NATIONAL HEALTH CARE for the HOMELESS COUNCIL

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Medicaid & H.R.1: Impact on those who care about Homelessness

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Health Care for the Homeless Programs

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- Part of HHS's Health Services and Resources Administration (HRSA) Community Health Center program
- Funded and regulated by HHS/HRSA
- A "special populations" type of community health center
- Health clinics, mobile vans, shelter-based care, street outreach, and drop-in centers
- Also: ~240 medical respite care programs (post-hospital care)

300 HCH grantees across the U.S. provide health care in ~ 4,500 service sites

Nearly 1 million patients served through 5 million clinic visits

83% live at/below the poverty line

55% insured through Medicaid
28% uninsured

Find an HCH near you: https://nhchc.org/grantee-directory/
Find a medical respite care program near you: https://nhchc.org/medical-respite/directory/

About CSH

CSH is 501c3 nonprofit intermediary organization and CDFI that advances **supportive housing** as an approach to **help people thrive.**

Since our founding in 1991, CSH has distributed more than **$1.7 billion in loans and grants that** has created over **467,000 homes for individuals and families** exiting long-term homelessness.

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csh.org

“Big Beautiful Bill Act” Cuts Coverage

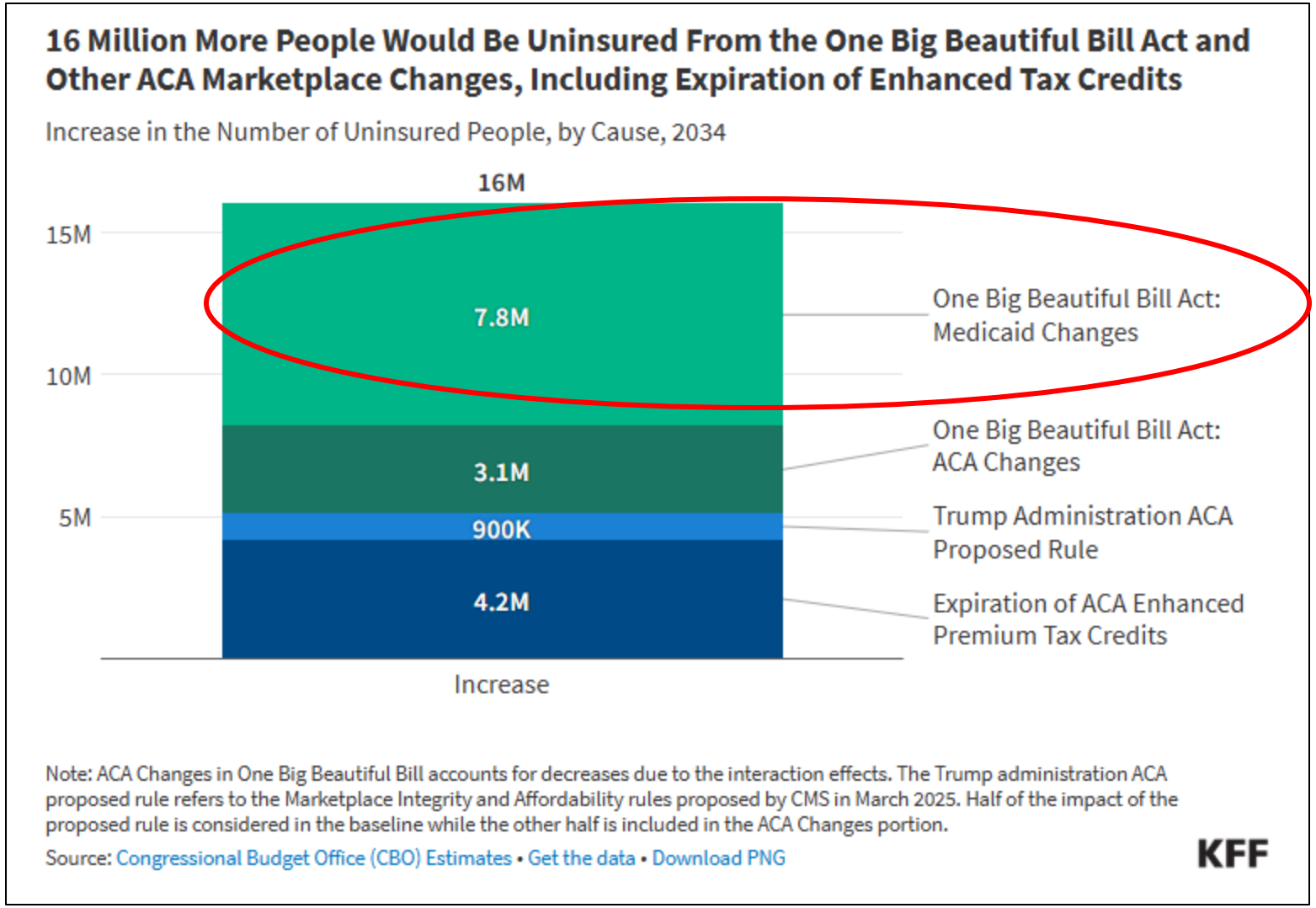
Congress passed bill with significant cuts to federal budget to fund tax cuts, immigration enforcement, and border security

Specifically, it cuts $1 trillion from Medicaid (over 10 years)

