

A background image of a man with a beard and dark hair, wearing a blue button-down shirt. He is holding a set of keys in his right hand, which is in sharp focus in the foreground. The man's face is slightly out of focus in the background.

HR 1 Implementation Series

Preparing for Medicaid Work Requirements: Strategies for Supportive Housing Providers

February 26, 2026

Today's Agenda

...

- Learning Objectives
- Medicaid Community Engagement
- Decision Tree – Steps to Consider
- Supportive/Supported Employment Resources
- Summary and Recommendations



Learning Objectives

- Understand the federal community engagement (work) requirements established under Public Law 119-21
- Gain step-by-step guidance on how supportive housing providers can help tenants maintain Medicaid coverage
- Explore supportive/supported employment examples
- Leave equipped with a clear set of policy and practice ideas



Presenters

- **Dara Weinger**, CSH, Los Angeles
- **Jacey Cooper**, Precision Health Strategies
- **Janis Ikeda**, CSH, Special Projects
- **Simonne Ruff**, CSH, San Diego
- **Theresa Tanoury**, CSH, Seattle
- **Steven Shum**, CSH, Los Angeles (Q&A)



POLL:

Where are you joining us from today?

- A. Northeast (e.g., NY, MA, PA, ...)
- B. Midwest (e.g., IL, OH, MI, ...)
- C. South (e.g., TX, FL, GA, ...)
- D. West (e.g., CA, WA, OR, ...)
- E. US Territories
- F. Other



Decision Tree: Steps to Consider

Goal is to keep tenants/members healthy and stable in housing by helping them retain Medicaid coverage

Is the tenant or member part of the Medicaid Expansion group? Y/N

If yes, do they meet an community engagement exemption? Y/N

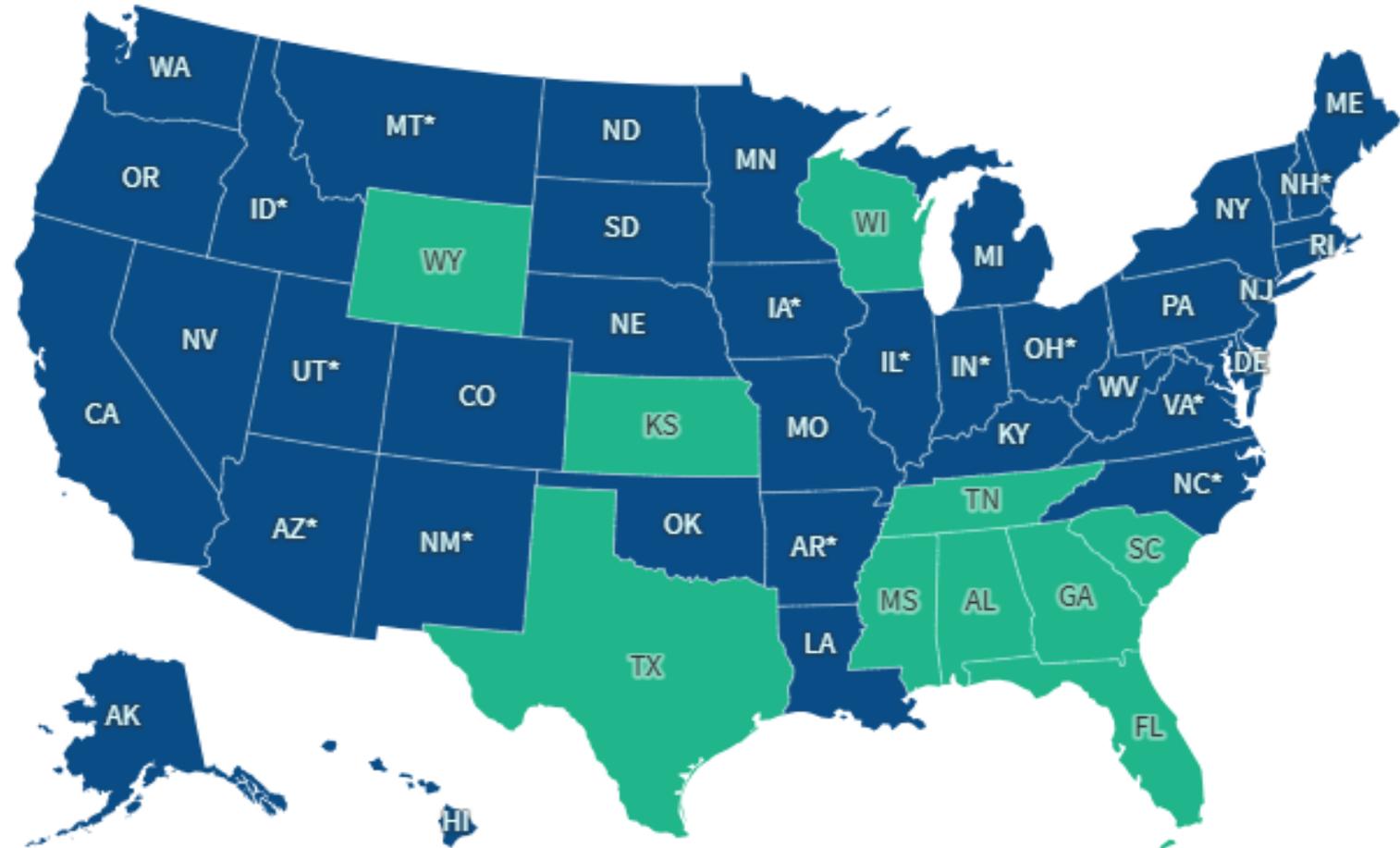
If no exemption, could they qualify under traditional Medicaid disability pathway? If no, could they qualify for a **short-term or hardship exemption**?

