

human-centered work requirements for medicaid

Researched techniques to reduce
the administrative burden of work
requirements for Medicaid enrollees

Fall 2025

A report from Civilla

overview

Under [H.R. 1](#), states are federally required to implement work requirements for adults aged 19 through 64 in the expansion population (and similar populations covered through waivers) who are accessing Medicaid. These requirements mandate that individuals engage in qualifying activities—such as work, community service, or education—for at least 80 hours per month, have income equal to [80 hours x federal minimum wage](#), or qualify for an exemption. States must verify compliance at two points:

1. **At application:** Applicants must show they have met the requirement for at least one consecutive month before applying.
2. **At eligibility redetermination:** States must complete renewals every six months, for most of this population, doubling the previous annual cadence.

States also have the option to verify more frequently, and some might choose to require monthly verification. The implementation of these work requirements is set to begin on **January 1, 2027**. It will affect nearly 20 million Medicaid recipients and could result in millions of people losing access to Medicaid benefits.

Even with strong data matching to verify compliance and exemptions, millions of people will need to take action on their cases to keep coverage. If states underestimate the communication and design challenge, residents will miss deadlines, call centers will be overwhelmed, and trust will erode. User experience will be central to whether eligible people keep coverage and whether staff can manage the workload.

Based on Civilla's experience redesigning benefits access in Michigan, this report highlights actionable recommendations at the critical touchpoints every state must address:

- **Application:** Integrate compliance and exemption information and reporting into a single streamlined process.
- **Letters and notices:** Design notices to be clear and actionable.
- **Text communications:** Use SMS reminders and smart notification systems to prompt timely action.
- **Online flows:** Build simple, mobile-friendly processes for reporting and exemptions.

These evidence-based strategies, tested with residents and staff, show how human-centered implementation can **prevent unnecessary coverage loss** and **lower administrative costs**. By designing with residents in mind, states can meet federal requirements while protecting both coverage and staff capacity.

In the coming months, Civilla will work to develop open-source templates (such as draft application language, model online flows, and notices) that states can pair with this guidance to support human-centered implementation

Need help thinking through your state's implementation? Reach out:

hello@civilla.org

Disclaimer: Civilla's research and recommendations can inform state implementation, but each state's policy landscape and population differ. This report is not legal advice and should be adapted with state policy teams.

user stories: the human experience behind the policy

Understanding how policy changes affect people’s daily lives is critical to successful implementation. Work requirements are experienced in the context of caregiving, job insecurity, health challenges, and the day-to-day strain of navigating complex public systems. When communication about these changes is confusing, the result is not just administrative error—it’s lost coverage, worsening health outcomes, and rising distrust in government services.

The recommendations in this report are based on research and user testing conducted by Civilla in 2019 in Michigan. Research participants were Michigan residents who received or had recently received healthcare coverage through the state and were active users of the state’s online benefits portal.

During the research, Civilla uncovered powerful stories, such as the one here and those featured throughout this report. These stories help ground the stakes of Medicaid work requirements implementation in the representative lived experiences of residents.

Keisha: Full-Time Caregiver, Full-Time Fear

Keisha is a licensed photographer who recently became the primary caregiver for her niece, a teenager with severe depression and anxiety. Because it was unsafe to leave her niece alone, Keisha left her job to care for her full-time. As a full-time caregiver, she was unsure how Medicaid work requirements and exemptions would treat her situation—and afraid of what would happen if she lost coverage.

“I’ve given up everything to take care of this child, but I can barely take care of myself. If I lost my healthcare coverage, I couldn’t go to my counselor and I don’t know what I would do.”

For states looking to further tailor the recommendations in this report to their communities, we recommend conducting whatever level of user research or testing is feasible given your time and resource constraints. Any user research is better than none. Research can also help you uncover user stories from your communities that can be powerful tools to advocate for change within your institution.

application

integrate exemption information and reporting into a single streamlined process

With H.R. 1, state Medicaid agencies must determine whether certain working-age adults meet a new federal work requirement or qualify for an exemption. The application is the first touchpoint for this process. States should integrate work requirement and exemption questions into a streamlined application rather than creating a separate step for collecting this information.

