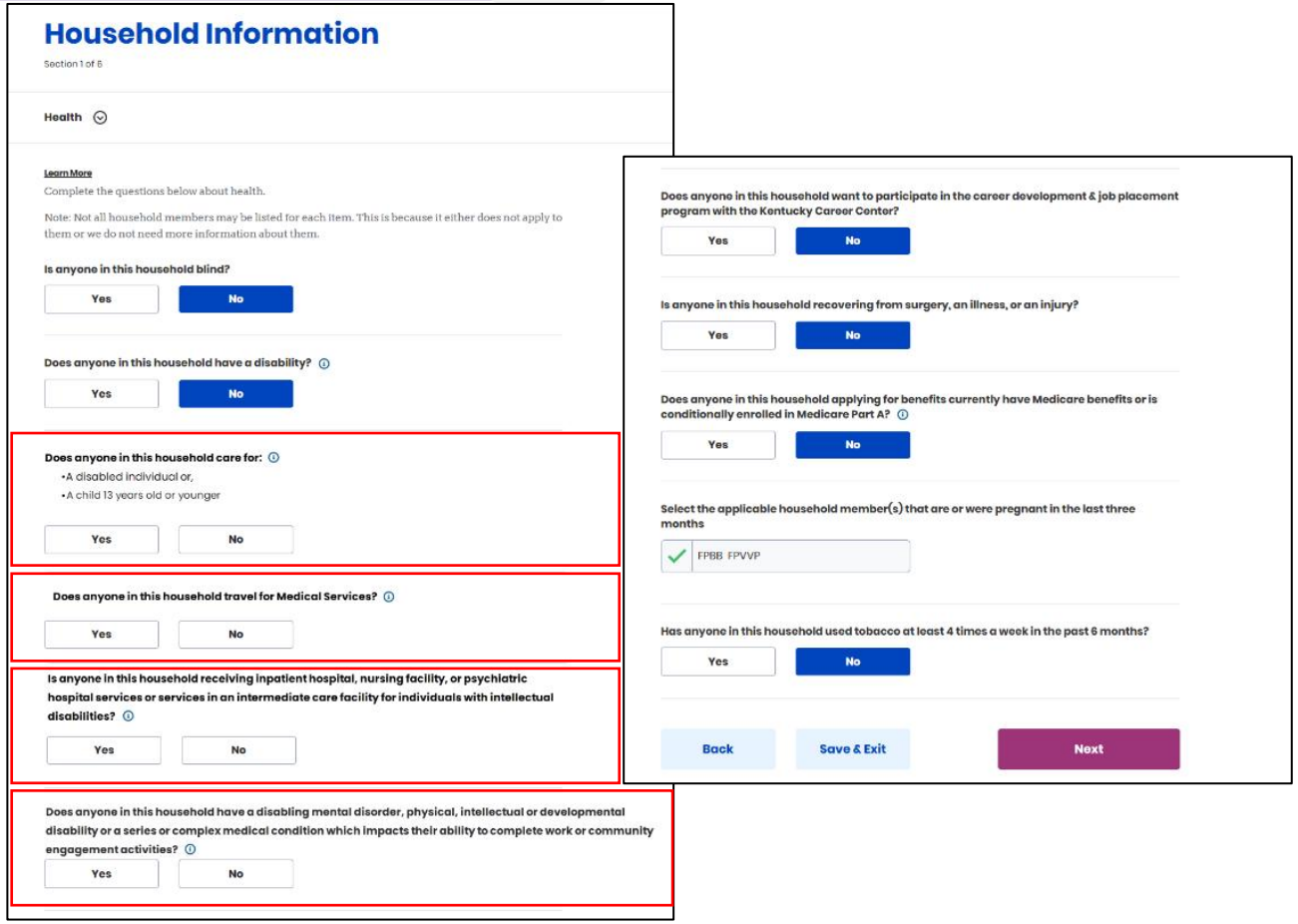
SSP System Impacts

07 SSP System Impacts

Household Information: Health Selection Screen

The following questions are added to the **Health Selection** screen as shown:

- *Does anyone in this household care for:*
  - *A disabled individual or,*
  - *A child 13 years old or younger*
- *Does anyone in this household have a disabling mental disorder, physical, intellectual or developmental disability or a serious or complex medical condition which impacts their ability to complete work or community engagement activities?*
- *Does anyone in this household travel for Medical Services?*
- *Is anyone in this household receiving inpatient hospital, nursing facility, or psychiatric hospital services or services in an intermediate care facility for individuals with intellectual disabilities*



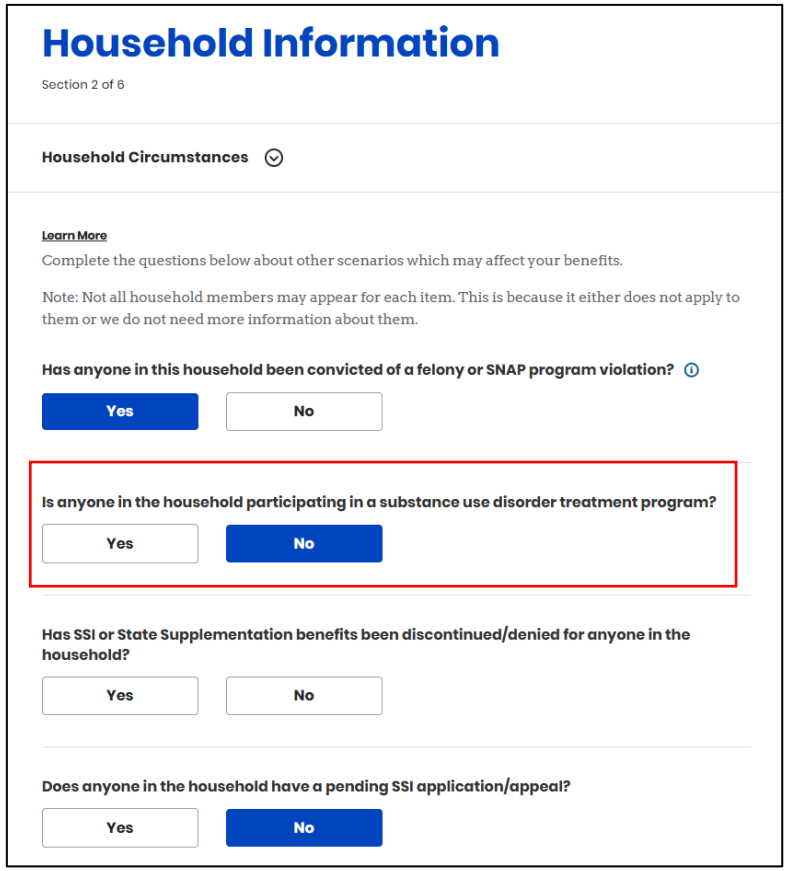
PLEASE NOTE

These new questions are added to account for the following exemptions: Parent/Caretaker of a dependent less than 13 years, Caretaker of a Disabled Individual, Medically Frail - Disabling mental disorder, physical, intellectual, or developmental disability, & Medically Frail - Other serious or complex medical condition.

07 SSP System Impacts

Household Information: Household Circumstances Selection Screen

- The following question is moved from the **Conviction** screen to the **Household Circumstances Selection** Screen:
  - *Is anyone in the household participating in a substance use disorder treatment program?*
- If Medicaid is present, the following field level help is displayed:
  - “This question is asked for Medicaid Community Engagement, which is only for individuals from 19 - 64 years old. Other individuals will not be shown for selection.”



PLEASE NOTE

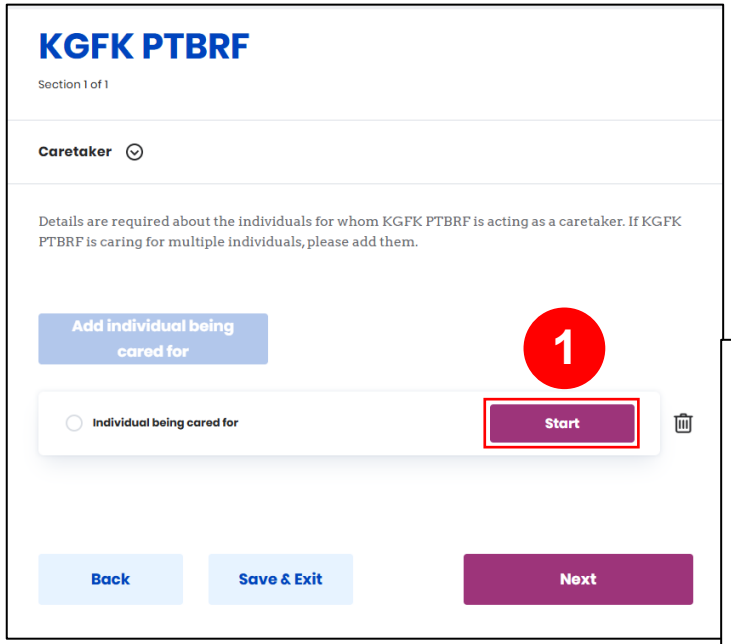
This question is added to the **Household Information: Household Circumstances Selection** screen to account for the Participating in a Drug addiction or Alcohol treatment exemption.

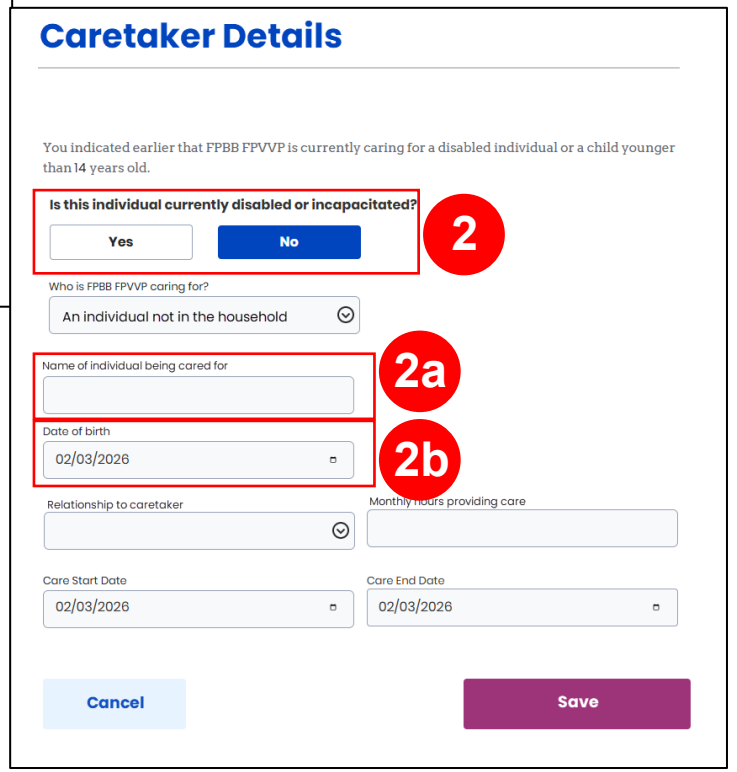
07 SSP System Impacts

Caretaker Summary and Details Screens

If **Yes** was selected for the caring of a disabled individual question on the **Health Selection** screen, the **Caretaker Summary** screen is displayed for the applicable individual(s).

1. Click **Start** to add a new record and then proceed to the details section.
2. Answer *Is the individual disabled or incapacitated?*
   - **a. YES** – *Name of individual being cared for* displays
   - **b. NO** – *Name of individual being cared for* and *Date of Birth* display
     - If **NO**, only household members age 13 or younger appear.

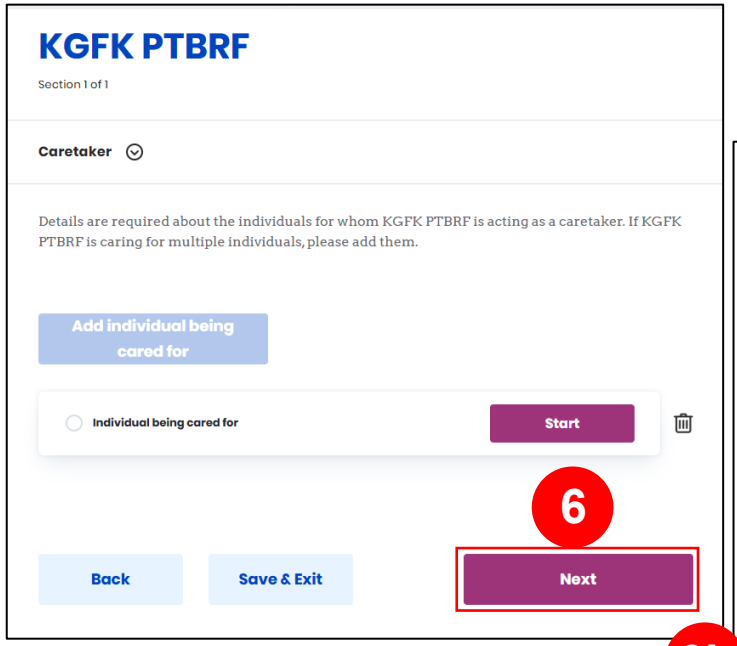


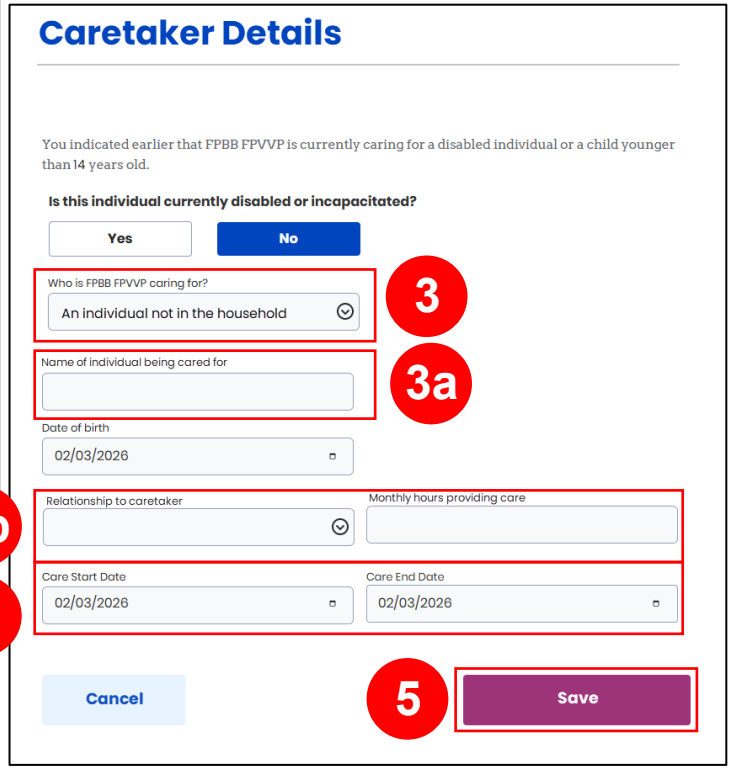


SSP System Impacts

Caretaker Summary and Details Screens (Continued)

3. In *Who is [name] caring for?*, select a household member, or **An individual not in the household**.
   a. If a household member is selected, the *Name of individual being cared for* field is prepopulated with that disabled individual's name and is disabled.
   b. If **An individual not in the household** is selected, the *Name of individual being cared for* field remains enabled and mandatory, as well as the following two additional fields: *Relationship to caretaker* and *Monthly hours providing care*.
4. The *Care Start Date* and *Care End Date* fields are always enabled, and mandatory.
5. Users must click **Save** to save the added care information.
6. Click **Next** to continue.





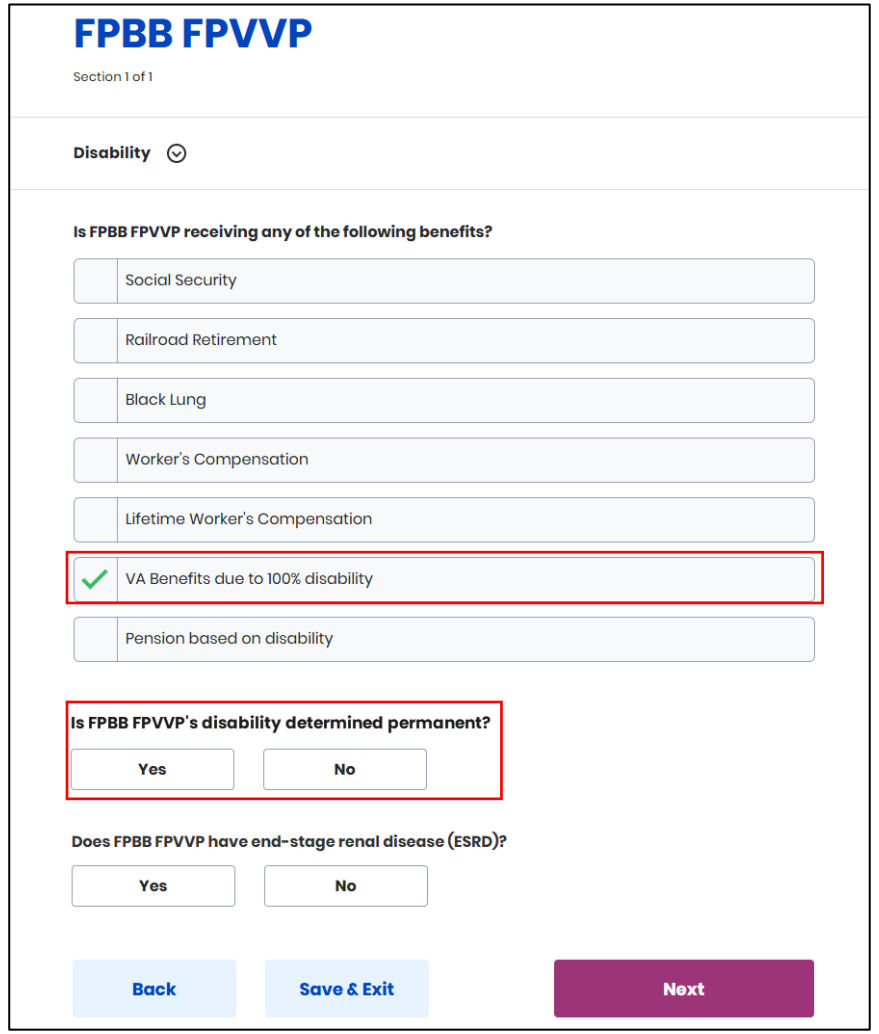
PLEASE NOTE

This screen is added to account for the Parent/Caretaker of a dependent 13 years old or less (outside the household) and Caretaker of a Disabled Individual exemptions.

07 SSP System Impacts

Disability Screen

- The existing ‘VA’ option is updated to ‘**VA Benefits due to 100% disability**’ on the **Disability** screen.
- If the ‘**VA Benefits due to 100% disability**’ option is selected, the following additional question is displayed for Medicaid program for individuals 19 - 64 years old
  - *Is <Individual’s Full Name>’s disability determined permanent?*



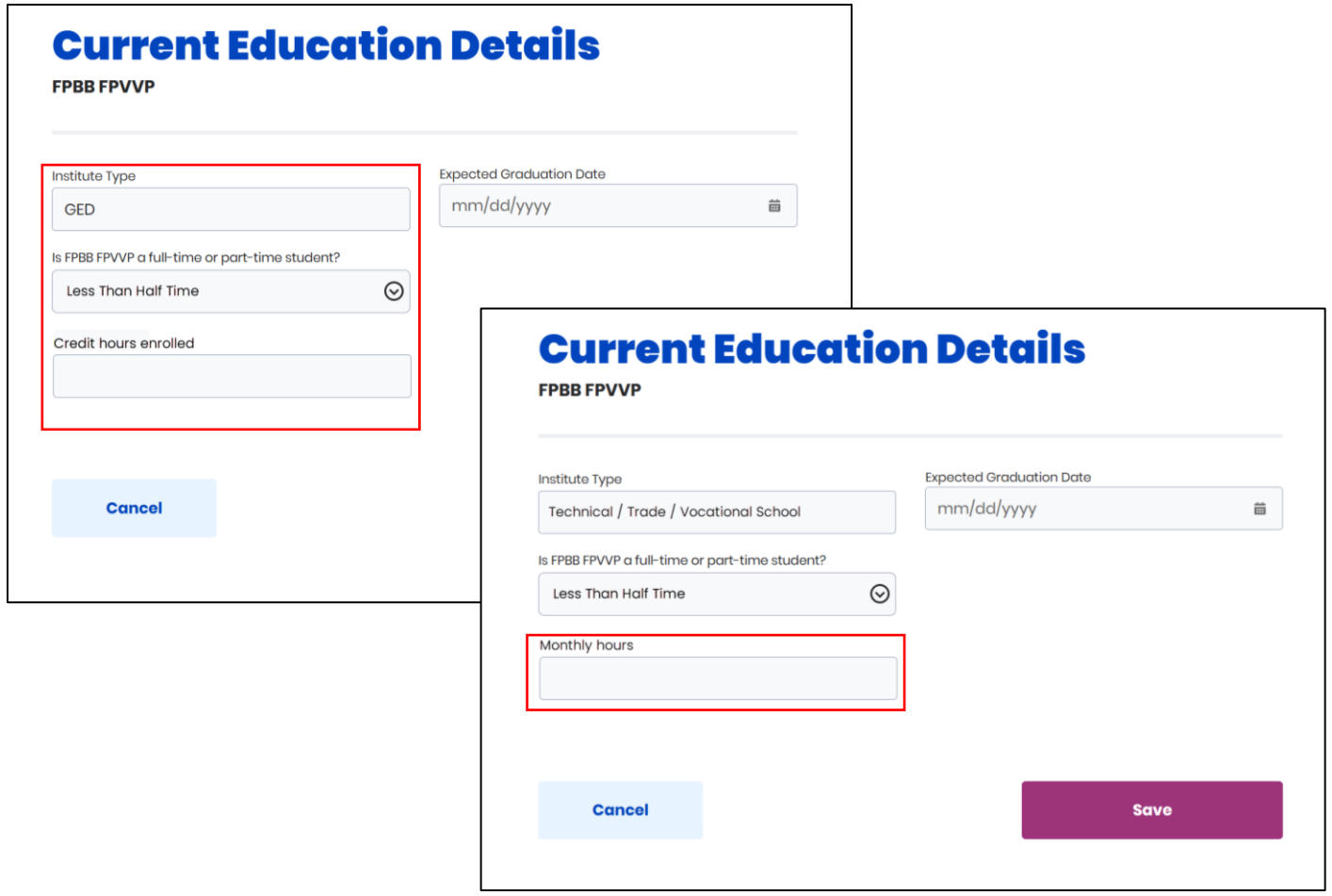
PLEASE NOTE

This field is updated to account for Veteran with Total Disability exemption.

07 SSP System Impacts

Education Summary and Details Screens

- The existing **Education** gatepost screen, and subsequent education summary and details screens are now displayed in Medicaid applications for individuals 19 - 64 years old.
- If only Medicaid is present, only the Current Education Details are captured, not the highest level of education details.
- If enrollment type is selected as '**Less Than Half Time**' one of the below conditionally queued questions would be shown:
  - If *Institute Type* is selected as **Technical / Trade/ Vocational School**, then a *Monthly Hours* field is displayed. This is the sum of all hours spent in vocational school in a given month.
  - For all other *Institute Type* selections, a *Credit hours enrolled* field displays. This is the number of credit hours being taken in the semester reported.



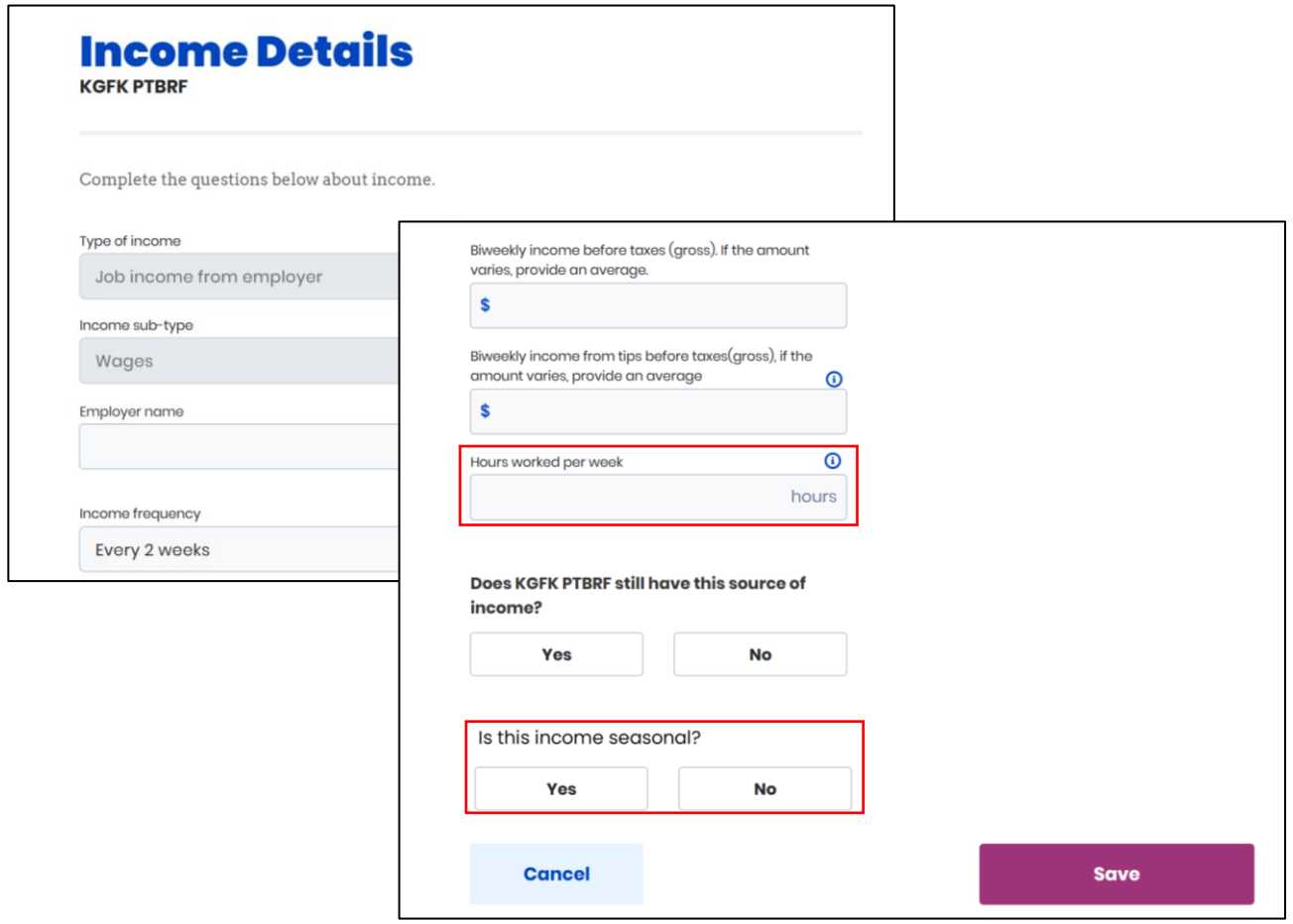
PLEASE NOTE

These screens are now added in the Medicaid application flow to capture information about the "enrolled at least half-time in an educational program" qualifying activity.

