



HR 1 Implementation Series: Solutions to sustain Medicaid coverage

March 26, 2026



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POLL:

My state has a definition and process to determine who is Medically Frail?

- A. Yes
- B. NO
- C. DON'T KNOW



Today's Agenda

...

- Learning Objectives
- Key Provisions of HR1 that are States are implementing with some critical choices
- Medically Frail: State Options
- SSI/ SSDI Outreach
- Application Assisters

- Q&A



Learning Objectives

- Learn what health insurance/ Medicaid eligibility coverage categories are most impacted by HR1
- Learn about state decisions that can help people retain their health insurance/ Medicaid coverage
- Learn about strategies to help people navigate these changes and keep their coverage



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developments
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our Blog series**



[H.R.1 Reshapes Medicaid: What Housing Providers Need to Know Now - Corporation for Supportive Housing](#)

[Using Medical Frailty to Protect Medicaid Coverage Under H.R.1 - Corporation for Supportive Housing](#)

[H.R.1 Response - Policy & Advocacy | Corporation for Supportive Housing](#)

Medicaid Populations and HR1 Barriers to Coverage

- HR1 creates administrative barriers to coverage primarily for people who only have coverage due to the ACA, the Medicaid Expansion Population
- Barriers include
 - Work requirements
 - More frequent eligibility determinations
 - Cost sharing
- Different strategies will protect coverage for different people depending upon their circumstances and supports
- States can make choices to try to protect coverage including
 - Defining Medically Frail
 - Having a simple direct process to determine Medical Frailty
 - Exempting those who are determined to be Medically Frail from the above requirements

Children

- Limited Impact to eligibility in HR1
- Persons age tells the state if they fall into this category

Aged, Blind or Disabled (ABD)

- Limited Impact to Eligibility in HR1
- Age or Social Security Income (SS/SSDI) status tells the state if someone falls into this category

Expansion Population

- With HR1, now subject to Work Requirements, more frequent eligibility determinations and cost sharing
- Person has only proven low income to the state

