

OPSA Meeting

9/16/26

Opening Remarks and Agenda Overview – Deb Goda and Bryan Dooley

- Deb Goda welcomed attendees and introduced the meeting agenda, Deb also introduced Co-Chair Bryan Dooley, who gave opening remarks.
- Deb Goda outlined the session topic: Presentation by Kathy Batton from the Division of Health Benefits (NC Medicaid). This was a requested topic due to public questions.

TCL and Olmstead Plan Updates – Deb Goda

- TCL Program: Received dismissal of oversight from US DOJ. The Judge signed off on the dismissal on Monday. The program is not ending, the good work will continue. Deb states the continuation will be without the US DOJ oversight.
- Olmstead Plan: Glad to move forward with the Olmstead Plan. We received 46 different comments on the Olmstead plan posted for public comment. Currently reviewing comments and making updates to the plan. Appreciation for time and thoughtful consideration from commenters (constructive and reinforcing feedback). The final plan for posting information will be shared.
- Iowa reached out to understand North Carolina's Olmstead stakeholder group setup. First call with Iowa scheduled for later in the week to discuss operations and support structure. Hope for "cross-pollination" of ideas.

Medicaid Work Requirement Changes - Kathy Batton

Introduction to Changes

- Kathy Batton, Communications Manager, Office of Communications and Engagement at NC Medicaid. Focus on member and beneficiary communications. Congress passed and the president signed a new federal law in 2025 (H.R. 1 or the One Big Beautiful Bill). This law makes significant changes to Medicaid. Because of this law some people will lose Medicaid coverage. Many others will have new requirements to follow to keep coverage.
- To explain what is known clearly and help communities prepare. Some of these changes go into effect October 1, 2026, while others change January 1, 2027. Some federal guidance is still being developed; updates will be shared as available. People need to know where to find trusted information and what steps to take.

- Why Medicaid Matters in North Carolina? Medicaid provides health care coverage to over 3 million North Carolinians (approx. 1 in 4 people). Especially important in rural communities, where some counties have more than half of their residents relying on Medicaid. Medicaid supports hospitals, health care providers, businesses and the workforce across the state. Changes have a real impact on people's health, families and communities.
- Four Major Changes Due to H.R. 1 will start taking effect. These changes will be changes for many non-citizens, shorter retroactive coverage, new work and community engagement requirements, and more frequent Medicaid renewals. Changes do not begin simultaneously. First major change will start October 1, 2026, and other changes January 1, 2027. Important information for beneficiaries is to stay connected and keep contact information current with their local Department of Social Services (DSS). Read every letter received and respond by the deadline.

Change 1:

- Non-U.S. Citizens eligibility changes will start October 1, 2026. Federal law significantly limits which non-U.S. citizens can have full Medicaid coverage (if other Medicaid requirements met). Lawful permanent residents (green card holders), most have a five-year waiting period (with exceptions), lawfully residing children under age 19, pregnant women or those within 12 months postpartum, people with Cuban or Haitian entrance status, Citizens of Micronesia, Marshall Islands, or Palu living in the U.S. Most impacted people should have received a letter in June. Losing full Medicaid means losing coverage for doctor's visits, dental, prescriptions, mental health, etc. Some may qualify for emergency Medicaid, but it's a very limited program, not a replacement for full coverage. If immigration status changes (e.g., receive a green card), inform their local DSS. Explore other options such as Health Insurance Marketplace at healthcare.gov, Federally qualified health centers, rural health clinics, free or charitable clinics may provide reduced cost care. If a letter states Medicaid is ending and the decision is believed to be wrong, the letter explains appeal rights. Don't assume no options; contact local DSS or a trusted resource.

Changes 2 and 3:

- Work and Community Engagement Requirements & Renewals for Adults ages 19 through 64 without a disability. This will be effective January 1, 2027. Requirements to keep Medicaid, participants need to meet a monthly income requirement or participate in approved activities (work, school, volunteering). Exceptions and exclusions (do not need to meet the Work and Community requirements) for,

include qualify for Medicare, receive SSI/SSDI, released from prison within the last three months, health or disability (certain physical, intellectual, or developmental disabilities, substance use disorders, disabling mental disorders or serious and complex medical conditions), parents, guardians and certain family caregivers caring for a dependent child under age 14 or a person with a disability, Veterans with a 100% total disability rating, already meet certain SNAP or Work First TANF requirements, pregnant or within 12 months of pregnancy, American Indians, Alaskan Natives and other members eligible for Indian Health Service, current and former foster care youth.

