

Today we will talk about:

- Federal changes from H.R. 1 are hitting Wisconsin FoodShare now. The state legislature must act to make sure FoodShare keeps running well and meets new federal requirements.
- The federal government shutdown is starting to impact funding for local disability and aging programs.
- Congress has a lot on its plate in the next few weeks, passing a 2026 federal budget, doing something (or nothing) about the expiring ACA Marketplace subsidies, and whether it will do more health care legislation and avoid sequestration.
- Meanwhile, the administration is proposing changes to Social Security disability benefits for older adults, new H.R. 1 address verification requirements could put some people at risk of losing Medicaid coverage, and the challenges for counties and states implementing H.R. 1 Medicaid cuts keep increasing.

Weekly Update

Oct 10, 2025

Federal Funding Fallout 2025

last changed 10/09/2025

Around Wisconsin

Wisconsin
has a lot to
say.

Federal changes from H.R. 1 are hitting Wisconsin FoodShare now

H.R. 1 made cuts and changes to the Supplemental Nutrition Assistance Program (SNAP), known as FoodShare in Wisconsin.

These changes mean it will cost Wisconsin more to run the FoodShare program.

State budgets did not budget enough money to cover increased costs and less federal funding for SNAP.

That means the state legislature must allocate more state money so Wisconsin can keep running the FoodShare program well and the way the federal government wants.

Federal changes from H.R. 1 are hitting Wisconsin FoodShare now

July 4th

- Expanded SNAP “prove you’re working/exempt” requirements to include many more people as of July 4th, 2025.

Oct. 1st

- Changes what is considered an error. More things will now be counted as errors than before.
- States have more than a 6% error rate, will penalized and will have to pay a lot more state money to keep getting federal money for SNAP, starting Oct 1st, 2028.

Nov. 1st

- States must implement “prove you’re working/exempt” and other changes. Any mistakes or non-compliance between July 4th and Oct 31st are counted as errors.

Jan. 1st 2026,

- The federal government will reduce how much money they give to states to run the SNAP program, creating a budget hole for states.

State funding for FoodShare is needed to comply with federal requirements

Additional state funding is needed now. Some new requirements are already in effect and more impacts will be implemented Nov 1 and Jan 1st.

- **\$16.1 M** for 56 more workers to make sure Wisconsin's error rate stays low.
 - Keeping Wisconsin's error rate low helps Wisconsin avoid penalties up to \$205M that the federal government would charge the state in the next state budget cycle.
- **\$32.2 M** for administrative costs that the federal government used to pay, but is now shifting to states in 2025-2027 budget cycle.
- **\$20.9 M** to make sure all the people who get SNAP are working enough to get food assistance benefits or qualify for an exemption.

Federal changes from H.R. 1 are hitting Wisconsin FoodShare now

FoodShare participants

- If you, your family, or your clients use FoodShare to help pay for food, **let state lawmakers know what it would mean to your life if your FoodShare benefits were delayed, reduced, or went away.**
- Look up who your state Senator and state Representative is at <https://legis.wisconsin.gov/>
- Tell them why FoodShare is important to you, and to allocate the additional money needed to keep FoodShare running well and meeting federal requirements.

Organizations

- You can sign onto a letter supporting increased state funding to keep SNAP running here: <https://forms.gle/otu1QB58JXAbcgsT9>
- If you have connections to local food pantries or other aging or disability groups, encourage them to sign onto the letter.
- **Make sure your members, clients, and friends/families get this alert and are asked to make calls.**

DPI receives final “no” on U.S. Dept of Education decision to cancel special education grant early



The U.S. Dept. of Education has officially denied DPI’s request to reconsider the federal agencies’ decision to cancel the 5-year State Personnel Development grant.



The \$10.5 M grant was awarded in 2023 and was supposed to continue through 2028.



This grant was for the recruitment and retention of special education professionals. Wisconsin has a critical shortage of these educators.



According to DPI data, only 46 percent of new special education teachers in Wisconsin remain in the field after seven years.



The grant funded the Special Educator Induction Program and helped University of Wisconsin-Whitewater to establish an innovative teacher residency program aimed at addressing this retention crisis.

Wisconsin DPI secures funding for deafblind services after federal grant termination

- The U.S. Dept. of Education terminated a \$500K grant for deaf-blind students in Sept.
- [The National Center on Deafblindness](#), led by the [Helen Keller National Center for Deafblind Youths and Adults](#), provided a subgrant to the DPI.
- This funding will allow the program to continue offering its services across Wisconsin for the next year.
- "Families should never be put in a position where they're left wondering if essential services will simply vanish..." State Superintendent Jill Underly said.



<https://www.channel3000.com/news/wisconsin-dpi-secures-funding-for-deafblind-services-after-federal-grant-termination>

Rural hospitals are vanishing, and Medicaid cuts could accelerate the collapse

- A son moved back in with his father to care for him in Chippewa Falls.
- When Sacred Heart closed in Eau Claire he drove hours to a hospital farther away -- sometimes six hours in a day for multiple trips, for his dad.
- He can't say for certain that it would have helped his father live longer, but area doctors and paramedics say they've already seen conditions worsen in irreversible ways -- even deaths -- because of the region's shuttered hospitals.



