Medicaid Changes Toolkit

A Guide for Montana Community Health Centers and Partners

This toolkit is current as of July 2026 based on information available from Montana DPHHS and CMS. Visit dphhs.mt.gov/medicaidchanges for the latest updates.

About This Toolkit

On July 4, 2025, the House Reconciliation Bill (H.R. 1) was signed into law, requiring state Medicaid agencies to change Medicaid eligibility and enrollment rules. Montana DPHHS is implementing new Medicaid requirements early ahead of the required start date for all states. Beginning in July 2026, new federal rules from H.R. 1 will change how some Montanans apply for and keep their Medicaid coverage. These changes will mostly affect adults covered through Medicaid Expansion.

This toolkit is designed to help Montana community health centers and partner organizations understand the changes and support eligible patients and clients in maintaining their coverage.

Inside you will find:

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Section 1: Overview of Medicaid Changes

What is H.R. 1?

H.R. 1, signed into law on July 4, 2025, is a federal law that changes how some people qualify for and keep their Medicaid coverage. The law includes new rules that affect adults covered by Medicaid in states who expanded coverage to low-income 19 to 64 year olds, including Montana.

Who Is Affected?

These changes affect adults enrolled in Montana's **Medicaid Expansion** program (low-income adults with incomes up to 138% of the federal poverty level). Specifically, adults ages 19–64 who do not qualify for an exemption. In Montana, Medicaid Expansion is sometimes also called Help Plan or ACA Adult Medicaid.

These changes do NOT directly affect:

- Children and youth under age 19
- Adults age 65 and older
- People enrolled in traditional (non-expansion) Medicaid categories
- People eligible for Medicare
- People who qualify for an exemption (see Section 2)

Key Changes

1. Community Engagement Requirements (Work Requirements)

Starting July 1, 2026, non-exempt adult Medicaid members enrolled in Adult Medicaid (Expansion) must complete **80 hours per month** of qualifying activities to keep their coverage.

Qualifying activities include:

- Working at a job
- Community service or volunteering
- Workforce training or job readiness programs through the State of Montana
- Internships or registered apprenticeships
- Attending school (college or vocational school)

People can do different combinations of these activities if they add up to at least 80 hours per month. For example, if someone works 15 hours per week and volunteers 20 hours per month, that counts if it adds up to at least 80 hours.

More detail about what counts in these activities can be found in the FAQ section of this toolkit.

2. More Frequent Renewals (Every 6 Months)

Beginning January 1, 2027, most Adult Medicaid (Expansion) members will need to renew their coverage **every six months** instead of once per year. At each renewal, members must show they are still eligible **and** that they met community engagement requirements during their renewal period or qualify for an exemption.

Most other Medicaid programs, including Healthy Montana Kids, will continue being renewed annually. It is important to note that renewal information will ask for updates for everyone in a Medicaid household, but eligibility is assessed individually. Only adults who are enrolled in Adult Medicaid (Expansion) should have eligibility changes twice per year via the renewal process.

3. New Application Requirements for First-Time Applicants

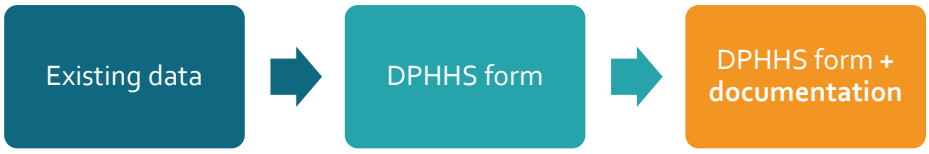
People applying for Adult Medicaid (Expansion) for the first time on or after July 1, 2026, must show they either met the 80-hour requirement in the **month before applying**, or that they were exempt from that requirement. Paper applications, online portal applications, and those applying over the phone will have to provide additional information about their CE activities and exemptions.

4. Verification and Documentation

DPHHS will verify community engagement through a combination of data interfaces and self-reporting using DPHHS forms and application information. For some CE activities, Medicaid members may need to provide additional proof such as:

- Pay stubs from employment
- Enrollment information from a school or training program
- Signed volunteer logs showing hours
- Logs of hours worked

DPHHS created a **Verification Matrix** that outlines what kinds of data, forms, or additional documentation will be required to show qualifying activities or exemptions.