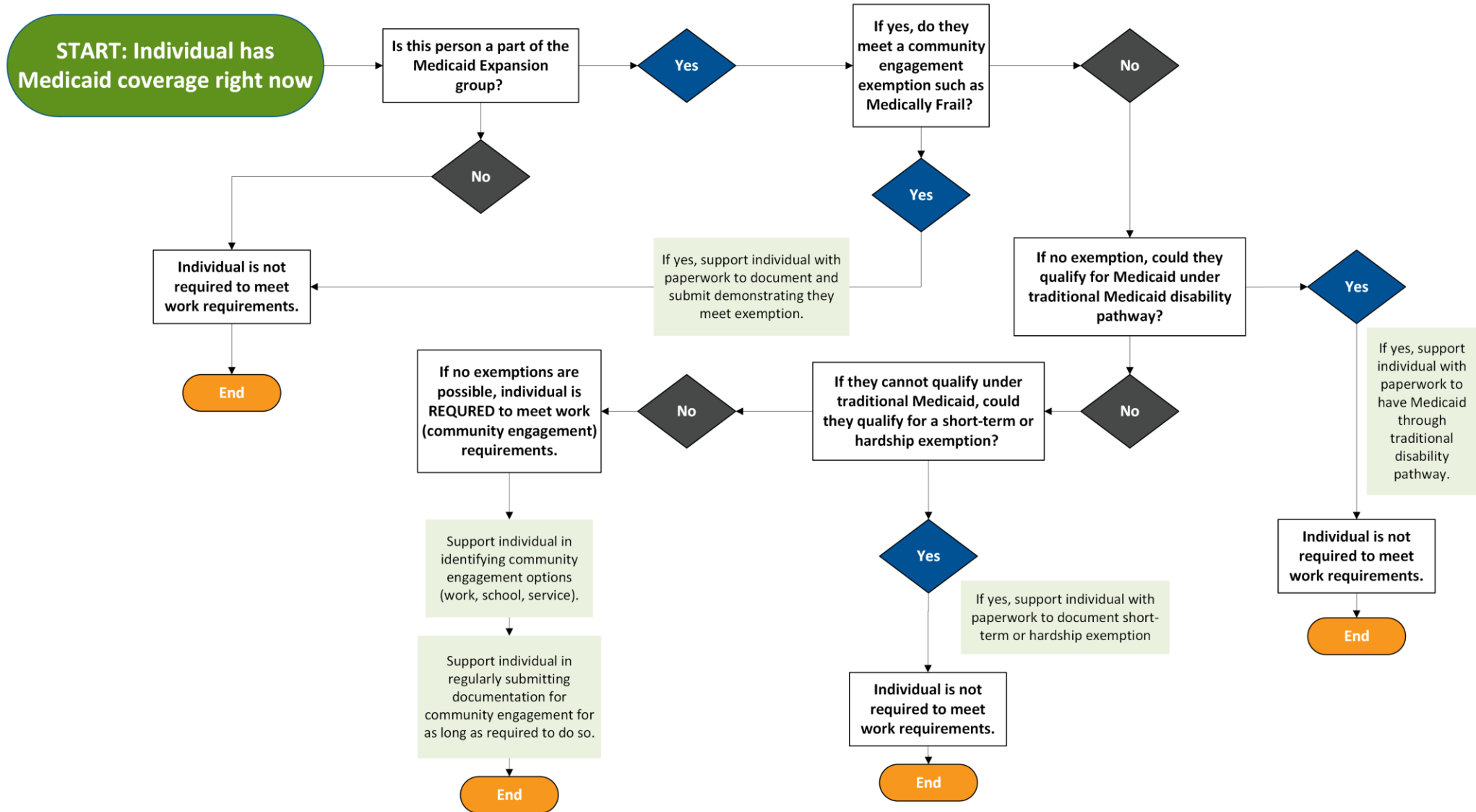
Medically Frail

- Exempt from most of the HR1 barriers to coverage
- Each state decides if they want to create this category and how a person proves they meet criteria

Medicaid Community Engagement Requirements: Steps to Consider

Long-term Goal: Keep people healthy and stable in housing by helping those who have Medicaid keep their coverage.

Short-term Goal: Help people navigate Medicaid Community Engagement requirements and exemptions.



A close-up photograph of a person's hand holding a set of keys. The person's face is blurred in the background. The keys are silver and attached to a metal ring. The lighting is warm and soft.

Strategy #1 Medically Frail

State options to protect coverage

What HR1 says about **Medical Frailty**

Section 71119: SPECIFIED EXCLUDED INDIVIDUAL.—For purposes of clause (i), the term ‘specified excluded individual’ means an individual, as determined by the State (in accordance with standards specified by the Secretary)—

- who is **medically frail** or otherwise has special medical needs, including an individual);
- “(bb) with a substance use disorder;
- “(cc) with a disabling mental disorder;
- “(dd) with a physical, intellectual or developmental disability that significantly impairs their ability to perform 1 or more activities of daily living; or
- “(ee) with a serious or complex medical condition;



State Decision Points on Medically Frail

- ❑ **YES OR NO:** Does your state allow this category defined and in use in the Medicaid program? 12 states do as of October, 2025- [State-Considerations-When-Defining-Medical-Frailty](#)
- ❑ **Who Qualifies:** States have choices on what the qualifications are for this exemption.
- ❑ **Process to Prove they Qualify:** States have choices around how easy or hard it is to prove you meet the qualifications the state chose



More Detailed questions: IF MY STATE has a process for Medical Frailty

- Is there an easily accessible stand-alone form?
- Who has to sign the form, such as a Medical Doctor, an LCSW or is self-attestation allowed?
- How does the state accept forms? Is an in-person interview required or can all be submitted online?
- Does the state lead this efforts or MCOs or another statewide health leader?
- Does the state consult their own databases for diagnoses that might indicate a person is medically frail as defined by the state?