Torlisa: Working and Overwhelmed

Torlisa is a mother of two who works as a home health aide, spending long hours driving to visit clients in their homes. While she loves the work, she described her schedule as completely full and her stress as unmanageable. The additional burden of having to track and report hours was difficult for her to imagine managing.

“I feel like I’m going to self-destruct. My plate is so full I need three more plates.”

If states rely on follow-up mailers or post-eligibility requests, they will trigger confusion, paperwork, and avoidable coverage loss. By contrast, embedding the questions directly into a streamlined application allows applicants to prove compliance or exemption once, and gives states a cleaner data pipeline for verification.

insights

- **Proving once reduces burden.** Applicants want all exemption and work activity questions asked in the application. This avoids a multi-step process that often leads to missed steps or lost paperwork.
- **The single streamlined application is already in use and familiar.** Most states already use a version of the CMS [single streamlined application](#) for Medicaid. Adding work requirement questions here allows quick changes and builds on a familiar form for both residents and frontline staff.
- **A single step keeps things clear.** Grouping all exemption questions in one section helps applicants see what applies to them. They prefer this even if it creates some redundancy, since scattering questions throughout the application can feel confusing or misleading.
- **Conditional logic prevents over-reporting.** Many applicants fill out every question to avoid mistakes. Starting with exemptions clarifies who needs to report work activity, and conditional logic in online applications can avoid irrelevant questions.

recommendations

- **Add a new section for work requirement exemptions.** Using the single streamlined application, place a clearly labeled “Work requirement exemptions” section immediately after income/employment questions.
- **Screen exemptions first.** Ask a short set of Yes/No questions on exemptions, such as pregnancy/postpartum, caregiving for a child 13 or younger, serious health condition/medically frail, tribal membership, and short-term hardship.
- **Route applicants efficiently.** Add language such as “If you answered ‘Yes’ to any exemption → skip directly to Step 4.” If the applicant answers “No” to exemptions, send them to a new Appendix page to complete a work-activity grid.
- **Use a work-activity grid as the first appendix page.** Include a simple month-by-month table for your state’s look-back period (1–3 months). Ask applicants to record total hours across qualifying activities.
- **Support verification through data.** Include a single consent checkbox in the Appendix page to allow your agency to confirm information through wage data, SNAP/TANF data, or other records.

letters + notices

design notices to be clear and actionable

Residents are often confused, overwhelmed, or ignore government notices due to length, language, and design. In Civilla's research and testing in Michigan, residents across the board struggled with the terminology used in work requirement communications. Words like "exemption" and "qualifying activity" were unfamiliar and intimidating.

Tiffany: New Job, No Trust in the System

Tiffany, a single mother and GED student, was recently hired at Amazon to work the night shift. She receives food assistance, Medicaid, and child care assistance. She described a deep distrust of the mail system and shared that she had received a letter about work requirements but didn't fully understand it. She assumed her caseworker would call her if it were serious.

"I don't trust the mail system when it comes to feeding my kid and accessing healthcare for my family. If I had to do something about it, my caseworker would call me."

States will need to send notices informing beneficiaries of the new work requirements and follow-up correspondence as beneficiaries advance through the process. Designing each of these communications with plain language will help reduce confusion and create a more human-centered process for residents.