07 SSP System Impacts

Income Details Screen

- The *Hours worked per week* question now displays on the **Income Details** screen for employment and self-employment income types when applying for Medicaid.
- The *Hours worked per week* field now shows the following field level help:
  - "Enter the average number of hours you work per week. Include all paid hours worked. If your hours vary, provide your best weekly average."
- The question *Is this income seasonal?* is now added to and displays on the **Income Details** screen for Medicaid applications for Residents 19 - 64 years old.



PLEASE NOTE

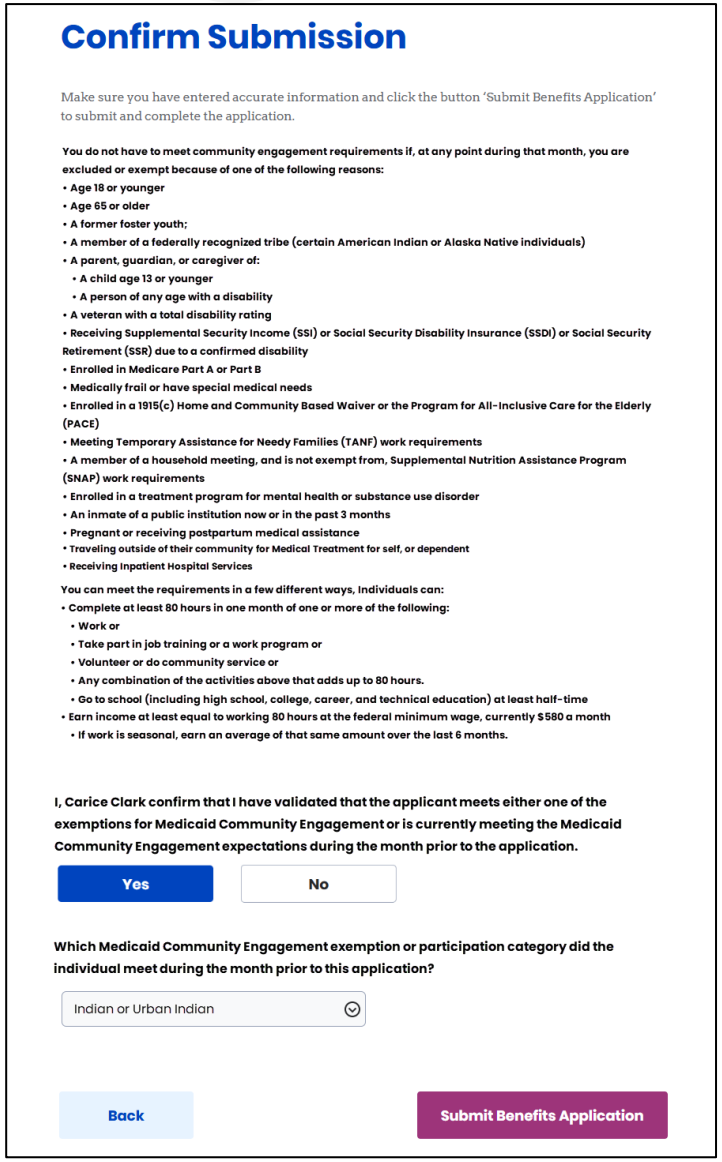
These questions are added to the **Income Details** screen for Medicaid applications to capture information for the Working 80 hours and Seasonal Worker participation requirements/Qualifying Activities.

07 SSP System Impacts

Presumptive Eligibility – Confirm Submission Screen

Language is added to the screen documenting the ways in which an individual can meet Medicaid Work or Community Engagement requirements or be exempted.

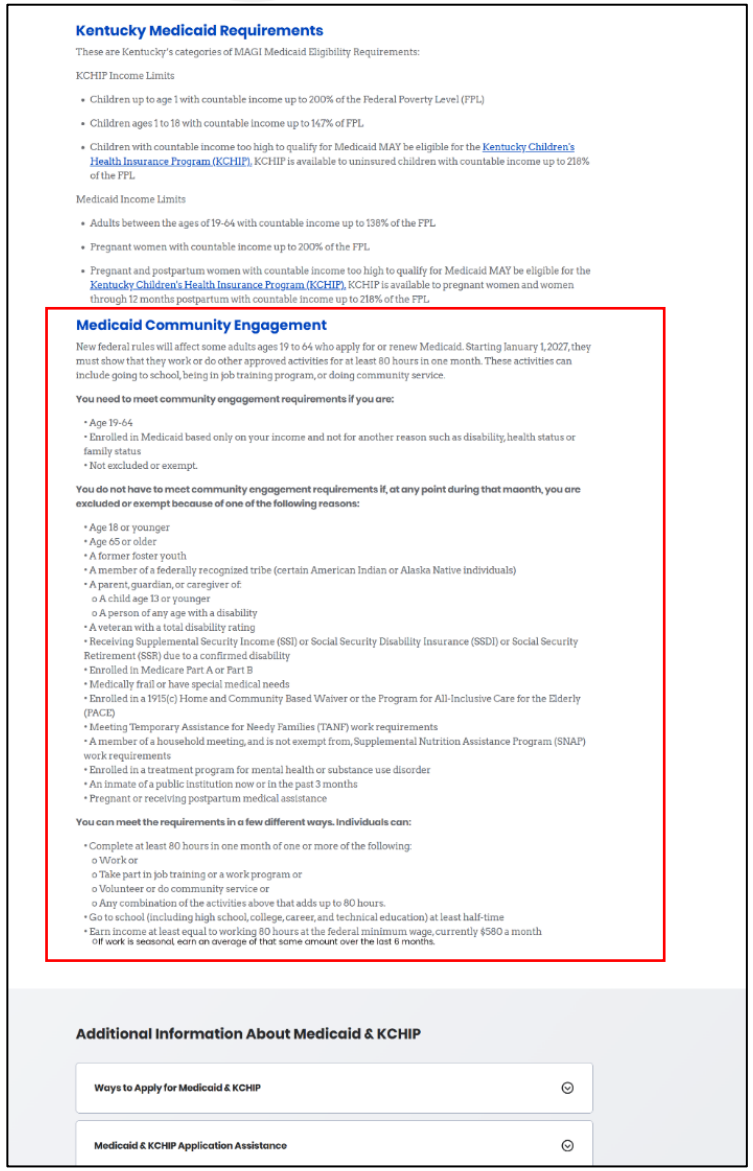
- The following question is on the Submit Application screen of the Confirm Submission screen if an individual was not marked as pregnant:
  - **I, <QE Entity's name> confirm that I have validated that the applicant meets either one of the exemptions for Medicaid Community Engagement or is currently meeting the Medicaid Work or Community Engagement expectations during the month prior to the application.**
- If the individual selects '**YES**' for the new question a conditionally queued type-ahead picklist to select the exemption or participation type would queue:
  - **Which Medicaid Community Engagement exemption or participation category did the individual meet during the month prior to this application?**



07 SSP System Impacts

Medicaid Program Screen

- A new section is added to the **Medicaid Program** screen outlining Medicaid Work or Community Engagement information, along with sub sections specific to:
  - Who needs to meet community engagement
  - Who does not need to meet community engagement
  - How you can meet the community engagement expectations



Kentucky Medicaid Requirements

These are Kentucky's categories of MAGI Medicaid Eligibility Requirements:

KCHIP Income Limits

- Children up to age 1 with countable income up to 200% of the Federal Poverty Level (FPL)
- Children ages 1 to 18 with countable income up to 147% of FPL
- Children with countable income too high to qualify for Medicaid MAY be eligible for the Kentucky Children's Health Insurance Program (KCHIP). KCHIP is available to uninsured children with countable income up to 218% of the FPL

Medicaid Income Limits

- Adults between the ages of 19-64 with countable income up to 138% of the FPL
- Pregnant women with countable income up to 200% of the FPL
- Pregnant and postpartum women with countable income too high to qualify for Medicaid MAY be eligible for the Kentucky Children's Health Insurance Program (KCHIP). KCHIP is available to pregnant women and women through 12 months postpartum with countable income up to 218% of the FPL

Medicaid Community Engagement

New federal rules will affect some adults ages 19 to 64 who apply for or renew Medicaid. Starting January 1, 2027, they must show that they work or do other approved activities for at least 80 hours in one month. These activities can include going to school, being in job training program, or doing community service.

You need to meet community engagement requirements if you are:

- Age 19-64
- Enrolled in Medicaid based only on your income and not for another reason such as disability, health status or family status
- Not excluded or exempt.

You do not have to meet community engagement requirements if, at any point during that month, you are excluded or exempt because of one of the following reasons:

- Age 18 or younger
- Age 65 or older
- A former foster youth
- A member of a federally recognized tribe (certain American Indian or Alaska Native individuals)
- A parent, guardian, or caregiver of:
  - A child age 13 or younger
  - A person of any age with a disability
- A veteran with a total disability rating
- Receiving Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) or Social Security Retirement (SSR) due to a confirmed disability
- Enrolled in Medicare Part A or Part B
- Medically frail or have special medical needs
- Enrolled in a 1915(c) Home and Community Based Waiver or the Program for All-Inclusive Care for the Elderly (PACE)
- Meeting Temporary Assistance for Needy Families (TANF) work requirements
- A member of a household meeting, and is not exempt from, Supplemental Nutrition Assistance Program (SNAP) work requirements
- Enrolled in a treatment program for mental health or substance use disorder
- An inmate of a public institution now or in the past 3 months
- Pregnant or receiving postpartum medical assistance

You can meet the requirements in a few different ways. Individuals can:

- Complete at least 80 hours in one month of one or more of the following:
  - Work or
  - Take part in job training or a work program or
  - Volunteer or do community service or
  - Any combination of the activities above that adds up to 80 hours.
- Go to school (including high school, college, career, and technical education) at least half-time
- Earn income at least equal to working 80 hours at the federal minimum wage, currently $580 a month
  - If work is seasonal, earn an average of that same amount over the last 6 months.

Additional Information About Medicaid & KCHIP

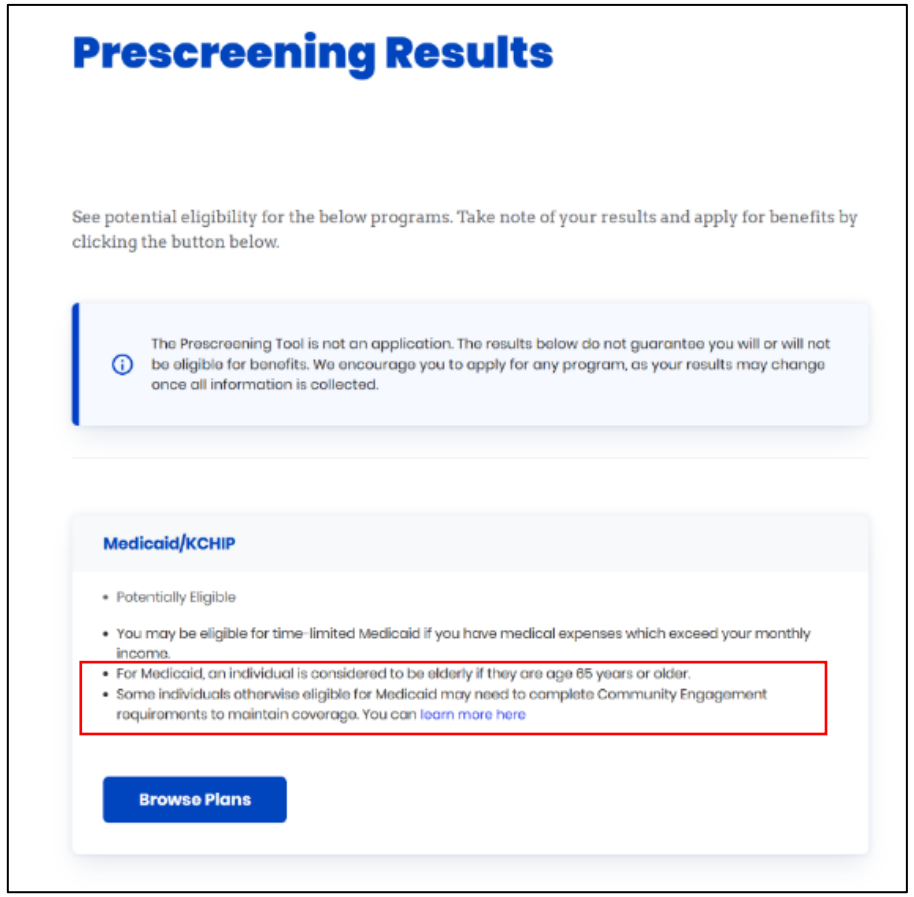
Ways to Apply for Medicaid & KCHIP

Medicaid & KCHIP Application Assistance

07 SSP System Impacts

Prescreening Results Screen

- A new bullet point is added within the Medicaid program tile on the **Prescreening Results** screen with the following verbiage and a hyperlink to the Medicaid Program screen where the Resident can access additional information about Community Engagement:
  - **“Some individuals otherwise eligible for Medicaid may need to complete Community Engagement requirements to maintain coverage. You can learn more here.”**

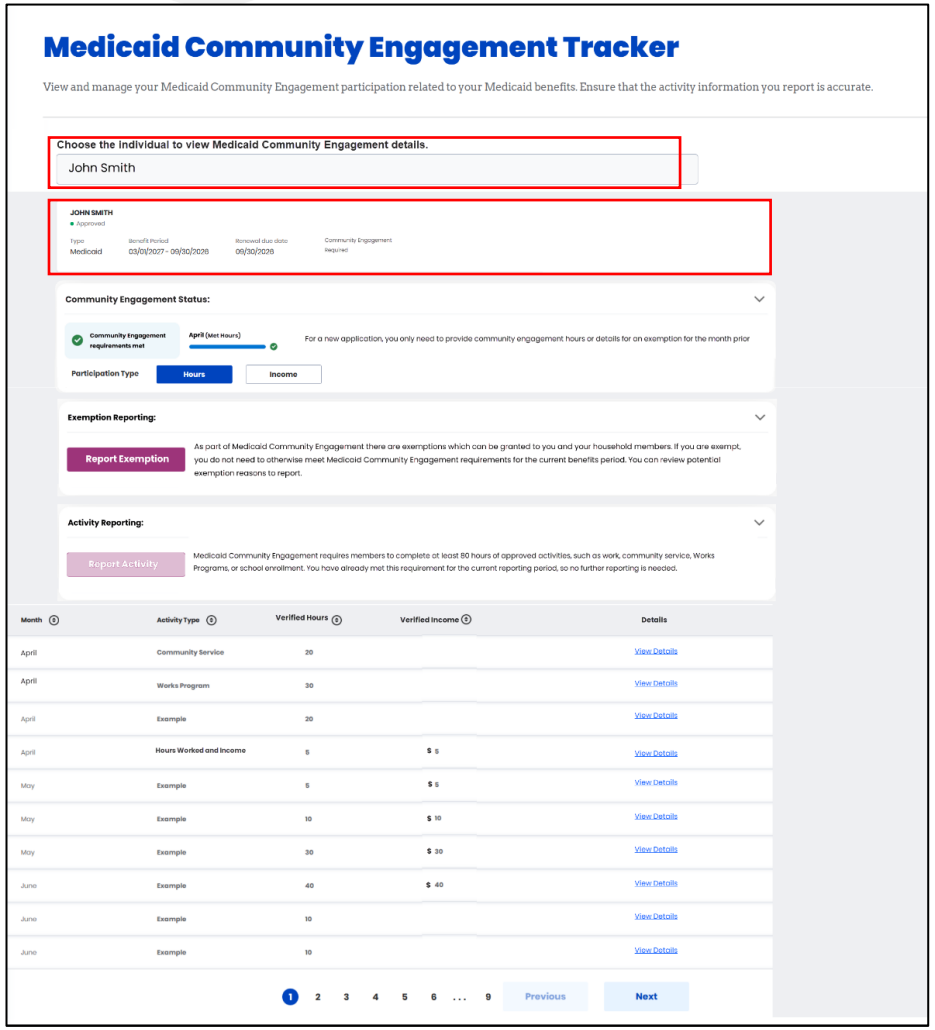


07 SSP System Impacts

MACE Tracker Screen

The new Medicaid Community Engagement Tracker screen is added so individuals may view and manage their MACE participation related to their Medicaid benefits. This section ensures the activity information reported is accurate.

- The "*Choose the individual…"* field includes all MACE-required Residents in the case, regardless of exemption or participation status.
  - The list reflects the case selected in the **Benefits** widget on the **Citizen Dashboard**.
- The <*Name*> section displays the status for the selected individual, along with a *Program Type*, *Benefit Period*, *Renewal due date* and *Community Engagement* field:
  - If MACE is required, the *Community Engagement* field displays "Required"
  - If the Resident is exempt, it displays "Community Engagement Exempt – <Highest Verified Exemption Reason>"



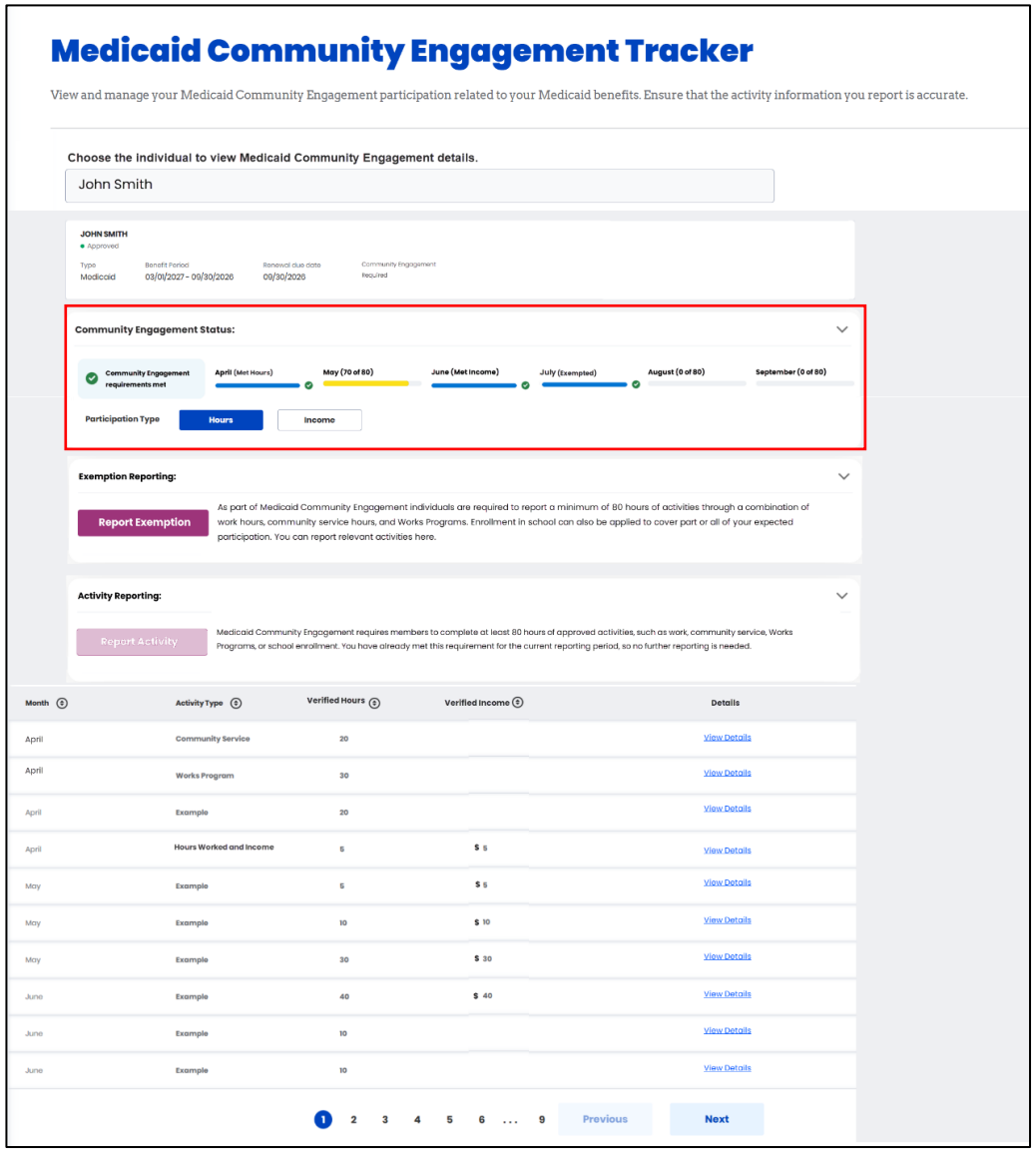
PLEASE NOTE

Contact DCBS if the information **does not** seem accurate. **Do not** update case information on your own.

07 SSP System Impacts

MACE Tracker Screen (Continued)

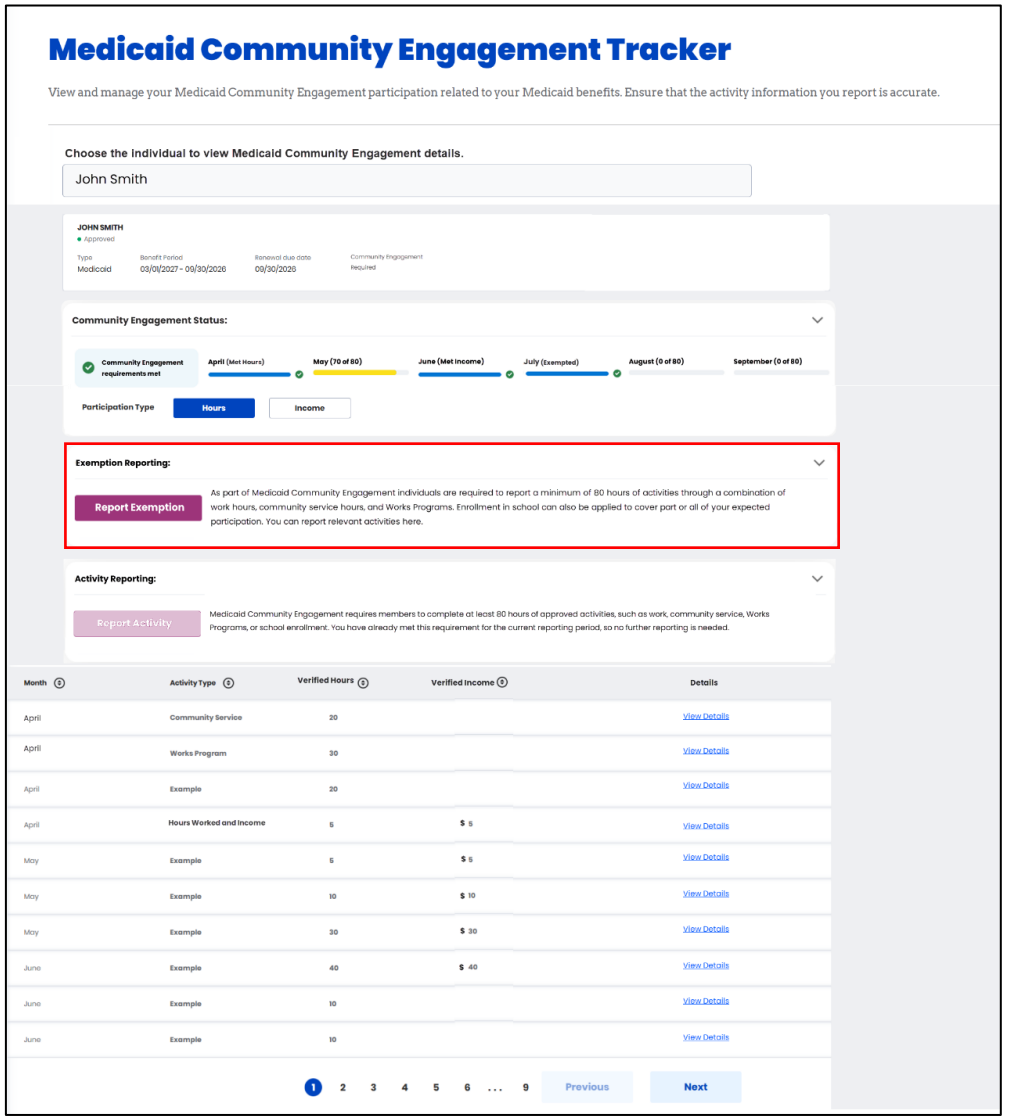
- The *Community Engagement Status* section can be expanded to view the Resident's high-level participation status.
  - A green tile displays indicating how many months the CE requirement is met. It states "Requirements met X of 3 months" until all three months are met.
    - A checkmark and "Community Engagement requirements met" display once all three months are met.
    - This tile does not display during Intake.
- Each month of the certification period is shown with a status bar displaying "X of 80 hours" or "X of $580":
  - **Blue:** Verified
  - **Yellow:** Under review
  - **Checkmark:** Monthly requirement met
- *Participation Type* defaults to **Hours** and toggles between **Hours** and **Income** views.
- If MACE requirements were met, labels are displayed indicating how they were met: "Exempted", "Met Income", or "Met Hours".
- Intake displays only application-relevant and potential retroactive coverage months.
- Up to six months per row are displayed.



