

Montana Medicaid: Changes to Presumptive Eligibility due to H.R. 1

Briefing for Qualified Entities

September 10, 2026



DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

Agenda

- H.R. 1 and Impacts to Presumptive Eligibility
- Overview of Non-Citizen Medicaid Changes
- Impacts to Presumptive Eligibility Process
- Next Steps and Resources for Qualified Entities
- Q&A



H.R. 1 and Impacts to Presumptive Eligibility



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H.R. 1 and Impacts to Medicaid

On July 4, 2025, the House Reconciliation bill (H.R. 1), also known as “H.R. 1” or the “One Big Beautiful Bill Act,” was signed into law. This law:

- Affects how people qualify for Medicaid coverage
- Introduces new requirements for staying enrolled
- Primarily impacts Medicaid Expansion adults



H.R. 1 Impacts to Presumptive Eligibility

- **Changes in Place as of July 1, 2026: Community Engagement Requirement**
 - Effective July 1, 2026, QEs must assess PE applicants who are eligible for coverage under Medicaid Expansion for compliance with the community engagement requirement.
 - Presumptive eligibility determinations for the community engagement requirement are based on **applicant attestation** (e.g., QEs do not verify documentation or work hours – Montana Department of Public Health and Human Services will verify later at full application).
- **Starting October 1, 2026: Noncitizen Medicaid**
 - Beginning October 1, 2026, QEs must assess PE applicants for eligible immigration status before coverage can be granted



Non-Citizen Medicaid Changes

Beginning October 1, 2026, Medicaid eligibility is limited to the following groups of individuals:

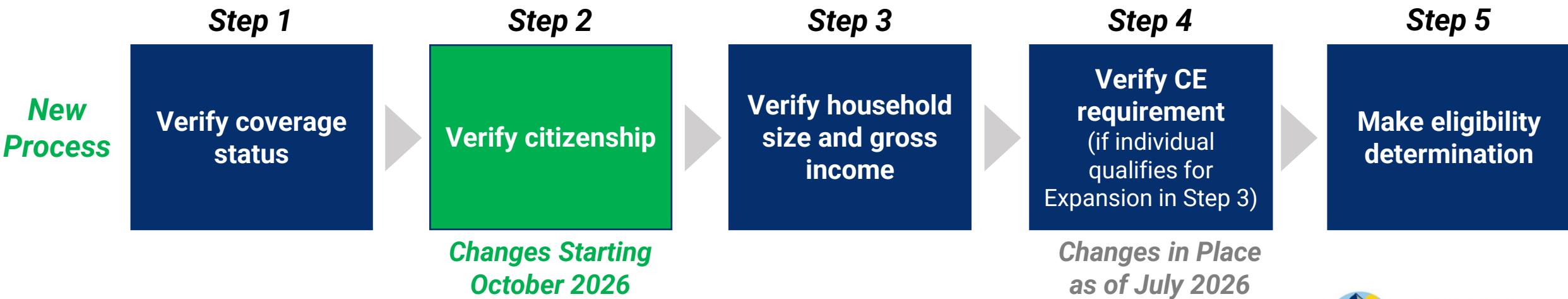
- U.S. citizens,
- U.S. nationals,
- Lawful permanent residents* (LPRs or “green card holders”),
- Cuban/Haitian entrants,
- Compacts of Free Association (COFA) migrants, and
- Lawfully residing children

This means that other groups of qualified non-citizens, such as asylees and refugees, will no longer be eligible for Medicaid.

*Lawful Permanent Residents or green card holders must still wait 5 years after receiving “qualified” immigration status before they are eligible for Medicaid.



Changes to the PE Determination Process



Step 1: Does the applicant currently have coverage? (Verify Coverage Status)

QEs should review coverage status by going to: <https://mtaccesstohealth.portal.conduent.com/mt/general/home.do>

QE should verify the following:

1. **Whether or not the applicant has current coverage**
 - Persons currently covered under Medicaid, HMK, or HMK Plus do not need PE
2. **Whether the applicant has received presumptive coverage within the last 12 months**
 - Those who had PE within the past 12 months (with a PE effective date on or after a year prior to the current date) are not eligible for PE, but the “Application for Health Coverage” should be offered.
 - A pregnant woman may be eligible for PE more than once in 12 months if they are pregnant more than once during that 12-month period



Step 2: Applicant Eligible for Medicaid? (Verify Citizenship)

QEs should identify if the individual is a citizen or qualified non-citizen. All persons who are immigrants need to review the following information to determine if they are considered Qualified Non-Citizens.

