

Today we will talk about:

- Federal Administration: Federal government continues to back away from enforcement of disability rights; CDC removes disability questions from survey used to calculate funding to states; Census/SNAP data missing; Federal agencies find new ways to not send money back to states; ACA and Medicare rebates, who is getting them and where is the money coming from?; Rule threatens nonprofits required to help voters with disabilities register; Heath experts say states already have more fraud protections in place for home care than required by Feds.
- Impact of HR 1: Which states will face the biggest hits from HR 1?; Refugees with disabilities lose Medicaid access; Federal immigration policy means fewer home care workers; Missouri won't use short-term hardship exemptions to help people keep Medicaid coverage; Washington state proposes big cuts to I/DD services; Georgia cuts ABA therapy rate for foster kids by 30%; Indiana restarts eligibility determinations with tool that cost coverage for people with I/DD; SNAP changes resulting in steep declines in enrollment.

Weekly Update

Oct 9th, 2026

Federal Funding Fallout 2026

1

10/2/2026

Administration

Federal Agency
Actions

How Trump's homelessness crackdown became a sweeping retreat from disability rights

- The administration's abrupt turn against Olmstead traces back to Trump's focus on aesthetics and cleanliness in the nation's capital.
- Since issuing a July memo reinterpreting how much community integration is necessary under the Rehabilitation Act, ADA, and Olmstead decision, U.S. DOJ abandoned or weakened at least five investigations, lawsuits or settlement agreements rooted in Olmstead
- U.S. DOJ had already reversed course on at least two disability cases — in Maine and Michigan — before the July memo.
- At the start of the administration, there were 40 U.S. DOJ attorneys with Olmstead expertise. Now there are fewer than 6.

How Trump's homelessness crackdown became a sweeping retreat from disability rights



nbcnews.com

After issuing a memo making it easier to institutionalize homeless people, the Justice Department began abandoning cases protecting disabled people's right to live in the community.

Open

https://www.reddit.com/r/WhatTrumpHasDone/comments/1wwq8xa/how_trumps_homelessness_crack_down_became_a/?share_id=mRU9Y1Z-QsQbjidiD6hiO&utm_medium=ios_app&utm_name=iossmf&utm_source=share&utm_term=1&rdt=55635

<https://www.newsfromthestates.com/article/after-states-sue-trump-administration-walks-away-disability-rights-enforcement>

How Trump's homelessness crackdown became a sweeping retreat from disability rights

- State government have strong financial incentives to care for disabled people at home rather than in institutions, but people with disabilities and their families say that doesn't mean states are always willing to pay for it.
- Plaintiff states in *Texas v Kennedy* told the court they don't want federal restrictions on how they spend money that would prevent them from deciding how best to care for their own residents.
- Plaintiff states claimed rising costs and workforce shortages, can't always accommodate expensive services required by the law, and that with smaller Medicaid budgets they're having to make hard choices.
- Removing the federal "integration mandate" would give them more flexibility.

How Trump's homelessness crackdown became a sweeping retreat from disability rights



nbcnews.com

After issuing a memo making it easier to institutionalize homeless people, the Justice Department began abandoning cases protecting disabled people's right to live in the community.

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<https://www.newsfromthestates.com/article/after-states-sue-trump-administration-walks-away-disability-rights-enforcement>

How Trump's homelessness crackdown became a sweeping retreat from disability rights

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- U.S. DOJ's retreat from community integration enforcement comes as states are preparing to absorb nearly \$1 trillion in Medicaid cuts over the next decade under HR 1."
- With legislatures looking for ways to reduce spending, disability rights advocates fear the Olmstead reversal is a green light to slash services that allow disabled people to receive care at home.
- "That sends a message to states that they should go ahead and proceed with cutting," Mathis said. "We're not going to enforce the law here."
- The way states administer disability services can mean the difference between being "siphoned away for life into an institution" and getting "to grow up with your family," Weinstock said.

How Trump's homelessness crackdown became a sweeping retreat from disability rights



nbcnews.com

After issuing a memo making it easier to institutionalize homeless people, the Justice Department began abandoning cases protecting disabled people's right to live in the community.

Open

https://www.reddit.com/r/WhatTrumpHasDone/comments/1wwq8xa/how_trumps_homelessness_crack_down_became_a/?share_id=mRU9Y1Z-QsQbjidiD6hiO&utm_medium=ios_app&utm_name=iossmf&utm_source=share&utm_term=1&rdt=55635

<https://www.newsfromthestates.com/article/after-states-sue-trump-administration-walks-away-disability-rights-enforcement>

The federal government is backing away from a decades-old disability rights promise

6

- Family caregivers, mostly women, normally fill the gaps when state-funded care falls short.
- HR 1 and the resulting state budget cuts will impact what home care is available and whether it is available, profoundly reshaping the lives of these women and the people they support.
- “It’s really fundamentally about whether or not people with disabilities can live, work, go to school, make all the decisions about how you spend your day and you spend your life with — all the decisions that people without disabilities have.”
- Until the next presidential election in 2028, the fight for the right to live in the community will primarily occur at the state level and through private cases.



<https://19thnews.org/2026/10/disabilities-olmstead-enforcement-federal-government/>

The federal government is backing away from a decades-old disability rights promise

- The ADA, passed in 1990 is the bedrock of American disability rights law.
- Section 504 of the Rehabilitation Act of 1973 was a precursor to the ADA and was one of the first laws to provide people with disabilities protection from discrimination.
- The Olmstead decision established that these laws also provide a right to the “most integrated setting” possible when it comes to establishing where disabled people can receive services — and, by extension, where they can live.
- “A ‘most integrated setting’” has long been considered a place where people with and without disabilities are able to interact,” said Alison Barkoff.