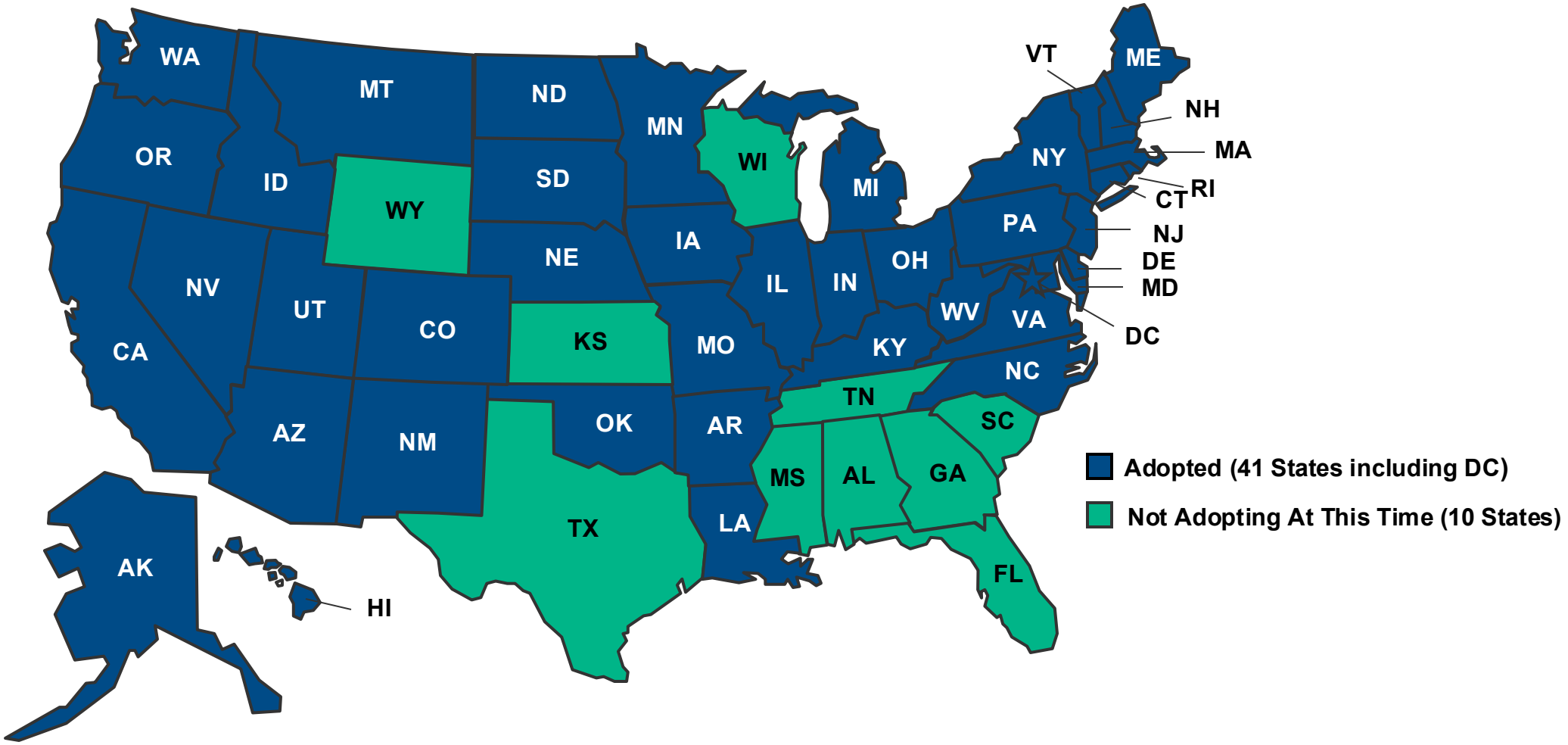
Bill was signed into law on July 4—though implementation occurs at different dates

[List of each provision in the law]

Reconciliation process: a special legislative procedure that allows tax and spending measures to be passed by a simple majority in the Senate (51 votes) instead of the usual 60 votes needed to overcome a filibuster.



Status of State Medicaid Expansion Decisions



NOTES: Current status for each state is based on KFF tracking and analysis of state activity. See link below for additional state-specific notes.
SOURCE: "Status of State Medicaid Expansion Decisions: Interactive Map," https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/

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Insurance & Revenue at HCH Programs

