



LOUISIANA DEPARTMENT OF HEALTH

Louisiana Medicaid Work Requirements

GENERAL COMMUNICATIONS TOOLKIT

This toolkit has important information to help stakeholders, such as MCOs, health care providers and community organizations, inform people about Louisiana Medicaid work requirements.

Louisiana Medicaid Work Requirements

OVERVIEW



[Idh.la.gov](https://www.idh.la.gov)

Medicaid helps low-income individuals and families get medical benefits. While the federal government sets some general rules, each state, including Louisiana, has its own requirements. In Louisiana, roughly 1.5 million residents receive health care coverage through Medicaid.

In July 2025, Congress passed legislation that changes Medicaid rules nationwide. Requirements enacted through H.R.1 mandate that, beginning January 1, 2027, states must require certain Medicaid members to work or take part in community engagement activities and report them to keep their Medicaid coverage.

For some Louisiana Medicaid members, these changes may affect their eligibility or require additional documentation to maintain their Medicaid benefits.

For those Medicaid members affected by these changes, it is imperative that they ensure their contact information is up to date, watch for mail from Medicaid and respond to requests for information. If members do not respond, they run the risk of losing their healthcare coverage, even if they are still eligible.

Louisiana Medicaid Work Requirements

HOW TO USE THIS TOOLKIT

The Louisiana Department of Health (LDH) has created this toolkit to help prepare Medicaid members for new federal rules around community engagement activities, commonly known as work requirements.

This toolkit is for anyone who interacts with Medicaid members. This includes healthcare providers, health plans, advocates, elected officials, professional associations, community and volunteer organizations, schools, churches, employers and others.

The toolkit includes templates and materials you can use to share key messages with members in your community:

- **Talking Points:** Brief bullet points that community members can use when speaking to Medicaid members about work requirements.
- **Drop-In Article:** Brief story suitable for use on websites, in newsletters, and in bulletins.
- **Flyer:** High-level messaging to share with Medicaid members and others.
- **Social Media:** Graphic posts that can be used by your own social media accounts. Please follow the Louisiana Medicaid Facebook page and repost/share with your followers (facebook.com/louisianamedicaid).
- **Impacted Member Text Messages and Emails:** Direct-to-member messaging suitable for email or text format.
- **Slide Deck:** High-level slides that can be included in presentations where Medicaid members or other stakeholders may be present.

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Louisiana Medicaid Work Requirements

HOW TO USE THIS TOOLKIT



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- **Frequently Asked Questions (FAQs):** A growing list of questions and answers on work requirements.
- **Glossary of Terms:** Definitions for some of the most complex terms used to explain work requirements.
- **Notices and Forms:** Examples and samples of the notices mailed to Medicaid members and the forms used in reporting work requirements.

All of these materials, including original graphics, can be downloaded from the Work Requirements General Communications Toolkit. Additional materials may be added throughout 2026.

Louisiana Medicaid Work Requirements

TALKING POINTS



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- Starting January 1, 2027, a new federal law requires some adults on Medicaid to report community engagement activities, commonly known as work requirements, to keep their Medicaid coverage.
- This change will not affect most Louisiana Medicaid members.
- The law impacts some Medicaid members between the ages of 19 and 64, who are not parents of young children or who do not have certain serious or complex medical conditions, to show they are working, volunteering, or participating in job training for at least 80 hours each month, or going to school at least half or part-time. A mix of approved community engagement activities can count.
- Medicaid will notify members who need to meet requirements. A letter explaining the requirements will be mailed to impacted members several months before their next renewal date to allow them time to prepare.
- To make reporting easier, Medicaid will use reliable information the state already has, like employment and Social Security records, to see if members meet the requirements. Medicaid estimates this will allow Medicaid to confirm about half of the impacted members meet eligibility without having to submit additional paperwork.
- For members whose eligibility cannot be determined using data sources, a manual process will be required. Medicaid will send letters to these members when they need to take action or provide information.
- Members should be sure to keep their contact information up to date with Louisiana Medicaid so they do not miss these important updates or requests for information.
- Failure to respond to requests from Louisiana Medicaid could result in health coverage closure, even if the member is still eligible.
- More information can be found online at ldh.la.gov/medicaid/work-requirements.

