

Working with State Medicaid Agencies to Protect Survivors' Healthcare

Having access to Medicaid health insurance is critical for survivors of domestic violence (DV) and sexual assault (SA). It allows survivors to access physical and/or behavioral healthcare for themselves and their children following an abusive relationship or as a result of it. It also provides economic security for survivors who would like to leave an abusive relationship and maintain their Medicaid healthcare for themselves and their children.

Given the importance of Medicaid health insurance for survivors, this paper provides DV/SA program staff with suggestions on how to work with state Medicaid agencies. As a reminder, beginning on January 1, 2027, survivors who are part of the Medicaid expansion population must complete 80 hours of work and community engagement activities to obtain and maintain Medicaid health insurance.

Recommendation #1

Urge state to support definitions and interpretations of terms that are inclusive of survivors' experiences and needs.

- Adopt a definition of community service that includes participation in DV programs and common survivor activities (e.g., caregiving, safety-planning, mutual aid).
- Champion definitions of medically frail that reflect trauma, behavioral health, chronic conditions, and disability resulting from abuse.
- Ensure individuals in DV shelters, counseling, SUD treatment, or recovery programs qualify for applicable exclusions and/or exemptions.

Recommendation #2

Urge state to provide safe, confidential pathways to verification.

- Require accessible, digital submission systems.
- Ensure survivors without stable housing or mailing addresses can safely receive notices and all Medicaid correspondence.
- Ensure all forms and systems protect survivor confidentiality, including safe mailing options and trauma-informed communication.

Recommendation #3

Urge state to make obtaining and maintaining Medicaid health insurance as clear and simple as possible.

Short-term Hardship Exemptions

- Encourage the state to include short-term hardship exemptions in their implementation plans.

Implementation Timeline

- If the state appears unready or unprepared to meet the January 1, 2027, implementation deadline, urge the state to request an extension to minimize the number of people who lose coverage despite being eligible.

Process

- Implement a clear, simple, and streamlined process to apply for and maintain Medicaid.
- Maintain a highly trained and robust Medicaid customer service office to help Medicaid customers apply for and keep their health insurance and ensure they provide full accessibility assistance to meet the needs of all recipients.
- Make sure all materials and forms are clear, comprehensive, fully accessible, and translated into relevant languages.

Verification and Compliance

- Ensure that the state uses existing data sources first, avoiding unnecessary documentation from survivors.
- Ensure that the state allows self-attestation to verify compliance as permitted by the Interim Federal Rule.
- Ensure the state adopts a generous compliance timeline. This would mean:
 - New Applicants: The state looks at an individual's compliance with the requirements one month before the month of the application.
 - Current Enrollees and Redeterminations: The state limits redeterminations to once every six months with a one-month compliance check.



Recommendation #4

Urge state to partner with survivor-serving organizations.

- Urge state agencies to formally consult DV/SA organizations during implementation.

Futures Without Violence launched its **Survivor Health Access Project** in the fall of 2025 to help educate survivors, DV/SA program staff, and policymakers about changes resulting from the passage of H.R. 1. This series highlights **how the changes to Medicaid will impact survivors of violence**, and **what program staff and policymakers can do** to help ensure that survivors understand and can demonstrate compliance with the new standards.

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