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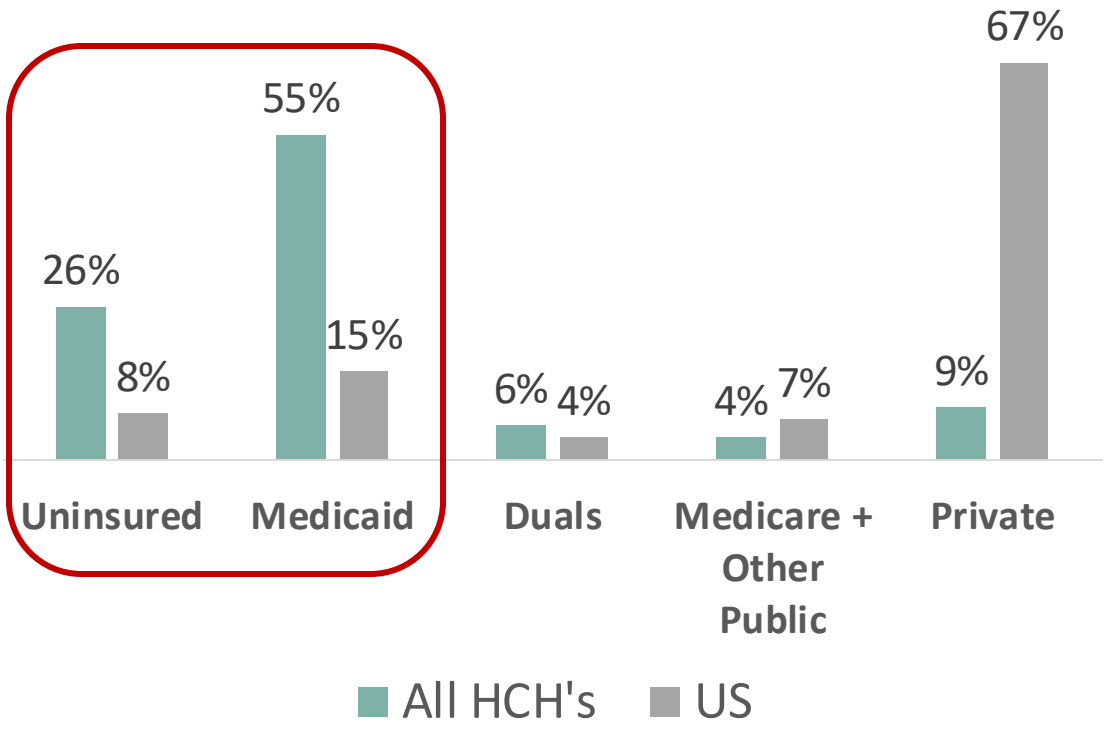
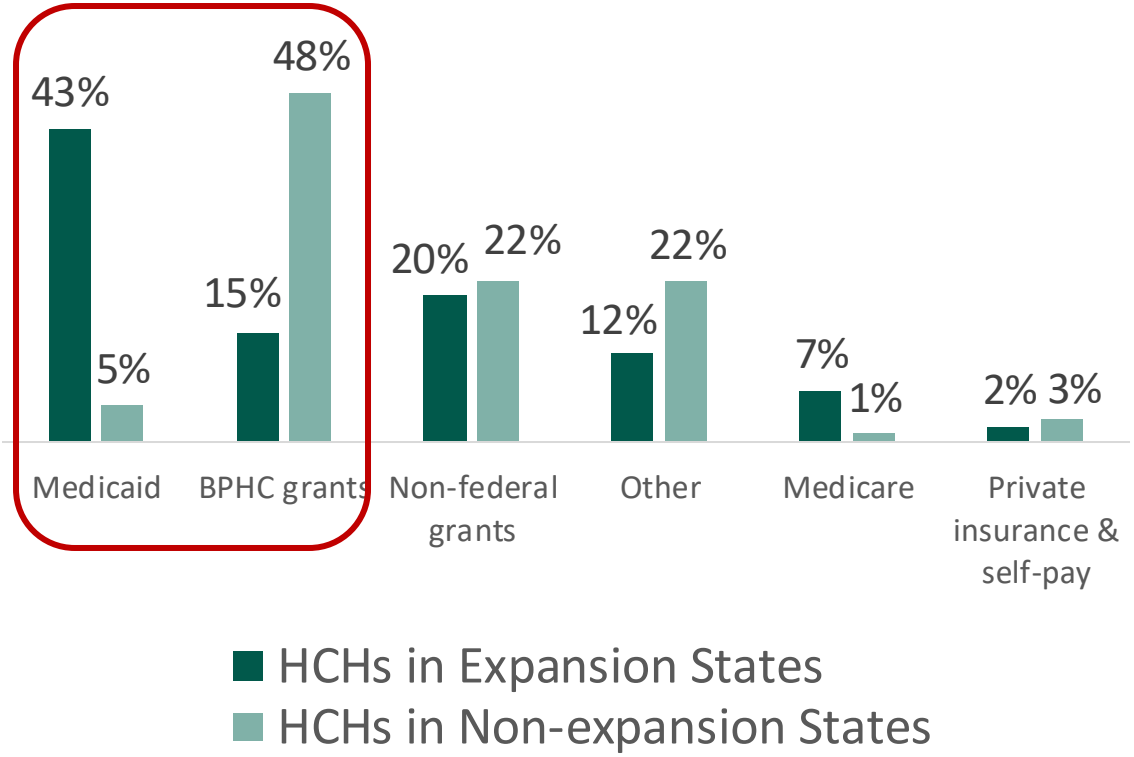
HCH Patient Insurance Sources, 2024



Funding for HCH Programs, 2024



Fact Sheet: Health Insurance at HCH Programs, 2024

Mandatory vs. Optional Medicaid Benefits

State Medicaid Programs are *required* to cover certain health care services. They can also *choose* to cover additional services, with federal approval.

