



# **MONTANA MEDICAID: DO I HAVE A REASON TO BE EXCLUDED FROM COMMUNITY ENGAGEMENT?**

## **WHAT ARE COMMUNITY ENGAGEMENT (CE) REQUIREMENTS?**

Some adults with Medicaid expansion coverage must do at least 80 hours per month of work, volunteering, or other approved activities to keep their health coverage.

Some people do **not** have to do this. This is called an "exclusion."

## **YOU MAY HAVE AN EXCLUSION IF YOU ARE:**

- Eligible for Medicare
- A child or teen age 18 or younger
- An adult age 65 or older
- American Indian or Alaska Native
- Under age 26 and aged out of foster care
- A veteran with a total disability rating
- A parent or caregiver of a child under age 14
- A parent or caregiver of a person with a disability (any age)
- Pregnant
- Currently incarcerated or recently released
- An individual with physical, intellectual, or developmental disability that significantly impairs ability to perform daily activities; or with a serious or complex medical condition
- In treatment for substance use disorder
- Receiving SSI or SSDI benefits

## **YOU MAY ALSO HAVE AN EXCLUSION IF YOU ARE GOING THROUGH A SHORT-TERM HARDSHIP, SUCH AS:**

- Receiving inpatient hospital services, nursing facility services, services in an intermediate care facility for individuals with intellectual disabilities, inpatient psychiatric hospital services, or similar services
- Living in a county with a federal disaster or emergency
- Living in a county with an unemployment rate greater than the lesser of 8 percent or 1.5 times the national unemployment rate



- You or your dependent must travel far from home for medical care for a serious health problem that cannot be treated in your community

## **WHY EXCLUSIONS MATTER**

- If you have an exclusion, you do **not** have to meet the 80-hour requirement for that month.
- But you still must:
  - Respond to mail from DPHHS
  - Fill out your Medicaid redetermination forms

## **WHAT YOU SHOULD DO**

- Open and read all mail from DPHHS.
- Make sure your address, phone number, and email up to date.
- Send in all forms and documents DPHHS asks for when you apply or at redetermination.

## **NEED HELP OR HAVE QUESTIONS?**

For more information, scan this QR code or visit [medicaidchanges.mt.gov](https://www.mt.gov/medicaidchanges).

