

The Disability and Aging Collaborative &



October 10, 2025

Dr. Mehmet Oz
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Washington, DC

Dear Administrator Oz,

The undersigned members of the Health and Long-Term Services and Supports Taskforces of the Consortium for Constituents with Disabilities (CCD), the Disability and Aging Collaborative (DAC), and allied organizations are writing to provide feedback on implementation of the new community engagement requirements enacted by the budget reconciliation act of 2025 (H.R. 1). Congress intended to exempt people with disabilities and their caregivers from the community engagement requirements. With that in mind, we urge the Administration to use guidance and rulemaking to provide maximum protection for people with disabilities, older adults, and caregivers from coverage loss or disruptions.

Medicaid is a critical lifeline for people with disabilities and older adults. It is the primary payer for long-term services and supports (LTSS), which enables people with disabilities and older adults to live and thrive in their communities. Medicaid also provides primary and wrap-around health coverage to millions of people with disabilities, older adults, and their families and caregivers.

Medicaid helps people with disabilities work by providing them with health care and other important employment supports, such as rehabilitative and habilitative services. At the same time, most people enrolled in Medicaid who are not doing paid work are caregiving, retired, and/or have chronic conditions or disabilities and are temporarily unable to work or need supportive services to find and keep a job.¹

¹ KFF, Understanding the Intersection of Medicaid and Work: An Update (May 30 2025), <https://www.kff.org/medicaid/understanding-the-intersection-of-medicare-and-work-an-update/>.

Medicaid also helps people with disabilities and older adults by supporting caregivers, both paid and unpaid.² In fact, 30% of direct care workers are insured by Medicaid,³ and more than 1 in 8 family caregivers with insurance are covered by Medicaid (13%).⁴ Moreover, family caregivers ages 18 to 64 have a higher uninsured rate than the general population: 13% vs. 11.5%, which suggests that those with Medicaid have no other option. Family caregivers are the backbone of our home-based care system. If they are not able to maintain their own health, many older adults and people with disabilities would not be able to live in the community or get the care they need.

Qualifying for Medicaid based on disability is a strict and narrow pathway that excludes many people with disabilities.⁵ Even for those who eventually qualify for Medicaid via disability pathways, the application and eligibility determination process can take years. As a result, millions of people with disabilities, including individuals with substance use disorders and mental health conditions, qualify for Medicaid through the expansion.⁶ They will all be subject to the community engagement requirements.

Congress included explicit exemptions from the community engagement requirements for people with disabilities and complex health conditions and their caregivers. However, we know that in prior iterations of similar work requirements in SNAP, TANF, and Medicaid, exemption policies and processes have failed to capture everyone who should qualify and resulted in people with disabilities, older adults who have retired, and caregivers falling through the cracks and becoming uninsured. To minimize these harms from reoccurring, we urge the Administration to provide maximum protection for people with disabilities, older adults, and the caregivers they rely on.

The statute designates categories of individuals under “specified excluded individual” that states must exempt from the requirements under this section, including people with disabilities and family caregivers. The statute makes clear that such excluded individuals are to be defined “in accordance with standards specified by the Secretary” and creates minimum standards to

² Georgetown Center for Children and Families and Caring Across Generations, How Medicaid Supports Seniors and People with Disabilities and Their Caregivers (2025), <https://ccf.georgetown.edu/2025/03/11/how-medicaid-supports-seniors-and-people-with-disabilities-and-their-caregivers/>.

³ PHI, Direct Care Workforce State Index: Mapping Workforce Policies and Outcomes (July 2024), <https://www.phinational.org/resource/direct-care-workforce-state-index-mapping-workforce-policies-and-outcomes/>.

⁴ AARP and National Alliance for Caregiving, Caregiving in the U.S. (July 2025), https://www.caregivingintheus.org/wp-content/uploads/2025/08/caregiving-in-us-2025.doi_.10.26419-2fppi.00373.001.pdf.

⁵ National Health Law Program and Justice in Aging, No Exceptions: Examples Showing the Failings of Medicaid Work Requirement Exemptions for People with Disabilities (June 2025), <https://justiceinaging.org/examples-showing-the-failings-of-medicaid-work-requirement-exemptions-for-people-with-disabilities/>.

⁶ KFF, 5 Key Facts About Medicaid Coverage for People with Disabilities (Feb. 2025), <https://www.kff.org/medicaid/issue-brief/5-key-facts-about-medicaid-coverage-for-people-with-disabilities/>.

protect individuals. We recommend the Administration identify best practices and areas where states may go beyond these minimum standards to provide additional protections to applicants and enrollees. States should also consult with existing consumer advisory groups throughout policy development and implementation, including the Beneficiary Advisory Councils, Developmental Disabilities Councils, RAISE Family Caregiving Advisory Council, and state mental health councils.

With respect to the exemption category for “medically frail or otherwise has special medical needs,” we urge the Administration to define medically frail as broadly as possible to ensure that it captures all people whose health or functional limitations interfere with their ability to meet the requirement, whether or not they identify as having a disability.