A man in a suit is holding a set of keys in his right hand, which is in focus. The background is a blurred image of the same man's face, looking down. The overall tone is professional and focused.

Strategy #2 SOAR

Who can move from the Expansion category to ABD category and be exempt from most HR1 requirements

Strategy #2- Protecting Medicaid Coverage with SOAR

Kristin Lupfer, MSW

Policy Research Associates, Inc.

Three Strategies to Protect Medicaid Healthcare Coverage:

SOAR, Application Assisters, and Medically Frail

H.R. 1 Webinar Series | CSH

March 26, 2026

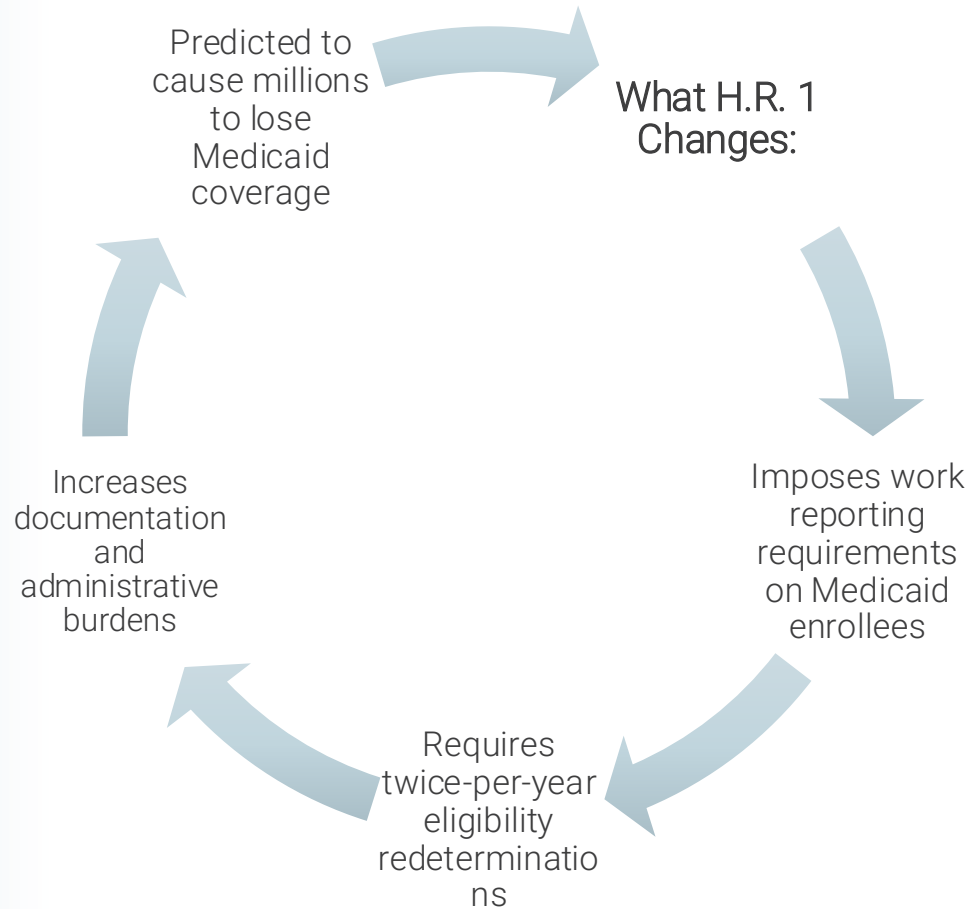


The Challenge: H.R. 1 and Medicaid Coverage

Understanding the new requirements and who is at risk




H.R. 1: A New Threat to Vulnerable Populations



Why It Matters:

- SSI recipients are automatically enrolled in Medicaid in most states
- SSDI recipients become eligible for Medicare
- Losing disability benefits means losing healthcare coverage
- Securing SSI/SSDI is both an income pathway and a healthcare gateway

Who Falls Through the Cracks



States are using administrative data to identify exemption-eligible residents, but these approaches will miss people with smaller data footprints:

- **People experiencing homelessness**
 - Inconsistent connections to care, lack of documentation, no stable mailing address
- **Transition-age youth and young adults**
 - Aging out of foster care with limited system connections
- **Justice-involved individuals**
 - Reentering communities from prisons and jails without established benefits
- **Older adults with new disabilities**
 - Facing disability-related challenges without prior system engagement



Using SOAR to Protect Coverage

SSI/SSDI Outreach, Access, and Recovery

What is SOAR?

SSI/SSDI Outreach, Access, and Recovery (SOAR)

- SOAR is a model that increases access to SSI/SSDI disability benefits for eligible adults and children who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder.
- **Beyond benefits:** SSI approval provides a stable monthly income and automatic Medicaid enrollment in most states. SOAR reduces costs for emergency health care systems, homeless service providers, and correctional settings.



How the SOAR Model Works

1. SSA Liaison Designation

- State and local partners advocate with SSA field offices to designate a special liaison to shepherd applications for people experiencing homelessness

2. Trained Caseworker Assistance

- A caseworker helps the individual navigate the application and build the medical case before submission