Providing verification and documentation to prove eligibility can be confusing and challenging. Understanding which forms and hard copy proof are necessary for clients to provide. Looking up the required verification and having copies of forms available can help patients and clients be prepared when asked for documents.

Section 2: Community Engagement Exemptions

Many people will be **exempt** from the community engagement requirements. This is sometimes called being "excluded" or having an "exception", but it essentially means that these people do not have to complete or document qualifying activities. Exemptions include:

- **American Indian / Alaska Natives** — also exempt from 6-month redeterminations and will continue to be renewed annually
- **Children aged 18 or younger**
- **Adults age 65 or older**
- **Pregnant and postpartum individuals** (up to 12 months postpartum)
- **Parents or caregivers of children age 13 and under**
- **Parents or caregivers of persons with disabilities** (regardless of age of the person with a disability)
- **Disabled veterans** (total disability rating of 100%)
- **People who are "medically frail", including**:
    - blind or disabled
    - serious mental health condition
    - substance use disorder
    - serious or complex medical condition
    - physical or developmental disability
- **People in substance use disorder treatment programs**
- **People currently incarcerated or recently released** (within the past 3 months)
- **People eligible for Medicare**
- **People who are already meeting SNAP or TANF work requirements**
- **People experiencing short-term hardships:**
    - Receiving inpatient services
    - Person/dependent must travel outside their community for a serious medical condition
    - *Residing in a county with an emergency or disaster declaration**
    - *Residing in a county with unemployment above 8% or 1.5x the national rate**

**DPHHS will apply these hardship exemptions to cases in counties where they apply if approved by CMS rather than the individual requesting the exemption.*

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*People who qualify for an exemption **may have to document and report their exemption status** to DPHHS using the Community Engagement Exclusions Form (Appendix B). View and download forms in the "Communications and Resources" tab at dphhs.mt.gov/medicaidchanges*

Section 3: Key Dates and Timeline

Understanding timing is critical to helping your patients stay covered. Share these dates with your team, patients, and clients.

March 2026

Written notice begin being sent to Medicaid members by DPHHS notifying them of changes and direct outreach to Medicaid members.

July 1, 2026: Community Engagement requirements begin in Montana

New applicants must demonstrate 80 hours of qualifying activities in the month before applying, or show an exemption when they apply

Current Medicaid members will be assessed during their **next scheduled renewal,** not necessarily in July.

July-October 2026: "Hold Harmless Period"

New applications will require information about CE and exclusions and people whose Medicaid is renewed during this time will be asked to provide that information. If applicants or Medicaid members meet all other Medicaid eligibility requirements but do not meet CE requirements, **they will be conditionally approved and given information about how to comply.**

October 2026

New Medicaid applications submitted after this date that do not meet CE requirements will be **denied**.

January 1, 2027

Renewals that were completed starting in July 2026 and were not meeting CE requirements will begin to be disenrolled if they are not excluded or completing CE. Renewals for Adult Medicaid scheduled after this point will occur every six months.

Note on American Indian / Alaska Natives: AI/AN Medicaid members are exempt from both community engagement requirements **AND** from 6-month redeterminations. Non-tribal members of households may be required to complete CE activities and 6-month redeterminations.

TIP FOR STAFF: *For existing Medicaid members, CE is checked at their renewal date, not monthly. However, members should keep track of their activities and save any documentation or proof in case it is requested by DPHHS.*

Section 4: Talking Points for Assisters and Health Center Staff

These changes can be very confusing even for professionals who are familiar with Medicaid eligibility rules. All team members have a role in understanding these changes – every contact is an opportunity to help the patients and people we work with not lose coverage and give them better understanding and support. Use these talking points as a starting place when speaking with patients, clients, or community members about the Medicaid changes.

When Introducing the Topic

- "There are some new rules that may affect your Medicaid coverage, we want to make sure you have the information you need to stay covered."
- "These changes only affect some people who have Medicaid— not everyone. Let's find out if they apply to you."
- "DPHHS is reaching out to people about these changes. Have you gotten anything in the mail recently or checked your online account?"

