Today we will talk about:

- Wisconsin: primary election results are in, how do different elected positions impact disability policy, strategies to find out how candidates feel about policies important to people with disabilities.
- Federal Administration: R word, Arkansas asks for more time after CMS rejection of Medicaid expansion waiver; Indiana asks CMS for a waiver to make people on Medicaid pay cost sharing; White House issues executive order on vaccines, repeats false claims linking autism to vaccination; Education department consolidates funding for different programs to states; concerns about moving civil rights enforcement of IDEA.
- Impact of HR 1: 8 states will not let residents self attest they are two sick to work next year; health providers worry how patients will get what they need to prove illness or stay on Medicaid; California, Medicaid cuts will impact everyone who needs health care; Indiana children with disabilities lose coverage because of administrative errors

Weekly Update

August 14th, 2026

Federal Funding Fallout 2026

Wisconsin

What disability policy decisions do different elected officials impact

NOVEMBER'S GENERAL ELECTION DECIDES:

- All 8 U.S. House of Representatives (2-year term)
- Wisconsin Governor (4-year term)
- Wisconsin Attorney General (4 year term)
- All 99 State Assembly Seats (2-year term)
- State: 17 State Senate Seats (odd numbered districts, 4-year term)

Look up who won Wisconsin's partisan primary races here: https://pbswisconsin.org/wisconsin-vote/wisconsin-2026-partisan-primary-election-results

How can Governor's impact disability policy?

- Governor's appoint leadership positions within all state agencies who make policy choices that directly impact programs people with disabilities use.
  - These appointees are responsible for implementing the Governor's policy directions.
  - They may continue or change how programs operate or ask the federal government for permission to make changes to state programs.
- The Governor writes the first draft of the state budget.
  - The Legislature's Budget writing committee often uses the Governor's budget as a starting point.
- The Governor can line item veto parts of the state budget
- The Governor can sign or veto legislation the state legislature has passed.
- The Governor can call the legislature into special session.

How can Attorney General's impact disability policy?

- The Attorney General decides whether to file or join lawsuits representing state interests, consumer protection, or challenges against federal actions.
- Acts as legal counsel for state agencies, officers, and the three branches of state government in court.
- Provide formal written legal opinions to the legislature, state department heads, and legislative committees.

How can the State Legislature impact disability policy?

- Puts together 2-year state budget bill.
  - Changes can increase or reduce revenue state uses for programs and projects.
  - Changes can add or remove funding from programs, add or delete programs, or make changes that impact how funding can be used
  - Changes can direct state agencies to ask for waivers, do studies, or make policy changes that impact how funding is spent
- Revises state laws—can add new laws, change existing laws, remove existing laws.
- Can ask questions of state agencies or make requests to fiscal or audit bureau.

How do Congressional Representatives impact disability policy?

- Pass the annual federal budget.
  - Changes can add or remove funding from programs, add or delete programs, or make changes that impact or direct how funding can/must be used
- Passes federal laws that can:
  - Create or eliminate federal programs or legal protections
  - Direct what states or federal agencies must do or does not have to do,
  - Create or reduce regulations that say what certain businesses, nonprofits, donors, other entities can or can't do
  - Increase or reduce revenue coming into the federal government, or change amount of funding going to states
- U.S. House of Representatives has congressional oversight to review, monitor, and supervise the executive branch, federal agencies, and government programs.

