

Federal Budget Reconciliation Bill (also known as H .R. 1 or the “One Big Beautiful Bill Act”)

Impact to Beneficiaries **MAPOC – September 12, 2025**

There are several parts of the federal law that was signed on July 4, 2025, that will impact Connecticut residents who receive SNAP and HUSKY/Medicaid services:

1. SNAP work requirements
2. SNAP eligibility changes for non-citizens
3. SNAP-Ed funding elimination
4. Medicaid community engagement/work requirements
5. Medicaid eligibility verification frequency
6. Medicaid changes to eligible non-citizens
7. Medicaid changes in retroactive coverage
8. Medicaid access to family planning services (pending court decision)
9. Medicaid cost-sharing

Policy Change	Effective Date
SNAP work requirements	Immediate, pending federal guidance
SNAP eligibility changes for non-citizens	Immediate, pending federal guidance
SNAP-Ed funding ends	September 30, 2025
Medicaid work requirements	January 1, 2027
Medicaid eligibility verification frequency	January 1, 2027
Medicaid changes for non-citizens	October 1, 2026
Medicaid changes to retroactive eligibility	January 1, 2027
Medicaid changes to family planning services	July 4, 2025 (pending court decision)
Medicaid cost-sharing	October 1, 2028

Current State:

- No work or community engagement requirements for Medicaid eligibility in Connecticut

Future State:

- Starting January 1, 2027, HUSKY D enrollees will need to meet work requirements or community engagement rules to get or keep coverage
- Work/income: Proof of at least 80 hours/month of work or income of at least \$580/month (federal minimum wage multiplied by 80 hours)
- Community engagement: Proof of at least 80 hours/month of community service or a qualified work or training program; enrolled at least half-time in an education program; or any combination of community engagement and work totaling at least 80 hours per month

- Foster and former foster youth
- Veterans with rated disabilities
- Medically frail
 - *Will be defined in future, ex. – blind, disabled, serious mental illness, serious and complex medical conditions*
- Alcohol use disorder and substance use disorder
- Already meeting work requirements for SNAP and/or TANF
- Parent/caregiver of an individual with a disability
- Individuals recently released from incarceration for 90 days post release
- Certain Native American populations
- Short-term hardship waiver (e.g., individuals receiving medical care out of state)

Current State

- Individuals who are eligible for HUSKY D must renew their eligibility every 12 months

Future State

- Effective January 1, 2027
- Individuals who are eligible for HUSKY D must renew their eligibility every 6 months

Current State:

- Many classifications of non-citizens can qualify for Medicaid or CHIP, including:
 - Lawful permanent residents
 - Lawfully residing children and pregnant adults within their first 5 years of having legal status (CHIPRA)
 - Cuban/Haitian entrants
 - COFA citizens
 - Refugees / Asylees / Parolees
 - Victims of trafficking
 - Victims of domestic violence
 - Afghan or Iraqi Special Immigrants (SIV)

Future State:

- Limits non-citizens who can access Medicaid and CHIP to only:
 - Lawful permanent residents
 - Lawfully residing children and pregnant adults within their first 5 years of having legal status (CHIPRA)
 - Cuban/Haitian entrants
 - COFA citizens

Current State

- Connecticut authorized to grant coverage retroactively up to 3 months prior to the date of application for medical coverage

Future State

- Effective January 1, 2027
- Limits retroactive coverage to
 - 1 month prior to application for coverage for HUSKY D;
 - 2 months for HUSKY A, B, and C

Current State

- No cost sharing in Medicaid

Future State

- Effective October 1, 2028
- States must impose cost sharing not to exceed \$35 per service on HUSKY D enrollees with incomes between 100% – 138% FPL (federal poverty level)
- Out of pocket costs not to exceed 5% of family income cap
- Some services exempt:
 - Primary care
 - Mental health
 - Substance use disorder

Client Profiles

We focused our journey mapping and brainstorming considering the needs of different client profiles, all of whom may struggle to meet new work requirements for their SNAP or Medicaid benefits. While some ideas focus on specific solutions for each profile, many ideas will serve all clients.



Anaya

Anaya is a **28-year-old seasonal worker** who works as a **cook at the local public-school cafeteria**.

Anaya is unsure if she can maintain her eligibility.



Marc

Marc is a **part-time student at a community college**, who is also working **part time as a hair stylist**.

Marc is applying for the first time and is unsure about his eligibility.



Yuki

Yuki was **evicted from his home** and has been living in his car for the last month.

Yuki is homeless and must meet new work requirements for SNAP & Medicaid.



Arjun

Arjun is **43 years old** and works **full-time night shift in manufacturing**.

Arjun can meet new work requirements so long as he doesn't reduce his hours.



Camila

Camila is a **single mother who works part time** and has a **16-year-old daughter**.

Camila must meet new work requirements for SNAP as her daughter is over the age of 14.



