

LEGISLATIVE UPDATE-2025

KERRY TEDFORD-COLES
ROXANNE CHANG
DAVID GOLDFARB

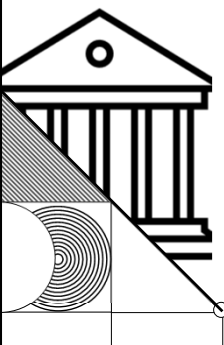
1

AGENDA

*Overview of Federal Medical Assistance Percentage (FMAP) & Medicaid Expansion

*Issues Facing People with Disabilities in the *One Big Beautiful Bill*

2



WHAT IS THE FEDERAL MEDICAL ASSISTANCE PERCENTAGE (FMAP)?

The statutory formula that determines the federal government's share of state Medicaid and other social service spending

3

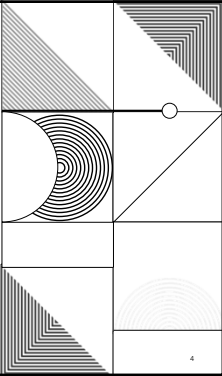
HOW DOES IT WORK?

Formula:
The FMAP is determined using a formula that compares a state's per capita income to the national average.

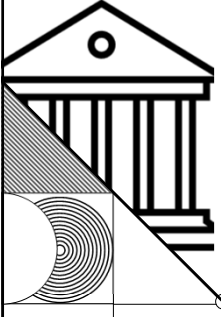
Federal Matching:
For every dollar a state spends on Medicaid services, the federal government contributes a specific percentage, which is its FMAP rate.

Varying Rates:
The FMAP varies by state, with states having a lower per capita income generally receiving a higher matching rate.

Minimum Rate:
By law, the FMAP rate cannot be less than 50% for any state.



4



A BRIEF OVERVIEW OF MEDICAID EXPANSION

A provision of the Affordable Care Act (ACA) that allows states to expand Medicaid coverage to nearly all low-income adults

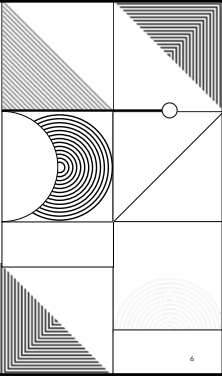
5

HOW DOES IT WORK?

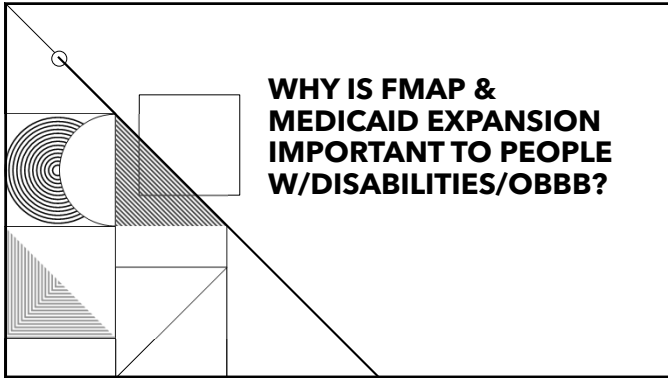
Eligibility:
The ACA's Medicaid expansion covers adults with incomes below 138% of the Federal Poverty Level, a threshold that previously excluded many low-income adults who were too poor for private insurance but too wealthy for traditional Medicaid. (single household in 2025 = \$21,597)

Federal Funding:
The federal government covers the majority of the cost for expansion-eligible populations, providing a high matching rate (90%) for states.

