

**Thank you for joining, please put your name
and organization in the chat**



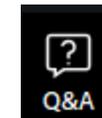
Communication Tips

The following communication tips ensure everyone can participate fully and has equal access to information:

- Make sure you are on mute unless speaking.
- All participants should state their names and pause 3 seconds before continuing (e.g., “this is Lauren,” count 1, 2, 3....comment). This gives attendees the chance to identify who is speaking.
- Presenters should pause 10 seconds to allow attendees time to read the slide before speaking and wait 5 seconds before moving to the next slide. This allows someone using an interpreter to follow and participate in asking questions.
- If there are any issues with CART, place the issue in chat and moderator will pause meeting.

- **For questions:** Please place them in the **Q&A box**.

To find it, click **More** at the bottom of your Zoom screen, then select **Q&A**.



- Don't hesitate to raise your hand, the speaker will call upon you to unmute. You may also put your questions in the chat!



Connecting Communities & Medicaid Session #3

March 11, 2026



Connecting Communities and Medicaid (CCM)

- Department Updates (Shadonna Headen)
- H.R. 1 - Work and Community Engagement Requirements (Gina Hamilton)
- Questions and Answers (Francisco Guzman)
- H.R. 1 - SNAP Requirements (Brian Hogan)
- Questions and Answers (Francisco Guzman)
- Connections (Monica Fuller Johnson)
- Office for Minority Health and Health Disparities Updates (Sandie Leathers)
- Final Questions/Closing (Shadonna Headen)



Department Updates

Shadonna Headen
Senior Engagement Manager
Office of Communications and Engagement
Division of Health Benefits (NC Medicaid)

Department Updates

- **CCM Workgroup Meetings:** Please delete any previous calendar invitations sent by Melissa Connor. Updated meeting invitations have been distributed and should now appear on your calendar.

The CCM interest form only needs to be completed once.

- **Leadership Update:** Melanie Bush is now serving as Interim Deputy Secretary, providing experienced leadership and continuity during this transition. She previously served as Assistant Secretary of NC Medicaid, where she led strategic planning and operational initiatives.

Department Updates Beneficiary Landing Page

- NC Medicaid has launched updated **Beneficiary webpages** to make it easier for families to find important information and services.
- The pages provide clear navigation to key resources including **coverage information, how to apply, benefits, health plans, and member support services.**
- These updates are designed to improve the **member experience and access to Medicaid information online.**



Apply for Medicaid

Learn how to apply for Medicaid



H.R. 1 and the Federal Changes to Medicaid

Federally mandated changes will have a significant impact on Medicaid. They will change eligibility rules and how Medicaid operates.



Medicaid Recertification

Information for beneficiaries about Medicaid recertification (renewal).



Medicaid Health Plans and Programs

Most NC Medicaid beneficiaries get Medicaid services through a health plan in NC Medicaid Managed Care. Learn about the different options available.



Medicaid Programs and Services

Information on the programs and services offered by NC Medicaid.



NC Medicaid Enrollment Broker

The NC Medicaid Enrollment Broker provides services to help Medicaid beneficiaries learn about their Medicaid health care options, how to find a primary care provider



Appeals

How to request a hearing if you disagree with a denial, reduction, suspension or termination of health services under NC Medicaid.



NC Medicaid Ombudsman

The NC Medicaid Ombudsman helps NC Medicaid beneficiaries understand Medicaid and NC Medicaid Managed Care. They can help beneficiaries when they are

medicaid.ncdhhs.gov/beneficiaries



H.R. 1 A Closer Look – Work/Community Engagement Exceptions & Qualifying Activities

Gina Hamilton
Deputy Director
Member Operations Oversight
Division of Health Benefits (NC Medicaid)

Work/Community Engagement Requirements and Exceptions

Section 71119 of H.R.1 introduces work / community engagement requirements as part of the eligibility determination for individuals aged 19 – 64 who are part of the Medicaid expansion population.