Medicaid Work Requirements Begin in 2027

Starting **January 1, 2027**, some Louisiana Medicaid members will have to follow new federal rules, commonly known as **work requirements**, to keep their health coverage. Most people on Medicaid - about 1.3 million of the 1.5 million members - will not need to meet these requirements.

These new rules only apply to some adults between the ages of 19 and 64 who do not have a disability or a **qualifying medical condition**. To keep their coverage, these members must report working, going to school or volunteering for community service, or a combination of these activities, for an average of **80 hours each month**. Medicaid will check this activity for new applicants and during member renewals.

Most people are exempt from these rules, meaning they do not have to participate. This includes pregnant or postpartum women, caregivers of young children or a disabled individual, medically frail people, disabled veterans, foster youth, and others.

Medicaid will send a letter to affected members several months before they need to renew their Medicaid. For example, members with January 2027 renewal dates will be mailed a notice in May 2026. Their renewal packet will be mailed in November 2026. About half of the people affected won't have to do any extra paperwork. Medicaid will check records like job history and Social Security to see if they already meet the requirements.

Members should **keep their contact information up to date** with Louisiana Medicaid so they do not miss these important updates. Contact information can be updated:

- Online at mymedicaid.la.gov
- By email at mymedicaid@la.gov
- By calling your health plan (contact on the back of your card or at myplan.healthy.la.gov/en/compare-plans)
- By texting "INFO" to 72147
- By calling Louisiana Medicaid at 888-342-6207

For more information, visit ldh.la.gov/Medicaid/work-requirements.

Important Changes to Louisiana Medicaid



New work requirements coming in 2027

Starting **January 1, 2027**, some adult Medicaid members will need to report work activities to keep their coverage.

Most Medicaid members will not have to report.

If you are under age 19, over age 64, living with a disability or a serious medical condition, a full-time student, or caring for a child or someone with a disability, you likely will not have to report.

Prepare Now for Any Changes

- Make sure your contact information is up to date.**
Make sure Medicaid has your current address, phone number, and email. If Medicaid can't reach you, you could lose coverage.
- Open and read all mail from Louisiana Medicaid.**
These letters will tell you how to report.
- Respond on time if you are asked to report activities.**
Missing deadlines could result in a loss of benefits.

To find out more or update your contact info, visit
ldh.la.gov/medicaid/work-requirements

Social Media

Post 1: Copy

Some Medicaid members will have new federally mandated work requirements beginning January 1, 2027.

Medicaid will send letters to affected members when they need to take action or provide information. Members should be sure to keep their contact information up to date with Louisiana Medicaid so they do not miss these important updates. You can update your information:

- Online at MyMedicaid.la.gov
- By email at MyMedicaid@la.gov
- By calling their health plan (phone numbers are on the insurance card)
- By texting the word "Info" to 72147
- In person at one of the Medicaid regional offices
(ldh.la.gov/directory/category/medicaid-regional-offices)
- By calling Louisiana Medicaid toll-free at 888-342-6207.

Post 1: 4-image carousel

Get the facts

Louisiana Medicaid work requirements



Beginning January 1, 2027, some adult Medicaid members must report their work or community engagement activities to qualify for or keep their Medicaid coverage.

For some Louisiana Medicaid members, these changes may require additional documentation to maintain their Medicaid benefits.



What is changing?

Mandatory work requirements

Adults ages 19 to 64 who do not have a disability, qualified medical condition, or young children will need to report working, going to school, or volunteering — or a combination of these activities — for an average of 80 hours each month to qualify for or keep their Medicaid coverage beginning in 2027.



Post 1: continued on next page

Social Media

Post 1: 4-image carousel continued

How to prepare

Medicaid will contact members when they need to take action. Members should keep their contact information up to date.

Members can find options to update their address, phone number, and email at ldh.la.gov/medicaid/update-my-information.



Who is exempt?

- Medically frail individuals
- Disabled veterans
- Pregnant and postpartum women
- Caregivers of a dependent child 13 years of age and under, or a disabled individual
- Individuals already meeting work requirements under Temporary Assistance for Needy Families (TANF) or the Supplemental Nutrition Assistance Program (SNAP)
- Individuals participating in a qualifying substance use disorder (SUD) treatment program
- Individuals who are incarcerated or have left incarceration within the prior three months
- Foster care youth under the age of 26
- Indian Health Service members



Social Media

Post 2: Copy

New Medicaid work requirements begin January 1, 2027.