07 SSP System Impacts

MACE Tracker Screen (Continued)

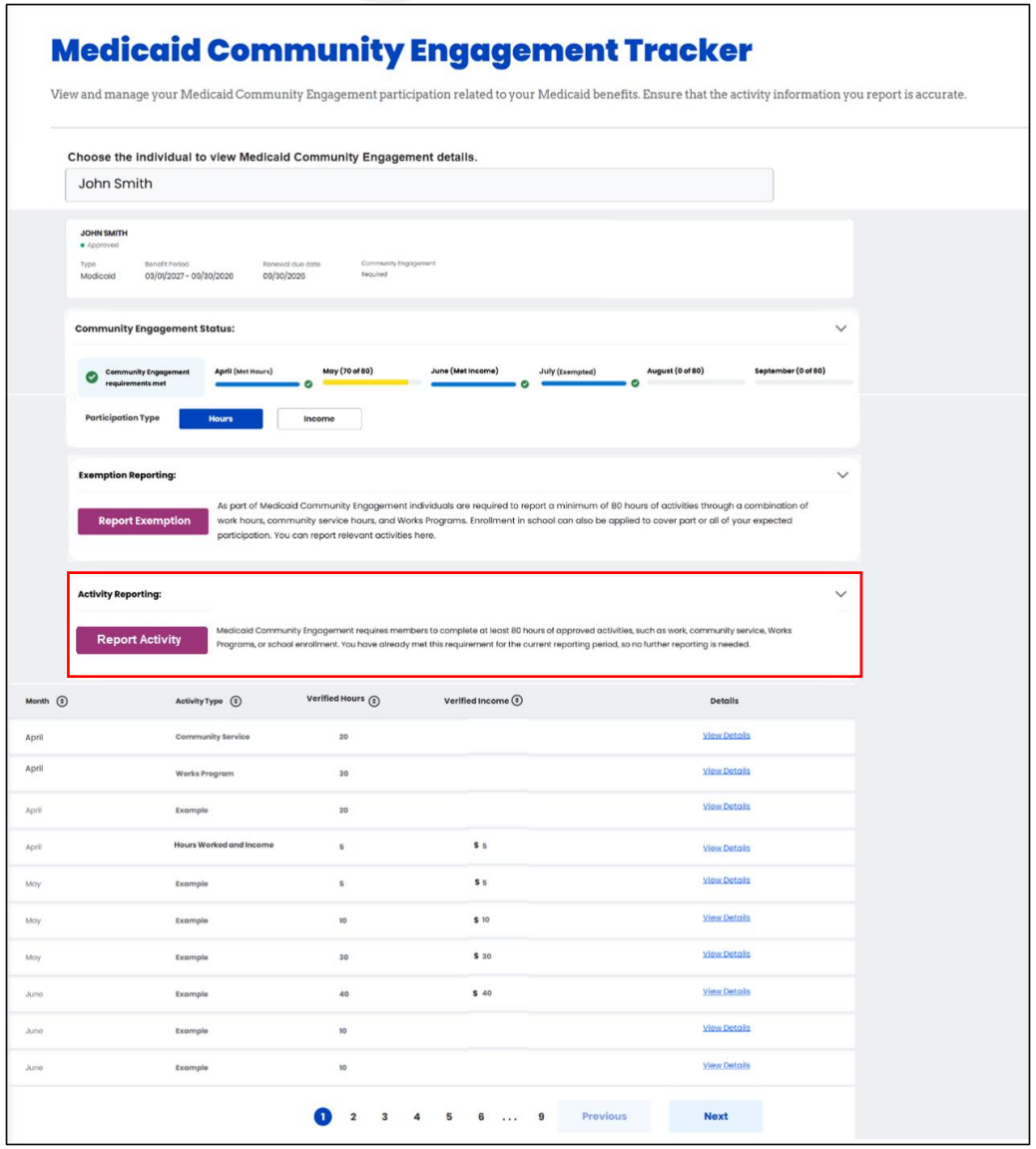
- The *Exemption Reporting* section allows the Resident to review and enter an exemption. The following message is displayed:
  - “As part of Medicaid Community Engagement there are exemptions which can be granted to you and your household members. If you are exempt, you do not need to otherwise meet Medicaid Community Engagement requirements for the current benefits period. You can review potential exemption reasons to report.”
- If a Resident has an exemption reported and verified, the **Report Exemption** button is disabled, and the following message displays:
  - “Medicaid Community Engagement includes exemptions that may apply to you or members of your household. You are exempt from Community Engagement requirements for the current reporting period. This means you do not need to complete or report any activities at this time. No additional action is required. You may qualify for multiple exemptions, however only the one used for this reporting period will be shown here.”



SSP System Impacts

MACE Tracker Screen (Continued)

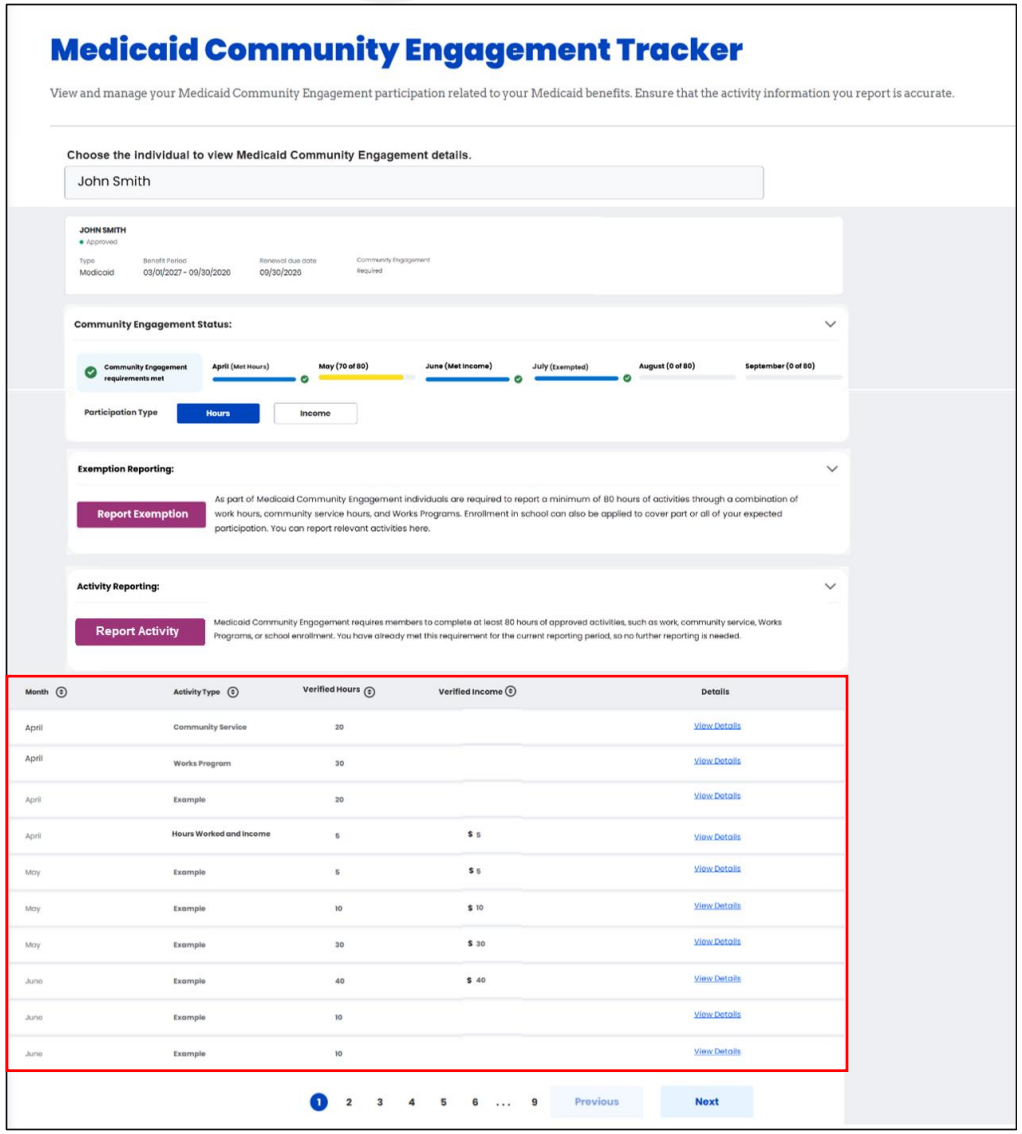
- The *Activity Reporting* section allows the Resident to review and enter a MACE activity. The following message is displayed:
  - "As part of Medicaid Community Engagement individuals are required to report a minimum of 80 hours of activities through a combination of work hours, community service hours, and Works Programs. Enrollment in school can also be applied to cover part or all of your expected participation. You can report relevant activities here."
- If a Resident has already met all 3 required months of participation and all activities are verified for a given benefit period, the **Report Activity** button is disabled and the following message displays:
  - "Medicaid Community Engagement requires members to complete at least 80 hours of approved activities, such as work, community service, Works Programs, or school enrollment. You have already met this requirement for the current reporting period, so no further reporting is needed."



07 SSP System Impacts

MACE Tracker Screen (Continued)

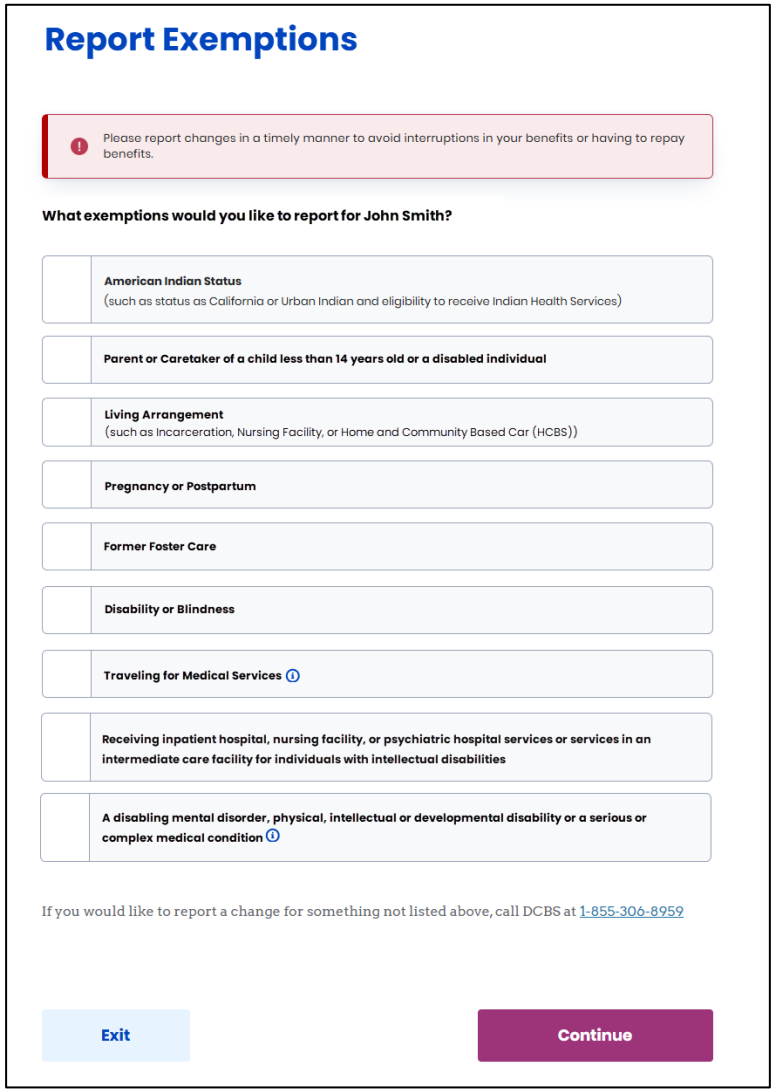
- This section displays a rolled-up view of the activities which are used to determine a Resident's Community Engagement status for the listed month within the benefits/look-back period.
- The *Month* field shows the specific month the activity type is considered against
- The *Activity Type* field shows one of the following values:
  - "Hours Worked and Income"
  - "Community Service"
  - "Works Program"
  - "Education Participation"
- The *Verified Hours* and *Verified Income* fields show the total verified values for the given Month and Activity Type combination.
  - *Verified Income* is only applicable for the "Hours Worked and Income" activity type
- The *Details* field provides a hyperlink to open a detailed pop-up for that record



07 SSP System Impacts

Report Exemptions Screen

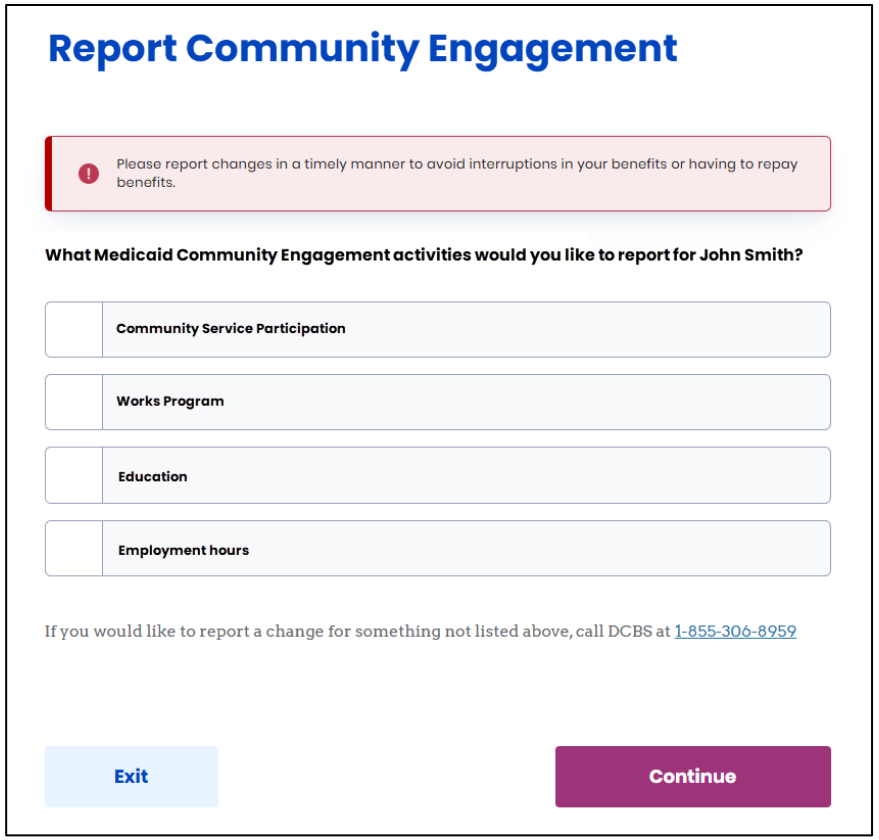
- This screen is accessed from the **Report Exemptions** button on the **Medicaid Community Engagement Tracker** screen, and functions similarly to the **Report a Change Selection** screen to route Residents to the appropriate data-collection screen. Below are the exemptions displayed:
  - American Indian Status – **Household Member Summary** screen
  - Parent or Caretaker of a child less than 14 years old or a disabled individual – **Health Selection** screen
  - Living Arrangement – **Living Arrangement** screen
  - Pregnancy or Postpartum – **Pregnancy** screen
  - Former Foster Care – **Former Foster Care** screen
  - Disability or Blindness – **Health Selection** screen
  - Travel for Medical Services – **Sign & Submit** screen
  - Receiving Inpatient Services – **Sign & Submit** screen
    - A placeholder record is created on the **MACE Participation & Short-Term Hardship Event** screen in Worker Portal with Medical Service Type as "Travel for Medical Services" or "Inpatient Services", the *Begin Date* as first of the current month, and the verification as "SSP Client Statement."
  - Disabling Mental Disorder – **Sign & Submit** screen
    - A placeholder record is created on the **Medically Frail Determination** screen in Worker Portal with the *Start Date* as the first of the current month, and the verification as "SSP Client Statement."



07 SSP System Impacts

Report Activity Screen

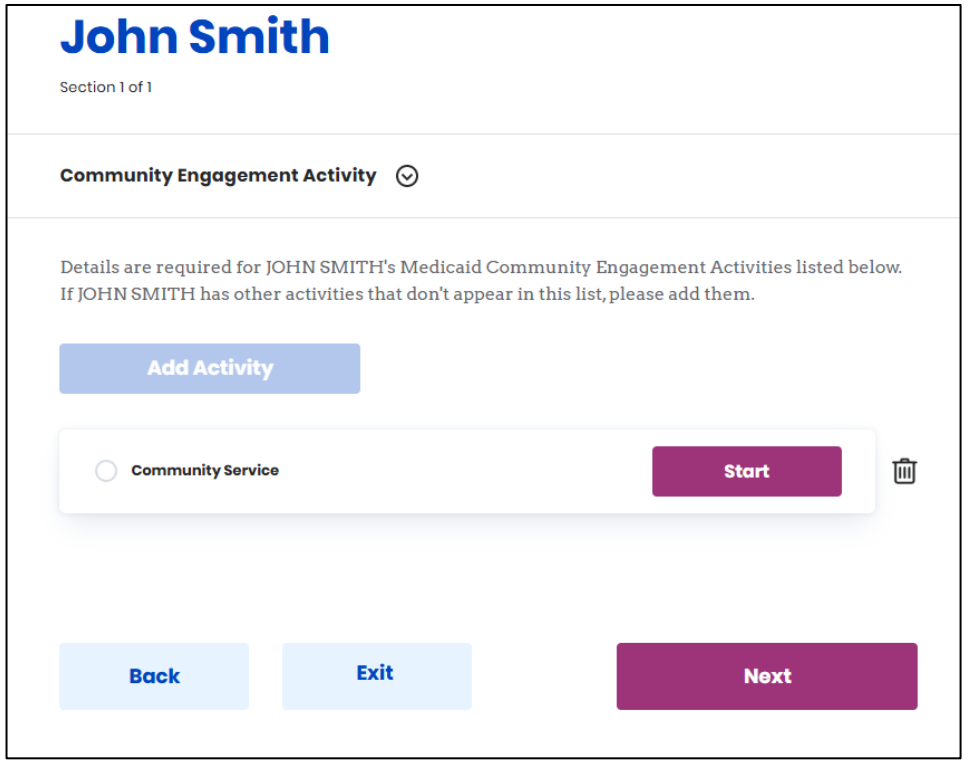
- This screen is accessed from the **Report Activity** button on the **Medicaid Community Engagement Tracker** screen and functions similarly to the **Report a Change Selection** screen to route to the appropriate data-collection screen:
  - Community Service Participation – **Community Engagement Activity Summary** screen
  - Works Program – **Community Engagement Activity Summary** screen
  - Education – **Education Summary** screen
  - Employment hours – **Income Summary** screen



07 SSP System Impacts

Activity Summary Screen

- The **Activity Summary** screen appears last in the *Individual Information* sub-section of *Member Details* when Community Service or Works Program is selected.
- Either the “Community Service” or “Works Program” would be present with a **Start** button.
- Once a record has been added/completed, the *Activity Month* and *Activity Name* are displayed separated on the tile to differentiate the records.
- Like other summary screens, the Resident is not able to add a new record until the existing tile is completed.
- Once a record has been submitted to IEES/Worker Portal, the Resident is not able to delete it.

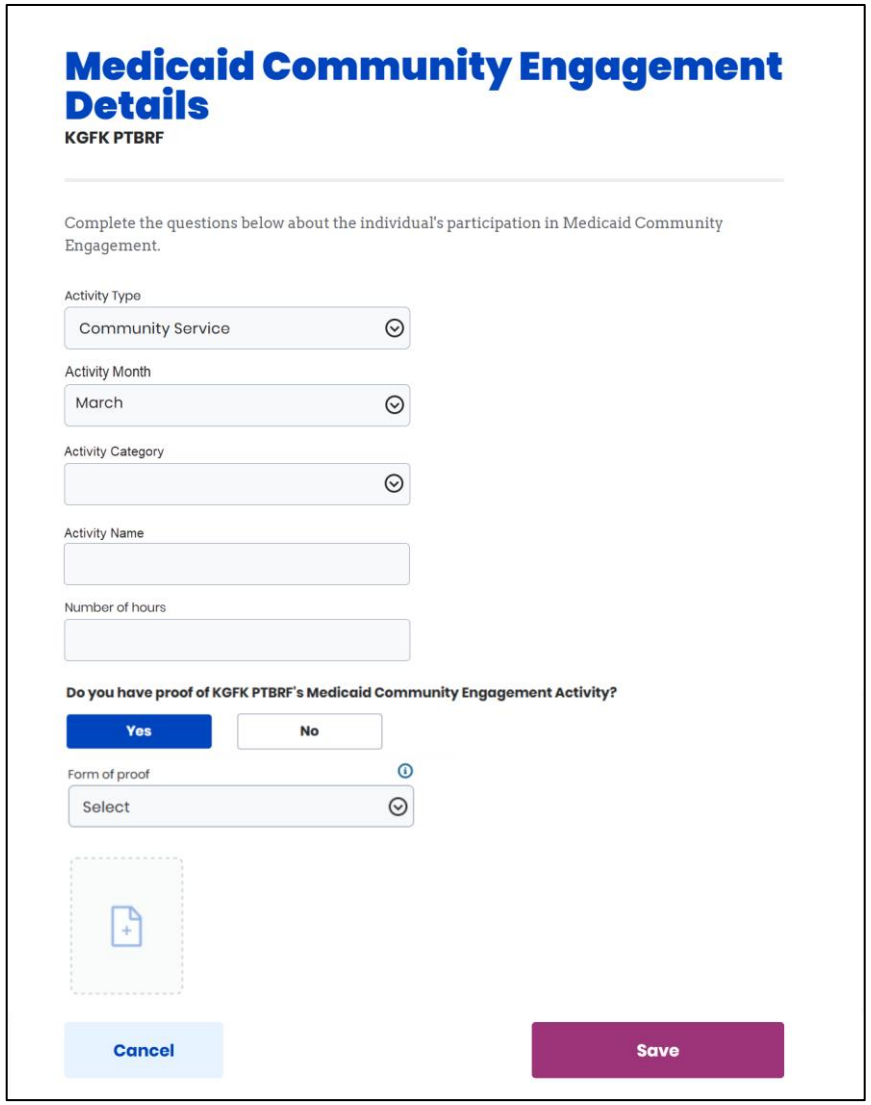


07 SSP System Impacts

Community Engagement Activities Details Screen

- This screen displays for completing an activity or creating a new record
- The *Activity Type* field has two options: “Community Service” and “Works Program”
  - If the current record is one of the placeholder records, the *Activity Type* field will be is defaulted and disabled.
- *Activity Month* and *Activity End Month* selections are limited to eligible benefit-period and lookback months.
- The *Activity Category* field is a picklist with different options for Community Service and Works Program.
  - Community Service Examples: “Food Assistance & Hunger Relief (food banks, meal delivery, community kitchens)”, “Housing & Homelessness Support (shelters, transitional housing support, home-repair nonprofits)”
  - Works Program Examples: “Workforce Readiness / Job Readiness Training (orientation, soft-skills, workplace expectations)”, “Job Search Activities (Program-Supervised) (application support, interview prep, job clubs when tracked by the program)”

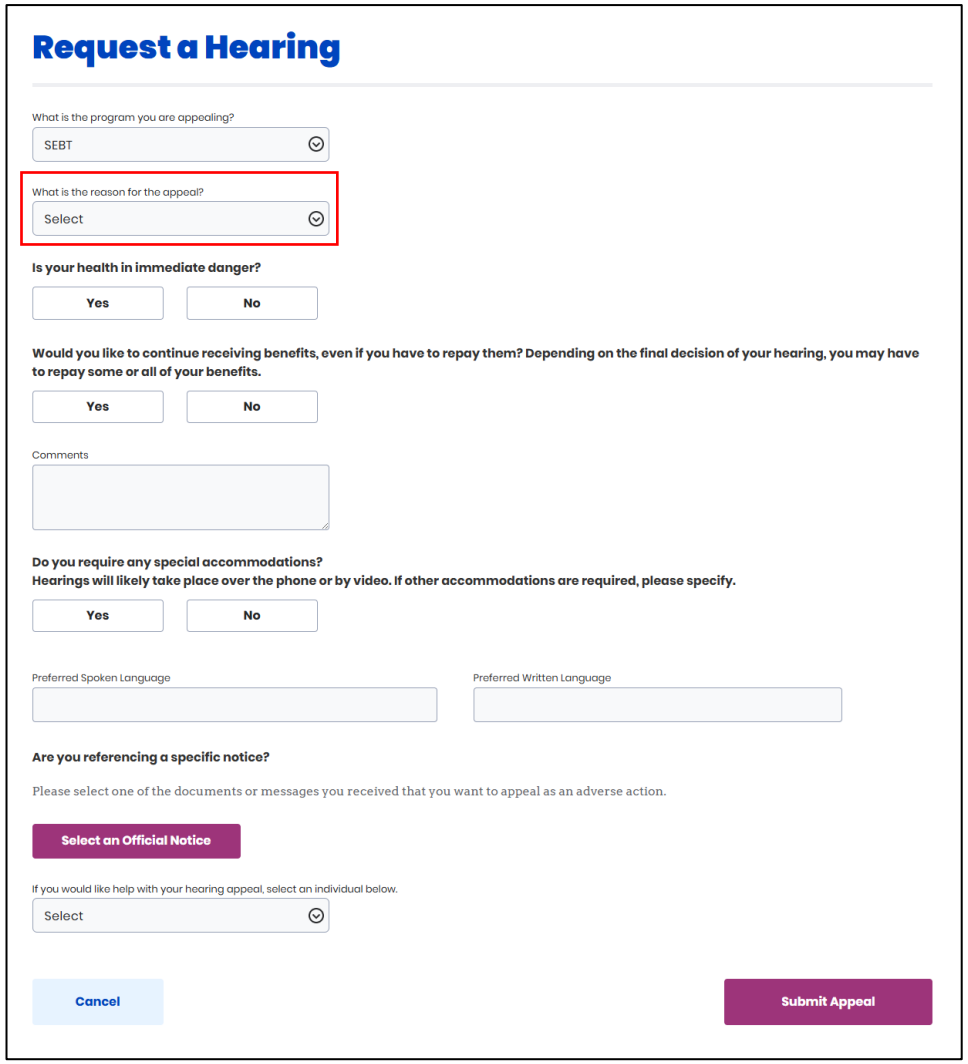
- **Effective January 1, 2028**, Residents will be asked a new question confirming if they have verification for the activity.