Evaluate Eligible Population

Should the individual be evaluated for work requirements?

Mandatory Exceptions

- Meeting SNAP/TANF work requirements
- Parents/Guardians/Caretakers of dependent children (13 and under) or disabled individuals
- Pregnant or entitled to postpartum coverage
- “Medically frail” / special medical needs, including:
 - Blind / Disabled
 - Substance Use Disorder
 - Disabling Mental Disorder
 - Physical, intellectual or developmental disability that impairs ability to perform 1 / more activities of daily living
 - Serious or Complex Medical Condition
- Participating in a drug or alcohol treatment program
- Indian or Urban Indian
- Veteran with a total disability
- Incarcerated (or was at any point during the lookback period)
- Entitled to Medicare A/B, Under 19, in a non-MXP program
- Foster Care or Former Foster Care



Verify Work Requirements

Has the individual met their work, education, community service hours per month?

Qualifying Activities

- At least 80 hours per month of work
- At least 80 hours per month of community service
- At least 80 hours per month work program participation
- Enrolled in educational program at least half time
- Any combination of the above totaling 80 hours per month
- Monthly income not less than minimum wage multiplied by 80 hours



Short-term Hardship Exception

Has the individual requested a short-term hardship exception?

Optional Exceptions

- Was in an inpatient hospital, nursing facility (NH), intermediate care facility (ICF) for individuals with intellectual disabilities, inpatient psychiatric hospital (or such other services of similar acuity)
- Resided in a county with a federally declared emergency or disaster
- Resided in a county with a high unemployment rate (Above 8% or 1.5x the national employment rate) subject to a request from the state to the Secretary
- Individual or their dependent must travel outside of their community for an extended period of time to receive necessary medical services not available within their community of residence



Verifying Information – Medicaid Applications and Recertifications

Information provided on Medicaid applications and recertifications must be verified prior to making an eligibility determination. The local DSS will follow the same approach verifying work/community engagement requirements as they do with other information.

Online Data Sources

- **Application:** Information provided on the application will be validated against all available online data sources and verified automatically, when applicable.
- **Recertification:** All recertifications will be completed “ex parte” whenever possible, meaning online data sources will be used to validate that the beneficiary is still eligible without any contact from their DSS caseworker.

Manual Documentation

Applications and Recertifications: For information that may impact an applicant or beneficiary’s Medicaid eligibility that cannot be verified via online sources, caseworkers will send a Request for Information form by mail (followed by a text/email reminder) to obtain manual documentation. Documentation may be mailed, dropped off at the local DSS, or submitted electronically (uploaded to ePASS).

Attestation

- **Applications:** Answers to questions on the signed application (attestation) may be used as verification in the event the applicant cannot provide manual documentation.*
- **Recertifications:** Information provided on the recertification form (attestation) may be used as verification in the event the beneficiary cannot provide manual documentation.*

*Individuals who do not respond to a Request for Information or recertification form may be determined ineligible due to the failure to respond to the request.

Verifying Mandatory Exceptions

Exception	Existing Verification Source?	New Verification Source?
Household Member on SNAP / Food & Nutrition Services (FNS) Not Exempt from SNAP Work Requirements	NC FAST	N/A
Household Member on TANF Meeting TANF Work Requirements	NC FAST	N/A
Pregnant or entitled to postpartum Medicaid coverage	NC FAST (Attestation always accepted for pregnancy)	Electronic health record data from the Health Insurance Exchange Authority
Parent, Guardian, Caretaker Relative, or Family Caregiver* of dependent child (13 and under)	Attestation	N/A (Note: additional info may need to be collected for caretaker exceptions, e.g., relationship of the caregiver, number of hours, type of care provided)
Parent, Guardian, Caretaker Relative, or Family Caregiver* of a disabled individual	N/A	N/A (Note: additional info may need to be collected for caretaker exceptions, e.g., relationship of the caregiver, number of hours, type of care provided)
Medically Frail** or has Special Medical Needs <ul style="list-style-type: none"> • Blind / Disabled • Substance Use Disorder • Disabling Mental Disorder • Physical, intellectual or developmental disability that impairs ability to perform 1 / more activities of daily living • Serious or Complex Medical Condition 	N/A <p style="font-size: small; margin-top: 10px;">*As defined in section 2 of the RAISE Family Caregivers Act **No further definition of Medically Frail exists in the legislation. States are developing their own criteria (e.g., diagnosis codes, services, lookback periods) to use for establishing Medical Frailty.</p>	<ul style="list-style-type: none"> • Electronic health record data from the HIEA • Medicaid claims data from NCAanalytics (NCA)

