



National Center for Housing + Health on Preparing for HR1: New research on Medicaid Coverage for People experiencing Homelessness

September 22 2026

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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





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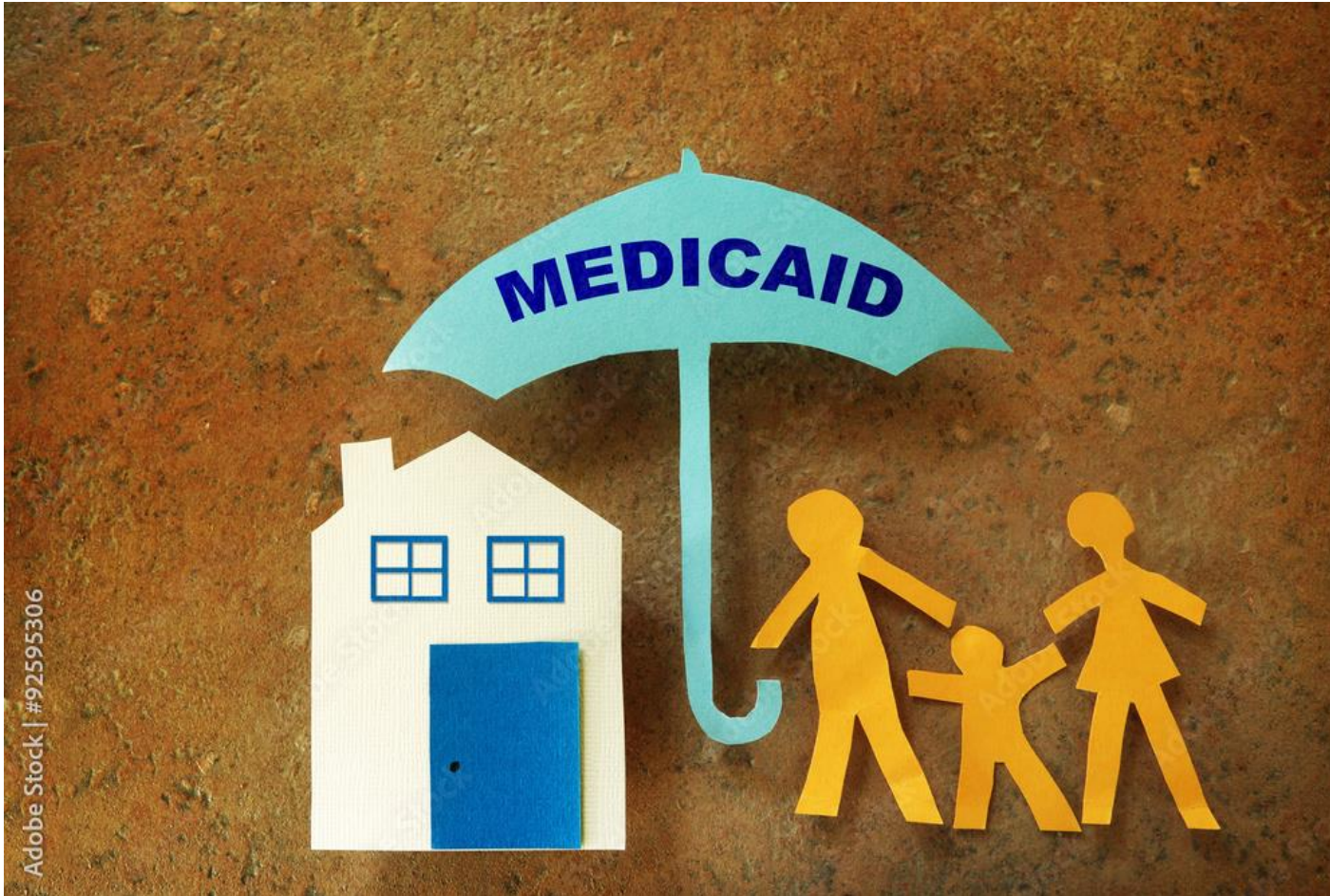


H.R.1 AND THE IMPACT ON AFFORDABLE AND SUPPORTIVE HOUSING RESIDENTS

SUPPORTING THE FIELD IN RESPONDING TO H.R.1

Without insurance coverage, services are significantly more difficult to access. Learn more at [H.R.1 and the Impact on Affordable and Supportive Housing Residents - National Center for Housing + Health](#)

