



State Implementation of Medicaid Work Requirements | Guidelines for Public Records Requests

[Katy DeBriere](#) & [Elizabeth Edwards](#)

What is the purpose of this resource?

The template below provides guidelines and suggested language advocates can use to submit public records requests to their states to obtain information relevant to implementation of “community engagement” or work requirements pursuant to Section 71119 of P.L. 119-21 of OBBA (codified at 42 U.S.C. § 1396a(xx)). In general, these public records requests should:

- Be addressed to the single state Medicaid agency and, if applicable, the state agency responsible for Medicaid eligibility determinations.
- Cite the applicable state statutory provisions of the public records act, sometimes referred to as the state’s Freedom of Information Act (or “FOIA”), that entitles the public to the requested records.¹
- Include a definition of “records” and “documents” noting that state laws vary in this definition, including what types of documents a state can withhold.²
- If required by state law, ask the state to identify what types of documents can and are being withheld. There is a similar requirement under federal FOIA law. *See Vaughn v. Rosen*, 484 F.2d 820 (D.C. Cir. 1973) (requiring the federal

¹ The National Conference of State Legislatures compiled a full list of all state public records laws at <https://www.ncsl.org/center-for-legislative-strengthening/public-records-law-and-state-legislatures> (last visited February 17, 2025).

² For example, Florida’s act does not exclude drafts from its definition of “public record” while Washington has a “deliberative process” exemption. *Compare Sehvin v. Byron*, 379 So.2d 633, 640 (Fla. 1980) (the term “public record” means “any material prepared in connection with official agency business which is intended to perpetuate, communicate, or formalize knowledge of some type...regardless of whether it is in final form or the ultimate product of an agency”), *with* Was. Rev. Code Ann. § 42.56.280 (“preliminary drafts, notes, recommendations, and intra-agency memorandums in which opinions are expressed or policies formulated or recommended are exempted under this chapter...”).

government to provide an index of records it believes to be exempt from disclosure under FOIA).

- When allowed under state law, include a request and justification (*e.g.*, in the public interest) for a waiver of fees the state typically charges to prepare and provide documents. Some state laws may allow for expedited processing requests which, if justified, could be included in the request.

How are the guidelines in this document structured?

The guidelines, which begin on page three of this document, are structured as a template records request with five sections. Each section begins with a brief italicized description of the purpose of the information sought. Some of the requests are also annotated to further describe the information they intend to capture.

Additionally, the **[bolded bracketed]** text indicates places in the template records request that should be filled out by the advocacy organization submitting the request.

The appendix contains samples of individual state records requests.

Because state laws vary as to what records must be disclosed, the expense and method of production, and deadline for response, note that not all of the suggested requests below may be useful for all states. Additionally, it may be beneficial to request a select number of the documents listed below and review those responses to determine whether additional targeted requests should be sent.

TEMPLATE RECORDS REQUEST

[Name, Address, Phone No., E-mail of State Medicaid Agency/ies]

[Date]

RE: Records Related to Implementation of Community Engagement and Work Requirements in accordance with Section 71119 of P.L. 119-21.

To Whom It May Concern:

This request refers to **[insert state name]** planned implementation of Community Engagement and Work Requirements as required by Section 71119 of P.L. 119-21, "Requirements for States to Establish Medicaid Community Engagement Requirements for Certain Individuals" (hereinafter, "Section 71119").³

Unless otherwise stated, the time period covered by these requests is from July 4, 2025 to the present. Pursuant to **[insert title of governing public records law & statutory citation]**, **[insert name of requesting organization]** seeks the public records **[insert footnote with state statutory definition of "public records" and/or "documents"]** listed below.

If the records requested are not in your custody, please forward this request to the current custodian. If you claim an exemption for all or part of any record that is otherwise responsive to this request, please identify the reason for the exemption including the legal citation that supports it. Prior to production, please mail or email an invoice for the costs associated with production to my attention at: **[name and contact information for person representing requesting organization]**. If the records are available in electronic format, please let us know as well.

³ Alternatively, advocates can use the statutory cite at 42 U.S.C. § 1396a(xx).