3. Medical Summary Report

- A SOAR specialist translates medical history into SSA disability criteria

4. Decision-Ready File

- SSA receives a complete file, reducing delays and denials

The SOAR Legacy: By the Numbers

109,000+

people assisted with
disability benefit
applications since
2007

68,000+

people successfully
connected to
SSI/SSDI benefits

65%

SOAR approval rate
vs. 31% national
average for
unassisted
applications

**\$774
million**

estimated SSI/SSDI
benefits flowing into
state and local
economies in 2024

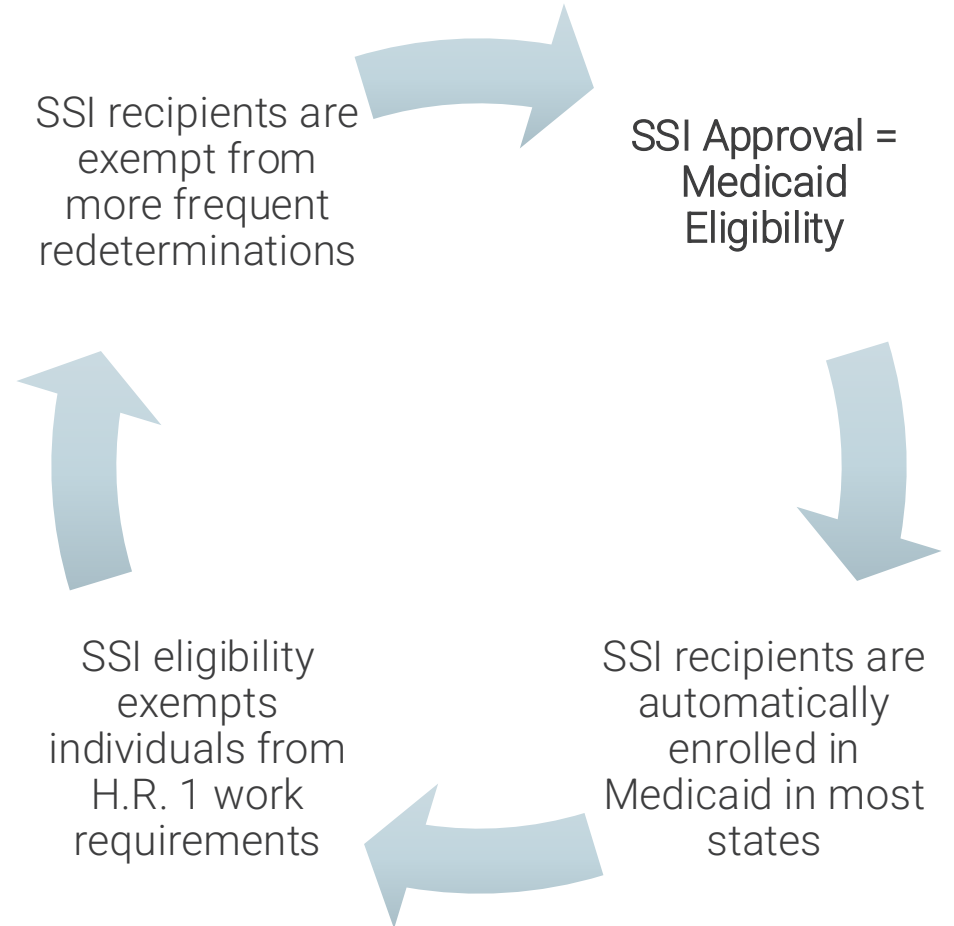
21,000+

practitioners trained
across all 50 states
and DC

SOAR Protects Medicaid Coverage

How It Works

- Disability determination documents medical frailty for Medicaid exemptions
- The SOAR Medical Summary Report provides the evidence needed for exemption claims



SOAR Critical Components

Five practices that result in high-quality SSI/SSDI applications:

- 1. Serving as the Applicant's Representative:** Complete the SSA-1696 to receive all notices, communicate directly with SSA/DDS, and obtain records from the applicant's file
- 2. Collecting and Submitting Medical Records:** Gather records from all treatment sources before submission so DDS receives complete, relevant evidence faster than through standard channels
- 3. Writing a FAST Medical Summary Report (MSR):** Tell the applicant's story in a letter that summarizes medical treatment history and links conditions to functional impairments affecting their ability to work
- 4. Obtaining a Co-Signature from an Acceptable Medical Source:** A co-signed MSR is considered a "medical opinion" by SSA; Acceptable Medical Sources include physicians, psychologists, APRNs, PAs, and audiologists
- 5. Completing a Quality Review Before Submission:** A SOAR-trained mentor or supervisor reviews the full packet to ensure all forms are complete and the MSR thoroughly links diagnosis to functional limitations. "Get it right the first time."



Documenting Disability

Documenting disability to secure Medicaid exemptions

The FAST Medical Summary Report (MSR)

- The SOAR Functional Assessment Statement — A Streamlined, Evidence-Based MSR
 - Revised in 2025 with a renewed focus on functional assessment and what DDS examiners need to make decisions
- Provides a comprehensive picture of how the applicant meets disability criteria, drawing from medical records, applicant interviews, and collateral sources
 - Takes the place of the SSA-3373 Function Report in many states
 - Becomes medical evidence when co-signed by an Acceptable Medical Source
- Built on 20 years of SOAR MSR effectiveness — research shows submitting an MSR increases the likelihood of approval
 - Developed through input from expert SOAR practitioners, DDS examiners, peer support providers, attorneys, and people with lived expertise
- Enhances evidence presentation, saves time, and increases approval rates



FAST MSR Components at a Glance

- **Introduction:** Introduce the writer and applicant; bold all physical and mental health conditions; state when the applicant was last able to work
- **Occupational History:** Employment history 5 years before onset; bold last date of work and last date at SGA; describe impairments and capability levels
- **Physical Health Treatment:** List all physical diagnoses; organize by treatment provider; focus on SSA Listing criteria; bold key symptoms and test results
- **Mental Health Treatment:** List all mental health diagnoses; organize by treatment provider; focus on SSA Listing criteria; bold symptoms that align with listing criteria
- **Substance Use and Materiality:** If applicable, list substance use diagnoses; organize by provider; focus on materiality; bold symptoms and evidence of nonuse
- **Functional Information:** Bold subheadings for all four areas of mental functioning; 1–2 detailed paragraphs per area; use specific examples; bold strong examples of impairments
- **Summary:** Keep concise; use template language; bold all conditions; include signature lines for writer and Acceptable Medical Source