HR 1 Reduces Coverage by Tightening Medicaid Eligibility

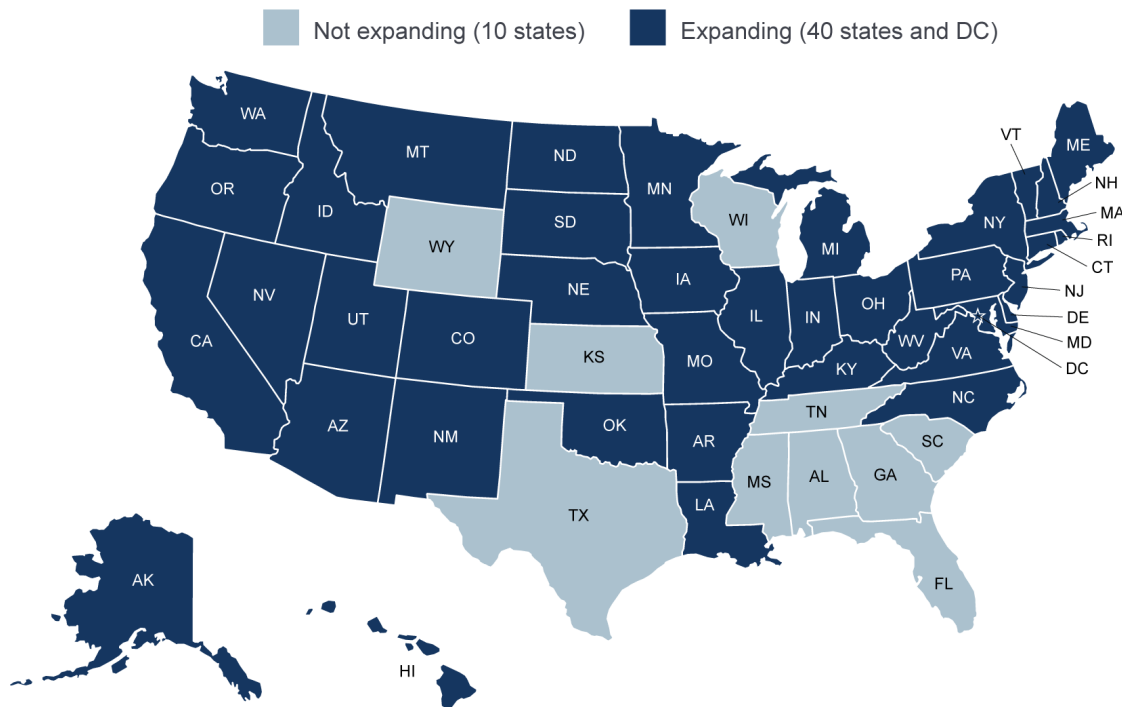


Medicaid eligibility changes:

- Coverage for certain legally-residing immigrants eliminated (Oct 1)
- More frequent eligibility checks
- New work requirements

Medicaid Expansion has improved access to health and housing supports for people experiencing homelessness

State Medicaid Expansion Decisions, March 2023



- **Pre-ACA: Medicaid covered only some low-income: children, disabled, parents**
- **Medicaid Expansion enabled States to cover nearly all low-income adults**
- **Medicaid is largest payer of MH/SUD**
- **HR1 tightens Medicaid eligibility**
- **Uninsured will increase due to paperwork**

Loss of Medicaid coverage reduces access to BH supports, destabilizes people, increases overdose, death, and uncompensated care

Source: <https://www.macpac.gov/subtopic/medicaid-expansion/>

Research: Medicaid Work Requirements are difficult to automate and communicate. They will result in more uninsured.

**\$580/mo OR
80 hours/mo**

Work, school, training,
or volunteer hours
must be documented

Exemptions

Must be documented

5.3 million

CBO estimate:
adults uninsured
over 10 years

Who Is Exempt from new documentation needed to prove compliance with HR1 Medicaid Work Requirements?

LARGEST EXEMPT GROUPS (w IFR estimates)

Up to
20%

TANF / SNAP compliant

Already meeting work requirements in other programs. State already knows they are compliant

10.0%

Medically frail

Special medical needs or disability
State setting up systems, stay tuned for details from your state in future CSH efforts.

8.5%

Caregivers

Parents/relatives/guardians of children ≤13 or of a person with disabilities

These categories are not mutually exclusive. .

ADDITIONAL EXEMPT GROUPS

2.5%

American Indian / Alaska Native

1.7%

Pregnant or postpartum

1.5%

Recently incarcerated

1%

Veterans with "total" disability

Up to 5%

Drug/alcohol treatment participants

0.5%

Former foster care youth (under 26)

Medical Frailty Exemption: A Two-Part Test

⚠ Both conditions must be met to qualify

PART 1 Fall into one of five condition categories

- 1 Blind or disabled**
As defined under Social Security standards
- 2 Substance use disorder**
Except those in recovery for more than 5 years
- 3 Behavioral or mental health disorder**
Must be disabling
- 4 Physical, intellectual, or developmental disability**
Must significantly impair one or more activities of daily living
- 5 Serious or complex medical condition**

AND

PART 2 **NEW:** Significant impairment

The condition must **significantly impair** the person's ability to comply with work requirements.

Unanswered question

What counts as
inability to work?
(how to document?)

