

# Medicaid Work Requirements

Group VIII, Expansion Group, MAGI Adult, or Ribicoff coverage



## Documents to Prove You Are Exempt



If you believe you are exempt from the Group VIII Work Requirements, you **must provide proof** by sharing one of the documents listed below.

| Exemption                                                                 | Documentation to Prove                                                                                                                                                         |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Pregnant or Postpartum                                                    | <ul style="list-style-type: none"><li>• Verbal or Written Statement of Pregnancy</li><li>• Doctor's Statement</li><li>• Newborn Birth Certificate</li></ul>                    |
| Parent or Caretaker to child under the age of 13                          | <ul style="list-style-type: none"><li>• Birth Certificate</li><li>• Custody Documents</li></ul>                                                                                |
| Parent or Caretaker to Disabled Individual                                | <ul style="list-style-type: none"><li>• Disability Award Letter</li><li>• Doctor's Statement</li><li>• Letter confirming number of hours assistance/care is provided</li></ul> |
| Current or Former Foster Care Child up to age 26                          | <ul style="list-style-type: none"><li>• Court order</li><li>• Letter from Public Children's Services Agency</li></ul>                                                          |
| Entitled to Medicare Part A or B                                          | <ul style="list-style-type: none"><li>• Copy of Medicare Card</li></ul>                                                                                                        |
| Disabled Veteran (rated as total)                                         | <ul style="list-style-type: none"><li>• Disability Award Letter</li></ul>                                                                                                      |
| Medically Frail including disability, hospitalization, or serious illness | <ul style="list-style-type: none"><li>• Disability Award Letter</li><li>• Doctor's Statement</li></ul>                                                                         |
| Drug or Alcohol Treatment                                                 | <ul style="list-style-type: none"><li>• Doctor's Statement</li><li>• Statement from Treatment Facility or Program</li></ul>                                                    |
| Incarcerated (current or released within prior 90 days)                   | <ul style="list-style-type: none"><li>• Proof of Release Statement</li><li>• Bail Related Documentation</li></ul>                                                              |
| Member of a Native American Tribe                                         | <ul style="list-style-type: none"><li>• Tribal Identification Card</li><li>• Official Statement from Federally Recognized Tribe</li></ul>                                      |