State Solutions to Ensure Continuous Medicaid Coverage for Eligible Individuals

September 2025

H.R.1 includes requirements and budgetary changes that will make continuous health care coverage a challenge for individuals who are experiencing homelessness or have experienced homelessness and housing instability, including most supportive housing residents. Below is a list of **solutions** to help states ensure that Medicaid eligible individuals remain enrolled and compliant with the new law.

Protect Housing Related Services. As of August 2025, 31 states have approved Medicaid authorities to cover Housing Related Services (HRS).[1] These services help stabilize tenants in supportive housing who would otherwise be homeless and cycle between jails, emergency departments and other costly settings. Repeated studies have proven these services are a cost-effective alternative to institutional care.

Maintain Continuous Eligibility. Three sections of H.R.1 will make continuous health care coverage more challenging for millions who are eligible and wish to remain enrolled. These include state reporting processes that track work requirements (Section 71119) state systems to verify addresses (Section 71103), and more frequent eligibility determinations (Section 71107). States can take steps to reduce disenrollment and minimize coverage loss for those served by supportive and affordable housing through the following actions:

> **Invest in Application Assisters.**
>> o Implement - As of 2023, 29 states allow a third-party, known as an Application Assister, to support an active or potential Medicaid beneficiary in completing administrative requirements for continued Medicaid eligibility.[2]
>> o Fund - Ensure community agencies have funding for this role, either through state resources, as a Managed Care plan responsibility, or philanthropic investments.
>> o Train - Ensure Application Assisters are supported in their role effectively. (See, for example, Washington state's training.)

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[1] CSH – Summary of State Actions 2025
[2] Medicaid and CHIP Eligibility, Enrollment, and Renewal Policies as States Prepare for the Unwinding of the Pandemic-Era Continuous Enrollment Provision | KFF

o <u>Educate</u> - Inform partners beyond the health care sector about this role and develop trainings and online presentations to help interested partners become Application Assisters.

➤ **Ease the burden on participants by automating aspects of eligibility verification.**

o Explore automating verifications of earnings through state tax collections, unemployment systems, or other state data systems and data warehouses.

o Leverage Homeless Management Information System (HMIS), child welfare, and other state data systems or warehouses to verify addresses or exemptions.

➤ **Count other gainful activities.**

o For individuals who are in the process of establishing SSI/SSDI eligibility, allow activities such as participation in medical appointments, securing housing, meeting with case managers, and fulfilling legal or programmatic requirements to count as work.

o Establish agreements with supportive housing and homeless organizations to design and manage work experience programs that align with the resources (technology, transportation, etc.) available to this population at risk of coverage loss and homelessness.

o Create a statewide reporting mechanism that is easy to complete for volunteer coordinators seeking to verify participation and hours.

➤ **Balance compliance with easing administrative burden for those at-risk of coverage loss.**

o Do not require in-person interviews.

o Allow participants longer periods of time to prove compliance.

o Limit required documentation as much as legally possible.

o Create a state documentation vault system for ease of maintaining records and documents. For example, Minnesota' [Disability Hub MN - My Vault.](#)

o Establish a one-stop shop for state public benefits such as [Washington Connection (Your Link to Services).](#)

o Allow online tracking of benefits accounts across programs such as [My WA Benefits.](#)

➤ **Design broad communications solutions.**
- Collaborate with other state sectors including aging and disability partners, housing, homelessness, child welfare, and reentry to ensure broad dissemination of information and resources.
- Create materials to support re-determination and compliance (e.g. tutorials and videos, brochures, and online resources in multiple languages.)
- Engage and communicate with cross-sector partners as policies are developed.
- Train cross-sector partners in systems once they are established.

➤ **Clarify categorical exemptions in a way that considers complex challenges of those at risk of coverage loss.** (States will have discretion to either further define or approach implementation of the Secretary's definition of "medically frail." The definition will include exemptions for individuals with substance abuse and mental illness who are not enrolled in SSI/ SSDI.)
- Create an inclusive, transparent process for someone proving they meet your state's definitions of medically frail and therefore exempt from work requirements, more frequent eligibility determinations, and cost sharing.[3]
- Limit the professional assessments required before a person has health coverage since they cannot easily access those professionals.
- Explore whether local behavioral health and justice system records may provide sufficient proof of disabling conditions. (i.e. link to prior hospitalization or services provided, instead of requiring new assessments that will be difficult to secure.)

➤ **Invest in SSI/SSDI Outreach Access and Recovery (SOAR) training and benefits counseling statewide to ensure people with disabilities have a pathway to income and healthcare.**
- States should invest in training and technical assistance to ensure SOAR and benefits counseling is available across the state. These resources offset uncompensated care costs and can pay for themselves, if implemented to fidelity.[4]

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[3] Key State Policy Choices About Medical Frailty Determinations for Medicaid Expansion Adults
[4] Findings from a Study of the SSI/SSDI Outreach, Access, and Recovery (SOAR) Initiative | ASPE

While states are facing many challenges in implementing new requirements, the choices made in the coming months can reduce the number of people who are disenrolled.

Reaching out to systems and advocates that regularly engage with those likely to lose coverage can make a big difference. Reach out to CSH for additional recommendations and assistance by contacting: health@csh.org