Here's how to plan now:

- Update your contact info — don't miss important notices.
- Check your mail often — deadlines can pop up fast.
- Begin planning to report work, school, or volunteer activities.


Follow for updates and share this information to spread the word.

Post 2: 4-image carousel

How to prepare for Louisiana Medicaid work requirements.



Beginning January 1, 2027, some adult Medicaid members must report their work or community engagement activities to qualify for or keep their Medicaid coverage.

Here is what you can do to prepare. 



1. Update your contact information

Medicaid will contact members when they need to take action. Members should keep their contact information up to date.

Members can find options to update their address, phone number, and email at ldh.la.gov/medicaid/update-my-information.



Post 2: continued on next page

Social Media

Post 2: 4-image carousel continued

2. Watch for Medicaid mail

Medicaid will notify impacted members several months before the effective date of the change to allow them time to prepare.

Medicaid will also send letters to these members when they need to take action or provide information.

Members should check for mail from Louisiana Medicaid often so they do not miss important updates.



3. Plan for work requirements

If you will need to meet the work requirements to qualify for Medicaid, start planning now.

For adults who are not exempt from work requirements, Louisiana is taking steps to help them comply. By collaborating with Louisiana Works, Medicaid members subject to work requirements who need to take action will receive referrals to resources in their area for career support, education and skills training, and connections to employment.



Purpose: Email and text messages for stakeholders to share with Medicaid members.

Email

Dear Medicaid Member,

In July 2025, Congress passed a new law that requires some Medicaid members to work or take part in community engagement activities, commonly known as work requirements, and report them to keep their Medicaid coverage. These changes begin on January 1, 2027.

What is changing?

Some adults who receive Medicaid will need to report working, going to school or volunteering for an average of 80 hours each month to keep their coverage. A mix of these activities can count.

Who will be affected?

This change only applies to some Medicaid members ages 19 to 64 who get their Medicaid coverage through Medicaid expansion (which is part of the Affordable Care Act, or ACA). Most people with Medicaid expansion will not be affected because they are exempt, meaning these changes do not apply to them. To find out if you might be exempt, visit ldh.la.gov/Medicaid/work-requirements.

What should members do now?

It is important to keep your contact information up to date so you do not miss notices. You can update your information:

- Online at mymedicaid.la.gov
- By email at mymedicaid@la.gov
- By calling your health plan
- By texting "INFO" to 72147
- By calling Louisiana Medicaid at **888-342-6207**

Louisiana Medicaid will notify impacted members if action is needed. Watch your mail for letters from Medicaid.

For more information, visit ldh.la.gov/medicaid/work-requirements.

Louisiana Medicaid Work Requirements

IMPACTED MEMBER TEXT MESSAGES AND EMAILS



 ldh.la.gov

Purpose: Email and text messages for stakeholders to share with Medicaid members.

Text Messages

OPTION #1

New work requirements are coming to LA Medicaid starting January 2027. Find out more: ldh.la.gov/medicaid/work-requirements.

OPTION #2

LA Medicaid Members: Don't miss important updates from Medicaid. Update your contact information by texting "INFO" to 72147.

OPTION #3

LA Medicaid will require some adults to report work hours starting in January 2027. Find out more: ldh.la.gov/medicaid/work-requirements.

OPTION #4

Important LA Medicaid update: Some members may need to report work, school or volunteer activities. Find out more: ldh.la.gov/medicaid/work-requirements.

Drafted: 03/19/2026

Title Page: Louisiana Medicaid New Work Requirements

Slide #1

Title: What is changing?

- **Starting January 1, 2027**, a new federal law requires some adults on Medicaid to report community engagement activities, commonly known as work requirements, to keep their Medicaid coverage.
- They will need to show they are working, volunteering, or participating in job training for **at least 80 hours each month**, or going to school at least half or part-time. A mix of approved community engagement activities can count.
- This change will not affect most Louisiana Medicaid members.

Slide #2

Title: Who will be affected?

- The law affects some Medicaid members between the ages of 19 and 64 who are not parents of young children or do not have certain serious or complex medical conditions.
- Most people are **exempt** from these rules, meaning they do not have to participate.
 - This includes pregnant or postpartum women, caregivers of young children or a disabled individual, medically frail people, disabled veterans, foster youth, and others.
- Medicaid will notify members who need to meet requirements.

Slide #3

Title: How will members be notified?

