

Today we will talk about:

- Federal Administration: Trump administration reverses stance on integration of people with disabilities; Florida judge disagrees with U.S. DOJ request to reverse decision on Olmsted case; House Resolution introduced affirming people with disabilities have a right to live in the community (Action Step!); Pocket recissions cancel federal funding; CMS suspends funding for state Medicaid fraud unit; Survival Coalition and WAAN hosting Disability and Aging Policy Forum October 13th
- Impact of HR 1: Worries Grow That Disability Services Could Become ‘Impossible To Access’; Nebraska, Montana early adoption of Prove you’re working requirements show what’s ahead for other states; Six states want Medically Frail people to prove they are exempt right away; impact of HR 1 on hospital funding, immigrant coverage, SNAP.

Weekly Update

Oct 2nd, 2026

Federal Funding Fallout 2026

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10/1/2026

Administration

Federal Agency
Actions

Trump administration reverses stance on integration of people with disabilities

- For nearly 50 years, the federal government has said people with disabilities should live, work and learn in the most integrated setting possible rather than be segregated in institutions like nursing homes.
- In 1973, Congress passed the first civil rights law for people with disabilities: Section 504 of the Rehabilitation Act.
- It took advocates years of fighting — until 1977 — to get actual regulations that would make that law enforceable.
- In 2024, the regulations were updated so it would be clearer to states what they had to do to uphold the law.



NPR.ORG

Trump administration reverses stance on integration of people with...

<https://www.npr.org/2026/10/01/nx-s1-5981375/integration-mandate-disabilities-reversed-trump>

<https://www.disabilityscoop.com/2026/09/28/trump-administration-gets-ok-to-scale-back-disability-protections/32194>

Trump administration reverses stance on integration of people with disabilities

- Last week, a federal judge agreed to a joint proposal by the plaintiff states and U.S. DOJ to strip out mentions of "integration" from federal regulations tied to Section 504 of the Rehabilitation Act.
- U.S. DOJ changed its position on the case based on a new memo the agency wrote in July, and it declined to defend the rules in a lawsuit brought by several states.
- "The most frustrating thing is that this was not a legal loss. It was a surrender. HHS didn't defend these rights and protections. It joined the states that sued and asked the judge to strike them."
- "My concern is that right now, where we're at is disabled people have a right to integration on paper. It is in the law, but whether it gets practically enforced is a serious question."



<https://www.npr.org/2026/10/01/nx-s1-5981375/integration-mandate-disabilities-reversed-trump>

<https://www.disabilityscoop.com/2026/09/28/trump-administration-gets-ok-to-scale-back-disability-protections/32194>

Trump administration reverses stance on integration of people with disabilities

The 2024 HHS Section 504 rule was the first time the federal government explicitly codified the integration mandate in regulation.

It required every program receiving federal funds to serve disabled people in the most integrated setting appropriate.

It defined what community integration means.

It gave compliance officers state agencies and disability advocates a regulatory framework to enforce Olmsted

That framework has been in section 504 regs since 1977.

The judges' order erased it. (The judge did not have to accept the settlement. This was a choice.)

Section 504 itself has not been repealed. The ADA has not changed. Olmsted has not been overturned.

What was removed is the regulatory language that explained how to enforce it.

The right remains. The rulebook for enforcing it is gone

Trump administration reverses stance on integration of people with disabilities

- The Judge's agreement to the U.S. DOJ/States' proposal means certain sections of U.S. DHHS Section 504 regulations will be removed including:
 - the definition of “most integrated setting” and
 - multiple provisions stating that “in choosing among available methods for meeting the requirements of this section, a recipient shall give priority to those methods that offer programs and activities to qualified individuals with disabilities in the most integrated setting appropriate.”



<https://www.npr.org/2026/10/01/nx-s1-5981375/integration-mandate-disabilities-reversed-trump>

<https://www.disabilityscoop.com/2026/09/28/trump-administration-gets-ok-to-scale-back-disability-protections/32194>

Trump administration reverses stance on integration of people with disabilities

- The settlement sends a message. Advocates worry it will create confusion for states and others about what their responsibilities are under the law.
- “It demonstrates that the five state plaintiffs believe they are free to put people with disabilities into institutions,” she said. “Unfortunately, because the court has amended the regulations to delete the community integration requirements, some states and other covered entities — health care providers, etc. — will believe they can institutionalize people with disabilities. This will imperil the lives of people with disabilities, who will be forced to fight unnecessary institutionalization on their own.”



<https://www.npr.org/2026/10/01/nx-s1-5981375/integration-mandate-disabilities-reversed-trump>

<https://www.disabilityscoop.com/2026/09/28/trump-administration-gets-ok-to-scale-back-disability-protections/32194>

Florida judge disagrees with U.S. DOJ request to reverse decision on Olmsted case

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- In 2013, U.S. DOJ sued the state of Florida, arguing that it failed to provide enough home care services resulting in children being forced into nursing homes.
- The federal government won its case in 2023, and the state of Florida was required to provide services to keep their children at home.
- In August, the U.S. DOJ told the federal court to throw out its victory and allow Florida to have the case heard again in district court, citing its July U.S. DOJ memo reinterpreting community integration requirements under the Rehab Act, ADA, and Olmsted decision.
- There was no outside plaintiff in the case, meaning if they judge granted U.S. DOJ's request the decision would be overturned and there would not be another plaintiff to continue the lawsuit.