Evaluating current lawmakers running for re-election

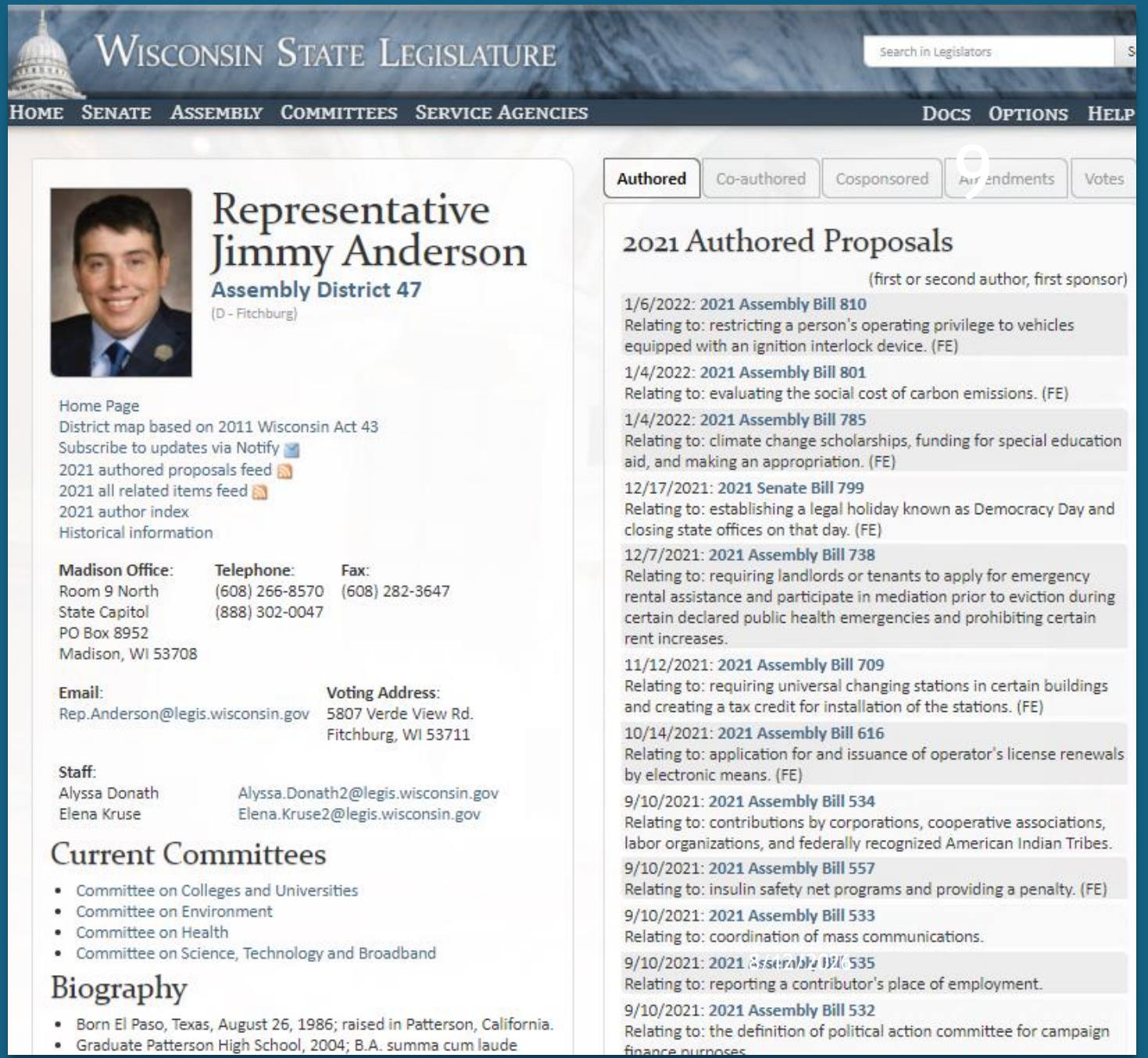
- Have they introduced/co-sponsored any bills that:
- Guarantee people who need home care can get it, so they aren't forced into nursing homes
- Make it easier for people with disabilities to work, earn, save more without losing home care
- Make it easier for people to get or stay in programs that help them
- Make it easier for non-drivers to get where they need to go on their schedules
- Support family caregivers,
- make sure people don't lose their rights to make decisions or vote.

Look up who your state Senator and State Representative are by going to https://legis.wisconsin.gov/ and typing your address into the Who are My Legislators box

- Have they introduced/co-sponsored bills that would make the lives of people with disabilities or caregivers harder?
- How do they believe federal funding cuts will impact Wisconsin?
- What do they think the state should do to respond if federal funding is less?
- What do they think about special education, home care, and other budget items that impact people with disabilities?

Find out more about current lawmakers by visiting their legislative page

- Which legislative committees they are on?
- Proactive legislation they introduced (authored proposals). As lead legislator, they own the idea.
- Proactive legislation where they are a key office championing a bill (Co-authored).
- Other legislator's bills they've added their name (co-sponsored), showing they agree with the idea.
- How they voted on specific bills debated by the full Assembly/Senate.



Evaluating Current lawmakers running for re-election

What have they said publicly (social media, newsletters, press releases/articles, speeches) about disability/caregiver issues?

What have they said publicly about federal cuts to programs that impact people with disabilities (Medicaid, FoodShare, disability organizations, federal special education staff)?

What have they said publicly about the impact federal cuts will have on states and how the state will continue to provide enough help for people with disabilities and caregivers?

- If they have not said anything this year about disability/caregiver issues, why not?
- Are disability issues a priority for them?
- What will they do to make sure people with disabilities, older adults, and caregivers have home care and needed supports?
- What will they do if constituents contact them for help if they have lost supports or are not able to get the help they need?