Civilla has successfully implemented [correspondence redesigns](#) based on these principles that have saved caseworkers hundreds of thousands of work hours, helped families maintain continuous coverage, and dramatically reduced user errors. Effective letters and notices can be a key domino in improving the public benefits system and building trust in government institutions. Without effective notices that drive action, states risk residents missing deadlines, resulting in a significant increase in office visits and calls to state help lines.

insights

- **Look-alike mail gets ignored.** Residents skim or ignore work requirement letters that look like informational mailings they've received in the past.
- **Too much text creates overwhelm.** Visual overload and small fonts create overwhelm, and residents miss the critical actions they need to take.
- **Requirements are often missed.** Residents primarily remember words like "approved" or "Determination Notice", even if notices include requirements to take action.
- **Exemption language is confusing.** Language about exemptions created confusion and deterred action.

recommendations

- **Design a top sheet.** Place a bold summary on the first page. *For example:* "You must report your work activity by August 10 or your coverage may end. Log in here: [link]."
- **Highlight a single action.** Focus on one behavior. Remove conflicting instructions. *For example:*
Ineffective: "If you want to file an exemption or report hours or appeal..."
Effective: "Report your work activity or you may lose your coverage."
- **Make the action the largest text on the page.** Instead of leading with the title or name of the notice, make the required action the largest text on the page.
- **Make consequences clear.** Use language that highlights outcomes of inaction. *For example:* "If you don't take action by 8/10, your Medicaid coverage will end."
- **Streamline copy and improve visual hierarchy.** Use clear headings, short paragraphs, and bulleted lists. Make the most important message stand out visually. Avoid using all caps or underlines for important messages, as they can come across as scary rather than important.
- **Use plain language and speak like a human.** Residents must understand what's being asked of them to comply. Avoid legalistic language about exemptions—especially terms like "good cause" or "qualifying activity"—which confused even those who read the letters closely.
- **Highlight key information.** Date, action, and link should be immediately visible on the first page. Avoid burying the lede.

Traditional Letter Example:

To the right is an example of the “burying the lede” problem that is common in official government letters. People scanned this and saw “determination notice” and “approved,” but didn’t see or understand that they needed to complete the work requirements listed at the bottom to maintain coverage.

“I’ve gotten these kinds of letters before. I’m approved. Now I’ll just go put it in my stack of papers.”

— Michigan resident

Case Name: **Test Client**
Case Number: **111111111**
Date: **MM/DD/YYYY**

Specialist / ID: **S. Test / tests2**
Phone: **(111) 444-5555**
Fax: **(111) 222-3333**
Beneficiary ID: **88888888**

Test Client
111 TEST ST
TEST CITY MI 44444

HEALTH CARE COVERAGE DETERMINATION NOTICE

If you have previously received a determination notice regarding health care coverage for individuals not listed on this notice, their coverage has not changed.

Approval Information

Test Client -Beneficiary ID 9999999999 is eligible:
05/01/2020-05/31/2020 (Full Coverage)

Unless exempt, you are responsible to comply with work requirements. This means completing and reporting a total of 80 hours of qualifying activities each month. You are responsible to begin reporting <month>'s qualifying activities. These must be reported between <mm/dd/yyyy through mm/dd/yyyy>. To report these activities or an exemption go to or call the toll-free number: (833) 895-4355 (TTY: (866) 501-5656). If you are already exempt from work requirements you have or will receive a separate notice in the mail telling you when your exemption starts and ends. For more information please visit:

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Traditional Letter Example:

The example to the right shows how typical government letters can fail to capture the attention of residents. Without a clear visual hierarchy, call to action, or plain language, residents can miss key information that can jeopardize their benefits.

“After reading the first three sentences, my heart is in my throat. What does this mean?”

— Michigan resident

MONTH XX, YEAR

<FIRST NAME> <MIDDLE NAME INITIAL> <LAST NAME>
BENE OR GUARDIAN ADDRESS 1
BENE OR GUARDIAN ADDRESS 2
CITY STATE, ZIP CODE

RE: <First Name> <Last Name>
Beneficiary ID: <Beneficiary ID>

Dear <First Name> <Last Name>:

You are receiving this letter because your health care coverage is changing. This letter and the enclosed booklet explain how to keep your coverage.

What are the changes?
Michigan law now requires that many beneficiaries must work or do other qualifying activities to keep their health care coverage.

What does this mean for me?
Unless you are exempt, as of January 1, 2020, you must report 80 hours/month of work or other qualifying activities. Tell about your work activities each month. If you do not report these activities, you could lose your coverage.

