Today we will talk about:

- Wisconsin: Election Overview, Rising uncompensated care, rising ACA premium costs
- Congress: Election Overview, lame duck session, what the election results could mean for Medicaid and programs for people with disabilities
- Federal Administration: How people with disabilities are being caught in Ohio, Minnesota, and California by home care fraud actions that disrupt care; CMS delays in distributing funds to hospitals and delays Rural Transformation Fund grants to states; Judge's ruling means medically frail do not have to prove they cannot work; federal actions collectively impact autism community;
- Impact of HR 1: DE warns Medicaid cuts threaten coverage; Georgia program that was model for HR 1 work requirements may end; unclear how HR 1 short term unemployment exemption will be implemented; South Dakota voters vote to keep Medicaid expansion; West Virginia SNAP and Medicaid participants may have two sets of work requirement paperwork to do to keep food assistance and health care coverage.

Weekly Update

Nov 6th, 2026

Federal Funding Fallout 2026

Wisconsin

In the news

Wisconsin election overview

State	Federal
• Governor's race: Crowley (D), new Governor but same party • Attorney General (AG): Kaul (D), current AG re-elected • State Senate: 18 (D) 15 (R), Changes majority party from R to D • State Assembly: 53 (D) 46 (R), Changes majority party from R to D	• U.S. House of Representatives: 4 (D), 4 (R), Changed two seats from R to D • Neither of Wisconsin's U.S. Senators was up for re-election

Look up who won Wisconsin State Assembly and State Senate (odd numbered districts) and U.S. House of Representative races

Duties of Governor

Executive Budget
(starting point for state budget process)

Appointments
(State agency leadership, advisory councils/boards, Judicial and county level/local public office vacancies)

Veto power
(can be used to edit state budget, reject bills the legislature passed)

Duties of State Legislature

What the legislature does	What it means to be in the majority
• Edits state budget • Makes changes to state statute through legislation (passing bills) • Two chambers, the State Senate and State Assembly.	• In each chamber, the political party with the most members is the majority party. • The Majority Party sets the legislative agenda. • The Majority Party decides how many legislative committees there are and what they cover • Committee chairs (who decide what bills do and don't get public hearings) are majority party members. • All committees have more majority party members on them.

Now the (state) work begins

- It's never too early to begin building new or better relationships with the elected officials.
- There are lots of new legislators and new staff who don't know what makes people with disabilities and unpaid family caregivers harder or easier.
- Returning legislators may work on different issues or need to vote on budgets or bills that impact people with disabilities and families.
- You can share disability priorities important to you and your family with legislators: https://wi-bpdd.org/.../BPDD2027-29PolicyBudgetPlatform.pdf

Wisconsin BPDD
Wisconsin Board for People with Developmental Disabilities

R IMMEDIATE RELEASE

vember 4, 2026

ntact: Jenny Price, jenny.price@wisconsin.gov, 608-220-2924

BPDD looks forward to working with new Governor and Legislature on disability priorities

MADISON – The Wisconsin Board for People with Developmental Disabilities (BPDD) looks forward to working with new and returning elected officials on legislative policy priorities that focus on upholding the rights of people with disabilities to receive care at home, get an education, and live and work in their communities.

Half of Wisconsin residents are family caregivers, older adults, or people with disabilities[1]. The policy issues they care about directly affect millions of Wisconsinites throughout the state.

"Every elected official represents people with disabilities and family caregivers who rely on quality home care, housing, and transportation to be able to live and work in their communities," said Sydney Badeau, BPDD board chair. "Disability is a group that anyone can join at any time without warning. All of us will either become a caregiver or need one. These priorities are not targeted at a small group of people. Our issues are everyone's issues."

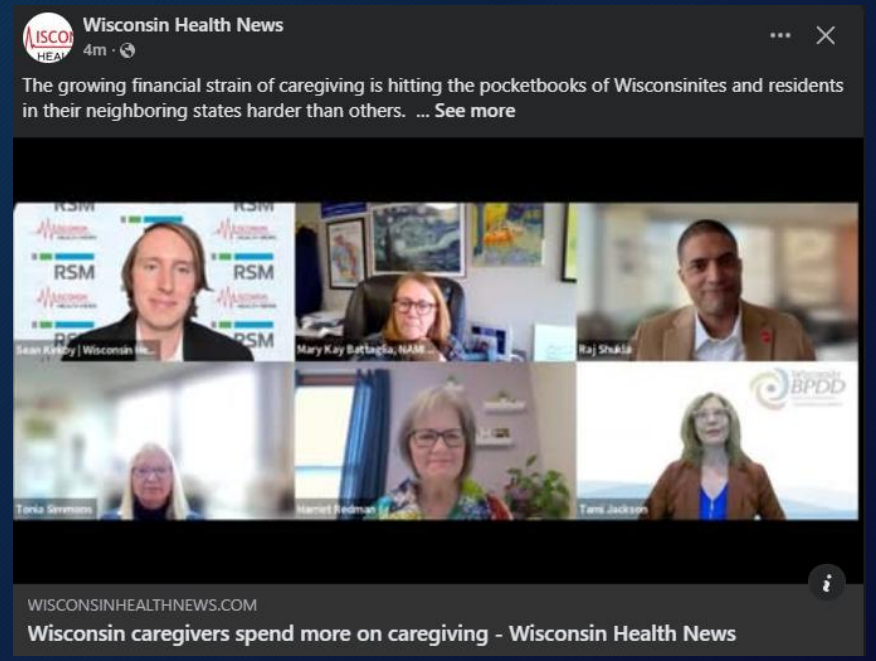
"People with disabilities fought for decades for laws that ensure that we cannot be set aside and locked away in institutions," said Jenny Price, BPDD Executive Director. "Medicaid cuts and federal actions threaten Wisconsin's existing care infrastructure, which keeps people with disabilities and older adults out of costly Medicaid-funded nursing homes and other institutional settings. The budget decisions and policy choices made in the next few months will either uphold or jeopardize the ability for older adults, people with disabilities and unpaid family caregivers to live independently and contribute to their communities as workers and taxpayers."

BPDD is Wisconsin's Developmental Disabilities Council, an independent state agency established by the federal Developmental Disabilities Act, charged with improving the lives of people with intellectual and developmental disabilities. We advise policymakers on issues that directly affect people with intellectual and developmental disabilities and their families, including education, employment, health care, home care, and transportation.