ABCNEWS.GO.COM

'It can be a loss of life': First responders detail the deadly cost of rural hospital closures

<https://abcnews.go.com/US/loss-life-responders-detail-deadly-cost-rural-hospital/story?id=126291680>

Rural hospitals are vanishing, and Medicaid cuts could accelerate the collapse

- What's happened to this part of western Wisconsin is part of a much larger crisis. Across the country, hospitals are vanishing, and a new wave of Medicaid cuts could accelerate the collapse.
- "People missing out on care, people having delayed care, diagnoses weren't made. Appropriate imaging lab and surgical services weren't made," he said. "A lot of people and families suffered."
- Many residents can't get regular doctor appointments now, and some hesitate to seek help because they can't afford a ride home from a hospital that's farther away.



<https://abcnews.go.com/US/loss-life-responders-detail-deadly-cost-rural-hospital/story?id=126291680>

Rural hospitals are vanishing, and Medicaid cuts could accelerate the collapse

- "I know that we have had delays in care such that it resulted in someone getting irreversible progression in their disease state or even dying," Didion said. "I've literally been up all night on the phone trying to call to get someone care who needed it in our small hospital because these places were full."
- Day to day, that means keeping sicker patients longer, leveling with families about wait times and planning transfers that can take hours instead of minutes.



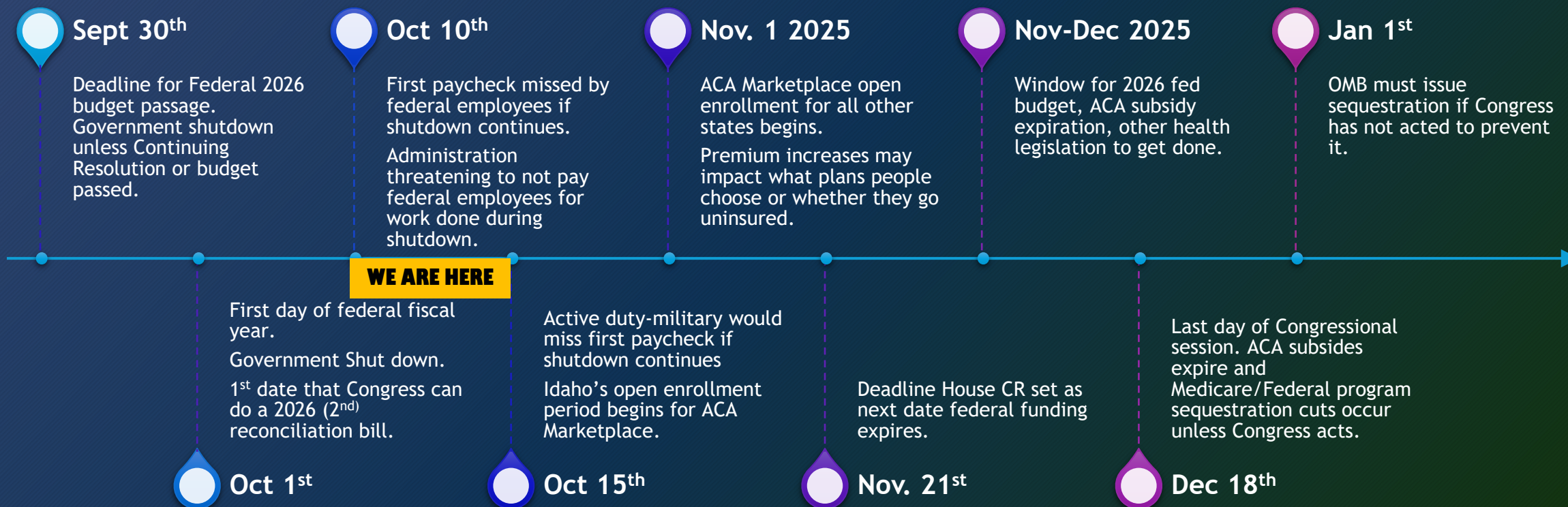
<https://abcnews.go.com/US/loss-life-responders-detail-deadly-cost-rural-hospital/story?id=126291680>

Congress

2026 Budget
bill, Pocket
Rescissions

last changed 10/09/2025

Congress's end of year task list



Neither side is budging on the shutdown

The Continuing Resolution passed by the House does not have enough votes to pass the Senate. The U.S. Senate continues to vote on the same proposal that has failed multiple times.

The U.S. House will not come back into session this week. This means the shutdown will continue (unless the Senate passes the CR already passed by the House).

Democrats want assurances that money will be spent as promised and commitments to extend ACA subsidies. Republicans say they won't negotiate unless the Dems vote to open the government first

Trump administration has threatened to permanently fire federal workers and remove funding from programs that do not fit administration priorities.