Verifying Mandatory Exceptions (cont.)

Exception	Existing Verification Source?	New Verification Source?
Participating in a drug or alcohol treatment program*	N/A	Medicaid claims data from NCAanalytics (NCA)
Indian or Urban Indian, California Indian, or otherwise determined eligible as an Indian for the Indian Health Service under HHS regulations	NC FAST	N/A
Veteran with a 100% (total) disability rating by the Dept. of Veteran's Affairs	No	TBD – exploring direct connection with VA for disability rating
Incarcerated or recently released from incarceration in the past 3 months	Existing data feeds from Department of Adult Correction (DAC) and from the State's 98 county jails	N/A
Entitled to Medicare A/B, Under age 19, Foster Care or Former Foster Care, or otherwise in a non-Medicaid expansion program	NC FAST	N/A

*As defined in section 3(h) of the Food and Nutrition Act of 2008.

Verifying Qualifying Activities

Activity	Existing Verification Source?	New Verification Source?
Work at least 80 hours per month	<ul style="list-style-type: none"> The Work Number (Equifax) Division of Employment Security (quarterly commerce data) 	N/A
Participating in a Work Program at least 80 hours per month	No	New data feed from Department of Commerce via Government Data Analytics Center (GDAC)
Doing Community Service at least 80 hours per month	N/A	No
At least half-time enrollment in an educational program (institution of higher education OR a program of career and technical education)	No	New data feeds from UNC System Office, NC Community College System, NC Department of Public Instruction via GDAC
At least 80 combined hours of qualifying activities (listed in four above rows)	N/A	Above sources combined
Individual has a monthly income that is not less than the applicable minimum wage requirement,* multiplied by 80 hours (monthly income not less than \$580/month)	<ul style="list-style-type: none"> The Work Number (Equifax) Division of Employment Security (quarterly commerce data) 	TBD – exploring other sources
Individual had an average monthly income over the preceding 6 months that is not less than the applicable minimum wage requirement,* multiplied by 80 hours and is a seasonal worker.**	<ul style="list-style-type: none"> The Work Number (Equifax) Division of Employment Security (quarterly commerce data) 	TBD – exploring other sources

*Under section 6 of the Fair Labor Standards Act of 1938

**As described in section 45R(d)(5)(B) of the Internal Revenue Code of 1986

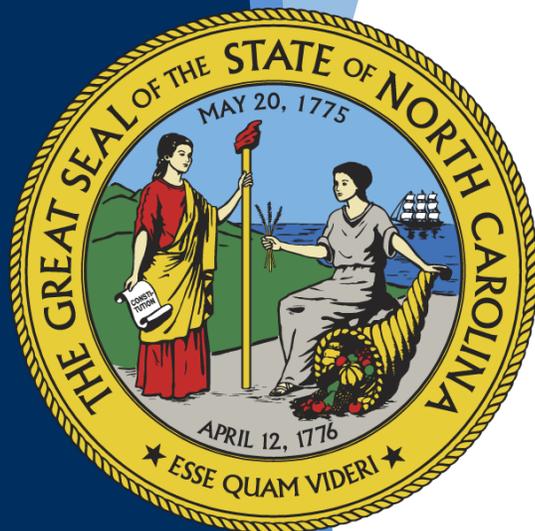
Verifying Short-term Hardship Exceptions