07 SSP System Impacts

Request a Hearing Screen

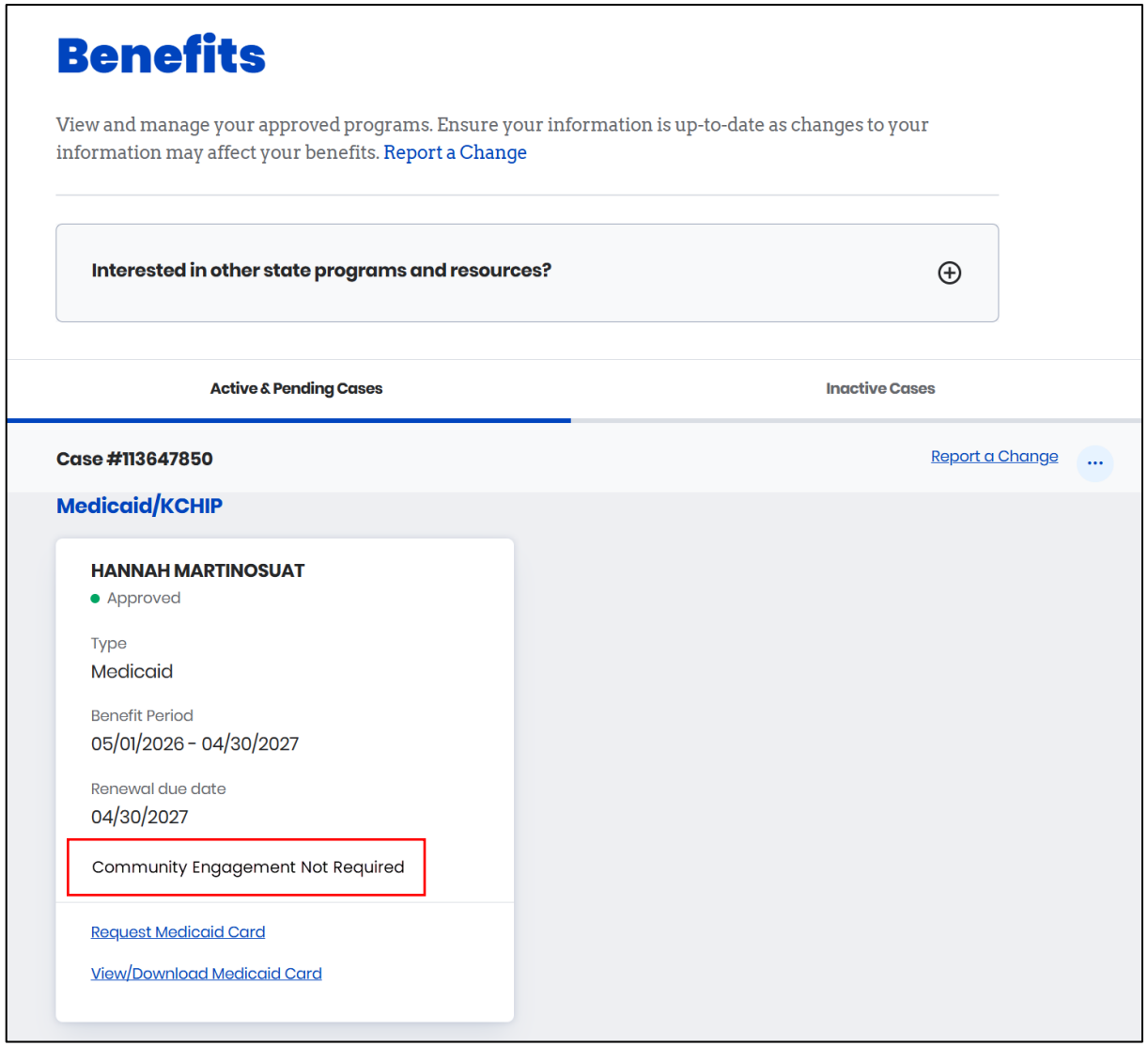
- A new “Medicaid Community Engagement” option is added to the *What is the reason for the appeal?* Question on the **Request a Hearing** screen.



07 SSP System Impacts

Benefits Screen - MACE Not Required

- If the Resident is not MACE Mandatory, the following message is displayed on the **Benefits** screen on the **Medicaid/KCHIP** card: “Community Engagement not required”



07 SSP System Impacts

Benefits Screen - MACE Exempt

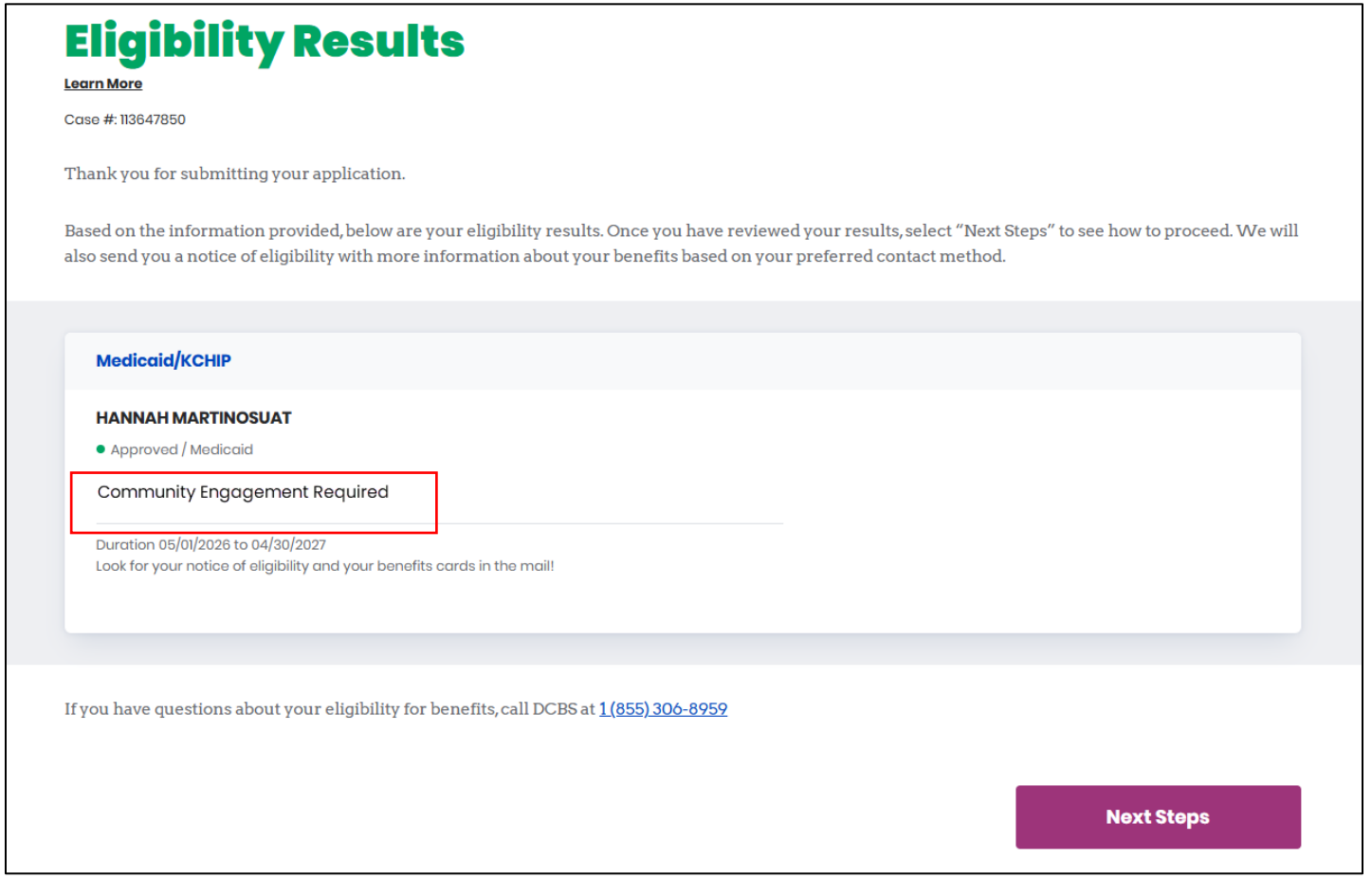
- If a Resident is exempted for the current benefits period, the following message is displayed on the **Benefits** screen on the **Medicaid/KCHIP** card: “Community Engagement Exempt <Exemption Reason Title>”



07 SSP System Impacts

Eligibility Screen - MACE Required

- If a Resident is MACE Mandatory, the following message is displayed on the **Benefits** screen on the **Medicaid/KCHIP** card: “Community Engagement Required”



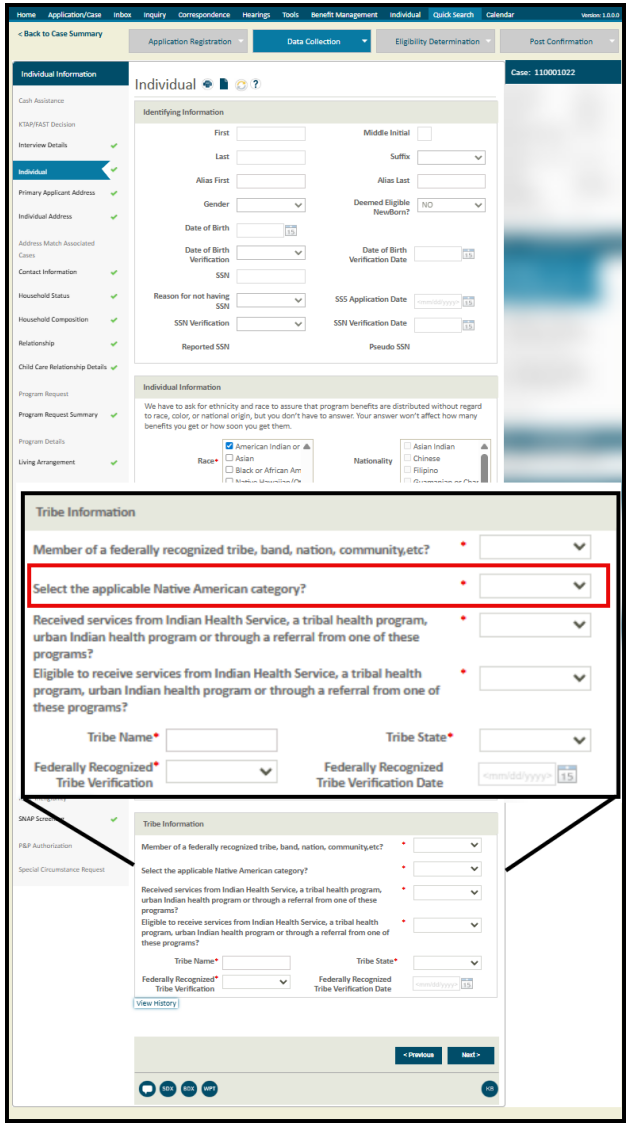
MODULE EIGHT

IEES/Worker Portal System Impacts



08 IEES/Worker Portal Impacts
Individual Screen

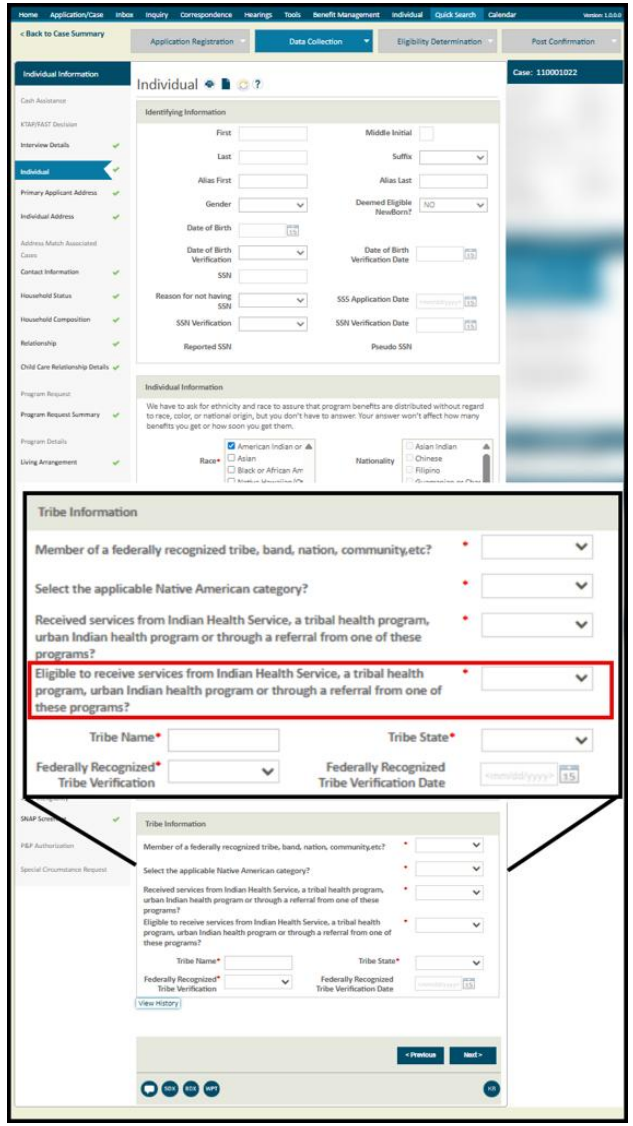
- On a Medicaid case, the question *Member of a federally recognized tribe, band, nation, community, etc.?* on the **Individual** screen is mandatory when the question *Is the individual an American Indian or Alaskan Native?* is answered as "Yes."
- If the question *Member of a federally recognized tribe, band, nation, community, etc.?* is answered as "YES", changes are made such that the question *Select the applicable Native American Category?* becomes mandatory.
    - The *Select the applicable Native American Category?* drop-down options are "Indian/Urban Indian", "California Indian", & "Other".



08 IEES/Worker Portal Impacts
Individual Screen (Continued)

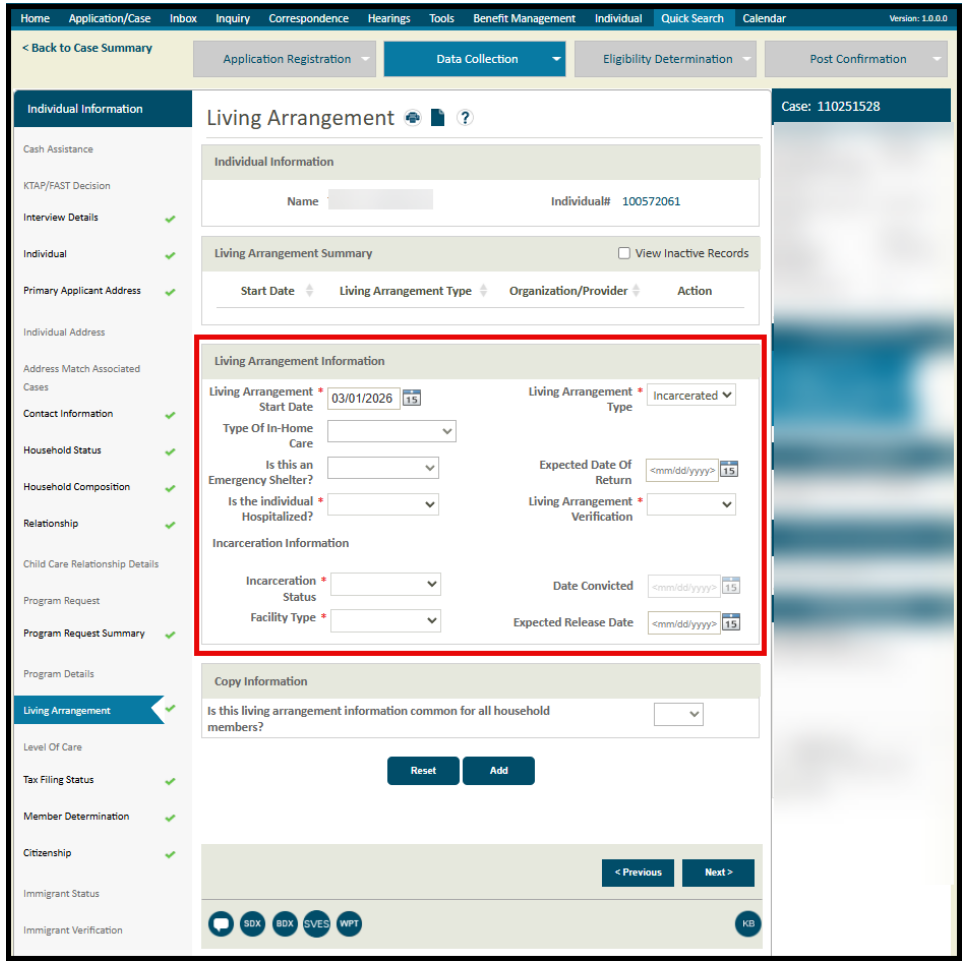
- On a Medicaid case, when the question *Is the individual an American Indian or Alaskan Native?* is answered as “Yes”, the question *Received services from Indian Health Service, a tribal health program, urban Indian health program or through a referral from one of these programs?* on the **Individual** screen is mandatory.
  - If the question *Received services from Indian Health Service, a tribal health program, urban Indian health program or through a referral from one of these programs?* is answered as “YES”, the question *Eligible to receive services from Indian Health Service, a tribal health program, urban Indian health program or through a referral from one of these programs?* is disabled.
  - If the question *Received services from Indian Health Service, a tribal health program, urban Indian health program or through a referral from one of these programs?* is answered as “NO”, the question *Eligible to receive services from Indian Health Service, a tribal health program, urban Indian health program or through a referral from one of these programs?* is enabled and mandatory.
    - Changes are made such that there are no age or gender restrictions for capturing this demographic information. This data is applicable to all Medicaid recipients and is not restricted to Residents between 19 to 64 years of age.

- **This screen is being utilized to capture AIAN information to help evaluate Residents for the American Indian or Alaskan Native exemption.**



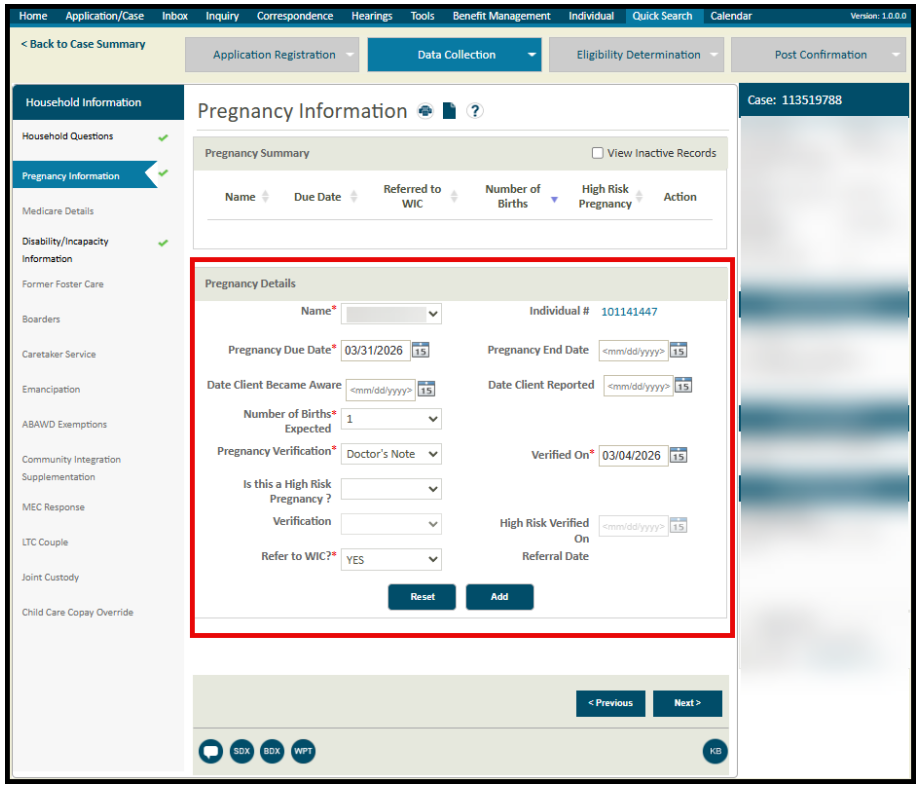
08 IEES/Worker Portal Impacts
Living Arrangement Screen

- No changes are being made on the **Living Arrangement** screen.
- **This screen is being utilized to capture incarceration information to help evaluate Residents for the Inmate exemption.**



08 IEES/Worker Portal Impacts
Pregnancy Information Screen

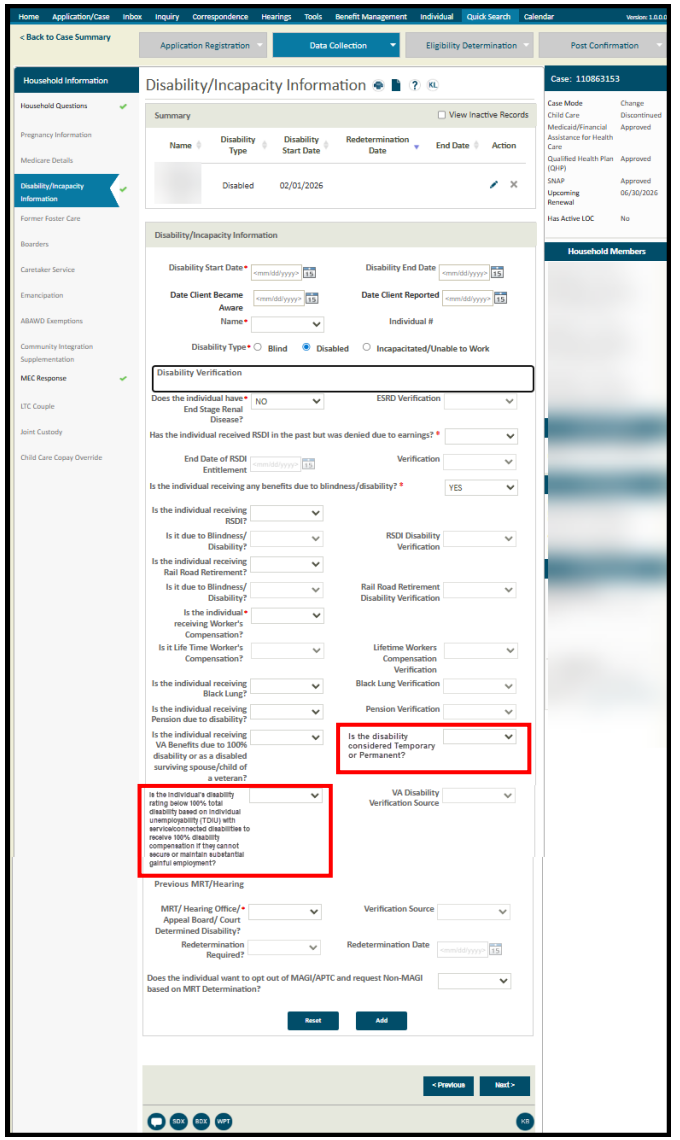
- No changes are being made on the **Pregnancy Information** screen.
- **This screen is being utilized to capture pregnancy information to help evaluate Residents for the Pregnant or Postpartum exemption**.