Denise

Denise is **61 and was recently laid off** from her career at a local print shop that closed.

Denise is applying for the first time and must meet new work requirements for SNAP & Medicaid.

Note: Other populations who will need to meet new work requirements are not represented in these profiles, such as veterans and people under the age of 24 who aged out of foster care. Additionally, other populations will be categorically ineligible (e.g., many non-citizens).

Challenges in the Application and Renewal Journey

H.R. 1 implementation will introduce new challenges and exacerbate existing challenges that clients and staff face.



PREPARE



APPLY or RENEW



COMPLETE the PROCESS



Client Challenges to Solve For

1. Realizing I need to apply or renew

- Confusion over program changes and new work requirements and what they may mean for me
- Uncertain whether work, school, or community service will keep me eligible

2. Completing an Application or Renewal

- Unaware of what I have to do differently
- Uncertain if what I did was correct
- Getting the help and clear answers that I need

3. Providing Needed Follow-Ups

- Stressed whether I provided what is needed
- Overwhelmed getting additional verifications to give to DSS

4. Receiving an Eligibility Determination

- No longer receiving same day determinations
- Greater confusion and anger for those ineligible



Staff Challenges to Solve For

1. Sending out notices

- Significant increase in questions causing higher call volume and foot traffic
- Time-consuming to get clear answers to clients

2. Supporting form completion

- Significant increase in questions and support needed
- More time spent on verifications means less time available to help clients

3. Reviewing documentation, conducting interviews, requesting documents, sharing determination

- Higher volume of documents and verifications to process
- Increased sense of burnout and feeling overwhelmed
- Higher volume of angry clients

- **Reimagine ways of working** – organize and deploy staff in new ways to expand capacity and increase access for clients
- **Transform the digital experience** – make it easier, clearer, and more equitable for clients to access services through mobile-first, self-service
- **Shape policy with intention** – proactively implement federal policy by pursuing waivers and additional strategies in response to H.R. 1
- **Empower staff with modern tools** – equip DSS staff with tools that allow them to process more information faster and with greater accuracy and free up time to help clients who need it
- **Drive impactful communications** – conduct strategic and proactive outreach to clients that is clear, timely, multilingual, and supportive
- **Engage partners for collective impact** – strengthen collaboration with community partners to extend outreach, reduce churn, and support a more resilient benefits system
- **Continue leveraging data and technology to drive outcomes** – use data proactively to inform smarter decisions, improve performance, and align programs, policies, and operations with strategic agency goals

COVERED CT: IMPACT OF MARKETPLACE CHANGES

September 12, 2025



50,184 members enrolled in Covered CT.



32% of the total CT marketplace enrollment.



35% of marketplace enrollees that receive subsidies are enrolled in Covered CT.



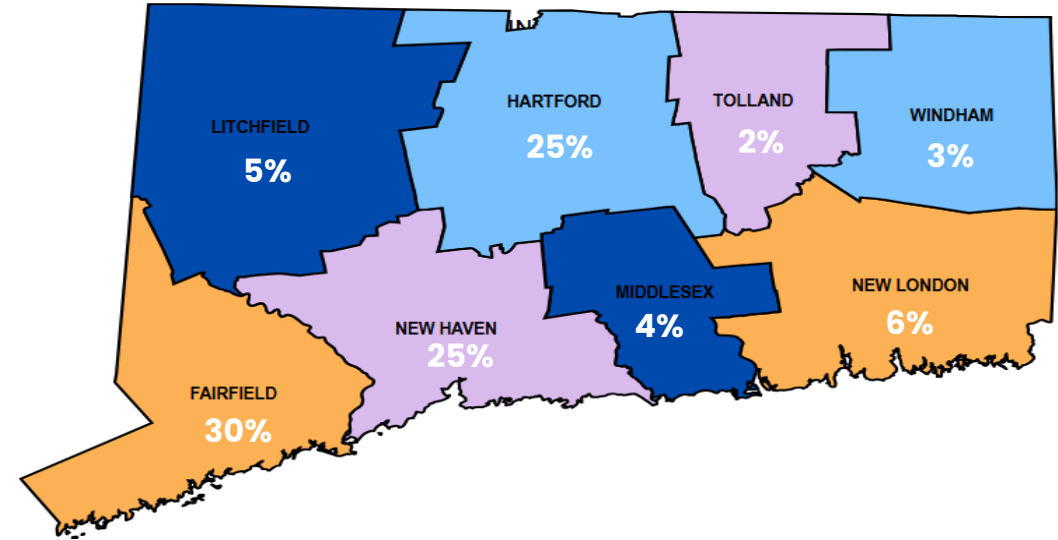
59% of Covered CT members are women.
41% of Covered CT members are men.



58% of Covered CT members are between the ages of 19-44.

42% of Covered CT members are between the ages of 45-64.