Section 1: Template Notices & Other Standardized Eligibility Forms

OBBBA mandates states send several types of notice as detailed in this [NHLP resource](#). Additionally, states must include certain questions in applications, renewals, and other eligibility forms. While CMS has not finalized guidance for this content, other resources from [Civilla](#) and [State Health & Value Strategies \(SHVS\)](#), discuss some items these forms should include. These resources can help guide an advocates' review of the sufficiency of the state's planned notices and other communications with applicants and enrollees.

- All notices created by the State or its contractors intended to inform individuals about compliance with Section 71119. This includes a request for any notice control or design documents.⁴ This request also includes notice drafts if the requested notices have not been finalized.⁵
- All documents that describe changes to notices as part of the State's implementation of Section 71119. This request includes all documents that reflect planned changes where the state has not finalized the decision.
- All documents that reflect changes to Medicaid applications, renewal forms, and other verification forms the State intends to use upon implementation of Section 71119. This request includes draft versions of these documents if they have not been finalized.
- All records that reflect Medicaid enrollee engagement and education strategies related to Section 71119 implementation, including but not limited to timelines, distribution channels, and communication or outreach materials. This request includes draft versions of these documents if they have not been finalized.

⁴ Notice design and control documents describe the logic a state eligibility system uses to populate notices. Understanding this framework helps advocates work effectively with their state to improve them. [Here](#) is an example of a notice design document from California.

⁵ State laws vary as to whether state government agencies are required to disclose drafts of documents.

Section 2: Planned Policy Decisions & Changes

States have certain options under OBBBA as they implement work requirements. Those options are discussed in [this SHVS resource](#) and in this [NHeLP resource](#). Familiarity with these options will help advocates develop state-specific resources, including community education materials, stakeholder trainings, and self-help guidance. For legal aid attorneys, learning about state implementation plans will also inform client representation strategies.

- All public records intended to guide **[insert names of State Medicaid agency/ies]**, other state or local agencies, or private contractors in implementation of Section 71119, including but not limited to eligibility manuals, guides, training materials, desk references, policy transmittals, and other materials related to compliance with and exemptions from community engagement requirements. This request is for all final versions unless the document has not yet been finalized, in which case, drafts versions are requested.⁶
- All public records regarding procedures for determining compliance with (or exemptions from) Section 71119 community engagement requirements.⁷
- All scripts to be used by **[insert names of State Medicaid agency/ies]** hotline or call center staff, or any contractors performing those functions as they relate to Section 71119 community engagement requirements. This request includes draft scripts if not otherwise finalized.
- All timelines the State intends to use in implementation of Section 71119. This request is for final timeliness unless not finalized and, in that circumstance, all draft versions are requested.
- All policies, plans, agreements, manuals, scripts, training manuals, desk references, or other documents referring or relating to implementation of Section 71119 and language access and/or accessibility for people with disabilities. This includes plans for providing

⁶ This language is not applicable to those states whose public records law exempt them from disclosure of draft documents. *See supra* at note 2.

⁷ This request could also be included in Section 4 (“Planned Partnership with Other State Agencies & Private Entities”) if you choose not to submit a request for topics discussed in this section.

reasonable accommodations. This request is for final versions of these documents unless not finalized and, in that circumstance, all draft versions are requested.

- All communications with and documents provided by the CMS referring or relating to Section 71119 requirements and/or state implementation of those requirements.

Section 3: Eligibility System Capacity & Planning

State eligibility systems rely heavily on automated decision-making that, **when designed or programmed incorrectly**, can lead to mistakes. **CMS has emphasized** that states' eligibility systems, and their vendors, should play a key role in work requirement implementation. Once the records below are obtained, **this Benefits Tech Advocacy Hub guide** can help advocates evaluate whether the state's use of technology will support accurate eligibility determinations under the new work requirement rules.

- All change requests **[insert names of State Medicaid agency/ies]** has submitted to the State's Medicaid eligibility system vendor(s) to enable the State to implement Section 71119, including but not limited to updates to rules engines, connections to external partner data, agreements to access external data, and creation of or revisions to data exchanges.⁸
- All records that reflect responses from the State's Medicaid eligibility system vendors regarding change requests to implement Section 71119,⁹ including but not limited to rough orders of magnitude,¹⁰ and the estimate of costs and hours associated with the requested changes.
- All records that reflect quality assurance policies, processes, or other performance criteria that monitor accuracy of eligibility activities, including but not limited to eligibility worker performance measures, case review policies and practices to

⁸ Since this request asks for information related to external partner data and whether data exchange operations have been created or revised, it could also be grouped under Section 4 below because states rely on the automatic exchange of external partner data to conduct *ex parte* reviews.

