



# National Center for Housing + Health

May 28, 2026

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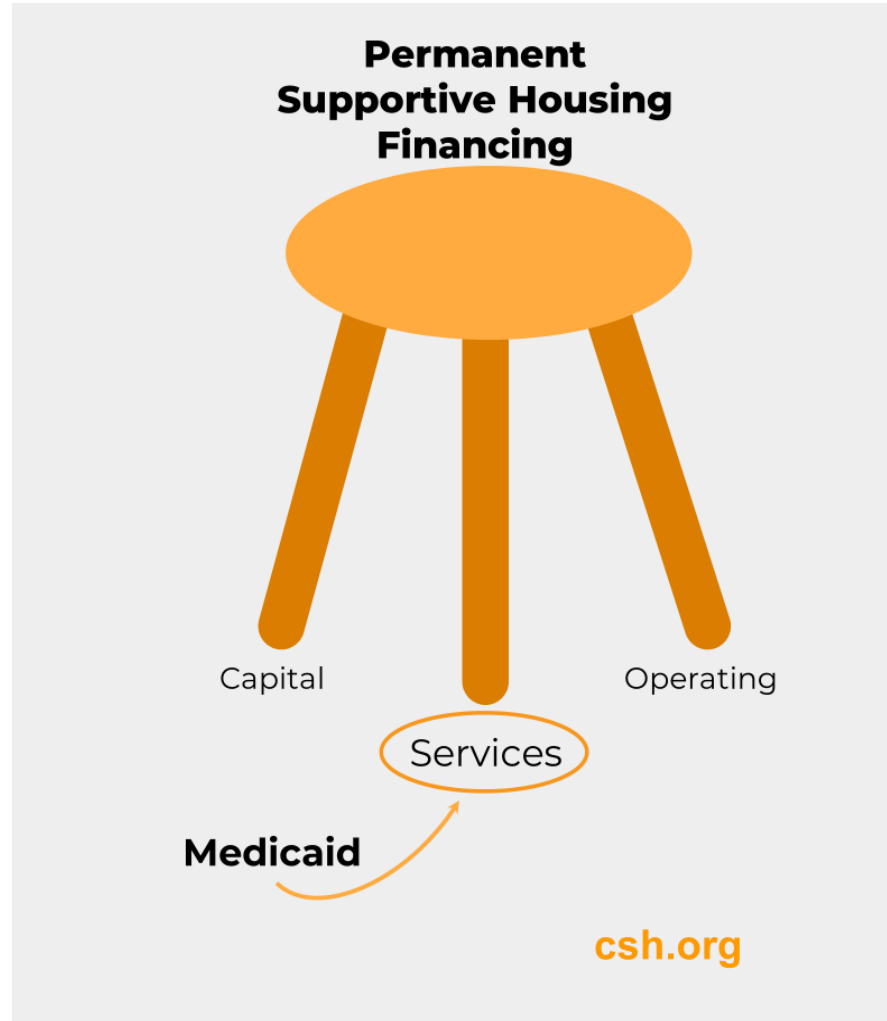
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## About the National Center for Housing + Health

The National Center for Housing + Health (NCH+H) is an innovative resource dedicated to advancing the alignment between affordable housing and healthcare. The Center brings together innovations, proven models, and practical strategies and policies that help housing providers, healthcare organizations, policymakers, and community and system leaders work better together — and make a bigger difference for people and communities. Visit us at [housinghealthcenter.org](https://housinghealthcenter.org)



**Medicaid is a **key resource** that can pay for services**



**Without insurance coverage, services are significantly more difficult to access**

# Address Verifications and Red Tape Provisions in H.R. 1

May 28, 2026

# About the Center on Budget and Policy Priorities

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- Nonpartisan research and policy institute
- Focus on federal and state policies that advance economic justice and equity spanning health care, food assistance, housing and income security, budget and tax policy, as well as policy implementation
- Founded and coordinate the State Priorities Partnership, a network of high-impact policy and advocacy organizations that now stretches across over 40 states, Puerto Rico and DC
- Website: [www.cbpp.org](http://www.cbpp.org)

# About the National Health Law Program

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- National nonprofit committed to improving health care access, equity, and quality for low-income and underserved individuals and families
- Federal, state, and local partners in 50 states, D.C., and P.R.
  - Poverty and legal aid advocates
  - [Health Law Partnerships](#)
  - Disability rights and justice and sexual and reproductive health, rights, and justice advocates
- Strategy Areas: Federal Policy, California Policy, Enforcement & Litigation
- Practice Areas: Delivery System Reform, Disability, Eligibility & Enrollment, Services, Sexual & Reproductive Health
- Website: [healthlaw.org](http://healthlaw.org)

# NHeLP's Equity Stance

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Health equity is achieved when a person's characteristics and circumstances – including race and ethnicity, sex, gender identity, sexual orientation, age, income, class, disability, health, immigration status, nationality, religious beliefs, language proficiency, or geographic location – do not predict their health outcomes.