The enclosed booklet explains these requirements in detail. You can also visit for more information.

Are there any exemptions?
Yes. Some HMP members will be exempt from some or all of these requirements. If you think you should be exempt from these requirements due to medical frailty, disability, pregnancy or another reason, you can let know. To report an exemption before January 1, 2020, complete the enclosed form and return to the . Please note, this form must be mailed by December 31, 2019. Refer to the booklet for information on how to report an exemption after January 1, 2020.

To learn more about the exemptions, like who qualifies, read the enclosed form and booklets or go to

What happens next?
You will receive a letter from after January 1 letting you know if you have an exemption or whether you need to report.

What if I still have questions?

Improved Letter Example:

The example letter on this page incorporates the recommendations from Civilla's research.

- Bold header
- Clear consequences
- Action-oriented steps

(OFFICE_NAME)
(OFFICE_ADDRESS_LINE_1)
(OFFICE_ADDRESS_LINE_2)

Case Name: (case_name)
Case Number: (case_number)
Date: (date)
MDHHS Office: (mdhhs_office)

Specialist: (specialist)
Phone: (office_phone_number)
Fax: (office_fax_number)
Specialist ID: (specialist_id)

Time Limited Food Assistance (TLFA) Notice

Work requirements

(CLIENT_NAME)
(CLIENT_ADDRESS_LINE_1)
(CLIENT_ADDRESS_LINE_2)
(CLIENT_ADDRESS_LINE_3)

Name:
(client_name)

You're required to participate in work-related activities to keep your Food Assistance Benefits.

Here's what you need to know:

1

Meet the work/participation approved activities by:

• Working at a job or self-employment (80 hrs/month).

• Participating in if available in your county (80 hrs/month).

• Participating in Community Service (the number of hours you need to work each month must equal your food assistance benefit amount divided by minimum wage).

Employment and Training program

← This includes work in exchange for goods and services (in kind employment) and unpaid work.

You may combine hours of work and hours in an MWA employment and training program as long as the hours equals at least 80 hrs/ month.

Please Note: You must report any month that you do not fulfill a work requirement of 80 hours per month. If you do not complete these requirements you will only receive Food Assistance Benefits for 3 months in a 36-month period (36_month_period). You must report income changes when your household income exceeds \$(FAP_income_limit)/mo or you receive a lottery or gambling winning of \$3,750 or more.
If you use your 3 months, you can still receive food assistance by: Participating in work-related activities for the required hours for any 30 day period prior to application in order to qualify and continuing to meet work requirements while receiving food assistance.
If you received Time Limited Food Assistance Benefits from another state during the 36-month period (36_month_period_2) when you were required to participate in TLFA activities, those months may count towards your 3-month Food Assistance Benefit limit.

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- Plain language descriptions
- Streamlined copy
- Urgent, relatable language

Work Requirements Details

If you cannot participate in work-related activities, you can claim good cause.
You may have good cause for not fulfilling the work requirement if there were circumstances beyond your control, such as personal illness, illness or death of a household member, problems with transportation or a household emergency.

Claim Good Cause
You can be temporarily excused from work requirements because of:

• A personal illness.

• Death or illness of a household member requiring the presence of the TLFA recipient in the home.

• The unavailability of transportation.

• Lack of work (employer must verify).

• Household emergency.

• Temporarily unfit for work

← These are examples, but are not limited to this list.

Exemptions
You may be excused from work requirements if you are:

• Under age 18.

• 50 years of age or older.

• A member of a FAP group that includes a member under age 18, even if the person under 18 is not in the FAP eligible group.

• Not able to work due to physical or mental health issues that have been documented in your case.

• Experiencing Domestic Violence (mental, physical or verbal abuse).

• Pregnant.

• Responsible for the care of an incapacitated individual or child under the age of 6.

• Participating in a substance-abuse treatment program on a regular basis (does not include NA or AA).

• Receiving or have a pending application or appeal for unemployment benefits.

← These are examples, but are not limited to this list.