October 10th is when federal workers miss their first paycheck.

Active-duty military miss their first paycheck Oct 15th. Oct 15th is the new deadline for action.

The government shutdown will continue until both the U.S. Senate and U.S. House agree on the same language.

*Idaho starts its open enrollment for ACA Marketplace early—October 15th

Republicans and Democrats sticking with their positions

Republicans

- No talks about ACA subsidy extensions and other Dem. asks till the government reopens.
- Senate Majority Leader continues to schedule votes on the House-passed CR that has failed to pass the Senate multiple times.
- Oct 6, House Speaker **Johnson** says he doesn't plan on bringing the House back until the Senate acts.
- That means the government shutdown continues unless the Senate passes the CR already passed by the House.

White House

- Threatened to permanently fire federal workers instead of temporarily laying them off if shutdown occurred (this has not happened).
- Threatened to not pay federal workers backpay (including workers who have had to report to work without pay)
- Threatened to take money from "Democratic programs"
- Has stopped or rescinded infrastructure funding for select states.
- Conflicting statements about whether White House is open to continuing ACA premium subsidies.

Democrats

- Senators insist they will not provide the votes needed to reopen the government unless they have formal commitments on extending ACA subsidies and other asks that guarantee money will be spent by the administration as Congress directs.

Impact Government Shutdown will have on older adults and people with disabilities

- 750,000 federal workers are furloughed because of the shutdown.
- That includes about 40% of the staff at the Department of Health and Human Services, which manages Medicare, Medicaid, and programs funded under the [Older Americans Act](#) such, Area Agencies on Aging, falls prevention, and respite for family caregivers.
- Routine nursing home inspections are suspended.
- Funding for programs like subsidized housing for low-income seniors and Meals on Wheels is at risk.



<https://www.forbes.com/sites/howardgleckman/2025/10/01/what-the-government-shutdown-means-for-older-adults-and-people-with-disabilities/>

Impact Government Shutdown will have on older adults and people with disabilities

- Social Security (SSI) and Medicare benefits are being paid, but some customer services may be delayed or suspended (like issuing or replacing lost cards or addressing eligibility issues).
- Supplemental Security Income (SSI) should have enough money to pay benefits through the end of the year.
- Social Security's annual cost of living increase is calculated based on the October consumer price index (CPI).
- The Bureau of Labor Statistics that calculates the CPI is shuttered for now, so the cost-of-living adjustment could be delayed.



FORBES.COM

What The Government Shutdown Means For Older Adults And People With Disabilities

<https://www.forbes.com/sites/howardgleckman/2025/10/01/what-the-government-shutdown-means-for-older-adults-and-people-with-disabilities/>

Impact Government Shutdown will have on older adults and people with disabilities

- Federal workers who manage Older Americans Act programs are furloughed.
- Now there is no staff that can get this federal funding to local providers who use it to operate programs that deliver services to seniors.
- Meals on Wheels America providers say local groups can continue services for a few weeks without major disruptions.
- Local groups often have few cash reserves and likely would have to delay or suspend deliveries, or put more seniors on waiting lists, if the shutdown goes on.



<https://www.forbes.com/sites/howardgleckman/2025/10/01/what-the-government-shutdown-means-for-older-adults-and-people-with-disabilities/>

Impact Government Shutdown will have on older adults and people with disabilities

- Many low-income older adults rely on rent subsidy programs such as Section 8 and Section 202.
- Rental assistance probably could continue with existing funding for a month or two but then would end.
- Except for deals close to closing, new projects in process likely would be halted.
- Longer term, Trump's 2026 budget proposed slashing the HUD staff by more than 40%. It would be a prime target if he uses the shutdown to fire more federal workers.



<https://www.forbes.com/sites/howardgleckman/2025/10/01/what-the-government-shutdown-means-for-older-adults-and-people-with-disabilities/>

States worry they might not get repaid when federal government reopens

- States are continuing to operate programs serving some of the neediest people.
- That means schools are still serving federally subsidized meals and states are distributing funding for the federal food stamp program. For now.
- If the shutdown drags on and federal dollars run out, states can only keep programs going for so long.
- In past shutdowns, the federal government has reimbursed states for state funding they have spent to keep federally funded programs going.



STATELINE.ORG

'This shutdown feels different.' States might not get repaid when government reopens. • Stateline

<https://stateline.org/2025/10/09/this-shutdown-feels-different-states-might-not-get-repaid-when-government-reopens>

States worry they might not get repaid when federal government reopens

- This time, state leaders are worried they won't get reimbursed when the shutdown ends.
- The Trump administration's pattern of pulling or not awarding has some state officials worried about whether the government will reimburse states.
- Without federal reimbursement for shutdown costs could force states to make painful cuts to their own budget priorities.
- Many states already struggled to balance their own budgets this year.
- Going without federal reimbursement for shutdown costs could force states to cut their own budget priorities.