Exception	Existing Verification Source?	New Verification Source?
<p>Receives inpatient hospital services, nursing facility services, services in an intermediate care facility for individuals with intellectual disabilities, inpatient psychiatric hospital services, or such other services of similar acuity (including outpatient care relating to the above-listed services)</p>	<p>No</p>	<p>New data feeds from Health Information Exchange Authority (HIEA) and NCAalytics</p>
<p>Resides in a county in which an emergency or disaster has been declared by the President pursuant to the National Emergencies Act or Robert T. Stafford Disaster Relief and Emergency Assistance Act</p>	<p>N/A</p>	<p>Information will be stored in NC FAST</p>
<p>Resides in a county with an unemployment rate that is at or above the lesser of eight percent or 1.5 times the national unemployment rate</p>	<p>N/A</p>	<p>Information will be stored in NC FAST</p>
<p>Must travel, or their dependent must travel, outside of their community for an extended period of time to receive medical services necessary to treat a serious or complex medical condition that are not available in their community of residence</p>	<p>N/A</p>	<p>New data feed from Health Information Exchange Authority (HIEA)</p>

Q & A

Do you have any questions?





Impact of H.R. 1 on SNAP in North Carolina & Implementation Update

Jill Simmerman Lawrence

**Chief of Staff for Opportunity and Well-Being and
H.R. 1 SNAP Implementation Lead, NCDHHS**

Brian Patrick Hogan

Deputy Director for Nutrition

NCDHHS, Division of Child and Family Well-Being

Over 1.4 Million North Carolinians Rely on SNAP

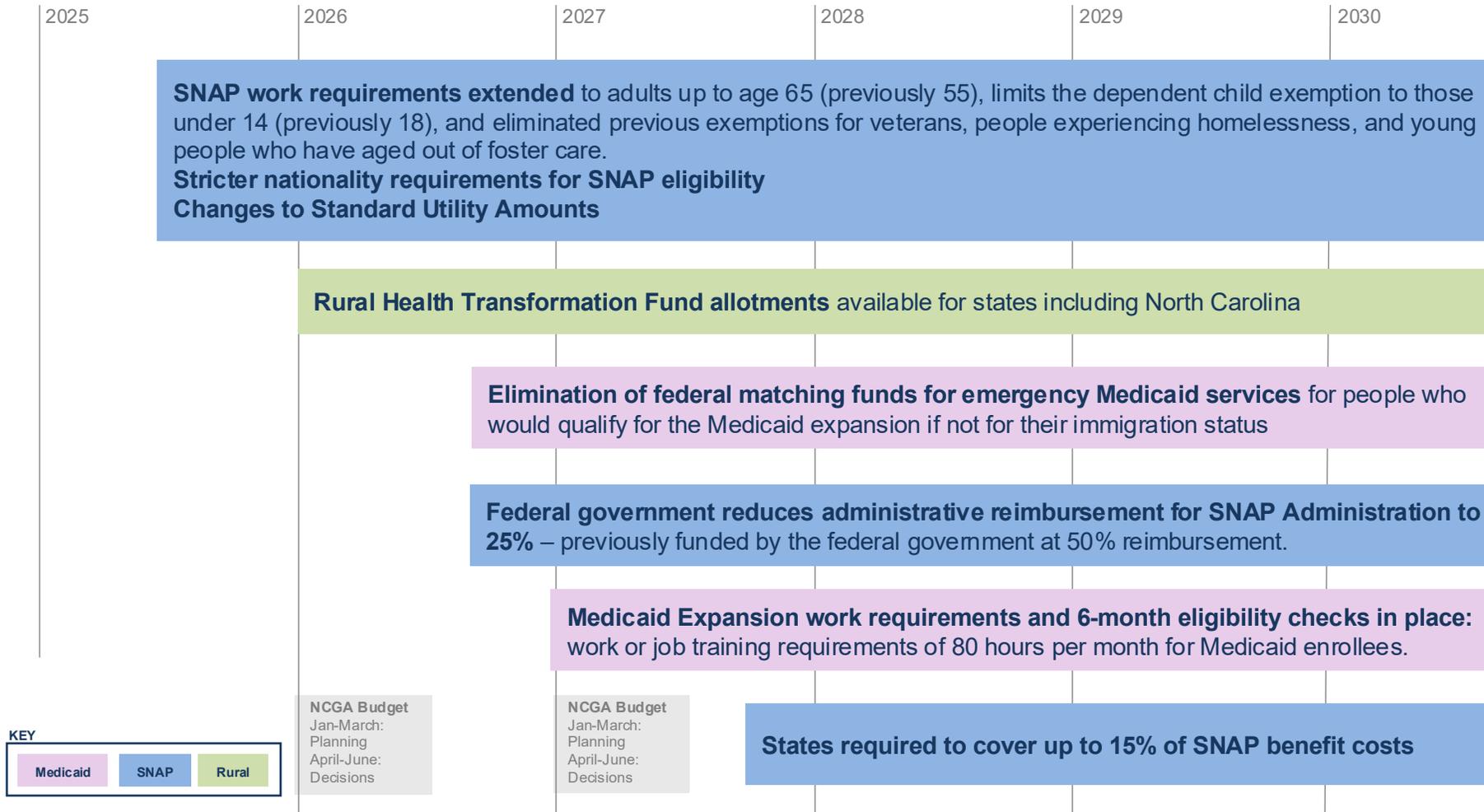
- **More than a million North Carolinians are food insecure**, including 1 in 6 children
- **600,000+ children** under 18 and 159,000+ older adults over 65 benefit from SNAP
- **4 in 5 families** participating in SNAP in NC have either a child, a senior, or an adult with a disability
- **46,000+ NC veterans** benefit from SNAP
- SNAP is a critical economic driver and can account for **40-50% of sales for retailers in rural North Carolina**
- SNAP beneficiaries in NC receive about \$2.8B in annual federal funds (which generate \$4.2B in economic impact)



