

NOTICE OF INTENT TO SUBMIT STATE PLAN AMENDMENTS AND SOLICITATION OF PUBLIC INPUT

Pursuant to 42 C.F.R. § 430.25 Waivers of State plan requirements, 42 C.F.R. § 440.345 EPSDT and other required benefits, 42 C.F.R. § 440.386 Public notice, 42 C.F.R. § 441.304 Duration, extension, and amendment of a waiver, 42 C.F.R. § 447.203 Documentation of access to care and service payment rates, 42 C.F.R. § 447.204 Medicaid provider participation and public process to inform access to care, 42 C.F.R. § 447.205 Public notice of changes in Statewide methods and standards for setting payment rates, and 42 C.F.R. § 457.65 Effective date and duration of State plans and plan amendments, the Idaho Department of Health and Welfare Division of Medicaid (Department) provides public notice of its intent to submit State Plan Amendments (SPAs) to the Centers for Medicare and Medicaid Services (CMS).

PROPOSED CHANGES

Idaho Medicaid intends to submit State Plan Amendments (SPAs) to the Centers for Medicare and Medicaid Services (CMS).

(A) The addition of Form S97 Community Engagement for Certain Adults describes the rules and policies for community engagement as a Medicaid eligibility requirement for adults in the Expansion Medicaid Eligibility Group.

Additional information can be found on the [IDHW Medicaid Expansion webpage](#).

These changes are consistent with [Idaho Code § 56-267 Medicaid Eligibility Expansion, Section 71119 of H.R.1 \(2025\) / Public Law 119-21](#), Section 1902(xx) of the Act, and [CMS-2454-IFC Medicaid Program; Community Engagement Requirement for Certain Individuals](#).

(B) Idaho Medicaid is also amending its Medicaid State Plan to conduct renewals of eligibility once every six (6) months, instead of once every twelve (12) months, for adults in the Expansion Medicaid Eligibility Group. This change is consistent with [Idaho Code § 56-2205 Legislative Approval – Medicaid Expansion Limits](#) and [Section 71107 of H.R.1 \(2025\) / Public Law 119-21](#).

(C) Idaho Medicaid is also amending its Medicaid State Plan to shorten the retroactive coverage period. For most members, it will be two (2) months prior to the month of application, and for adults in the Expansion Medicaid Eligibility Group it will be one (1) month prior to the month of application. This change is consistent with [Section 71112 of H.R.1 \(2025\) / Public Law 119-21](#).

The Department intends to submit these amendments to CMS with requested effective dates of January 1, 2027.

ESTIMATE OF EXPECTED CHANGE IN ANNUAL AGGREGATE EXPENDITURES

The impact to aggregate expenditures is unknown.

PUBLIC REVIEW

When available, copies of the draft SPA and/or waiver pages will be posted on the IDHW website at <https://healthandwelfare.idaho.gov/about-dhw/policies-procedures-and-waivers> (under “Medicaid policies”, PUBLIC-DOCUMENTS > About DHW > Policies & Standards > Medicaid > Medicaid Public Notices).

Unless otherwise specified, copies are also available upon request for public review during regular business hours at any Regional Medicaid Services office of the Idaho Department of Health and Welfare.

