

Nebraska Medicaid Work Requirements Frequently Asked Questions

H.R. 1 (the “One Big Beautiful Bill Act”) became federal law on July 4, 2025. It made changes to the Nebraska Medicaid program. This frequently asked questions document (FAQ) explains the new work requirements.

Q: Who must meet work requirements?

If you’re an able-bodied adult who is applying for or who already has Medicaid coverage through Medicaid expansion (also known as Heritage Health Adult), you must meet work requirements unless you have an exemption.

People enrolled through Medicaid expansion are Medicaid members who:

- Are ages 19–64
- Are not pregnant
- Do not have a disability
- Are not enrolled in Medicare
- Meet income limits (up to 138% of the federal poverty level or about \$22,025 per year for one person or \$45,540 for a family of four)
- Are U.S. citizens or meet immigration rules

Work requirements only apply to you if you are applying for or already have Medicaid coverage through Medicaid expansion. Some people may qualify for work requirement exemptions, including temporary hardships.

Q: What are work requirements?

If you’re an able-bodied adult who is applying for or who already has Medicaid coverage through Medicaid expansion and you don’t have an exemption, you have to complete work requirement activities to get health coverage through Nebraska Medicaid.

Work requirement activities include:

- Working
- Attending school or an apprenticeship
- Participating in a work program
- Volunteering

You must spend at least 80 hours in at least one calendar month doing one of these activities or attending school or an apprenticeship at least half time. Or, you can combine any of these activities to get to 80 hours in a calendar month.

You can also meet work requirements if you are working and earn \$580 in a calendar month. This is equal to 80 hours worked at the current federal minimum wage. You can also meet work requirements if your average monthly income from working over the last six months from seasonal work met the threshold of \$580, regardless of the number of hours worked.

Q: When do work requirements start?

Medicaid work requirements start on May 1, 2026. The review periods are different for people who already have Medicaid and people applying for Medicaid. The calendar month a member or applicant meets work requirements is known as a qualifying month.

For People Applying for Medicaid

If you apply for Medicaid on or after May 1, 2026, and you qualify for the Medicaid expansion group, the Medicaid work requirement review period is either the calendar month you apply or the calendar month before you apply.

If you are **working**, going to **school**, participating in a **work program**, or **volunteering**, or **earning at least \$580**, the work requirement review period is the calendar month before you apply. This means if you have 80 hours doing one of these activities, have 80 hours doing a combination of these activities, attend school half time, or earn \$580 in the calendar month before applying for Medicaid, you will meet the work requirements.

If you qualify for a **temporary hardship** the work requirement review period is the calendar month before you apply. This means if you have a temporary hardship in the calendar month before applying for Medicaid, you will not need to meet work requirements.

If you qualify for an **exemption** the work requirement review period is the calendar month you apply or the calendar month before you apply. This means if you have an exemption in either of these calendar months, you will not need to meet work requirements.

For Existing Members

If you have Medicaid through Medicaid expansion, the Department of Health and Human Services (DHHS) will check to see if you've met work requirements as part of your Medicaid renewal. Not everyone renews their Medicaid coverage at the same time.

Members with renewal dates in May or June 2026 will not have to show they've met work requirements until their renewal in 2027. Members can check when their next renewal is by logging into iServe. DHHS will first start checking work requirements for members whose coverage periods end on or after July 31, 2026. Each member will be checked in their own renewal month over the next year.

If you're already on Medicaid, the work requirement review period is 12 months. This means you must complete work requirement activities, qualify for an exemption, or have a temporary hardship during at least one calendar month since your last renewal.

Q: What is a qualifying month?

- For current members: Any one calendar month since your last renewal.
- For new applicants: Either the calendar month you apply or the calendar month before you apply.

Q: How can I show I've met the requirement or qualify for an exemption?

DHHS will use information we already have to check if you already meet work requirements. If we can verify that you already meet work requirements, we'll send you an approval notice.

If DHHS does not have enough information to verify you meet work requirements, we will contact you to ask for more information. We'll send you a notice describing the information we need and a declaration form you must complete and return to DHHS. If DHHS requests additional information from you, you must submit the information within 30 days of getting the notice, or you may be denied or lose coverage.

You can respond to the notice and provide your information by:

- Scanning the QR code in your notice
- Visiting [iServe](#) online
- Mail
- Phone
- Visiting a local [DHHS office](#) in person

The most important thing to do is check your mail, email, and text messages regularly in case DHHS requests information. If DHHS does not send you a request, then you do not have to send additional information about work requirements.

If Medicaid can confirm you met the requirement for at least one qualifying month, you will be considered compliant for the full eligibility period.

Q: How often will DHHS check if I'm meeting work requirements?

If you're applying for coverage for the first time, DHHS will check that you're meeting work requirements or have an exemption when you apply. After you're enrolled, DHHS will only check that you're meeting work requirements or have an exemption at each regularly scheduled renewal.

Q: Do I need to send documents now?

No. Do not send new documents unless Medicaid asks you to. You must still report changes that could affect your eligibility.

Q: What counts as "working"?