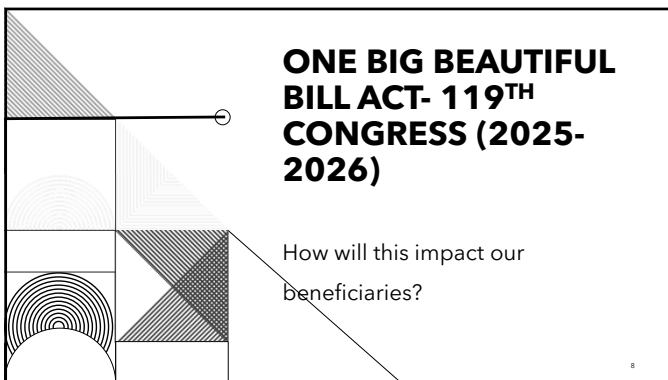
State Option:
States can choose to adopt the expansion. In states that have not expanded Medicaid, a "coverage gap" exists for adults who earn too much for Medicaid but not enough to afford health insurance through the Marketplace.



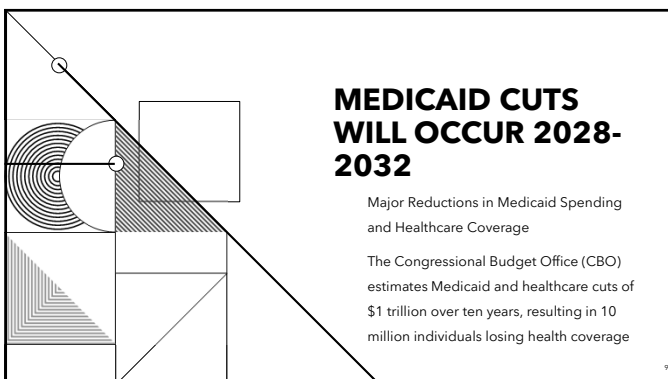
6



7



8



9

NEW MEDICAID WORK / COMMUNITY ENGAGEMENT REQUIREMENTS

Requirements:

80 hours a month applies to
"abled bodied" adults under
Medicaid expansion

Exemptions:

Parents/guardians of
dependent children up to
age 13 and disabled
individuals

Implementation:

Requirements will be optional
for states immediately, but
mandatory starting December
31, 2026

States can delay
implementation until
December 1, 2028, if they
show good faith efforts

10

10

MEDICAID REDETERMINATION EVERY 6 MONTHS (2027)

Requirements:

Expansion population only

Processing:

How will states prepare to
review all of these
applications?
Will there be confusion as to
who must do the paperwork?

Impact on our Population:

Low wage workers/caregivers
may lose benefits

If states need to hire more staff
will they cut other areas?

11

11

COST SHARING REQUIREMENTS (2028)

Requirements:

Medicaid expansion adults
w/100-138% of FPL to pay
cost share up to \$35

Processing:

How will states implement
this? Will they need new
billing systems?

Impact on our Population:

Low wage workers/caregivers
forced to pay higher co-pays

If states need to hire more staff
will they cut other areas?

12

12

STATE FINANCING CHANGES

Expectations:

States will have less flexibility to draw down federal Medicaid funding

Expected reduction of federal contributions to Medicaid by over \$375 billion over 10 years.

Impact on our Population:

Less funds may mean states will reduce their payments, potentially impacting home care for seniors and disability services

13

13

IMMIGRANT ACCESS

Access to Care:

Elimination of Medicaid, Medicare, and ACA subsidies for refugees and asylees

Impact on our Population:

Low wage workers/caregivers forced to pay higher co-pays

14

14

BIDEN ERA RULES

Medicare Savings Program (MSP)

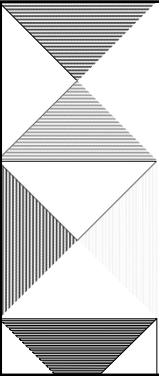
- Nine-year ban on implementing improvements.
- People will be less likely to access programs to make Medicare more affordable

Staffing Standards in LTC Facilities

- OBBB has blocked the implementation of national minimum staffing requirements for nursing homes.