https://disabilityrightsflorida.org/newsroom/story/disability_rights_floridas_statement_on_us_v_florida

<https://www.npr.org/2026/10/01/nx-s1-5981375/integration-mandate-disabilities-reversed-trump>

Florida judge disagrees with U.S. DOJ request to reverse decision on Olmsted case

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- On September 15, 2026 the Judge directed U.S. DOJ and Florida to participate in mediation in response to DOJ's filings in the case last month.
- Citing DOJ's "changed position," referring to U.S. DOJ's decision to not defend its own victory that upheld the rights of medically fragile children at risk of institutionalization, the Court ordered that "counsel representing the interests of at-risk children should be invited to participate" in the mediation.
- The Judge is acknowledging U.S. DOJ is no longer adequately representing these children. Disability Rights Florida has asked to participate in the mediation.
- The Florida case suggests that coming battles for community integration may increasingly play out case by case in the courts.



https://disabilityrightsflorida.org/newsroom/story/disability_rights_floridas_statement_on_us_v_florida

<https://www.npr.org/2026/10/01/nx-s1-5981375/integration-mandate-disabilities-reversed-trump>

House Resolution introduced affirming people with disabilities have a right to live in the community

- This week, the U.S. House of Representatives introduced a resolution affirming the right of disabled people to live in their homes and communities, not segregated in institutions.
- [H. Res. 1586](#) says that the Olmstead decision reflects Congress's intent that people with disabilities should live and receive services in their communities.
- While a congressional resolution does not have the force of law, it does clearly communicate Congressional intent.
- That's important because the US DOJ memo that reinterprets "community integration" argues that Congress didn't clearly outline its intent and therefore it means they can decide that people with disabilities don't have a right to live in the community and can be institutionalized.
- If the House passes this resolution, it undermines the U.S. DOJ memos' argument.



<https://www.aapd.com/the-dcic-applauds-bipartisan-house-resolution-reaffirming-the-right-of-disabled-people-to-live-in-their-communities>

Action Step: Ask your U.S. Representative to co-sponsor H. Res. 1586

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House members can cosponsor H. Res. 1586 to signal that Congress intends and supports the right of people with disabilities to live in the community.

Advocates can ask their U.S. House member ([find contact info](#)) to co-sponsor.

So far, only 6 members out of 435 are co-sponsors. (None of Wisconsin's U.S. Representatives are co-sponsors.)

Members need hear loudly and clearly this resolution needs to pass this session and people should be watching to see whether it does

You can ask [U.S. Senators](#) to introduce a similar bipartisan resolution as soon as possible.

Administration uses rescissions to revoke \$810M approved by Congress

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- The Trump administration has again used a “pocket rescission” to cancel funding previously approved by Congress.
- Each year, Congress passes laws which allocate money to the federal government's various programs and agencies.
- Article 1 of the Constitution gives Congress the power to levy taxes and decide how federal funds are spent
- If the president disagrees, they can send a request to Congress to cancel the fund, but that is supposed to happen with 45 days' notice to let Congress agree or disagree.
- A pocket rescission happens when the president decides to cancel funds without time for Congress to weigh in or reallocate the money.



<https://www.newsfromthestates.com/article/trump-administration-revokes-810m-approved-congress-refugee-aid-and-more>

[Programs that had their Congressionally approved funding cancelled](#)

<https://www.npr.org/2026/09/28/nx-s1-5982739/what-to-know-about-the-810-million-in-spending-canceled-by-president-trump>

[GAO says Trump can't cancel more than \\$800M in spending approved by Congress](#)

Administration uses rescissions to revoke \$810M approved by Congress

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- President Trump, for the second year in a row, cancelling \$810 M in funding that had been approved by Congress.
- The Federal fiscal year ended Sept 30th. The funds will go unspent and Congress can't respond.
- The move, called a pocket rescission, is illegal, according to the Government Accountability Office
- The decision by the White House budget office to cancel the funding makes it harder for Congress to agree on the dozen full-year government funding bills.
- It's hard to agree to a budget when members believe the administration will simply cancel funding they don't want to spend.



<https://www.newsfromthestates.com/article/trump-administration-revokes-810m-approved-congress-refugee-aid-and-more>

[Programs that had their Congressionally approved funding cancelled](#)

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[GAO says Trump can't cancel more than \\$800M in spending approved by Congress](#)

Unclear if more federal funding has been withheld

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- October 1st is the new federal fiscal year.
- Funding that was approved by Congress in the last federal budget must be awarded during the fiscal year it was approved.
- Funding that was not awarded loses its spending authority and then can't be distributed.
- Last budget, federal funding was held until spending authority expired (pocket rescission).
- Special education research funding and other federal funding had not been awarded as of last week. It is unknown whether pocket rescissions have happened with the change in the federal fiscal year.



<https://www.disabilityscoop.com/2026/09/24/deadline-nears-for-education-department-to-spend-special-ed-research-funds/32188/>

Civil rights enforcement cuts mean fewer staff, closed offices, longer waits

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- For decades, the Office for Civil Rights, or OCR, served as a critical safety net when local schools failed to meet federal disability standards.
- Now, budget and workforce cuts have lead to the dismissal of thousands of complaints without investigation.
- Large caseloads are not new for the Office for Civil Rights, but parents at least used to receive confirmation that their complaint was received and being looked at.
- Today, it is not uncommon for parents to not receive confirmation - or any follow-ups to their case - even after it's been dismissed.
- These changes at the federal agency are raising urgent questions about who will enforce federal special education laws when states fall short.