Background on H.R. 1

- H.R. 1 was signed into law on July 4, 2025.
- Summary of SNAP Changes:
 - Eligibility
 - Expansion of work requirements to additional groups
 - Eliminated certain exemptions
 - Limits the SNAP-Low Income Home Energy Assistance Program (LIHEAP) connection
 - Limits SNAP non-citizen eligibility
 - Funding
 - Eliminates future funding for SNAP-Ed
 - Beginning in October 2026, reduces the federal administrative match from 50% to 25%
 - Beginning in October 2027, establishes benefit cost-share for states with Payment Error Rates (PER) above 6%

Some H.R. 1 policies are effective immediately while others will come later



H.R. 1 Changes to SNAP – Eligibility

Work Requirements	SNAP work requirements will apply to “able-bodied adults without dependents” (ABAWD) ages 18-64 and parents of children over age 14. Eliminates certain exemptions.
Standard Utility Allowance	Only households with an elderly or disabled member who receive a qualifying LIHEAP or energy payment will automatically qualify for the Heating and Cooling Standard Utility Allowance (HCSUA).
Non-citizen eligibility	Limits SNAP eligibility to individuals who reside in the United States and are (1) U.S. citizens or U.S. nationals; (2) lawful permanent residents, with exceptions; (3) aliens who are Cuban or Haitian entrants; or (4) individuals who are lawfully residing in the United States in accordance with the Compacts of Free Association between the United States and Micronesia, the Marshall Islands, and Palau.