<https://19thnews.org/2026/10/disabilities-olmstead-enforcement-federal-government/>

The federal government is backing away from a decades-old disability rights promise

- Before the legal mandate for the “most integrated setting,” there were places like Willowbrook State School in Staten Island, New York.
- Thousands of people with intellectual, developmental and psychiatric disabilities were left to languish in overcrowded, isolated facilities separate from the outside world.
- Before Olmstead and the disability rights movement, hundreds of thousands of people with disabilities were confined to state hospitals and asylums, often for their entire lives.
 - In 1967, around 200,000 people with intellectual and developmental disabilities were confined to large institutions like asylums and state hospitals.
 - By 2024, that number fell to 16,000 thanks to the Olmstead decision, DOJ enforcement and decades of expanding home care options through Medicaid



<https://19thnews.org/2026/10/disabilities-olmstead-enforcement-federal-government/>

As CDC redesigns annual health survey, it removes questions about disabilities

- Since 1957, the Centers for Disease Control and Prevention (CDC) has done an annual health survey that includes counting how many people have disabilities. Data from the survey is used to:
 - Understand whether there are more (or fewer) people living with disabilities,
 - Measure whether people's lives are getting better or worse,
 - Decide how much and where federal funding goes to help people with disabilities (including funding for state Developmental Disabilities Councils like BPDD).
 - Inform public policy makers about what policies, services, and supports are needed to help all people lead healthier lives.
- CDC wants to remove many disability-related questions from the survey, including questions that were designed to help make sure people with Intellectual and Developmental Disabilities are counted.



<https://www.statnews.com/2026/10/01/cdc-health-survey-redesign-removes-questions-about-disabilities/>

<https://www.disabilityscoop.com/2026/10/05/cdc-plans-to-drop-disability-questions-from-federal-health-survey/32208/>

<https://www.beckershospitalreview.com/quality/public-health/cdc-plan-to-cut-disability-questions-from-health-survey-draws-pushback/>

As CDC redesigns annual health survey, it removes questions about disabilities

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- Advocates say removing these questions will result in people with I/DD being undercounted and could impact federal funding that comes to states to support people with I/DD.
- Many federal formulas and grant programs rely on federally collected data to estimate how many people with disabilities live in the state and calculate how much money the state should get for programs and groups that support people with disabilities who live there.
- Undercounting people with disabilities can result in fewer federal dollars being returned to schools, state agencies and programs, and local communities.
- The proposed changes to the survey would begin in 2028 and could affect the information collected about people with disabilities for the next 10 years.
- CDC staff are aware these changes will impact the ability to count the disability community.



<https://www.statnews.com/2026/10/01/cdc-health-survey-redesign-removes-questions-about-disabilities/>

<https://www.disabilityscoop.com/2026/10/05/cdc-plans-to-drop-disability-questions-from-federal-health-survey/32208/>

<https://www.beckershospitalreview.com/quality/public-health/cdc-plan-to-cut-disability-questions-from-health-survey-draws-pushback/>

As CDC redesigns annual health survey, it removes questions about disabilities

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- In 2025 the director of the CDC division that oversees the survey, published a memo outlining the redesign. In a footnote, he wrote, “It does not provide the desired depth of information on specific topics (e.g., health insurance, functioning and disability, chronic conditions, injury) that are specifically named in our authorizing legislation ... and that has been a feature of the questionnaire since 2019.”
- The current survey includes 49 questions related to disabilities and functioning. The proposed revisions would drop the number to 15.
- The National Health Interview Survey has historically undercounted people with disabilities, potentially missing 75% of the I/DD population. The proposed changes would make the problem worse.



<https://www.statnews.com/2026/10/01/cdc-health-survey-redesign-removes-questions-about-disabilities/>

<https://www.disabilityscoop.com/2026/10/05/cdc-plans-to-drop-disability-questions-from-federal-health-survey/32208/>

<https://www.beckershospitalreview.com/quality/public-health/cdc-plan-to-cut-disability-questions-from-health-survey-draws-pushback/>

Action Step: We count. So, count us.

1

[Submit public comments](#) on the CDC proposal by Oct 20th.

2

You can talk about questions you think should not be removed or should be added to make sure people with I/DD are counted. ([Tips to help make your comments](#))

3

Advocates can make sure their [U.S. House](#) member and [U.S. Senators](#) know why making sure people with I/DD are accurately counted is important.

Census Bureau Delays Poverty Data Amid Medicaid, SNAP Cuts

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- The Census Bureau has indefinitely delayed its American Community Survey, a key dataset tracking state and local poverty, income, insurance and housing trends, just as deep federal safety-net cuts take hold.
- The [American Community Survey](#) collects detailed information on state and community-level estimates about things like employment, poverty, housing and insurance by demographic group and is a core tool for measuring coverage loss and poverty impacts.
- Researchers say the gap leaves them unable to measure the state-level impact of HR 1's Medicaid cuts and SNAP cuts, plus the expiration of ACA subsidies.



<https://ohiocapitaljournal.com/2026/10/02/how-is-ohio-doing-amid-safety-net-cuts-trump-hasnt-released-the-data/>

Census Bureau Delays Poverty Data Amid Medicaid, SNAP Cuts

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- Until this year, the Census Bureau published it annually since its full inception in 2005.
- Information from the survey generates data that helps inform how trillions of dollars in federal funds are distributed each year.
- Advocates see suspending survey results indefinitely serves another purpose — to obscure the human consequences of slashing the safety net.
- “We really think this is a mechanism to hide from view certain disfavored demographic groups, whether that’s women, people of color, LGBTQ... They’re really trying to hide from view what people are experiencing,” she said.
- It is not the only dataset the federal government has ended. In 2025, USDA announced it was ending a key measure of food insecurity.