- If you believe your health or circumstances exclude you from having to meet the new work requirements, keep documentation and talk with your local DSS. You don't try to figure it out alone. If unsure if categories apply to you contact your local DSS.

How to Meet the Requirement (if not exempt/excluded):

- There are two basic ways to meet the requirement each month. One is by income; households that have at least \$580 of accountable income each month. Income can come from a spouse, children or others on the same federal tax return. The other way you may qualify is to complete 80 hours of approved activities during the month (roughly 20 hours/week). Activities can be combined.

What counts as approved activities:

- Working for yourself, certain unpaid work, internships, in-kind work (e.g., free rent for property work), supervised activities, supervised job search activities (can count for part, but not all 80 hours, maximum 40 hours for job search).
Volunteering/Community Service can count, and this can be required community service. Must be part of a structured program through a nonprofit program or public organization that directly benefits the community. A specific form for volunteers is being created and will be available on the H.R. 1 website within two months.
College, career and technical education, high school, GED programs. Generally, half-time enrollment (around six credit hours) is required. The school determines enrollment status and regular school breaks count. If you're unsure what counts, ask your local DSS.

New Requirements for Applying and Renewing:

- Those ages 19 through 64 without disability applying for Medicaid will need to show requirements were met three months prior to application. Ex: Apply in April 2027, need to show requirements met in January, February, March. This means \$580 income or 80 hours of approved activities each of those three months. Start keeping

records (pay stubs, time sheets, school records, volunteer logs). Medicaid renewals will be six months for this population where previously it was a year with their renewal, beneficiaries ages 19 through 64 without disability, must meet the \$580 income per month or complete 80 hours per month of work and community engagement requirements. I for three of the six months of the certification period. Unlike when applying, the three months do not have to be consecutive. American Indians, Alaskan Natives, and others eligible for Indian Health Services will continue to renew once a year. Retroactive coverage affects people applying for Medicaid. Currently applicants can ask for Medicaid to pay for three months of medical bills, provided they were eligible for Medicaid during those months. Effective January 1, 2027, this coverage will change to one month for those ages 19 through 64 without a disability, and two months for other beneficiaries.

Public Comments, Announcements, and Next Steps

- Melody Bates asked if the household limit was listed on the website. Kathy Batton confirmed the \$580 household limit is on website. A toolkit is also available on the website ([Medicaid.nc.gov/changes](https://www.Medicaid.nc.gov/changes)) which includes a slide deck, flyers, rack cards, wallet cards and ready-to-post social media materials. The website was updated on September 1 with this and other information.
- Talley raised awareness about an Olmstead issue. 1915(i) had a good thing happen with the General Assembly. The governor funded additional increases in DSP rates for people on the innovation waiver as well as personal care service (CAP-DA and CAP-C).
- There was a question as to whom to call if DSS staff were unresponsive. After follow-up, please contact the DSS supervisor. If they do not respond, you can reach out to the NC Medicaid Operational Support Team. That information can be found at [NC Medicaid Operational Support Team Representative County Reassignments | NC Medicaid](#)
- There was a question about what other services are available for individuals who are disqualified for Medicaid. After follow-up, Medicaid has resources listed at the following link: [Medicaid is Changing in 2026-27 | NC Medicaid](#)

An email address was provided in the chat for follow-up questions on the presentation.
Medicaid.NCEngagement@dhhs.nc.gov

Attendees

Bryan Dooley – OPSA Co-Chair

Debra C. Farrington- NCDHHS
Neal T McHenry- NCDHHS
Corye Dunn- Disability Rights NC
Chris Egan- NCDHHS
Heather G. Carter-, NC DHHS, Aging
Annette Smith- SCFAC/NC DSP
Amber Costello- CTI Team Lead DMH/DD/SUS
Tamara Smith- NCDHHS
Jenny Hobbs- NC Child PAC
Terri Pennington- NCDHHS DHB BIA/NC Medicaid
Tina L. Barrett- DMHDDSUS
Karen Feasel- DMHDDSUS
Sarah Potter- parent advocate
Philip Woodward- NCCDD
Janie Shivar- NCDHHS
Melody Beaty- VP of Medicaid Home Care & Private Pay Services, Association of Home & Hospice Care of NC
Pam Scott - NCDHHS
Julie Bloomingdale- EIPD
Detra Purcell - NCDHHS - Division of Aging's Housing Section
Charlie Hittinger -DHHS/division of services for the blind
Heather G. Carter- NCDHHS, Aging
Dr. Victoria Nneji - AKALAKA.org
Kathy Batton- NC Medicaid
Deb Goda - NCDHHS