H.R. 1 Changes to SNAP – Funding

Administrative Cost Share	<p>Starting October 2026, Federal government pays 25% of administrative costs of SNAP. State and counties will pay 75% of administrative costs for SNAP.</p> <p>Additional costs estimated at \$16M for the state and \$69M for counties annually.</p>
Benefit Cost Share	<p>Starting October 2027, states may be required to pay a portion of benefit costs each year based on SNAP payment error rates.</p> <p>This could be as much as \$420M based on FFY24 payment error rate and benefit cost amount.</p>

Benefit Cost Share	Payment Error Rate	State & National Error Rates for FFY24
0% Cost Share	Less than 6%	8 states
5% Cost Share	Between 6% and 8%	6 states
10% Cost Share	Between 8% and 10%	16 states
15% Cost Share	Over 10%*	20 states; NC rate is 10.21% (National average is 10.93%)

*For the first two years of implementation, states with a PER of greater than 13.3% will have 0% benefit cost share.

Key Considerations for Implementing H.R. 1

NC administrative cost share will increase by an estimated \$17 million for the state and \$69 million for counties annually beginning Oct 2026.

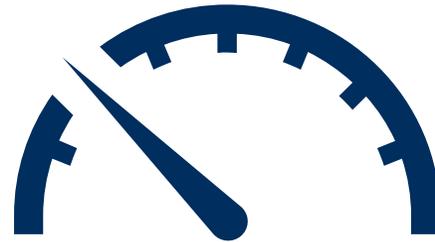
NC benefit cost share would be an estimated \$420+ million per year based on FFY24 payment error rate (10.21%) and benefit amount (over \$2.8 billion).

- Benefit cost share is based on the payment error rate from 3 years prior.
- States don't control most SNAP rules; Congress decides who can get benefits and how much they receive.
- States can't control how many people enroll in SNAP. During a recession or tough economy, more people may need help, and states could have to pay more than expected.
- Since COVID, states have seen large swings in payment error rate
- Payment error rates have historically increased when new policy is implemented.
- If NC cannot pay for increased state benefit cost share, NC will have to stop offering the SNAP program completely

What is a Payment Error?

- A payment error is an incorrect benefit determination, resulting in an overpayment or underpayment.
- The payment error rate (PER) is the total value of the overpayments and underpayments divided by the total value of payments distributed for a sample of FNS cases in a given federal fiscal year.
- Only payment errors greater than +/- \$57 count towards the payment error rate in the FFY25 sample. In the FFY26 sample, the error rate threshold will be +/- \$58.
- Payment error rates are driven by unintentional mistakes made at the county or client level.

OUR GOAL: UNDER 6% IN 2026



NC's preliminary payment error rate for FFY25 is ~7.01%

Note: NC's official rate for FY25 will not be issued until June 30, 2026 and will include the federal review of our sample and the sample rate regression.

NCDHHS Workstreams



Policy and Training

Update NCDHHS policy with HR1 changes	Jul 2025 – Feb 2026
Work requirements and exemption changes	Completed
Standard Utility Allowance	Completed
Non-citizen eligibility	Completed
Train county DSS staff on changes to policy and common errors	Nov 2025 – Jun 2026
Training on work requirements and exemption changes	Completed
Training on Standard Utility Allowance changes	Completed
Training on non-citizen eligibility changes	Completed
Training on enhancements to NC FAST to decrease common payment errors	Completing June 2026
Training on root causes and solutions of common payment error rates	Completing June 2026
Streamline policy to aid eligibility workers	Jan 2026 – Dec 2026
Review existing policy and identify opportunities for simplification	In progress
Use root cause analysis to identify common policy errors	In progress
Rewrite sections of NCDHHS policy manual	Completing Dec 2026

Technical Assistance & Continuous Quality Improvement

Collect and disseminate best practices	Jul 2025 – Dec 2025
Engage with the 10 highest performing counties to collect lessons learned	Completed
Engage with highest and lowest performing counties to share lessons learned and establish points of contact for mentorship	Completed
Conduct a 6-week assessment in 3 counties to help identify root causes of county caused payment errors.	Completed
Provide tailored technical assistance to counties that have higher error rates	Oct 2025 – Aug 2026
Implement 1:1 meetings to discuss payment errors and tailor technical assistance for the 11 counties that have largest impact on PER	Completed
Support counties on decreasing their payment errors through workflow redesign, specific TA, and quality assurance improvements	Completing Aug 2026
Provide Continuous Quality Improvement (CQI) Support	Jan 2026 – Dec 2026
CQI team revised ongoing engagement plan with counties to emphasize PER focus	Completed
Trained county DSS on CQI process as it relates to payment errors	In progress
Execute CQI processes with counties to systematize the reduction of payment errors	Completing Dec 2026