08 IEES/Worker Portal Impacts
Disability/Incapacity Information Screen

- On the **Disability/Incapacity** screen, If the *Disability Type* is selected as “Blind” or “Disabled”, the question *Is the individual receiving any benefits due to blindness/disability?* is mandatory.
  - When this question is answered as “Yes”, the existing question, *Is the individual receiving VA Benefits due to 100% disability or as a disabled surviving spouse/child of a veteran?* is mandatory.
- Updates are made to capture a new question *Is the disability temporary or permanent?* if the question *Is the individual receiving VA Benefits due to 100% disability or as a disabled surviving spouse/child of a veteran?* is answered as “Yes”.
  - Drop-down values to this new question are “Permanent” and “Temporary”.
- Updates are made to capture a new question *Is the individual’s disability rating below 100% total disability based on individual unemployability (TDIU) with service/connected disabilities to receive 100% disability compensation if they cannot secure or maintain substantial gainful employment?* if the question *Is the individual receiving VA Benefits due to 100% disability or as a disabled surviving spouse/child of a veteran?* is answered as “No”.
  - Drop-down values to this new question are “Yes” and “No”.
  - If this new question is answered as “No”, the *VA Disability Verification Source* field becomes enabled and mandatory.

- **This screen is being utilized to capture disability information to help evaluate Residents for the Medically Frail exemption.**

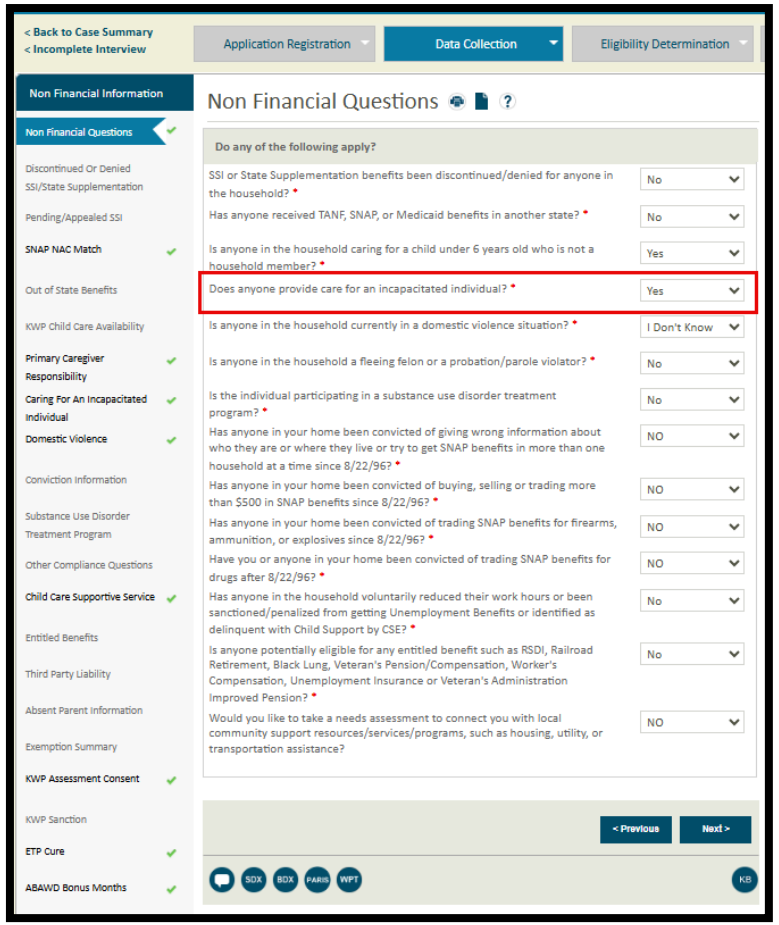


08 IEES/Worker Portal Impacts

Non-Financial Questions → Caring for an Incapacitated Individual Screen

- On the **Non-Financial Questions** gatepost screen, the question *Does anyone provide care of an incapacitated individual?* is now displayed in the MA data collection flow. If “YES” is selected to this question, IEES/Worker Portal displays the **Caring for an Incapacitated Individual** screen within the flow.

- **This screen is being utilized to help capture information on caring for an incapacitated individual to help evaluate Residents for the Caring for an Incapacitated Individual exemption.**



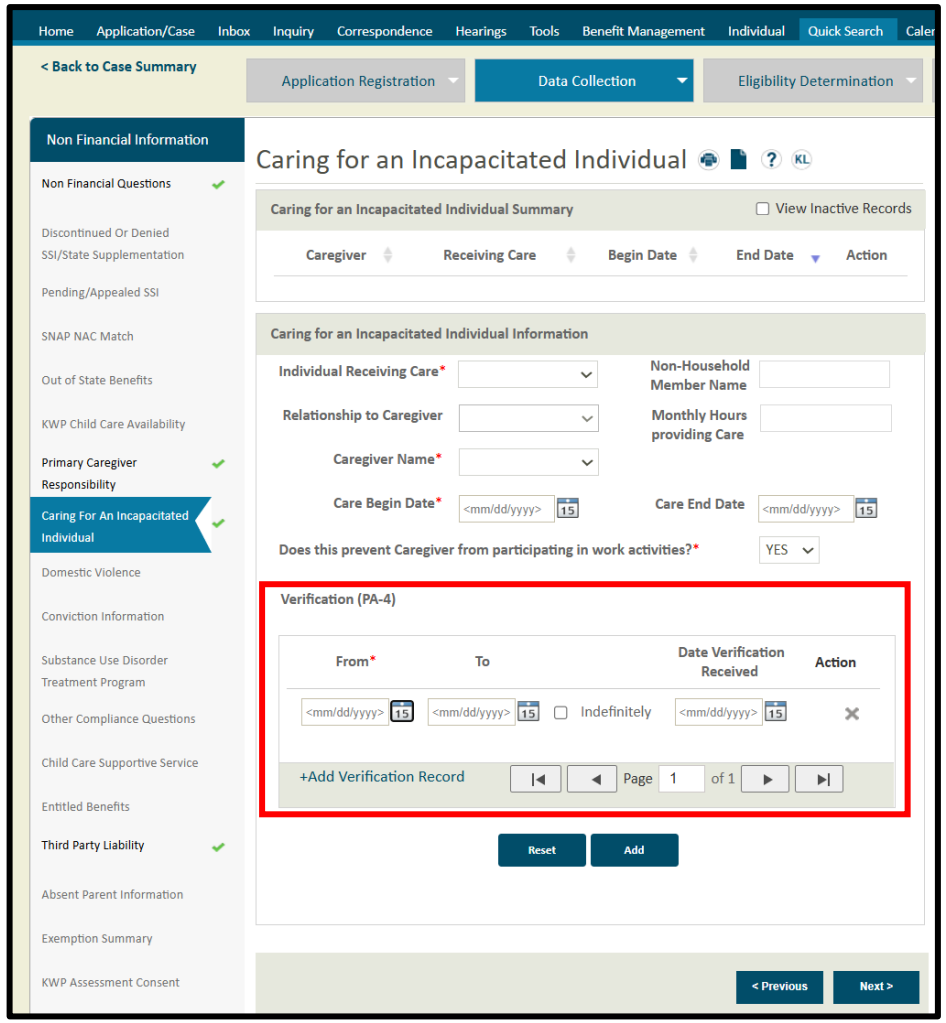
08 IEES/Worker Portal Impacts

Caring for an Incapacitated Individual Screen

- Changes are made on the **Caring for an Incapacitated Individual** screen such that if the question *Does this prevent Caregiver from participating in work activities?* is answered as “YES”, only one verification section will be displayed to capture doctor’s statement verifications across all programs.
  - IEES/Worker Portal applies the record across all applicable programs to allow each program to consider the record accordingly.

- Changes are made such that if “Non-Household Member” is selected in the *Individual Receiving Care* field, the following additional fields are captured for the non-household member:
  - *Individual Receiving Care*
  - *Non-Household Member Name*
  - *Relationship to Caregiver*
  - *Monthly Hours providing Care*
  - *Caregiver Name*
  - *Care Begin Date*
  - *Care End Date*
  - *Does this prevent Caregiver from participating in work activities?*

- **This screen is being utilized to capture information on caring for an incapacitated individual to help evaluate Residents for the Caring for an Incapacitated Individual exemption.**



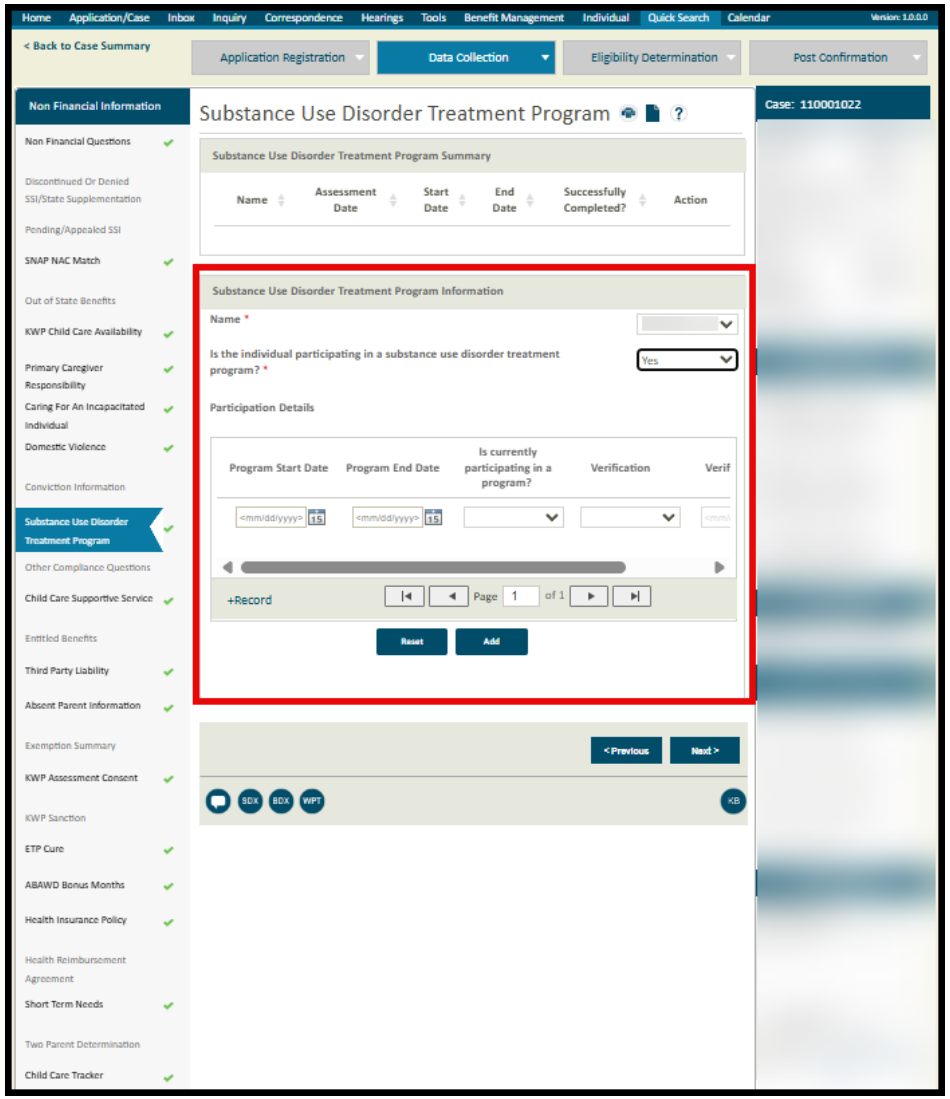
08 IEES/Worker Portal Impacts

Substance Use Disorder Treatment Program Screen

- On the **Non-Financial Questions** screen, the existing question *Is the individual participating in a substance use disorder treatment program?* is now being displayed on Medicaid cases for Residents between 19 to 64 years old.

- Likewise, the **Substance Use Disorder Treatment Program** screen is now displayed on Medicaid cases for Residents that are between 19 to 64 years old that answer “Yes” to the *Is the individual participating in a substance use disorder treatment program?* question on the **Non-Financial Questions** screen.

- **This screen is being utilized to capture substance use treatment program information to help evaluate Residents for the Participation in a Drug Addiction or Alcohol Treatment Program exemption.**



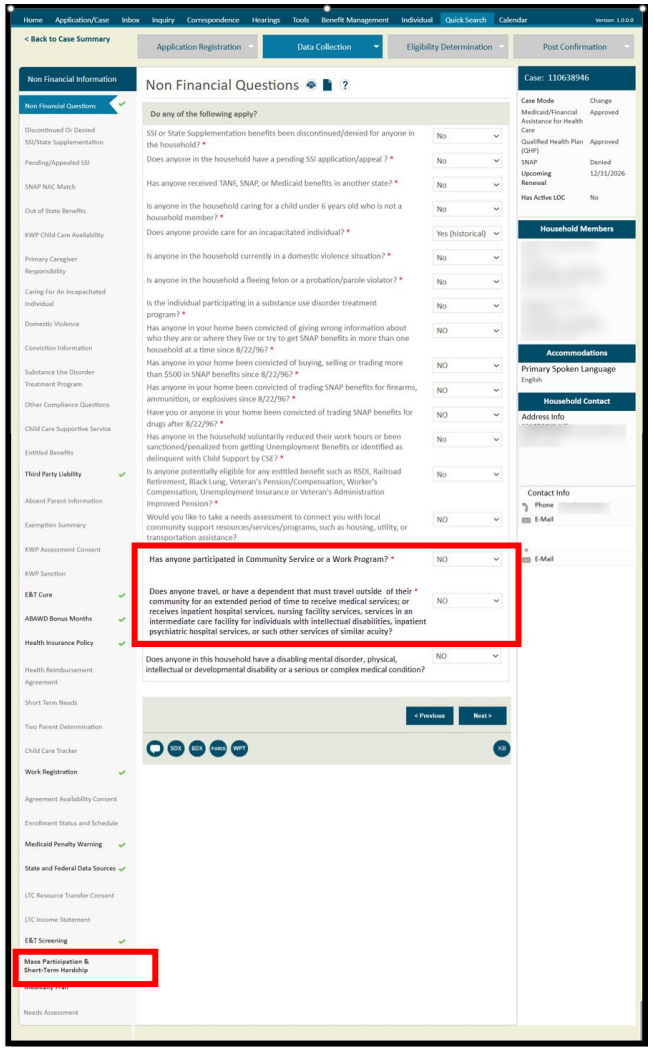
08 IEES/Worker Portal Impacts

Non-Financial Questions → MACE Participation & Short Term Hardship Event Screen

- Changes are made such that a new screen **MACE Participation & Short-Term Hardship Event** has been created to capture MACE participation and/or Short-Term Hardship events. This new screen is displayed towards the end of the application flow.

- To display this new screen, two new questions are added to the **Non Financial Questions** screen for Medicaid cases involving residents ages 19 to 64:
  - *Has anyone participated in Community Service or a Work Program?*

  - *Does anyone travel, or have a dependent that must travel outside of their community for an extended period of time to receive medical services; or receives inpatient hospital services, nursing facility services, services in an intermediate care facility for individuals with intellectual disabilities, inpatient psychiatric hospital services, or such other services of similar acuity?*



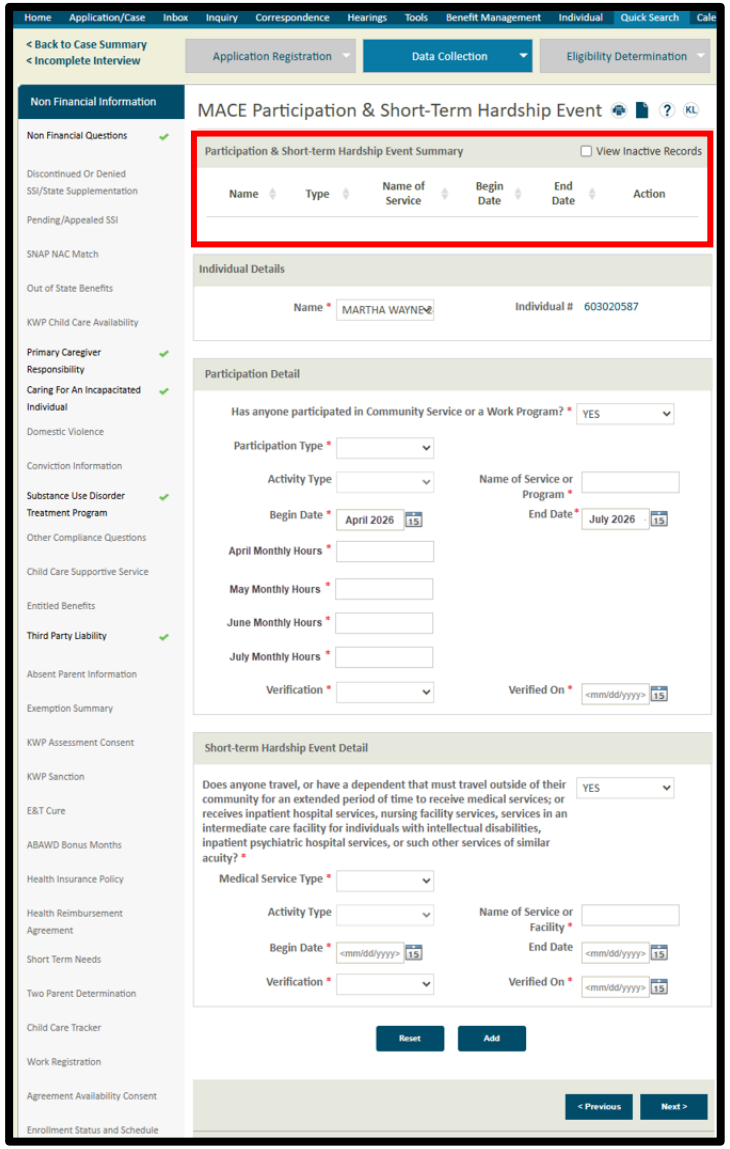
08 IEES/Worker Portal Impacts

MACE Participation & Short-Term Hardship Event Screen

- The **MACE Participation & Short-Term Hardship Event** screen is only displayed for Medicaid cases with Residents 19 to 64 years of age and contains three sections:
  - *Participation & Short-Term Hardship Event Summary*
  - *Participation Detail*
  - *Short-term Hardship Event Detail*

- The *Participation & Short-Term Hardship Event Summary* section displays records which are added on the screen. The following information for each record is displayed:
  - *Name* – Individual Name
  - *Type* – Activity or Medical Service Type
  - *Name of Service* – Name of Service, Program, or Facility
  - *Begin Date* – Begin Date of Activity or Medical Service
  - *End Date* – End Date of Activity or Medical Service

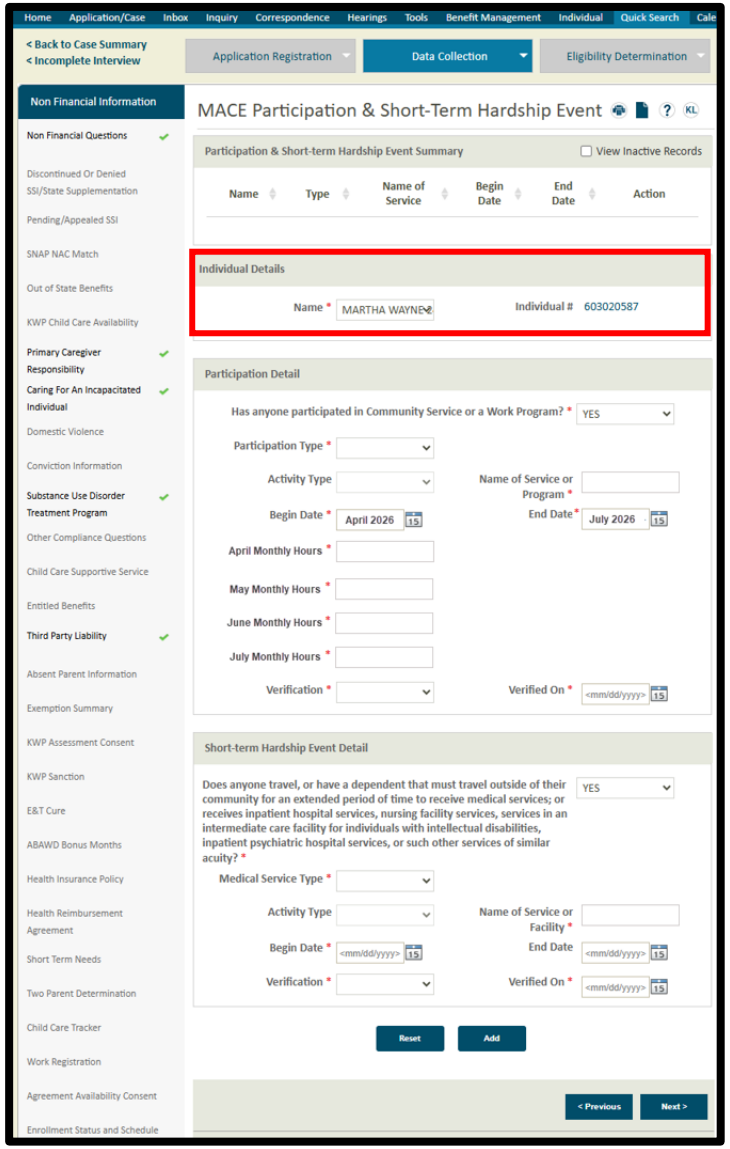
- **This screen is utilized to capture participation in Community Service, a Work Program, or Short-Term Hardship details.**



08 IEES/Worker Portal Impacts

MACE Participation & Short-Term Hardship Event Screen (Continued)

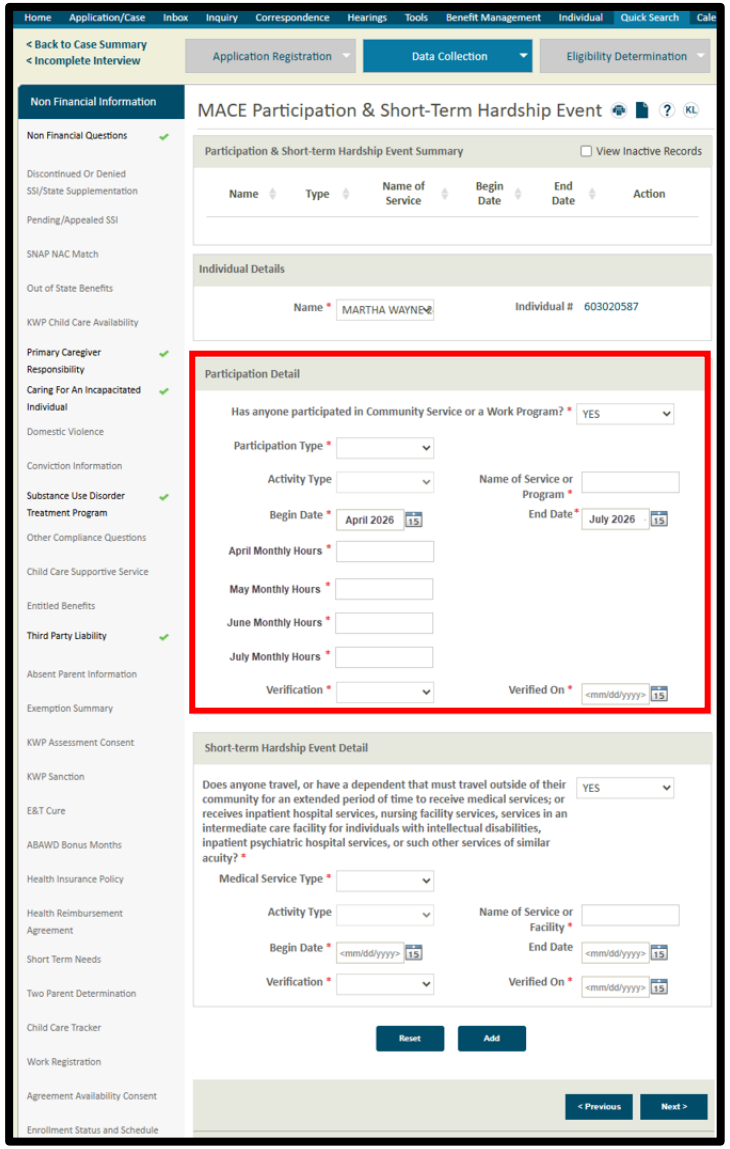
- The *Individual Details* section of the **MACE Participation & Short-Term Hardship Event** screen captures the individual information of who the community service, work program, or short term hardship applies to. The following fields are displayed:
  - *Name* – Captures the name of the Resident participating.
  - *Individual ID#* - Is populated based on *Name* selection.