LOCATIONS FOR PUBLIC REVIEW OF PROPOSED STATE PLAN AMENDMENT

Ada County

DHW Region 4, 1720 Westgate Drive, Boise, ID 83704

Central District Health Department, 707 North Armstrong Place, Boise, ID 83704

Adams County

Adams County Clerk's Office, 201 Industrial Avenue, Council, ID 83612

Bannock County

DHW Region 6, 1070 Hiline, Pocatello, ID 83201

Southeastern Idaho Public Health, 1901 Alvin Ricken Drive, Pocatello, ID 83201

Bear Lake County

Southeastern Idaho Public Health, 455 Washington, Suite #2, Montpelier, ID 83254

Benewah County

Panhandle Health District, 137 N 8th Street, St Maries, ID 83861

Bingham County

DHW Region 6, 701 East Alice, Blackfoot, ID 83221

Southeastern Idaho Public Health, 145 W Idaho Street, Blackfoot, ID 83221

Blaine County

South Central Public Health, 117 East Ash Street, Bellevue, ID 83313

Boise County

Boise County Clerk's Office, 420 Main Street, Idaho City, ID 83631

Bonner County

DHW Region 1, 207 Larkspur Street, Ponderay, ID 83852

Panhandle Health District, 2101 W. Pine Street, Sandpoint, ID 83864

Bonneville County

DHW Region 7, 150 Shoup Avenue, Idaho Falls, ID 83402

Eastern Idaho Public Health, 1250 Hollipark Drive, Idaho Falls, ID 83401

Boundary County

Panhandle Health District, 7402 Caribou Street, Bonners Ferry, ID 83805

Butte County

Southeastern Idaho Public Health, 178 Sunset Drive, Arco, ID 83213

Camas County

Camas County Clerk's Office, 501 Soldier Road, Fairfield, ID 83327

Canyon County

DHW Region 3, 3402 Franklin Road, Caldwell, ID 83605
Southwest District Health, 13307 Miami Lane, Caldwell, ID 83607

Caribou County

Southeastern Idaho Public Health, 55 East 1st South, Soda Springs, ID 83276

Cassia County

DHW Region 5, 2241 Overland Avenue, Burley, ID 83318

Clark County

Eastern Idaho Public Health, 332 West Main, Dubois, ID 83423

Clearwater County

North Central Health District, 105 115th Street, Orofino, ID 83544

Custer County

Eastern Idaho Public Health, 1050 N. Clinic Road, Suite A, Challis, ID 83226

Elmore County

DHW Region 4, 2420 American Legion Blvd., Mountain Home, ID 83647
Central District Health Department, 520 E. 8th Street N, Mountain Home, ID 83647

Franklin County

DHW Region 6, 223 North State, Preston, ID 83263
Southeastern Idaho Public Health, 50 West 1 St. South, Preston, ID 83263

Fremont County

Eastern Idaho Public Health, 45 South 2nd West, St. Anthony, ID 83445

Gem County

Southwest District Health, 1008 East Locust, Emmett, ID 83617

Gooding County

South Central Public Health, 255 North Canyon Drive, Gooding, ID 83330

Idaho County

DHW Region 2, Camas Resource Center, 216 South C Street, Grangeville, ID 83530
North Central Health District, 903 W Main, Grangeville, ID 83530

Jefferson County

Eastern Idaho Public Health, 380 Community Lane, Rigby, ID 83442

Jerome County

South Central Public Health, 951 East Avenue H, Jerome, ID 83338

Kootenai County

DHW Region 1, 1120 Ironwood Drive, Coeur d'Alene, ID 83814
Panhandle Health District, 8500 N. Atlas Road, Hayden, ID 83835

Latah County

DHW Region 2, 1350 Troy Highway, Moscow, ID 83843

North Central Health District, 333 E Palouse River Drive, Moscow, ID 83843

Lemhi County

DHW Region 7, 111 Lillian Street, Suite 104, Salmon, ID 83467

Eastern Idaho Public Health, 801 Monroe, Salmon, ID 83467

Lewis County

North Central Health District, 132 N Hill Street, Kamiah, ID 83536

Lincoln County

South Central Public Health, Lincoln County Community Center, 201 South Beverly St., Shoshone, ID 83352

Madison County

DHW Region 7, 333 Walker Drive, Rexburg, ID 83440

Eastern Idaho Public Health, 314 North 3rd East, Rexburg, ID 83440

Minidoka County

South Central Public Health, 485 22nd Street, Heyburn, ID 83336

Nez Perce County

DHW Region 2, 1118 F Street, Lewiston, ID 83501

North Central Health District, 215 10th Street, Lewiston, ID 83501

Oneida County

Southeastern Idaho Public Health, 175 South 300 East, Malad, ID 83252

Owyhee County

Southwest District Health, 132 E. Idaho, Homedale, ID 83628

Payette County

DHW Region 3, 515 N. 16th Street, Payette, ID 83661

Southwest District Health, 1155 Third Avenue North, Payette, ID 83661

Power County

Southeastern Idaho Public Health, 590 1/2 Gifford, American Falls, ID 83211

Shoshone County

DHW Region 1, 35 Wildcat Way, Suite B, Kellogg, ID 83837

Panhandle Health District, 114 Riverside Avenue W, Kellogg, ID 83837

Teton County

Eastern Idaho Public Health, 820 Valley Centre Drive, Driggs, ID 83422

Twin Falls County

DHW Region 5, 601 Pole Line Road, Twin Falls, ID 83301

South Central Public Health, 1020 Washington Street North, Twin Falls, ID 83301

Valley County

Central District Health Department, 703 1st Street, McCall, ID 83638

Washington County

Southwest District Health, 46 West Court, Weiser, ID 83672

PUBLIC COMMENT

The Department is accepting written and recorded comments regarding the proposed changes for a period of at least thirty (30) calendar days. Any persons wishing to provide input may submit comments and should be aware that personally identifiable information (PII) may be subject to public disclosure. Commentors should refrain from submitting Protected Health Information (PHI).