Evaluating candidates running for office for the first time

- Candidates generally have campaign website that have positions or policies they support.
- Candidates generally have a social media presence.
  - Follow them on socials and You Tube.
- Are they hosting or attending events in your area?
  - You (or a group of you) can go meet them or ask questions.
- What policies do they highlight on their public pages?
  - What is missing? What do they say or not say about disability/caregiver issues?
- What social media posts and videos have they made? What are they about?
- You can e-mail the campaign to ask for a meeting, invite them to a local event, or ask questions of them.
  - How do they respond? Do they respond?

Disability questions you can ask any candidate

How will you make sure that I *[or my loved one]* can continue to receive care at home, so I am not *[or they are not]* locked up in a Medicaid-funded nursing home or institution that costs more?

What will you do to make sure the state guarantees that people with disabilities and older adults have the right to have the help they need to live at home?

What will you do to make sure public schools receive enough state funding to cover the costs of educating students with disabilities?

Do you believe private schools that receive taxpayer funds to teach students with disabilities should have to follow the same rules as public schools? Why or why not?

How will you make sure people with disabilities are driving the decision making when policies concerning us are discussed and decided?

When constituents call you because they lost food assistance or Medicaid-funded health or home care what will you do to help and how fast will their gaps in health or home care services be resolved?

Do you support removing income caps so people with disabilities can work, earn, and save more without losing the home care they need to keep a job?

Administration

Federal Agency Actions

Why the R-Word Is the Defining Slur of the Trump Era

- The use of the R-word by elected officials and others in positions of power is strategic, “signaling who counts and who can be mocked freely — clearing the cultural ground so that the suffering to come will be easier to stomach.
- “Before 1975, nondisabled children rarely encountered a child with an intellectual disability; the institutions had made sure of that.
- “As people fought for the right to live in the community, those kids were everywhere — on the playground, down the hall, across the cafeteria.
- It was a group that nondisabled kids could see and point to but generally did not interact with.”

https://www.notus.org/perspectives/why-the-r-word-is-the-defining-slur-of-the-trump-era

Why the R-Word Is the Defining Slur of the Trump Era

- “Americans were becoming more comfortable seeing people with intellectual disabilities in public but did not accept them as equals.
- “The R-word became a catch-all insult for anything considered stupid, uncool or embarrassing.
- “Often, kids who used it weren’t consciously trying to mock people with intellectual disabilities.
- But the slur depended on the shared assumption that being likened to someone with an intellectual disability was inherently degrading.”

https://www.notus.org/perspectives/why-the-r-word-is-the-defining-slur-of-the-trump-era

Why the R-Word Is the Defining Slur of the Trump Era

- “The intellectually disabled are probably the last category of human beings whom polite society still treats as inherently contemptible.
- “And that left the R-word ready to be revived by a political movement eager to say aloud what many already believed.
- “Underlying these policy changes is the idea that people who cannot contribute to the economy are merely costs to be managed, not fellow citizens in need.
- “Every human life has equal value. I know it feels preachy and obvious, but when that principle is under explicit attack, saying it matters.”

https://www.notus.org/perspectives/why-the-r-word-is-the-defining-slur-of-the-trump-era

CMS rejected Arkansas' Medicaid expansion waiver; state wants two-year extension

- Last week CMS rejected Arkansas' request to renew its Medicaid expansion waiver (ARHOME), which provides health coverage to 200,000 people. The waiver expires December 31st, 2026.
- State officials sent CMS a letter asking to keep ARHOME valid for two more years to give the state time to create and implement a new Medicaid program.
- Republican legislative leaders say they hope CMS would give them time to determine whether to change the state Medicaid program to managed care, fee-for-service or another model.

https://www.newsfromthestates.com/article/arkansas-seeks-2-year-reprieve-states-hybrid-medicaid-expansion

CMS rejected Arkansas' Medicaid expansion waiver; state wants two-year extension

- Some Senate leaders don't believe the legislature will support continuing Medicaid expansion in next year's legislative session.
- Arkansas' Medicaid expansion program has faced multiple attempts to kill it or limit who can access it since it began in 2013.
- The state has been preparing to roll out new requirements for the expansion that'll take effect next year under the One Big Beautiful Bill, with thousands expected to lose coverage because of the mandate.

https://www.newsfromthestates.com/article/arkansas-seeks-2-year-reprieve-states-hybrid-medicaid-expansion

Indiana asks CMS for waiver to add cost sharing requirements for people making up to 138% FPL