###

Wisconsin Health News: **HOW CAN LAWMAKERS HELP CAREGIVERS? PANELISTS OUTLINE PLANS**

- “Make sure that home care is in fact the priority option for people. Home care programs like Family Care, IRIS and the Children’s Long-Term Support Program, people forget that those programs, which are Medicaid waiver programs, were designed as nursing home deferral programs. They are there because they save our taxpayers in our state so much money. A lot of times family caregivers are looking at providing some of the necessary supports. Then, those programs supplement and help care for people who otherwise would be in state-run institutions, like nursing homes or (developmental disability) centers.”
- “Folks want to be at home. They want to be in their communities. They don’t want to be set aside and set away into a place that means they don’t have the opportunity to work and make their own decisions about what to wear, what to eat or when they get care.”



Watch the recording on YouTube: https://www.youtube.com/watch?v=pTqRPgjXtYo

Congress

What is/isn’t happening

U.S. Congress election overview

Two chambers, the U.S. Senate and U.S. House of Representatives.

The current Congress is in power until Jan 3, 2027.

The U.S. Senate now has 54 (D) and 44 (R). This changes the majority party from R to D.

The U.S. House of Representatives now has 240 (D) and 147 (R). This changes the majority party from R to D.

There are two Senate races where votes are still being counted, but they will not change which party holds the majority.

Duties of U.S. Congress

- Responsible for Federal budget and payment of national debt
- Makes changes to federal statute through legislation (passing bills).
- U.S. Senate confirms appointments of Supreme Court Justices, federal judges, federal agency appointed positions, sets or removes tariffs, ratifies (approves) treaties, and tries impeachments.
- U.S. House of Representatives must start all revenue bills, has investigatory powers, and can impeach federal officials.

Lame duck session: Last chance for the current Congress to act

Farm bill and Federal appropriation bills are considered “must pass,” (Continuing Resolution expires December 11th).

That means there is pressure to act.

Since the same party won’t be in the majority in Congress after Jan. 3rd the current congress has incentive to act while they still can pass bills with only votes from their party members.

But there are members who won’t be back next session because they just lost their election or retired.

Absences could mean there won’t be enough current majority party members to pass bills with only R votes.

That could create an incentive to put many “wish list” ideas that would not pass if both parties had to agree into one bill, and gives outgoing members leverage to make sure their priorities are included.

Congress could also do another reconciliation bill, pass individual bills, and pass Congressional Resolutions, including H.Res. 1586.

Post-Election Outlook: What the Midterms Mean for Medicaid and people with disabilities

1. **More oversight. Expect** hearings and investigations into how CMS is carrying out H.R. 1's Medicaid changes.
2. Medicaid prove you're working/exempt requirements still begin on January 1, 2027.
3. **The Administration will lean on what it controls.** Expect CMS to rely even more on rulemaking, guidance, and program integrity enforcement, including payment deferrals and its CRUSH anti-fraud rule
4. **The lame duck is the first test.** Democrats may push for a short-term fix into 2027, when they hold the majority, while Republicans may want to finish more while they still can.
5. **The states matter more than ever.** Thirty of the 44 states implementing community engagement requirements elected governors on Tuesday, and those administrations will decide much of how verification and exemptions actually work.



https://www.pattersonandmeek.com/insights/post-election-outlook

https://www.disabilityscoop.com/2026/11/05/as-control-of-congress-flips-advocates-have-renewed-hope-for-disability-programs/32255/

Post-Election Outlook: What the Midterms Mean for Medicaid and people with disabilities

6. **Attempts to undo Medicaid cuts and restart ACA subsidies.**
   - All legislation needs President Trump's signature.
   - Changes are more likely to be included in spending bills rather than standalone legislation.
   - Moving any legislation takes time and cannot happen before the Jan 1st implementation date.
   - Repealing cuts means adding $1 Trillion to deficit (unless revenue increases are included)



https://www.pattersonandmeek.com/insights/post-election-outlook

https://www.disabilityscoop.com/2026/11/05/as-control-of-congress-flips-advocates-have-renewed-hope-for-disability-programs/32255/

Article Long Term Care enters affordability debate

U.S. Senators request information from public on long term care system reform

- On October 16th , 19 Democratic Senators, released a request for information (RFI) on reforming the nation's long-term care system.
- **The RFI seeks feedback from advocates on what policies are needed to make sure long-term care is sustainable, accessible, and affordable** for older adults and people with disabilities across the country.
- **The RFI focuses on three main topics:**
  - **Making home care affordable and accessible**, including establishing a universal home care benefit and safeguarding beneficiaries' rights and protections;
  - **Improving the quality of care in nursing homes**, including increasing transparency and strengthening staffing standards; and
  - **Strengthening the long-term care workforce**, including addressing workforce shortages and supporting family caregivers.

Share what is important about home care and what is needed to make it better

You can respond to the RFI and share the challenges you see as a person or family member who relies on home care, or as a professional working with people who need help in your communities.

You can submit your comments to homecare@finance.senate.gov or use the website for individuals to share stories of the challenges they face in accessing health and long-term care.

Responses to the RFI are due December 18, 2026.

Administration

Federal Agency Actions

How Disabled Children Were Caught Up in Trump's Homeless Crackdown

- For more than a century, state-run institutions housed people with severe mental illness and intellectual and developmental disabilities.
- Most were closed after systemic abuse and mistreatment became public.
- The disability rights movement led to new civil rights laws and eventually the Supreme Court's 1999 ruling, Olmstead v. L.C. that found that housing people with disabilities in institutions when they could otherwise receive care outside in the community was illegal discrimination.
- However, resources to integrate disabled people as fully as possible have chronically fallen short in many places.



https://www.nytimes.com/2026/10/31/us/trump-homeless-crackdown-disabled-children.html

How Disabled Children Were Caught Up in Trump's Homeless Crackdown

- In its push to clear out people who live on the street and are mentally ill, the Trump administration is targeting legal protections that cover a much bigger population.
- On the campaign trail, Donald J. Trump vowed to send homeless people "back to mental institutions, where they belong."
- The Trump administration's efforts to chip away at constitutional protections for people who live on the street and struggle with mental illness and addiction could also have consequences for a much bigger group: millions of people living with disabilities who are not homeless.
- In a memo in June, the Justice Department asserted a new interpretation of a supreme court decision that has required the government to provide care to people with significant disabilities in their own communities whenever possible, rather than segregating them in institutions.