Comments must be received by the Department within thirty (30) days of the posting of this notice, and must be sent using one of the following methods:

- *Send Email Comments To:* MCPT@dhw.idaho.gov
- *Call and Leave Recorded Comments At:* (208)-364-1887
- *Send Fax Comments To:* 1-208-287-1170
- *Mail Comments To:* Division of Medicaid
PO Box 83720, Boise, ID 83720-0009
Attn: Policy Team

Hand Deliver Comments During Regular Business Hours (M-F from 8AM to 5PM, except holidays) To:

Division of Medicaid
450 West State Street, 6th Floor, Boise, ID 83720
Attn: Policy Team

The Department will review all comments received prior to submitting the amendments to CMS.

PUBLIC HEARING

No public hearings have been scheduled at this time.

QUESTIONS

For technical questions or to review the changes, e-mail the request to MCPT@dhw.idaho.gov.



IDAHO DEPARTMENT OF HEALTH & WELFARE

BRAD LITTLE – Governor
JULIET CHARRON – Director

SASHA O'CONNELL—DEPUTY DIRECTOR
450 West State Street, 10th Floor
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE 208-334-5500
FAX 208-334-6558

October 20, 2026

Dear Tribal Representative:

In accordance with section 1902(a)(73)(A) of the Social Security Act regarding the solicitation of advice prior to the submission of any Medicaid or CHIP State Plan Amendment (SPA) or waiver application or amendment likely to have a direct effect on Indians, Indian Health Programs, or Urban Indian Organizations, the Idaho Department of Health and Welfare (IDHW) Division of Medicaid (Idaho Medicaid) provides notice on the following matter.

Purpose

Idaho Medicaid intends to submit State Plan Amendments (SPAs) to the Centers for Medicare and Medicaid Services (CMS).

(A) The addition of Form S97 Community Engagement for Certain Adults describes the rules and policies for community engagement as a Medicaid eligibility requirement for adults in the Expansion Medicaid Eligibility Group.

Additional information can be found on the [IDHW Medicaid Expansion webpage](#).

These changes are consistent with [Idaho Code § 56-267 Medicaid Eligibility Expansion](#), [Section 71119 of H.R.1 \(2025\) / Public Law 119-21](#), Section 1902(xx) of the Act, and [CMS-2454-IFC Medicaid Program; Community Engagement Requirement for Certain Individuals](#).

American Indians and Alaska Natives are exempt from most of these requirements.

(B) Idaho Medicaid is also amending its Medicaid State Plan to conduct renewals of eligibility once every six (6) months, instead of once every twelve (12) months, for adults in the Expansion Medicaid Eligibility Group. This change is consistent with [Idaho Code § 56-2205 Legislative Approval – Medicaid Expansion Limits](#) and [Section 71107 of H.R.1 \(2025\) / Public Law 119-21](#).

American Indians and Alaska Natives are exempt from this change.

(C) Idaho Medicaid is also amending its Medicaid State Plan to shorten the retroactive coverage period. For most members, it will be two (2) months prior to the

month of application, and for adults in the Expansion Medicaid Eligibility Group it will be one (1) month prior to the month of application.

This change is consistent with [Section 71112 of H.R.1 \(2025\) / Public Law 119-21](#).

These changes are in compliance with 42 C.F.R. § 430.25 Waivers of State plan requirements; 42 C.F.R. § 440.345 EPSDT and other required benefits; 42 C.F.R. § 440.386 Public notice; 42 C.F.R. § 441.304 Duration, extension, and amendment of a waiver; 42 C.F.R. § 447.203 Documentation of access to care and service payment rates; 42 C.F.R. § 447.204 Medicaid provider participation and public process to inform access to care; 42 C.F.R. § 447.205 Public notice of changes in Statewide methods and standards for setting payment rates; and 42 C.F.R. § 457.65 Effective date and duration of State plans and plan amendments.

Proposed Effective Date

The Department intends to submit these amendments to CMS with requested effective dates of January 1, 2027.