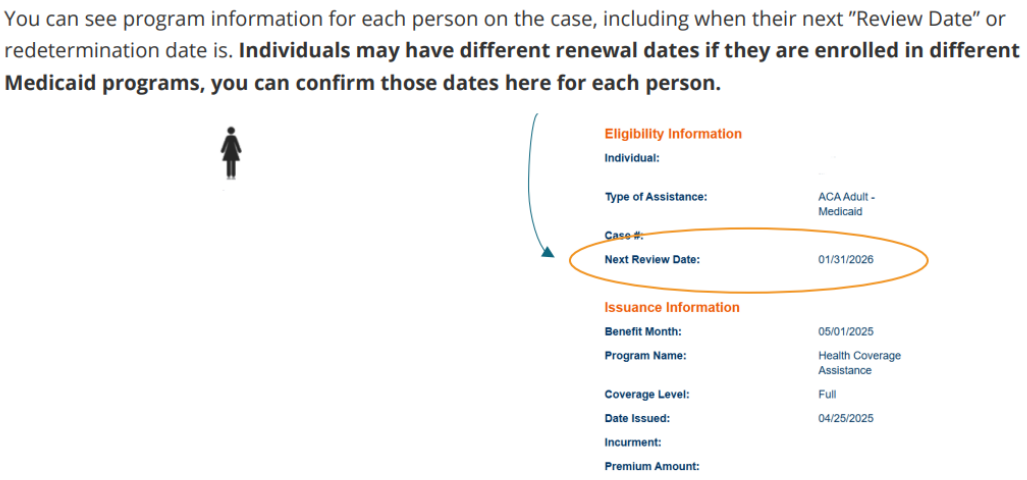
Screening Questions to Ask

- "Are you between the ages of 19 and 64?"
- "Are you pregnant, take care of a child or someone with a disability, enrolled in school or a job training program, or do you have a serious health condition?"
- "Are you an enrolled tribal member?" (If yes, they are exempt from both requirements.)
- For new applicants: "What were you doing last month — working, going to school, volunteering? About how many hours?"

Key Messages to Communicate

- **Read your mail.** DPHHS will send notices about your eligibility and renewal. Missing a notice could result in losing coverage - **always open** your mail even if it seems like you don't need to do anything.
- **Sign up for email notifications.** Use the self-service portal to sign up for **both email and mail** notification to get updates or requests for information as quickly as possible.
- **Keep your contact information up to date.** Update your mailing address, phone number, and email using this link, in the self-service portal, or by calling 1-888-706-1535.

- **Find your Medicaid program and upcoming renewal date.** This information is in online self-service portal accounts at apply.mt.gov. Knowing your Medicaid program helps you know if changes impact your coverage and your next renewal date will help you prepare to give DPHHS information about your eligibility ahead of time. Page 11 of this digital guide shows how to find this information, pictured below.



- **Track and save documentation of your activities.** Save pay stubs, hours worked, school enrollment letters, and volunteer logs. You may need to show them at renewal. If you don't have hard copies, take screenshots or photos.
- **If you are already working, that likely counts.** You can mix activities — work, school, and volunteering can all be combined to reach 80 hours. For example, if you work 60 hours per month and volunteer 20 hours per month, that counts.
- **You may not have to work— but you could still have to fill out forms or provide proof.** DPHHS may have enough information about your exemption already, but others require paperwork and documentation. If you have an exemption, keep track of any proof you have in case it is required.
- **You have the right to appeal.** If your Medicaid is denied or closed and you believe you should still qualify, you can appeal the decision. Find more information about that process on Montana Law Help.

For Front Desk and Scheduling Staff

Patient registration and front desk staff are often asked about Medicaid or collect information about insurance status. These staff may be doing proactive outreach to patients for appointment reminders or to confirm patient information, which is an opportunity to share about Medicaid changes

Train your patient-facing staff to ask: "Have you received any letters from DPHHS recently about your Medicaid coverage? We have someone who can help you understand them if you need help".