If any of the good cause or exemption situations above apply to you, contact your local office immediately.

will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.
This institution is an equal opportunity provider.

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Human-Centered Work Requirements for Medicaid

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text communications

use SMS reminders and smart notification systems to prompt timely action

Communicating a new and complex policy like Medicaid work requirements is not a one-time task. Residents will need timely reminders to take action. Without clear and repeated outreach, residents may miss deadlines and flood offices with questions and calls.

States should incorporate text messages about work requirements into their public outreach campaigns alongside letters to increase reach. SMS is particularly useful for communicating urgent actions needed from residents, but small differences in language determine whether residents respond.

Christil: Working Parents Under Strain

Christil is a mother of two who stays home with her children during the week while her husband works full-time. On weekends, they switch roles so she can work. Despite their best efforts, they live paycheck to paycheck, often negotiating trade-offs between essential needs like groceries and medication. She applied for Medicaid when they were forced to choose between buying insulin or food. When she learned about the new work requirements, she became anxious about how her already overextended family would manage additional paperwork.

“My husband and I already never see each other. How much more time do we have to give up to meet these requirements?”

If your state does not already have an established text messaging program, your notification system should begin with an introduction so residents know it’s not spam. This will increase the rate at which residents click links and take action. Use rolling, personalized outreach keyed to important dates to drive action. States can send targeted messages for renewal and reporting deadlines, near birthdays where eligibility or rules change, or for recertification events to encourage immediate action.

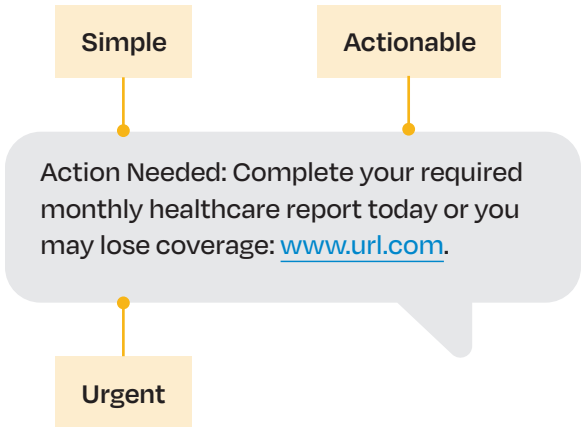
insights

- **Texts must be short and sweet.** Residents scan text messages quickly and expect a link and a task, not an explanation.
- **Small wording shifts matter.** Subtle differences in copy impact comprehension and whether residents take action.
- **Action steps work best.** The most effective use cases for text messaging are reporting work hours and filing exemptions.
- **Urgent words drive response.** Words like “Action Needed,” “Complete,” “Required,” and “Today” spur immediate action.
- **Technical terms cause drop-off.** Words like “qualifying activities,” “80 hours,” or “premiums” cause confusion, anxiety, and user drop-off.

recommendations

- **Make text messages simple, actionable, and urgent.** Use strong calls to action. *For example:* “ACTION NEEDED: Report your work activity by 7/30 or you may lose your healthcare coverage: [link]”
- **Focus on one action.** Don’t combine tasks. One message = one call to action.
- **Communicate consequences.** Focus messages on what users risk by not acting. *For example:* “You may lose your health coverage if you do not submit your exemption by 8/10.”
- **Avoid detail in SMS.** Complicated topics (e.g., assessments, exemptions, or premiums) should be handled in the online experience—not by text.
- **Prompt portal log-in.** Use SMS to get users into a well-designed online experience with simple, progressive screens that step them through required actions. For an easier experience, explore what actions can be completed without needing to log in as account access is a common barrier to residents.

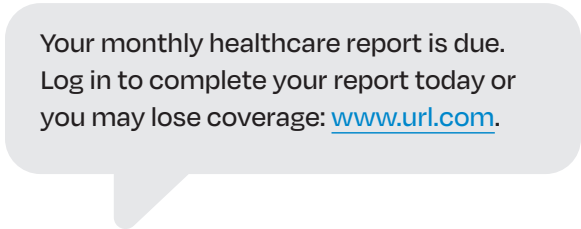
Example of an effective message:



User Reactions:

- "As soon as I get this message, I'll turn my report in."
- "I would be cut off if I didn't do this."
- "I need to do this today!"