<https://theconversation.com/what-civil-rights-enforcement-cuts-mean-for-students-with-disabilities-fewer-staff-closed-offices-longer-waits-285208>

New York: feds suspend funding for state fraud unit

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- DHHS denied annual recertification for New York's Medicaid Fraud Control unit in June and ended the federal grant that kept it running in June.
- The denial suspends federal funding for the unit's statutory functions unless, and until, the unit is recertified.
- HHS-OIG denied recertification to Hawaii's MFCU in early June 2026 and has stated it will apply heightened scrutiny to MFCU performance nationally going forward.
- For New York providers, it means New York's Medicaid Fraud Unit has an incentive to move pending investigations toward criminal charging decisions more quickly and rely on data analysis to look for leads.



<https://www.jdsupra.com/legalnews/fraud-unit-under-pressure-ai-watching-6170082/>

New York: feds suspend funding for state fraud unit

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- U.S. DOJ and CMS have also expanded their use of artificial intelligence and advanced data analytics to automatically detect Medicaid and Medicare fraud
- Dr. Mehmet Oz said CMS intends to identify and freeze suspicious Medicaid and Medicare payments before they are issued, rather than pursue recovery only after a fraudulent claim has been paid.
- For New York Medicaid and Medicare providers, more automated detection feeding into a state fraud unit under explicit federal pressure to close cases and increase indictments before a fixed deadline can mean mistakes.
- A provider with accurate billing but poor data hygiene, or a legitimate statistical outlier, can be swept into a fraud accusation and denied payment before any evidence of wrongdoing exists.



<https://www.jdsupra.com/legalnews/fraud-unit-under-pressure-ai-watching-6170082/>

Survival Coalition and WAAN hosting Disability and Aging Policy Forum October 13th

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- **Half of Wisconsin residents are family caregivers, older adults, or people with disabilities.**
- The October 22 governor's debate won't include questions about these pressing issues that affect millions of people across the state. The event will focus on:
 - **Erosion of civil rights protections**—Our rights to live in in the community are under threat. We will not go back to being set aside and locked away in nursing homes and institutions that cost the state more and lead to abuse.
 - **Care infrastructure**—The businesses and workers needed to help people stay out of expensive Medicaid funded nursing homes; the support unpaid family caregivers need to provide care and continue working; the growing number of non-drivers who have few options to get where they need to go; and the impact, especially in rural areas, when already limited care options are no longer available.
 - **Housing designed to work for everyone**—Accessible housing is needed so people with disabilities can remain independent, older adults can age in place, and families can accommodate multi-generational caregiving responsibilities.
 - **Schools**—The foundation of belonging that gives all students the skills needed to connect with people who have different abilities and get the skills they need to move into adulthood, employment, and other opportunities.

October 13th @ 11 AM

Watch the virtual event
live on Facebook and
YouTube

<https://www.facebook.com/WisconsinBPDD>

<https://www.youtube.com/@WBPDD>

In case you missed it: Survival Coalition, recording of Medical Aid in Dying issue forum

- Survival Coalition held an Issue Forum: Medical Aid in Dying laws, implications for people with disabilities.
- The webinar discussed how Medical Aid in Dying laws may impact people with disabilities and families.
- The event focused on key issues and areas of concern, what laws look like in other states and countries, and how perceptions of people with disabilities/older adults and cost of care needs can influence who chooses or is offered medical aid in dying options.
- Survival Coalition invited national speakers Anita Cameron and Barbara Lyons to present.
- Survival Coalition is hosting a series of policy issue forums this fall

Recording

<https://youtu.be/ML8zP7Sr0Mc>

Presentation slides

<https://wi-bpdd.org/wp-content/uploads/2026/09/Wisconsin-Survival-Coalition-Presentation-031526.pdf>

Survival Coalition 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 serves, 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.



Survival Coalition

of Wisconsin Disability Organizations



Calling all Wisconsin special education families!

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.

We'd like to hear from at least 500 people from across Wisconsin! Help us reach our goal by adding your voice. You can submit anonymously and it should take less than 10 minutes to complete!

Survey QR Code:



Or find the survey on
learninmyshoeswi.org



Learn in
my Shoes

Continued coverage of impact of Reconciliation bill

Lots of
articles to
share.

Worries Grow That Disability Services Could Become 'Impossible To Access'

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- A survey out this week of 524 intellectual and developmental disabilities service providers from every state and Washington, D.C. finds disability service providers across the nation are turning away new referrals and scaling back programs.
 - 85% of providers say they have moderate or severe staffing shortages in the past year.
 - 55% have declined new referrals
 - 29% cut back on programs and services for existing clients.
 - More than half said they held off on rolling out new programs.
 - 48% said they are considering additional program cuts
 - Nearly 60% say they serve areas where few or no alternate options exist for people with disabilities.
 - More than half of those offering case management said they struggle to connect people with services.