If no, support community engagement options (work, school, service)

KFF: Status of State Medicaid Expansion

February 13, 2026

■ Adopted and implemented (41 states including DC) ■ Not adopted (10 states)



Medicaid Community Engagement

What Housing Providers
Need to Know Now



PRECISION HEALTH
STRATEGIES

Start With What the Law Does

- Applies to certain expansion adults (19–64)
- Requires combination of employment, community service, work program, and/or education of 80 hours per month or a monthly income of \$580
- Establishes federal exemption categories
- Requires state implementation systems

Coverage loss will most often happen through administration





Why This Matters for Supportive Housing

Loss of Medicaid can mean loss of:

- Behavioral health services
- Substance Use Disorder treatment / MAT
- Case management
- Home and community-based and health related social need services and supports
- Medication access

Expansion Group and Traditional Medicaid

1

2

3

Step 1: Is the Tenant in the Expansion Group?

Applies only if:

Age 19–64

Income \leq 138% FPL

Not pregnant

Not SSI/Disability pathway

Not dual eligible

Step 2: If in expansion group, are they an individual who does not need to meet requirement?

Pregnant or up to 12 months postpartum

Foster youth or Former foster care youth under age 26

Aged, Blind, or Disabled people (including individuals who receive SSI)

Children under age 19

American Indian/Alaskan Native

Step 3: Could They Qualify Under Traditional Medicaid? Reclassification may eliminate requirement

Before assuming engagement applies:

Disability pathways

SSI-related eligibility

Caregiver status

Other categorical eligibility

Exemptions

Individuals who meet one of the following reasons for exemption do not have to demonstrate compliance with work requirement's

- Parents/guardians/caregivers of a dependent child age 13 and younger or a disabled individual
- Veterans with a disability rating of total
- Incarcerated or recently released from a correctional facility within the past 90 days
- Entitled to Medicare Part A or enrolled in Part B
- Meeting TANF or SNAP (CalFresh) work requirements
- Participating in drug/alcohol treatment programs
- Medically frail, per the statute, this includes individuals (1) with a substance-use disorder (SUD); (2) with a disabling mental disorder; (3) with a physical, intellectual or developmental disability that significantly impairs their ability to perform one or more activities of daily living; (4) with a serious or complex medical condition; or (5) who are blind or disabled (as defined in section 1614 of the Social Security Act))

What decision to states make?