- Indiana's Medicaid agency is asking CMS permission for a five-year waiver that would let the state put cost sharing requirements up to 5% of a participants' family income and impose enrollment caps for their Medicaid expansion waiver.
- This is an idea that is being tried again, now that federal law (HR 1) has changed and the current CMS may be more willing to allow the proposed policy.
- Indiana wants to start the new waiver requirements Oct 1, 2027, although they may want to start co-payment requirements sooner.

https://www.newsfromthestates.com/article/fssa-seek-federal-waiver-reinstate-hip-cost-sharing-able-bodied-adults-medicaid

Indiana asks CMS for waiver to add cost sharing requirements for people making up to 138% FPL

- In 2018, the first Trump administration let Indiana implement mandatory work requirements, premium and cost sharing requirements, tobacco surcharges, and lockout provisions for non-payment of contributions for certain able-bodied adults.
- Indiana paused cost sharing at the start of the pandemic.
- Later, the Biden administration revoked permission for the mandatory work requirements after court ruled against mandatory work requirements
- In 2024, a federal judge ruled against Indiana's attempt to revive the cost-share provision because the court found thousands of Indianans had been kicked off the plan for failure to pay premiums.

https://www.newsfromthestates.com/article/fssa-seek-federal-waiver-reinstate-hip-cost-sharing-able-bodied-adults-medicaid

White house issues controversial executive order on Vaccines, (again) suggests autism link

- The Executive order advocates separating the measles, mumps and rubella (MMR) vaccine into three different single-disease shots and administering all childhood immunizations at separate appointments whenever possible.
- The executive order acts on Trump's long-held belief that splitting up routine childhood vaccinations across multiple visits lessens the risk of acquiring autism.
- Speaking about the order at the Oval Office on Monday, Trump repeatedly suggested the number or timing of vaccines could play a role in rising rates of autism spectrum disorder.
- Scientific consensus and decades of studies have firmly concluded there is no link.
- "I'm not sure that there is anything that has been as thoroughly looked at as this question…the answer is unequivocally no."

Executive Order

https://apnews.com/article/vaccine-research-autism-trump-kennedy-rfk-d10f81f221c4ae9f5b2f83dd0ee98b29

https://www.newsfromthestates.com/article/trump-urges-shift-childhood-vaccine-recommendations-calls-splitting-mmr-vaccine

https://www.medpagetoday.com/pediatrics/vaccines/122557?xid=nl_mpt_morningbreak2026-08-11

White house issues controversial executive order on Vaccines, (again) suggests autism link

- Separate measles, mumps, and rubella vaccines for children are not currently an option in the United States.
- Childhood vaccines — and how and when to give them in combination — go through rigorous studies, and safety tracking continues for years.
- While the order calls for revised vaccine recommendations, states, not the federal government, have the authority to require vaccinations for schoolchildren.
- The Executive order advises states with school vaccine mandates to consider updating their laws to reflect the White House's preferred schedule

Executive Order

https://apnews.com/article/vaccine-research-autism-trump-kennedy-rfk-d10f81f221c4ae9f5b2f83dd0ee98b29

https://www.newsfromthestates.com/article/trump-urges-shift-childhood-vaccine-recommendations-calls-splitting-mmr-vaccine

https://www.medpagetoday.com/pediatrics/vaccines/122557?xid=nl_mpt_morningbreak2026-08-11

White house issues controversial executive order on Vaccines, (again) suggests autism link

- Practically, separating three shots over three appointments would require parents to make 3 trips instead of one, rather than getting all three MMR vaccinations on the same day as is practice now.
- That's triple the mental load, coordination, travel costs and time, and potential missed work or school for families.
- Administrative barriers result in missed vaccinations, lower herd immunity, and gaps in protection as people who want vaccinations wait to get them.
- Pediatricians would have to triple appointments to do the same level of vaccination that can now be done in one visit (with no new hours in the day or staff).

Executive Order

https://apnews.com/article/vaccine-research-autism-trump-kennedy-rfk-d10f81f221c4ae9f5b2f83dd0ee98b29

https://www.newsfromthestates.com/article/trump-urges-shift-childhood-vaccine-recommendations-calls-splitting-mmr-vaccine

https://www.medpagetoday.com/pediatrics/vaccines/122557?xid=nl_mpt_morningbreak2026-08-11

Education Department hands more states flexibility with federal dollars

- The Trump administration has given 6 states waivers that let the states more than $109 million in federal education funding and bypass certain requirements for local education agencies
- Some state education groups have opposed the waivers arguing putting money meant for separate programs together may mean funding may not go to the specific populations and programs they were meant to serve.
- 22 states have received Education Flexibility Partnership, or Ed-Flex authority, which lets states to waive certain federal education requirements for school districts without seeking separate permission from the Department of Education each time.