Anticipated Impact on Indians/Indian Health Program/Urban Indian Organizations

A. Does this change directly affect American Indians / Alaska Natives (AI/AN) or Indian Health Care Providers (IHCPs) but is federally or statutorily mandated?

These changes are driven by changes to state and federal law.

American Indians and Alaska Natives are exempt from most of these requirements.

This means Tribal members enrolled under Medicaid Expansion do not have to report work hours, volunteer hours, job training participation, or other activities to keep their Medicaid coverage. To ensure these exemptions are recognized, it is imperative that Tribal members are self-identifying their Tribal status when filling out the application for benefits. The Division of Self-Reliance is available for assistance in-person as well as by phone. We encourage the use of the direct line for Tribal members at 855-336-2185 (toll-free).

Changes to retroactive coverage may affect American Indian and Alaska Native members.

B. Does the change impact services or access to services provided, or contracted for, by Indian Health Care Providers (IHCPs) including but not limited to:

- *Decrease/increase in services*
- *Change in provider qualifications/requirements*
- *Change service eligibility requirements (i.e. prior authorization)*
- *Place compliance costs on Indian Health Care Providers (IHCPs)*
- *Change in reimbursement rate or methodology*

American Indians and Alaska Natives are exempt from most of these requirements.

October 20, 2026

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C. Does the change negatively impact or change the eligibility for, or access to, American Indians / Alaska Natives (AI/AN) Medicaid?

To ensure exemptions are recognized, it is imperative that Tribal members are self-identifying their Tribal status when filling out the application for benefits, at recertification, or by calling the customer service line at any time (877-456-1233).

Changes to retroactive coverage may affect American Indian and Alaska Native members.

Availability for Review

When available, copies of the draft SPA pages will be posted on the IDHW website at <https://healthandwelfare.idaho.gov/about-dhw/rules-policies-procedures-and-waivers> under “Medicaid policies” (PUBLIC-DOCUMENTS > About DHW > Policies & Standards > Medicaid > Medicaid Public Notices).

Comments, Input, and Tribal Concerns

Idaho Medicaid appreciates any input or concerns that Tribal representatives wish to share regarding these changes. Any persons wishing to provide input may submit comments. Please be aware that personally identifiable information (PII) may be subject to public disclosure. Commentors should refrain from submitting Protected Health Information (PHI).

Please submit any comments prior to **December 20, 2026**, by email addressed to MCPT@dhw.idaho.gov and Mahaila.Emele@dhw.idaho.gov. The proposed SPAs will also be reviewed as part of the Policy Update at the next Quarterly Tribal meeting.

Sincerely,

Sasha O'Connell
Deputy Director

SO



IDAHO DEPARTMENT OF
HEALTH & WELFARE

BRAD LITTLE – Governor
JULIET CHARRON – Director

SASHA O'CONNELL—DEPUTY DIRECTOR
450 West State Street, 10th Floor
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE 208-334-5500
FAX 208-334-6558

December 30, 2026

Deputy Director
Center for Medicaid and CHIP Services (CMCS)

Dear Deputy Director:

The State of Idaho is submitting a Title XIX Medicaid State Plan Amendment (SPA), Transmittal **#ID-26-0015**, through the federal MACPro portal for the Idaho Medicaid State Plan.

The addition of Form S97 Community Engagement for Certain Adults describes the rules and policies for community engagement as a Medicaid eligibility requirement for adults in the Expansion Medicaid Eligibility Group.

The State Medicaid Agency is requesting an effective date of January 1, 2027.

Tribal solicitation and public notice were completed timely following our established procedures. We have included the details specific to the posting of the notices, distribution methods and tribal consultation in this submission packet. A Tribal Representative Notification Letter was mailed, e-mailed, and posted to the Medicaid-Tribes website on October 1, 2026, with a specified due date of December 1, 2026, for any feedback. Public notice was provided through the statewide process, as required by 42 C.F.R. §447.205, on October 1, 2026, with thirty (30) days for feedback.

Idaho appreciates your review of this proposed SPA, and anticipates CMS approval. Please direct any questions to Charles Beal, Medicaid Policy Chief, at charles.beal@dhw.idaho.gov.