What short-term hardship exemptions they will automatically apply: e.g. emergency declaration, unemployment rate, inpatient care, travel for care, other as approved by CMS



Number of look-back months for new enrollment: Must demonstrate CE 1 or more but more than 3 consecutive months



Number of look-back months for renewal and consecutive or not OR if state has more frequent verifications of compliance, what that period is

Other Ways States Control the Experience

States determine:

- Clarity on updated Medicaid Applications
- Maximizing Ex-Parte and state and federal data feeds
- Documentation standards
- Streamlining verification systems across Medicaid and SNAP
- Options for where/how beneficiaries submit exemption and/or compliance documentation
- Appeal processes
- Additional short-term hardship exemptions, if allowed

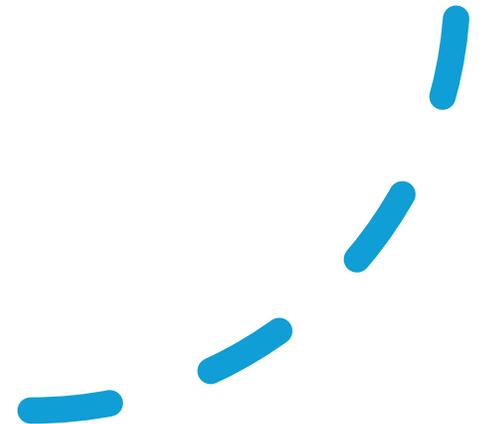
Who in Supportive Housing Is Likely at Risk?

Risk is not ineligibility — it is misidentification

Many tenants likely qualify under:

- Serious mental illness
- SUD in treatment
- Complex chronic conditions
- Co-occurring disorders
- Functional impairment

Documentation will matter.





Immediate Actions for Housing Providers

- 1 Identify expansion enrollees
- 2 Flag medically complex tenants
- 3 Update diagnoses and care records
- 4 Coordinate with treating providers
- 5 Track potential engagement hours

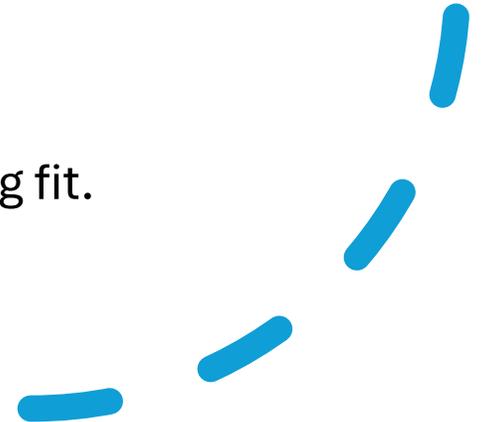
Prepare before systems go live.

Documentation Strategy

Begin building records that support exemption or compliance:

- Pregnancy and postpartum (in-cases unknown to state)
- American Indian/Alaskan Native (if not previously reported)
- Behavioral health diagnoses
- Functional impairment descriptions
- Treatment participation
- Hospitalization history
- Caregiver responsibilities
- Tracking 80/hrs per month of work, education, job training or community service

If the category is fixed, your leverage is proving fit.



Key Advocacy Focus Areas

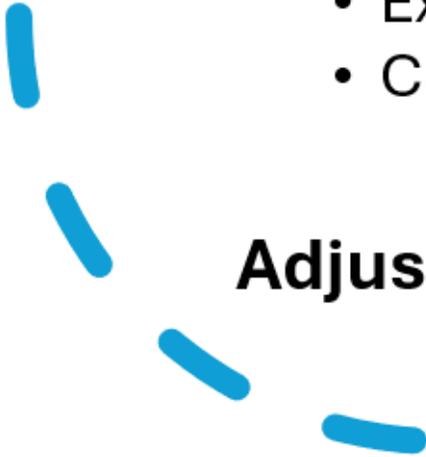
- Automatic identification via claims data or other state/federal data feeds
- Self-attestation options, when federally allowable
- Minimal new medical certification
- 12+ month exemption periods
- Clear cure windows
- Rapid reinstatement
- Few months of compliance where states have options
- Uptake of short-term hardship options
- Use of trusted third-party vendors focused on helping SNAP/Medicaid clients with meeting work requirements/community engagement

Reduce friction. Prevent churn.