https://www.nytimes.com/2026/10/31/us/trump-homeless-crackdown-disabled-children.html

How Disabled Children Were Caught Up in Trump's Homeless Crackdown

- The Supreme Court decision—which the U.S. DOJ memo reinterprets--put in place new limits and obligations and changed what it means to live with a disability in America — whether you're a homeless person with mental illness, a preschooler with cerebral palsy or a nursing home resident with Alzheimer's.
- Now, many families caring for someone with a significant disability see an emerging threat to the programs that help people live in the community while U.S. DOJ stops enforcing or actively changes positions on cases meant to uphold the right to live in the community.
- Where it had previously accused states of unlawfully segregating people with disabilities in nursing facilities, the Justice Department is now pulling out of cases and asking judges to end settlements.



https://www.nytimes.com/2026/10/31/us/trump-homeless-crackdown-disabled-children.html

How Disabled Children Were Caught Up in Trump's Homeless Crackdown

- Funding and services for people with disabilities are expected to decline with the cuts to Medicaid spending President Trump signed into law last year.
- States struggling to manage with less Medicaid money could see the Justice Department's retreat from enforcement as permission to cut supports for people of all ages with all kinds of disabilities.
- Parents and caregivers would absorb the impact through each unfilled shift, with sleep, work and their own health all suffering.
- "I think it will mean that people will become homeless, people's lives will fall apart, people will lose their jobs," she said.
- "If we really do take away community-based and home-based services," she said, "there is no place for him to go."



https://www.nytimes.com/2026/10/31/us/trump-homeless-crackdown-disabled-children.html

Ohio: Medicaid fraud actions mean people with disabilities are blocked from care

- In May, Ohio's Governor imposed a six-month moratorium on new Medicaid home-care providers just weeks after President Donald Trump signed an executive order declaring fraud "widespread" in public benefits programs.
- The goal, DeWine's office said, was to free up state resources to go after alleged fraudsters while protecting Medicaid for the people who need it.
- Republican leaders frame Ohio's crackdown on Medicaid fraud as a way of protecting tax dollars and vulnerable people.
- But it has also made it harder for disabled residents to find reliable caregivers, blocking some from getting the daily support they need and endangering their health and independence.



https://www.nbcnews.com/news/us-news/ohio-legislators-slam-gop-medicaid-fraud-crackdown-disabled-care-rcna606359

Ohio: Medicaid fraud actions mean people with disabilities are blocked from care

- Ohio's 6 month freeze on new Medicaid home care providers immediately impacted caregivers awaiting state approval — and those hoping to apply.
- They unable to get paid, leaving the people who planned to hire them without help, and further destabilizing a caregiving system that is already facing high turnover and low pay.
- The freeze also upended plans for people who spent months or years laying the groundwork to become Medicaid providers.
- Dalenna Zingalis-Braine and her team raised $20,000 to open a nonprofit caregiving agency for people with intellectual disabilities in Cleveland's suburbs. They were among more than 1,100 businesses and individuals whose pending applications were abruptly denied because of the moratorium, according to state records.



https://www.nbcnews.com/news/us-news/ohio-legislators-slam-gop-medicaid-fraud-crackdown-disabled-care-rcna606359

Ohio: Medicaid fraud actions mean people with disabilities are blocked from care

- The anti-fraud push has also “added red tape to a system that’s already burdened with obstacles,” said Kerstin Sjoberg, president and CEO of Disability Rights Ohio.
- Spokesperson Dan Tierney said in a statement that Ohio has a robust network of caregivers and that officials must balance the concerns of disabled people and their families against the threat of fraud.
- To people with disabilities the Trump administration’s actions, coupled with Ohio’s willingness to block new providers, send a troubling message about officials’ commitment to the services they rely on to get out of bed each day.



https://www.nbcnews.com/news/us-news/ohio-legislators-slam-gop-medicaid-fraud-crackdown-disabled-care-rcna606359

Ohio: Medicaid fraud actions mean people with disabilities are blocked from care

- Martin is among a dozen disabled Ohioans and family caregivers who told NBC News that the state's anti-fraud measures have left them without necessary care, forced relatives to fill gaps or threatened their ability to live safely in their own homes.
- the struggles of disabled Ohioans reveal how people with legitimate needs can become collateral damage.
- Advocates fear the administration's efforts to eliminate what it calls fraud could mean disabled people across the country could lose daily support that allows them to get dressed, bathe and live in their homes.
- Since Trump signed an executive order in March declaring fraud "widespread" in public benefit programs, the administration has withheld billions of dollars in Medicaid funding from states and encouraged local crackdowns like the one unfolding in Ohio.



https://www.nbcnews.com/news/us-news/ohio-legislators-slam-gop-medicaid-fraud-crackdown-disabled-care-rcna606359

Ohio: Medicaid fraud actions mean people with disabilities are blocked from care

- “A program that you’re comfortable pausing for six months is probably a program that you’re comfortable eliminating,” he said.
- Martin questions the motives behind the government’s new hyperfocus on fraud. Some Republicans have shifted from targeting fraudsters to casting doubt on the validity of home-care programs themselves, including payments to family caregivers. One state official appeared to suggest the government was wasting money paying people to watch “Jeopardy” with their grandma.
- Martin has grown weary of defending Medicaid simply in terms of what it pays for: wheelchairs, lifts, caregiver salaries.
- He sees it as something more fundamental.
- “Medicaid is the program that allows me to be around you,” he said. “A world without Medicaid is a world without me.”



https://www.nbcnews.com/news/us-news/ohio-legislators-slam-gop-medicaid-fraud-crackdown-disabled-care-rcna606359

Federal Medicaid Fraud actions in Minnesota Escalates State-Federal Clash

- State Medicaid agencies nationwide should watch how program integrity disputes with CMS can escalate into funding deferrals and political confrontation.
- In Minnesota, CMS has deferred about $153 million in Medicaid claims amid threats to cut $2 billion annually from the state's program over suspected fraud.
- Last week during a press conference announcing arrests of four providers for alleged fraudulent billing, CMS Administrator Oz gave misleading statements about the extent of fraud in Minnesota, claiming, for instance, that Minnesota disenrolling Medicaid providers was a sign of widespread fraud.



https://minnesotareformer.com/2026/10/30/trump-officials-travel-to-st-cloud-to-announce-arrests-of-allegedly-fraudulent-medicaid-providers/