Sincerely,

SASHA O'CONNELL
Deputy Director

SO

cc: Courtenay Savage

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>2</u> <u>6</u> --- <u>0</u> <u>0</u> <u>1</u> <u>5</u>	2. STATE <u>I</u> <u>D</u>
		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT ☒ XIX ☐ XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <u>01/01/2027</u>	
5. FEDERAL STATUTE/REGULATION CITATION <u>Section 1902(xx) of the Act</u> <u>42 CFR § 435.550 through § 435.563</u>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2027</u> \$ _____ b. FFY <u>2028</u> \$ _____	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Medicaid State Plan Form S97 Community Engagement for Certain Adults</u>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>n/a</u>	
9. SUBJECT OF AMENDMENT <u>Amendment to the State Plan for community engagement as a Medicaid eligibility requirement for certain adults.</u>			
10. GOVERNOR'S REVIEW (Check One) ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL ☐ OTHER, AS SPECIFIED:			
11. SIGNATURE OF STATE AGENCY OFFICIAL		15. RETURN TO Deputy Director Idaho Department of Health and Welfare Division of Medicaid PO Box 83720 Boise, ID 83720-0009	
12. TYPED NAME SASHA O'CONNELL			
13. TITLE Deputy Director			
14. DATE SUBMITTED			
FOR CMS USE ONLY			
16. DATE RECEIVED		17. DATE APPROVED	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL		19. SIGNATURE OF APPROVING OFFICIAL	
20. TYPED NAME OF APPROVING OFFICIAL		21. TITLE OF APPROVING OFFICIAL	
22. REMARKS			

Medicaid State Plan Eligibility

Community Engagement

Community Engagement for Certain Adults

MEDICAID | Medicaid State Plan | Eligibility | ID2026MS0004O | ID-26-0015

Requirement to demonstrate community engagement as a condition of Medicaid eligibility for certain individuals.

Package Header

Package ID	ID2026MS0004O	SPA ID	ID-26-0015
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

The state operates the community engagement requirement in accordance with the following provisions:

A. General Requirements for Community Engagement

1. The state requires as a condition of eligibility that an applicable individual demonstrates (or the state deems the applicable individual to demonstrate) community engagement for the number of months specified by the state during the applicable review period. An applicable individual is an individual who is not a specified excluded individual under Section B. below who is eligible for or enrolled in:

- ☒ a. The state plan eligibility group described in 42 CFR § 435.119.
- ☐ b. A demonstration expenditure authority under section 1115(a)(2) of the Act that provides coverage equivalent to minimum essential coverage and who: attained the age of 19 and is under 65 years of age, is not pregnant, is not entitled to, or enrolled for, benefits under Medicare Part A or Part B, and is not otherwise eligible to enroll under the state plan.

2. An applicable individual demonstrates compliance with community engagement for a month if the individual meets one or more of the following:

- a. Works not less than 80 hours
- b. Completes not less than 80 hours of community service
- c. Participates in a work program for not less than 80 hours
- d. Enrolled in an educational program at least half-time

- e. Any combination of A.2.a. through A.2.d. for a total of not less than 80 hours (except educational program hours may only be combined with other activities if the individual is enrolled less than half-time)
- f. Has monthly income that is not less than the federal minimum wage multiplied by 80 hours
- g. For a seasonal worker, has average monthly income over the preceding six months that is not less than the federal minimum wage multiplied by 80 hours

3. When monthly income is considered under A.2.f. or g., MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

[View approved version of MAGI-Based Methodologies](#)

4. The state verifies an applicable individual meets an exception or demonstrates community engagement, or that an individual is a specified excluded individual, using reliable information available to the state without requiring information from the individual when possible.

5. The state conducts initial and periodic outreach consistent with § 435.561 to notify certain individuals described under § 435.561(a) of the requirement to demonstrate community engagement.

B. Mandatory Exceptions and Exclusions

Exceptions

1. The state deems an applicable individual to demonstrate community engagement for a month during the review period if:

- a. For part or all of that month, the individual was: Under age 19; entitled to, or enrolled for, benefits under Medicare Part A or Part B; described in any mandatory eligibility group under section 1902(a)(10)(A)(i)(I) through (VII) of the Act; or a specified excluded individual described in § 435.554.
- b. At any point during the 3-month period ending on the first day of that month, the individual was an inmate of a public institution.

Specified Excluded Individuals

2. A specified excluded individual is not an applicable individual and is not subject to the community engagement requirement.

