COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
Department for Medicaid Services

VERIFICATION OF COMMUNITY ENGAGEMENT NON-WAGE ACTIVITY

IMPORTANT: For employment/wage verification, use Verification of Employment and Wages (Form PAFS-700).

For 2027 only, you may fill out this form entirely yourself. You may sign the form yourself as self-attestation. You do not need to obtain signatures from an outside organization or healthcare provider for 2027.

SECTION 1 — INDIVIDUAL INFORMATION

Completed by the applicant, Medicaid member or their authorized representative.

Name	
Date of Birth (MM/DD/YYYY)	
SSN	
Case Number	
Address	

SECTION 2 —ORGANIZATION INFORMATION

For 2027 this can be completed by the applicant, Medicaid member or their authorized representative. *A separate form must be completed by each organization verifying an activity.*

Organization Name	
Address	

SECTION 3 — ACTIVITY DATES AND HOURS

For 2027 this can be completed by the applicant, Medicaid member or their authorized representative. *Report activity for each month in the certification period. The requirement is 80 hours in a month and may include a mix of activities. See Appendix for definitions of each category. This form covers non-wage activities only. For employment/wage verification use PAFS-700.*

Activity Types:

- *Community Service (unpaid/volunteer):* Volunteer work at nonprofit, religious, educational or civic organization. Informal or unorganized volunteer activity does not qualify.

- *Educational Enrollment:* High school, college, vocational/Career Technical Education (CTE) program, credential program
- *Job or Work Program Participation:* Job training, workforce development, subsidized employment, or on-the-job training program

Report all qualifying activities completed during the calendar month. Enter each activity type separately and attach additional pages as needed. Activity hours should reflect the total hours completed within that month. Use the dropdown box to choose the type of activity done by the individual.

Activity Type	Activity Start Date	Activity End Date	Activity Hours
		Total Activity Hours	

SECTION 4 — CLIENT ATTESTATION AND SIGNATURE

ATTESTATION STATEMENT	I certify that the information contained in this form is true and correct to the best of my knowledge.
Authorized Signature: X _____	**Printed Name:** _____
Relationship if other than self: _____	**Date Signed:** _____

Privacy Act Disclosure Statement: The information on this form is collected under the authority of the Social Security Act for purposes of administering the Medicaid program. It will be used by Kentucky Medicaid to verify participation in community engagement activities and determine program compliance. Providing this information is voluntary; however, failure to provide the requested information may delay or prevent verification of activities. Information may be shared with authorized state and federal agencies and contractors for program administration as permitted by law.

When to complete this form:

- The Kentucky Medicaid program was unable to confirm the individual's community engagement through available data sources.
- The individual received a Notice of Noncompliance and; if so, you or your authorized representative must submit this form within the 30-day response period.
- Each activity with a different organization requires its own form, submitted on behalf of the individual.

Please note: Not completing and submitting this form on time may affect the individual's Medicaid coverage.

How to submit this form:

- The individual or your designated representative should return the completed form in one of five ways:
  - Login to their Self-Service Portal at the KY kynect Benefits Page;
  - Visit a local Department for Community Based Services (DCBS) office. You can find one near you at the DCBS Web Page;
  - Get help from a kynector. You can find one by calling 1-855-459-6328 or at the kynector Web Page.
  - Fax this form to 1-502-573-2005 or 502-573-2007; or
  - Mail this form to PO Box 2104, Frankfort, KY 40602.

Exemptions:

The following individuals are exempt from the requirement:

- Pregnant or postpartum women
- Medically frail individuals (including those with serious mental illness, substance use disorder, or disability affecting daily living)
- Caretakers of a child age 13 or under or a disabled individual
- Veterans with total disability ratings
- American Indians and Alaska Natives
- Former foster youth up to age 26
- Individuals meeting Temporary Assistance for Needy Families (TANF) work requirements or Supplemental Nutrition Assistance Program (SNAP) work requirements
- Current or recent inmates (up to 3 months) of public institutions

Individuals who believe they qualify for an exemption should use the MACE 200 (Verification of Medical Exemption) or the MACE 300 (Short-Term Hardship Exemption); or call the Department for Community Based Services (DCBS) at 1-855-306-8959 or visit a local DCBS office.

Questions?

Call kynect at 1-855-459-6328 or DCBS at 1-855-306-8959 (Mon–Fri, 8:00 a.m.–7:00 p.m. ET)

More information about Medicaid Community Engagement requirements is available at: KHBE – Medicaid Changes (Enacted July 2025).

APPENDIX
VERIFICATION OF COMMUNITY ENGAGEMENT NON-WAGE ACTIVITY
Reference guide for completing Section 3 of Form MACE-100

This form covers three non-wage activity types that count toward the Medicaid community engagement requirement. For employment/wage verification, use Form PAFS-700.

Individuals who are non-exempt and do not earn at least $580 in a month must complete 80 hours of activities with any combination of the activity types below.

ACTIVITY TYPE	WHAT QUALIFIES
Community Service (Volunteer/Unpaid)	Performed unpaid work or community service during the month through an organized program. This includes: • Volunteer service at a nonprofit, religious, civic, educational, or government organization • Court-ordered community service, provided it is performed through an organized program *The individual completing this form must be from the organization where service was performed. Informal or unorganized volunteer activity does not qualify.*
Work Program Participation	Participated in a work program as defined under Section 6(o)(1) of the Food and Nutrition Act of 2008. This includes: • Workforce development or job readiness programs approved by the state • Subsidized employment and on-the-job training programs *The program administrator completes this form. Note: if the program pays wages, the income and hours may also be verified via PAFS-700.*
Educational Enrollment (At Least Half-Time)	Enrolled at least half-time in an educational program. This includes: • Accredited institution of higher education (2-year or 4-year college/university) as defined in Section 101 of the Higher Education Act of 1965 • Career and Technical Education (CTE) program as defined in Section 3 of the Carl D. Perkins Career and Technical Education Act of 2006 • High school or a GED program *The registrar or enrollment office completes this form. Note: For educational enrollment, the 80-hour monthly threshold does not apply. Half-time enrollment satisfies the requirement.*
Combination of Activities	Participated in two or more activity types (employment, community service, work program, or education) that together total at least 80 hours during the month. *A separate verification form should be completed for each organization involved. Hours from each source are combined for purposes of meeting the 80-hour monthly requirement.*