What We Still Don't Know

- Pending federal regulations (June 2026)
- State guidance after federal regulations and where states have choices
- Documentation thresholds
- System design
 - Data matching processes
 - Exemption reporting when the state doesn't have the data
 - Compliance reporting



Adjustments will be needed so pay attention beyond go-live

Three Takeaways

1. Many supportive housing tenants likely qualify for exemption.
2. Coverage loss risk lies in administrative design/implementation.
3. Early identification and documentation are your strongest tools.

Coverage continuity is housing stability.



Decision Tree: Steps to Consider

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Individual Placement and Support



Individual Placement and Support (IPS) – Supported Employment

- Evidence based practice for people with serious mental illness or intellectual disabilities who want to work.
- Tested with other populations who experience barriers to employment (i.e., TANF recipients, homeless, veterans)
- IPS began with conversion from day treatment to employment services
- Created by Debbie Becker and Bob Drake at Dartmouth Psychiatric Research Center



Why Focus on **Employment**?

Effects of Unemployment

- Increased substance abuse
- Increased psychiatric disorders
- Reduced self-esteem
- Alienation



Benefits of Employment

- Increased income
- Improved self-esteem
- Increased social and quality of life
- Better control of symptoms
- Reduced substance use
- Reduced hospitalizations

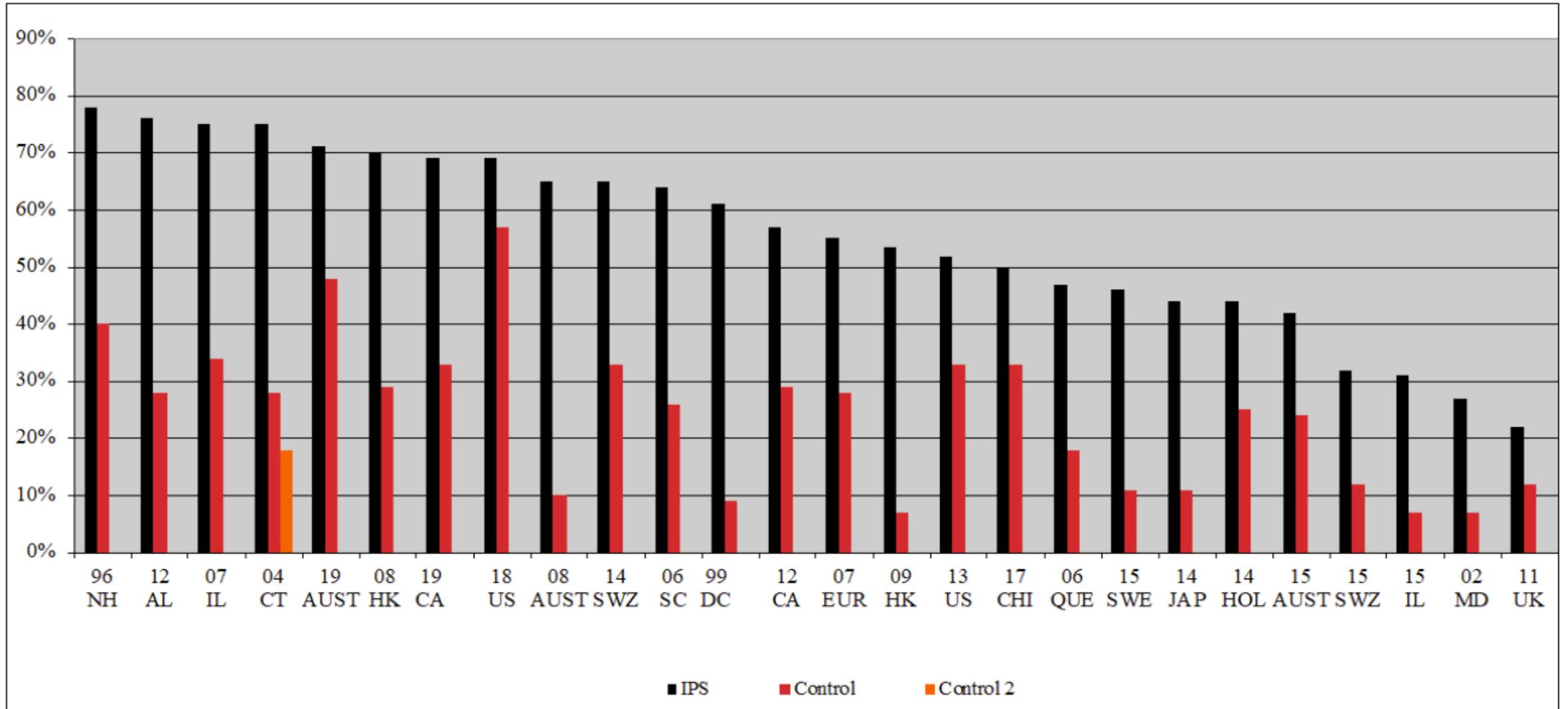
[The IPS Employment Center – Research, Dissemination, Training, and Consultation](#)