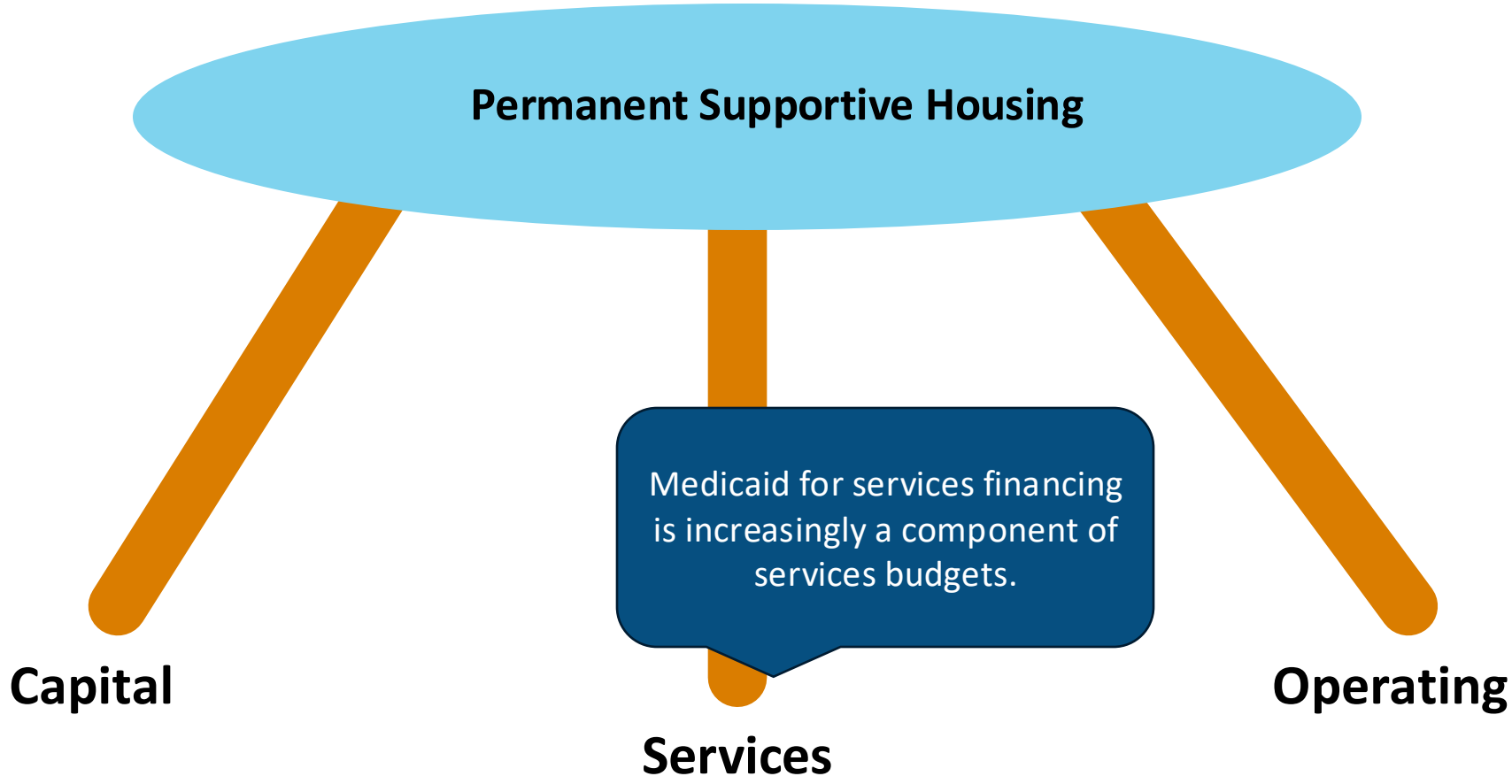
Mandatory Benefits

- Inpatient hospital services
- Outpatient hospital services
- Early and periodic screening, diagnostic and treatment services (EPSDT)
- Nursing facility services
- Home health services
- Physician services
- Rural health clinic services
- Federally qualified health center services
- Laboratory and X-ray services
- Nurse midwife services
- Transportation to medical care

Optional Benefits

- Prescription drugs
- Dental and vision
- Physical and occupational therapy
- Private duty nursing services
- Personal care
- Hospice
- Case management
- Home and Community Based Services (HCBS)
- Rehabilitative services
- Health homes for enrollees with chronic conditions

Sources of Funding to Establish and Manage Supportive Housing



Other services that are hard/impossible to access without health care coverage

- Medications
- Behavioral Health/ Psychiatric/ Substance Abuse Services
- Specialty Care (Cancer, Cardiac Podiatry etc)
- Home and Community Based Services (HCBS)
- Aging and Disability Services

Changes Most Impactful to Unhoused People

- Establishes work reporting requirements
- Adds address verification
- Increases frequency of eligibility checks
- Slashes retroactive coverage
- Adds out of pocket cost sharing
- Ends most immigrant coverage

Indirect provisions to states will also impact:

- State-directed payments
- State provider taxes
- Emergency Medicaid
- Penalties for error rates

Fact Sheet: One Big Beautiful Bill Act: Harmful Impacts to the HCH Community

Policy in HR1 that will impact Homelessness

Address Verifications	More Frequent Eligibility Determinations	Cost Sharing	Work Requirements
30-day limit to Retroactive Coverage for providers	Decreased state revenue due to Provider Taxes and limits on State Directed Payments	Restricting Immigrant access to coverage	Home and Community Based Services Expansion and Rural Health Transformation Fund

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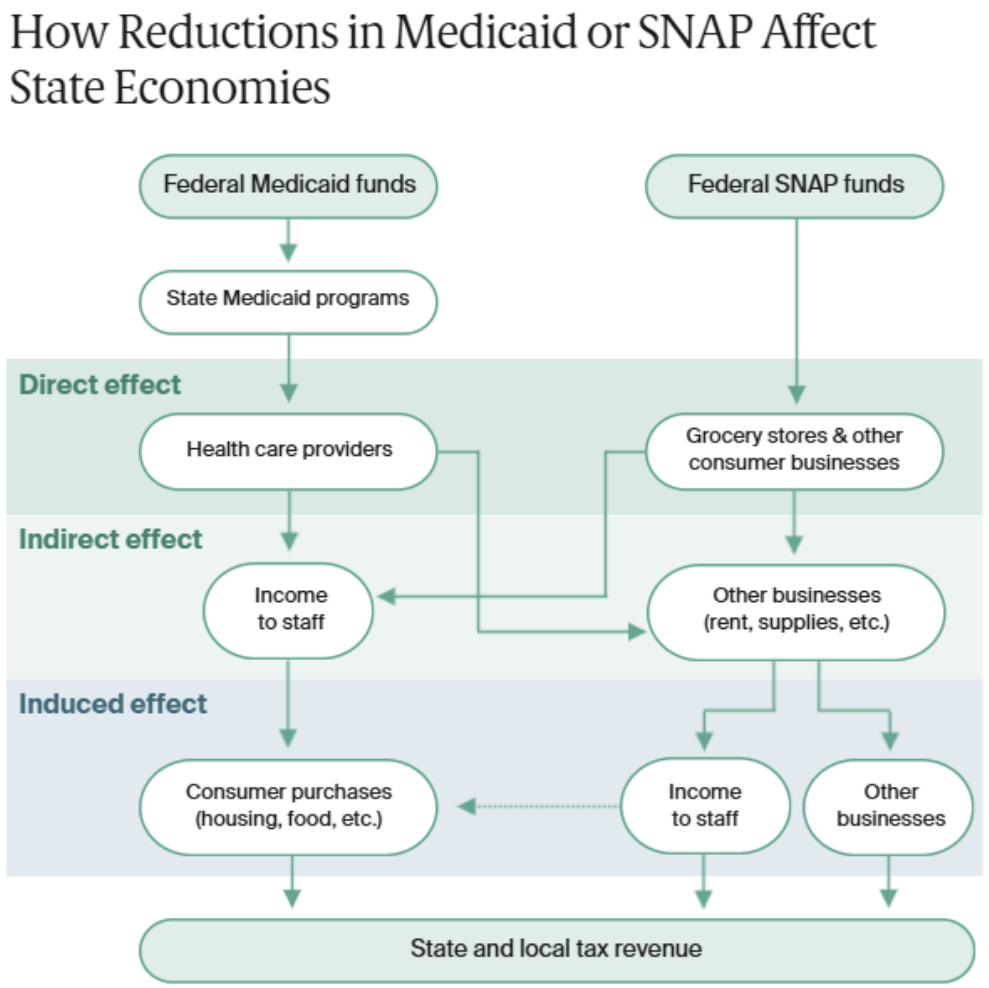
Medicaid's New Address Verification Requirements Could Impose Significant Burdens | Health Affairs