<https://healthlaw.org/equity-stance/>

# Agenda

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- Learning objectives
- Address verifications:
  - Current policy
  - H.R. 1 requirements
  - Impact on people experiencing homelessness, housing instability and in HUD assisted Housing
  - Best practices for states
- Work requirements
- More frequent eligibility checks
- Changes to retroactive coverage
- Advocacy tips

# Learning Objectives

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- Understand the new Medicaid address verification requirements in the 2025 reconciliation law (“OBBBA” or “H.R. 1”)
- Review additional eligibility restrictions and “red tape” concerns and understand their impact on people experiencing homelessness, housing instability or affordable and supportive housing residents
- Explore advocacy ideas to minimize the risk of erroneous coverage loss for this population

# Address Verification

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- Pre-H.R. 1 policy
  - Public Assistance Reporting Information System (PARIS): Checks for people enrolled in Medicaid in more than one state
  - Required since 2009
- H.R. 1 changes
  - “Regular” PARIS checks required beginning January 1, 2027
    - “Regular” is not defined in the statutory text (currently quarterly)
  - Monthly checks required beginning October 1, 2029
  - HHS to implement a new system by October 1, 2029 – may replace PARIS, but currently not clear
  - Applies to all Medicaid eligibility groups

**Resource:** [How Increased Data Matching Burdens States and Enrollees for Little Benefit in Finding Fraud](#)

# Address Verification

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- Impact: Increased risk of churn and coverage loss, especially for people with “nontraditional” addresses, such as a drop-in center or shelter
- Best practices:
  - Push for implementation of the [2024 Eligibility and Enrollment Final Rule](#)
  - Regularly provide your state with updated service providers’ addresses
  - Leverage data to minimize coverage loss

**Resource:** [State Options to Implement Provisions of the Eligibility and Enrollment Final Rule Post-OBBBA](#)

# Work Requirements

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- Effective January 1, 2027\*, mandatory requirement for Medicaid applicants & enrollees, who are adult expansion population (age 19 -64)
  - \*States are allowed to implement earlier or obtain a good faith effort delay
  - Certain individuals are not subject to work requirements
- Meet the requirement by engaging in **work-related activities** or eligibility for an **exemption**
- Applies to people in “Medicaid expansion” or “partial expansion” (43 states, including DC)

# Work Requirements Cont'd

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- Meet the work requirement or “community engagement” requirement by:
  - One *or more* activities for a total of 80 hours per month:
    - Part-time education program
    - Work, volunteer, community service, job training program
  - Income from *any* source of \$580 per month
    - And individual with seasonal work could average \$580 per month over a 6-month period to meet this requirement
- Must meet this requirement with prior month at application (up to 3 months) and at least at renewal (every 6 months)

# Individuals Not Subject to Work Requirements

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- Certain individuals are *not* subject to Medicaid work requirements. Examples are:
  - Certain low-income parents
  - People who are pregnant/postpartum in the last 12 months
  - People eligible based on disability
  - Children under age 19
  - People who are also eligible for Medicare Part A or B (in addition to Medicaid)

# Work Requirements: Exclusions

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- Exclusions vs. exceptions
  - Excluded: Not “applicable individuals” for all or part of a relevant month
  - Excepted: Still “applicable individuals,” but need not meet work requirements
- Specified excluded individuals include (but are not limited to):
  - Former foster care children
  - Certain American Indian/Alaska Native groups
  - Parent, guardian, or caretaker relatives
  - Veterans with total rated disabilities
  - People who are “medically frail”/who have special medical needs
  - People participating in drug or alcohol treatment

# Where Are We Now?

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- Challenges with work requirements implementation
  - Complex eligibility system changes
  - Awaiting further guidance from CMS\*
    - \*Required by June 1, 2026
  - Technological and system limitations
  - Outreach requirements imposed by H.R. 1
- Early Implementation States
  - Nebraska - May 1, 2026
  - Montana - July 1, 2026
  - Iowa - December 1, 2026
  - Arkansas - "Soft implementation" in 2026