May be similar to documenting disability

Lawsuits

1. Federal Court: Declined States request to Delay WR Implementation based on impact on States

2. Medicaid Enrollees file suit last week



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September 18, 2026

Medicaid Enrollees Challenge Rule Threatening Coverage for People With Serious Health Conditions

POLITICO

Judge declines to block strict work rule for sick patients on Medicaid

The case challenging Mehmet Oz's "faithfulness to Congressional intent" will continue.



Health Affairs Scholar, 2026, 4, 1–8
<https://doi.org/10.1093/haschl/qxag162>
Published: 1 July 2026
Policy Inquiry



Minimizing H.R.1-related Medicaid coverage disruptions for high-risk patients

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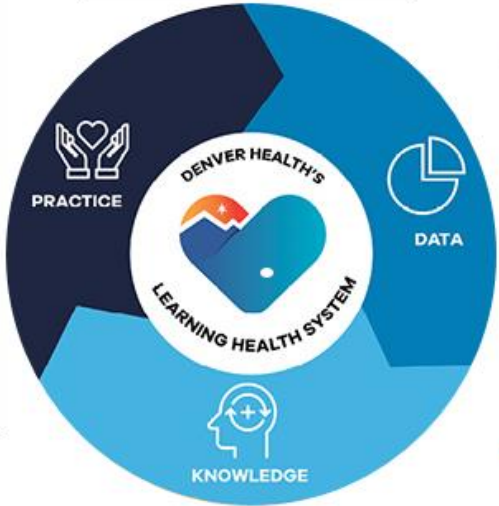
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Read the article at [Minimizing H.R.1-related Medicaid coverage disruptions for high-risk patients | Health Affairs Scholar | Oxford Academic](https://doi.org/10.1093/haschl/qxag162)

Historical 2021 Dataset



The logo for Denver Health's Learning Health System is a circular graphic divided into four colored segments: dark blue (top-left), light blue (top-right), medium blue (bottom-right), and light blue (bottom-left). Each segment contains an icon: a heart with hands (Practice), a pie chart (Data), a head with a plus sign (Knowledge), and a heart with a plus sign (Learning Health System). The text "DENVER HEALTH'S" is at the top and "LEARNING HEALTH SYSTEM" is at the bottom of the circle.

**Large urban
safety-net health
system**



The logo for Health First Colorado features a stylized flower icon with five petals in purple, blue, and green. To the right of the icon, the text "Health First" is in a large, black, sans-serif font, and "COLORADO™" is in a smaller, black, sans-serif font. Below this, "Colorado's Medicaid Program" is written in a smaller, grey, sans-serif font.

**State Medicaid
office**



The logo for the Metro Denver Homeless Initiative (MDHI) features a dark blue circle containing a white outline of a house. Inside the house outline, the letters "MDHI" are written in white. Below the circle, the text "Metro Denver Homeless Initiative" is written in white on a dark blue rectangular background.

**Homeless
Management
Information
System (HMIS)**



The logos for the Colorado Department of Corrections and the Sheriff Department are displayed. The Colorado Department of Corrections logo is a shield with a blue border, containing a yellow sun, a red mountain, and a black pickaxe. The text "COLORADO" is at the top, "DEPARTMENT OF CORRECTIONS" is on the sides, and "NIL SINE NUMINE" is at the bottom. Below this, the Sheriff Department logo is a blue rectangle with a white outline of a building and a yellow sun. The text "SHERIFF DEPARTMENT" is in large white letters, and "DENVER PUBLIC SAFETY" is in smaller white letters below it.

**Criminal justice
agencies**

Prior project focused on data analytics to support the alignment of high-risk adult programs and services and funded by grant R18HS027389 from the Agency for Healthcare Research and Quality

Methods

- **Medicaid Expansion adults 19–64 years subject to work requirements**
- **Identified subset experiencing homelessness**
- **Modeled subset of medical and social factors that could potentially exempt someone from work requirements**