Federal Medicaid Fraud actions in Minnesota Escalates State-Federal Clash

- Minnesota's human services department says the disenrollments are mostly administrative.
- In fact, in a rush to respond to a federal deadline to re-screen and re-validate most providers, Minnesota disenrolled 60% of providers in 13 Medicaid services deemed high risk for fraud, waste and abuse.
- Several providers reported being disenrolled because the state agency failed to process their revalidation or for bureaucratic paperwork issues, and not for suspicions of fraud.
- Still, Oz, in the press conference, cited the mass disenrollment as a “degree of fraud” that “you have to purposely be averting your glance to allow to happen.”



https://minnesotareformer.com/2026/10/30/trump-officials-travel-to-st-cloud-to-announce-arrests-of-allegedly-fraudulent-medicaid-providers/

Federal Medicaid Fraud actions in Minnesota Escalates State-Federal Clash

- Oz has previously misrepresented the results of the rushed re-screening process, known as revalidation.
- Minnesota DHS said: “Providers may be disenrolled for administrative or enrollment issues that do not establish fraud, waste or abuse. … Minnesota requests that future public communications clearly and accurately distinguish suspected or established fraud, waste or abuse from administrative or funding actions.”
- CMS deferred around $153 million of Medicaid claims — i.e., retroactively withdrew payment for services that were already given earlier this year — from providers because they were disenrolled in the administrative revalidation process, without specifying what concerns it had around those providers.
- Minnesota has not gotten an answer about why CMS considers those providers a fraud risk.
- Oz did not address the domino effects of the administration’s repeated threats to Minnesota’s Medicaid funding



https://minnesotareformer.com/2026/10/30/trump-officials-travel-to-st-cloud-to-announce-arrests-of-allegedly-fraudulent-medicaid-providers/

Rural Ohio Hospital System Awaits $80M in Stalled Medicaid Payments

- Marietta, Ohio-based Memorial Health System is owed roughly $80 million in Medicaid supplemental payments that remain stuck pending CMS approval, CEO Scott Cantley told Becker's.
- About $60 million stems from the Ohio Rural Tax Pilot Program, a state-directed payment program for rural hospitals that has awaited CMS sign-off for 15 months, while another $20 million from the state's 2026 Hospital Additional Payments Program has also gone unpaid.
- The Ohio Medicaid department says it has completed all required submissions and the program now awaits CMS action
- Prolonged CMS review of state-directed payment programs can freeze hundreds of millions in promised Medicaid funding, forcing rural hospitals to delay capital projects and debt financing they built into their budgets.



https://www.beckershospitalreview.com/finance/rural-ohio-system-waiting-on-80m-in-cms-payments/

CMS funding deferrals impacting California home care program

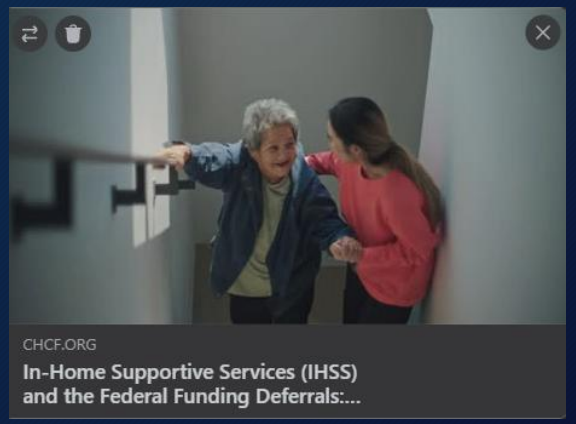
- Recently, CMS deferred $1.086 billion in Medi-Cal In-Home Supportive Services (IHSS) funding. It's the third deferral since May, bringing the total withheld to about $2.8 billion.
- About 930,000 Californians rely on help from IHSS to live safely at home.
- They are older adults, people with disabilities, and children. About 850,000 caregivers support them, and most of those caregivers are family members.
- U.S. health officials say the funds are being held because of concerns about "program integrity risks" with IHSS, which has seen significant growth in recent years. California disputes that.
- If the funds are not restored, the state will have to decide how to cover the gap, and those decisions will directly affect IHSS recipients and caregivers, as well as the broader state budget.



https://www.chcf.org/resource/2026/10/27/in-home-supportive-services-ihss-federal-funding-deferrals-california/

CMS funding deferrals impacting California home care program

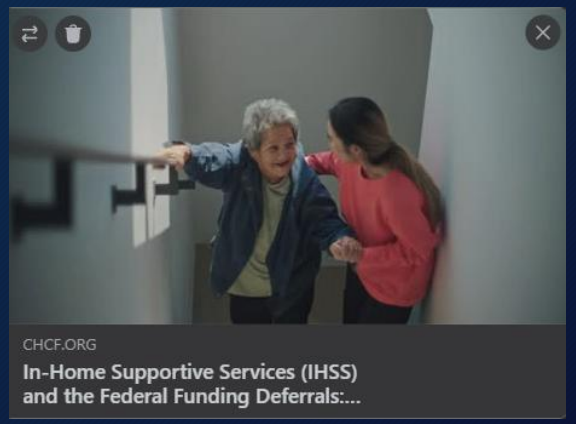
- In May 2026, CMS sent California a letter deferring more than $1.1 billion in federal funding for IHSS, citing two concerns:
- **Growth ($501.3 million)**. CMS cited “significant growth” that “exceeded the growth rate of all other states” over the last two fiscal years.
- **Program integrity ($632.2 million).** CMS cited “significant . . . program integrity risks” but provided little detail on how it arrived at this amount, referring to claims it deemed “statistical outliers” and a small amount of claims (totaling about $13 million) processed more than a year after the date of service.



https://www.chcf.org/resource/2026/10/27/in-home-supportive-services-ihss-federal-funding-deferrals-california/

CMS funding deferrals impacting California home care program

- Quarterly deferrals have continued since the initial letter.
- On July 21, 2026, CMS notified the state that it was withholding additional federal funds, including $646.3 million for the IHSS program.
- A third letter dated October 20, 2026, withheld $1.086 billion from the program, including for the first time deferrals for employer payroll taxes ($247.8 million), sick leave ($57.7 million), and beneficiary services ($209 million), all of which cited questions sent to the California Department of Health Care Services (DHCS) for which responses had not yet been received, rather than specific instances of questionable program expenditures.



https://www.chcf.org/resource/2026/10/27/in-home-supportive-services-ihss-federal-funding-deferrals-california/