<https://www.disabilityscoop.com/2026/10/01/worries-grow-that-disability-services-could-become-impossible-to-access/32204/>

Worries Grow That Disability Services Could Become 'Impossible To Access'

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- “The reality is that if we cannot recruit and hire enough direct support professionals into this field, services for the disability community may appear to exist on paper, but will become impossible to access in practice.”
- The \$1 Trillion in Medicaid cuts from HR 1 already prompted some states to consider slashing funds for home care services.
- The survey found the threat of state-level changes is influencing decisions by providers, with 56% indicating that they opted not to expand services this year as a result.
- Providers are also coping with payment delays due to a crackdown on Medicaid waste, fraud and abuse, a situation that could impact access to services.
- Nearly half of providers said that they would have to end services within three months if faced with a pause or delay in Medicaid payments.



<https://www.disabilityscoop.com/2026/10/01/worries-grow-that-disability-services-could-become-impossible-to-access/32204/>

CBO: National Medicaid work requirements could strip coverage from 8 million

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- Two parents who are caring for their adult daughter with I/DD are worried they may lose their Medicaid coverage even though they should be exempt under caregiver exemption
- In their state they will need to prove their exemption every 6 months
- They worry what happens if the state Medicaid workers make a mistake or there is a delay with paperwork they've submitted that costs them coverage
- Dad, a doctor, left his profession to help care for his daughter
- Parents say if they can't care for her, she would end up in an institution and if she ends up in an institution she will die

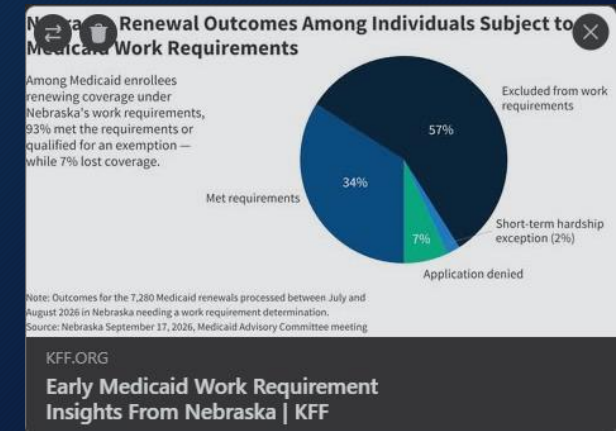


<https://www.nbcnews.com/video/looming-change-to-medicaid-work-requirements-sparks-concern-270669381627>

Nebraska's Early Work-Requirement Data Offers a Preview for Other States

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- On May 1, 2026, Nebraska became the first state to enforce new Medicaid work requirements.
- Among those who were **newly applying for Medicaid**, 86% of applicants met the work requirements or qualified for an exclusion or short-term hardship exception, while 14% of individuals had their application denied.
- Nearly half of all individuals (46%) met the prove you're working requirement.
 - (92%) worked 80 or more hours or had a household income of \$580.
 - (8%) were enrolled in an education program or work program, volunteered, or met requirements by combining hours across multiple types of qualifying activities.



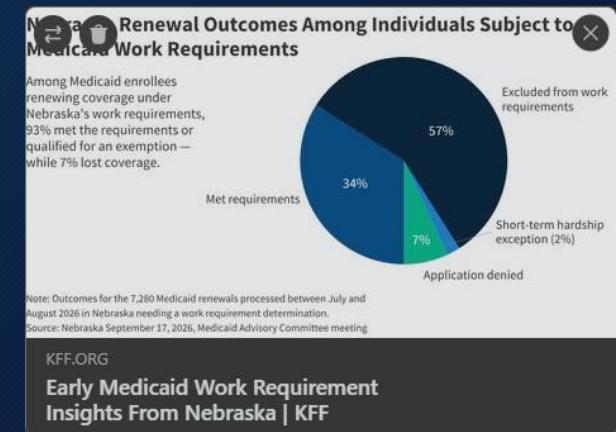
<https://www.kff.org/medicaid/early-medicaid-work-requirement-insights-from-nebraska/>

<https://ccf.georgetown.edu/2026/09/30/nebraska-releases-first-data-on-medicaid-work-reporting-requirement-as-expected-coverage-losses-start-to-mount-due-to-red-tape/>

Nebraska's Early Work-Requirement Data Offers a Preview for Other States

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- 39% of new applicants qualified for an exemption.
 - one-third were parents or caregivers of a child under the age of 14 or a disabled individual (33%);
 - one quarter were medically frail,
 - 12% were an American Indian or Alaska Native.
 - The remaining 30% qualified for other exclusions.
- Because the state is relying on self-attestation, future documentation requirements may lead to a lower share of individuals who qualify for an exclusion.



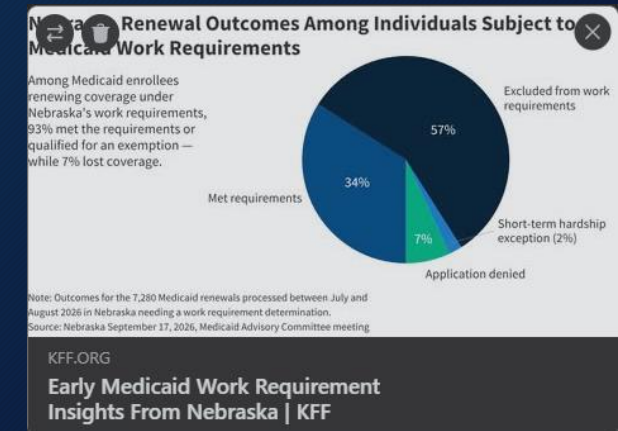
<https://www.kff.org/medicaid/early-medicaid-work-requirement-insights-from-nebraska/>

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Nebraska's Early Work-Requirement Data Offers a Preview for Other States

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- 14% of newly applying individuals had their application denied.
- 84% of the 557 denied applications were “denied for failing to provide requested information” to show compliance with or exemption from the requirements.
- Only 16% of applicants with denied applications were affirmatively found to be noncompliant.