- Medicaid will mail a letter explaining the requirements to affected members about 6 months before their next renewal date, allowing them time to prepare.
 - A member with a January 2027 renewal date will receive a letter around May 2026.
- Members will not be contacted if they are not affected.

Slide Deck: continued on next page

Slide #4

Title: **How will Medicaid determine eligibility?**

- Medicaid will use reliable information the state already has, such as employment and Social Security records, to determine whether members meet the requirements.
 - Medicaid estimates this will allow it to confirm that most of the impacted members meet eligibility requirements without submitting additional paperwork.
- For members whose eligibility cannot be determined using data sources, a manual process will be required. Medicaid will send letters to these members when they need to take action or provide information.

Slide #5

Title: **What should members do now?**

- Members should keep their contact information up to date with Louisiana Medicaid so they do not miss these important updates. Contact information can be updated:
 - Online at mymedicaid.la.gov
 - By email at mymedicaid@la.gov
 - By calling your health plan (contact on the back of your card or at myplan.healthy.la.gov/en/compare-plans)
 - By texting "INFO" to 72147
 - By calling Louisiana Medicaid at 888-342-6207
 - For more information, visit ldh.la.gov/Medicaid/work-requirements.

Work Requirements Overview

Q: Why is Louisiana Medicaid adding work requirements?

A: In July 2025, Congress passed legislation that changes Medicaid rules nationwide. Beginning January 1, 2027, all states must require certain Medicaid members to meet work requirements, sometimes called community engagement activities.

Q: What are the Medicaid work requirements?

A: Federal law requires that some Medicaid members take part in community engagement activities, commonly known as work requirements, to keep their Medicaid coverage. These members will need to show Medicaid they are participating in at least 80 hours of community engagement activities or earning at least \$580 each month. Community engagement activities can include work, job training, education and volunteering. A mix of approved community engagement activities can count.

Q: When do these requirements start?

A: Work requirements will begin with members up for renewal and new applicants beginning January 1, 2027. Members up for renewal in January 2027 will be mailed a notice about work requirements in May 2026 and a renewal packet with work requirement materials in November 2026.

Q: How often will the state check if a member meets the requirements?

A: The state will check work requirements when someone applies for Medicaid coverage and when they renew their coverage.

- For 2027 applications: Medicaid will check that qualifying activities have been completed in the month before someone applies.
- For 2027 renewals: Medicaid will check that members meet requirements for at least one month in the last six months before their renewal begins. An example: for January 2027 renewals, the period checked by Medicaid will be from May to October 2026.

Q: What is retroactive coverage and how is it changing?

A: Retroactive coverage helps pay for medical bills for services received before a member officially signed up for Medicaid. Currently, Medicaid can provide retroactive coverage for members up to three months before they apply. Starting October 1, 2026:

- Most adults ages 19-64 will have one month of possible retroactive coverage eligibility.
- Children, adults ages 65 and older and people with disabilities will have up to two months of possible retroactive coverage eligibility.

Impacted Members

Q: Who is required to follow work requirements?

A: Most Medicaid members, including members who are pregnant, postpartum, parents of young children or have a disability, do not have to follow requirements. Some Medicaid members between the ages of 19 and 64 will need to follow requirements, unless they are:

- A former foster youth under age 26
- Released from incarceration within the last 3 months
- Blind or disabled
- Medically frail (defined in the glossary)
- A veteran with a total disability rating
- Pregnant or in postpartum coverage
- Participating in substance use disorder (SUD) or alcohol treatment or rehab
- The parent or guardian of a child under age 14
- The parent, guardian, caretaker relative, or family caregiver (defined in the glossary) of a person with a disability
- Meeting Supplemental Nutrition Assistance Program (SNAP) work requirements
- Enrolled in or entitled to Medicare Part A or Part B
- Native American or Alaska Native eligible for Indian Health Service

Q: What does medical frailty mean?

A: A member may be considered medically frail if they have a serious health condition that makes it hard for them to work or complete daily activities. Louisiana defines this as individuals with:

- Disabling mental disorders,
- Chronic substance use disorders,
- Serious or complex medical conditions,
- A physical, intellectual or developmental disability that significantly impairs their ability to perform one or more activities of daily living, or
- A disability determination based on Social Security criteria.

Member Notification

Q: How will members know if they have to report that they meet the requirements?