Documenting Functional Limitations: Four Key Areas

SSA evaluates four areas of mental functioning:

- Understand, remember, or apply information (memory, instructions, problem-solving)
- Interact with others (getting along, anger management, social avoidance)
- Concentrate, persist, or maintain pace (task completion, focus, distractibility)
- Adapt or manage oneself (hygiene, responding to change, setting goals)

Tips for effective functional descriptions:

- Address all four areas with 1–2 detailed paragraphs each
- Use specific quotes and examples from the applicant and providers
- Connect diagnoses and symptoms to concrete limitations in daily life and work
- Describe supports received vs. functioning without those supports

Functional information accounts for 50% of the disability criteria



Assisting with SSI/SSDI Applications

Keeping people enrolled through direct support

How SOAR Specialists Can Help

Key strategies for states and providers:

- Train shelter staff, outreach workers, and behavioral health providers as SSI/SSDI and Medicaid application assisters
- Set up systems to receive and track Social Security and Medicaid notices for clients experiencing homelessness
- Coordinate with the Social Security Administration
- Leverage community-based organizations already connected to vulnerable populations

SOAR specialists and Application Assisters can work together to ensure both income and coverage stability

Taking Action: What States and Communities Can Do Now



Build SOAR capacity in your community

Train staff in the SOAR model to assist with SSI/SSDI applications
Establish relationships with local SSA field offices



Leverage medical documentation skills for frailty exemptions

Use SOAR-trained staff to document medical frailty for Medicaid exemptions
Partner with healthcare providers for medical evidence gathering



Develop an application assister network

Designate staff at shelters, clinics, and CBOs as Medicaid application assisters
Create processes for receiving and acting on Medicaid notices



Connect with PRA for resources and support

Visit <https://www.prainc.com/soar-ssi-ssdi-outreach-access-recovery/>

Policy Research Associates, Inc.

CREATING POSITIVE SOCIAL CHANGE

FOR PEOPLE AND COMMUNITIES THROUGH TECHNICAL
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A close-up photograph of a person's hand holding a set of keys. The person's face is blurred in the background, looking down at the keys. The lighting is warm and focused on the hand and keys.

Strategy #2 (cont'd) Spotlight on CA: Connecting Tenants to SOAR and SOAR- like Programs

Effort to protect coverage by connecting members to disability benefits advocacy for stable income and SSI-linked Medicaid

Connecting Tenants to existing SOAR and SOAR-like Disability Benefits Advocacy

- **Short-Term Goal:** Keeping Tenants on their Medicaid coverage
 - Ensure tenants are connected to the medical support they need
 - Confirm that medical records are thorough and reflect the tenant's functional limitations
 - Documentation for exemption from work/community engagement
- **Long-Term Goal:** With successful disability benefit support, connecting tenants to SSI/SSDI:
 - Stable monthly income
 - SSI includes a reliable pathway to traditional Medicaid
 - Avoid some of the most administratively onerous requirements under HR1 including more frequent redeterminations and work/community engagement

CA Statewide HR1 Coalition formed to protect PEH from losing coverage

- Working at the intersection of healthcare, housing and homelessness
 - CA Street Medicine Collaborative (CSMC)
 - Center for Health Care Strategies (CHCS)
 - Corporation for Supportive Housing (CSH)
 - Homebase
 - Klurfeld Consulting
 - National Healthcare for the Homeless Council (NHCHC)
- Formed to equip local health and homelessness organizations, public agencies, and the State with the tools and strategies to prevent people experiencing and at-risk of homelessness from losing their Medicaid coverage (otherwise known as "Medi-Cal" in the Golden State)
- Particularly due to HR1's most onerous administrative requirements for ACA/Medicaid Expansion population, including:
 - More frequent redeterminations
 - Work/community engagement requirement