Quick 101: How Medicaid $ Flows to States



Source: Leighton Ku et al., *How Medicaid and SNAP Cutbacks in the "One Big Beautiful Bill" Would Trigger Big and Bigger Job Losses Across States* (Commonwealth Fund, June 2025). https://doi.org/10.26099/tryd-ht51

Source: Commonwealth Fund: How Medicaid and SNAP Cutbacks in the "One Big Beautiful Bill" Would Trigger Big and Bigger Job Losses Across States

Financial Impact on States

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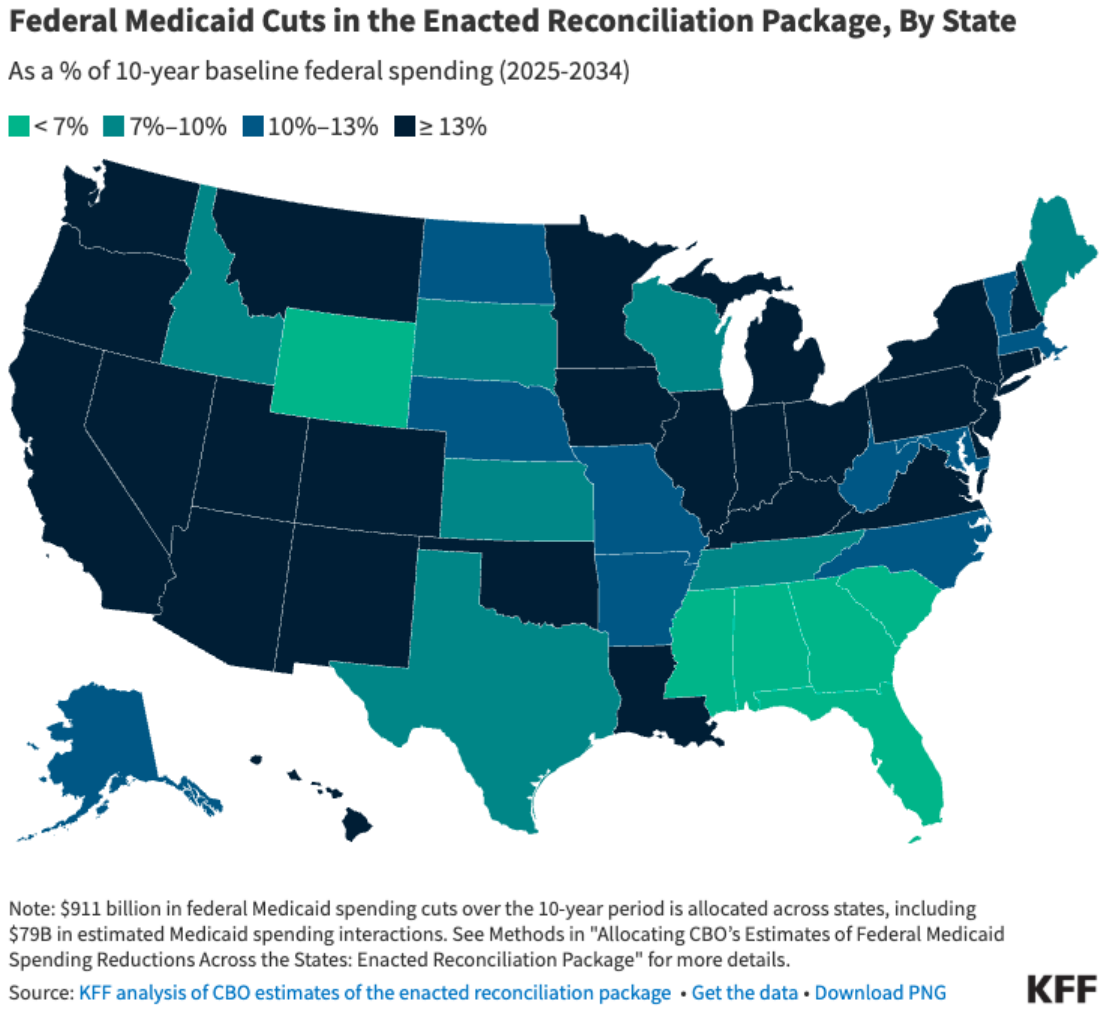
Biggest financial impact on states:

- **Expansion states:** Work requirements, changes to provider taxes, more frequent eligibility redeterminations
- **All states:** Changes to state directed payments

State	Federal Funding Losses	State Losses	Anticipated Job Losses
Texas	$3.1 billion (8%)	$4.8 billion	44,100
Florida	$1.9 billion (8%)	$2.9 billion	28,600
Georgia	$857 million (7%)	$1.4 billion	12,900
California	$16.6 billion (15%)	$22.3 billion	153,400
Arizona	$3.9 billion (21%)	$4.9 billion	41,500
Ohio	$3.5 billion (12%)	$4.3 billion	37,900

Source: Commonwealth Fund – Estimates of 2029 Medicaid Losses in Federal Funding



State Responses to Changes

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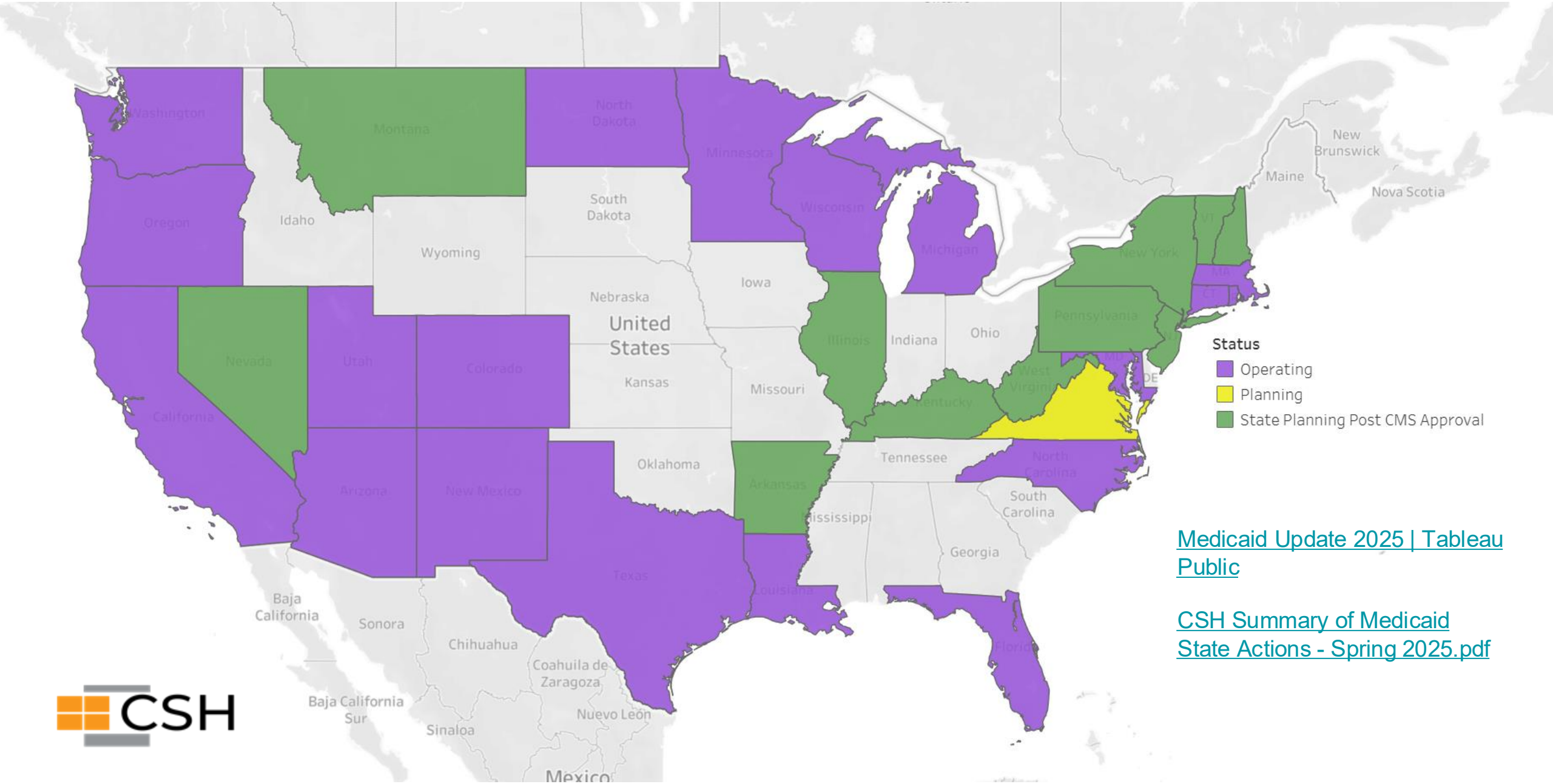
- **Unclear:** State response to federal cuts, further impact on local gov't
- **Unclear:** Impact of current state budget shortfalls
- **Unclear:** Actions on undocumented coverage
- **Unclear:** How additional services—like tenancy supports and medical respite care—will continue
- **Unclear:** Impact on health care organizations ability to retain certain staff/services

Most likely response: States will cut eligibility and services—especially noncitizen coverage and added services

When states have less money in Medicaid they most commonly

Reduce	Reduce	Reduce
Reduce services	Reduce who qualifies for services	Reduce provider payment rates

Is my state covering Housing Related Services?