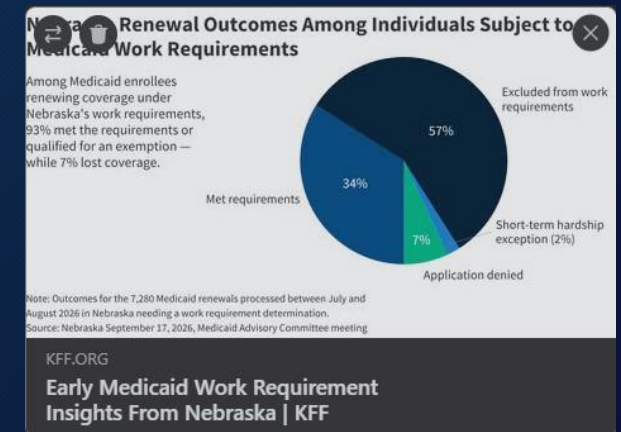
<https://www.kff.org/medicaid/early-medicaid-work-requirement-insights-from-nebraska/>

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Nebraska's Early Work-Requirement Data Offers a Preview for Other States

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- Among those who were **renewing their Medicaid** coverage, 93% met work requirements or qualified for an exclusion or short-term hardship exception and had their coverage renewed
- 57% of renewals qualified for an exemption.
 - Medically frail individuals (39%) and parent/caregivers (31%) made up the majority of those who met an exclusion.
- 34% renewal met the work requirement.
 - Nearly all (97%) of individuals who met the qualifying activities were either working 80 hours a month or had a household income of \$580.
- 7% (533) people lost coverage.
 - 92% did not respond to verification compliance requests.
 - The remaining 8% were found to be noncompliant.



<https://www.kff.org/medicaid/early-medicaid-work-requirement-insights-from-nebraska/>

<https://ccf.georgetown.edu/2026/09/30/nebraska-releases-first-data-on-medicaid-work-reporting-requirement-as-expected-coverage-losses-start-to-mount-due-to-red-tape/>

Montana: Confusion and worry Follow Early Rollout of Medicaid Work Rules

29

- All states must implement the new work requirements by Jan. 1, but three states — Montana, Nebraska, and Arkansas — have already gotten started.
- Medicaid advocates worry that the faster timeline in those states will lead to thousands of people losing coverage because they're confused about the new rules, even if they are eligible for the program — and that Montana may offer a troubling preview of what will happen nationwide next year.
- In Montana, nearly 71,000 people are subject to the new rules.
- Montana began with a soft launch of the work requirements in July and gave enrollees until Oct. 1 to comply
- The state hasn't finished setting up new computer systems or hiring the staff it said it would need.



<https://kffhealthnews.org/insurance/medicaid-work-rules-requirements-worries-dropped-coverage-montana>

Montana: Confusion and worry Follow Early Rollout of Medicaid Work Rules

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- Rep. [SJ Howell](#) of the Montana House has gotten dozens of calls from confused constituents, specifically about letters people are receiving from the state Medicaid agency.
- “The notices coming from the department are very, very confusing, and it’s very hard to find help figuring out what’s going on,” said the Democratic legislator
- There are few outside resources to help residents with these bureaucratic tasks.
- For example, [Cover Montana](#), a nonprofit that helps Montanans fill out such paperwork, lost federal funding last year, going from a staff of 18 to two part-time employees working a phone line.
- The state does operate a helpline, but [federal data shows](#) that Montanans stay on hold much longer than the national average and that many callers hang up before they connect with a state employee.

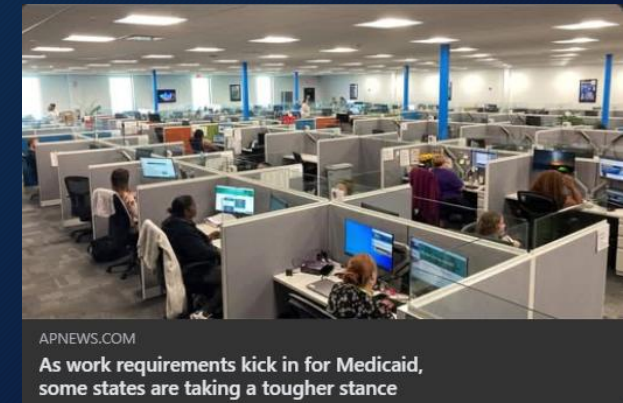


<https://kffhealthnews.org/insurance/medicaid-work-rules-requirements-worries-dropped-coverage-montana>

Six States Tell Patients To Prove They're Too Sick For Medicaid Work Requirement in Jan.