For adult patients who are enrolled in Medicaid: give them a small informational outreach message with a link to more information about their coverage requirements. Let them know that losing coverage could interrupt or delay seeing their providers or getting their prescriptions, so planning ahead is helpful.

Section 5: Step-by-Step Workflows

Workflow A: Proactively Identifying and Supporting Affected Patients

Step 1: Identify Potentially Affected Patients

In your EHR or population health tool, generate a list of patients enrolled in Medicaid (ages 19–64) with income FPL up to 138%. Not all patients on this list will be impacted starting in July, but these patients are the most likely to have new requirements.

If your data management system has filters, you may filter your patients by clinical risk, certain diagnoses, or service line. For example, if you have concerns about behavioral health patients understanding the exemption process, you could filter your adult Medicaid patients and apply behavioral health office visits in the past six months to generate a list of patients to contact or offer extra help at upcoming scheduled appointments.

Step 2: Screen for Exemptions

Many patients enrolled in Medicaid will not have to complete 80 hours of qualifying activities. During a patient encounter or appointment, staff can help screen for potential exemptions (see Section 2) to discuss with patients and ensure they understand the requirements, paperwork, and verification.

Help patients with Appendix B form completion or additional provider or facility documentation, if needed. If they are not having their coverage renewed soon, share information about where to locate forms and documentation when it is required.

Step 3: Help with Documentation

Certified Application Counselors (CACs), care coordinators, CHWs, and other staff may help patients in gathering and organizing documentation of their activities (pay stubs, school letters, volunteer logs) or exemption forms. Help upload or submit documents through the patient's Self-Service Portal, secure file exchange, or by mail to DPHHS.

Step 4: Connect to a Navigator or CAC

If your organization does not have a CAC or other staff who help patients with Medicaid, you can refer people to the Cover Montana helpline or help them find someone closest to them using the Find Local Help directory. They can schedule a phone or virtual appointment at covermt.org or call the Cover Montana Helpline: (844) 682-6837.

Step 5: Set Up Reminders

For patients or clients who need more support, schedule follow-up outreach 60 and 30 days before a patient's scheduled renewal date. Currently, this information can be found in the client's self-service portal. Use patient portal messages, text outreach or phone calls to remind patients to gather documentation and watch for DPHHS mail.

Step 6: Track and Monitor

Track outcomes: Are coverage denials or closures increasing? Are appointments taking longer? Is certain kinds of proactive outreach more or less successful in reaching patients and helping with Medicaid retention?

Workflow B: New Patient Applying for Medicaid on or after July 1, 2026

People can continue to apply for Medicaid online, using the Self-Service Portal or healthcare.gov, using paper applications, or over the phone on the public assistance helpline. New Medicaid applications may require more information and may require longer appointments or assistance.

1. Screen to determine if they are likely applying for Adult Medicaid (Expansion) – (income up to ~138% FPL, ages 19–64, not enrolled in Medicare)
2. Screen for exemptions — if exempt, help complete Appendix B exemption form
3. Help gather documentation of CE activities or exemptions from the prior month
4. Complete and submit Medicaid application at apply.mt.gov with required Appendix A (Community Engagement Reporting Form) or Appendix B (Exemptions Form)
5. Identify if there are additional hard copy documents or verification that DPHHS may ask for using the Verification Matrix
6. Counsel patient on keeping documentation and responding to requests for verification while their case is pending

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*Verification and documentation is **not** required when submitting a new application, but it can save time to provide it proactively or locate the information that patients may be asked for while their application is pending.*

Section 6: Sample Patient and Client Messages

Customize the messages below by filling in [HEALTH CENTER NAME] and [PHONE NUMBER] with your organization's information. These can be sent via EHR portal message, Azara Patient Outreach, text, email, or phone.

Text / SMS Messages

Initial Outreach Message

Hi, this is [HEALTH CENTER NAME]. Montana Medicaid rules are changing. Starting in July, some adults must show proof of work, school, or volunteering (80 hrs/month) to keep health coverage. Many people won't have to work but may have to fill out forms. Our patients' health is important to us. We can help — call us at [PHONE NUMBER].