⁹ "Change requests" are requests made by a state agency to the eligibility systems vendor to modify how their eligibility & enrollment system operates.

¹⁰ "Rough orders of magnitude" are high level, early state estimates of project costs and duration produced by an eligibility systems vendor after a state agency submits a change request; they often contain summaries of the changes requested that a layperson can understand.

determine accuracy of eligibility determinations, mechanisms to identify system errors, and policies for implementing systems changes in response to identified problems.

- The State’s contract(s), including contract addendums, with vendor(s) responsible for creating, managing, and delivering notices and other communications related to Medicaid eligibility, including but not limited to notices regarding community engagement requirements under Section 71119.
- The State’s Advanced Planning Document(s) to be submitted (or that has been submitted to) the Centers for Medicare & Medicaid Services (CMS) for Medicaid agency IT system costs necessary to support community engagement requirements under Section 71119.¹¹

Section 4: Planned Partnerships

To determine whether recipients are complying with work requirements, OBBBA requires states to maximize use of *ex parte* reviews relying on all accessible, reliable data sources of information before requesting information directly from the individual. Because this obligation mimics **existing federal Medicaid law**, states should already have a framework to conduct reviews, but given the new eligibility criteria, they may need to set up additional partnerships, like with **workforce agencies** or with private vendors as discussed in this Center for Budget & Policy Priorities **resource**. Understanding this landscape is key to helping individuals navigate work requirements.

- All records including but not limited to signed or proposed contracts, bids, requests for information, requests for proposals, or communications with contractors regarding the use of **[insert names of State Medicaid agency/ies]** hotline or other call centers in the State’s implementation of Section 71119.
- All contract terms **[insert names of State Medicaid agency/ies]** has entered into with the State’s Medicaid eligibility system vendor(s) to produce transition data, reports, and performance information as required by the Centers for Medicare & Medicaid Services (CMS). *See* 42 C.F.R. § 433.112(b)(15).

¹¹ An “**advanced planning document**” is submitted by a state to CMS to request and receive enhanced federal funding to support Medicaid Management Information Systems (MMIS) and Eligibility and Enrollment (E&E) systems. These systems control the automation of state eligibility processes.

- All final versions of memorandums of understanding, interagency agreements, contracts, or other written agreements between **[insert names of State Medicaid agency/ies]** and any other state or local agency, or private entity referring or relating to implementation of community engagement requirements under Section 71119.
- A complete list of the data systems or sources **[insert names of State Medicaid agency/ies]**, other state or local agencies, or private contractors will rely on to determine whether individuals are in compliance with or meet an exclusion/exception from Section 71119 requirements.

Section 5: Enrollment Data

Even with dedicated advocacy and state-friendly policies, application of work requirements will cause significant coverage loss. It is therefore important to track enrollment numbers pre and post implementation and collect other **important data metrics**. For comparison, also request and review enrollment numbers in other Medicaid eligibility categories because some individuals may move out of Medicaid expansion to another category better suited to their needs.

- From January 2026 to **[insert month/year request is being submitted]**, the number of individuals enrolled under all Medicaid categories other than the Medicaid expansion category as described at 42 U.S.C. § 1396a(a)(10)(A)(i)(VIII) broken out by month, category, and age.
- From January 2026 to **[insert month/year request is being submitted]**, the number of individuals enrolled under the Medicaid expansion category as described at 42 U.S.C. § 1396a(a)(10)(A)(i)(VIII)¹² broken out by month and age.¹³

or alternatively, for states where applicable:

- From January 2026 to **[insert month/year request is being submitted]**, the number of individuals enrolled under **[name of waiver that provides equivalent coverage]**.

¹² Or use the state's name for the category (*e.g.*, Heritage Health Adult Program for Nebraska).

¹³ Requesting data for multiple months will help identify enrollment trends (average increases and decreases over time); age may indicate who is moving into Medicaid expansion from another category, like low-income child, or falling off, like those age 65 and older.