<https://ohiocapitaljournal.com/2026/10/02/how-is-ohio-doing-amid-safety-net-cuts-trump-hasnt-released-the-data/>

Trump's Ed. Dept. Is Still Disrupting Grants—Just More Quietly Than Before

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- In 2025, the U.S. Dept of Ed. abruptly cancelled previously awarded competitive education grants
- In 2026, they are using different strategies that result in fewer new grant awards and less stability for the school districts and state education agencies that get grants.
- In some cases, the Department has simply not announced competitive grant processes, so it cannot award funding.
- When there are competitive grants, which includes the number of grants the agency expects to award—the actual number of grants awarded is dramatically lower.



<https://www.edweek.org/policy-politics/trumps-ed-dept-is-still-disrupting-grants-just-more-quietly-than-before/2026/09>

Trump's Ed. Dept. Is Still Disrupting Grants—Just More Quietly Than Before

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- In many cases, the department is giving out far fewer new awards than it did for previous rounds of its grant programs.
- The agency used “supplemental awards”—giving additional funds to grantees whose award periods are running out—to scale back the number of new awards.
- The Dept has not announced who has been awarded grants for newly funded projects, leaving the outcomes of competitions unclear.
- In some cases, the agency announced it was rejecting Congressionally appropriated funding for specific grants



<https://www.edweek.org/policy-politics/trumps-ed-dept-is-still-disrupting-grants-just-more-quietly-than-before/2026/09>

Trump's Ed. Dept. Is Still Disrupting Grants—Just More Quietly Than Before

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- New regulations would give the agency the authority to cancel in-progress grants for “convenience,” rather than exclusively for performance issues.
- They would also nix requirements for the department to make decisions about continuations on a predictable timeline.
- “I think what they are trying to do is get it on paper obligated but not actually be committing to spending it, so it looks like they’re doing what they’re supposed to be doing, but it’s not actually a funding commitment,”
- That means the Department could grant funding—typically awarded for 3-5 years—and then decide to take back funds after one year.
- “Grantees and subrecipients that hire staff, sign contracts, or plan services on the strength of a large “awarded” figure could face significant reliance and wind-down costs if payments are denied,”



EDWEEK.ORG

Trump's Ed. Dept. Is Still Disrupting
Grants—Just More Quietly Than Before

<https://www.edweek.org/policy-politics/trumps-ed-dept-is-still-disrupting-grants-just-more-quietly-than-before/2026/09>

Trump touts ACA and Medicare rebates. Who get them and where is the money coming from?

- \$90 Medicare rebate checks are going to some people
 - People who are 'dually eligible' for Medicare and Medicaid (15% or 12 million people) will not get checks.
 - People enrolled in Medicare Advantage plans (61% or 21.4 million people in Medicare) will not get checks.
- Only 24% of Medicare recipients will get the \$90 rebate (76% get \$0).
 - The average Medicaid Part B premium is \$200 per month.
- The money is coming from the Medicare Improvement Fund which was established in 2008.
- It's where Congress puts savings to offset the costs of later Medicare and other health care bills.
- Money from the fund is generally appropriated by Congress, not given out by the President.



https://www.thebulwark.com/p/trump-has-another-new-plan-to-buy?r=1ltjvh&utm_campaign=post&utm_medium=web

<https://www.politico.com/news/2026/10/03/trump-checks-seniors-medicare-midterms-01105956>

<https://www.wsls.com/news/politics/2026/10/07/trumps-90-medicare-rebate-rolls-out-but-millions-are-left-out-critics-say-its-a-political-stunt/>

Trump touts ACA and Medicare rebates. Who get them and where is the money coming from?

- What ACA plan members are getting the promised \$500 rebate checks?
- People who live in state that use healthcare.gov and make 4x the federal poverty level ($\leq 100,000$ per year) will get a \$500 check
- About 1M people (5% of the total 19.2M ACA plan holders) in 30 states get a check.
 - 30 states use the federal healthcare.gov exchange (WI is one)
 - If you live in the 20 states that run their own exchange (like CA, NY, MA, KY) then you don't get a check



https://www.thebulwark.com/p/trump-has-another-new-plan-to-buy?r=1ltjvh&utm_campaign=post&utm_medium=web

<https://www.politico.com/news/2026/10/03/trump-checks-seniors-medicare-midterms-01105956>

<https://www.wsls.com/news/politics/2026/10/07/trumps-90-medicare-rebate-rolls-out-but-millions-are-left-out-critics-say-its-a-political-stunt/>

Trump touts ACA and Medicare rebates. Who get them and where is the money coming from?

- The money is coming from a set aside fund Congress set up for outreach or education or enrollment assistance or technical upkeep of the website.
- These funds are supposed to help people look at insurance options (what kind to get, whether they were eligible for assistance etc.), and help the ACA work better (and lower prices for everyone).
- Insurance companies pay into a fund which builds up money that then gets spent.
- This admin has decided to use the money set aside in the fund for a different purpose; cutting checks to a minority (5%) of plan holders.



https://www.thebulwark.com/p/trump-has-another-new-plan-to-buy?r=1ltjvh&utm_campaign=post&utm_medium=web

<https://www.politico.com/news/2026/10/03/trump-checks-seniors-medicare-midterms-01105956>

<https://www.wsls.com/news/politics/2026/10/07/trumps-90-medicare-rebate-rolls-out-but-millions-are-left-out-critics-say-its-a-political-stunt/>

States Go Beyond Federal Requirements To Fight Medicaid Home Care Fraud

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- More than 5 million people use Medicaid home care,
- New federal fraud initiatives have focused on home care because spending on home care is growing, and the services are provided in people's homes and the community where fewer institutional processes and procedures exist.
- However, spending growth often reflects states' efforts to increase the availability of home care, and there are additional safeguards against fraud in home care compared with other types of Medicaid services.