Reminder Message

Reminder from [HEALTH CENTER NAME]: Montana Medicaid rules are changing. Make sure your address and phone are up to date with DPHHS. Start saving pay stubs, school records, or volunteer logs. Questions? Call [PHONE NUMBER].

Renewal Reminder Message

Your Medicaid renewal is coming up. Watch for mail from DPHHS and respond quickly. You may need to show proof of work, school, or volunteering to stay covered or give information about your health [HEALTH CENTER NAME] can help — call [PHONE NUMBER].

Patient Portal Messages

General Awareness Portal Message

Dear [Patient Name],

We want to make sure you stay covered. New rules are changing how some Montanans keep their Medicaid coverage starting July 2026. Adults on Medicaid (ages 19–64) may need to show 80 hours per month of work, school, or volunteering to keep their coverage. Many people don't have to work but may have to fill out extra forms. Here's what you can do now:

• Make sure DPHHS has your current address at apply.mt.gov

• Look up your next renewal date to know when you will be asked for more information

• Watch for mail or emails from DPHHS and respond quickly

We are here to help. If you have questions or need help understanding your options, please call us at [PHONE NUMBER] or ask at your next appointment.

Action-Needed Portal Message (when patient has upcoming renewal)

Dear [Patient Name],

Your Medicaid coverage renewal is coming up soon. Because of new rules, you may need to show proof that you have been working, attending school, or volunteering (80 hours per month) to renew your coverage. If you don't have to work, you may need to fill out forms with questions about your health and other situations.

It is very important that you complete your renewal by the due date to keep your health coverage active. If the new rules are confusing or overwhelming, call us at [PHONE NUMBER] and we can help figure out what this means for you.

Phone Script for Direct Outreach

Hello, my name is [Name] and I'm calling on behalf of [Health Center Name] in [Town/City]. We're reaching out to our patients because there are some important changes coming to Montana Medicaid that may affect your health coverage.

Starting in July, some people with Medicaid will need to show proof of work, school, or volunteering to keep their coverage. Other people won't have to work but may have to fill out forms about their health and other personal information. Your health is important to us, and we want to make sure you have the information you need and that you don't lose your coverage because of a missed deadline or form.

Are you currently enrolled in Montana Medicaid? [If yes] Are you aware of the new changes? [If no] I'd love to share some information with you.

OPTIONAL QUESTIONS:

Have you been contacted by DPHHS about these changes?

Do you have any questions about the new rules?

Do you know how to find forms that you may need to fill out with your renewal or application?

Would you like to schedule an appointment with one of our enrollment assisters/staff who can help you?

Thank you for your time. Please don't hesitate to call us at [PHONE NUMBER] if you have any questions.

Section 7: Informational and Outreach Resources

These are patient and public-facing resources designed to give health center patients information about Medicaid changes with manageable action items. All resources were created with Cover Montana branding

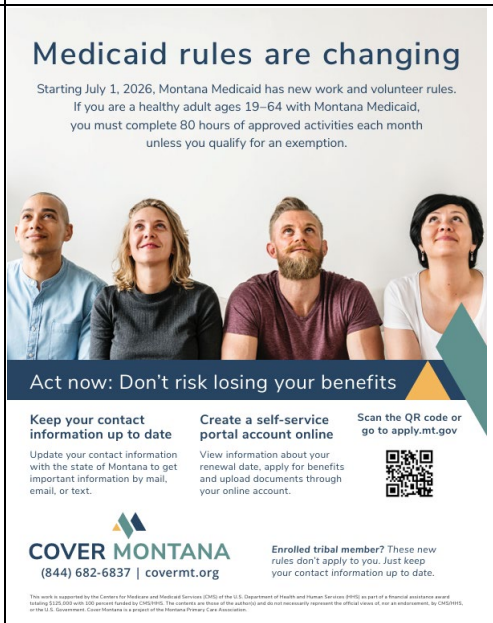
and can be used as is or edited to include health center branding and specific information. Links to PDF versions of the resources are included in the table below and can be found and downloaded in the MPCA Resource Library. Canva template links are also included for easier customization or changes.