Potential Exemptions Identified



**Medically
frail**



**Recent
incarceration**



Pregnant



Caregivers



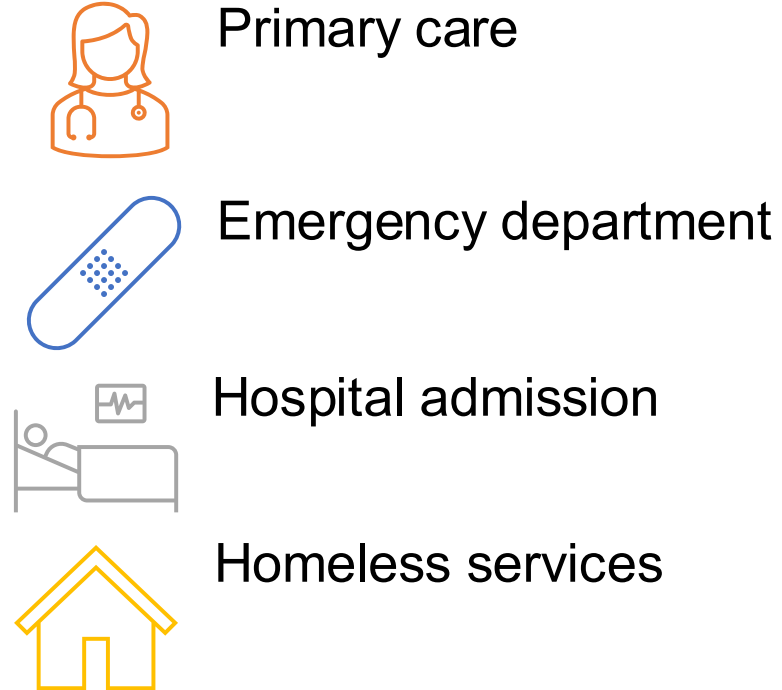
**Dual
Medicare
enrollees**

Methods

How many?



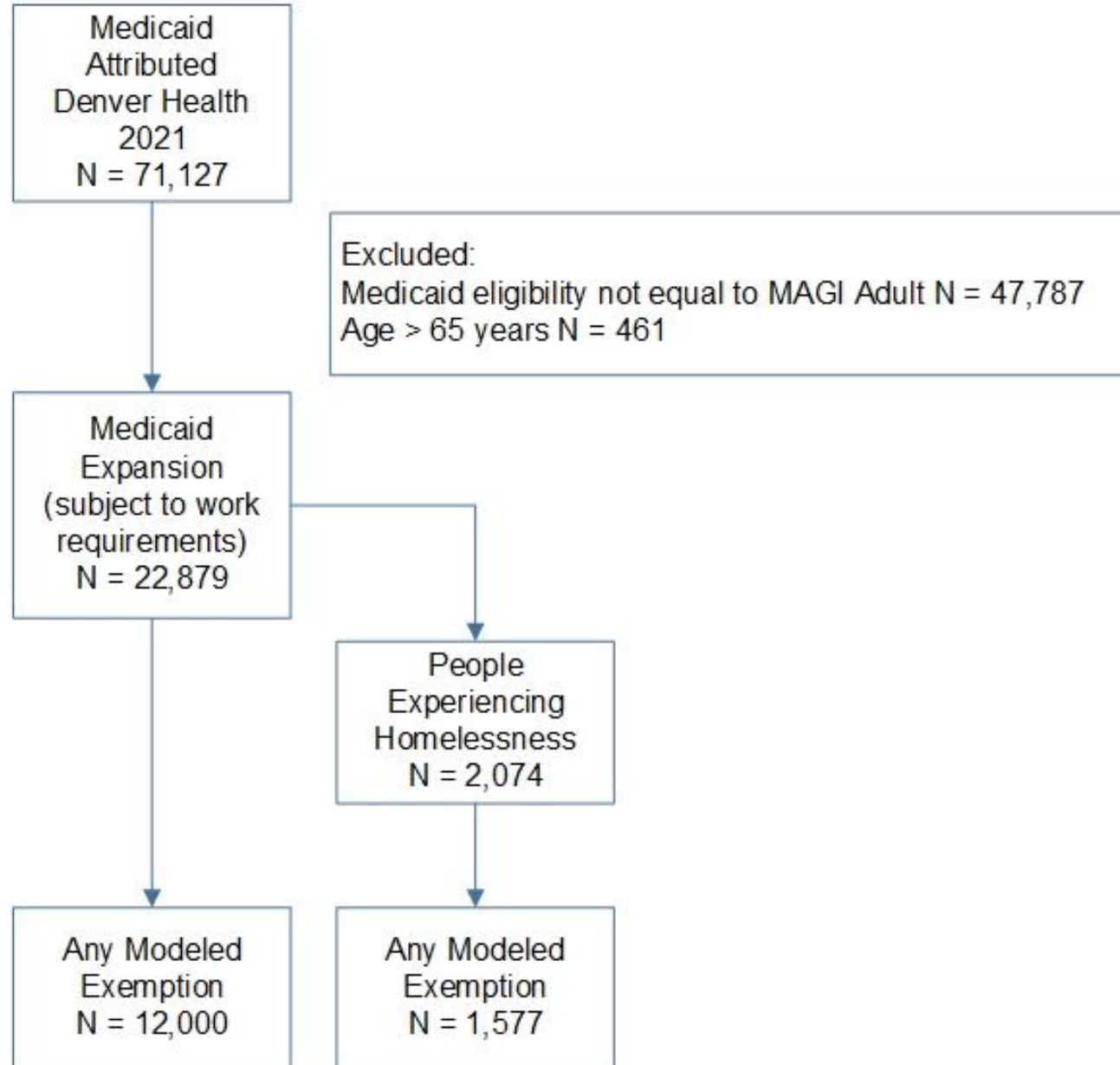
Where?