Trump Administration Delays Awards Slated To Improve Rural America's Health

- Federal leaders overseeing a $50 billion rural health fund missed a critical deadline to announce how much they'll give states next year.
- A 12-sentence message said officials "discovered an additional administrative process requirement."
- The Rural Health Transformation Program established under HR 1 was to award states shares of $10 billion a year for five years.
- In 2026, each state was awarded between $147 million and $281 million, with allocations determined by a federal scoring process to be revisited each year.



https://kffhealthnews.org/rural-health/rural-health-transformation-program-funding-delays-states-cms/

Trump Administration Delays Awards Slated To Improve Rural America's Health

- State leaders had expected to hear their 2027 award amount by Oct. 31. The email announcing a delay arrived Oct. 30.
- One called the email funding alert "cryptic." Another said there have been "plenty of surprises along the way."
- One Midwestern state health association leader said her staff was "in the dark over here" about the funding.
- KFF Health News agreed not to name the state officials because they feared retribution.



https://kffhealthnews.org/rural-health/rural-health-transformation-program-funding-delays-states-cms/

Judge says people who fit Medically Frail exemption don’t have to prove they cannot work

- Under the decision, people will only need to show that they qualify for one of the five “medically frail” categories that Congress specified in HR 1.
- They will not need to additionally prove their Medical frailty means they are also unable to work
- “This ruling is a win for disabled people,” said Maria Town. “The court has removed an unnecessary hurdle that would have caused many disabled people who should otherwise be exempt to be at risk of losing their Medicaid coverage.”
- Still, Town and others said they remain concerned about the impact of work requirements on people with disabilities.



https://www.disabilityscoop.com/2026/11/02/new-medicaid-eligibility-requirement-struck-down

Medicaid Work Reporting Requirements After the Medical Frailty Ruling: State Decisions and Implementation Priorities

Judge says people who fit Medically Frail exemption don't have to prove they cannot work

- The decision does not change the January 1 start date for prove you're working or exempt requirements.
- The Judge rejected other parts of the states' lawsuit related to the types of documentation that can be used to seek an exemption.
- "We are disappointed by the part of the court's order leaving in place the part of the rule requiring states to demand documentation... "That part of the rule will lead to loss of coverage for many who shouldn't lose it. We are hopeful that a different court may invalidate this documentation requirement."
- The decision creates new implementation challenges for states, with the potential for more changes to come if the federal government appeals and obtains a stay of the judgment pending appeal.



https://www.disabilityscoop.com/2026/11/02/new-medicaid-eligibility-requirement-struck-down

Medicaid Work Reporting Requirements After the Medical Frailty Ruling: State Decisions and Implementation Priorities

Trump Puts Kids With Autism In The Spotlight And Cuts Agencies Built To Protect Them

- For families who believe their child's rights were violated based on race, disability, or gender in school, the U.S. Dept of Education's Office for Civil Rights has been one of the main places to turn.
- But the White House cut its offices and weakened its ability to follow up with cases, as well as slashed funding to research on disparities that people of color face in getting diagnosed and attaining resources for disabilities.
- In March 2025, Trump signed an executive order to dismantle the Department of Education and closed seven of its Office for Civil Rights' 12 regional offices.
- This June, his administration largely shifted special education oversight to HHS and the Office for Civil Rights to the Department of Justice.



https://www.disabilityscoop.com/2026/11/03/trump-puts-kids-with-autism-in-the-spotlight-and-cuts-agencies-built-to-protect-them/32246/

Trump Puts Kids With Autism In The Spotlight And Cuts Agencies Built To Protect Them

- On paper, it’s a reorganization,” said Nancy Potter, a former supervising attorney at the Office for Civil Rights who now runs her own education law firm. In practice, she said, it could leave families whose complaints involve overlapping harms — such as race and disability discrimination — caught between agencies built for different jobs. “The hardest thing to prove in these cases is now the thing with no obvious home.”



https://www.disabilityscoop.com/2026/11/03/trump-puts-kids-with-autism-in-the-spotlight-and-cuts-agencies-built-to-protect-them/32246/

Trump Puts Kids With Autism In The Spotlight And Cuts Agencies Built To Protect Them

- Disability rights advocates fear the changes to special education oversight weaken the federal safety net for students with autism and others with disabilities, making these systems more confusing when families need help enforcing students' rights.
- Families, especially those from marginalized communities, already often lack support for their children to receive a timely diagnosis or services in their school systems.
- "People speed if they don't see a police car," Lhamon said. "If they think that there's no one at the federal government watching them in school, we will see an increase in discrimination."



https://www.disabilityscoop.com/2026/11/03/trump-puts-kids-with-autism-in-the-spotlight-and-cuts-agencies-built-to-protect-them/32246/

Trump Puts Kids With Autism In The Spotlight And Cuts Agencies Built To Protect Them

- All this has happened as President Donald Trump's second administration has put autism in the spotlight.
- In early August, Trump signed an executive order to whittle down routine immunizations for kids while falsely tying vaccines to autism. He has portrayed autism as a personal priority and one of "the most alarming public health developments in history."
- In April 2025 DHS Secretary Kennedy called autism a "tragedy" that "destroys families," and he's lent credence to ungrounded claims of autism's causes, including unfounded links to childhood vaccines and Tylenol during pregnancy.



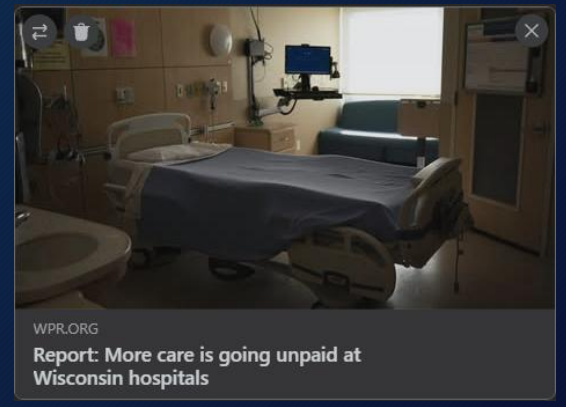
https://www.disabilityscoop.com/2026/11/03/trump-puts-kids-with-autism-in-the-spotlight-and-cuts-agencies-built-to-protect-them/32246/

Continued coverage of impact of Reconciliation bill

Lots of articles to share.