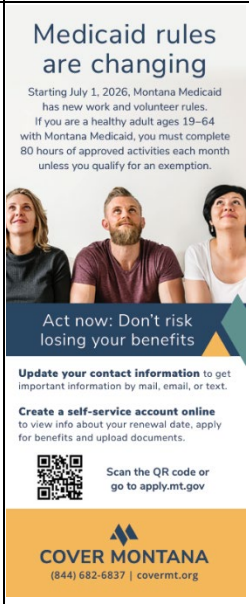
These resources can be used with existing information and messages or changed to be most useful for your patients or clients. ***Please feel free to edit the templates****, include your health center branding, and add specific action items or contact information for your patients.*

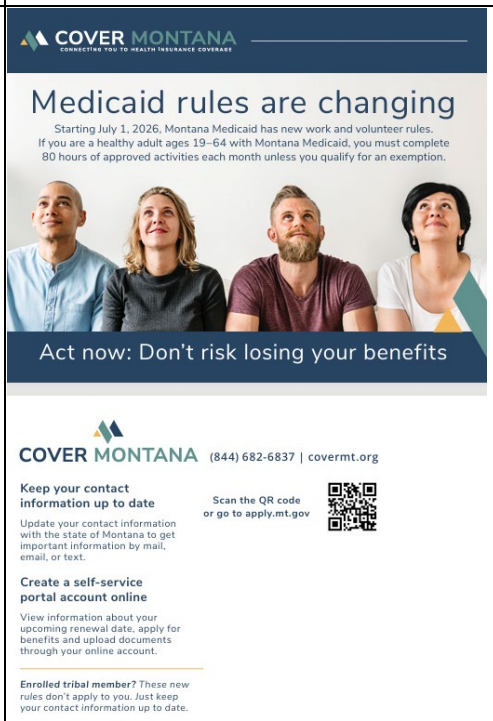
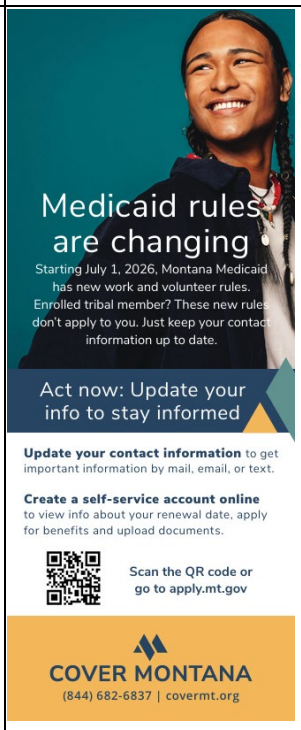
Designs include:

- Posters
- Single and double-sided informational flyers
- Screening flowchart to see if new requirements apply
- Rack card with information about Medicaid changes
- Rack card with information for enrolled tribal members about changes
- Postcard for proactive outreach to patients and clients
- Business card simple message about Medicaid changes for patient registration and front desk staff to give out

Resource	Preview	Links
Screening Flowchart		CoverMT_Flowchart_8p5x11.pdf Template: CoverMT_Flowchart_8p5x11

Resource	Preview	Links
Large Poster		CoverMT_NewRules_Poster_11x17.pdf Template: CoverMT_NewRules_Poster_11x17
Flyer		CoverMT_NewRules_Poster_8p5x11.pdf Template: CoverMT_NewRules_Poster_8p5x11

Resource	Preview	Links
2-Sided Flyer/Flowchart		CoverMT_NewRules_8p5x11_flier_2sided.pdf Template: CoverMT_Flowchart_8p5x11-2sided
Rack Card		CoverMT_NewRules_3p5x8p5_general.pdf Template: CoverMT_NewRules_3p5x8p5_general

Resource	Preview	Links
Postcard		CoverMT_NewRules_4p25x5p5_postcard.pdf Template: CoverMT_NewRules_4p25x5p5_postcard
Tribal Members Rack Card		CoverMT_NewRules_3p5x8p5_Tribal.pdf Template: CoverMT_NewRules_3p5x8p5_Tribal

Resource	Preview	Links
Business Card		CoverMT_NewRules_3p5x2_bc.pdf Template: CoverMT_NewRules_3p5x2_bc

Section 8: Social Media Messaging

Post 1 — General Awareness

IMPORTANT: Montana Medicaid is changing. Starting July 2026, some adults on Medicaid Expansion may need to show 80 hours/month of work, school, or volunteering to keep their coverage. Many people are exempt. We can help — call us at [PHONE NUMBER].