STATELINE.ORG

'This shutdown feels different.' States might not get repaid when government reopens. • Stateline

<https://stateline.org/2025/10/09/this-shutdown-feels-different-states-might-not-get-repaid-when-government-reopens>

Disability/Aging Shutdown talking points

Funding for current federal disability and aging programs is needed now and in the permanent 2026 budget. These dollars make a big impact back home.

Federal funding directly impacts daily supports people need to live— transportation, meals, help finding employment, caregiver support, in-home support for people with disabilities.

Delays in reimbursements for work already done or delays in draws that keep the work going can mean services and paychecks stop when there is no money to pay for them.

It is difficult for programs, counties, and local non-profit organizations to plan for next year without budget certainty.

Disability/Aging Shutdown talking points

Many local organizations depend on funding from federal programs at the local level.

Organizations that deliver these services often have small budgets and limited reserve funds.

Many services can only go only a few weeks before they are unable to continue.

The federal government shutdown is beginning to impact local work now, and those impacts will grow as each day passes

Thank goodness Congress has constituents who can tell them what to do.

Federal funding supports many important programs that people with disabilities and older adults rely on to live their lives.

Reopen the government, commit to the same level of funding for disability and aging programs in 2026, and make sure that the funds Congress appropriates are spent as expected and in a timely manner to make sure people who need help and support continue to get it.

- United States Capitol switchboard at (202) 224-3121. Contact Wisconsin's U.S. Senators (Sen. Baldwin, Sen. Johnson).

GOP insurance leader says Congress has October to decide on ACA premiums

- President of the National Association of Insurance Commissioners (North Dakota's insurance commissioner) say ACA premium subsidies must be extended before open enrollment starts Nov. 1.
- The insurance commissioners have been warning lawmakers about this impending problem for months. "Since January, to be honest — we've sent four different letters."
- If lawmakers miss that deadline, he says, "it's going to be really, really challenging to go back [to consumers] and say, 'OK, now we fixed it, please come back and shop at this market that you were priced out of.' I just don't believe consumers are going to do that."



<https://www.npr.org/sections/shots-health-news/2025/10/04/nx-s1-5562517/aca-obamacare-shutdown-trump-naic-health-insurance>

Congress sees the ACA subsidy expiration differently

- House Speaker Mike Johnson (R-La.) argued Monday the end-of-year deadline to extend subsidies offered under the Affordable Care Act (ACA) is an “eternity” away. We have effectively three months to negotiate. In the White House and in the halls of Congress, that’s like an eternity”
- Open enrollment in most states begins Nov. 1, and insurers could increase premiums if they anticipate the subsidies will expire.
- That could lead to some consumers dropping their health care coverage, even if Congress agrees to extend the premiums after open enrollment starts.



<https://thehill.com/homenews/house/5540430-mike-johnson-shutdown-obamacare-subsidies>

Congress sees the ACA subsidy expiration differently

- There have been rumors about Republican proposals to extend the ACA subsidies but change who can get them and how much they are worth.
- One idea keeps subsidies for current ACA Marketplace beneficiaries and cuts off subsidies for new enrollees.
- One possible strategy is to make changes to the subsidies and extend them in December so Congress gets credit for not letting subsidies expire, but acts late enough (post open-enrollment) that the damage to the ACA risk pool has already happened.



<https://thehill.com/homenews/house/5540430-mike-johnson-shutdown-obamacare-subsidies>

Question for Congress:

Insurers are saying they won't be offering ACA plans next year NOW.

People will have to make plan choices in November for next year.

Are you going to extend the subsidies?

Will you act on a bill in October?

Administration

Administrative
rules, Federal
Agency Actions

Trump plan would limit disability benefits for older Americans

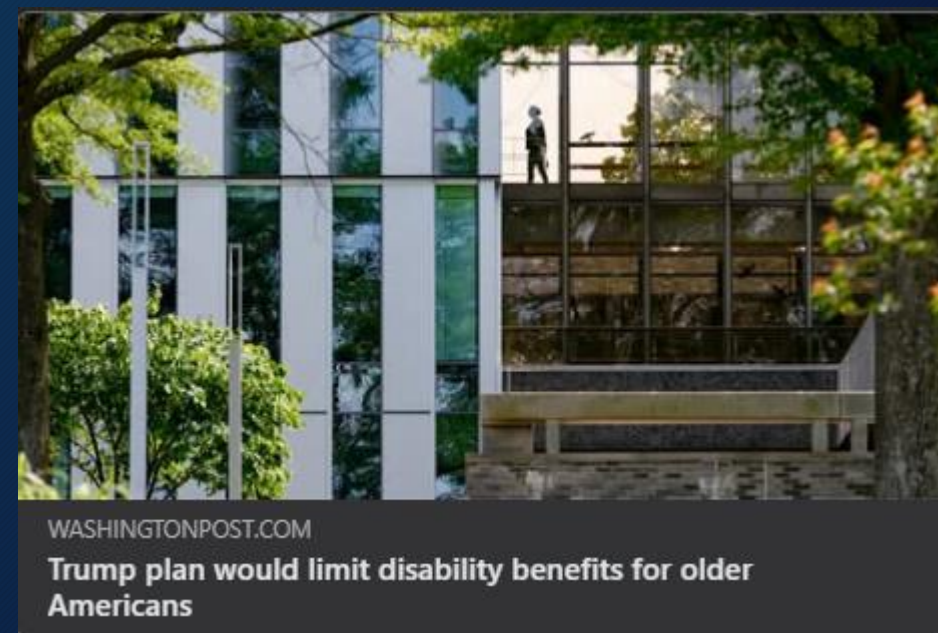
- Now, the Social Security Administration evaluates disability claims by considering age, work experience and education to determine if a person can adjust to other types of work.
- Older applicants, typically over 50, have a better chance of qualifying because age is treated as a limitation in adapting to many jobs.
- Trump officials are considering eliminating age as a factor or raising the threshold to age 60.
- They also want to update outdated jobs database that includes obsolete occupations
- The first Trump administration proposed a similar rule, but it was not finalized before the term ended.