31

- A handful of Republican-led states are imposing tougher rules earlier than HR 1 requires.
- Six states are requiring documentation beginning in January 2027 for people to prove they are too medically frail to work.
- Arkansas, Idaho, Indiana, New Hampshire, North Carolina and Ohio all have laws or policies that bar self-attestation to qualify for the work requirement exception starting next year.
- There is a continuing push in other states to follow suit.
- Federal rules say the state can take the recipient's word for it for the first year



<https://apnews.com/article/medicaid-work-requirement-self-attestation-012ebf8a94ce672bd8ae5c863db566e5>

North Dakota: Passing Medicaid ballot measure would reduce services and spike insurance costs

32

- In 2022, South Dakota voters approved a citizen-initiated state constitutional amendment to extend Medicaid eligibility to adults with incomes up to 138% of the poverty level.
- North Dakota is one of three states that expanded Medicaid coverage by Constitutional amendment
- Because the expansion is part of the state constitution, only voters can alter it.
- Medicaid expansion provides health coverage to more than 31,000 South Dakotans



SOUTHDAKOTASEARCHLIGHT.COM

Passing Medicaid ballot measure would reduce services and spike insurance costs,...

<https://southdakotasearchlight.com/2026/09/29/passing-medicaid-ballot-measure-would-reduce-services-and-spike-insurance-costs-opponents-say/>

North Dakota: Passing Medicaid ballot measure would reduce services and spike insurance costs

33

- Expanded Medicaid provides about \$400 million annually to hospitals that would otherwise go unreimbursed
- The consequences of undoing Medicaid expansion would be particularly serious in rural communities, Hunhoff said, because those hospitals and clinics often operate on thin margins.
- Those costs could ultimately be spread through higher private insurance premiums,
- A Nov. 3 ballot measure would automatically repeal Medicaid expansion if federal funding falls and no longer covers 90% of the program's costs. Proponents say the measure allows lawmakers to consider repealing, altering or maintaining it if federal funding falls below that level.



SOUTHDAKOTASEARCHLIGHT.COM

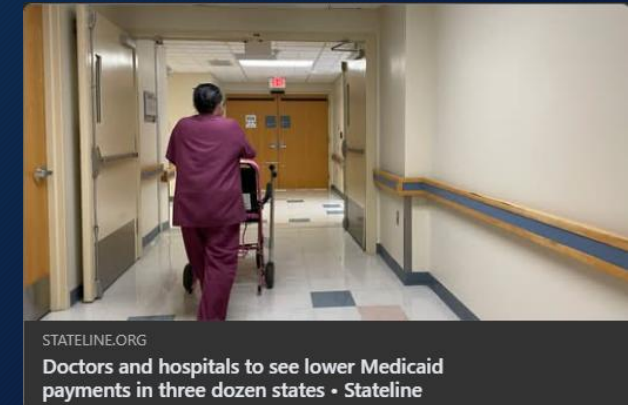
Passing Medicaid ballot measure would reduce services and spike insurance costs,...

<https://southdakotasearchlight.com/2026/09/29/passing-medicaid-ballot-measure-would-reduce-services-and-spike-insurance-costs-opponents-say/>

Doctors and hospitals to see lower Medicaid payments in 3 dozen states

34

- HR 1 places new limits on state-directed payments.
- Beginning in 2028, the law requires state Medicaid programs to reduce reimbursement rates by 10 percentage points each year until they reach either 100% or 110% of what Medicare pays.
- A Health Affairs analysis estimates that new federal State Directed Payment rules will force 36 states to reduce annual Medicaid payments to doctors and hospitals by more than \$50 billion in total.

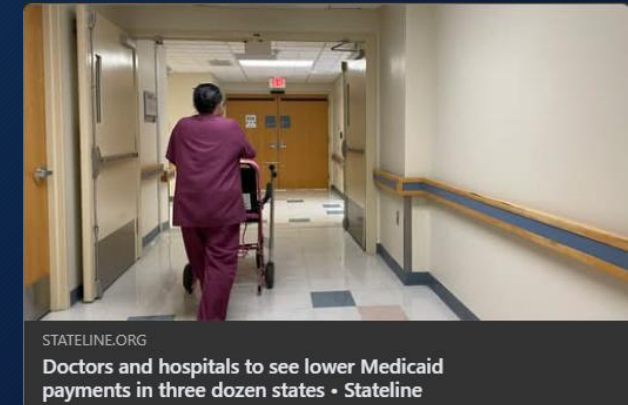


<https://stateline.org/2026/09/24/doctors-and-hospitals-to-see-lower-medicaid-payments-in-three-dozen-states/>

Doctors and hospitals to see lower Medicaid payments in 3 dozen states

35

- The 17 states with the highest provider reimbursement rates will have to cut their Medicaid spending by between 10% and 25% of their overall Medicaid budgets.
- The payment cuts could reduce the number of providers willing to participate in Medicaid, with significant implications for provider network adequacy and beneficiary access to care.
- Another possibility is that providers will try to offset the losses by negotiating higher prices with commercial insurers, raising costs for non-Medicaid patients.



<https://stateline.org/2026/09/24/doctors-and-hospitals-to-see-lower-medicaid-payments-in-three-dozen-states/>

At least 100,000 legal immigrants lost Medicaid coverage Oct 1st under HR 1

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- Hundreds of thousands of lawfully present immigrants are at risk of losing government health coverage starting Oct. 1,, signaling that the impact of HR 1 may be greater than expected.
- The Congressional Budget Office estimated the law's changes eliminating Medicaid eligibility for many noncitizen adults with legal status would lead to about 100,000 more immigrants being uninsured by 2034.
- KFF Health News asked several states how many lawfully present immigrant Medicaid enrollees they had identified as being at risk of losing coverage. More than 281,000 immigrants from nine states and the District of Columbia are expected to lose Medicaid in October.



