



**New York State Legislature
2026 Joint Legislative Budget Hearing
Health/Medicaid
Tuesday, February 10, 2026**

**Testimony of Nathalie Interiano
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Care For the Homeless**

Thank you to Chairs Rivera and Paulin and the esteemed members of the State Legislature Committees on Health for the chance to submit testimony. My name is Nathalie Interiano, and I am the Vice President of Policy & Advocacy at Care For the Homeless. Care For the Homeless has 39 years of experience providing medical and behavioral health services exclusively to people experiencing homelessness in New York City. We are a nationally recognized nonprofit, leading the way in caring for those experiencing homelessness. We unite healthcare, shelter, and social services in one coordinated, innovative model of care, delivering comprehensive, compassionate support that improves health outcomes and creates pathways to stability. Beyond our direct service work with unhoused New Yorkers, we advocate for policies that expand access to housing, healthcare, and supportive services. Our integrated approach ensures that individual care and public policy work together to create lasting change for our city’s most vulnerable neighbors.

I am here today to talk about the impact of the upcoming Medicaid changes on people experiencing homelessness and to provide solutions to mitigate the impact of these changes.

The connection between housing and homelessness is generally intuitive, but the equally strong link between health and homelessness is often overlooked. Homelessness includes a broad range of children/youth, families, older/elderly people, those who are disabled, and many others who lack permanent housing. While individual health care needs vary widely, all people need, and deserve, access to health care.¹

As New York State prepares to comply with the Medicaid-related requirements of H.R.1 (The One Big Beautiful Bill Act), we are very concerned about the impact of the law on people experiencing homelessness. It is imperative that the state implement policy actions that can reduce coverage losses. People experiencing homelessness have unique challenges to accessing health insurance and needed health care services. H.R. 1 will likely reverse the substantial progress made to extend coverage, improve health outcomes, and reduce the costs of uncompensated care for this population of people. As New York State looks to address the issue of homelessness more broadly, there are policy options that can be adopted to ensure Medicaid remains a key “tool in the toolbox” for reducing homelessness itself while also improving overall care.

¹ “Homelessness and Health: What’s the Connection?” (National Health Care for the Homeless Council, 2025). <https://nhchc.org/wp-content/uploads/2025/10/homelessness-and-health-connection-fact-sheet.pdf>

H.R. 1 will require more frequent eligibility redetermination, address verification, and community engagement/work requirements that will likely cause high disenrollment rates among a population that has significant health care needs as well as unique barriers to proving compliance with administrative conditions. Thus, it is critical to maintain expanded access to care through our Medicaid 1115 waivers for both supportive housing and medical respite care to reduce the burden on hospitals and increase housing stability and access to ongoing care.

Many people experiencing homelessness were ineligible for Medicaid until the ACA's expansion extended them coverage for the first time. Since 2014, the uninsured rate for this population has declined by 60% in states that opted to expand coverage.² During that time, we've seen improved access to comprehensive care, improvements in health outcomes, and lower use of emergency services. Now, H.R. 1's changes in eligibility put that progress at risk, but there are options that New York State can implement moving forward.

To reduce Medicaid churn and coverage losses for people experiencing homelessness, we suggest the following actions within the new eligibility and compliance systems:

Eligibility Redeterminations:

- **Conduct re-determinations no more than every six months:** The law allows redeterminations twice a year to ensure ongoing eligibility. More frequent redetermination only increases the inefficient churning of otherwise eligible people on the rolls and adds to the administrative burdens for both state systems and individuals.

Address Verification:

- **Include homeless services provider addresses in verification activities:** Starting January 1, 2027, all states must regularly obtain address information for Medicaid enrollees from reliable data sources to prevent multi-state enrollment. People experiencing homelessness are much less likely to have a stable address and instead use a service provider's address (health center, shelter, drop-in center, etc.). New York State needs to have an accurate list of all the service providers' addresses to prevent erroneous disenrollments simply due to unfamiliar or non-traditional addresses.