Post 2 — What Counts?

Did you know? Working, going to school, volunteering, or job training can all count toward Montana's new Medicaid rules. You can even combine them to reach 80 hours. Keep records and save your pay stubs! Questions? Call [PHONE NUMBER] — we're here to help.

Post 3 — Exemptions

Not everyone has to meet Montana's new Medicaid work requirements. This might be you if you are: pregnant or recently postpartum, a caregiver for a child or person with a disability, American Indian or Alaska Native, medically frail, or in a substance use treatment program, among others. Contact us at [PHONE NUMBER] if you need help understanding what to do.

Post 4 — Check Your Mail

DPHHS may send letters about your Montana Medicaid renewal. Don't miss a deadline! Make sure your address is current at apply.mt.gov and opt in to email notifications. If you get a notice or asked for a form you don't understand, we can help — call [PHONE NUMBER].

Post 5 — Renewals Every 6 Months (beginning Jan 2027)

Starting January 2027, most Montana adults with Medicaid will need to renew their coverage every 6 months — not just once a year. Stay ahead of it! Update your contact info, look up your next renewal date, save your activity records, and connect with our enrollment staff if you need help. Call [PHONE NUMBER].

Post 6 — Native American Community

American Indians and Alaska Natives do **not** have to complete new Medicaid requirements or 6-month renewals. Your coverage rules have **not changed** but make sure DPHHS knows you are a tribal member and fill out any requested forms. Non-tribal members of your household might have to meet new rules. If you have questions or need enrollment help, call [PHONE NUMBER]. We're here for you.

Section 9: Frequently Asked Questions

Use these FAQs when talking with patients and clients. A print-friendly version can be created from this section to be given as a handout or posted in waiting rooms or exam rooms.

Q: Does this impact me?

A: New requirements are for adults ages 19–64 enrolled in Adult Medicaid (sometimes called Medicaid Expansion or HELP Plan). It does NOT affect children, people 65 and older, pregnant and postpartum people, people on Medicare, or people in traditional Medicaid categories. You can find your specific Medicaid program online in your Self-Service Portal account. Need help finding that? This guide shows you how.

Q: What activities count toward the 80 hours?

A: The chart below shows some of the activities that count for new Medicaid work rules. If you participate in any of these activities or a combination of them for 80+ hours per month, you meet the new requirements .

Work	**Education**	**Volunteering and Community Service**	**Workforce Training**	**Income**
Paid work Unpaid and in-kind work Self-employment Gig and seasonal jobs	Higher education Technical college Vocational school	Volunteering with an organization – tax ID number required Non-partisan, for community benefit	Internships Apprenticeships Job and workforce training	$580+ in monthly countable income

Q: What if I'm already working?

A: That counts! Make sure you can show documentation (pay stubs, work schedule, employer letter) if DPHHS asks. If you work at least 80 hours a month or earn an average of $580 or more per month, you are meeting the requirement.

Q: How is education counted? What about school breaks and vacations?

A: If you are enrolled in an educational program half-time or more, you meet the monthly requirement. For less than half-time enrollment, the hours you spend in your education program count towards the 80-hour requirement. If you are enrolled and plan to return to school or your program after a regularly scheduled break (summer or winter breaks, for example) you are considered enrolled in your education or school program.

Q: What if I'm American Indian or Alaska Native?

A: Enrolled tribal members are fully exempt from both the community engagement requirements and the new 6-month redetermination requirement. Your coverage renewal schedule stays the same — once a year. If you are not an enrolled member of a federally recognized tribe or have people in your household who aren't enrolled, they may have to follow new rules. Make sure DPHHS knows you are an enrolled tribal member when you apply or renew your coverage or by filling out Application Appendix B: Community Engagement Exclusions Form.