A: Most members will not have to take further action to report that they meet requirements. Medicaid will use reliable information the state already has, like employment and social security records, to see if members meet the requirements. Medicaid estimates most of the impacted members who meet eligibility will not have to submit additional paperwork.

Medicaid will notify members who need to provide more information by mail. For 2027 renewals, LDH will send a notice six months before the renewal period begins. Example: Members up for renewal in January 2027 will get a letter in May 2026. Members who are exempt or not required to meet the rule will not receive this notice. The renewal packet will be mailed in November 2026. The renewal packet will include information on the requirements and any necessary forms to be completed.

Meeting Work Requirements

Q: How do members meet the requirements?

A: Medicaid members meet the requirements if they earn at least \$580 a month or they complete at least 80 hours per month (on average) of approved activities. Approved work activities include:

- Working (including self-employment and seasonal employment)
- Participating in job training or an apprenticeship (defined in the glossary)
- Volunteering for community service (defined in the glossary)
- Going to school or participating in other education programs (at least half or part-time)

Q: How will the state know if a member meets the requirements?

A: Medicaid will use reliable information the state already has, like employment and social security records, to see if members meet the requirements. Medicaid estimates this will allow the agency to confirm most of the impacted members meet eligibility without having to submit additional paperwork.

For members whose eligibility cannot be determined using data sources, a manual process will be required. Medicaid will send letters to these members when they need to take action or provide information.

Q: How can a member prove they meet work requirements?

A: If Medicaid is unable to determine work requirements using available data sources, the individual will need to provide proof.

New Medicaid applicants will have to fill out a self-attestation form. By completing this form, the applicant tells Medicaid how they are meeting the requirements.

Frequently Asked Questions: continued on next page

Q: How can a member prove they meet work requirements?

A: If Medicaid is unable to determine work requirements using available data sources, the individual will need to provide proof.

New Medicaid applicants will have to fill out a self-attestation form. By completing this form, the applicant tells Medicaid how they are meeting the requirements.

Current Medicaid members renewing their Medicaid coverage must submit a community engagement verification form. The form and instructions will be included in the member's renewal packet. Members will need to fill in the portion of the form that applies to their specific situation. There are separate sections in the form for the different types of community engagement: working, attending school, participating in job training or volunteering. Members will need to take the form to their boss, teacher or the person in charge of where they volunteer or are attending a training program to complete. Members with pay stubs that show the number of hours worked can provide this information instead of asking their boss to complete the verification form.

Q: How can members report proof of work requirements to Medicaid?

A: New applicants or current members can send proof to Medicaid:

- Online at mymedicaid.la.gov
- By email at mymedicaid@la.gov
- By fax at 877-523-2987
- By mail at Louisiana Medicaid/LaCHIP, P.O. Box 91283, Baton Rouge, LA 70821-9278
- In person at a local Medicaid office (find offices at ldh.la.gov/directory)

Members can also use the Eligibility Made Easy (Emmy) mobile interface to prove their work and community engagement compliance directly from their smartphones. They can use Emmy to report:

- Income and hours worked.
- Education and training program enrollment.
- Volunteering and community service activities.
- Veteran disability

When Medicaid sends a member a request for information about their income, they will also provide the member a unique link to Emmy. This link will be shared by a QR code on the member's printed letter from Medicaid and via text message for members who have opted in to receive texts from Medicaid.

Resources for renewal, including how to upload documents online, can be found at ldh.la.gov/renew-medicaid.

Louisiana Medicaid Work Requirements

FREQUENTLY ASKED QUESTIONS



 ldh.la.gov

Q: How much time does a member have to complete their renewal?

A: Members are mailed renewal packets 60 days before their renewal date. They have 45 days to respond to show they meet the work requirements. Its important members respond during these timelines. If they do not respond, they could lose their Medicaid, even if they are still eligible.

Loss of Coverage

Q: What if I lose my Medicaid?

A: If you lose Medicaid solely because you did not meet the work requirements and you begin working, you may reapply after you have worked for one month in order to regain coverage.

If you lose Medicaid but believe you qualify for an exemption, or qualify for Medicaid through other means, you may file an appeal. You may also reapply if your situation changes (for example, if you are hospitalized).

If you lose Medicaid because your income is too high, you may qualify for coverage through the Health Insurance Marketplace at HealthCare.gov.

Q: Can I appeal losing my coverage?