<https://homehealthcarenews.com/2026/10/states-go-beyond-federal-requirements-to-fight-medicaid-home-care-fraud/>

<https://www.kff.org/medicaid/states-use-of-program-integrity-tools-in-medicaid-home-care/>

States Go Beyond Federal Requirements To Fight Medicaid Home Care Fraud

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- KFF finds that states administering Medicaid home care programs are going beyond federal requirements to detect fraud, including cross-checking billed claims against electronic visit verification (EVV) data and using AI-based monitoring tools.
- Added scrutiny, while reducing fraudulent spending, can create administrative burdens that limit provider participation and access to care.



<https://homehealthcarenews.com/2026/10/states-go-beyond-federal-requirements-to-fight-medicaid-home-care-fraud/>

<https://www.kff.org/medicaid/states-use-of-program-integrity-tools-in-medicaid-home-care/>

White House Proposal Threatens Funding That Helps Disabled Americans Vote

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- The White House Office of Management and Budget wants to change spending rules to prohibit anyone from using federal grant money for voter registration drives or what it vaguely calls “related activities.”
- The changes are in a draft version of OMB proposed rule and is part of an extensive attempt to remake the rules governing federal grants.
- Nonprofits that receive government funds to help people sign up for Medicaid benefits, food stamps or other programs subject to the National Voter Registration Act are required to provide registration forms and help people fill them out.
- Thousands more nonprofits receive federal funds for other services but provide voter outreach using private donations.
- Nonprofit experts said the confusion over which groups the ban affects and the burden of proving an organization is in compliance could lead many to pause or curb registration efforts ahead of the 2028 election.



<https://www.propublica.org/article/disabled-voters-nonprofit-funding-cuts-omb>

White House Proposal Threatens Funding That Helps Disabled Americans Vote

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- In 2002, Congress helped tackle the challenges people with disabilities face in voting when it passed the [Help America Vote Act](#).
- The Help America Vote Act created grants to assist people with disabilities in registering to vote, casting their ballots and accessing polling places.
- During the 2024 election, 3.6% of registered voters with disabilities reported difficulties with registering, compared to 1.4% of registered voters without disabilities.
- That represents the experiences of about 740,000 registered voters with disabilities



<https://www.propublica.org/article/disabled-voters-nonprofit-funding-cuts-omb>

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

25

- **Half of Wisconsin residents are family caregivers, older adults, or people with disabilities.** The panel will discuss the issues—erosion of civil rights, care infrastructure, housing that works for everyone, and education—impacting 50% of the state that will not be discussed in the upcoming Governor's debate.
- **Panelists include:**
 - Jennifer Fischer, President, Aging and Disability Professional Association of Wisconsin (ADPAW), an expert on issues seen day to day at the state's aging and disability resource centers (ADRCs)
 - Lisa Schneider, a family caregiver to her mom and daughter and Executive Director of the Respite Care Association of Wisconsin
 - Carl Schulze, a self-advocate from the Fox Valley, County Board member
 - Jason Glozier, Executive Director, Wisconsin Coalition of Independent Living Centers and co-chair of Survival Coalition and
 - Brian Peters, Advocacy & Accessibility Services Specialist, Independence First, Milwaukee
 - Megan Hufton, parent of two children who receive special education services and Director of Community Education and Training at the Autism Society of Wisconsin
 - Lori Karcher, parent of a young adult with disabilities, and Education Grant Director for Wisconsin FACETS

October 13th @ 11 AM

Watch the virtual event
live on Facebook and
YouTube

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

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

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.

KFF Maps Which States Face the Biggest Hit from 2025 Medicaid Law

- This brief breaks down how HR 1's Medicaid provisions, work requirements, immigrant eligibility restrictions, provider tax changes, and state directed payment limits, will hit states unevenly.
- The brief shows which key eligibility and financing provisions are expected to affect each state and Washington DC.
- Some provisions in HR 1 affect all states, while some provisions only apply to certain states.
- The effects of many provisions vary by state. States adopted the ACA Medicaid expansion face are impacted by more provisions.
- In many cases, the full effects of the law are still unknown and will depend on how federal rules are finalized and how states implement the changes.

Figure 1

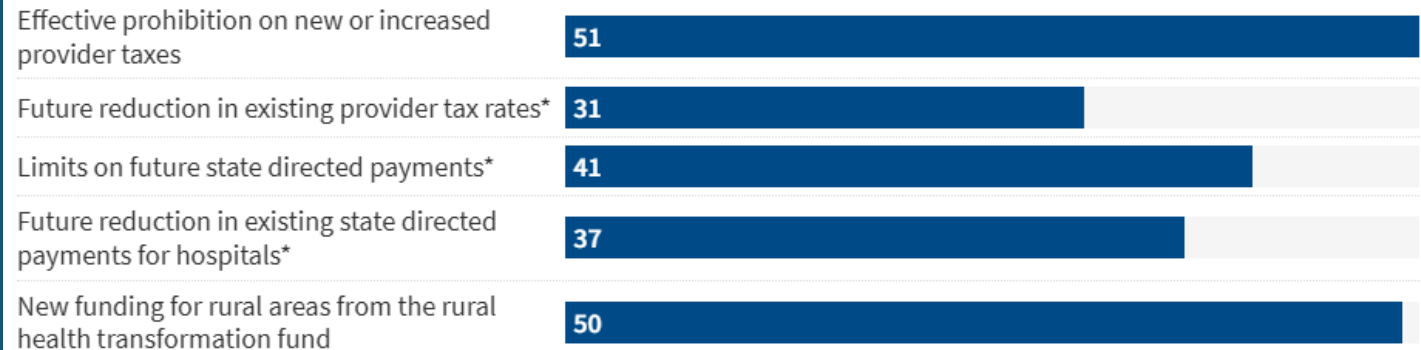
All States Face Major Changes to Medicaid Stemming from the 2025 Reconciliation Law