Connecting to CA's Housing and Disability Advocacy Program (HDAP)

- Established in 2016 to assist people experiencing or at-risk of homelessness who are likely eligible for disability benefits, providing:
 - Outreach
 - Case management
 - Benefits advocacy
 - Housing support
- Benefited from key learnings from SOAR Model & SOAR Trainings
- As of FY 2023-24, HDAP offered by 56 counties and 17 tribal agencies, each program tailored to meet needs of local community members; funded annually at \$25 million since FY 2019-20
- Prioritize individuals and families who are experiencing chronic homelessness or homelessness, who rely most heavily on government funded services

Connecting to LA County's Countywide Benefits Entitlement Services Team (CBEST)

- Support with applying for Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), and Cash Assistance Program for Immigrants (CAPI) for:
 - Unhoused people
 - Individuals at risk of homelessness
 - Formerly incarcerated people
- In most recent reporting period Jan 1 to December 31, 2024, CBEST Program Outcomes:
 - 84% approval rate for benefit claims
- Disability application timeline may be lengthy, 18 months or longer

HR1 Coalition's Planned Toolkit and Educational Resources for Providers

- **Planned partnership with** training and technical assistance provider to State-funded HDAP programs
- **Toolkit resources** for frontline organizations to protect clients from losing Medicaid coverage
 - Resource map of disability benefits advocacy services (e.g. HDAP programs, SOAR programs, FQHCs, County Mental Health providers, legal advocacy, etc.)
 - Decision-tree tool for case managers to assess client eligibility and determine most appropriate advocacy pathway
- **Educational resources** for frontline organizations to build staff capacity to play an active role in the healthcare support of clients:
 - Training case management staff to facilitate the connection between clients and healthcare providers
 - Training for healthcare providers re: necessary medical documentation for successful SSI/SSDI application

A close-up photograph of a person's hand holding a set of keys. The person's face is blurred in the background. The text is overlaid on the image.

Strategy #3 Application Assisters

State options to protect coverage

What Are **Application Assist**ers?

Role of an Application Assister

- Provide free, unbiased help in completing Medicaid applications
- Assist with:
 - Screening for eligibility
 - Completing and submitting applications
 - Uploading required documents
 - Troubleshooting renewals and coverage gaps
 - Helping clients understand notices and resolve denials
- Maintain confidentiality, act in a consumer-oriented capacity, and avoid conflict of interest.

Types of Application Assister

- Certified Application Counselor (CACs)
 - Typically based within FQHCs, Hospitals, and nonprofits
- Navigators
 - Funded by federal or state grants; assist with Medicaid and the Marketplace.
- State-specific eligibility workers or outreach staff
 - Eligibility specialist embedded in community settings
- Health system-based enrollment teams
- With the right training and support, housing and homeless systems peers or case managers can also play this role

How Housing Providers & Clients Can Engage Application Assisters

- **Direct Referrals**
 - Establish referral pathways
 - FQHC with CAC staff
 - Community-based navigators
 - Hospital enrollment teams
 - Managed care plans' enrollment staff
 - Include contact sheets, workflows, and client handoff forms
- **Onsite or Co-Located Enrollment Support**
 - Invite assisters to:
 - Conduct in-reach at shelters, drop-in centers, or supportive housing sites
 - Host enrollment days or weekly office hours
 - Provide renewal assistance during tenancy milestones (move-in, annual reviews)
 - Train Homeless and Housing sector supports to play this role
- **Warm Handoffs**
- **Client Education**