https://www.newsfromthestates.com/article/education-department-hands-more-states-flexibility-federal-dollars

Education Department hands more states flexibility with federal dollars

- The U.S. Dept of Ed has begun to hand off some administrative duties to other federal agencies.
- National education advocates say transferring federal programs between agencies could disrupt grant payments.
- Those delays could lead districts to hold back spending or pull teacher contracts even if Congress appropriated the money.
- About 12% of education funding comes from the federal government. The remaining 88% comes from state and local sources.
- Education experts say at least $12 billion in previously awarded federal education funds have been disrupted by administrative actions over the past year.

https://www.newsfromthestates.com/article/education-department-hands-more-states-flexibility-federal-dollars

As the Education Department Is Dismantled, Who Protects the Right to Learn?

- “Children only get one third grade. One seventh grade. One senior year. Learning is cumulative, and childhood does not pause while governments reorganize.”
- “Moving special education services and civil rights complaints to other federal agencies weakens protections for students.
- “Our history — and too often our present — shows that many students still do not experience classrooms where educational expertise and civil rights protections work together. ”
- “Transferring civil rights investigations and resolutions out of the Education Department’s Office for Civil Rights to the Department of Justice assumes students have time to wait for federal actors to develop the expertise necessary to understand and resolve civil rights concerns in schools quickly, fairly, and in ways that keep students learning.

https://www.the74million.org/article/as-the-education-department-is-dismantled-who-protects-the-right-to-learn

As the Education Department Is Dismantled, Who Protects the Right to Learn?

- “For decades, our nation’s approach to educational civil rights. Education’s Office for Civil Rights has helped schools understand their obligations, provided technical assistance, resolved complaints without resorting to litigation, monitored compliance and worked to ensure students receive equal educational opportunity.
- “That work requires not only legal expertise but also an understanding of how schools operate, how students learn and how educational systems improve.
- “The DOJ plays an essential role through litigation and enforcement, but those responsibilities are fundamentally different from the day-to-day work of helping schools prevent discrimination and resolve problems before students lose years of learning.
- “Educational opportunity is a civil right, and educational rights are strongest when they remain rooted in the institutions whose mission is helping every child learn.”

https://www.the74million.org/article/as-the-education-department-is-dismantled-who-protects-the-right-to-learn

Survival Coalition helping to conduct statewide survey on special education experiences in Wisconsin

- Survival Coalition is helping conduct a statewide survey of parents of students with disabilities about their experiences with special education in Wisconsin.
- The survey is intended to help inform schools, legislators, and the press about what parents and students with disabilities are currently experiencing in schools.
- Your experiences help tell an important story about how the amount of staff support, quality of special education and transition services, and how the current way special education is funded impacts students, families, and schools.
- Help us reach our goal of 500 responses from across Wisconsin by adding your voice.
- **Please** share this survey widely on social media and e-mail list servs, and encourage people to take the survey and forward it to others.
- **We are aiming to close the survey this summer** so results can be shared in the fall.

Continued coverage of impact of Reconciliation bill

Lots of articles to share.

8 Red States Take Hard Line On Medicaid Work Requirement Exemptions

- In 2027, CMS is allowing states to use “self-attestation” so that people can say they too sick to work and stay on Medicaid without having to submit additional verification or documentation. (That flexibility ends in 2028.)
- Arkansas, Idaho, Indiana, Iowa, North Carolina, North Dakota, Ohio, and Utah are not letting Medicaid participants use self-attestation in 2027, even though CMS says they can.
- These 8 GOP-led states decision are responding to a massive lobbying campaign by conservative organizations who think self-attestation of medical frailty next year is a “loophole” that people will use to get out of working.

https://www.politico.com/news/2026/08/09/medicaid-work-requirements-exemptions-medical-frailty-01029777

8 Red States Take Hard Line On Medicaid Work Requirement Exemptions

- The Foundation for Government Accountability has spent more than a decade pushing states to restrict access to the social safety net.
- In the last few years, its lobbyists worked to convince legislatures to make it harder for people to access SNAP, Medicaid and other public benefit programs.
- The Foundation for Government Accountability, has spent the last year “encouraging lawmakers across the country” to pass bills requiring Medicaid recipients to prove they’re too sick to work starting next year, and imposing other “strong guardrails…. so agency bureaucrats can’t come in and undermine the work that Congress did.”
- Several states adopted such legislation; in others, tougher enforcement policies are being implemented by the state Medicaid agency.