<https://www.washingtonpost.com/politics/2025/10/05/disability-social-security-age-benefits/>

Trump plan would limit disability benefits for older Americans

- Conservatives say since Americans are living longer and fewer jobs require manual labor, many physically disabled workers could adapt to desk work
- That could mean more work options (and fewer people being granted disability benefits).
- However, these jobs could also require remote work options, technology and internet connectivity, and affordable, accessible non-driver transportation options—barriers that prevent many people with disabilities from getting and keeping jobs.



<https://www.washingtonpost.com/politics/2025/10/05/disability-social-security-age-benefits/>

Trump plan would limit disability benefits for older Americans

- More than half of older Americans who apply for disability benefits don't get another job.
- If the rule didn't consider age as a factor, more older disabled workers would probably start taking early retirement benefits, significantly reducing their monthly benefit amount.
- Older workers who claim retirement benefits at age 62 rather than receive Social Security's disability insurance would receive 30 percent less in benefits for the rest of their lives.



<https://www.washingtonpost.com/politics/2025/10/05/disability-social-security-age-benefits/>

Trump plan would limit disability benefits for older Americans

- It is unclear exactly how many Americans could lose access to disability benefits under the proposed rule changes.
- If the proposed rule reduced eligibility for the disability program by 10 percent, 750,000 fewer people would receive benefits for all or part of the next decade.
- In addition, 80,000 fewer widows and children would receive benefits because of the loss in eligibility of a spouse or parent.
- That would lead to \$82 billion less paid out in benefits over 10 years.



<https://www.washingtonpost.com/politics/2025/10/05/disability-social-security-age-benefits/>

RFK Jr. Links Tylenol, Autism And Circumcision Without Proof

- Thursday Health Secretary Robert F. Kennedy, Jr. reasserted the unproven link between the pain reliever Tylenol and autism, and suggested people who opposed the theory were motivated by hatred for President Donald Trump.
- Kennedy noted there was no medical proof to substantiate the claim.
- “Anybody who takes the stuff during pregnancy unless they have to is, is irresponsible,” Kennedy told Trump and fellow Cabinet members. “It is not proof. We’re doing the studies to make the proof.”
- He also linked autism to circumcision.
- Kennedy also said Thursday that infant boys who are circumcised have double the rate of autism because they are given Tylenol after the procedure.



<https://apnews.com/article/rfk-jr-tylenol-autism-circumcision-trump-f92078ebc210677dadaa0d315472742c>

This isn't the first time moms have been blamed for their kids' autism

- Not everyone on this webinar is a mom, or has autism, but the concept of blame is important.
- Whether there is an individual (or family) who can be held responsible for the condition or circumstance, can underlie decisions about who should/should not be eligible for a program or who is/is not considered vulnerable (worth helping).
- There are echoes of mother-blaming in how President Donald Trump and Health and Human Services Secretary Robert F. Kennedy Jr. are talking about autism, pregnancy and vaccines.
- Neither official has a medical or science background, but they've increasingly used their bully pulpits to target messaging to the parent most often in charge of their children's health: mothers.



<https://19thnews.org/2025/10/refrigerator-mothers-autism-tylenol-blaming/>

This isn't the first time moms have been blamed for their kids' autism

- The search to better understand autism has led to generations of mothers experiencing stigma about their parental choices.
- In his landmark 1943 paper first identifying autism as a condition, psychiatrist Leo Kanner observed a “coldness” in parents of autistic children.
- “All but five of the mothers had gone to college; all but one had been active, before or after marriage, as scientists, laboratory technicians, physicians, nurses, librarians, artists. Cold Perfectionists. But there was something wrong with all of them,” the article noted — nodding to mothers who chose to work instead of caring full time for their children.”