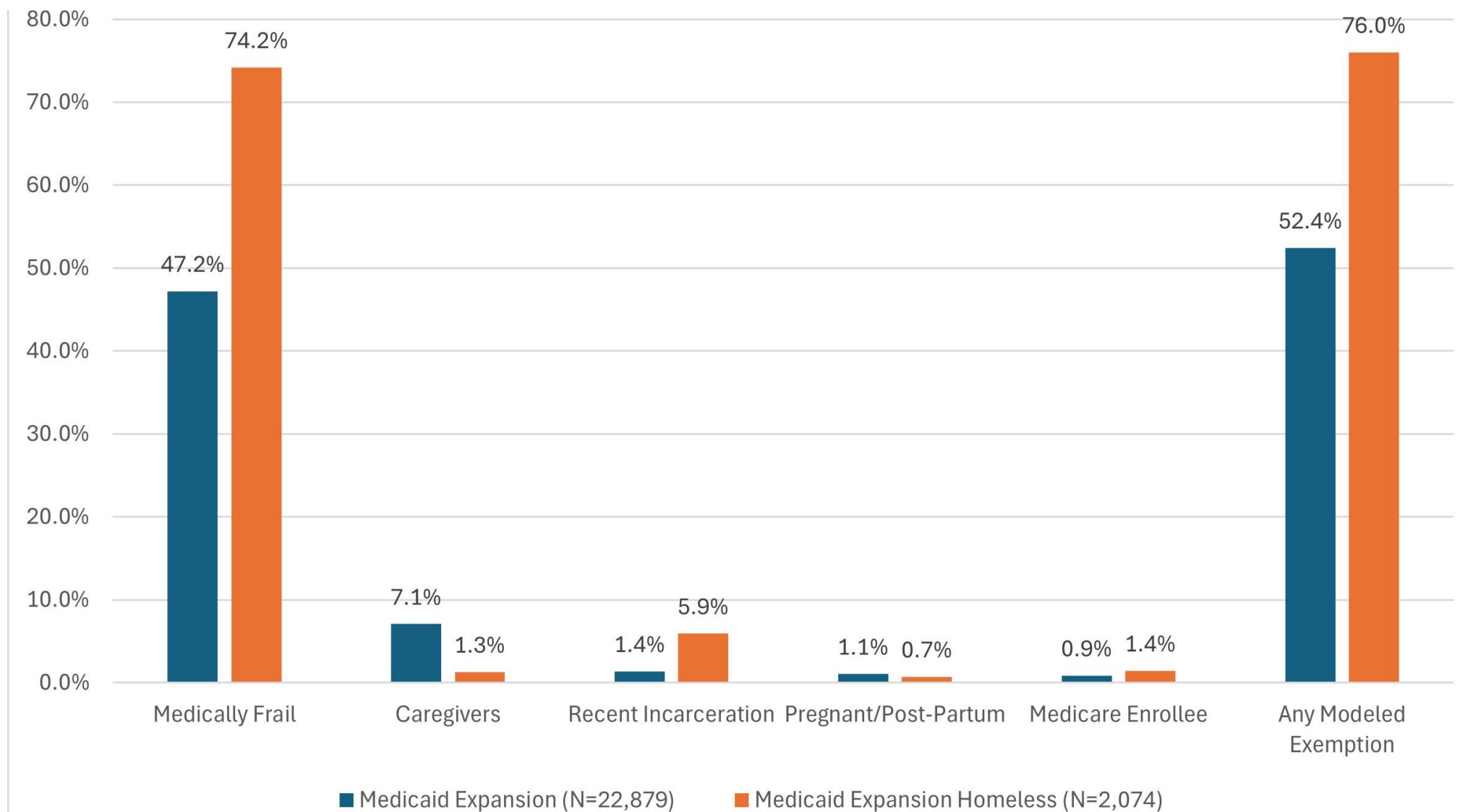
How costly?