Number of states affected by key provisions of the 2025 reconciliation law

Eligibility



Financing



Note: ACA = Affordable Care Act. * Denotes the minimum number of states affected.

Source: KFF analysis of the 2025 reconciliation law • [Get the data](#) • [Download PNG](#)

KFF

<https://www.kff.org/medicaid/which-states-will-be-affected-by-key-medicaid-provisions-in-the-2025-reconciliation-law/>

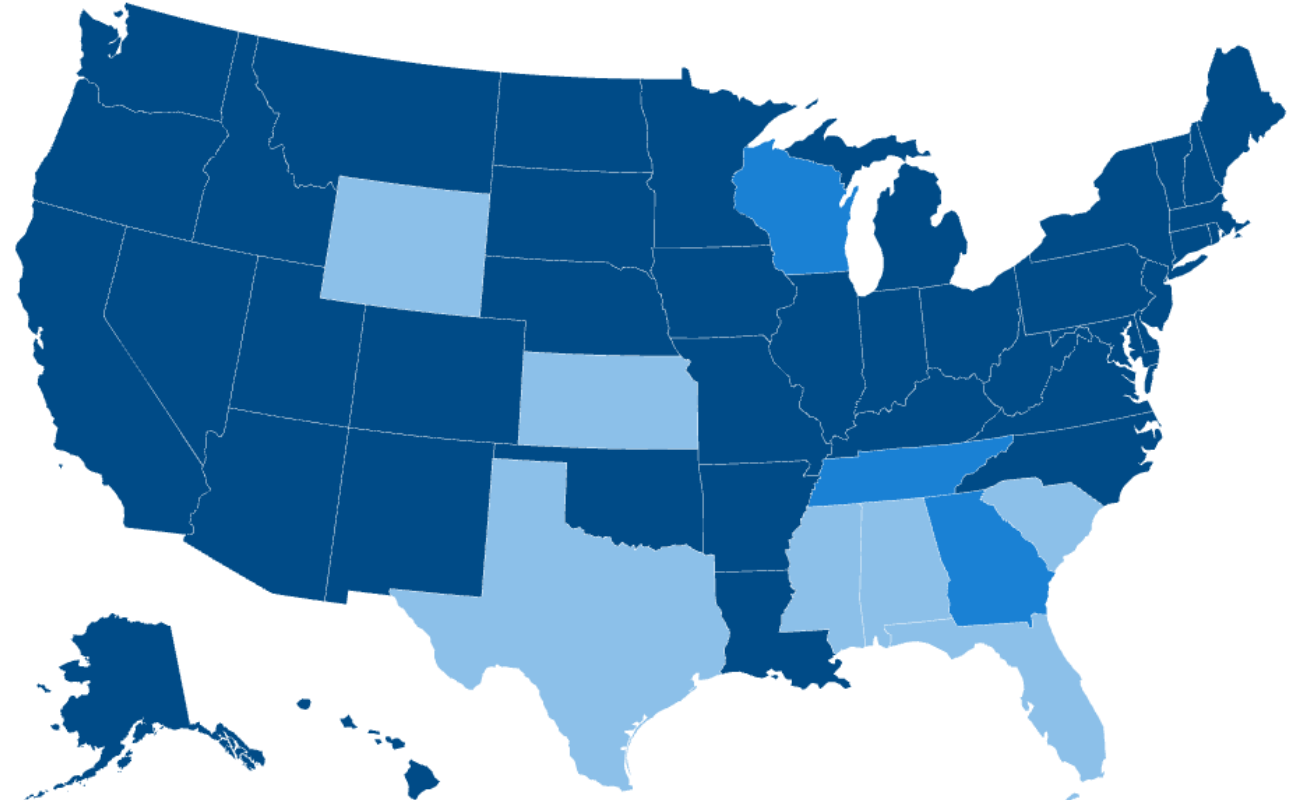
KFF Maps Which States Face the Biggest Hit from 2025 Medicaid Law

- Forty-four states are required to implement new work requirements on certain adults.
- Forty-one Medicaid expansion states will need to increase the frequency of eligibility redeterminations for expansion adults from annually to every six months.
- All states must restrict eligibility for certain lawfully present immigrants.
- HR 1 makes major changes to Medicaid financing that will affect how states can raise the state share of Medicaid payments and how they can pay providers
- HR 1 may reduce revenues from existing taxes in nearly all states that have adopted the ACA Medicaid expansion



Key eligibility changes in the reconciliation law each state is required to implement

- Work Requirements, 6-month Renewals for Expansion Enrollees, and Immigrant Eligibility Restrictions (41 states)
- Work Requirements and Immigrant Eligibility Restrictions (3 states)
- Immigrant Eligibility Restrictions Only (7 states)



Source: KFF analysis of the 2025 reconciliation law • [Get the data](#) • [Download PNG](#)

KFF

'It's a nightmare.' Former refugee, professor on Trump's new Medicaid policy

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- As of Oct. 1, refugees are losing access to Medicaid across the country because of HR 1.
- Refugees are more likely to have serious health conditions than other groups.
- "More than one third of them have at least one type of disability — this is what the research tells us," he explains. In refugee camps and during war access to doctors and medication is difficult, and simple conditions can become serious and complex.