Information Technology

Update NC FAST with HR1 policy changes	Jul 2025 – Dec 2025
Work requirements and exemption changes	Completed
Standard Utility Allowance	Completed
Non-citizen eligibility	Completed
Enhance NC FAST to support county workers in mitigating errors	Dec 2025 – Jun 2026
Implement NC FAST enhancements based on county DSS feedback to prevent county eligibility workers from making common payment errors	In progress
Evaluate how NC FAST can be adjusted to address other root causes of payment errors and implement identified changes	Completing Jun 2026
Identify and implement new technology solutions to decrease workforce burden and prevent errors	Oct 2025 – Dec 2026
Engage counties and other partners on potential technological solutions for PER	In progress
Prioritize and implement IT solutions that will reduce PER and are feasible within NC FAST	Completing Dec 2026

Thank you for participating!

Contact information:

Jill Simmerman Lawrence, MPH
Chief of Staff and H.R. 1 SNAP Lead
Opportunity and Well-Being
NC Department of Health and Human
Services
Cell: 919-631-7945
jill.simmerman@dhhs.nc.gov

Brian P. Hogan, JD
Deputy Director for Nutrition
Division of Child and Family Well-Being
NC Department of Health and Human
Services
Cell: 919-412-2240
brian.hogan@dhhs.nc.gov

Q & A

Do you have any questions?



Connections

Monica F. Johnson
Engagement Manager
Office of Communications and Engagement
Division of Health Benefits (NC Medicaid)

We want to hear from you!

CCM participants are encouraged to use the MS Form to submit agency updates, questions or comments.

Please ensure your submission includes **clear details and relevant context** so the CCM team can properly review and respond.

- Describe your update, question, or comment clearly.
- Provide background information (such as the program, county, agency, or situation involved).
- Include specific examples or scenarios when possible.
- Explain the impact or concern, if applicable.

Provide detailed information to help the team give **accurate responses, identify trends and share helpful guidance with the group.**



Community Connections

- **Common Ground Cafe** is actively looking for volunteers to assist with delivering meals to Cleveland County seniors on Fridays between the hours of 12:00- 2:00 in the Kings Mountain area, and 11 a.m. – 2 p.m. in the Shelby area.

- **Center for Child Family Health**

Friday, March 20, 2026, noon – 1 p.m. *Organizational Tools for Morale & Connection*

Friday, May 8, 2026, noon – 1 p.m. *Skills for Renewing Energy and Purpose*

[Register for the trainings](#)



Office for Minority Health and Health Disparities Updates

Sandie Leathers

Health Literacy, Promotion, and Communication Specialist
Office for Minority Health and Health Disparities