[Medicaid Update 2025 | Tableau Public]

[CSH Summary of Medicaid State Actions - Spring 2025.pdf]

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Added Services: Medical Respite Care (Medicaid 1115 waivers)

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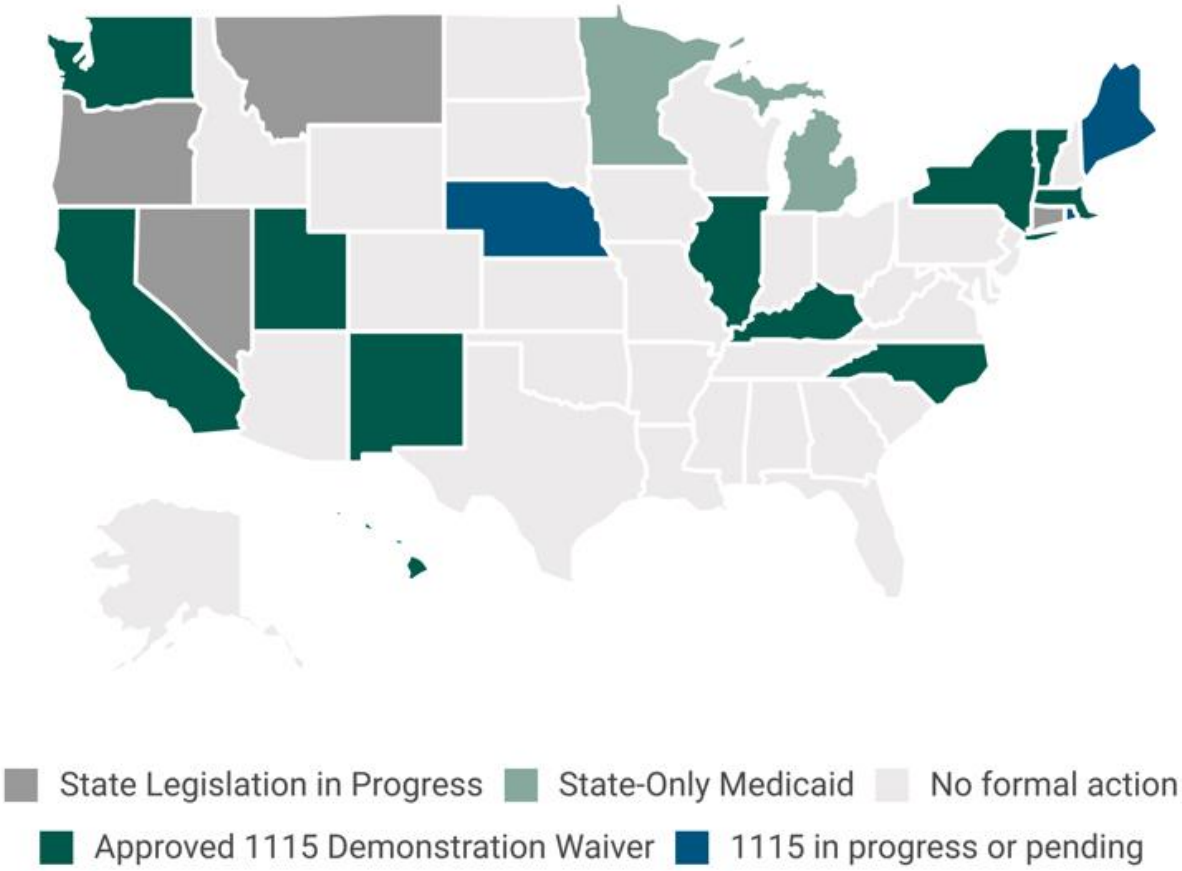
- Provides ongoing care & residential stability after hospitalization for those needing rest/recuperation
- ~150 programs across 40 states
- Located in shelters, stand-alone facilities, transitional housing, etc.
- **18 states** have/pursuing 1115 waiver for statewide service

Great resource: Expanding Options for Health Care Within Homelessness Services: CoC Partnerships with Medical Respite Care Programs

Status of Statewide Medicaid Benefits for Medical Respite Care



More details at Status of Statewide Medicaid Benefits for Medical Respite Care

Timeline

State-directed payments	July 4, 2025* Grandfathered payments start reductions Jan 1, 2028
End of immigrant coverage	Oct 1, 2026
State provider taxes	Oct 1, 2026
Emergency Medicaid	Oct 1, 2026
Work requirements	Jan 1, 2027* Waivers avail until Dec. 31, 2028
Address verification Frequent redeterminations Retroactive coverage	Jan 1, 2027
Out of pocket co-pays	Oct 1, 2028
Error rate penalties	Oct 1, 2029