08 IEES/Worker Portal Impacts

MACE Participation & Short-Term Hardship Event Screen (Continued)

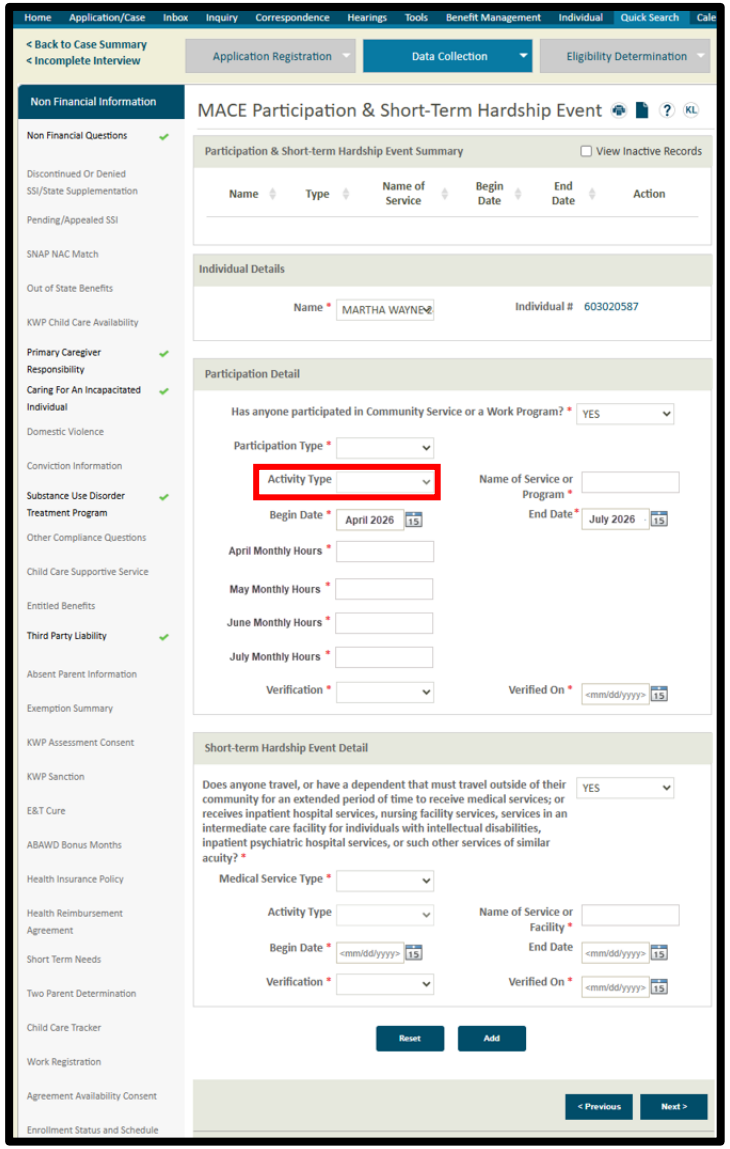
- The *Participation Detail* section of the **MACE Participation & Short-Term Hardship Event** screen captures community service or work program participation details. The following fields are displayed:
  - *Name* – Captures the name of the Resident participating
  - *Individual ID#* – Is populated based on *Name* selection
  - *Has anyone participated in Community Service or a Work Program?* – Mandatory with “Yes” and “No” field values
  - *Participation Type* – Mandatory if “Yes” is selected for *Has anyone participated in Community Service or a Work Program?* field. Field values are “Community Service” and “Work Program”.
  - *Activity Type* – Mandatory if “Community Service” or “Work Program” is selected for *Participation Type*. Field values dynamically display based on the *Participation Type* selected (See next slide).
  - *Name of Service or Program* – Mandatory if *Activity Type* value is selected
  - *Begin Date* – Mandatory; Start Date of Service/Program participation, and is month pure (e.g. – 04/15/2026 displays as “April 2026”)
  - *End Date* – End Date of Service/Program participation, and is month pure
  - *Monthly Hours* – Numerical text field; Displays a separate field for each month between the *Start Date* and *End Date*
    - Minimum value of .5 can be entered (to represent 30 minutes);
    - Maximum value of 744 can be entered in one record
  - *Verification* – Captures verification *of* Service/Program participation. Options are:
    - MACE-100 (RFI Details)
    - Client Statement
    - SSP Client Statement
    - Not Verified
  - *Verified On* – Date verification of Service/Program participation is provided



08 IEES/Worker Portal Impacts

MACE Participation & Short-Term Hardship Event Screen (Continued)

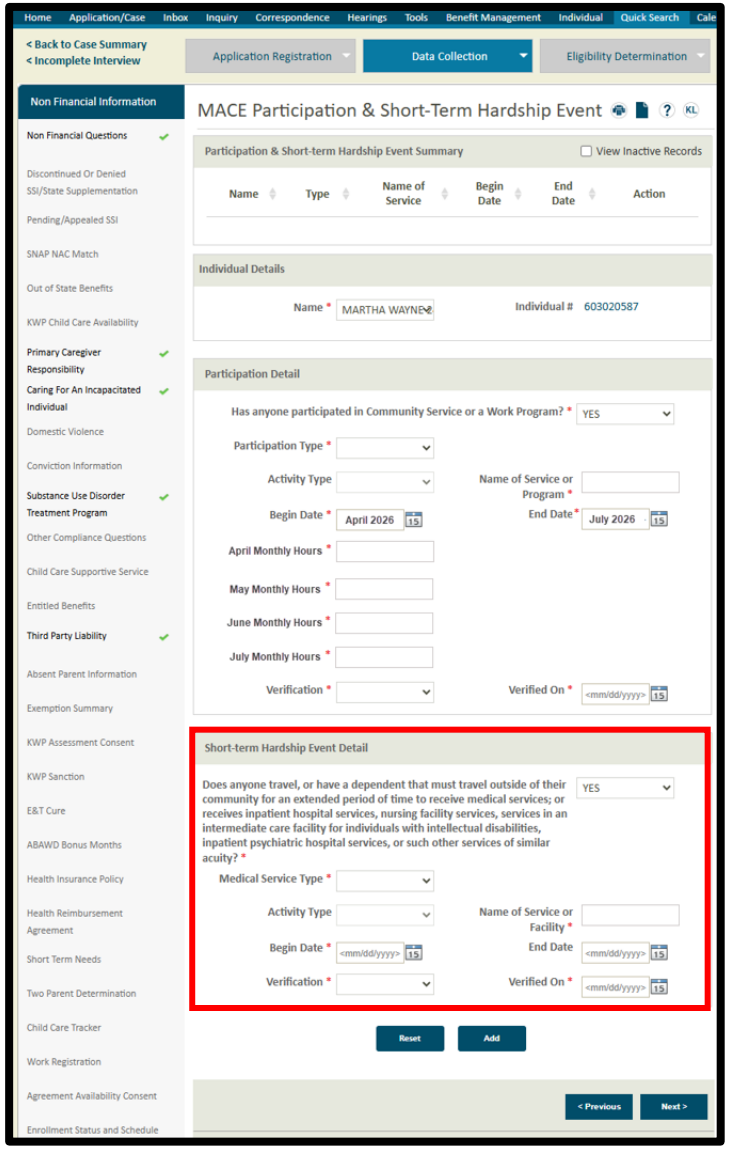
- The *Activity Type* drop-down in the *Participation Detail* section contains following options:
  - **Community Service:**
    - Food Assistance & Hunger Relief
    - Housing & Homelessness Support
    - Community Health Outreach
    - Education Support (Tutoring/Mentoring/Literacy)
    - Youth Services & After-School Programs
    - Senior Services
    - Disability Services Support
    - Environmental & Community Clean-Up
    - Community Safety & Emergency Preparedness Volunteer Service
    - Community-Based Administrative/Operations Volunteer Service
  - **Work Program:**
    - Workforce Readiness / Job Readiness Training
    - Job Search Activities (Program-Supervised)
    - Occupational Skills Training / Credential Program
    - Apprenticeship / Pre-Apprenticeship / Work-Based Learning
    - On-the-Job Training (OJT) / Subsidized Employment
    - Work Experience / Community Work Experience (Workfare-Style Placement)
    - Adult Education Integrated with Workforce Program
    - Career Coaching / Case Management Activities



08 IEES/Worker Portal Impacts

MACE Participation & Short-Term Hardship Event Screen (Continued)

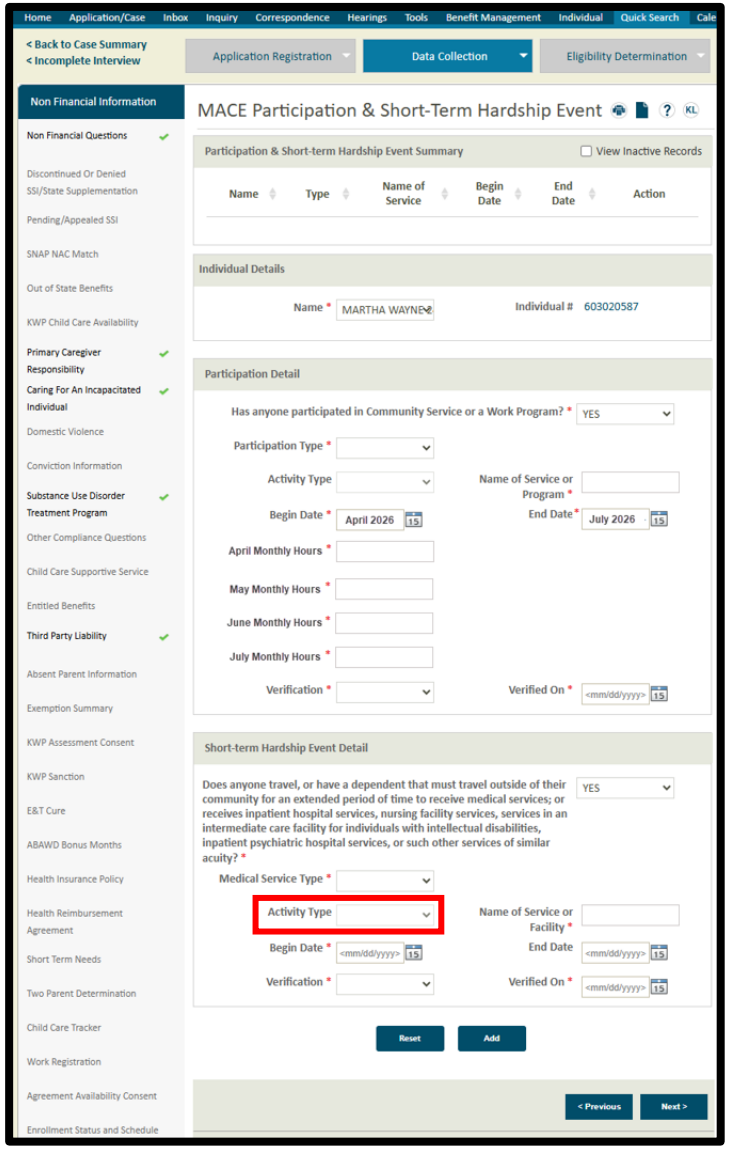
- The *Short-Term Hardship Event Detail* section displays the following fields:
  - *Does anyone travel, or have a dependent that must travel outside of their community for an extended period of time to receive medical services; or receives inpatient hospital services, nursing facility services, services in an intermediate care facility for individuals with intellectual disabilities, inpatient psychiatric hospital services, or such other services of similar acuity?* – Mandatory with “Yes” and “No” field values.
  - *Medical Service Type* – Mandatory if “Yes” is selected in the previous field. Field values are “Travel for Medical Services” and “Inpatient Services”
  - *Activity Type* – Mandatory if “Travel for Medical Services” or “Inpatient Services” is selected for *Medical Service Type*. Field values dynamically display based on the *Activity Type* selected (See next slide).
  - *Name of Service or Facility* – Mandatory if *Medical Service Type* value is selected
  - *Begin Date* – Mandatory; Start Date of short-term hardship
  - *End Date* – End Date of short-term hardship
  - *Verification* – Captures verification of the short-term hardship. Options are:
    - MACE – 300
    - Client Statement
    - SSP Client Statement
    - Not Verified
  - *Verified On* – Date verification of short-term hardship is provided



08 IEES/Worker Portal Impacts

MACE Participation & Short-Term Hardship Event Screen (Continued)

- The *Activity Type* drop-down in the *Short-Term Hardship Event Detail* section contains the following options:
  - **Travel for Medical Services:**
    - Non-Emergency Medical Transportation (NEMT)
    - Laboratory Travel
    - Foreign Travel Emergency
    - Specialized Clinical Trial
    - Specialist Center
  - **Inpatient Services**
    - Severe Illness resulting in hospitalization longer than 24 hours
    - Complex Procedure / Major Surgery
    - General Hospital Care
    - Intensive Care Unit (ICU)
    - Inpatient Rehabilitation
    - Psychiatric Care



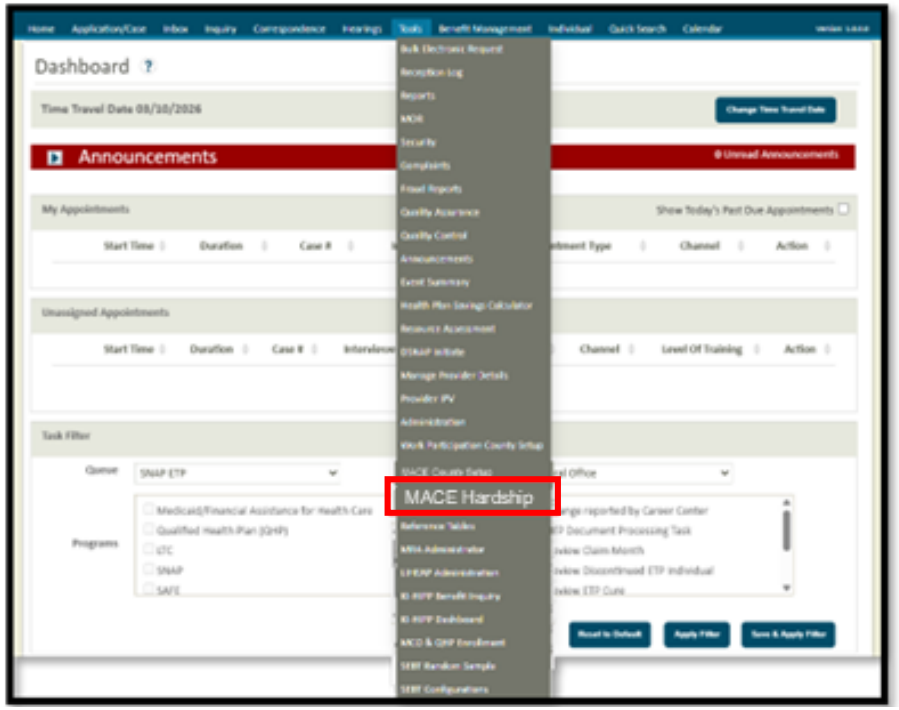
08 IEES/Worker Portal Impacts

Dashboard → MACE Short-Term Hardship Events - Initiate Screen

- Changes are such that a new **Community Engagement Short-Term Hardship Events – Initiate** screen is accessible via the **Tools** menu drop-down.

- This new screen is only accessible to individuals with the **OATS Admin** role and allows authorized users to identify which short-term hardship event is active, the counties impacted, and effective start and end dates.

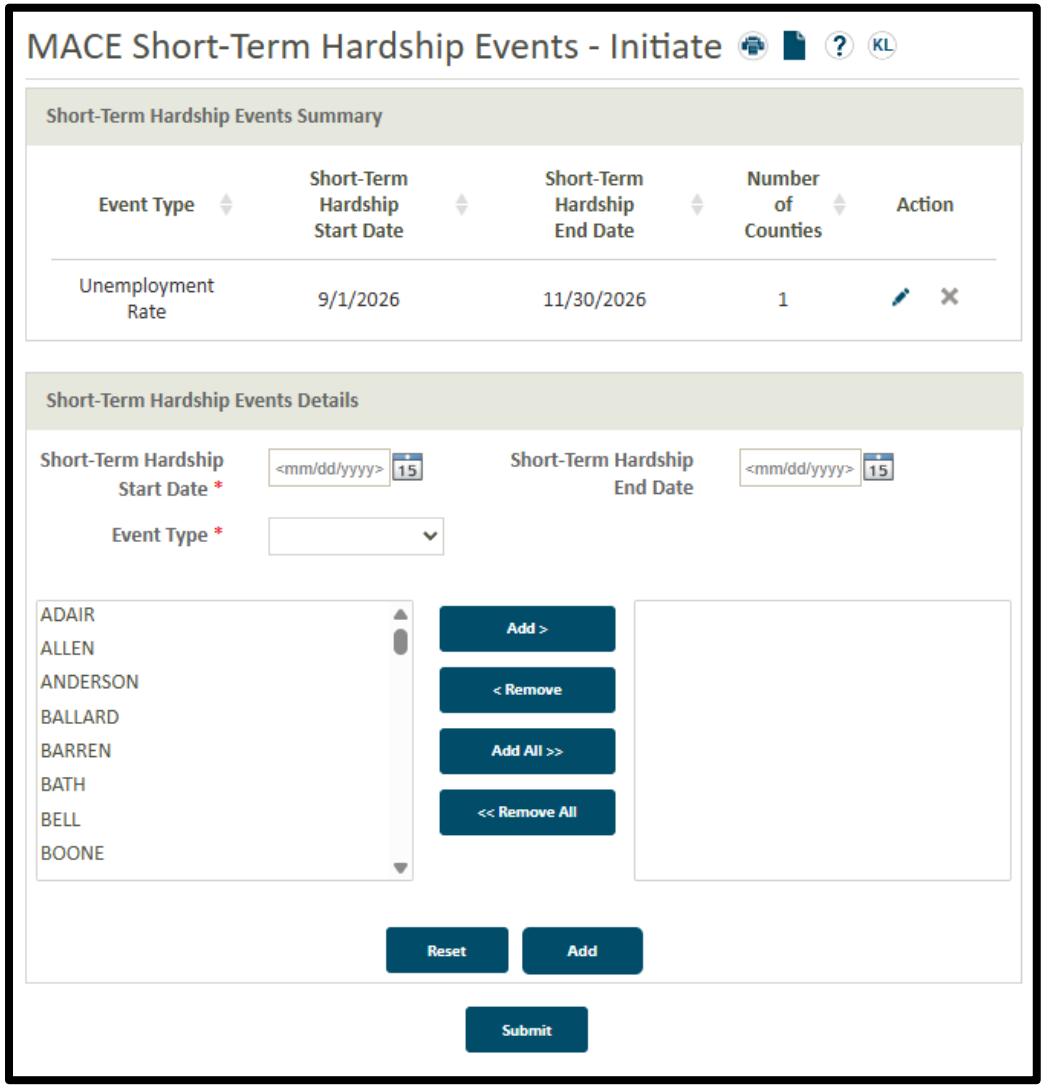
- When a short-term hardship event is active, the associated counties consider this event as a work requirements exemption for MACE Mandatory Residents.



08 IEES/Worker Portal Impacts

MACE Short-Term Hardship Events - Initiate Screen

- The **Community Engagement Short-Term Hardship Events – Initiate** screen contains two sections:
  - *Short Term Hardship Events Summary*
    - *Event Type*
    - *Short Term Hardship Start Date*
    - *Short-Term Hardship End Date*
    - *Number of Counties*
  - *Short Term Hardship Events Details*
    - *Short-Term Hardship Start Date*
    - *Short-Term Hardship End Date*
    - *Event Type*
      - Drop-down options are “Public Emergency” and “Unemployment Rate”
    - *County* selection boxes are used to move counties impacted by the short-term hardship from the left box to the right box.
      - **Add** and **Add All** buttons move counties from the left box to the right box.
      - **Remove** and **Remove All** buttons move counties from the right box back to the left box.

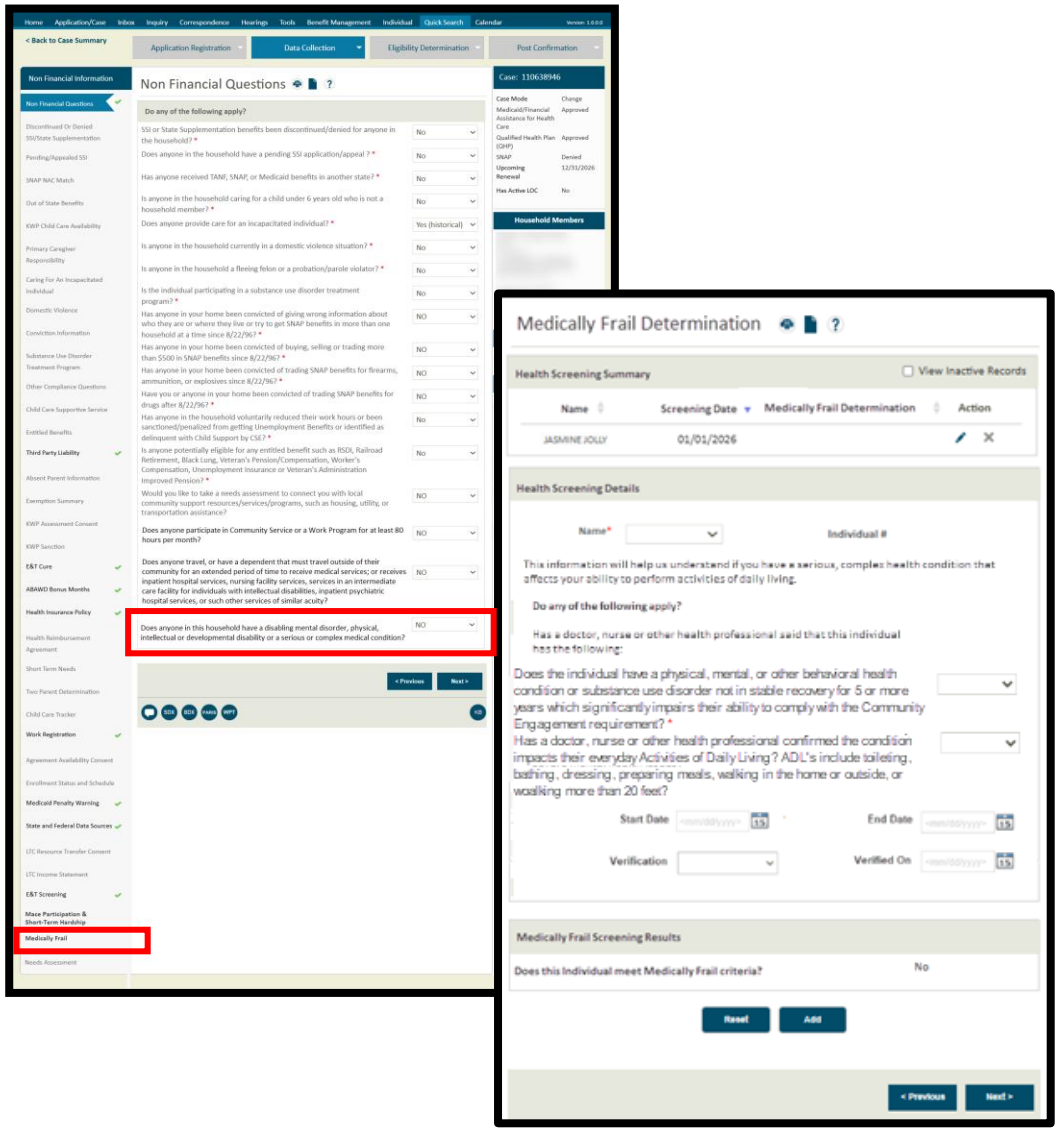


08 IEES/Worker Portal Data Collection Impacts: Exemptions

Non-Financial Questions → Medically Frail Determination Screen

- The following new question is added on the **Non-Financial Questions** screen: *Does anyone in this household have a disabling mental disorder, physical, intellectual or developmental disability or a serious or complex medical condition?*

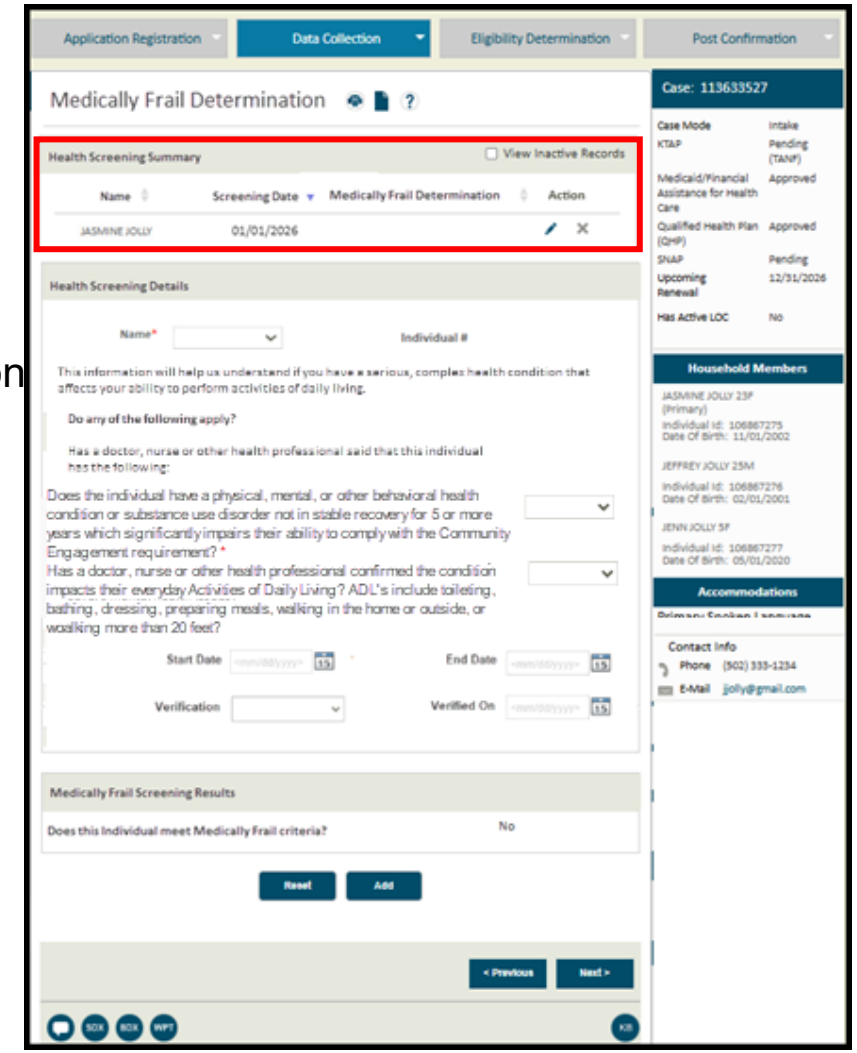
- If the question is answered as, “YES”, a new **Medically Frail Determination** screen is displayed.