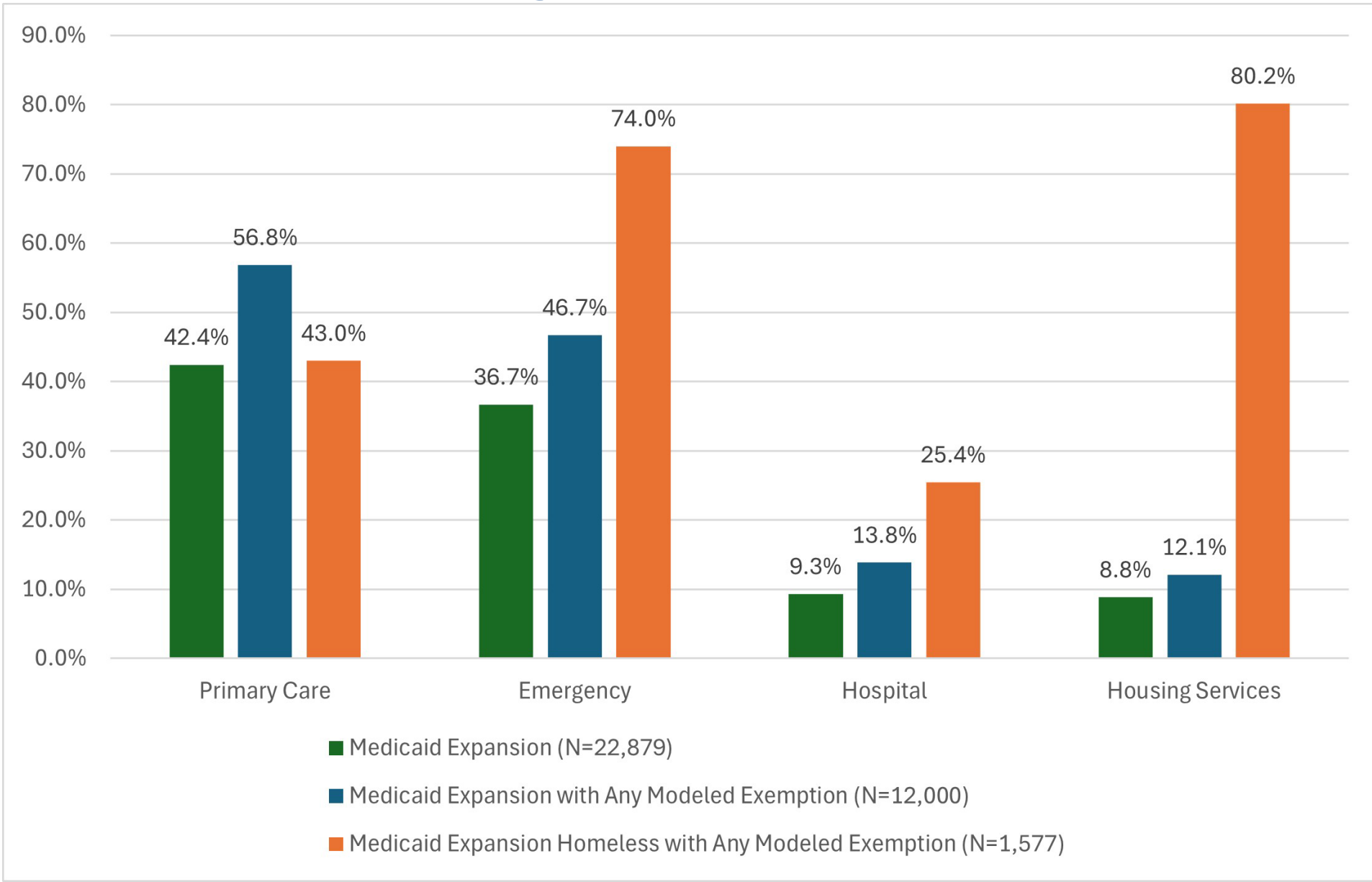
Population



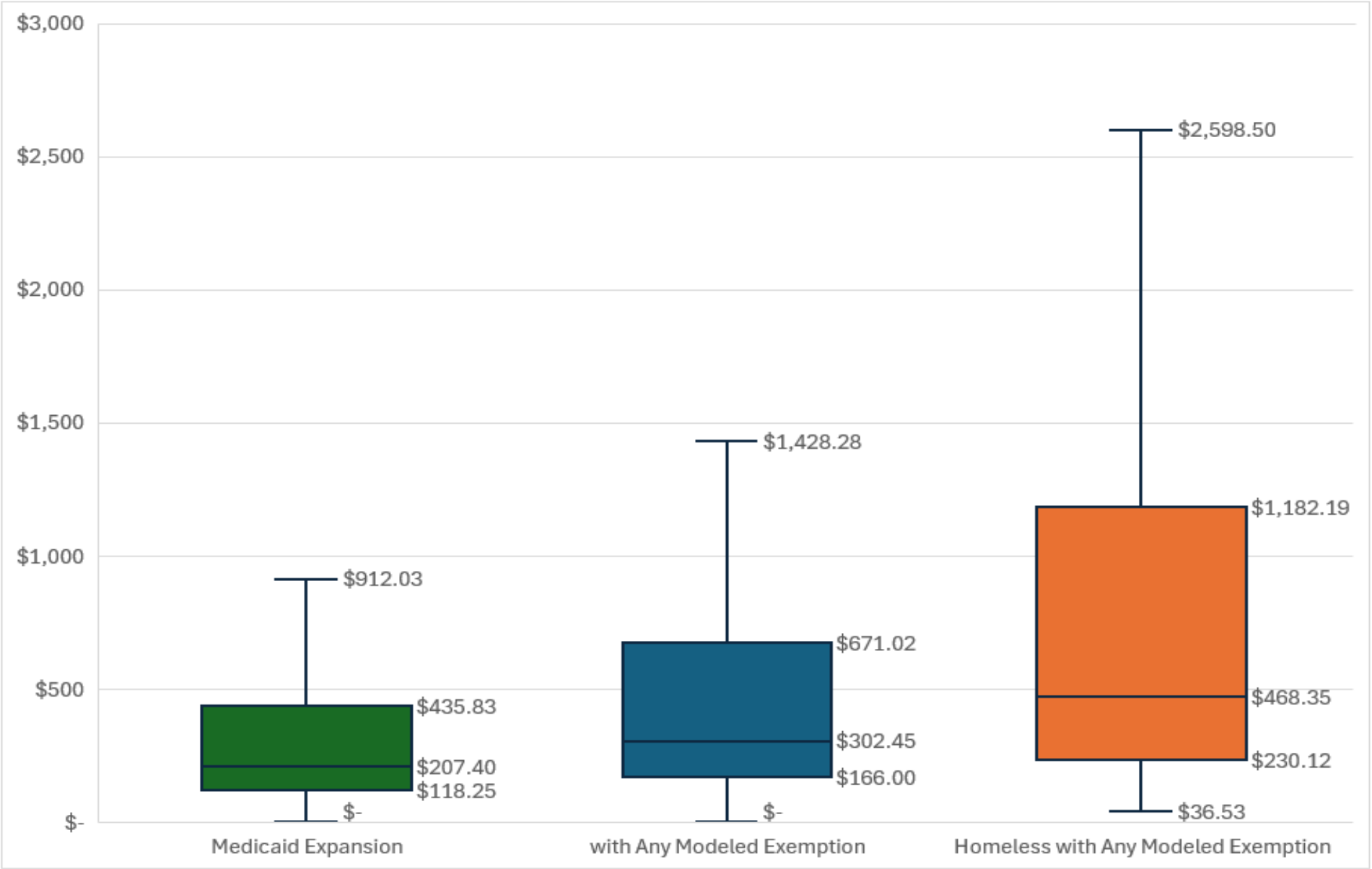
Prevalence of Potential Exemptions



Healthcare and Housing Services Utilization



Medicaid Total Cost of Care PMPM (outliers not shown)



Practical Implications: What can health sector partners do?

Estimate	Leverage existing data to estimate who is most vulnerable to coverage loss
Integrate	Integrate data to facilitate shared efforts
Plan	Identify priorities, mechanisms, staff, workflows
Business Case	Create business case for enrollment support
Engage	Outreach opportunities to prevent coverage loss by health systems and housing service providers

Potential Health System Examples

- **Data integration of Medicaid Expansion flags and redetermination dates**
- **Communication campaign via patient portal and text messaging**
- **Visit diagnosis recommendations based on standardized coding sets**
- **Electronic health record clinical documentation templates**

Key Points

- **Communities can begin planning and implementing coordinated efforts across health and housing service providers to minimize H.R.1-related coverage loss for high-risk Medicaid beneficiaries.**
- **Potential exemptions from Medicaid eligibility work requirements are prevalent and safety net providers can support communication and documentation.**
- **Cross-sector data integration and coordination will facilitate consolidating outreach and enrollment support efforts that are likely to be resource constrained.**