Those who are in ANY of the following groups would be considered a Qualified Non-Citizen:

- Lawful Permanent Residents (LPR/Green Card Holder)
 - **In order to get Medicaid coverage, under current law, most adult Lawful Permanent Residents or green card holders have a 5-year waiting period. This means they must wait 5 years after receiving “qualified” immigration status before being eligible for Medicaid.**
- Cuban/Haitian entrants
- Conditional entrant granted before 1980 (Compacts of Free Association (COFA)) migrants
- Lawfully residing children

Note: The Presumptive Eligibility Application Addendum for Qualified Non-Citizens has been updated to reflect these changes. Applicants should review the updated addendum and mark the appropriate response next to the citizenship question in the application for QEs to review.



Step 3: Applicant Eligible for Medicaid Expansion? (Verify Income)

QEs should determine whether or not the applicant is eligible under the **Medicaid Expansion group**. An individual would be considered eligible under the Medicaid Expansion group if they are:

- Ages 19 – 64
- With a household income of up to 138% of the Federal Poverty Line (FPL)

This means that applicants with a household income at or under the eligible income for their household size **for Individuals Between the Ages of 19-64** in the [Current Income Calculation Tool](#) are required to meet the community engagement requirement.

Household Size (See notes at bottom of page for who to count for household size.) 	Maximum Monthly Adjusted Gross Income <i>Individuals Between the Ages of 19-64</i> (Other insurance is allowed.)
1	\$1,769
2	\$2,398
3	\$3,028
4	\$3,658
5	\$4,287
6	\$4,917
7	\$5,546
8	\$6,176
9	\$6,805



Step 4: Applicant Qualifies for an Exclusion at Application Date? (Verify CE Requirement)

If an applicant is determined to be eligible under the Medicaid Expansion group, they will need to be assessed for compliance with the community engagement requirement. This is first done by checking to see if an individual can **attest** to having an exclusion or exception:

Exclusions

- American Indian/Alaska Native
- Former Foster Youth under age 26 who were on Medicaid and in foster care when they turned 18
- Inmate of a public institution (e.g., jail, prison)
- People with a medical condition or health needs that impact their ability to work or do other community engagement activities (for more information on this exclusion, please reference the [Medically Frail webpage](#))
- Parent, guardian, caretaker relative, or family caregiver of a dependent child under age 14 or a disabled individual
- People in a drug or alcohol rehabilitation or treatment program
- People who meet TANF work requirements, or receive SNAP and are subject to SNAP work requirements
- Women who are pregnant or postpartum (up to 12 months)
- Veterans with a total (100%) disability rating

Exceptions

- Children aged 18 or younger
- People eligible for Medicare
- People incarcerated in the last three months
- People experiencing the following short-term hardships:
 - Receiving inpatient services
 - Person or dependent who must travel outside of their community for medical services for a serious or complex medical condition



Step 4 (*continued*): Applicant Attests to Meeting Community Engagement Requirement the Month Prior to Application? (Verify CE Requirement)

- If an Expansion-eligible applicant is unable to attest to qualifying for an exclusion, the applicant must attest to completing 80 hours of qualifying activities in the month prior to application.
- Qualifying activities include:
 - Work — 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 DPHHS
 - Internships or registered apprenticeships — unpaid work, participating in a program approved by DPHHS
 - Going to school — enrolled in an institution of higher education, career and technical education program, or high school/GED
- If an Expansion-eligible applicant is unable to attest to completing the qualifying activities, the applicant is considered non-compliant with the community engagement requirement and ineligible for PE



Reminder: Hold Harmless Period for Community Engagement Ends October 1, 2026

- **Starting in October 2026, the Department's Hold Harmless period for CE implementation will end, and noncompliance with the community engagement requirement will be enforced with denial and/or disenrollment.**
 - QEs should be mindful that Medicaid Expansion individuals approved for PE coverage will be denied ongoing coverage at their application after 10/1/2026 if they do not have an exclusion or meet the CE requirement through qualified activities.



Application Walk-Through



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Resources for QEs



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H.R.1 Changes: Resources for QEs

- DPHHS Presumptive Eligibility Website: <https://medicaidprovider.mt.gov/presumptiveeligibility>
- DPHHS Medicaid Changes website: medicaidchanges.mt.gov
- DPHHS Public Assistance Hotline: 1-888-706-1535



General Provider Resources

- **Medicaid Provider Website:** <https://medicaidprovider.mt.gov/>
 - **Resources by Provider Type**
 - Provider Notices
 - Manuals
 - Fee Schedules
- **Claim Jumper**
 - <https://medicaidprovider.mt.gov/endusercj>
 - **Subscribe for email delivery:** <https://medicaidprovider.mt.gov/cjregistration>



Q&A



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