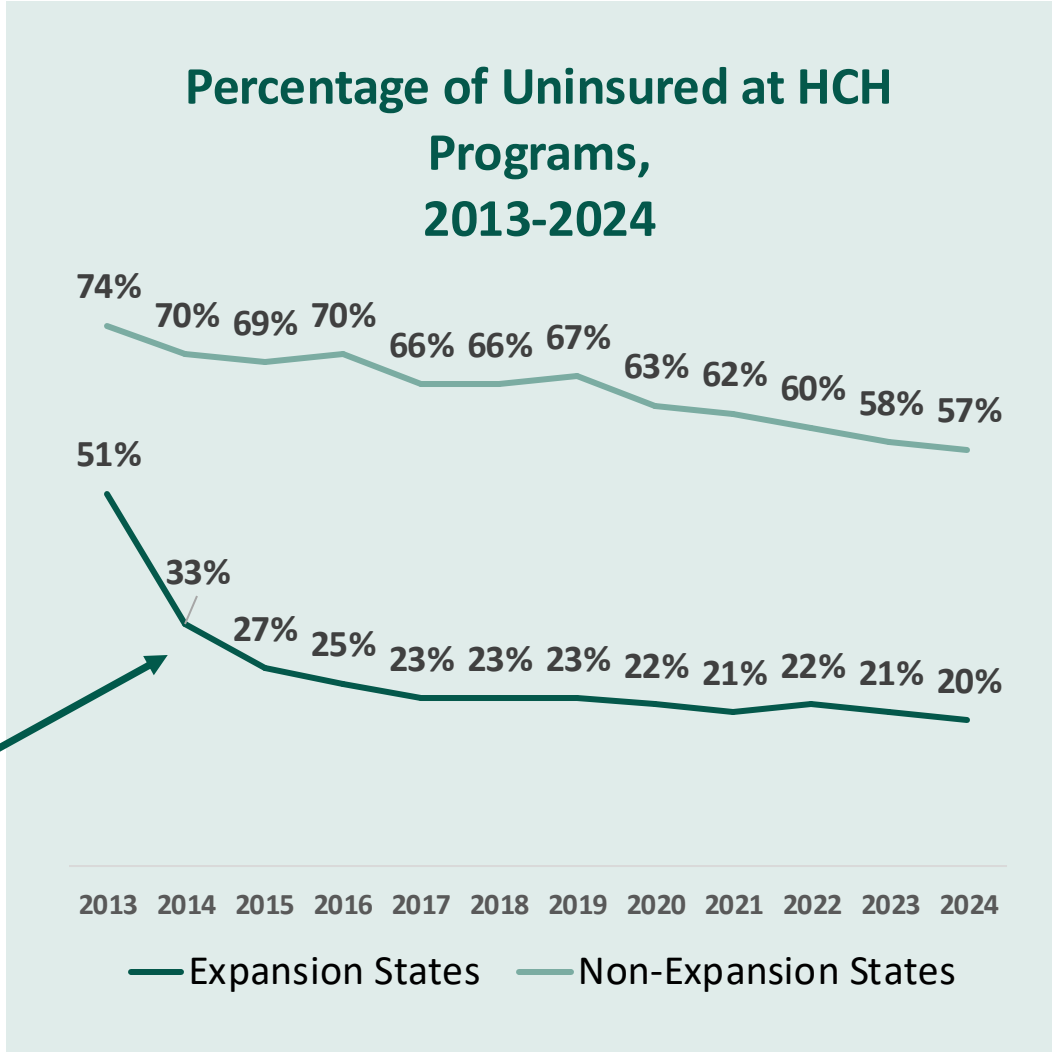
State Legislative Sessions

- Most meet in January 2026 to determine FY2027 budget
- OBBBA cuts start during FY2027
- States are calculating coverage and revenue losses **now**
- Decisions happening **now** on what to cut
- **Most at risk:** Non-citizen coverage, optional services, 1115 waivers, cutting the expansion population

A Deeper Dive on Medicaid Work Requirements

- **WR systems are expensive**
- The goal is to drive loss of coverage
- **Does not increase employment**
- *Ironically: increases unemployment*
- Takes revenue from providers
- Adds administrative burden on providers & patients
- Undermines progress over last 10 years

Fact Sheet:
Impact of Medicaid Work Requirements for Unhoused People



Fact Sheet: Health Insurance & Revenue at HCH Programs, 2024

Address verifications

- States are developing data systems to verify addresses
- State Medicaid offices are not REQUIRED to collaborate with other state departments
- If an address cannot be verified, a person can lose their health insurance
- States are developing these processes currently
- States must have a CMS approved process by **January 1, 2027** and be able to share data with CMS by January 1, 2029

[Medicaid's New Address Verification Requirements Could Impose Significant Burdens | Health Affairs]

More Frequent Eligibility Requirements

- Shifts from a year to every 6 months
- Had been shifting to longer eligibility periods (till age 6 for children, 2 years for those who are verified homeless in MA); Now moving backwards
- More frequent eligibility determinations commonly means eligible people lose coverage because of administrative barriers
- How to help those you serve
  - CA Specific- Medicaid Tools | HB Live Site
  - Nationwide- Fact sheet from National Health Care for the Homeless
    - National Medicaid Toolkit | HB Live Site

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What Does All This Mean for the HCH Community?

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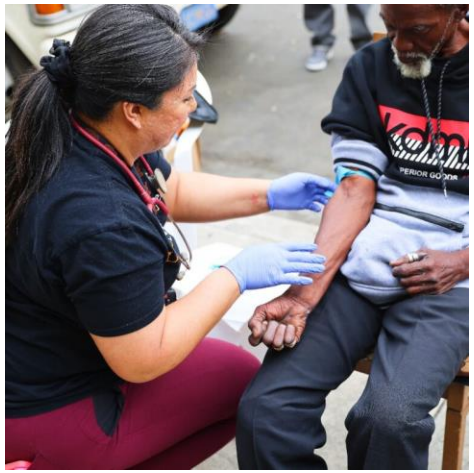
- Fiscal austerity as states balance budgets amid shortfalls
- More Medicaid administrative burden, far fewer people covered, and less reimbursement-related revenue
- Likely: Pull-back on 1115 waivers for supportive housing/medical respite care
- Less federal and state grant funding, more pressures on private/philanthropy
- Greater acuity/more complex patient needs amid fewer resources and staff
- Fewer housing opportunities, more high-barrier requirements, greater unsheltered homelessness
- Possible: Immigration enforcement inside/around health care programs
- Increased sweeps, arrests, forced hospitalizations/involuntary services, and hunger



How Homelessness Providers Can Help

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1. Ensure strong collaborations with health care partners
2. Maximize spaces/opportunities to integrate shelter/housing and health care services – **onsite care is ideal**
3. Build trust with clients to engage them in needed care & conduct warm hand-offs/referrals
4. Consider how your program **facilitates** care — or imposes barriers to care (e.g., do you prohibit prescribed medications?)
5. **Help clients document "community engagement" (work) hours in new Medicaid systems – provide computer access**

Other Issues Impacting Health Care

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Cuts to health care grants & harm reduction activities

Cuts to food assistance

Cuts to Housing Assistance

"Immigration" Enforcement

Sweeps & Arrests

Forced Treatment

Thank you!

Learn more at www.csh.org

Stay in Touch!

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