https://www.politico.com/news/2026/08/09/medicaid-work-requirements-exemptions-medical-frailty-01029777

8 Red States Take Hard Line On Medicaid Work Requirement Exemptions

- “We’ve seen audit after audit that shows if you are not verifying what people tell you then you are getting a lot of people who are ineligible,” he said. “We view that as essentially fraud by design. These are policies designed by bureaucrats to allow essentially legalized fraud.”
- These policies reflect many conservatives’ believe that the expansion of Medicaid under the ACA covered too many people that they consider unworthy of support, such as non-disabled, working-age adults without children.
- This group was invited to testify at the US Senate Budget Committee hearing on Medicaid fraud last week.

https://www.politico.com/news/2026/08/09/medicaid-work-requirements-exemptions-medical-frailty-01029777

8 Red States Take Hard Line On Medicaid Work Requirement Exemptions

- Self-attestation, has long been accepted in Medicaid for things such as income.
- “It is not simply taking a person’s word for it,” said Matlock. “It is a sworn statement made under penalty of perjury.”
- “Requiring individuals to go get documentation from their provider to demonstrate their medical frailty is going to place such a significant burden on people to make the appointment, to obtain the documentation, to put the stress on the provider, to make that assessment,” said Kinda Serafi, a partner at Manatt Health. “People who live in rural areas, people who live in states that have provider shortages, or there’s a lack of transportation, are going to really struggle to document medical frailty, even if they clearly qualify.”
- Advocates say not being able to use self-attestation in the first year while states are struggling to implement work requirements may mean many more sick people will join the ranks of the uninsured faster.

https://www.politico.com/news/2026/08/09/medicaid-work-requirements-exemptions-medical-frailty-01029777

Wisconsin health providers worry new Medicaid work requirement hurts doctor-patient relationship

- Wisconsin health providers worry how their diagnoses, billing will be involved in determining who is too sick to be required to work.
- Future work requirements for Medicaid recipients create an administrative and ethical burden for doctors and other providers.
- Deciding whether a person can or can't work is not simple, even for a doctor.
- "That will require training and skills that the typical primary care doc does not have," he said. "Honestly, that's a big reason why most docs in primary care practices don't do the official disability evaluations for Social Security."
- Doctors working in occupational medicine or rehabilitation are specially trained to determine someone's functional capacity in an objective way, but there are limited numbers of those providers.

https://www.wpr.org/news/wisconsin-health-providers-worry-new-medicaid-work-requirement-hurts-doctor-patient-relationship

Wisconsin health providers worry new Medicaid work requirement hurts doctor-patient relationship

- The existing system for health insurance claims is not designed to indicate a person's level of impairment or ability.
- "It's set up to say this is what a patient has, but it's not set up to say anything more than that," Stewart said. "You have to really also think about the privacy aspects of that. Now you're saying that I have to potentially give a patient's chart, which they have to sign off on in terms of HIPAA, to say that they are medically frail and meet all definitions?'"
- Health providers worry how using medical charting and billing could influence the way doctors care for their patients, including how quickly they make a diagnosis.

https://www.wpr.org/news/wisconsin-health-providers-worry-new-medicaid-work-requirement-hurts-doctor-patient-relationship

Court Case Challenging Medicaid Work Rule's 'Frailty' Requirement Gets Moved Up

- Last week, the judge rule to hear the lawsuit challenging CMS’s “medical frailty” provision on an "expedited schedule" so it can be heard in full before the law takes full effect.
- A hearing in the case has been scheduled for Oct. 20.
- America's Physician Groups (APG) are concerned that doctors are “going to have this enormous role in, in effect, the decision of whether patients can retain their Medicaid coverage or not, and therefore, whether their own patients are going to be able to get the regular healthcare that they need, because if they don't get it, they will die."
- "There needs to be leniency given to patients with serious illness that recognizes that impairment often comes and goes, and that some of our sickest patients may not have documentation that supports their frailty.."

https://www.medpagetoday.com/publichealthpolicy/medicaid/122523

California: Medicaid cuts stand to hit everyone (yes, even you). Here's why

- The healthcare system is deeply intertwined, and research indicates everyone may see reduced services, lower quality and potentially higher premiums as people lose Medicaid coverage.
- In California, the hospital association expects uncompensated care to jump from $2 billion to $4 billion each year as a result of people losing Medicaid coverage. More than half the state's hospitals already operate at a loss.
- When hospitals tighten their belts, they reduce services for everyone regardless of insurance status: cutting wages or laying off staff, and reducing or eliminating expensive services like labor and delivery, or shuttering the emergency department rather than taking in more uninsured patients. Quality could decline.
- Financially fragile hospitals are likely to close altogether.
- "If you don't have as many (paying) patients, your income as an organization goes down,
- In preparation for federal and state cuts, California hospitals have already laid off more than 3,000 workers.

