

# Summary of Medicaid Provisions in H.R.1

## OVERVIEW

H.R.1 is estimated to reduce federal spending on Medicaid by more than \$1 trillion over ten years, and cause as many as ten million people to lose their health insurance.

Medicaid is often the single largest federal line item in state budgets and with significant cuts, states must find ways to balance their budgets.<sup>1</sup>

Common state cost-cutting strategies include covering fewer people, cutting back on services offered, and paying providers less. Most states have a coalition working toward continuous health care coverage for all state residents and this coalition may be a valuable partner in these conversations.

## Additional provisions to know:

### **Retroactive coverage has changed:**

Coverage is now limited to 30 days from 90 days.

### **Noncitizen eligibility rules have changed:**

The new law eliminates Medicaid eligibility for most noncitizens.

## What supportive housing allies should consider in the immediate term:

**Quickly reach out to state health and budget leaders** to minimize the negative impacts of the bill. CSH's Solutions for States summary highlights important efforts states can consider to minimize health care coverage disruptions for program participants.

**Lift up the unique challenges** that those experiencing homelessness, housing instability, and disabilities face in ensuring their own continuous health care coverage.

**Review tenants' income and benefits status.** Persons who could benefit from the SOAR program should be referred and supported through the process. Persons who are Medicaid enrolled because of their SSI/SSDI benefits will not be subject to many of the requirements from H.R.1 including work requirements, cost sharing, and more frequent eligibility determinations.

**Connect the homeless crisis response system** to programs designed to support the people they are serving to continuous healthcare coverage such as Medicaid.

**Align a community's strategies to address medical debt** as part of a community's eviction prevention practices. Swift enrollment in Medicaid is critical to avoid ongoing accumulation of debt and deteriorating health.

## Supportive housing partners and allies should focus on upcoming state-level decisions and impacts:

**Understand how benefits/services cuts could impact people experiencing homelessness** and protect or seek to add Housing Related and Home/Community Services. (See if your state has housing related services [here](#) and read the paragraph on new Home and Community Based Services on the right.)

**Advocate to shore up confidence in Medicaid** as a key supportive housing financing tool. Research has long proven that disrupting these services would drive UP costs in the Medicaid program.<sup>2</sup>

**Weigh in on the establishment of policies, systems, and countable activities** that operationalize work requirements to minimize their impact on people experiencing homelessness and housing instability.

**Work to minimize harm from shorter recertification periods, address verification, and other red tape.** For example, see if your state allows application assistants such as case managers, make sure notifications can be sent to these case managers in addition to enrolled members, and make sure homeless shelters are not flagged as fraudulent addresses.

**Weigh in on how cost sharing will impact people experiencing homelessness** and their access to critical care and services.

**Ask your state to consider whether a new Home and Community Based Services (HCBS) 1915(c) process** could pair with the LIHTC expansion resources and any subsidies (e.g. HUD 811) in the community to expand community-based alternatives to institutional settings.

<sup>1</sup> [Top Five Medicaid Budget Pressures - National Association of Medicaid Directors](#)  
<sup>2</sup> [CSH Literature Review of Supportive Housing](#)