Report: More care is going unpaid at Wisconsin hospitals

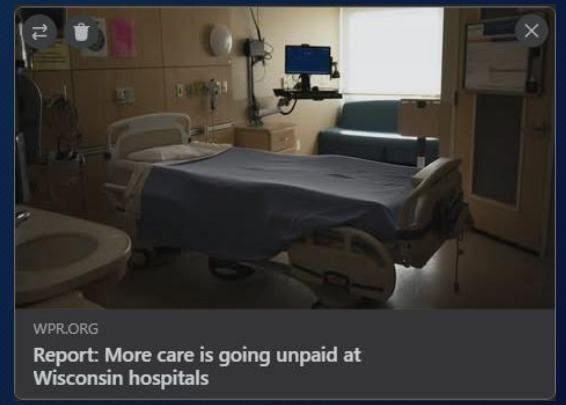
- Both charity care and bad debt among patients increased last year, and are projected to go up this year as well
- More than 2 million patient visits at Wisconsin hospitals last year involved unpaid care, according to an annual survey of Wisconsin hospitals.
- The Wisconsin Hospital Association's Uncompensated Health Care Report shows hospitals reported providing more than $2 billion in unpaid care in 2025.
- Last year's total was 15 percent higher than in 2024, and represents about 2 percent of total patient charges for the year.



https://www.wpr.org/news/report-more-care-going-unpaid-wisconsin-hospitals

Report: More care is going unpaid at Wisconsin hospitals

- Reasons for unpaid care was nearly evenly split between charity care for patients unable to pay and bad debt, which represents bills hospitals have been unable to collect.
- Who is getting charity care. National health expert “It tends to be younger people, a lot of working-age people,” Vatter said. “In states that did not expand Medicaid, it’s often the people that fall into these gaps that exist between (eligibility for) Medicaid and the exchange’s subsidies.”
- Vatter said unpaid care can also come from people who are “underinsured,” whose insurance plans still leave them responsible for a large portion of their care.



https://www.wpr.org/news/report-more-care-going-unpaid-wisconsin-hospitals

Delaware Leaders Warn Federal Medicaid Cuts Threaten Coverage

- State Medicaid officials and hospital systems in Delaware face coverage losses for over a quarter of the population and mounting uncompensated care costs as federal funding cuts and new work requirements take hold.
- Hospital executives, the state's congressional delegation, and its new surgeon general discussed looming federal Medicaid cuts and rising healthcare costs.
- Lawmakers warned that cuts and stricter work requirements under HR 1 could strip coverage from more than a quarter of Delaware's population, including people with disabilities and nursing home residents.
- Separately, officials flagged double-digit 2027 premium hikes for Highmark and AmeriHealth Caritas ACA marketplace plans tied to reduced federal subsidies.



https://spotlightdelaware.org/2026/11/02/delaware-hospital-leaders-discuss-cost-of-care-at-healthcare-summit/

Wisconsin: Prices increase for ACA Marketplace plans

- Wisconsinites looking to purchase ACA Marketplace plans will face higher prices and a shifting landscape of options.
- Rates on the state's individual health insurance market will rise an average of 21.7 percent for 2027. For the 2026 plan year, the average rate increase was 22.3 percent.
- If not for the Wisconsin's reinsurance program, premiums would have increased 33 percent for 2027, the state's Office of Commissioner of Insurance (OCI) noted.
- A record 313,579 Wisconsinites signed up for 2025 ACA coverage. That dropped to 291,336 for 2026 plans, which OCI attributed to "market destabilization driven by federal actions."



https://www.nytimes.com/2026/10/30/business/obamacare-health-insurance-rates.html

Wisconsin: Prices increase for ACA Marketplace plans

- Nationally Premiums will increase an average 13 percent next year on top of an earlier steep increase.
- Across the private and public health sectors, the increases have been driven by rising hospital prices, high payments under a consumer protection law that changed how some doctors are compensated, and the growing use of artificial intelligence in doctors' offices, according to benefits consultants and industry analysts.



https://www.nytimes.com/2026/10/30/business/obamacare-health-insurance-rates.html

Georgia's may not extend program that was the model for HR 1's work requirements.

- Georgia's Pathways to Coverage program was the model for HR1's work requirements.
- In 2023, Georgia launched the program as an alternative to Medicaid expansion. The program will end at the end of this year unless it is renewed.
- Bringing the program in line with federal law requires Georgia to offer exemptions to its work rules that it doesn't now.



https://kffhealthnews.org/medicaid/medicaid-work-requirements-federal-rules-georgia-pathways-expiration

Georgia's may not extend program that was the model for HR 1's work requirements.

- Georgia officials want the federal government to chip in more to pay for this expanded group of people who would qualify for an exemption.
- A state estimate projects an additional $1.4 billion in spending by mid 2028 to make sure additional people that qualify for an exemption under HR 1.
- State officials have signaled they may let the program expire at the end of the year if they don't get the extra cash.



https://kffhealthnews.org/medicaid/medicaid-work-requirements-federal-rules-georgia-pathways-expiration

Georgia's program was the model HR 1's Medicaid prove you're working requirements.

- If the federal government grants the request, other states might try to draw down more federal money for limited Medicaid expansions, potentially putting the federal government on the hook for additional spending.
- That would reduce the incentives for states to fully expand Medicaid and might even encourage some to roll back Medicaid expansion.
- It's also an example of how small changes to requirements can mean big new investments on top of what the state has already spent.
- Sometimes policymakers may make decisions on what is the cheapest option rather than what it means to people who already covered (or could be added).



https://kffhealthnews.org/medicaid/medicaid-work-requirements-federal-rules-georgia-pathways-expiration

HR 1 exemption for counties with high unemployment are no sure thing

- First states must decide whether they are going to let people claim one of the 4 short term hardship exemptions allowed under HR 1 (some states have decided to not do all or any of these possible exemptions)
- One optional short-term exemption is for people who live in counties where unemployment is at least 8%, or at least 1.5 times the national rate, whichever is lower.
- It's unclear how the Trump administration intends to implement that exemption.
- CMS says states may submit unemployment data from a "reliable" source, including figures from their own labor departments. But the agency hasn't said exactly what time frame of unemployment data states should provide.



https://kffhealthnews.org/elections/medicaid-work-rules-california-valadao-villegas-22nd-district-unemployment-exempt/