The reality is that people with disabilities face substantial barriers to employment, including inadequate accommodations, inaccessible workplaces, and outright stigma.⁷ In 2024, people with disabilities were twice as likely to be unemployed as people without disabilities (8.1% versus 3.9%).⁸ Older adults ages 50 to 64 can face age discrimination and other barriers to employment as well.⁹

Exemption policies for community engagement requirements should reflect these realities and not add additional burdens that might threaten access to needed care for people with disabilities and older adults. We also want to emphasize that having a disability or health condition that qualifies for an exemption is not inconsistent with an individual’s ability to work. We ask that the Administration set standards that prohibit states from using “ability to work” or evidence of employment (such as payroll data) to deem an individual ineligible for this exemption.

The statute also exempts family caregivers as defined in section 2 of the RAISE Family Caregivers Act (“The term ‘family caregiver’ means an adult family member or other individual who has a significant relationship with, and who provides a broad range of assistance to, an individual with a chronic or other health condition, disability, or functional limitation.”). Many individuals who meet this definition do not think of themselves as a caregiver, but rather as someone providing help or support to a loved one. Therefore, we recommend that the Administration reiterate in guidance that states must use the RAISE Family Caregivers Act definition for this exemption and set standards for states to broadly describe “caregiver” to align with the RAISE definition in the exemption screening process and policies, outreach, and other communications.

⁷ Silvia Bonaccio et al., The Participation of People with Disabilities in the Workplace Across the Employment Cycle: Employer Concerns and Research Evidence, 35 J. BUSINESS AND PSYCHOLOGY 135 (2020), <https://link.springer.com/article/10.1007/s10869-018-9602-5>; Sarah Parker Harris, Univ. Illinois Chicago, Mental Health, Employment, and the ADA (2019), https://adata.org/research_brief/mental-health-employment-and-ada.

⁸ Bureau of Labor Statistics, Persons with a Disability: Labor Force Characteristics – 2024, 4 (Feb. 25, 2025), <https://www.bls.gov/news.release/pdf/disabl.pdf>.

⁹ AARP, Age Discrimination Holds Steady Among Older Workers in 2025 (Sept. 2025), <https://www.aarp.org/pri/topics/work-finances-retirement/employers-workforce/age-discrimination-workplace/>.

The statute also requires states to use data matching and ex parte verification of compliance and allows states to not require an individual to provide additional verification of information that deems them eligible for an exemption. Congress intended to minimize the paperwork burden on individuals and states, and to avoid wrongful coverage loss. We urge the Administration to set standards and provide guidance to states that ensure these protections from unnecessary paperwork are maximized. For example, states should implement protections to automatically reverify exemptions using information the state already has for people with chronic conditions and disabilities.

Finally, as states are working to implement these new requirements, we urge the Administration to grant states good-faith temporary exemptions to comply with the requirements when necessary to avoid disruptions in access to care. People with disabilities, older adults, and caregivers enrolled in Medicaid typically have no other options and are among those most at risk of harm if they lose coverage, even temporarily. We also urge CMS to remind states of their obligations pursuant to the ADA, Section 504 of the Rehabilitation Act, and other civil rights laws.

Thank you for considering our feedback. Please contact us if you have any questions or if we can provide additional information: Natalie Kean (nkean@justiceinaging.org) or Greg Robinson (grobinson@autisticadvocacy.org).

Sincerely,

Access Ready Inc.
Allies for Independence
American Association on Health and Disability
American Music Therapy Association
American Network of Community Options and Resources (ANCOR)
American Speech-Language-Hearing Association
American Therapeutic Recreation Association
Association of People Supporting Employment First (APSE)
Autism Society of America
Autism Speaks
Autistic Self Advocacy Network
Bazelon Center for Mental Health Law
Center for Law and Social Policy (CLASP)
Center for Public Representation
CommunicationFIRST
Compassion & Choices
Corporation for Supportive Housing
Cure SMA
Disability Belongs
Disability Rights Education and Defense Fund (DREDF)
Diverse Elders Coalition
Easterseals, Inc.

Gerontological Society of America
Huntington's Disease Society of America
Institute for Exceptional Care
Justice in Aging
Lakeshore Foundation
MEAction
Muscular Dystrophy Association
National Academy of Elder Law Attorneys (NAELA)
National ADAPT
National Alliance for Caregiving
National Alliance to End Homelessness
National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD)
National Association of Social Workers (NASW)
National Association of the Deaf
National Committee to Preserve Social Security and Medicare
National Consumer Voice for Quality Long-Term Care
National Down Syndrome Congress
National Health Council
National Partnership for Women & Families
New Disabled South
NHCOA
SAGE
SPAN Parent Advocacy Network
Special Needs Alliance
TASH
TDIforAccess
The Arc of the US
The Kelsey
The Partnership for Inclusive Disaster Strategies
The Reunion Project
United Spinal Association
Well Spouse Association