

State Implementation Playbook:

Protecting Access to Basic Human Needs

This primer provides an overview of the administrative changes introduced by the One Big Beautiful Bill Act (OBBBA), signed into law on July 4, 2025. It is designed for advocates engaging with state agency administrators to influence the design of Medicaid and SNAP policies that directly impact access to basic human needs for those impacted by the criminal legal system.

The Change

The OBBBA (H.R. 1) introduces the *first nationwide work reporting requirements in Medicaid history* and significantly tightens eligibility maintenance for expansion populations. While the federal law sets the mandate, states hold significant discretion in how they define key terms like "able-bodied," how they verify compliance, and who is exempt from these processes.

- **Medicaid Work Mandate:** "Able-bodied" adults (now including up to age 64) must report 80 hours per month of qualifying activities (e.g., work, school, community service, or training). While this is common for SNAP recipients, for Medicaid eligibility this marks a significant shift.¹
- **Increased Renewals:** Eligibility redeterminations for the expansion population will occur every six months instead of annually. Due to housing instability and the changes of residences common in reentry, this doubles the chance of lost mail and lost benefits.
- **Address Verification:** States must implement a federally approved process to prevent dual enrollment across states by October 2027, with full cross-state data matching by 2029. The design of this process will determine addresses that are and are not valid for use.²

Policy Definitions & Positioning

Those closest to the problem can be active in the solution by pushing for broad definitions related to "exemptions" and "compliance." Generally, broader definitions help reduce carveouts and unintended consequences for directly impacted communities.

Best Practices for Medicaid Work Requirement Exemptions

To protect individuals with lived experience and ensure pathways to healthcare needs, implementation should focus on exempting work requirements in a variety of realities people reentering encounter.³

Broad Definitions

- **Substance Use Disorder:** Define as: "an individual who had, has, or would be classified as having any substance use-related condition under the most recent edition of the DSM or ICD." Remember, broader establishes a floor for exemptions, not the ceiling.⁴
- **Medically Frail:** Include conditions impairing "Instrumental Activities of Daily Living" (IADLs), such as medication management, concentration, or the ability to navigate public transit. This helps create a more inclusive definition and speaks to common challenges found in reentry.

¹<https://www.kff.org/medicaid/5-key-facts-about-medicicaid-work-requirements/>

²<https://www.americanprogress.org/article/the-implementation-timeline-of-the-one-big-beautiful-bill-act/>

³<https://www.nami.org/press-releases/new-report-outlines-steps-policymakers-can-take-to-protect-medicicaid-coverage-for-people-with-mental-health-conditions/>

⁴<https://www.lac.org/resource/budget-bill-enactment-what-comes-next-mitigating-the-harm-of-federal-cuts-changes-to-medicicaid-snap>

Maximizing Protection

- **Longest-Term Exemption:** If someone qualifies for more than one exemption, automatically apply the exemption with the longest duration.
- **Rural Hardship:** In rural areas with high unemployment, advocates should push for “transportation hardship” waivers that suspend requirements for those lacking transit access.
- **Short-term Hardship Event:** States should adopt procedures to enable these additional types of exceptions to better account for common challenges in impacted communities (e.g., environmental disaster, acute care needs, etc), and request approval from the federal government as needed.
- **Automated Transitions:** Upon (re)activation, systems should auto-apply the 3-month post-release exemption (if no longer term exists) and link the individual to resources. **NOTE:** The 90-day recently incarcerated exemption is **ONLY for Medicaid work requirements;** NOT for SNAP requirements.

The following table defines administrative mechanisms in SNAP and Medicaid. Advocates should familiarize themselves with these agency decision-points and consider recommended advocacy goals to reduce harm.

Strategy / Term	Definition	Advocacy Goal
Self-Attestation	A process where an applicant verifies their own eligibility or exemption via a checkbox or statement, rather than third-party documents.	Enable simple self-declaration for all exemptions (e.g., SUD, medical frailty, reentry) to prevent disenrollment due to paperwork hurdles.
Ex Parte Verification	A state-led process using existing reliable data (e.g., SNAP, DMV, payroll, or DOC records) to verify eligibility without contacting the individual.	Push for data matching, including automatic verification of “recently incarcerated” status, between Medicaid And using DOC data to minimize burden on people reentering.
Standardized Affidavits	Pre-designed state templates accepted as sufficient legal proof of a condition or residency when other data is unavailable.	Ensure that if self-attestation is insufficient, a simple, electronically signable affidavit is the only secondary requirement.
Address “Whitelisting”	An administrative protocol where state systems are pre-programmed to recognize specific locations as valid.	Whitelist the addresses of all licensed halfway houses and shelters to prevent systems from flagging them as fraudulent.
General Delivery (GDA)	A free USPS service where mail is held at a post office for individuals lacking a fixed residential address.	Mandate state agency acceptance of GDA as a valid address for all official notices to prevent “undeliverable” mail disenrollments.
Authorized Rep (AR)	A designated individual or social service agency authorized to receive mail and manage benefit matters for a participant.	Expand the use of community-based organizations (CBOs) as ARs to provide a stable communication anchor during housing transitions.

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