# Supporting People Experiencing Homelessness with Work Requirements Compliance

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- Work with your state to:
  - Perform outreach/communications through multiple pathways
  - Collect data on housing status
  - User test materials with people experiencing homelessness
  - Maximize use of data available to the state & pathways for people experiencing homelessness to meet work requirement or exemptions

**Resource:** [Recommendations for State Reporting of Work Requirement Outcomes: Do's and Don'ts](#)

# Impact of Work Requirements Implementation

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- Potential for massive coverage losses
  - 4.9 million people will lose coverage by 2028
    - **Some estimates as high as 7-10 million**
- More challenges with compliance for:
  - Individuals with disabilities & chronic illness
  - Individuals with limited English proficiency
  - People experiencing homelessness
  - Individuals with seasonal or gig work & those who are self-employed

# More Frequent Eligibility Checks

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- H.R. 1 includes a new requirement that adults enrolled in **Medicaid expansion** (age 19-64) have to renew their coverage **every six months** (instead of every 12 months).
- Does NOT apply to:
  - People who are eligible for Medicaid as a very low-income parent, pregnant/postpartum or on the basis of a disability
  - People in non-expansion states
- Only group **exempt** from more frequent renewals is American Indian/Alaska Native population

# More Frequent Eligibility Checks

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- Goes into effect January 1, 2027
- Renewals *initiated* in January and onward will receive a six-month eligibility period
- Double the renewals, double the paperwork → heightened likelihood of enrollees falling through the cracks
  - People experiencing homelessness may not receive paperwork requests or whom the agency can't reliably reach
  - More coverage losses for procedural reasons

# Changes to Retroactive Coverage

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- Medicaid covers medical expenses incurred prior to the month an individual applies if the person is found eligible during those months, known as retroactive coverage
- H.R. 1 places limits on retroactive coverage (previously 90 days for all populations):
  - 30 days prior to application for expansion adults
  - 60 days for all other Medicaid populations
- Could result in gaps in coverage if people lose their coverage for procedural reasons and incur costs before getting re-enrolled

# Support People Experiencing Homelessness, Housing Instability and in HUD Assisted Housing Through the Changes

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- Support enrollees in updating contact information across multiple modalities
- Encourage state agency to:
  - Update outreach and communication materials to reflect changes
  - Contact enrollees via multiple modalities when their cases are up for renewal
- Inform community organizations and other stakeholders that reach enrollees of the upcoming changes

# Advocacy in Your State

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- Engage with state Medicaid Advisory Committees (MACs) and Beneficiary Advisory Councils (BACs)
  - Medicaid stakeholders and enrollees can engage to share their lived experiences
- Connect with state/local coalitions engaging in H.R. 1 implementation work
- Connect with local legal aid in your community
  - Assistance with Medicaid hearing and appeal rights
  - [LawHelp.org](https://www.lawhelp.org)
  - NHeLP's [Health Law Partnerships](#)

# Resources

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- [Eligibility and Enrollment Provisions in OBBBA](#) - NHeLP issue brief
- [A Technical Guide for States to Reduce Procedural Terminations from Medicaid's Work Reporting Requirements](#) - Benefits Tech Advocacy Hub (BTAH) issue brief
- [Advocates' Timeline for State Work Requirement Implementation](#) - NHeLP Timeline & Chart
- [Preparing a "Landing Pad": Mitigating OBBBA's Harm to the Medicaid Safety Net](#) - NHeLP blog
- [Notice Issues Related to OBBBA's Shift of Medicaid Expansion Enrollees to 6 Month Redeterminations](#) - NHeLP issue brief
- [Key Facts: Work Requirements and Six-Month Redeterminations](#) - CBPP
- [A Guide to Reducing Coverage Losses Through Effective Implementation of Medicaid's New Work Requirement](#) - CBPP
- [How States Will Implement H.R. 1's Medicaid Policies, Including Those Taking Coverage Away for Not Meeting Work Requirements](#) - CBPP

**Connect with National Health Law Program online:**



[www.healthlaw.org](http://www.healthlaw.org)



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**8/7/2025**

# Session Evaluation

Up in ZOOM



# Our Next Session in the series: HR1 and the impact on the Supplemental Nutrition Assistance Program (SNAP) aka Food Stamps

- June 17th, 3-4 pm ET
- Register at - [https://zoom.us/webinar/register/WN\\_74LZGsX9RgaifXvBbyuTXg](https://zoom.us/webinar/register/WN_74LZGsX9RgaifXvBbyuTXg)
- Check out NCH+H Events page at [Events - National Center for Housing + Health](#)

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