<https://www.npr.org/2026/10/01/nx-s1-5987948/trump-medicaid-health-insurance-disability-refugee>

'It's a nightmare.' Former refugee, professor on Trump's new Medicaid policy

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- The categories of people losing coverage now will eventually become green card holders who are eligible for Medicaid.
- "I spent these past two weeks just talking with so many of them, literally just terrorized by the reality that their children with disabilities are losing coverage," he says. "For example, a father is a refugee with disabilities, with two kids with disabilities, and he's just confused how he's going to get the medication."
- "So these are people who are going to put off preventative care, who are not going to treat their chronic conditions, who are going to forgo important medication," he says. "And then when they are Medicaid eligible again in the future, once they've received their green card, they're going to be needing much more specialized care and much more costly care."



NPR.ORG

'It's a nightmare.' Former refugee, professor on Trump's new Medicaid policy

<https://www.npr.org/2026/10/01/nx-s1-5987948/trump-medicaid-health-insurance-disability-refugee>

Federal immigration policy worsening Wisconsin's caregiver shortage

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- Reductions in refugee admissions and Temporary Protected Status by the administration have halted overseas recruitment pipelines that Wisconsin long-term care facilities relied on to fill caregiver positions.
- The resulting labor shortage has forced some facilities to close long-term care beds, reducing capacity for residents who depend on these services, many of whom are covered by Medicaid.
- The cuts affect nursing homes and other long-term care providers statewide that have struggled for years with chronic direct-care workforce shortages.



WISCONSINWATCH.ORG

Federal immigration policy may be worsening Wisconsin's caregiver...

<https://wisconsinwatch.org/2026/09/wisconsin-caregiver-shortage-federal-immigration-policy-home-health-nursing-workers/>

Federal immigration policy worsening Wisconsin's caregiver shortage

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- 30% of all direct care workers nationwide are immigrants.
- These workers include nursing assistants, personal care aides and home health aides who provide people with disabilities and older adults assistance with daily living or medical care.
- Myranda Gereau, is quadriplegic, has a tracheostomy and needs 24/7 care. At 30 years old, she's struggled for years to find nurses to provide in-home care, constantly worrying about her nurses' schedule and whether she will be able to continue living independently.
- "This is literally my life we're talking about," Gereau said. "This isn't 'Oh, I'm sorry. I can't come in. I have to take off.' That's not how health care works. There are people's lives that are needing care, and then when you take that caregiver out of the equation, those people suffer."



<https://wisconsinwatch.org/2026/09/wisconsin-caregiver-shortage-federal-immigration-policy-home-health-nursing-workers/>

Missouri rejects optional hardship exceptions to Medicaid work requirements

34

- Missouri will not adopt optional federal short term hardship exemptions (hospitalization, medical travel, disaster areas, and high-unemployment regions) from new Medicaid work requirements taking effect January 2027.
- Instead, they will rely only on mandatory caregiver and medically-frail exemptions.
- Advocates warn this leaves people with short-term acute conditions, like cancer patients, more exposed to losing coverage over verification gaps.
- Advocates warn the exemptions require more verification and may not cover people with short-term acute conditions like cancer treatment or hospital stays.



<https://www.newsfromthestates.com/article/missouri-rejects-optional-hardship-exceptions-medicaid-work-requirements>

Missouri rejects optional hardship exceptions to Medicaid work requirements

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- Originally Missouri planned to make exceptions for three of the four “short-term hardship events” in the federal law
- After consulting with CMS, Missouri decided caregiver and medically frail exemptions were enough to cover anyone who might have been covered under a short-term hardship exemption.
- “It is speculative that the department’s definition of medical frailty will solve these problems since we haven’t seen their definition,”
- As of Sept. 25, 344,669 Missourians were enrolled in the adult expansion group subject to the new requirements.

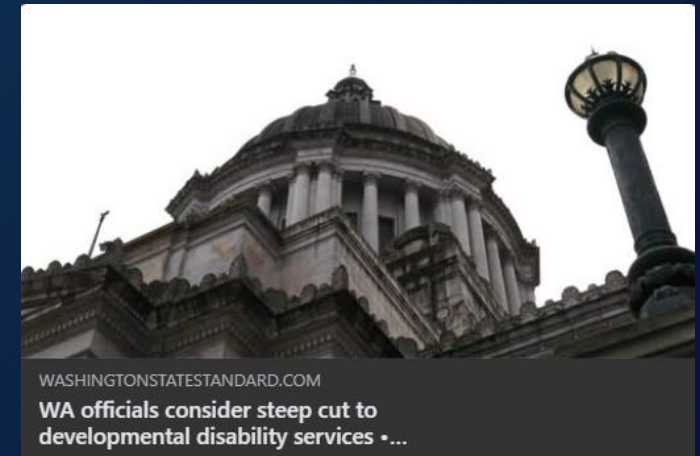


<https://www.newsfromthestates.com/article/missouri-rejects-optional-hardship-exceptions-medicaid-work-requirements>

Washington State officials consider steep cut to developmental disability services

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- Washington State's Medicaid agency has proposed cutting services for more than 2,655 residents with developmental disabilities with the goal of saving money to close a looming budget gap.
- They propose restricting eligibility for services, and estimate it could save \$13.3 million total, (\$6 million in state funding).
- The proposal would require people with developmental disabilities to show they need support with more activities of daily living to be eligible for state-paid services than they do now.
- This suggested change would end Medicaid eligibility for an estimated 2,655 residents.
- It would mean some people receiving care in residential facilities would lose their housing since it's contingent upon qualifying, potentially pushing them into homelessness.



