CASEWORKER QUICK REFERENCE

Is This Member Exempt?

A medically frail check for Medicaid work requirements. Work through the data first, and ask the member for proof only when the data can't decide.

START

The member is an adult subject to work requirements, and no other exemption applies yet. **Check data before contacting them.**

1 **Do 12 months of claims and encounter data show a condition that settles frailty on its own?**

A Tier 1 condition on your state's list. Include paid, pended and denied claims.

NO - GO TO 2

YES

Exempt

No request to the member. Record the data that confirmed it.

2 **Does the data show a listed condition with supporting signs?**

A Tier 2 condition backed by frequent hospital use, high-risk combinations of medicines or medical equipment claims.

NO - GO TO 3

YES

Exempt

Record the diagnosis and the supporting signs used.

3 **Has the member reported a condition, or does other information point to one?**

People often don't name a condition when asked directly. Check what they've shared elsewhere.

NO - GO TO THE END

YES

Get proof

Through 2027: accept their statement or ask for documentation.

From Jan 1, 2028: one sworn statement per enrollment period, otherwise documentation.

NO EVIDENCE OF FRAILTY

Check the member's other exemptions. If the state can't verify compliance, a notice goes out and the member has 30 days to respond, counted from five days after the notice.

DOCUMENTATION CMS LISTS

- Health records
- Provider certification
- Managed care care-management records
- Functional assessments

12 months	Every 12 months	Jan 1, 2027	Oct 29, 2026
Data look-back for frailty	Reverify frailty status	Work requirements begin in most states	Court struck the added impairment test

Condition not on your state's list? Members can ask the state to consider it. Sources: CMS, Implementing Medical Frailty Under Community Engagement; CMS-2454-IFC; HFMA and Becker's coverage of the October 29, 2026 ruling. Not legal advice.