https://calmatters.org/health/2026/08/the-cut-medi-cal-ripple-effects/

Indiana families lose Medicaid access for children with disabilities

- Mistakes and administrative errors are causing children with disabilities to lose Medicaid coverage
- “I have seen this problem has certainly escalated in the last two years,” said Sciortino-Poulter. “I have probably consulted on or worked on more Medicaid appeals in the last two years than I have in the 10 years before combined.
- Sciortino-Poulter said in some cases, people are getting cut off because they never got a letter from FSSA asking for certain in the first place. She’s also seeing processing issues at FSSA.
- “It’s an automated situation, and because their paperwork hasn’t been processed and been uploaded into the computer system, the computer system turns it off, and then it’s harder to get back on,” said Sciortino-Poulter.
- Nebraska is using the same assessment system as Indiana (now subject to a lawsuit), which uses an algorithm to cut Medicaid home-care services for many individuals with intellectual and developmental disabilities.

https://www.wishtv.com/news/i-team/indiana-families-lose-medicaid-access-for-children-with-disabilities/

Lawmakers want transparency in Medicaid waiver denials

Indiana families lose Medicaid access for children with disabilities

- The agency has not changed its policy to disregard family income and assets of the child is under 18 in a waiver program (in that situation Medicaid only looks at the child's income and assets), however families are reporting they are being asked for family income information and some children appear to be losing coverage because of it.
- The Medicaid agency says it is collecting parental income in case of future changes, but says it is not currently being used to determine eligibility.
- However, families are being told to provide proof of the entire family's income and assets.
- "You have to turn in everything: your mortgage, 30 days bank statements, 30 days pay stubs, everything,".
- "They said that the paperwork we turned in on May 22 was still sitting on someone's task list to process, and therefore, because it was never processed it was canceled,".

https://www.wishtv.com/news/i-team/indiana-families-lose-medicaid-access-for-children-with-disabilities/

Lawmakers want transparency in Medicaid waiver denials

Resources

People with disabilities and families can use

Potential HCBS Reductions

Elimination of HCBS programs or services within programs	Reduced waiver slots or service caps	Cuts to HCBS provider rates
Higher eligibility for HCBS programs (esp. Level of Care)	Reduced capitation rates	Policies that force people into more congregate supports

Potential Impacts of HCBS Reductions

Decreased utilization of HCBS and longer HCBS waiting lists	Worsened direct care workforce crisis	Increased number of family caregivers
Higher use of institutional care	Increased physician visits, ER visits, and mortality	Increased use of congregate settings over individualized supports

Home and Community Based Services Impacts Tracker Project

https://hpmmatters.publichealth.gwu.edu/HCBS-impacts-tracker-project

This tracker lists verified changes to home care programs made by states through legislative, budget, or state agency policies.

Participants in Medicaid may be the first to know about agency changes that result in cuts to home care.