08 IEES/Worker Portal Impacts
Medically Frail Determination Screen

- The **Medically Frail Determination** screen contains three sections:
  - *Health Screening Summary*
  - *Health Screening Details*
  - *Medically Frail Screening Results*

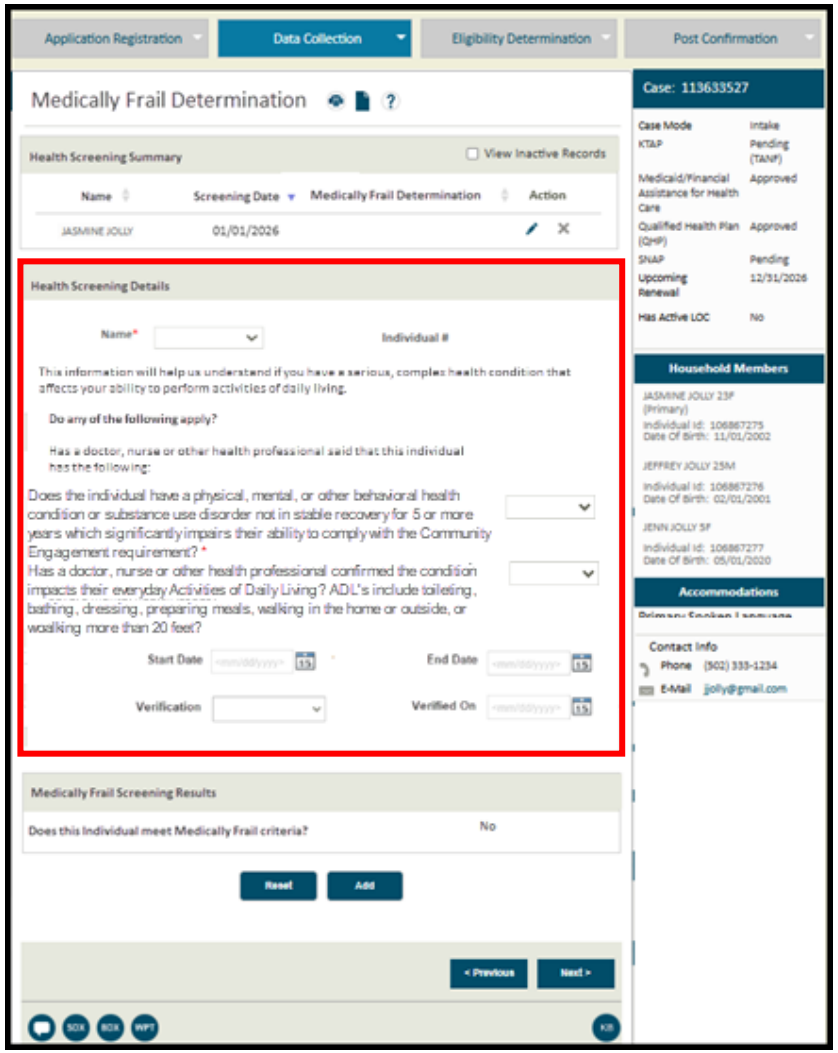
- The *Health Screening Summary* section displays the following details:
  - *Name* – Name of Resident being considered for determination
  - *Start Date* – Start date of the medically frail status
  - *Medically Frail Determination* – Displays “YES” or “NO” based on determination



08 IEES/Worker Portal Impacts

Medically Frail Determination Screen (Continued)

- The *Health Screening Details* section captures the following details to determine if a Resident meets the Medically Frail criteria:
  - *Name*
  - *Individual ID #*
  - *Does the individual have a physical, mental, or other behavioral health condition or substance use disorder not in stable recovery for 5 or more years which significantly impairs the individual's ability to comply with the Community Engagement requirement?*
    - Drop-down options are "YES" or "NO"
  - *Has a doctor, nurse or other health professional confirmed the condition impacts their everyday Activities of Daily Living? ADL's include toileting, bathing, dressing, preparing meals, walking in the home or outside, or walking more than 20 feet?*
    - Dropdown options are "YES" or "NO"
  - *Start Date* – Start date of the medically frail status
  - *End Date*– End date of the medically frail status
  - *Verification*
    - Drop-down options are: "Award Letter", "Client Statement", "Collateral Contact", "Court Verified", "Doctor's Statement", "Final Hearing Order", "MACE-200 (Medically Frail Determination)", "Medical Records", "MMIS", "MRT Determination", "SSP Client Statement", "System Inquiry", "Verified by Federal Hub", "Written Statement", "Not Verified"
  - *Verified On*– Date medically frail status is verified

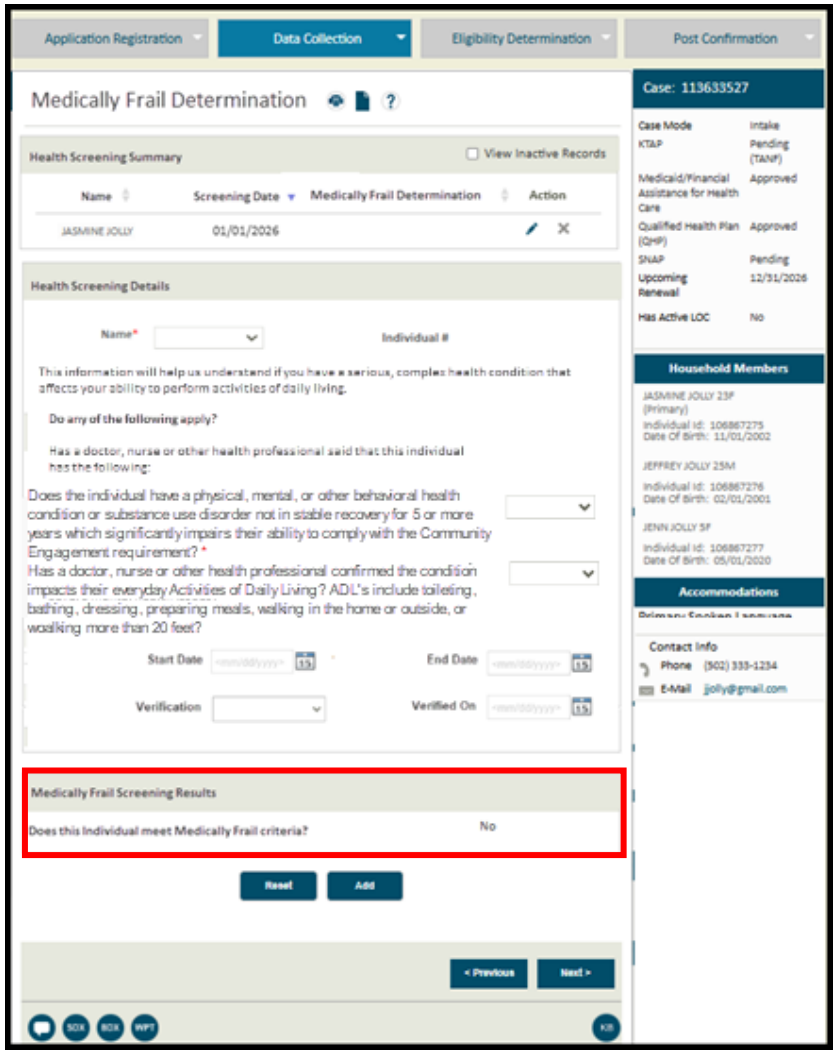


08 IEES/Worker Portal Impacts

Medically Frail Determination Screen (Continued)

- The *Medically Frail Screening Results* section displays the following details:
  - *Does this Individual meet Medically Frail criteria?*
    - IEES generates the response as “YES” or “NO” based on response received in the *Health Screening Details* section. Only if both question responses are captured as “YES” will the screening results display as “YES” on this screen.

- **This screen is utilized to capture medically frail details to determine eligibility for the Medically Frail exemption.**



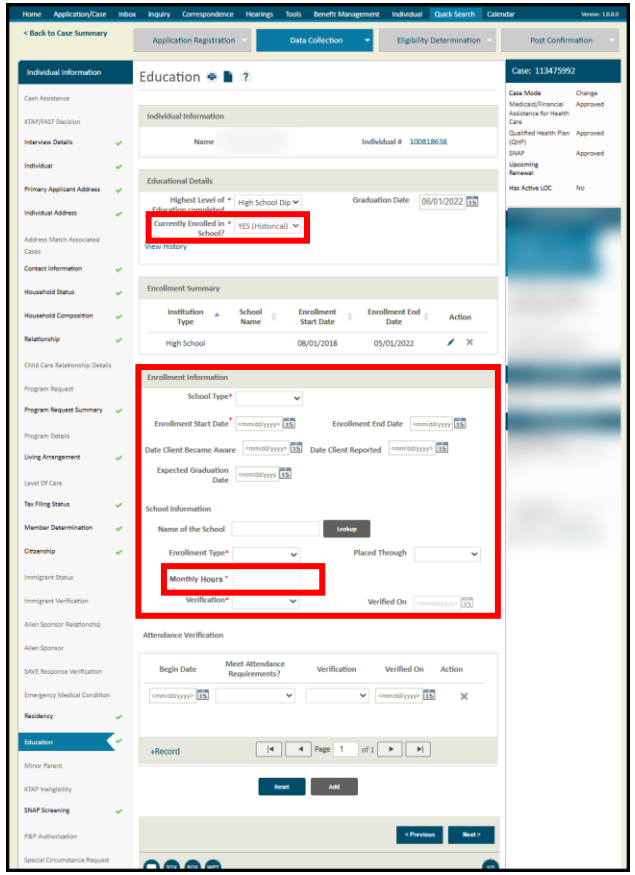
08 IEES/Worker Portal Impacts
Education Screen

- Changes are such that the **Education** screen is now queued for Medicaid applications for Residents 19 to 64 years of age.

- If the answer to the question, *Currently enrolled in school?* is answered as “YES”, the *Enrollment Information* section becomes mandatory.

- When the *Enrollment Type* is selected as “Less Than Half Time”:
  - The *Credit Hours* field becomes enabled and mandatory.
    - Displayed if the *School Type* is selected as “Elementary School”, “Middle School”, “High School”, “College/University”, “GED”, “Home School”, or “Other”.
  - The *Monthly hours* field becomes enabled and mandatory.
    - Displayed if the *School Type* is selected as “Technical / Trade / Vocational School”.

- **This screen is utilized to capture education details to determine eligibility for the Enrolled in School Qualifying Activity.**

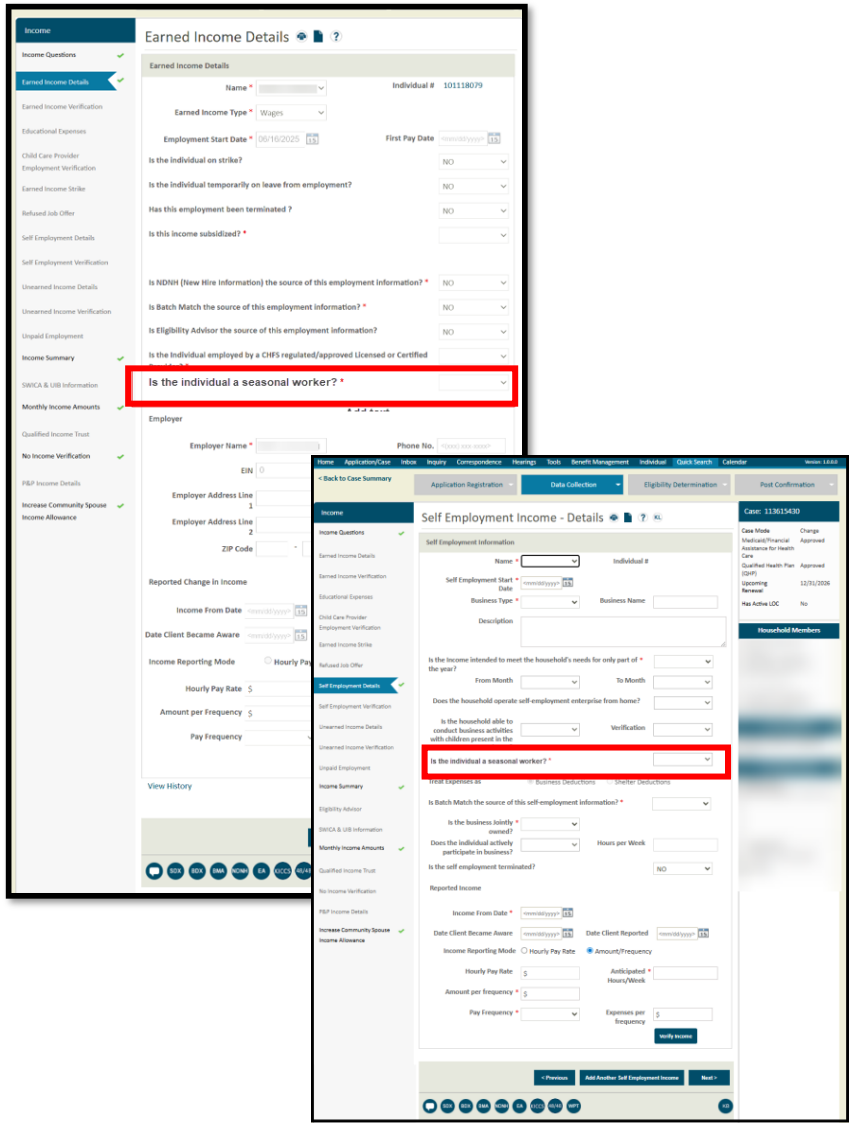


08 IEES/Worker Portal Impacts
Earned Income Details & Self-Employment Details Screens

- Changes are made such that the following new question is added on the **Earned Income Details** and **Self Employment Income Details** screens: *Is the Individual a seasonal worker?*
  - This question is only queued for Medicaid applications when residents are between 19 and 64 years old.

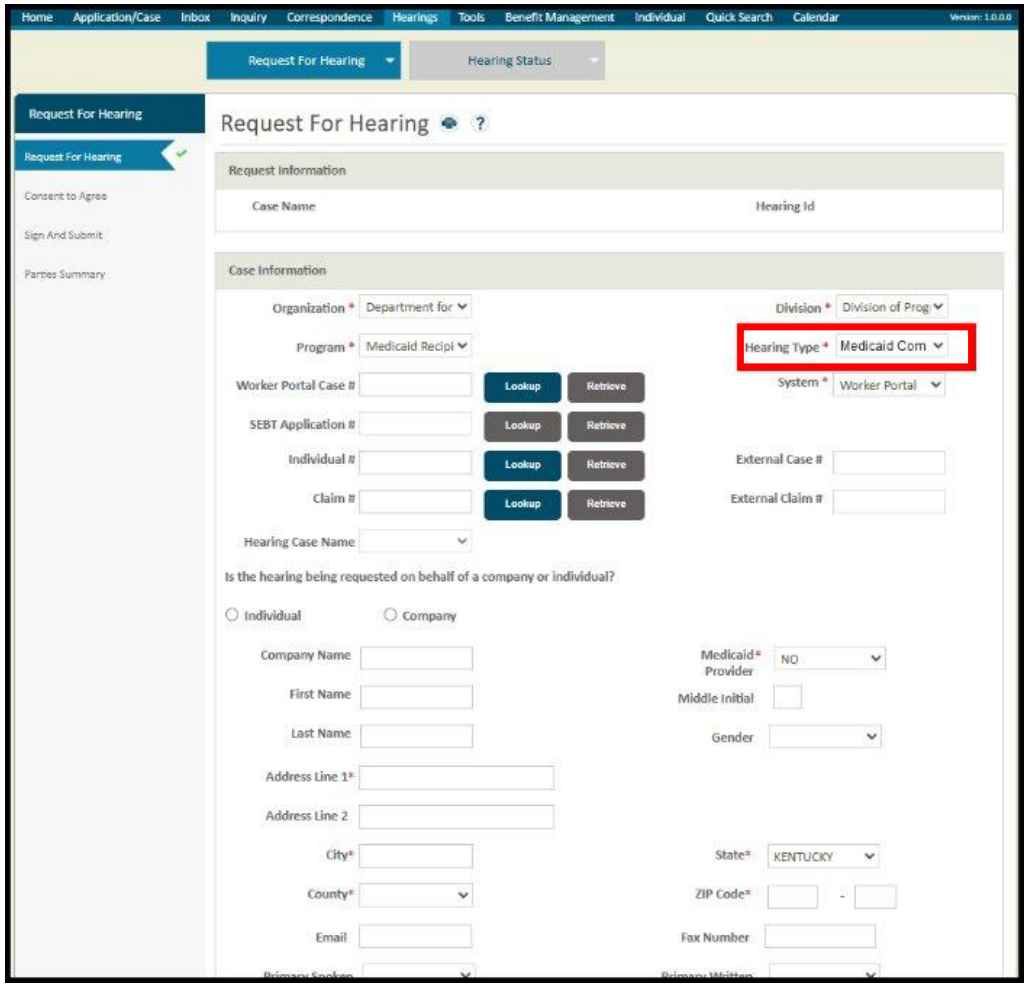
- If the answer to this question is, “YES”, then the following banner message is displayed: **“**Seasonal Workers are required to provide 6 months of income verification to qualify for Seasonal Work Exemption for Community Engagement.”

- **This screen is utilized to capture seasonal employment status to determine if the Resident should be evaluated for a 6-month rolling lookback window to evaluate for seasonal income.**



08 IEES/Worker Portal Impacts
Hearing Screens

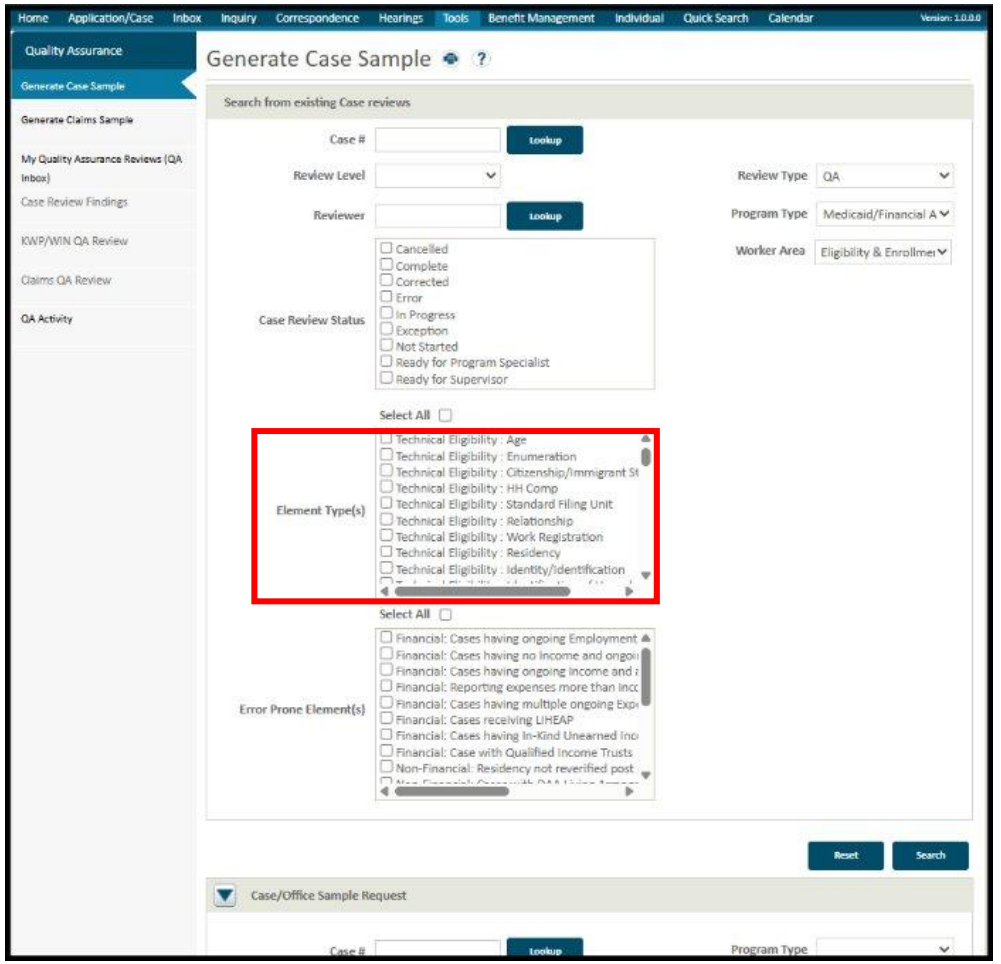
- “Medicaid Community Engagement (MACE)” is now a selectable option from the *Hearing Type* field on the **Request for Hearing** and **Hearing Request Search** screens.
- The **Hearing Summary** screen will display “MACE” in the *Hearing Type* column, when applicable.



08 IEES/Worker Portal Impacts
Generate Case Sample Screen

- New *Element Type(s)* are added on the **Generate Case Sample** screen for MACE. The new options displayed are as follows:

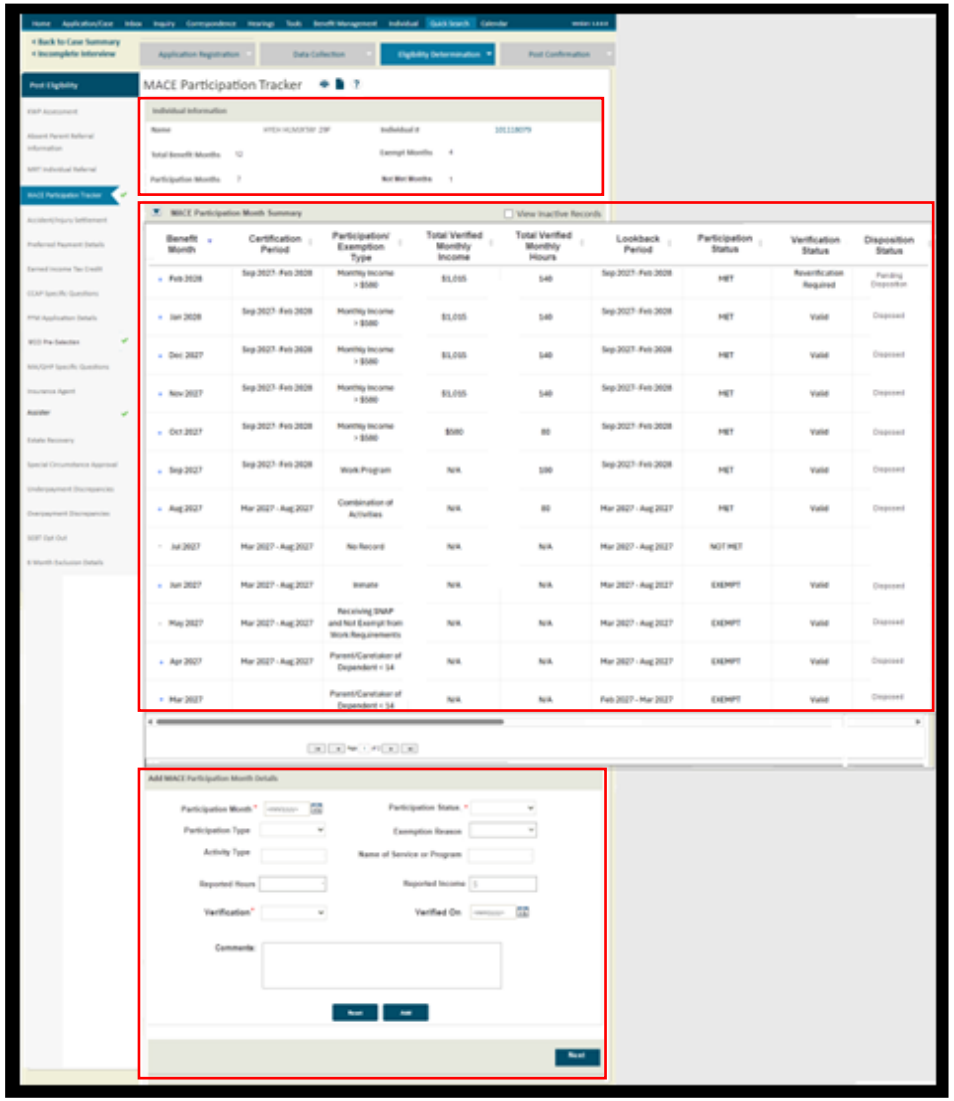
- Technical Eligibility: Indian/Urban Indian - MACE
- Technical Eligibility: California Indian - MACE
- Technical Eligibility: Indian Eligible for the Indian Health Service - MACE
- Technical Eligibility: Inmate - MACE
- Technical Eligibility: Pregnant or Postpartum - MACE
- Technical Eligibility: Veteran with Total Disability - MACE
- Technical Eligibility: Parent/Caretaker of dependent under 13 - MACE
- Technical Eligibility: Caretaker of disabled individual – MACE
- Technical Eligibility: Participating in Drug Addiction or alcohol treatment - MACE
- Technical Eligibility: Member receives SNAP and not exempt from Work Requirements - MACE
- Technical Eligibility: Member receives KTAP and is compliant with Work Requirements - MACE
- Technical Eligibility: Medically Frail - MACE
- Technical Eligibility: Travel for Medical Services - MACE
- Technical Eligibility: Inpatient Services - MACE
- Technical Eligibility: Public Emergency – MACE
- Technical Eligibility: Unemployment Rate - MACE
- Technical Eligibility: Working 80 Hours - MACE
- Technical Eligibility: Education - MACE
- Technical Eligibility: Community Service - MACE
- Technical Eligibility: Work Program - MACE
- Technical Eligibility: Seasonal Worker - MACE
- Technical Eligibility: Monthly Income exceeds minimum wage - MACE
- Technical Eligibility: Combination of Activities - MACE



08 IEES/Worker Portal Impacts

MACE Participation Tracker Screen

- A new **MACE Participation Tracker** screen is added to the **Post Eligibility** flow in Data Collection for Residents that are flagged as MACE Participation eligible. This screen is mandatory when users click ‘Next’ from the **Eligibility Summary** module.
- The new screen contains the following sections:
  - *Individual Information*
  - *MACE Participation Month Summary*
    - Stores the summarized/consolidated outcome of each participation month as the main summary record
  - *Add MACE Participation Month Details*
    - Allows Elevated users to create participation verification records directly on the screen



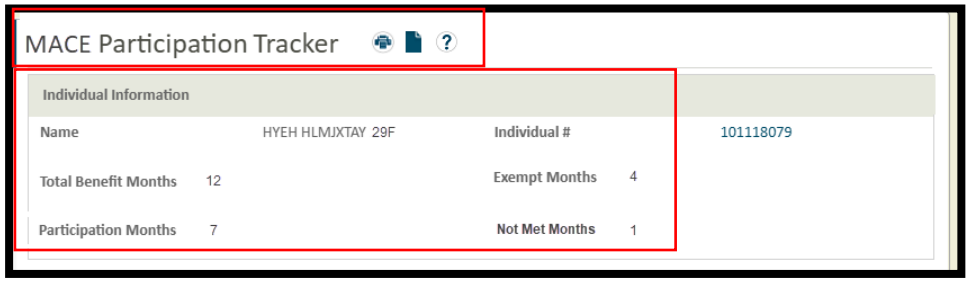
PLEASE NOTE

Any updates made on the MACE Participation Tracker screen will take precedence over the system-evaluated MACE status for that month.