Enrollment Distribution by County

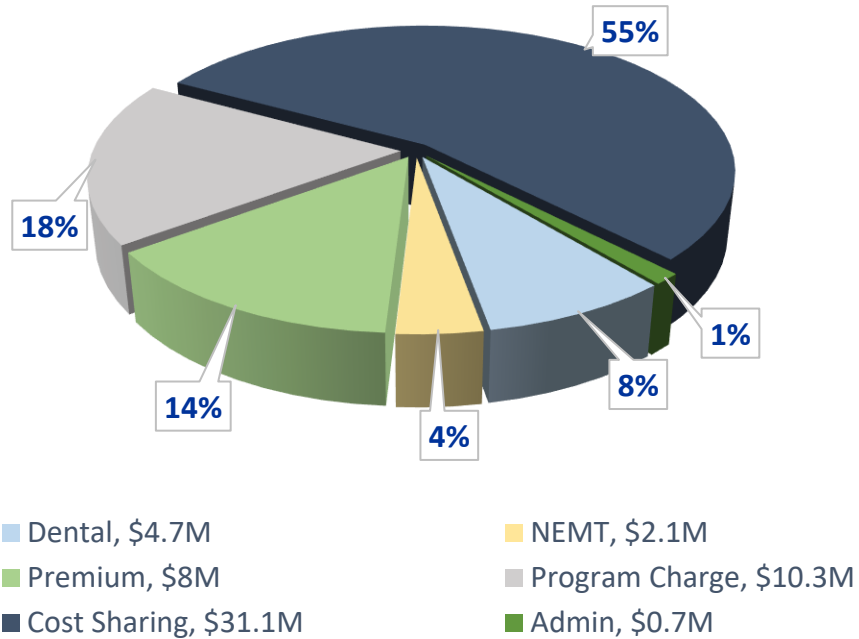


Enrollment Distribution by FPL

FPL Tier	2025 Family of 4 Income Range	% Enrollees
<138%	Less than \$44,367	35%
138-150%	\$44,367 – \$48,225	17%
>150-175%	\$48,226 – \$56,262	44%
175+%	\$56,263	2%

FPL Tier <138% is comprised of members who have immigration statuses that qualify for QHPs but not Medicaid (42%); qualify for QHPs but not Medicaid due to different ways income is calculated (57%); or age out of Medicaid but do not have enough work credits to qualify for Medicare (1%). FPL Tier >175+% is comprised of members that have multiple plan qualifications (e.g., children are eligible for HUSKY A or B and parents qualify for a QHP with Advanced Premium Tax Credits (APTCs))


SFY 2025 Total Spend: **\$56.9M Gross,**
\$28.5M State



Gross Per Member Per Month (PMPM) Cost: \$113



Anticipated Cost of the Expiration of Enhanced Premium Tax Credits (PTCs)

Member Payment as a Percent of Income			
Federal Poverty Level	Current		Effective 1/1/2026
139% - 150%	0%		3.1% - 4.1%
150% - 200%	0% - 2%		4.1% - 6.5%

- The Inflation Reduction Act extended enhanced premium subsidies through calendar year 2025. Starting January 1, 2026, the premium subsidies will be reduced to the original ACA levels.
- The average Covered CT member premium will increase by an additional 3.7% of their income or \$71 per month. This cost will be passed onto the Covered CT program.

State Fiscal Year	Gross Budget Impact	State Budget Impact
SFY 2026	\$14,400,000	\$7,200,000
SFY 2027	\$45,500,000	\$22,750,000

*Based on 2025 enrollment and premium trends

Change	Rule Effective Date	Impact
End of coverage for Deferred Action for Childhood Arrivals (DACA).	August 25, 2025	<ul style="list-style-type: none"> Currently there are 113 DACA recipients enrolled in Covered CT.
<p>Lawfully present non-citizens who are ineligible for Medicaid because of their immigration status (such as green card holders in their first 5 years of US residence), will no longer be eligible for Premium Tax Credits (PTCs).</p> <p>They can still enroll in a QHP without PTCs.</p>	January 1, 2026	<ul style="list-style-type: none"> Currently there are approximately 5,200 lawfully present non-citizens enrolled in Covered CT with income below 100% FPL.
Marketplaces must determine an applicant ineligible for PTCs if the applicable tax filer did not file or filed but did not reconcile past APTCs for one tax year.	Plan Year 2026 Implementation Currently Stayed	<ul style="list-style-type: none"> To qualify for Covered CT, potential enrollees must qualify for PTCs. Impact to enrollment.
<p>Requirement to submit income verification if there is no tax data available.</p> <p>People will be required to submit income verification if they attest to income that would make them eligible for PTCs, but federal databases show income <100% FPL.</p>	August 25, 2025 Implementation Currently Stayed	<ul style="list-style-type: none"> Likely decrease in marketplace enrollment due to failure to complete verification process.