<https://washingtonstatestandard.com/2026/10/07/wa-officials-consider-steep-cut-to-developmental-disability-services/>

Washington State officials consider steep cut to developmental disability services

37

- “Given the current budget climate and the ongoing increases in service costs and qualifying applicants, making changes in service eligibility is one way to sustain critical services within the available resources.”
- The idea now goes to the Governor, who will release his proposed two-year spending plan in December for legislators to consider next year.
- The Governor has said he use spending cuts to close the projected budget gap.
- The Governor included a similar idea in his budget proposal last time, but lawmakers decided against the cuts.
- The proposal comes after the state agency considered suddenly axing a longstanding program aiding families of people with autism and other developmental disabilities. Amid an outcry over the potential cut, officials instead decided to keep the program running while trimming its funding by 10%.



<https://washingtonstatestandard.com/2026/10/07/wa-officials-consider-steep-cut-to-developmental-disability-services/>

Georgia cuts payments by 30% for foster children's autism therapy

38

- Georgia Medicaid abruptly slashed the reimbursement rate for ABA therapy for foster kids by 30%.
- Providers have already stopped accepting new patients at the cut rate and have dropped existing patients.
- Lawmakers are hearing 75% of clinics that provide the therapy report that within three months they will have to reduce or stop serving the state's foster children at that rate. More than 90% said they would reduce or stop taking new patients.



<https://www.newsfromthestates.com/article/georgia-cuts-payments-30-foster-childrens-autism-therapy>

<https://www.npr.org/2026/09/30/nx-s1-5534203/foster-care-disabilities-children-bad-outcomes>

Georgia cuts payments by 30% for foster children's autism therapy

39

- Georgia outsources its Medicaid insurance work to three insurance companies and has decided for the population of foster children it covers that the contractor will be Amerigroup.
- Georgia's Medicaid agency has put rate decisions for foster children in the hands of the insurance company Amerigroup.
- All three of the insurance companies that Georgia chose to administer its Medicaid programs have shaken up their ABA therapy policies within the last year.



<https://www.newsfromthestates.com/article/georgia-cuts-payments-30-foster-childrens-autism-therapy>

<https://www.npr.org/2026/09/30/nx-s1-5534203/foster-care-disabilities-children-bad-outcomes>

Indiana reviews Medicaid waiver assessments amid scrutiny of new tool

40

- Indiana's Medicaid agency has lifted the pause on using interRAI to assess and make eligibility determinations for its home care programs.
- The agency says variability in how case managers were administering assessments, rather than an issue with interRAI itself, was the cause of people with I/DD losing care.
- InterRAI, also known as the international residential assessment instrument, started as an assessment tool for nursing homes.
- Advocates continue to raise questions about how assessment information is used to determine eligibility for home care waivers and how the data is used with level-of-care criteria, and the methodology used to make eligibility determinations.
- It's also seeking records related to assessment training, quality assurance, implementation and outcomes.



<https://www.newsfromthestates.com/article/indiana-reviews-medicaid-waiver-assessments-amid-scrutiny-new-tool>

Indiana reviews Medicaid waiver assessments amid scrutiny of new tool

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- While the tool itself appears to not be the fundamental problem, concerns remain about how its implementation differs from the “comprehensive, person-centered assessment” it was designed to be.
- “People with intellectual and developmental disabilities have a broad range of abilities and support needs. We need to understand what assessment information matters, how it is weighted, what criteria or thresholds are used, and how the methodology was developed and tested. We must have confidence that the process accurately identifies everyone who meets Indiana’s level-of-care requirements, not only people with the most significant or readily apparent disabilities.”

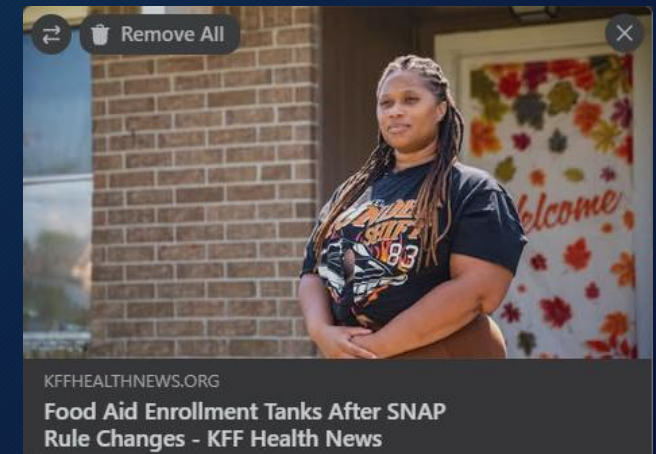


<https://www.newsfromthestates.com/article/indiana-reviews-medicaid-waiver-assessments-amid-scrutiny-new-tool>

Food Aid Enrollment Tanks After SNAP Rule Changes

42

- After HR 1 enrollment in the federal food assistance program dropped rapidly across the nation as states enforced new restrictions and prepared to take on more of the costs.
- Nationally, an estimated 5 million, or 13%, fewer people were enrolled in SNAP this June than in July 2025.
- “We haven’t seen a decline of this magnitude in about three decades.”
- Meanwhile, food prices rose nearly 3% from August 2025 to this August, according to USDA.