<https://kffhealthnews.org/health-industry/immigrants-kicked-off-medicaid-refugees-asylum-seekers-trump-big-beautiful-bill-cbo-2>

<https://www.beckershospitalreview.com/legal-regulatory-issues/7-healthcare-laws-taking-effect-oct-1/>

At least 100,000 legal immigrants lost Medicaid coverage Oct 1st under HR 1

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- While some may be able to obtain coverage elsewhere, the state numbers suggest hundreds of thousands of immigrants nationally are at imminent risk of becoming uninsured.
- Those losing their health benefits include refugees of war, asylees who fled persecution, victims of sex trafficking, and interpreters who risked their lives assisting U.S. service members in Afghanistan — all of whom are in the country with the federal government's permission.
- The law does not affect coverage for a few groups, including those who hold green cards, people under age 19 and immigrants from Cuba, Haiti, or certain Pacific Island countries.
- Without health coverage, immigrants are likely to lose access to doctors, prescription drugs, and most other medical services. They still could qualify for coverage of emergency care under a separate program known as Emergency Medicaid.



<https://kffhealthnews.org/health-industry/immigrants-kicked-off-medicaid-refugees-asylum-seekers-trump-big-beautiful-bill-cbo-2>

<https://www.beckershospitalreview.com/legal-regulatory-issues/7-healthcare-laws-taking-effect-oct-1/>

At least 100,000 legal immigrants will lose Medicaid coverage Oct 1st under HR 1

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- HR 1 will strip many more immigrants of their Affordable Care Act plan subsidies and Medicare coverage next year.
- The CBO estimates, about 1 million will lose eligibility for government subsidies to buy individual health coverage on Affordable Care Act marketplaces by 2034. And they will also lose access to Medicare, a change expected to affect about 100,000 immigrants, the agency forecasts.
- Under long-standing law, people who are in the country without authorization do not qualify for the general Medicaid program that is funded by state and federal dollars.



<https://kffhealthnews.org/health-industry/immigrants-kicked-off-medicaid-refugees-asylum-seekers-trump-big-beautiful-bill-cbo-2>

SNAP's funding model is starting to change. Here's what that means for the program

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- Historically, the federal government and states have evenly split SNAP's operational costs.
- Starting Oct 1st, states will need to cover 75% of cost to run SNAP while federal funding shrinks by half.
- By the federal government's own calculations, the HR 1 provision will lead to a \$16.9 billion reduction in federal spending for SNAP over the next five years, or \$3.4 billion annually.
- The Food Research & Action Center, an anti-hunger advocacy group, estimates that states would need to shore up anywhere between \$3 million and \$670 million to fully offset the loss in federal funding for administrative costs.



<https://www.npr.org/2026/10/01/nx-s1-5985222/snap-benefits-program-october-change-funding>

SNAP's funding model is starting to change. Here's what that means for the program

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- Over the past year, states have been rebalancing their budgets to account for the new costs.
- They will likely need to tighten their belts further as more funding changes are coming.
- Currently, food benefits are covered entirely by federal dollars.
- Starting in October 2027, states may have to pay for a portion of the food aid if their error rate — a measure of overpayments and underpayments to SNAP recipients — is at or above 6%.
- These mounting costs will put states in a bind, where they will likely have to find new sources of revenue, cut funding from other programs, further restrict access to SNAP, or withdraw from the program entirely.



<https://www.npr.org/2026/10/01/nx-s1-5985222/snap-benefits-program-october-change-funding>

Michigan school districts, food pantries feel SNAP cut ripple effect ahead of cost shift to states

- Starting Oct. 1, Michigan will have to come up with \$95 million just for the first year to make up for the reduction in federal funding that has help run SNAP.
- Hunger advocates say the nation has seen its largest drop in SNAP enrollment in nearly 30 years. In Michigan, more than 167,000 people, including more than 53,000 children, have lost their SNAP benefits.
- “Meanwhile, Michigan’s unemployment rate is virtually unchanged from July 2025 and remains higher than the national average, as it has been for years,” Cassidy continued. “This suggests that families aren’t losing SNAP because they’re doing better or the economy is improving.”



<https://michiganadvance.com/2026/09/28/michigan-school-districts-food-pantries-feel-ripple-effects-of-snap-cuts-ahead-of-cost-shift-to-states/>

Michigan school districts, food pantries feel SNAP cut ripple effect ahead of cost shift to states

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- Melissa Miles, a student and parent of a six-year-old, said there's "just not enough time in the day to satisfy everything that is required," and that the requirements are changing more quickly than she can keep up with.
- The need for access to food — especially in more rural communities in northern Michigan, where access to public transportation and housing insecurity have increased the issues of food access caused by SNAP cuts.
- Local hunger advocates have seen a 56% increase in individuals reaching out to the food pantry — almost half of whom have a full-time job but still cannot make ends meet.