<https://19thnews.org/2025/10/refrigerator-mothers-autism-tylenol-blaming/>

This isn't the first time moms have been blamed for their kids' autism

- In the 1960s, Bruno Bettelheim, a psychologist at the University of Chicago, further popularized the idea that autism was caused by bad parenting.
- He had no formal medical or psychological training; he cure for autism was a “parent-ectomy” – placement at a residential school he operated.
- Bettelheim’s theories on autism are now wholly discredited, but mother-blaming lives on in various alternative treatments, diets and other solutions.
- In the late 1990s, mothers were bombarded with claims that vaccines cause autism, launching a new era of mom blaming.



<https://19thnews.org/2025/10/refrigerator-mothers-autism-tylenol-blaming/>

This isn't the first time moms have been blamed for their kids' autism

- Echoes of blame are in the cure-oriented autism parenting communities.
- The anti-vaccine and alternative medicine movements exonerated mothers for causing their children's autism psychologically, but the focus was still on mothers' behavior — the decision to vaccinate, the decision to take or give certain medications, the decision to eat or feed their children certain foods.



<https://19thnews.org/2025/10/refrigerator-mothers-autism-tylenol-blaming/>

The Trump administration's approach to autism is tangled up with ableism, eugenics, and pronatalism

- The medical model of disability views human variation through a lens of deficit.
- The medical model says people who have a hard time interacting with their environment for any reason – physical, intellectual, or emotional – have defect(s) that need to be treated or cured.
- Framing of autistic people as problems to be solved fits into the medical model.



<https://www.statnews.com/2025/10/03/autism-tylenol-rfk-jr-trump-ableism-eugenics-pronatalism>

The Trump administration's approach to autism is tangled up with ableism, eugenics, and pronatalism

- The social model of disability uses a lens of difference, asking: “What is it about this environment that is disabling and how can we change it to make it accessible?”
- The difference between these perspectives on disability is where the blame lies.
- When it comes to autism, the Trump administration has adopted a medical framework of disability, seeking to identify biological causes of autism with the goal of reducing “risk” and eliminating neurodiversity from the spectrum of human behavior.



<https://www.statnews.com/2025/10/03/autism-tylenol-rfk-jr-trump-ableism-eugenics-pronatalism>

Supreme Court To Weigh How Intellectual Disability Is Defined

- The U.S. Supreme Court is taking a case that hinges on whether a diagnosis of intellectual disability should be based on more than an IQ score.
- Advocates warn the Supreme Court decision could potentially lead to implications beyond death penalty cases.
- National advocates are urging the court to rely on an established clinical framework in determining intellectual disability.
- This approach evaluates whether a person has significant limitations in intellectual functioning and adaptive functioning that arose before adulthood.



<https://www.disabilityscoop.com/2025/10/09/supreme-court-to-weigh-how-intellectual-disability-is-defined>

Supreme Court To Weigh How Intellectual Disability Is Defined

- How intellectual disability is defined has implications far beyond the use of the death penalty,” Mathis said.
- “Whether a person is considered to have an intellectual disability matters in many other contexts, including for educational services as well as health and social services like home and community-based services.
- A Supreme Court ruling that says intellectual disability can be determined by IQ test scores alone could create a precedent for future legal cases.
- “The law would prefer a one-size fits all answer to the question of what to do when there are several IQ scores, or any scores with ranges that fall just above and below the diagnostic threshold.”



<https://www.disabilityscoop.com/2025/10/09/supreme-court-to-weigh-how-intellectual-disability-is-defined>

Continued coverage of impact of Reconciliation bill

Lots of
articles to
share.

Medicaid's New Address Verification Requirements Could Impose Significant Burdens

- HR 1 requires states verify addresses of Medicaid beneficiaries. Each state must develop its own process and it must be approved by CMS and in place by January 1, 2027
- This provision could mean some groups of Medicaid participants—homeless, people who do not have stable housing, children exiting child welfare systems, foster care youth, and people being released from jails or prisons, where verifying an address is challenging will be at higher risk of losing Medicaid coverage
- People with disabilities are overrepresented among people experiencing homelessness, involved in the child welfare system, or reentering from the criminal justice system.



<https://www.healthaffairs.org/content/forefront/medicaid-s-new-address-verification-requirements-could-impose-significant-burdens>

Medicaid's New Address Verification Requirements Could Impose Significant Burdens

- Homeless or people with unstable housing are more likely to be flagged as having invalid addresses.
- People who have housing instability change addresses frequently and often without notifying Medicaid for each address change.
- People may use a family or last known address until they settle somewhere for a longer period.



<https://www.healthaffairs.org/content/forefront/medicaid-s-new-address-verification-requirements-could-impose-significant-burdens>

Medicaid's New Address Verification Requirements Could Impose Significant Burdens

- People may use a soup kitchen, drop-in center, or shelter as their only long-term address option, as the one place of stability in an unstable life.
- However, any address with hundreds (or thousands) of residents may look like an invalid address to state Medicaid staff.
- All these scenarios will lead to barriers in validating addresses.