HR 1 exemption for counties with high unemployment are no sure thing

- Unemployment data can be reported in a variety of ways.
- It can be from the most recent month, or a 3-, 6-, or 12-month average. That data will determine how many counties — and how many people — might qualify.
- “Which data is used matters,” said Jennifer Tolbert, deputy director of KFF’s Program on Medicaid and the Uninsured. “I think there’s a lot still unknown.”



https://kffhealthnews.org/elections/medicaid-work-rules-california-valadao-villegas-22nd-district-unemployment-exempt/

HR 1 exemption for counties with high unemployment are no sure thing

- Using July 2026 unemployment rates, 95 U.S. counties would qualify for the exception. Using the 12-month average, the number of qualifying counties jumps to 120.
- Sixty-four counties have high unemployment rates that will most likely qualify them no matter what data is used.
- CMS declined to say how long exceptions would last or which states have applied.
- California asked CMS for permission to use state unemployment data that it says is timelier than federal data, and how long exemptions could be granted.



https://kffhealthnews.org/elections/medicaid-work-rules-california-valadao-villegas-22nd-district-unemployment-exempt/

Voters reject measure that could have triggered repeal of Medicaid expansion in South Dakota

- South Dakota voters rejected Amendment I, which would have let lawmakers repeal the state's constitutional Medicaid expansion mandate if the federal match dropped below 90%.
- The 2022 citizen-approved expansion covers about 31,000 of the state's 143,000 Medicaid enrollees.
- Since the expansion’s implementation through the end of the last state fiscal year in June, the state had spent a total of $76 million on it and received $870 million in federal expansion funding
- **Why it matters:** ballot-box protections for Medicaid expansion are holding even as Republican legislatures test ways to unwind them.



https://southdakotasearchlight.com/2026/11/04/voters-reject-measure-that-could-have-triggered-repeal-of-medicaid-expansion-in-south-dakota/

Many West Virginia SNAP recipients will have 2 sets of work requirements

- Wisconsin's Medicaid agency managed both Medicaid and SNAP benefits, which makes it easier to see who is in both programs. Wisconsin is unique.
- In other states, different state agencies may manage the programs separately and their systems don't talk to each other.
- In West Virginia and other states many low-income people will be required to meet two sets of work requirements — one to keep healthcare and another for food assistance — according to an analysis from the West Virginia Center on Budget and Policy.
- If the two work requirement processes aren't streamlined, it could mean that more eligible people lose their healthcare and food assistance.
- As of Jan. 1, 2027, both programs will have work requirements.



https://www.newsfromthestates.com/article/many-wv-snap-recipients-will-have-2-sets-work-requirements-keep-food-assistance-healthcare

Many West Virginia SNAP recipients will have 2 sets of work requirements

- West Virginia's Medicaid agency says anyone meeting the SNAP work requirements will automatically meet the Medicaid work requirements, but those meeting the Medicaid requirements do not automatically meet the SNAP requirements.
- About 84% of state households that rely on the Supplemental Nutrition Assistance Program include a person who's on Medicaid,
- About 49,000 West Virginia households with children received both Medicaid and SNAP.
- The analysis says the reporting requirements are likely to result in eligible people losing their healthcare and food benefits due to missing a notice or encountering a technological problem.



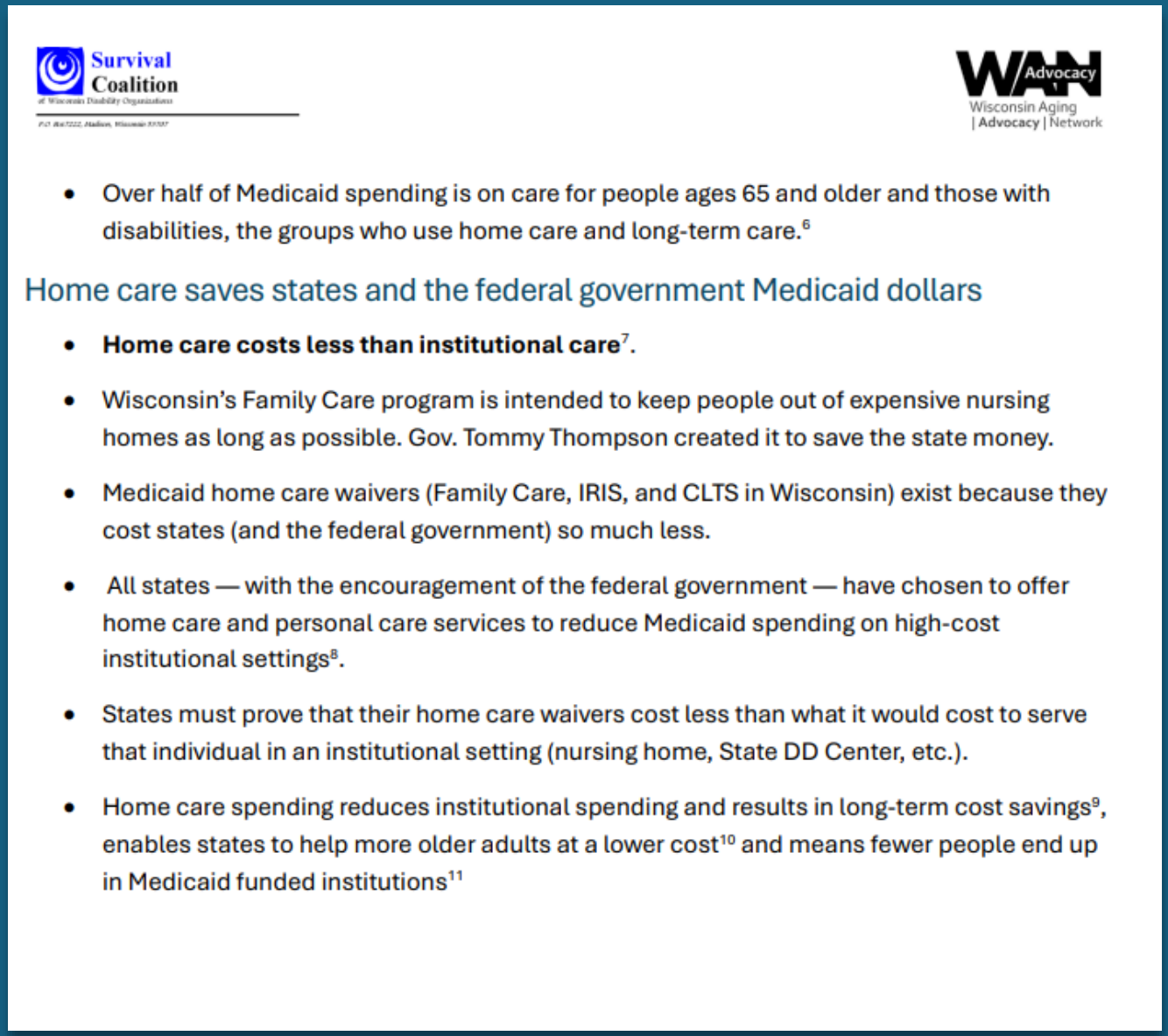
https://www.newsfromthestates.com/article/many-wv-snap-recipients-will-have-2-sets-work-requirements-keep-food-assistance-healthcare