Conclusion

This template sets out a basic framework for submitting a public records request to obtain key documents that reflect the state's plans for work requirement implementation. NHeLP is available to help craft or review draft public records requests. We are also available to sort through and evaluate whether records are fully responsive and what role they will play in implementation (and related advocacy).

If you have any questions about this resource, please contact Katy DeBriere at debriere@healthlaw.org or Elizabeth Edwards at edwards@healthlaw.org.

Appendix

Sample Individual State Record Requests



TOLL FREE
800-967-9224

TELEPHONE/FAX
870-972-9224

HELPLINE
800-952-9243

www.arlegalaid.org

Arkansas Children's Hospital
1 Children's Way, Slot 695
Little Rock, AR 72202-3500
501-978-6479 – Fax

El Dorado
100 E Peach Street
Suite 260
El Dorado, AR 72730

Harrison
205 W Stephenson Avenue
Harrison, AR 72601

Jonesboro
714 S Main Street
Jonesboro, AR 72401

Little Rock
320 Executive Court
Suite 201
Little Rock, AR 72205

Newport
202 Walnut Street
Newport, AR 72112

Pine Bluff
211 W 3rd Avenue
Suite 100
Pine Bluff, AR 72601

Russellville
612 West B Street
Suite A
Russellville, AR 72801

Springdale
1200 Henryetta Street
Springdale, AR 72762

Texarkana
3001 Richmond Road
Suite A
Texarkana, TX 75503

Van Buren
11 N 3rd Street
Van Buren, AR 72956

West Memphis
310 Mid Continent Plaza
Suite 420
West Memphis, AR 72301

January 22, 2026

VIA EMAIL: DHS.FOIA@DHS.ARKANSAS.GOV

Attn: Custodian of Records
Arkansas Department of Human Services
Donaghey Plaza
P.O. Box 1437,
Little Rock, AR 72203

RE: FOIA Request re Work & Community Engagement Requirements

To Whom It May Concern:

This request refers to Arkansas's past implementation of Community Engagement and Work Requirements from June 2018 to April 2019 (hereinafter "2018 Work Requirements") as well as the state's planned implementation of Section 71119 of P.L. 119-21, "Requirements for States to Establish Medicaid Community Engagement Requirements for Certain Individuals" (hereinafter, "Section 71119"). Pursuant to Arkansas's Freedom of Information Act, Ark. Code Ann. § 25-19-101 et seq., Legal Aid of Arkansas seeks the following:

- (1) All final versions of notices¹ created between January 2017 and March 2019 intended to inform individuals about compliance with Arkansas's 2018 Work and Community Engagement Requirements. This includes a request for any Notice Control Documents or Notice design documents.
- (2) All public records created between January 2017 and March 2019 that reflect final policies and/or procedures intended to guide the Arkansas Department of Human Services (DHS) and/or the Division of County Operations (DCO) in application of 2018 Work and Community Engagement Requirements.
- (3) All draft and/or final versions of notices created between July 2025 and the present intended to inform individuals about compliance with Section 71119. This includes a request for any Notice Control Documents or Notice design documents.
- (4) All documents that described changes or planned changes to notices as part of Arkansas's implementation of Section 71119.
- (5) All draft and/or final versions of Medicaid applications, renewal forms, and/or other verification forms the state intends to use in the application of Section 71119 requirements.

¹ The term "notice" or "notices" refers to all state communications with individuals applying for or renewing Medicaid eligibility including but not limited to requests for information, notices of adverse action, notices of non-compliance, and outreach notices.