3. The state provides that the following categories of individuals meet the definition of specified excluded individual:

- a. Former foster care child described in section 1902(a)(10)(A)(i)(IX) of the Act (as amended by Pub. L. 115-271)

- b. American Indian as defined at § 447.51
- c. Parent, guardian, caretaker relative, or family caregiver of a dependent child age 13 or under or of a disabled individual, as each of the terms is defined and implemented at § 435.554.
- i. Elections on the relationships for a caretaker relative that the state makes on the Parents and Other Caretaker Relatives state plan page apply for the purpose of this category of specified excluded individuals.
- d. Veteran with a total (100%) service-connected VA disability rating as defined at 38 U.S.C. 1155
- e. Medically frail or otherwise has special medical needs, as defined at § 435.554(c)(5)
- f. Compliant with a TANF work requirement or a member of a household that receives SNAP benefits and is subject to a SNAP work requirement
- g. Participant in a drug addiction or alcoholic treatment and rehabilitation program. States may establish a minimum time commitment for participation in such program, consistent with appropriate clinical guidelines.
- h. Inmate of a public institution, as defined at § 435.1010
- i. Pregnant woman or entitled to Medicaid during a postpartum period

C. Short-Term Hardship Exception

1. The state deems an applicable individual to demonstrate community engagement for a month during the review period during a short-term hardship event.

☒ **Yes** ☐ No

2. A short-term hardship event exists when, for all or part of a month:

- a. An individual receives inpatient hospital services, nursing facility services, services in an intermediate care facility, inpatient psychiatric services, or other services of similar acuity (as described in § 435.555(d)(1)(ii)).
- b. An individual resides in a county (or equivalent unit of local government) in which there exists an emergency or disaster declared by the President under the National Emergencies Act (NEA) or the Robert T. Stafford Disaster Relief and Emergency Assistance Act (the Stafford Act).
- c. An individual resides in a county (or equivalent unit of local government) in which the unemployment rate is at or above the lesser of 8 percent or 1.5 times the national unemployment rate.
- d. An individual or their dependent (as defined at § 435.555(b)(1)) must travel outside of their community for an extended period to receive medical services for a serious or complex medical condition (described in § 435.554(c)(5)(i)(E)) that are not available in their community.

3. An individual must request a short-term hardship event from the state for the events described in C.2.a. and C.2.d. The state must request from CMS a short-term hardship event for the event described in C.2.c.

D. Assessing Compliance with Community Engagement

For Individuals Who File an Application for Medical Assistance

1. The state determines applicants meet an exclusion or are an applicable individual and demonstrate or are deemed to demonstrate community engagement at application.

2. For an applicable individual to be considered compliant with the community engagement requirement at application consistent with § 435.556(a)(1), the state requires demonstration or deemed demonstration of community engagement for:

- ☐ a. 1 month prior to the month of application.
- ☐ b. 2 consecutive months prior to the month of application.
- ☒ c. 3 consecutive months prior to the month of application.

For Individuals Who Are Enrolled and Receiving Medical Assistance

3. The state determines enrolled beneficiaries meet an exclusion or are an applicable individual and demonstrate or are deemed to demonstrate community engagement during the individual's periodic renewal of eligibility.

4. For an applicable individual to be considered compliant with the community engagement requirement at renewal, the state requires demonstration or deemed demonstration of community engagement for:

- ☐ a. 1 month during the individual's eligibility period.
- ☒ b. More than 1 month, whether or not consecutive, during the individual's eligibility period.
 - i. Enter the number of months: **3**

E. More Frequent Verifications of Community Engagement for Applicable Individuals

1. The state conducts more frequent verifications of the community engagement requirement in between renewals of eligibility for enrolled applicable individuals.

☐ Yes ☒ No

F. Notice of Noncompliance and Defining When a State is “Unable to Verify” Compliance with the Community Engagement Requirement

1. The state sends a notice of noncompliance to request information from the individual when it is unable to verify an applicable individual demonstrates or is deemed to demonstrate community engagement at application, renewal, and if elected by the state, during a more frequent verification of community engagement.
2. The state provides an applicable individual 30 days from the date of the notice of noncompliance to make a satisfactory showing of community engagement or that the requirement does not apply.
3. The state elects to consider that it is unable to verify community engagement at renewal:
 - ☐ a. After the state checks reliable information and cannot verify compliance with community engagement without requesting information from the individual. When this occurs the state provides the beneficiary the notice of noncompliance concurrently with a renewal form.
 - ☒ b. After the state is unable to renew eligibility based on information available to the state ('ex parte renewal') and the state provides the individual with a renewal form and the form is not returned or does not include sufficient information needed to demonstrate compliance with community engagement.

G. Additional Information (optional)