08 IEES/Worker Portal Impacts

MACE Participation Tracker Screen (Continued)

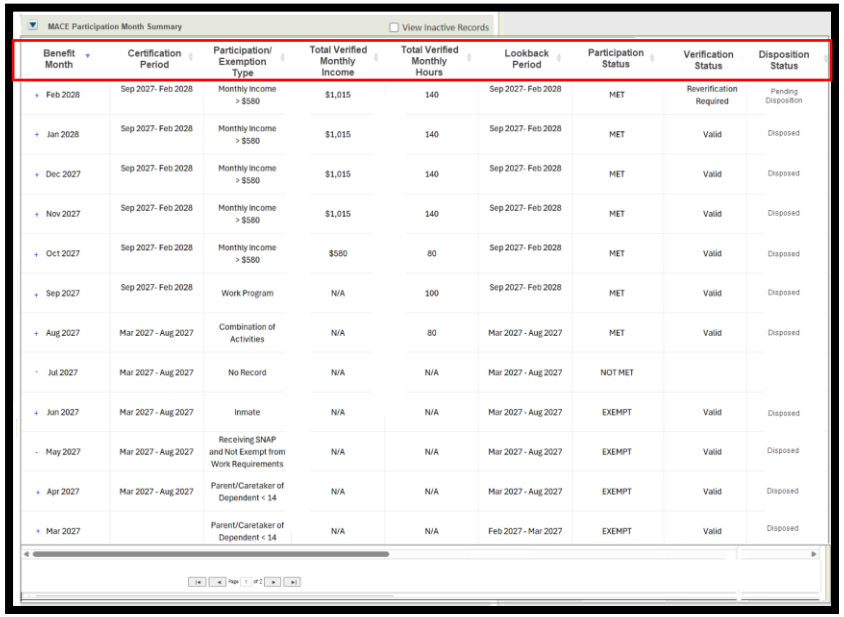
- Within the new **MACE Participation Tracker** screen one of the sections collects *Individual Information*.
- This section will require the following information:
  - *Individual Information*
    - Displays *Name* and *Individual #* as a hyperlink.
    - *Total Benefit Months* (count of all MACE Participation Months regardless of status)
    - *Participation Months* (count of all MACE Participation Months)
    - *Exempt Benefit Months* (count of all MACE Exempt months)
    - *Not Met Months* (count of all MACE Not Met Months)



08 IEES/Worker Portal Impacts

MACE Participation Tracker Screen (Continued)

- Within the new **MACE Participation Tracker** screen one of the sections is *MACE Participation Month Summary*. This section contains summary records to store tracking records and the summarized/consolidated outcome of each participation month.
- The *MACE Participation Month Summary* section contains the following columns:
  - *Benefit Month*
  - *Certification Period*
  - *Participation/Exemption Type*
  - *Total Verified Monthly Income*
  - *Total Verified Monthly Hours*
  - *Lookback Period*
  - *Participation status*
  - *Verification Status*:
    - "Valid" → displayed when valid verification has been received for the record(s) that are used to determine participation/exemption
    - "Reverification Required" → displayed when valid verification was previously received for the record(s) used to determine
    - "Not Verified" → displayed when the record(s) used to determine participation/exemption do not have a valid verification
  - *Disposition Status*: Displays as "Pending Disposition" or "Disposed".

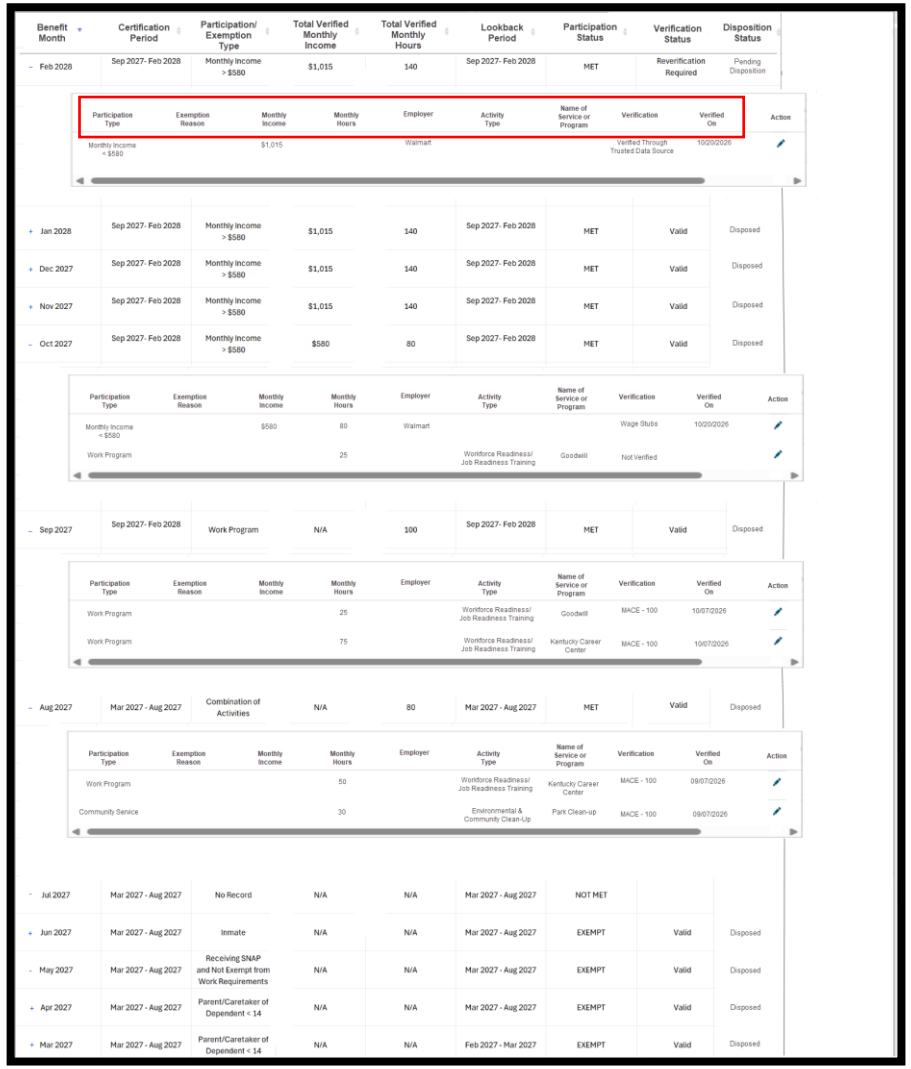


08 IEES/Worker Portal Impacts

MACE Participation Tracker Screen (Continued)

- Each record in the *MACE Participation Month Summary* section has the ability to expand and display a sub-section secondary table which displays details that are manually entered during data collection and/or are derived from IEES during the MACE evaluation process.

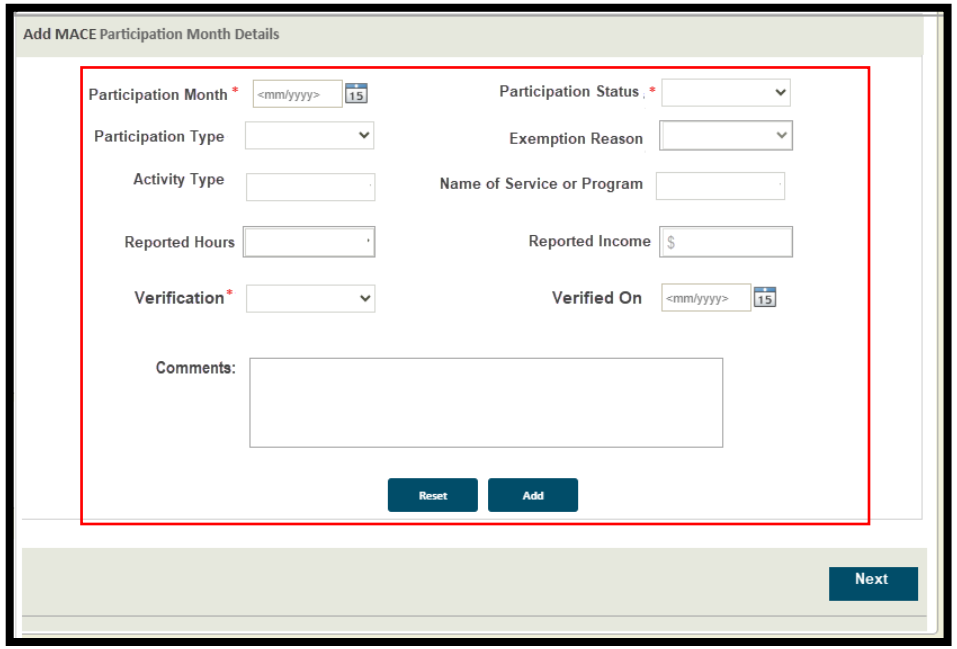
- The *MACE Participation Month Summary* sub-section table contains the following information for each record:
  - *Participation Type*
  - *Exemption Reason*
  - *Monthly Income*
  - *Monthly Hours*
  - *Employer*
  - *Activity Type*
  - *Name of Service or Program*
  - *Verification*
  - *Verified On*



08 IEES/Worker Portal Impacts

MACE Participation Tracker Screen (Continued)

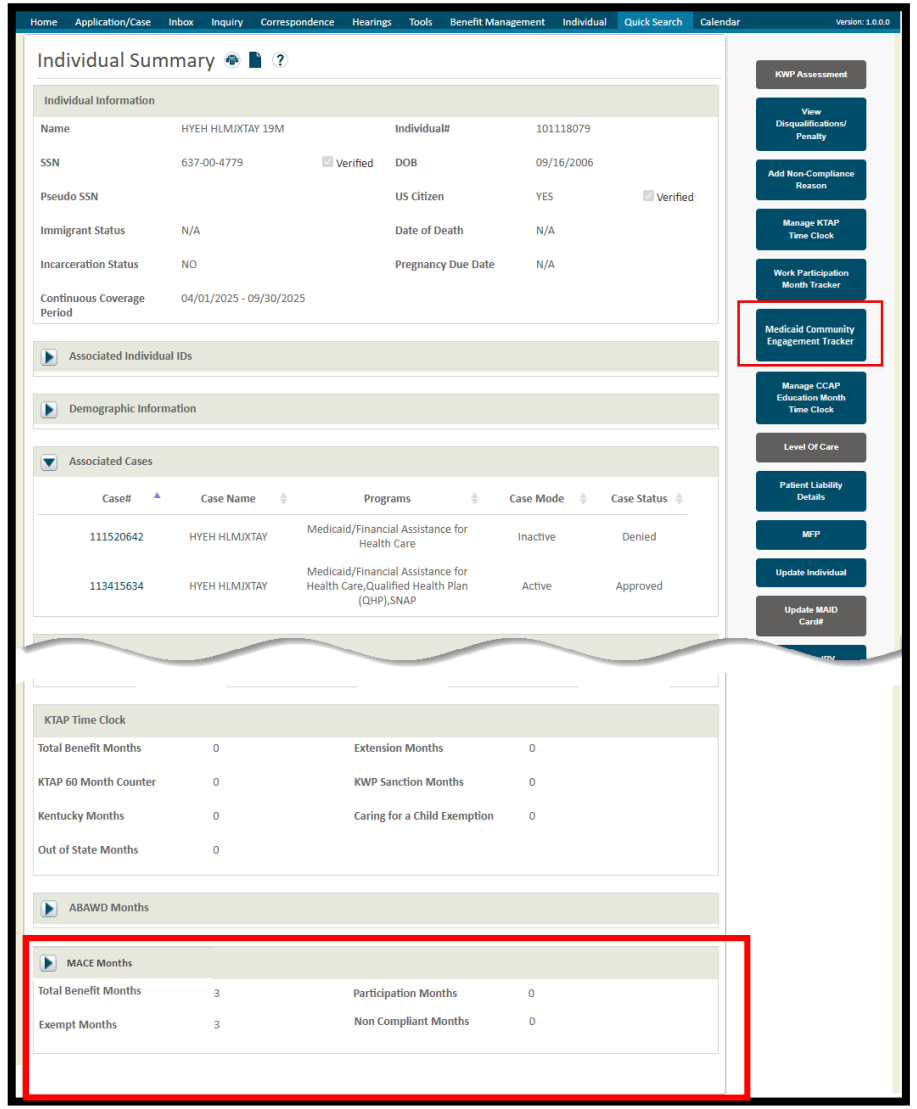
- The *MACE Participation Month Detail* section allows elevated users to create participation verification records directly from this screen.
- This section will display the following details:
  - *Participation Month* – Month the participation activity occurred.
  - *Participation Status* – Captures the status of the participation activity.
  - *Participation Type* – Captures the type of activity conducted (e.g. Community Service)
  - *Exemption Reason* – Captures the exemption reason for the month, if applicable.
  - *Activity Type* – Dynamically displays values based on the *Participation Type* selected.
  - *Name of Service or Program* – Open text field.
  - *Reported Hours* – Hours reported for the *Participation Type* selected.
  - *Reported Income* – Income reported.
  - *Verification* – Verification type provided.
  - *Verified On* – Date verification of activity was provided.
  - *Comments*



08 IEES/Worker Portal Impacts

Individual Summary Screen

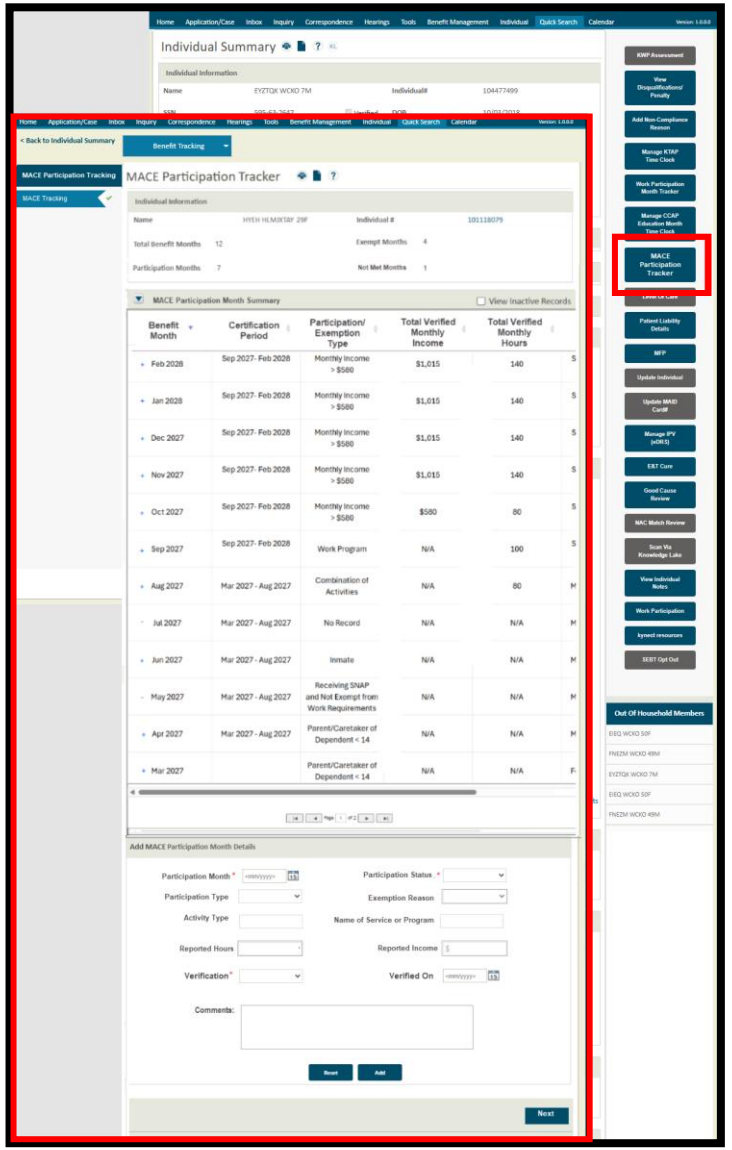
- The **Individual Summary** screen now displays a *MACE Months* collapsable/expandable section under the existing *ABAWD Months* section. This new section displays the following details for the Individual:
  - *Total Months*
  - *Participation Months*
  - *Exempt Months*
  - *Non-Compliant Months*



08 IEES/Worker Portal Impacts

Individual Summary Screen → MACE Participation Tracker Pop-Up

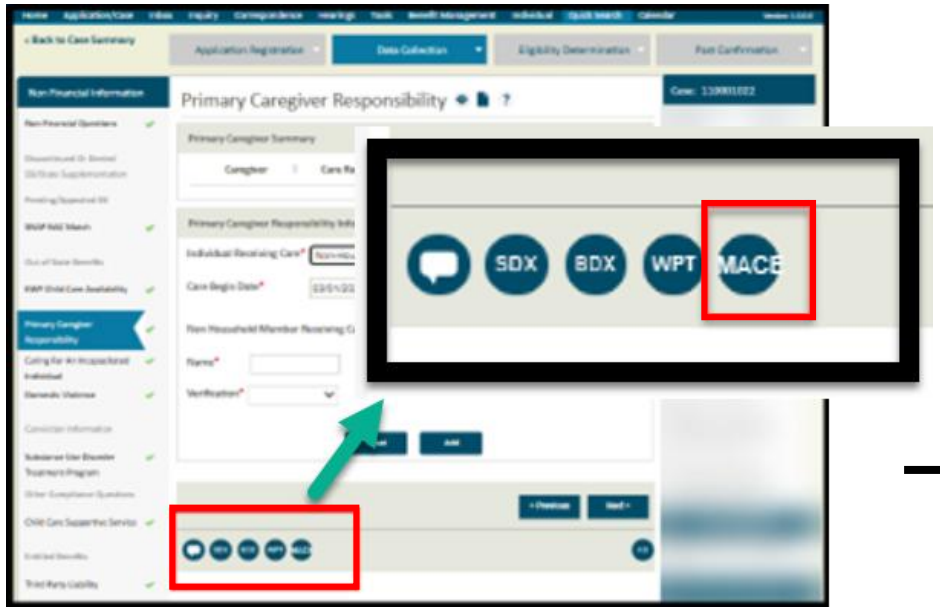
- A new **MACE Participation Tracker** button is added on the **Individual Summary** screen under the **CCAP Tracker** button, which displays a read-only version of the **MACE Participation Tracker** screen.
  - The **MACE Participation Tracker** pop-up displays the same details as the version of this screen that is displayed in the Post Eligibility module of the case flow.
  - This is a read-only screen. If a record needs to be modified/updated, users must take required action through the case flow.



08 IEES/Worker Portal Impacts

Data Collection Footer Icon Addition

- A new **MACE Participation Tracker** pop-up is accessible through a new **MACE** footer icon added within Data Collection.
- The **MACE Participation Tracker** pop-up is read only, and displays the same display information as the **MACE Participation Tracker** screen in the **Post Eligibility** flow of the **Eligibility Determination** module. The only difference with this pop-up is a *Name* drop-down is added above the *Individual Information* section which displays all household Residents aged >= 19 years old.

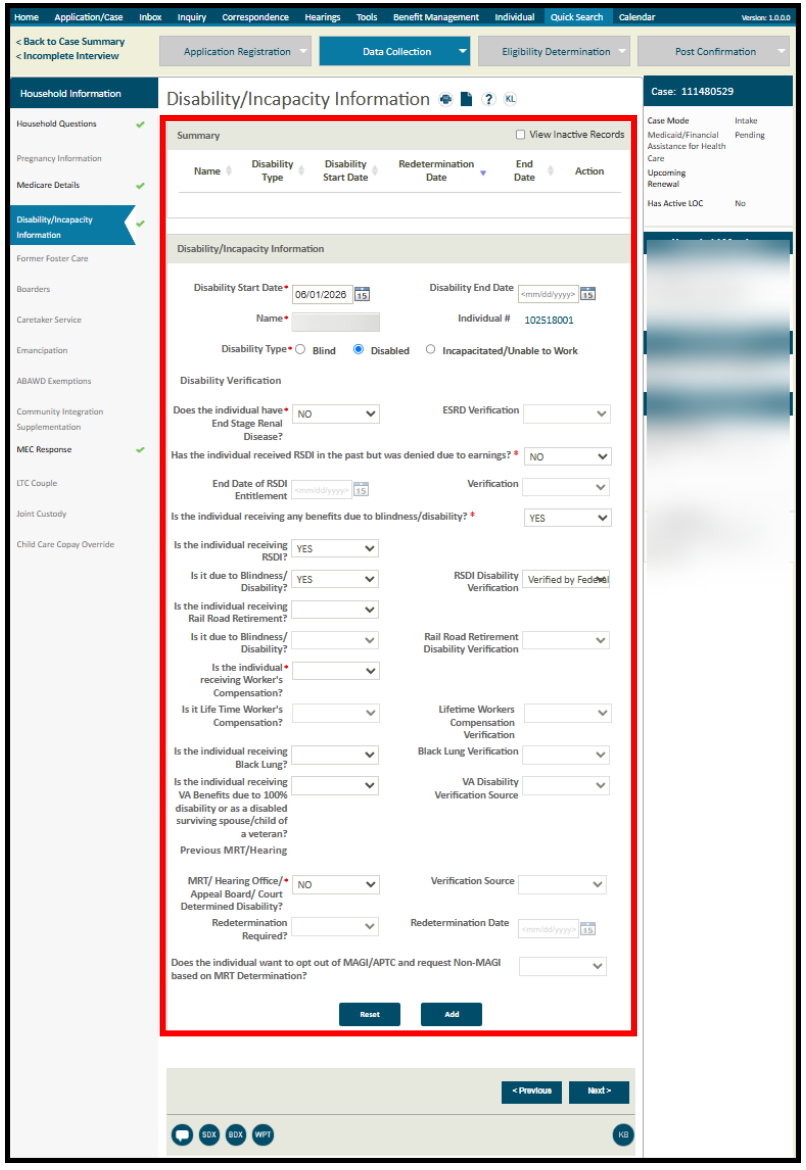




08 IEES/Worker Portal Impacts

Disability/Incapacity Information Screen

- The BENDEX interface now sends disability/incapacity information for Residents which is displayed on the **Disability/Incapacity Information** screen. Fields populated with BENDEX data on the screen are as follows:
  - *Disability Start Date*
  - *Name*
  - *Disability Type*
  - *Does the individual have End Stage Renal Disease*
  - *Has the individual received RSDI in the past but was denied due to earnings?*
  - *Is the individual receiving any benefits due to blindness/disability?*
  - *Is the individual receiving RSDI?*
  - *Is it due to Blindness/Disability?*
  - *RSDI Disability Verification*
  - *MRT/ Hearing Office/ Appeal Board/ Court Determined Disability?*




POLL EVERYWHERE SURVEY!


THANK YOU FOR YOUR PARTICIPATION!

08 Available Resources

Helpful Resources covering MACE

The following are available resources to assist you with MACE requirements:

- MACE Sample Outreach Notice
- MACE Exemption Fact Sheet
- MACE How to Meet the Requirements Fact Sheet
- MACE What To Do Now Fact Sheet
- MACE Frequently Asked Questions
- MACE Frequently Asked Questions (Español)
- Digitally Fillable MACE Forms
  - Verification of Work or Community Engagement Non-Wage Activity (MACE-100) Form
  - Verification of Medical Condition Exemption for Medicaid Work or Community Engagement Requirement (MACE-200) Form
  - Medicaid Work or Community Engagement Short-Term Hardship Exemption Request Form (MACE-300) Form
- Printable MACE Forms
  - Verification of Work or Community Engagement Non-Wage Activity (MACE-100) Form
  - Verification of Medical Condition Exemption for Medicaid Work or Community Engagement Requirement (MACE-200) Form
  - Medicaid Work or Community Engagement Short-Term Hardship Exemption Request Form (MACE-300) Form