State Example

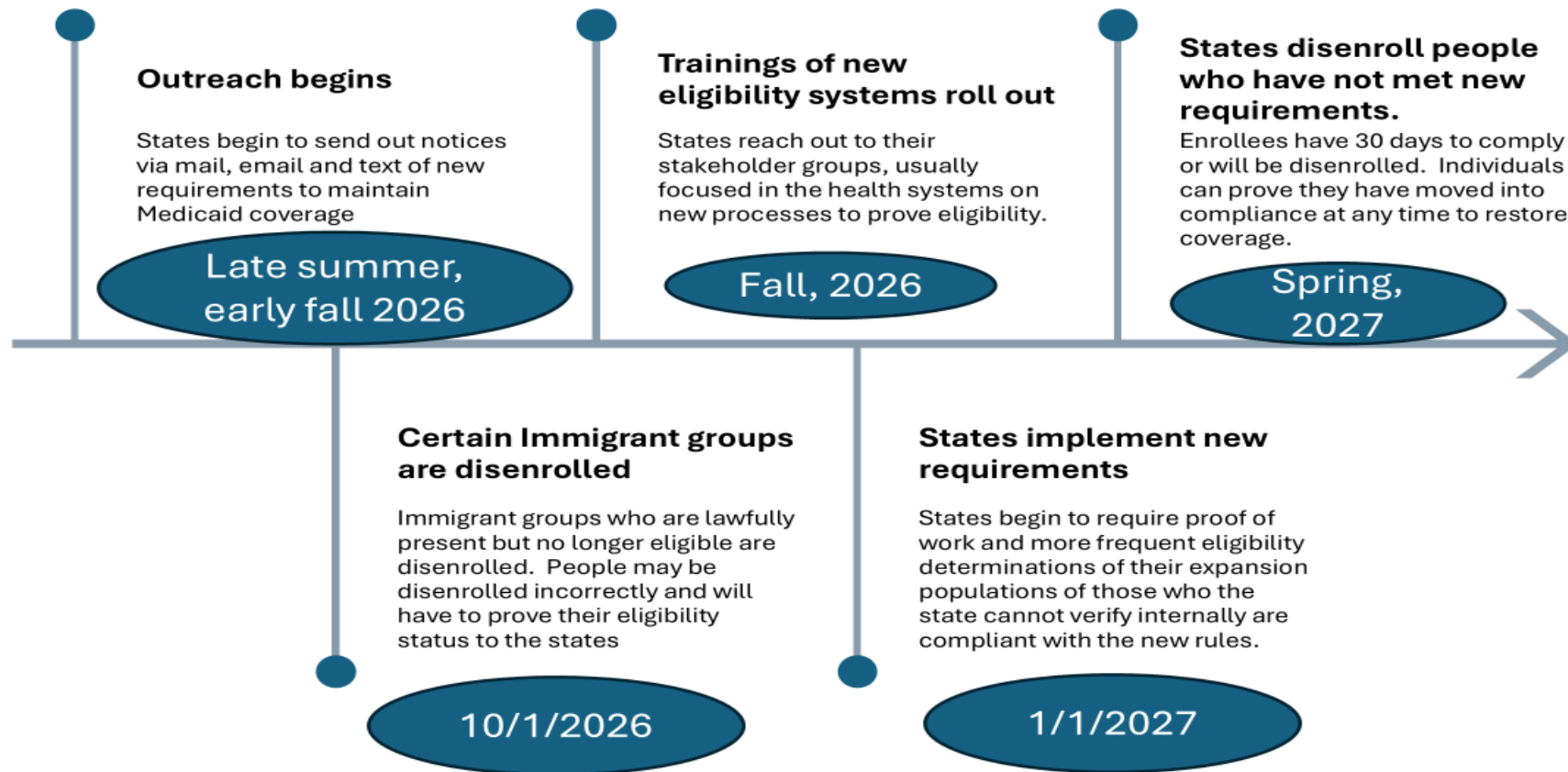
- States will implement exemptions differently
- Colorado plans to ASK about exemptions at application/renewal
- In 2028, signatures will likely be required
- Find out how your state plans to implement

Colorado Medicaid Application will ask about Medical Frailty

Application Questions, 1 of 3

- Are you living with a drug or alcohol use disorder that prevents you from completing 80 hours per month of work, school, and/or volunteer activities?
- Have you been in recovery from a drug or alcohol use disorder for 5 years or less that prevents you from completing 80 hours per month of work, school, and/or volunteer activities?
- Are you living with a physical, intellectual, or developmental disability that makes it hard to do daily activities and that prevents you from completing 80 hours per month of work, school, and/or volunteer activities?

Timelines



Resource from the Center to highlight this month



A Toolkit to Help Direct Care Workers Serving People with Disabilities Understand New Medicaid Requirements

**What questions do support staff need to ask to help
someone retain their Medicaid in 2027.**

[Bazelon-CSH-Medicaid-OBBBA-guide-for-direct-care-workers-June-2026-FINAL.pdf](#)

Other resources

National Center for Housing and Health

[H.R.1 and the Impact on Affordable and Supportive Housing Residents – National Center for Housing + Health](#)

National Alliance to End Homelessness

[Protecting Health Insurance Coverage for Those Experiencing Homelessness – National Alliance to End Homelessness](#)

National Health Care for the Homeless

- [Homelessness and Medicaid: What's the Connection?](#)
- [Homelessness and Health: What's the Connection?](#)
- [Health Insurance and Revenue at HCH Programs, 2024](#)
- [Updated Medicaid Work Reporting Requirements: Summary & Action Steps](#)

Find your local coalition such as [Stay Covered Coalition – Homebase](#)

What you can do now?

Protect Coverage

Gather Data

- Who has Medicaid?
- What is their MCO?
- What letters have been received and how to support?

Develop materials and processes to inform your staff and residents

Engage locally with coalitions working to protect coverage

Session Evaluation

Up in ZOOM



Sign up for updates



Thank You

To browse our living resource hub and find opportunities to learn and connect with other housing and healthcare providers, policymakers, funders, and community leaders, visit housinghealthcenter.org.

Ready to learn more?

Contact us to get connected



Newsletter: <https://insights.csh.org/center-sign-up>



Email: contact@housinghealthcenter.org



- Check out NCH+H Events page at [Events - National Center for Housing + Health](#)
- NCH+H Crossing Perspectives series continues with a focus on Community Care and Behavioral Health in October- What do we know? What do we need to know about Housing and Health.

Register at [Webinar Registration - Zoom](#)

Ready to learn more?

Contact us to get connected



contact@housinghealthcenter.org