Resources

People with disabilities and families can use

Home care saves states and the federal government Medicaid dollars

- Analysis of Wisconsin's home care programs
- How home care saves states/federal government money,
- Home care saves money, why does it cost a lot?,
- Home care serves more people than nursing homes,
- Nursing homes and State DD Centers cost a lot to serve very few people
- https://wi-bpdd.org/wp-content/uploads/2026/10/SurvivalWAAN_HomeCareCheaperThanInstitutionalCare_101226.pdf



Survival Coalition of Wisconsin Disability Organizations

WAN Advocacy Wisconsin Aging | Advocacy | Network

- Over half of Medicaid spending is on care for people ages 65 and older and those with disabilities, the groups who use home care and long-term care.[6]

Home care saves states and the federal government Medicaid dollars

- **Home care costs less than institutional care**[7].
- Wisconsin's Family Care program is intended to keep people out of expensive nursing homes as long as possible. Gov. Tommy Thompson created it to save the state money.
- Medicaid home care waivers (Family Care, IRIS, and CLTS in Wisconsin) exist because they cost states (and the federal government) so much less.
- All states — with the encouragement of the federal government — have chosen to offer home care and personal care services to reduce Medicaid spending on high-cost institutional settings[8].
- States must prove that their home care waivers cost less than what it would cost to serve that individual in an institutional setting (nursing home, State DD Center, etc.).
- Home care spending reduces institutional spending and results in long-term cost savings[9], enables states to help more older adults at a lower cost[10] and means fewer people end up in Medicaid funded institutions[11]

Disability questions you can ask any candidate

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

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

Home and Community Based Services Impacts Tracker Project

https://hpmmatters.publichealth.gwu.edu/HCBS-impacts-tracker-project

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.

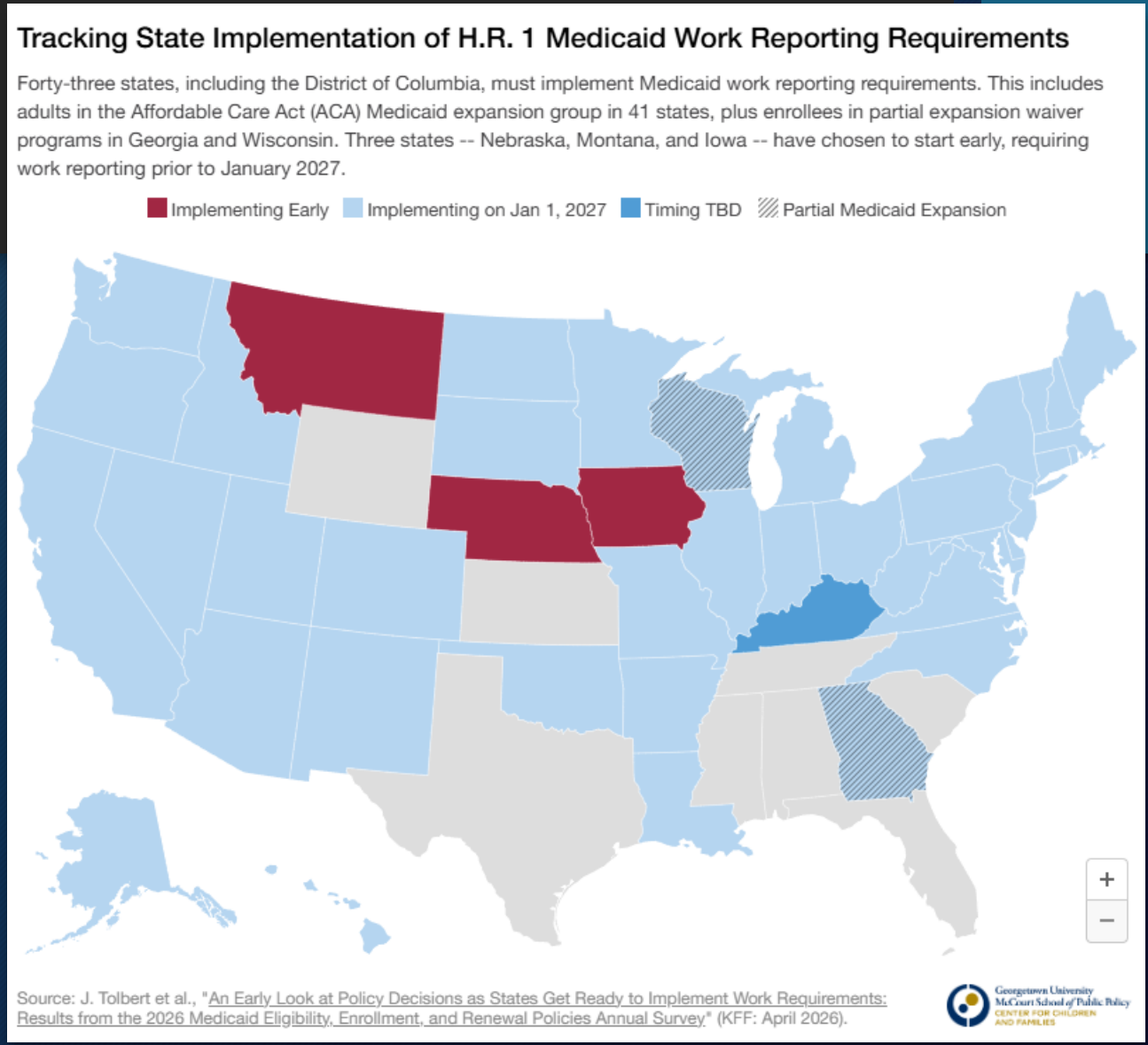
You can report changes and upload documentation using a form on the site.

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/



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?