Any paid job (or multiple jobs) totaling 80 hours in a qualifying calendar month counts. You can also qualify by earning at least \$580 in a qualifying calendar month, regardless of the total number of hours you work.

Q: If I make at least \$580 in a calendar month, do I meet work requirements?

Yes. This \$580 per calendar month amount is the "federal minimum threshold." This is the amount of money that would be earned by working 80 hours at the federal minimum wage in a calendar month.

If you earn at least \$580 in a calendar month, you meet the work requirement even if you work fewer than 80 hours. Seasonal workers can qualify if their six-month average income meets the threshold.

Q: What kind of income counts toward this \$580 per calendar month?

Income you earn from a job counts, as well as income you may receive from other sources such as other benefits. Medicaid will count your income and may also count the income from others in your household in some cases. For more information, see state regulations in 477 NAC 16.

Q: Does income from dependents count?

It may count in some cases. For more information, see state regulations in 477 NAC 16.

Q: What is seasonal work?

Seasonal work happens during certain times of the year, such as agricultural work and holiday retail jobs.

Q: Do retired people have to return to work?

If you are in the Medicaid expansion group and do not qualify for another exemption, you must complete work requirement activities to keep coverage.

Q: I'm self-employed. Will I be able to meet work requirements?

You can meet work requirements if you're self-employed. You can earn \$580 in a qualifying calendar month. Or, you can work 80 hours in a qualifying month as self-employed even if your business operates at a loss during a qualifying calendar month.

Q: How do I show DHHS that I'm working?

DHHS will first check information we already have available. If DHHS cannot verify this information, we may ask for documents that show your number of hours worked or income. You can provide this information online, by phone, by mail or in person at a local office.

Q: What counts as school or an apprenticeship?

- Enrolled in an accredited institution of higher education or technical school at least half-time
- Participating in a registered apprenticeship at least half-time
- Enrolled in high school or a General Educational Development (GED) program at least half-time

To report school or an apprenticeship, you must complete the individual declaration form (IDF) to report education hours.

Q: How can I tell if my school is accredited, and how much time is ‘half-time?’

DHHS will verify your school’s accreditation information to verify enrollment status. Half-time means enrollment in at least half of the program’s full-time status. If you are attending an accredited school or participating in a registered apprenticeship at least half-time, you will meet work requirements.

Q: What counts as a work program?

A work program is an organized program that helps people prepare for, find, or keep a job. These programs are usually run by a government agency or a nonprofit organization and may include job training, skills classes, work experience, or employment support services. To report job-skills or training programs hours, you must complete the individual declaration form (IDF).

The Nebraska Department of Labor offers help at: <https://networks.nebraska.gov/vosnet/Default.aspx>

Q: Does looking for a job on my own count as an approved work program?

No. Job searching outside of an approved program does not count.

Q: What counts as community service or volunteer hours?

Community service (or volunteering) means unpaid work done to benefit the community, usually through a nonprofit, public agency, or community-based organization. The activity must support the broader community, but it may include helping individuals as part of a program or organization that serves the public. To report volunteer hours, you must complete the individual declaration form (IDF).

Q: Who is exempt from work requirements?

You may not need to complete work requirement activities if:

- You are under age 26 and aged out of foster care
- You are a member of a federally recognized Native American tribe, an Urban Indian, a California Indian, or if you receive services through the Indian Health Service (IHS)
- You are a parent or caretaker of a child age 13 or younger
- You are caring for a person with a disability
- You are a veteran with a total disability rating
- You have a medical condition that prevents you from working. This can mean:
 - You are blind or have a disability
 - You have a substance use disorder
 - You have a disabling mental health condition
 - You have a serious or complex medical condition
 - You have a serious physical, intellectual, or developmental disability
- You are in a household that gets supplemental nutrition assistance program (SNAP) or Temporary Assistance for Needy Families (TANF) benefits and are compliant under certain conditions with work requirements
- You are in a qualified drug or alcohol treatment program

- You are in jail or recently released (within 90 days of a qualifying month)
- You are pregnant or are up to 12 months postpartum (and you had Medicaid when you were pregnant)

Other mandatory exceptions may apply.

Q: If I turned 19 years old right before I applied for Medicaid, will I have to complete work requirements?

If you apply for Medicaid at age 19 but in the qualifying month (the calendar month prior to applying for Medicaid) you were 18, you would be exempt from work requirements until your first renewal.

Q: How do people who were formerly in foster care get an exemption?

If you aged out of the foster care system, had Medicaid at the time you aged out, and are currently under age 26, you will not need to complete work requirement activities. Let the Medicaid program know if you aged out of the foster care system, either in Nebraska or in another state.

Q: How do people with a tribal affiliation get an exemption?

American Indians that are part of Federally recognized tribes, Alaska Natives, Urban Indians, California Indians, or otherwise eligible to receive services through the Indian Health Service (IHS), would not need to complete work requirement activities as part of qualifying for Medicaid. Let the Medicaid program know if you have a tribal affiliation.

Q: How do parents, caretakers, or guardians get an exemption?

Parents, caretakers, or guardians who care for a child up to and including age 13, or care for an individual who has a disability (regardless of age) would not need to complete work requirement activities. Let the Medicaid program know if these situations apply to you. You may need to complete the individual declaration form (IDF).

