



OFFICE OF PUBLIC ASSISTANCE
PO BOX 202925
HELENA, MT 59620-2959

Appendix A Medicaid Community Engagement Activity Requirements Reporting Form

All individuals between the ages of 19 and 64 must meet community engagement requirements as a condition of eligibility for Medicaid expansion. Individuals must demonstrate that they are participating in at least 80 hours per month in one or more of the following activities or have an exclusion (see *Appendix B: Community Engagement Exclusions Form*):

- **Working:** Working a job where you receive income or are compensated in-kind
- **Community service or volunteering:** Community service with a not-for-profit organization with a valid Tax ID.
- **Workforce training or job readiness programs:** Participating in a work program approved by the Department, including activities provided and tracked by the Department of Labor & Industry.
- **Internships or registered apprenticeships:** Unpaid work, participating in a program approved by the Department.
- **Going to school:** Enrolled in an institution of higher education, career and technical education program, or high school/GED program; and attending at least half-time.
- **Mixing activities:** You can mix these together. For example, you could work 60 hours and complete 20 hours of community service.

What we need from you:

Provide proof of meeting any of the above requirements by submitting verification such as pay stubs, community service hours verified by the organization, hours participated in work programs verified by the program, apprenticeships, or a school schedule that shows credit hours. Failure to complete the requirements above may cause denial or closure of Medicaid unless you qualify for an exclusion.

Getting Help: The Department of Labor & Industry can help you find job training, internships, and programs to get you ready for work. These programs may count toward your 80-hour goal. For more information, please visit <https://medicaidchanges.mt.gov>

How to report compliance with community engagement requirements

Submit this form (page 2) or a written statement, along with copies (do not send originals) of documentation to:

Mail:	Fax:	Drop Off:	Online:
HCSD PO Box 202925 Helena, MT 59620	1-877-418-4533	At your local OPA	www.apply.mt.gov



Visit our website for
more information:



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Work Programs Participation Verification Department of Labor & Industry

This form must be populated and signed by a Department of Labor & Industry Representative.

Name: _____ Medicaid Case # (If Known): _____	
Calendar Month: _____	
<i>Only identify activity hours reported in the same calendar month; a new month requires a new timesheet.</i>	
Work Readiness Activities	Hours
Job Search Activities	
Customized Labor Market Information and Career Planning	
Interviewing & Other Pre-Vocational Skills	
Short Term Pre-Vocational Services	
On the Job Training (OJT)	
Workforce Training Activities	Hours
Initial Assessment	
Skills & Interest Testing and Assessments	
UI Assistance	
Rapid Response	
Individual Employment Plans Development or Update	
Disabled Veterans Outreach Program (DVOP) Intensive Services	
Training/Classroom Learning Programs	
Total Hours:	
Employ MT Agent Signature: _____ Date: _____	
<i>This form must be populated and signed by a Department of Labor & Industry Representative.</i>	