How Housing Providers Can Advocate for Stronger Use of Application Assisters

- **Identify Gaps** & Opportunities
 - Document challenges clients face
 - No on-site enrollment help
 - High rates of churn and coverage loss
- Communicate with **State Medicaid Agencies**
 - Advocate for:
 - Funding for outreach and enrollment targeted to homeless populations
 - Allowing assisters to operate in supportive housing sites
 - State partnerships with homeless services agencies
 - Simplified verification and flexible documentation requirements
- Engage with **Medicaid Managed Care Organizations**
 - Request:
 - Dedicated enrollment teams for high-need populations
 - Incentives for MCOs to maintain continuous coverage
 - Training for providers on MCO enrollment processes
- Participate in **Stakeholder Groups**
 - State Medicaid Advisory Committees
 - MCO stakeholder meetings
 - Health and Housing planning councils

Roles Housing Providers Can Play in the Enrollment Process

- Prepare Clients
 - Help clients gather documents (ID, income, residency)
- Support During the Application
 - Provide in-person support during assister meetings.
- Stay Involved Through Renewal Cycles
 - Track key dates: renewals, coverage deadlines, policy changes.
- Serve as Advocates for Clients
 - Escalate issues to:
 - State Medicaid Ombudsman
 - MCO member services
 - Navigator Programs
- Partner Strategically
 - Co-locate assisters
 - Participate in data-sharing initiatives (with appropriate consent and compliance)
 - Build relationships with FQHCs, MCOs and Hospitals



Call to **Action**

- Strengthening partnership with Medicaid application assisters helps:
 - Reduce churn
 - Increase access to care
 - Improve health outcomes
 - Support housing stability
- Housing providers can play a central role by facilitating engagement, advocating with state agencies, and embedding enrollment supports into case management.



**TAKE
ACTION**

Coming Soon: **Application Assister Resource**

[H.R.1 Response - Policy & Advocacy | Corporation for Supportive Housing](#)

Investing in Application Assisters: A Strategic Approach to Protecting Eligible Enrolled Populations



Investing in Medicaid Application Assisters is a cost-effective and person-centered strategy to safeguard coverage for vulnerable populations, particularly considering recent changes introduced by H.R. 1. States are encouraged to act quickly by implementing this initiative to ensure that no eligible residents are excluded due to procedural obstacles. Managed care, hoping to reduce churn of beneficiaries on and off coverage, should also invest to improve continuity of care. A comprehensive statewide strategy would incorporate a wide range of application assisters, including navigators, community health workers, enrollment counselors from community-based organizations (CBOs), staff from federally qualified health centers (FQHCs), legal aid representatives, and outreach teams funded by managed care organizations (MCOs). The primary objectives are to proactively reduce procedural disenrollment, expedite decision-making processes, and maintain continuity of coverage for eligible residents, especially considering potential new

Questions



Recommended Actions

- Learn my state's process for determining Medical Frailty and what it exempts a person from?
- Learn who is advocating for continuous coverage in my state and join their efforts on this and other topics ([National Health Advocacy Partners & Organizations | FL Voices for Health](#))
- All states have a Medicaid Advisory Committee that will be considering HR1 implementation. Join and comment, especially if you have lived expertise.
- For those who you are serving, who is impacted by work requirements and might the Medical Frailty designation support them? How do you help them navigate the process the state is setting up
- Set up a process to track and documents who are subject to work requirements and other barriers to coverage and get them the extra support they need to retain coverage



More Resources

- SOAR resources at [SOAR: SSI/SSDI Outreach, Access, and Recovery - Policy Research Associates](#)
- [Operationalizing the Medical Frailty Exemption: A Step-by-Step Implementation Toolkit for States - Manatt, Phelps & Phillips, LLP](#)
- [Medicaid Work Rules Exempt the 'Medically Frail.' Deciding Who Qualifies Is Tricky. - KFF Health News](#)



Next Session

- Immigrant Restrictions
- April 22nd, 1-2 pm ET
- Register at https://csh-org.zoom.us/webinar/register/WN_ju96lem_TN-Jjk9ft1IsCQ
- Sign up at [Corporation for Supportive Housing - CSH Events - Housing Webinars and Trainings](#)



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