Evidence for IPS

55% competitive employment rate across 28 Randomized Controlled Trials

- First Randomized Controlled Trials (RCT) of IPS occurred in 1996, demonstrating best evidence of intervention effectiveness
- **Systematic reviews of RCTs of IPS conclude that IPS is effective in improving competitive employment outcomes**

28 RCTs



The Eight Key Principles of IPS

www.ipsworks.org



Competitive
Employment



Systematic Job
Development



Rapid Job Search



Integrated Services



Benefits Planning



Zero Exclusion

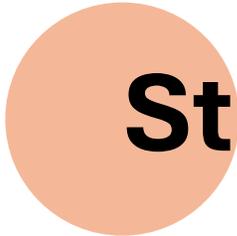
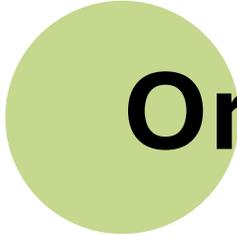
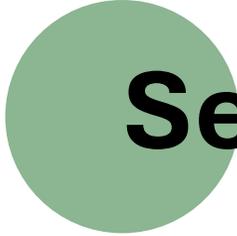


Time-Unlimited
Supports



Worker Preferences

Fidelity Scale Sections

-  **Staffing (3 metrics)**
-  **Organization (8 metrics)**
-  **Services (14 metrics)**

Supported Employment Fidelity Scale

Each of 25 criterion is scored on a 5-point scale = possible total of 125



<https://ipsworks.org/wp-content/uploads/2017/08/IPS-Fidelity-Scale-Eng1.pdf>

Principles in Common

IPS



Worker Preferences



Zero Exclusion



Integrated Services



Time-Unlimited Supports

PSH



Tenant-Centered



Accessible



Coordinated



Sustainable

Common Barriers and Enablers

Barriers

- Funding challenges
- Workforce limitations
- Systemic and structural barriers
- Cultural and attitudinal barriers
- Rural and community-specific challenges

Enablers

- Strong interagency collaboration
- Leadership commitment
- Use of fidelity tools and training
- Personalized, client-centered services
- Funding and policy support
- Community-based service delivery
- Evidence of effectiveness



Funding Crosswalk Tool

- The funding landscape is complex – the Crosswalk helps demystify it
- Medicaid is NOT an employment program –but many IPS activities fit
- Supportive housing providers do NOT need to launch IPS programs themselves
- Funding is available if you know where to look