<https://www.healthaffairs.org/content/forefront/medicaid-s-new-address-verification-requirements-could-impose-significant-burdens>

Medicaid's New Address Verification Requirements Could Impose Significant Burdens

- Children who are in or are leaving the legal custody of a state or county child welfare system may be flagged with invalid addresses.
- Those in legal custody of the state will likely have a government office as their legal address.
- Youth transitioning from foster care often are housing instable or homeless, creating challenges in providing a valid address.
- Both groups of youth be impacted by the address requirement if data shows large number of children with a single address, frequent address changes, or the inability to validate any single address.



<https://www.healthaffairs.org/content/forefront/medicaid-s-new-address-verification-requirements-could-impose-significant-burdens>

In Some States, Strapped Counties Must Impose Trump's Medicaid Cuts

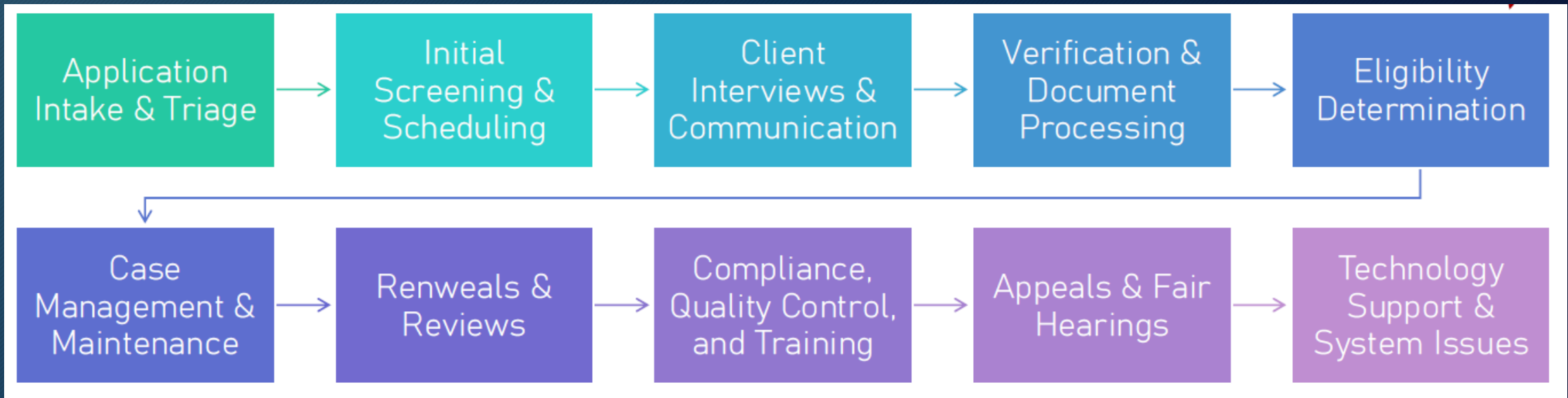
- When Congress passed its One Big Beautiful Bill Act this summer, it punted the implementation to states.
- In a handful of states (including Wisconsin) busy county governments already handle eligibility requirements, enrollment and renewals.
- This article focuses on Colorado (a state that has already made Medicaid cuts because of HR 1 and will have to make more cuts in the future).
- Those already-stretched counties could be on the hook for \$850 million in new administrative costs, according to the National Association of Counties, even as they cut residents' benefits.



<https://www.nytimes.com/2025/09/30/us/politics/counties-medicaid-cuts.html>

In Wisconsin, County Income Maintenance workers administer SNAP and Medicaid

- County workers have program expertise and perform detailed case management, program integrity, eligibility determination, compliance, documentation, and client interaction.



North Carolina cuts Medicaid

- As of Oct. 1st funding for many Medicaid services has been cut between 3-10%.
- This includes services important to people with disabilities (personal care, TBI waiver services, Intermediate Care facilities etc.)
- People know many dollars have been cut and what by what percentage rates have been reduced, but people with disabilities and families do not know how these cuts will be implemented and what it will mean to their daily lives.

last changed 10/09/2025

PUBLIC NOTICE (SPA #25-0026)

NC Medicaid State Budget Rate Reductions

and Human Services, Division of Health Benefits (DHB), hereby provides the NC Medicaid State Plan (State Plan) to implement service rate reductions 2025-26, effective October 1, 2025. These rate reductions are necessary to program to operate within the funding appropriated by the North Carolina for SFY 2025-26. Please note that these rate reductions are subject to change Medicaid with additional appropriations that would support the higher ed service programs. Listed below are the affected services and their percentage(s). The resulting rates will be reflected in fee schedules for the effective Oct. 1, 2025.

Nursing Facilities (SNF) rate reduction includes required adjustments to the assessment of assessment collections. The amendment to the SNF section of the State Plan will es to the rate methodology components required to transition the SNF program from ation Group (RUG) version IV model to the Patient-Driven Payment Model (PDPM).