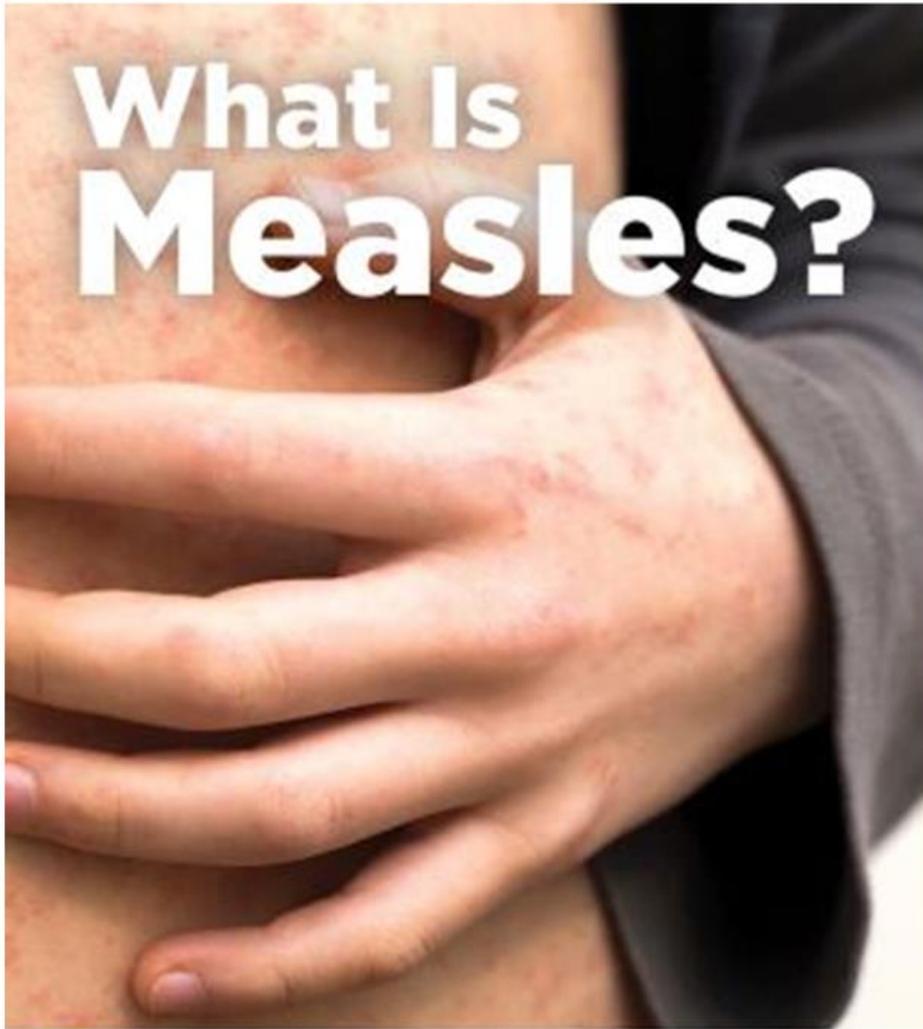
Save the Date: HMP Connections Network Meeting - National Minority Health Month Panel Discussion

Reducing Health Disparities Through Prevention and Cultural Competence

- Tuesday, April 7th from 12pm – 1:15pm on Zoom
- Join the **NCDHHS Office of Minority Health and Health Disparities** for a special National Minority Health Month session featuring a proclamation and panel discussion focused on:
 - Reducing health disparities
 - Promoting culturally appropriate care and health literacy
 - Advancing prevention strategies for chronic disease
- ASL Interpreters and CART Captioning will be provided. [Register](#) to join the discussion.



MEASLES UPDATE – WHAT PARTNERS NEED TO KNOW



There were **23 confirmed measles cases in NC** since late December 2025 (as of Feb. 24).

Families of infants 6-11 months should talk with their health care provider about **early MMR vaccination** if they live in or routinely visit areas with community transmission

- Buncombe County
- Charlotte metro counties

Any person with symptoms *should call ahead before visiting a health care provider to help prevent further spread.*

How you can help:

- ✓ Share resources
- ✓ Encourage vaccination
- ✓ Direct communities to the updated dashboard, immunity checker tool, and vaccine access information at **dph.ncdhhs.gov/measles**.



Expand our Network

Feel free to invite community partners to join the workgroup! Check the chat for the survey link, which will also be included in the meeting notes.

[CCM Interest Form](#)



Additional Questions?

Contact us at:

Medicaid.NCEngagement@dhhs.nc.gov



Next Meeting

Wednesday, April 8

NC Medicaid understands that together, we can create meaningful impact and improve health outcomes for all Medicaid beneficiaries.



Click to add title, 1 line max

Appendix

[Toolkit: Free materials for talking about NC Medicaid expansion](#)

[Center for Child and Family Health training registration](#)

[Measles Webpage](#)

[H.R.1 website](#)