Plan for Funding IPS Services ^a					
<i>Describe how each funding source applies to the various services (this is the meat of the crosswalk).</i>					
Services	Possible funding sources to support IPS (edit as needed)				
	Vocational Rehabilitation (VR)	Medicaid	State General Funds	MH Block Grant	Other Revenue Sources
Engagement					
Educating the person about IPS; learning about the person’s goals, strengths, and interests.					
Outreach to the person using motivational approaches.					
Career Profile					
Discussing work preferences, work and education history, legal history, education, mobility, supports, mental health symptoms, substance use, or other factors that may impact job choice and needed supports.					
Accompanying client to workplaces to assess whether they meet the person’s interests and needs, have supervision available, and can adequately support or accommodate the person to do the job.					
Developing a written employment plan.					
If desired by client, inclusion of family and/or significant others in discussions about job match or other concerns about the person’s working plans.					
Job Finding					
Helping with résumés and job applications. May relate to helping person manage symptoms related to disability such as poor concentration, misinterpretation of social expectations, and thought disorder.					

In Summary...

Supportive Housing Strategies for Connecting with IPS

(Derived from Bond, et al, 2021)



Immediate Actions

- Inventory your agency's services & values
- Identify local IPS programs
- Start small

Within 60 days

- Ensure interagency collaboration
- Connect with Medicaid office/behavioral health authority to confirm IPS coverage specifics

Longer-Term

- Explore formal partnerships or MOUs with IPS providers
- Build a learning community among stakeholders
- Develop staff training and monitor fidelity and outcomes



Clubhouses

Clubhouses

What is the Clubhouse Model?

- Non-clinical treatment approach – social practice
- Intentional community of social practitioners and members (people recovering from serious mental illness)
- Employment, relationship building, education, housing, and daily meals
- Voluntary and without time limits

Clubhouses and Employment

Clubhouses use a 'work-ordered day' structure in which members and staff work together to run the day-to-day operations of the Clubhouse. In addition, Clubhouses help people return to work in a variety of ways, which could include:

- ❑ **Transitional Employment:** structured, part-time, placement for six to nine months with on-the-job and off-site support from the Clubhouse.
- ❑ **Supported Employment:** Competitive employment (full- or part-time) with on-the-job and off-site support from the Clubhouse for the member and employer as needed and requested.
- ❑ **Independent Employment:** Clubhouse helps members obtain a job of their own; support and encouragement from the Clubhouse as wanted, but no on-the-job support.



Connecting to Clubhouses

- Learn more: [What is a Clubhouse? | Fountain House](#)
- See if there is a Clubhouse in your area: [Clubhouse Directory | Clubhouse International](#)
- Connect to learn more, then share information with tenants and help them connect, if desired



Summary and Recommendations

- **Help tenants prepare** early by ensuring they understand how their new community engagement/work requirements may affect their Medicaid coverage
- **Use the decision tree to review each tenant's situation**, checking eligibility pathways, possible exemptions, and any areas where further federal or state guidance is still pending
- **Engage your State Medicaid agencies and housing or advocacy coalitions** to understand state-level choices, raise and educate impact, and stay informed about ongoing policy decisions that may impact tenants

Thank You!

- Please take 3 minutes to provide us with feedback regarding today's webinar.

Use QR Code or this link: [Preparing for Medicaid Work Requirements:Feedback Form](#)

- Register for March 26 Webinar on Strategies to limit health insurance coverage losses- Medically Frail and SOAR
https://csh-org.zoom.us/webinar/register/WN_nmWnlCYOTb-geX2nNNQK5Q
- Register for April 22 Webinar on HR1 and Immigration Restrictions on Medicaid Coverage
https://cshorg.zoom.us/webinar/register/WN_ju96lem_TN-Jjk9ft1IsCQ



Preparing for Medicaid Work Requirements: Strategies for Supportive Housing Providers



csh.org



[H.R.1 Reshapes Medicaid: What Housing Providers Need to Know Now - Corporation for Supportive Housing](https://www.csh.org/2026/02/preparing-for-medicaid-work-requirements/)

<https://www.csh.org/2026/02/preparing-for-medicaid-work-requirements/>