Example that does not drive action:



User Reactions:

- "Hmm I guess you might want to get to this at some point."
- "I have some time to complete this."

User testing illustrated that minor differences in copy can have a significant impact on residents' understanding. The first message created a sense of urgency with "Action Needed" and "Required", while the second message made residents feel like it was optional and non-urgent.

online flows

build simple, mobile-friendly processes for reporting and exemptions

States should add an online, mobile-friendly way for residents to understand Medicaid work requirements, report their qualifying work hours, and claim exemptions. This experience should be integrated into existing benefit portals, where possible, and presented in a step-by-step flow with one question per page.

Users are unlikely to understand terms like “exemption”, “good cause”, or “qualifying activity.” In particular, exemptions were one of the most misunderstood parts of Medicaid work requirements during user testing in Michigan. Many residents had never heard the term used in the context of healthcare and assumed it had to do with taxes. Even when they were eligible, residents didn’t see themselves in the exemption categories. This meant that eligible residents, often with health concerns, would fall off benefits because they didn’t understand the policy.

“What does exemption mean? I need to look that up in the dictionary”

—Michigan resident

“When would you be exempt? When you are hospitalized? Government agencies don’t accept excuses.”

—Michigan resident

We recommend that states create a page on their website that explains exemptions and work this information into existing online flows. Exemption information should use plain language and include examples that help residents see how it applies to them. Code For America’s report [“Implementing Medicaid Work Requirements: A Guide for States”](#) has additional helpful information about screening for exemptions.

insights

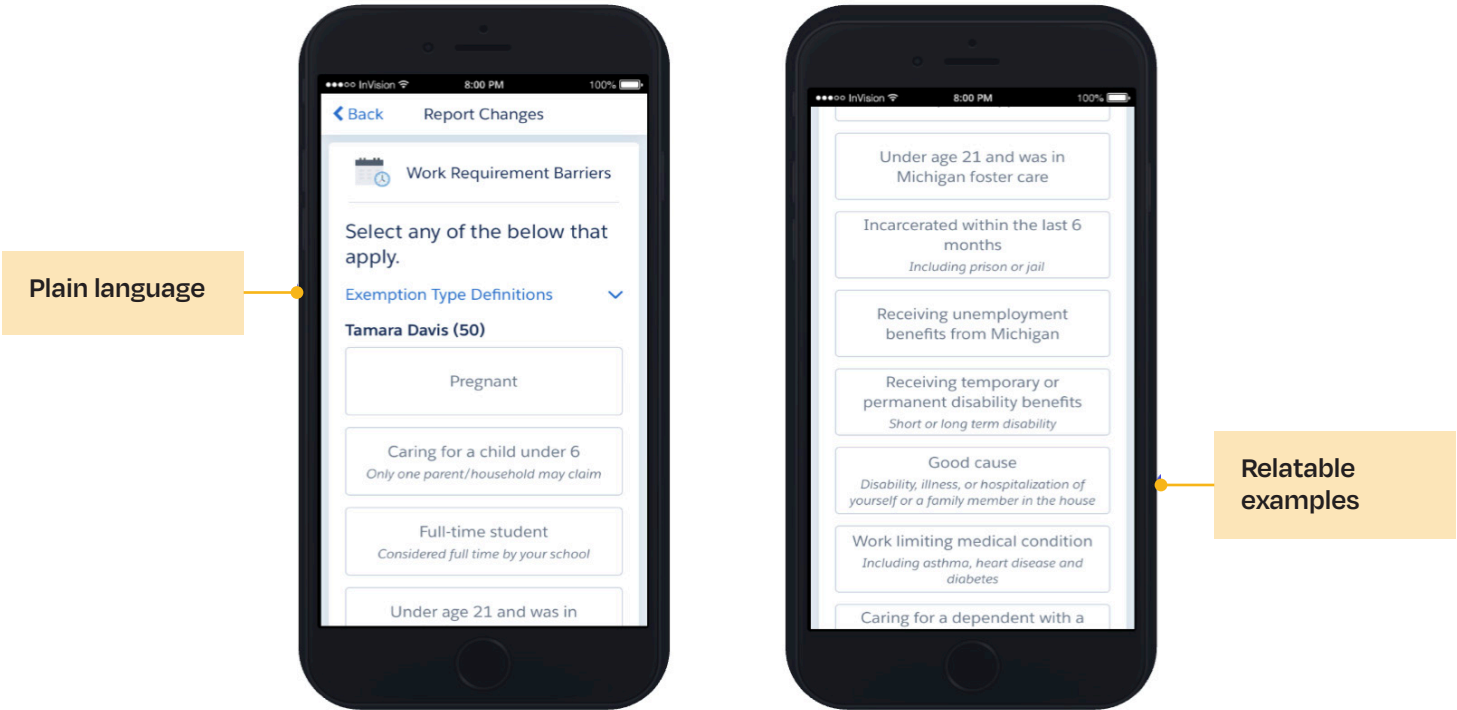
- **“Exemption” is an unfamiliar term.** Many said they’d need to look it up or assumed it related to taxes. Residents who qualified for exemptions did not see themselves in the broad categories (ex: “Good Cause”) and assumed they’d be denied or wouldn’t be able to prove it.
- **People expect paperwork.** Residents assume documentation would be required because that’s the norm in government processes.
- **Caseworkers lack clarity.** Caseworkers lack clear guidelines about whether exemptions require documentation and what documentation is valid.
- **“Qualifying activity” creates anxiety.** “Qualifying activity” was a term that was unclear to most people. It triggered anxiety in some research participants and prompted calls to caseworkers.