Community Engagement/Work Requirements:

- **Require only one month of compliance prior to application or at renewal:** Medicaid applicants are required to demonstrate compliance with work requirements at least one month immediately preceding the application or at renewal time (but states have the option to require up to three months). Requiring only one month of compliance will simplify the process for both state systems and individuals and make it more likely that people can access needed care in a timely manner.
- **Broadly define "medically frail" as an exemption category:** The law allows someone who is "medically frail or otherwise has special medical needs" to be exempted from the work/community engagement requirement. This includes people with "a substance use disorder," "a disabling mental disorder," and "serious and complex medical conditions" to be

² "Health Insurance and Revenue at HCH Programs" (National Health Care for the Homeless Council). <https://nhchc.org/resource/health-insurance-and-revenue-at-hch-programs-2024/>

exempt. People experiencing homelessness often have significant, chronic health care issues even if they are not actively engaged in treatment (which may not be available to them even if they have attempted to access it).

New York State could create a list of ICD-10 codes that indicate medical frailty and use claims data from recent years and/or attestations from health care providers to substantiate automatic exemptions (note: health care providers already document health status/conditions for federal disability benefits).

- **Include all substance use treatment providers:** The law allows those participating in “a drug addiction or alcoholic treatment and rehabilitation program” to be exempt from the work/community engagement requirement. Ensure outpatient visits to community health centers/federally qualified health centers and other types of primary care providers, addiction counselors, and/or licensed social workers who also offer behavioral health care are counted as valid exemptions [to include visits for medications for opioid use disorder (MOUD)].
- **Add medical respite care to “short-term hardship event” definition:** The law gives states the option to allow a one-month exemption for “short-term hardships” that include “outpatient care relating to a stay in an inpatient hospital, nursing facility, or other acute care setting.” New York State should include this type of care in its definition of short-term hardship event. [Background: medical respite care is acute and post-acute medical care for people experiencing homelessness who are too ill or frail to recover from a physical illness or injury on the streets, but who are not ill enough to be in a hospital].
- **Exempt people experiencing homelessness via data-matching:** New York State should consider where and how people experiencing homelessness can be included in existing exemptions. Searching Medicaid claims data and/or health care systems for Z59 codes (the ICD-10 code for homelessness) is one possible approach. A second approach includes matching data with local HUD funded Homeless Management Information Systems (HMIS) to identify people who are experiencing homelessness. A third approach allows self-attestations of homelessness from individuals or a recognized service provider.

A state plan amendment is preferable to add a categorical exemption for homelessness. However, five states have submitted 1115 waivers to CMS that include a request to exempt this population. Here are the examples:

- Arizona: Requesting that “individuals who are homeless or who were recently homeless up to six months post-housing” be exempt from the community engagement/work requirement.
- Georgia: Requesting that beneficiaries who are “temporarily homeless” be granted a “good cause exemption” to the state’s work requirement.
- Iowa: Requesting individuals “experiencing homelessness” be exempted from work requirements.
- Kentucky: Requesting “individuals who are homeless or who were recently homeless for up to six months post-housing” be exempt from the work requirement and not be automatically referred to the Department of Workforce Development.
- Montana: Requesting that individuals “experiencing homelessness” be included in short-term hardship/good cause exemption.

Medicaid 1115 Waivers:

- Continue 1115 waivers for supportive housing and medical respite care: Both types of services reduce hospital/emergency room utilization, improve health outcomes for vulnerable people, and increase efficiencies across the health care system. New York State should continue to provide these services to ensure the state retains its key tools to address homelessness.

We urge New York State to implement H.R. 1 in a way that preserves Medicaid coverage for people experiencing homelessness and avoids preventable harm to some of New York's most vulnerable residents. Thoughtful policy choices around eligibility, verification, exemptions, and 1115 waivers can significantly reduce coverage losses while strengthening the state's broader efforts to improve health outcomes and reduce homelessness. Medicaid has been, and must remain, a critical foundation for stability, health, and housing. Thank you for your leadership and for the opportunity to share these recommendations.

Thank you for your attention and consideration.

Sincerely,

Nathalie Interiano
Vice President of Policy and Advocacy
Care For the Homeless