- (6) All draft and/or final versions of Medicaid enrollee engagement and education strategies, including but not limited to timelines, distribution channels, and communication and/or outreach materials.
- (7) All public records created between July 2025 and the present intended to guide DHS and/or DCO in implementation of Section 71119 including but not limited to eligibility manuals, guides, training materials, desk references, policy transmittals, and/or other instructions materials about compliance with and exclusion/exceptions from Section 71119 community engagement requirements.
- (8) All public records created between July 2025 and the present intended to define DHS and/or DCO verification procedures for determining compliance with and/or exception/exclusion from Section 71119 community engagement requirements.
- (9) All public records created between January 1, 2024, and present which include signed or proposed contracts, bids, requests for information, requests for proposals, or communications with contractors regarding Arkansas's planned outbound contact center, the Customer Support Center or any successor or replacement entity(s) performing that function.
- (10) All draft and/or final scripts to be used by DHS and/or DCO call center staff, or any contractors performing those functions, related to Section 71119 community engagement requirements.
- (11) All vendor change requests DHS has submitted to Deloitte and/or other vendors to enable the state's Medicaid eligibility and enrollment system to comply with Section 71119, including but not limited to updates to rules engines, connections to external partner data, agreements to access external data, and/or creation or revisions to data exchanges.
- (12) All pending and ongoing vendor change requests and system enhancement requests as of the date of this request that DHS has submitted to Deloitte and/or other vendors regarding changes to the state's Medicaid eligibility and enrollment system, including but not limited to updates to rules engines, connections to external partner data, agreements to access external data, and/or creation or revisions to data exchanges.
- (13) All public records that reflect responses from Deloitte and/or other vendors regarding change requests including but not limited to the Rough Orders of Magnitudes and/or the estimate of costs and hours associated with the requested changes.
- (14) All system enhancement requests DHS has submitted to Deloitte and/or other vendors to enable the state's Medicaid eligibility and enrollment system to comply with Section 71119, including but not limited to updates to rules engines, connections to external partner data, agreements to access external data, and/or creation of or revisions to data exchanges.
- (15) All public records that reflect responses from Deloitte and/or other vendors regarding system enhancement requests including but not limited to the Rough Orders of Magnitudes and/or the estimate of costs and hours associated with the system enhancements.
- (16) All contract terms DHS has entered into with Deloitte and/or other vendors to produce transition data, reports, and performance information as required by the Centers for Medicare & Medicaid Services (CMS). *See* 42 C.F.R. § 433.112(b)(15).
- (17) All public records created from July 2025 to present regarding quality assurance policies, mechanisms, processes, or other performance mechanisms that monitor accuracy of eligibility activities, including but not limited to eligibility worker performance measures, case review policies and practices to

determine accuracy of eligibility determinations, mechanisms to identify system errors, and policies for implementing systems changes in response to identified problems.

- (18) All draft and/or final versions of memorandums of understanding, interagency agreements, contracts, or other written agreements with whom DHS and/or DCO intend to partner in implementation of Section 71119.
- (19) Any draft and/or final versions of timelines the state intends to use in implementation of Section 71119.
- (20) A list of the data systems and/or sources on which DHS may rely to determine whether individuals are in compliance with and/or meet an exclusion/exception from Section 71119 requirements.
- (21) Any draft and/or final versions of the state’s Advanced Planning Document(s) to CMS for Medicaid agency IT system costs necessary to support community engagement requirements under Section 71119.
- (22) Any draft and/or final versions of policies, plans, agreements, manuals, scripts, training manuals, desk references, or other documents created between July 2025 and the present regarding language access and/or accessibility for people with disabilities, including plans for providing reasonable accommodations in changes to the program from Section 71119.

The following contracts, including any amendments, extensions and associated statements of work, executed between the Arkansas Department of Human Services and Deloitte Consulting LLP (see: https://www.ark.org/dfa/transparency/contracts.php?ina_sec_csrf=66dd2ff9d963412b5603f98fc142acc&do:contracts&tab=byvendor#contracts_3_1232_drilldown:

- a. Contract No. 4600043554 for “DATA PROCESSING, COMPUTER, AND SOFTWARE SERVICES” and covering the following dates:
 - Contract Start Date: 2019-01-01
 - Contract End Date: 2025-12-31
- b. Contract No. 4600057468 for “DATA PROCESSING, COMPUTER, AND SOFTWARE SERVICES” and covering the following dates:
 - Contract Start Date: 2026-01-01
 - Contract End Date: 2028-12-31
- c. Contract No. 4600056293 for COMPUTER SOFTWARE CONSULTING and covering the following dates:
 - Contract Start Date: 2025-09-01
 - Contract End Date: 2028-08-31
- d. Contract No. 4600054957 for COMPUTER SOFTWARE CONSULTING and covering the following dates:
 - Contract Start Date: 2024-09-01
 - Contract End Date: 2025-08-31
- e. Contract No. 4600044746 for “DATA PROCESSING, COMPUTER, AND SOFTWARE SERVICES” and covering the following dates:

Contract Start Date: 2019-07-01
Contract End Date: 2026-06-30

- f. Any other contracts between the Arkansas Department of Human Services and Deloitte Consulting LLP for services related to the computer eligibility system that is used for the Medicaid program from 2020 through the present. This includes contracts for maintenance and operations or enhancements or changes to the computer system used to make Medicaid eligibility determinations.