Fee Schedule – Program	Applicable Reduction Percentage
	3%
Therapy Centers	Physician codes only- 8%
Centers	10%
se Units	Anesthesiology codes- 10%, Physician codes - 8%
	3%
ental Services Agency	CDSA codes - 3%, Physician codes - 8%
es	Chiropractic codes - 3%, Physician codes - 8%
Practitioner	CPP codes- 3% Physician codes - 8%
atives Program	Personal Care-like Services - 8%, Non-Personal Care Service codes - 3%
	Dental Codes – 3% Ambulatory Service Center codes - 10% FQHC/RHC Dental codes- 3%
	3%
onal Services	Dietary & Nutritional codes - 3%, Physician codes - 8%
quipment	3%
Health Services	3%
Health Centers	FQHC - 3%, (non-Physician codes) Physician codes - 8%
Center	10%
m	3%
ment	3%
ces	3%
rapy	3%

Hospice	Room &
Hospital Outpatient Laboratory	10%
Hospitals	10%
Indian Tribal (I/T/U) Home Health	3%
Indian Tribal (I/T/U) Pharmacy	0%
Int. Care Facility... (ICF-IID)	8%
Laboratory (Independent Diagnostic Testing Facilities)	Lab & X Physician
Local Health Departments	LHD cod Physician
NC Medicaid State Institutions	8%
Nurse Midwives	8%
Nurse Practitioner and CRNA	8%
Nursing Facility Rates	10%
Optical Program	3%
Optometry Services	Optomet Physician
Orthotics and Prosthetics	3%
Other Behavioral Health Services	RBI-BH Other - 8
Outpatient Specialized Therapies	3%
Personal Care Services	8%
Pharmacy	0%
Physician Administered Drug Program	0%
Physician Assistant	8%
Physician Services	ER (992 Physician
Podiatry Services	3%
Private Duty Nursing	3%
Public Ambulance Provider Managed Care	3%
Radiological/Imaging Services	3%
Rural Health Clinic	RHC cod Physician
Targeted Case Management	3%
Vent Facility Rates	10%

Non-Published State Fee Schedule Services:

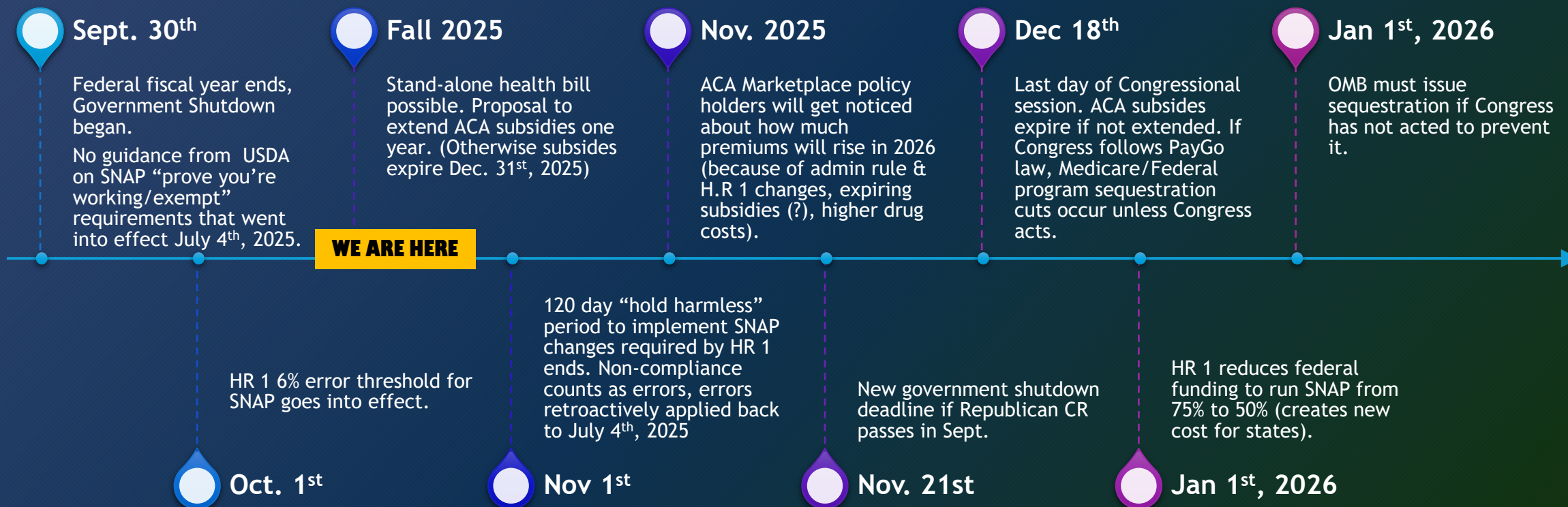
- Innovations, 1915(i), and TBI Waiver Services which are services are to receive a 3% reduction.
- Psychiatric Residential Treatment Facilities (PRTFs) are
- Non-Emergent Transportation to receive a 3% reduction.

This amendment will become effective October 1, 2025.

The annual estimated State fiscal impact of this change is:

a. SFY 2026 \$ (240,258,955)
b. SFY 2027 \$0

2025 decision or HR 1 implementation points



2026 decision or HR 1 implementation points