A: Yes, you have the right to appeal any Medicaid eligibility decision. The letter you get from Medicaid will explain how to file an appeal, the deadline to appeal and how to request continued benefits during the appeal process (if allowed). More information can be found at ldh.la.gov/medicaid/how-to-appeal-medicaid.

Member Action

Q: What should I do to prepare for work requirements?

A: Make sure your contact information is up-to-date with Louisiana Medicaid. Watch your mail for important updates from Medicaid. Follow the instructions in those letters.

Medicaid checks work requirements in the months **prior** to renewal, so members need to ensure they are participating in approved activities ahead of their renewal period.

Q: How do I update my contact information with Louisiana Medicaid?

A: You can update your information:

- Online at mymedicaid.la.gov
- By email at mymedicaid@la.gov
- By calling your health plan (contact on the back of your card or at myplan.healthy.la.gov/en/compare-plans)
- By texting "INFO" to 72147
- By calling Louisiana Medicaid at 888-342-6207

Frequently Asked Questions: continued on next page

Louisiana Medicaid Work Requirements

FREQUENTLY ASKED QUESTIONS



 ldh.la.gov

Other Resources

Q: Where can I find more information?

A: Louisiana Medicaid has created a website at ldh.la.gov/medicaid/work-requirements with frequently asked questions about these changes.

Affordable Care Act (ACA) expansion population: This group includes adults, ages 19 to 64, with low income who qualify for Medicaid under expansion. This group generally includes childless adults, parents, and adults without disabilities who were previously ineligible. In Louisiana, it includes people with incomes 138% of the Federal Poverty Level (\$22,032 for one person, \$45,540 for a household of four in 2026). Federal Poverty Income Guidelines can be found [here](#).

Caregiver: A caregiver is a family member or another person who helps someone who is sick, has a disability, or needs help with daily activities.

Community service programs (volunteering): These are organized programs where people volunteer (for no money) to help their community, such as working with schools, health programs, or public safety groups. These programs are usually supervised and help people build skills for future jobs.

Exempt: When a member is “exempt,” it means the rules do not apply to them. For example, exempt members do not have to meet work or community engagement requirements. A list of exempt members can be found [here](#).

H.R. 1: This is a law passed by Congress in July 2025 that changes Medicaid rules across the country. Requirements enacted through H.R. 1 mandate that, beginning January 1, 2027, some Medicaid members must work or take part in approved activities and report them to keep their Medicaid coverage.

Job training: Job training includes programs that help people learn skills for work. This can include classes, certificates, college degrees, or hands-on training like apprenticeships.

Medicaid renewal: A Medicaid renewal is a process that makes sure someone still qualifies for health coverage. It is sometimes called a redetermination. Members must update their information, like income and household details, and respond to any requests. Members who do not complete their renewal could lose their Medicaid coverage.

Medically frail: A person is medically frail if they have serious health problems that make daily life harder. This can include mental illness, long-term substance use issues, serious medical conditions, or physical or developmental disabilities.

Supplemental Nutrition Assistance Program (SNAP): SNAP is a program that provides monthly benefits to help people with low incomes buy the food they need by giving them benefits every month.

Temporary Assistance for Needy Families (TANF): TANF is a program that gives money and support to low-income families with children. It may also help with job training and other services.

Work requirements: Starting January 1, 2027, some Medicaid members between the ages of 19 and 64, must show they are working, volunteering, in job training, or going to school to keep their coverage. They need to complete at least 80 hours each month. A mix of these activities can count. Some people, like parents of young children or those with serious health conditions, may not have to meet these requirements.

Louisiana Medicaid/LaCHIP
P.O. Box 91283
Baton Rouge, LA 70821-9278

LOUISIANA DEPARTMENT OF HEALTH

DRAFT

Case ID #: XXXXXXXX
Date: 05/04/2026

Head of Household
123 Memory Lane
Metairie, LA 70001

General Notice

Community Engagement Requirements to Remain Eligible

Dear ACA Individual,

Federal law requires some Medicaid members to take part in community engagement activities, commonly known as work requirements, to keep their Medicaid coverage. Community engagement activities include work, job training, education, and volunteering.

The law requires some Medicaid members between the ages of 19 and 64, who are not parents of young children or who do not have certain serious or complex medical conditions, to show they are working, volunteering, or participating in job training for at least 80 hours each month, or going to school at least half or part-time. A mix of approved community engagement activities can count.