<https://michiganadvance.com/2026/09/28/michigan-school-districts-food-pantries-feel-ripple-effects-of-snap-cuts-ahead-of-cost-shift-to-states/>

Michigan school districts, food pantries feel SNAP cut ripple effect ahead of cost shift to states

- Changes to SNAP have also impacted calculations for eligibility for other programs.
- Access sites for the federal Rural Non-Congregate Summer Meals program are based on the economic data from SNAP, and so as that economic data changes and many are pushed off of SNAP, those sites go away.
- SNAP cuts are going to have a second wave of impacts in schools.
- “Community eligibility is determined by the economic picture in our area based on how many people qualify for SNAP, and so right now in my world we qualify for that program,” he said, “As SNAP gets cut... I won’t qualify for it, and then what that means is the state will have to pick up more of that burden of those free meals, and it’ll reach a point where that won’t be available anymore...”



<https://michiganadvance.com/2026/09/28/michigan-school-districts-food-pantries-feel-ripple-effects-of-snap-cuts-ahead-of-cost-shift-to-states/>

Resources

People with
disabilities
and families
can use

Disability questions you can ask any candidate

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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?

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

Home and Community Based Services Impacts Tracker Project

<https://hpmatters.publichealth.gwu.edu/HCBS-impacts-tracker-project>

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



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.

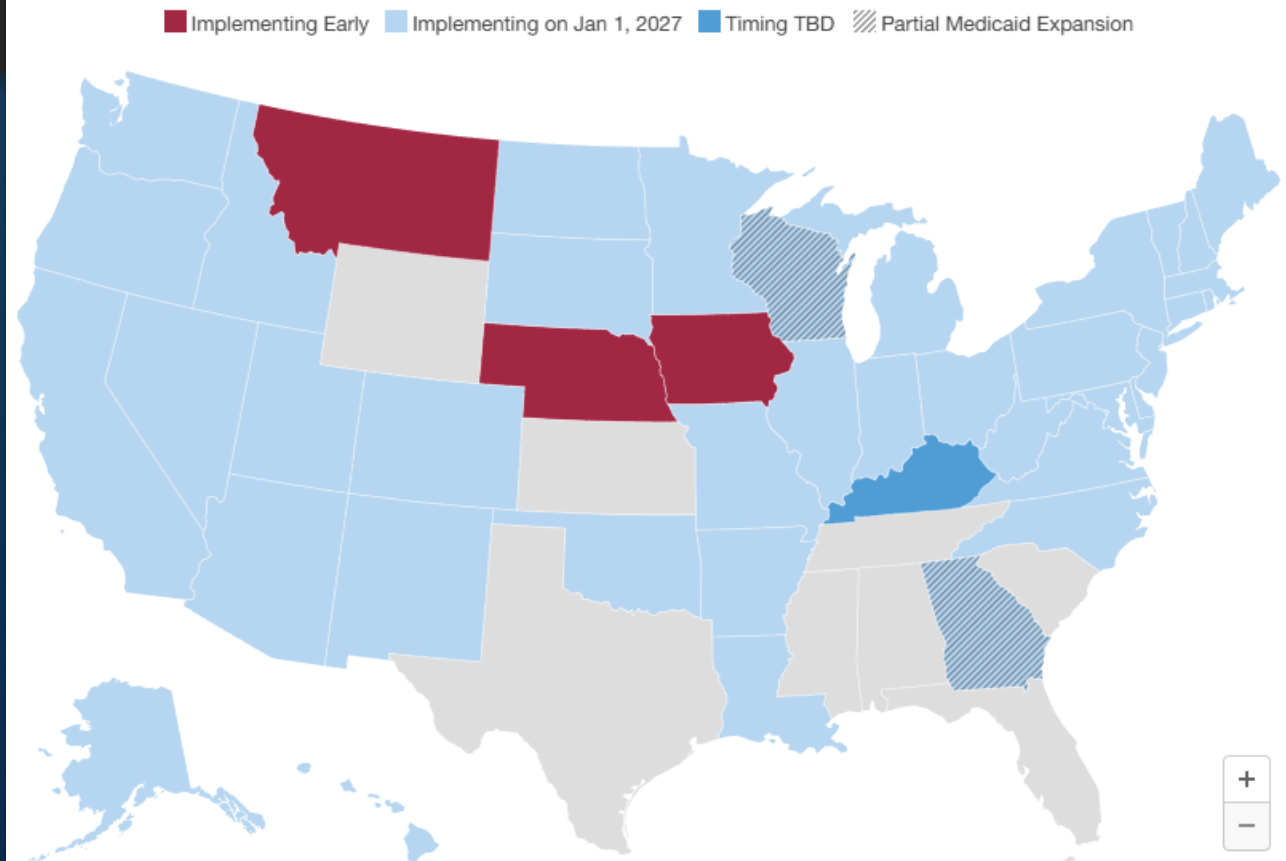
Tracking how states are implementing “prove you’re working/exempt” requirements

- 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/>

Tracking State Implementation of H.R. 1 Medicaid Work Reporting Requirements

Forty-three states, including the District of Columbia, must implement Medicaid work reporting requirements. This includes adults in the Affordable Care Act (ACA) Medicaid expansion group in 41 states, plus enrollees in partial expansion waiver programs in Georgia and Wisconsin. Three states -- Nebraska, Montana, and Iowa -- have chosen to start early, requiring work reporting prior to January 2027.



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 [do...](#) 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?