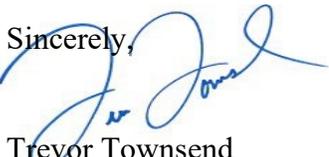
To the extent that the responsive public records are e-mails, please include the full string of e-mails in which the responsive public record occurs and all attachments sent within the string.

Legal Aid of Arkansas asks that the Department's response be provided in electronic format.

Legal Aid of Arkansas provides free legal services to low-income Arkansans in civil legal matters, including with respect to Medicaid benefits. As part of our work, we monitor issues of concern to our client community so that we can provide accurate information to allow people to exercise their legal rights. Because this request is made for noncommercial purposes and is in the public interest, we request that any fee imposed for the actual costs of reproduction be waived. *See* Ark. Code Ann. § 25-19-105(d)(3)(A)(iv).

If the Department denies the request for information, we ask that it specify the statutory grounds for doing so. If the Department is unable to fulfill the request within the timeframes allowed by law, please contact me immediately to explain the delay and anticipated production date.

If you have any questions concerning this request, please contact me at the number below:

Sincerely,


Trevor Townsend
Legal Aid of Arkansas
PN: (870) 972-9224



NEBRASKA
APPLESEED
STAND UP FOR JUSTICE

February 23, 2026

VIA EMAIL

Nebraska Department of Health and Human Services
P.O. Box 95026
Lincoln, NE 68509-5026
Email: DHHS.PublicRecords@nebraska.gov

To Whom it May Concern:

Pursuant to Neb. Rev. Stat. § 84-712 *et seq.*, Nebraska Appleseed is requesting that the Nebraska Department of Health and Human Services (“DHHS”) make available for inspection and copying the following records described below:

1. Any presentation or training materials indicating a timeline for implementation of Medicaid expansion work requirements;
2. Any requests for proposals or vendor agreements regarding vendors solicited or retained to implement Medicaid expansion work requirements;
3. Any records provided at the Beneficiary Advisory Committee and Medicaid Advisory Committee public meetings on January 15, 2026;
4. Any records with communications between Nebraska DHHS and the federal Centers for Medicare and Medicaid Services (“CMS”) regarding Medicaid expansion work requirements between July 4, 2025 and present; and
5. Any records with communications between Nebraska DHHS and the Nebraska Governor’s office regarding implementation of Medicaid expansion work requirements between July 4, 2025 and present.

If DHHS does not maintain the records in the precise form described above, but maintains records in another format, we request the records that DHHS does maintain.

For purposes of this request, the term “records” refers to all documents, regardless of physical form (including, without limitation, papers, reports, studies, proposals, indices, memoranda, letters, inquiries, responses to inquiries, and computer based or generated materials, including email) in the possession of or belonging to any branch, subunit, or committee of DHHS. *See* Neb. Rev. Stat. § 84-712.01.

Prior to incurring any costs or fees relating to this request, please advise me of the estimated cost of making these records available and any copying costs that I may incur pursuant to Neb. Rev. Stat. § 84-712(3)(b), so that we may discuss other possible methods of obtaining the records.

Under Neb. Rev. Stat. § 84-712(4), your office has four business days to respond to this request. If your office cannot produce all records requested within four days, please provide me with those records that are available within the prescribed time frame, and please provide the remainder of the records on a rolling basis as they become available for production. If your office intends to limit or deny access to the records, please provide a written denial of the request together with the information specified in Neb. Rev. Stat. § 84-712.04.

Thank you for your attention to this request. Please reach out if you have any questions or concerns. You can reach me by email at karends@neappleseed.org.

Sincerely,

/s/ Kelsey E. Arends

Kelsey E. Arends
Staff Attorney, Health Care Access Program
Nebraska Appleseed