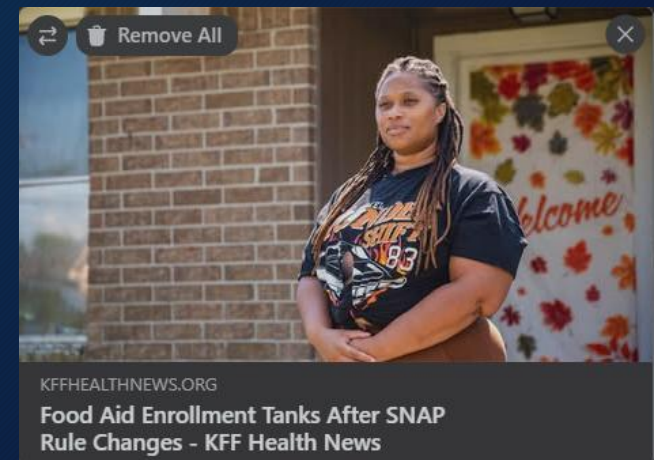


<https://kffhealthnews.org/public-health/louisiana-snap-food-stamps-enrollment-decline-hunger-work-requirements-obbba>

Food Aid Enrollment Tanks After SNAP Rule Changes

43

- Louisiana saw one of the biggest drops declines, dropping about 170,000 people, or 21% of state enrollees, according to federal data.
- In Louisiana, state data shows that 75% of people who lost SNAP from July 2025 to June 2026 did so for procedural reasons.
- When the program's strict deadlines for documentation and verification aren't met, applications and renewals are closed.



<https://kffhealthnews.org/public-health/louisiana-snap-food-stamps-enrollment-decline-hunger-work-requirements-obbba>

Resources

People with
disabilities
and families
can use

Disability questions you can ask any candidate

45

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.

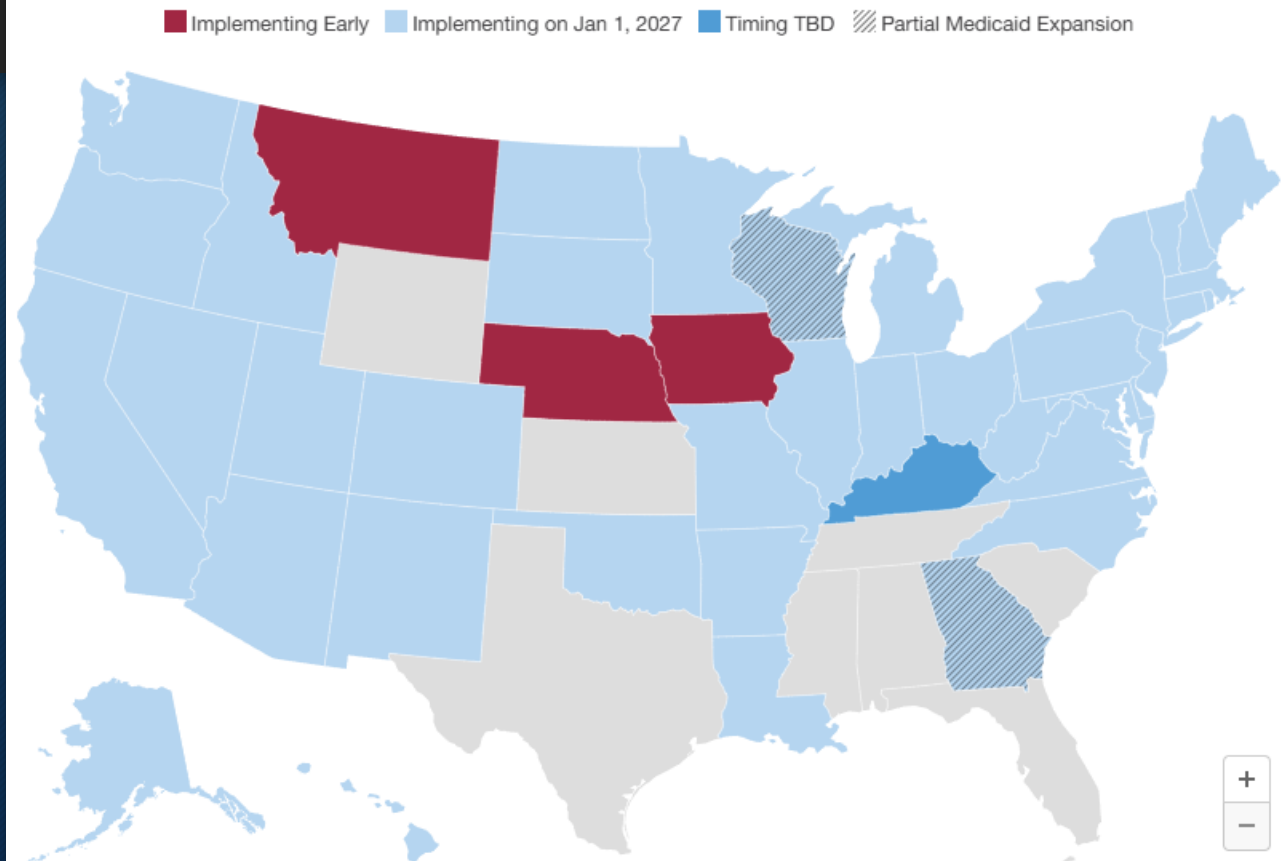
Tracking how states are implementing “prove you’re working/exempt” requirements

- 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 [...](#) 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?