Q: How often do I need to renew my Medicaid?

A: Starting January 1, 2027, most Medicaid Expansion members will renew every 6 months instead of once a year. DPHHS first tries to renew your benefits based on the information they have in their systems. If they need more information, they will ask you to complete a renewal form and provide more documentation. This renewal process begins the month before the renewal is due, shown below.

Q: What if I have a health condition that keeps me from working?

A: You may qualify as "medically frail," which is an exemption. This includes people with serious mental health conditions, substance use disorders, blindness or disability, serious or complex medical conditions, or physical or developmental disabilities. A full list of the conditions that count can be found in the "Who is excluded" section of the DPHHS website.

Q: Does my doctor have to write a letter that I can't work?

A: If you aren't able to work or meet the new rules, you may qualify for an exclusion. Some of those exclusions require a doctor or facility document but many just require your statement about your condition and your signature on a DPHHS form, called "self-declaration". Your doctor does not have to sign that form, but you may include information about a doctor or provider you see or ask for help completing the form.

Q: What proof does DPHHS need?

A: DPHHS will use data they already have for proof when possible. They may also ask you to self-report through the Self-Service Portal at apply.mt.gov, by phone, by mail, or in person. Some activities and exclusions require forms with your statement and signature or additional documents with the forms. You can see the forms and documents to submit on the Verification Matrix.

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

A: If you don't meet the requirements or don't fill out forms you could lose Medicaid coverage. Between July and October 2026 DPHHS is asking for information without denying or closing Medicaid coverage, but after October 1 you will have to complete new rules or be excluded.

Q: Do I have to wait to reapply?

A: If your Medicaid case is closed or your application is denied you can reapply anytime if you think you meet the eligibility requirements – there is no waiting period.

Q: Can I appeal a decision?

A: Yes. All Medicaid members have the right to an administrative review or fair hearing if their benefits are closed or application is denied. More information is available at Administrative Hearings: How to Defend Your Rights (FAQ) | Montana Lawhelp.

Section 9: Resources and Links

State Resources

- **Montana DPHHS Medicaid Changes Hub:** Changes to Medicaid
- **Montana Medicaid FAQs:** dphhs.mt.gov/medicaidchanges/faqs
- **Apply for / Renew Medicaid:** apply.mt.gov
- **DPHHS Public Assistance Helpline (PAHL):** 1-888-706-1535
- **Verification Matrix:** **Verification Matrix**
- **DPHHS Forms:**
    i. **Appendix A — Community Engagement Reporting Form:** dphhs.mt.gov/assets/medicaidchanges/AppendixA-CommunityEngagementRequirementsReportingForm.pdf
    ii. **Appendix B — Community Engagement Exclusions Form (Application):** dphhs.mt.gov/assets/medicaidchanges/AppendixB-CommunityEngagementExclusionForm.pdf
    iii. **Appendix B — Community Engagement Exclusions Form (Redetermination):** dphhs.mt.gov/assets/medicaidchanges/RedeterminationAppendixB-CommunityEngagementExclusionForm.pdf
- **DPHHS Office of Administrative Hearings (appeals):** dphhs.mt.gov/administrativehearings
- **Find a Local Eligibility Office (OPA):** **Field Offices of Public Assistance**

Cover Montana Resources

- **Cover Montana Website:** covermt.org
- **Find Local Help (Navigators and CACs):** covermt.org/find-local-help
- **Cover Montana Helpline:** (844) 682-6837 (Mon–Fri, 8am–5pm MT)
- **Eligibility Calculator:** **Get Covered Calculator – Cover Montana**
- **Self-Service Portal Guide:** 2025_SSPGUIDE.pdf
- **Cover Montana email update list:** Sign Up
- **Recorded Trainings and Slides:** **Cover Montana - Montana Primary Care Association**
    i. Medicaid 101 Training: 25 CM Summit - MAGI Medicaid 101 - Montana Primary Care Association

Workforce and Community Engagement Support

- **Montana Job Service (workforce training and job search):** mt.gov/jobservice
- **Montana Department of Labor and Industry:** dli.mt.gov