15

15



OTHER MEDICAID ITEMS

Expanded Home Care Options

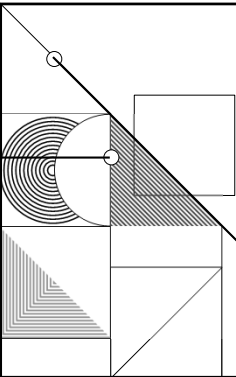
- States can expand home care services to individuals that don't need a nursing home level of care starting in 2028. (optional)

Rural Health Transformation Program

- States will be provided with funding to address rural health challenges

16

16

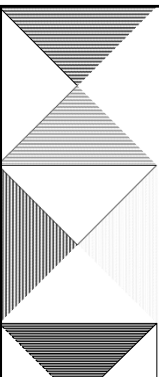


FOOD ASSISTANCE KEY CHANGES

- * New Limits on future SNAP growth
- * States will spend more to run SNAP
- * Expanded work rules
- * Limits of what counts toward SNAP eligibility and benefits calculations

17

17



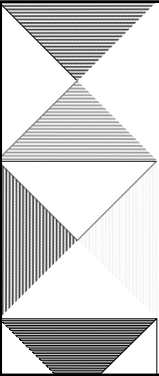
SNAP LIMITS ON BENEFIT GROWTH

New cap on the Thrifty Food Plan which is used to set SNAP benefit levels. The new cap will tie SNAP benefits to overall rates of inflation, not actual costs of food.

This can cause an increase in seeking assistance from food pantries or funds in the trust

18

18



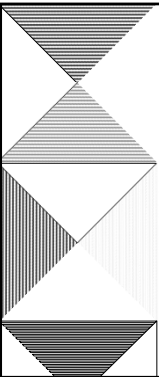
STATES WILL SPEND MORE TO ADMINISTER SNAP

Starting in fiscal year 2027 states must cover 75% of admin costs (an increase from 50%)

In 2028 and 2029 there will be a correlation between high payment error rates and state cost share.

19

19



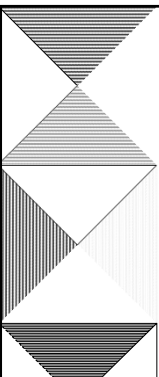
SNAP AND EXPANDED WORK RULES

Able-bodied adults up to age 65 (including parents of teens 14+) must work or participate in training to keep their benefits

There will be no exceptions for high unemployment areas. The US Department of Agriculture (USDA) can no longer waive work rules even in struggling economies

20

20



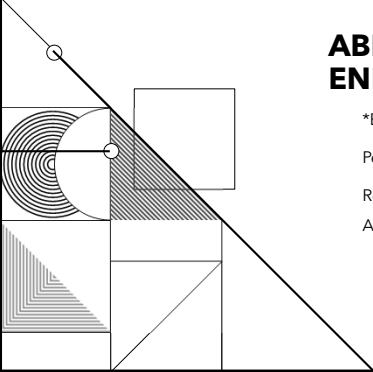
LIMITS ON WHAT COUNTS TOWARD SNAP ELIGIBILITY

Utility deductions (such as heating costs) will mostly be restricted to households w/seniors or people with disabilities.

State energy assistance counts as income. Internet costs are banned from being counted as part of shelter deductions.

21

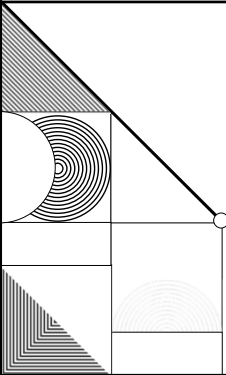
21



ABLE ENHANCEMENTS

- *Extended contribution limits (2026)
- Permanent Savers Credit (2026)
- Rolling unused 529 plan funds in ABLA accounts (immediately)

22



FINAL TIPS & TAKEAWAYS

- * Build more legal partnerships
- * Educate parents of children with disabilities to plan for changes
- * Educate the public on the importance of waiver programs
- * Track your state Medicaid program's response

23



THANK YOU

Roxanne Chang- roxanne@rjchangadvocate.com
 David Goldfarb- david.godfar@jewishfederations.org
 Kerry Tedford-Coles- ktedford-coles@planofct.org

24