recommendations

- **Explain the concept of exemptions.** This is an unfamiliar concept to many residents who often associate it with taxes or do not understand it in a health benefits context. Include simple language explaining what an exemption is and why it matters before showing the options.
- **Use human language.** Phrase categories as situations that people face, not legal terms. For example:
Instead of: “Caring for an incapacitated individual.”
Use: “You care full-time for someone with a serious illness.”
- **Reassure no proof needed.** If self-attestation is accepted, display this prominently on the page, throughout any online flows for determining exemptions, and again at submission. *For example:* “You do not need to upload any documents. We trust you.”
- **Pair exemption categories with examples.** Add plain language examples right below each exemption category. *For example:* “This includes conditions like asthma, heart disease, or depression.” If terms need technical definitions, place them in expandable content or help text and not as primary headlines.
- **Train caseworkers on exemptions.** Ensure that caseworkers have clear guidelines on whether exemptions require verification. If verification is required, ensure caseworkers are clear on what types of documents are valid.

Simplified exemption table (example):

Exemption category	Plain language	Examples
Work-limiting medical condition	You have a health issue that limits your ability to work	Asthma, diabetes, depression
Caring for someone full-time	You care full-time for a person who is sick or disabled	Child with disability, elderly parent
Full-time student	You're going to school full-time	GED, community college
Good cause / serious illness	You or someone in your home is seriously ill or hospitalized	Cancer, surgery, long-term illness



Online exemption flows should be mobile-friendly, use plain language to describe exemptions, and include relatable examples of each exemption type.

looking ahead

When federal requirements for work verification take effect, they will have a significant impact on the experience of residents accessing Medicaid as well as the administrative burden for frontline staff.

States have an opportunity to mitigate those impacts with the recommendations in this report. These recommendations are based on thorough discovery research and user testing, offering a path to a more efficient, effective, and humane implementation of these requirements.

We encourage states to tailor implementations for their own communities through user research, and to continue discovering, documenting, and sharing their learnings so that every public-serving institution can advance how it delivers services.

Need help thinking through your state's implementation? Reach out:

hello@civilla.org