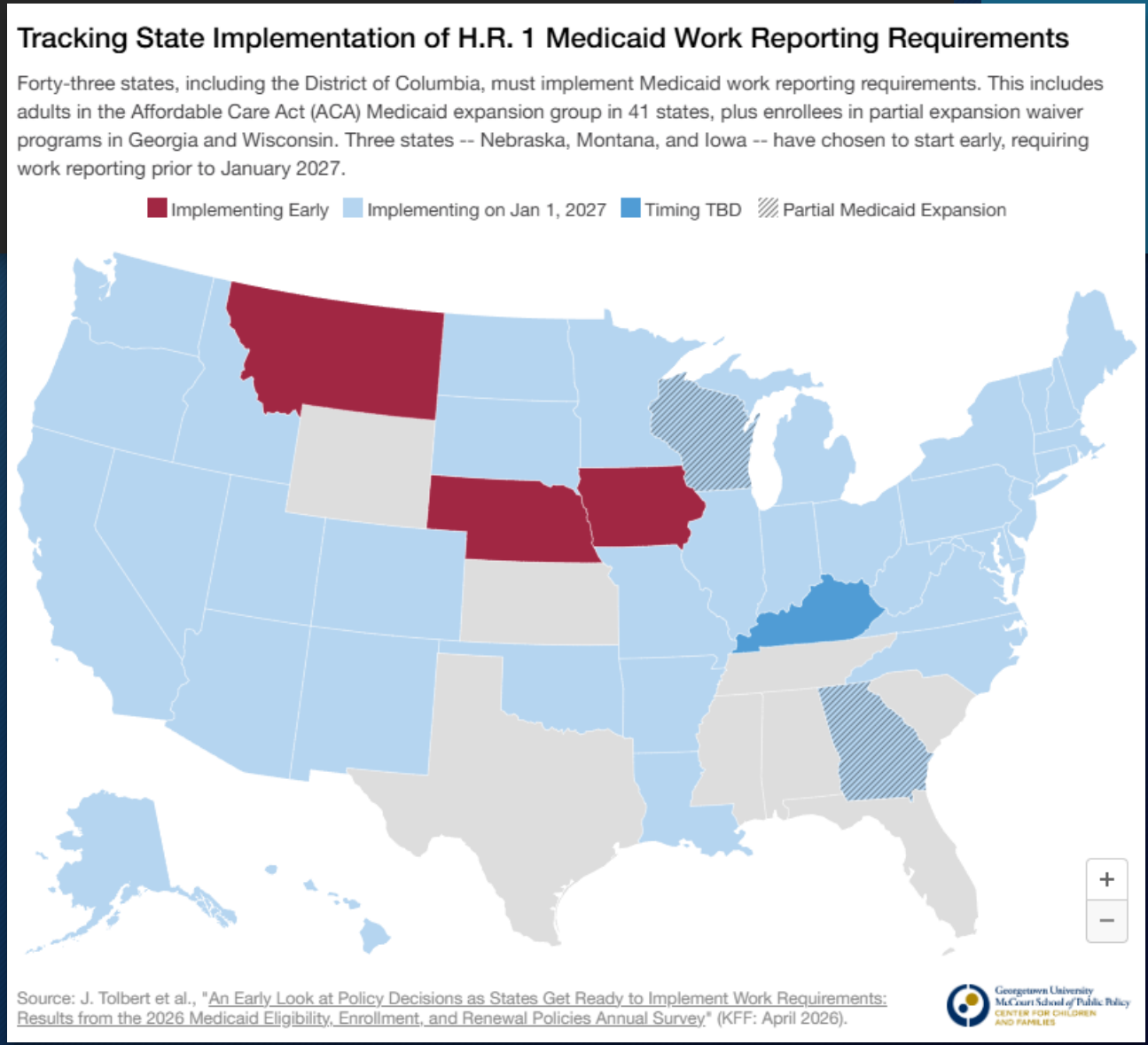
You can report changes and upload documentation using a form on the site.

Share this with your networks, especially friends in other states so they know where to go if they see HCBS cuts in their state.

Tracking how states are implementing “prove you’re working/exempt” requirements

- States will be making different decisions that impact whether people will be able to prove they are exempt or prove they are working enough.
- State data systems, funding, time, and available staffing will impact decisions.
- Different states may have different priorities when it comes to preventing loss of coverage.
- This tracker has a page for each state that is tracking major categories of decisions and what decisions states have made or still need to make.

https://ccf.georgetown.edu/feature/tracking-implementation-of-h-r-1-medicaid-work-reporting-requirements/



Tool to help people understand what small changes in Medicaid could mean for them

Have individuals:

- List the major parts of their care plan,
- How many paid hours/service the plan currently provides,
- How much natural supports unpaid caregivers are currently doing to make the care plan work.

Ask them what would happen if:

- The amount of paid caregiver hours was reduced (what would it mean if you lost 5 hours? 10 hours? More?)
- The amount of services you currently get was reduced?
- Some of the services you have now would not be in your care plan any more.
- Unpaid caregivers could not cover the same hours or weren't able to cover more hours?

https://wi-bpdd.org/wp-content/uploads/2026/04/BPDD_Worksheet_ImpactCarePlanReductions_042026.pdf

WHAT WOULD IT MEAN IF I GOT LESS HELP THAN I HAVE NOW?

	Number of paid hours/amount of service in my care plan	Tasks or time covered by unpaid caregivers in my care plan	Impact of cuts to paid hours or reduction of services in my care plan?
Personal care			
Home health			
Nursing			
Therapies			
Medical Equip. & Supplies			
Mental Health			
Group home			
Employment Services			
Day Services			
Other services or supports			

Here is what my life looks like now. (Ex. I live in my home in the community, not an institution, I work, I volunteer etc.)

With Family Care, IRIS, CLTS as it is now, I am not always able to…) Ex. Find enough caregivers, get transportation in the evenings, get support on my job.)

What are you most worried about if you have less help than you have now?