If you are not doing these activities yet, you should start now. If you are already doing these activities then you should continue to do so.

You will need to be meeting community engagement requirements by 10/31/2026. You will receive information from us when action is required to renew your coverage or provide information to keep your coverage.

Approved activities include:

- Working (including self-employment and seasonal employment)
- Participating in job training or an apprenticeship (defined below)
- Volunteering for community service (defined below)
- Going to school or participating in other education programs (at least half or part-time)

Some Medicaid members are exempt from these community engagement requirements.

Exempt members do not have to participate in approved community engagement activities.

You are exempt from the community engagement requirements if you are:

- Under age 19 or age 65 or older
- A former foster youth under age 26
- Released from incarceration within the last 3 months
- Blind or disabled
- Medically Frail (defined below)
- A veteran with a total disability rating

- Pregnant or in postpartum coverage
- Participating in substance use disorder (SUD) or alcohol treatment or rehab
- The parent or guardian of a child under age 14
- The parent, guardian, caretaker relative, or family caregiver (defined below) of a person with a disability
- Meeting Supplemental Nutrition Assistance Program (SNAP) work requirements
- Enrolled in or entitled to Medicare Part A or Part B
- Native American or Alaska Native eligible for Indian Health Service

Definitions:

Job training - Louisiana defines job training as participating in training programs designed to prepare individuals for the workforce, and align with high-skill, or in-demand jobs. This includes occupational skills, technical certificates, associate/bachelor's degrees, and customized or apprenticeship programs.

Community service programs (volunteering) - Louisiana defines community service programs as structured programs where individuals perform work for the direct benefit of the community via public or nonprofit organizations, limited to projects serving a useful community purpose (e.g., health, education, public safety), designed to improve employability, and are supervised no less frequently than once each day the individual is scheduled to participate.

Medically frail - Louisiana defines medically frail as individuals with disabling mental disorders, individuals with chronic substance use disorders, individuals with serious and complex medical conditions, individuals with a physical, intellectual or developmental disability that significantly impairs their ability to perform one or more activities of daily living, or individuals with a disability determination based on Social Security criteria.

Caregiver – Louisiana defines caregiver as an adult family member or other individual who has a significant relationship with, and who provides a broad range of assistance to, an individual with a chronic or other health condition, disability, or functional limitation.

What could happen if you do not meet the requirements:

If you do not meet community engagement requirements and do not qualify for an exemption, you may lose your Medicaid coverage, until you have demonstrated compliance or exemption.

What you have to do now to meet the requirements and keep your coverage:

Your coverage renewal date is 01/31/2026. When it is time to renew your coverage, you may be asked to provide documentation to prove you are working, going to school or volunteering for at least one month prior to your renewal date.

How to report your activities, changes, or check your status:

You do not have to send anything to Medicaid at this time. This notice is for your information only. We will notify you when it is time to send us your information.

You can use any of these ways to report your activity hours, make changes, or check your eligibility status

- Online: Visit the website at mymedicaid.la.gov
- Phone: Call the toll-free number at 1-888-342-6207

Louisiana Medicaid Work Requirements

NOTICES AND FORMS

- Email: MyMedicaid@la.gov
- In Person: Find a Medicaid office near you at ldh.la.gov/directory/category/medicaid-regional-offices

Keep your contact information up to date:

It is important that Medicaid can reach you. You can update your address, phone number, or email:

- Online: mymedicaid.la.gov
- By email: mymedicaid@la.gov
- By calling your health plan (number on your card)
- By texting "Info" to 72147
- In person at a Medicaid office
- By calling Louisiana Medicaid toll-free at 1-888-342-6207

If you need to be connected to job resources or volunteer organizations see the included document.

This notice has been sent to all applicable individuals. The term applicable individual means an individual other than a specified excluded individual who is eligible to enroll or is enrolled under the State plan; who is otherwise eligible to enroll (or is enrolled) under a waiver of such plan that provides coverage that is equivalent to minimum essential coverage and has attained the age of 19 and is under 65 years of age, is not pregnant, is not entitled to, or enrolled for, Medicare Part A or B, and is not otherwise eligible to enroll under such a plan.

Sincerely,
Medicaid Analyst

Email: MyMedicaid@la.gov

Phone Number: 1-888-342-6207

Fax Number: 1-877-523-2987

To Keep Your Information Up to Date: 