Q: How do pregnant women get an exemption during and after pregnancy?

Let the Medicaid program know if you are pregnant, including the expected due date. You will not need to complete work requirement activities during any eligibility period when you are pregnant or if you had Medicaid while pregnant and are up to 12 months postpartum.

Q: Does attending Alcoholics Anonymous count as an exemption for participating in a drug addiction or alcoholic treatment program?

No, attending Alcoholics Anonymous (AA) or similar drug and alcohol support groups does not count as participating in a drug addiction or alcoholic treatment program to meet work requirements.

Q: What does “medically frail” mean?

You may qualify if you have:

- Blindness or disability
- Substance use disorder
- A disabling mental health condition
- A serious or complex medical condition
- A serious physical, intellectual, or developmental disability

Q: How will DHHS know if I’m medically frail?

If you’re applying for the first time, you can use the declaration form to tell DHHS about your health condition. You will not need to send in medical records.

If you’re already enrolled with Medicaid, we will use information the program already has to check if you’re medically frail. DHHS will contact you if we do not have enough information to tell if you’re medically frail.

Q: What is a temporary hardship?

You may not need to complete work requirements if:

- You were in the hospital or a nursing facility.
- You or a dependent had to travel to receive serious medical care that wasn’t available in your community.
- You lived in a county under a federal emergency.
- You lived in a county with a high unemployment rate (8 percent or 1.5 times the national unemployment rate).

If you were in the hospital, staying at a nursing facility, or traveling to get medical care, you will have to fill out a declaration form and send it to DHHS. You can send the declaration form to DHHS online, over the phone, by mail, or in person.

If you lived in a county that was under a federal emergency declaration or in a county with a high unemployment rate, DHHS will check if either of these hardships apply to you. You don’t need to complete a declaration form for living in a county under a federal emergency or with high unemployment.

Q: Can I get an exemption ahead of time for a future medical procedure?

No. You cannot qualify in advance. You may qualify for a temporary hardship at your next renewal if needed.

Q: Do people waiting to get on Social Security Disability Insurance (SSDI) have to work while they are going through the process?

Somebody who is applying for Social Security Disability Insurance (SSDI) or “Disability” may also qualify for medically frail status or a temporary hardship event.

If you are already enrolled in Nebraska Medicaid, we will try to use information we already have available to see if one of these conditions applies to you. If DHHS does not have enough information, we will request more. You may need to complete a declaration form describing your disability.

Q: If I'm receiving SSDI benefits, will I have to complete work requirement activities?

If you are receiving disability benefits under SSDI and enrolled in the expansion group, you would meet the medically frail exemption.

DHHS will try to use information we already have available to see if you have completed work requirement activities or qualified for an exemption. If DHHS does not have enough information, we will request more. You may need to complete a declaration form describing your disability.

Q: How will I know if work requirements apply to me?

DHHS sent a notice by mail to everyone enrolled in Nebraska Medicaid through Medicaid expansion as of January 1, 2026. DHHS also sent an email or text to those people who have told DHHS they prefer electronic notices.

DHHS will continue to send this notice to people who are newly enrolled in Nebraska Medicaid through Medicaid expansion between January 1, 2026, and May 1, 2026.

DHHS will also share more information on our website: <https://dhhs.ne.gov/WorkRequirements>.

Q: What happens if I don't meet work requirements?

Medicaid will send a notice giving you 30 days to respond if we cannot confirm that you meet Medicaid work requirements. If you do not complete required activities and are not exempt, you will not get or will lose Medicaid coverage. Medicaid will send another notice prior to denying or closing your coverage. If your coverage is denied or ends, you must meet work requirements and submit a new application to get coverage through Medicaid expansion.

Q: Where can I get insurance if I lose Medicaid?

You can apply for health insurance through the federal marketplace at: <https://www.healthcare.gov/>. If you are not meeting Medicaid work requirements you may still qualify for coverage through the marketplace, but you might not qualify for financial assistance.

Q: What work requirement resources are available?

Medicaid members and applicants can use iServe to submit applications or renewals, check benefits, and view notifications from DHHS. The Nebraska Department of Labor also has [online resources](#) for people who need help finding a job.

Q: Will this affect others in my household?

Work requirements only affect the person who must meet them. For example, if a parent is eligible through Medicaid expansion but loses coverage because the parent is not meeting work requirements, the child's Medicaid will not be affected.

Q: Do I need to report changes?

Yes. You must report changes that could affect your benefits, such as:

- Job or income changes
- Marriage, divorce, pregnancy, or adoption
- Moving to a new address

You can report changes:

- **Online:** at <https://iserve.nebraska.gov/>
- **By mail:** P.O. Box 2992
Omaha, NE 68103-2992
- **By phone:**
 - Phone Number: (855) 632-7633 (select option 3)
 - Lincoln Phone Number: (402) 473-7000 (select option 3)
 - Omaha Phone Number: (402) 595-1178 (select option 3)
- **In person:** at a local DHHS office <https://dhhs.ne.gov/Pages/Public-Assistance-Offices.aspx>

FAQ Version History

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