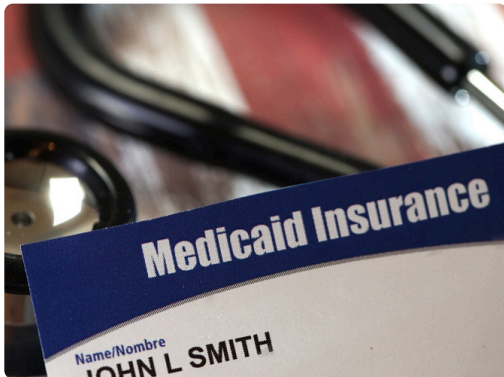


# GOVERNMENT RELATIONS SPRING UPDATE 2026

A curated digest of key updates on benefits, healthcare, legislation, and news impacting Medicare/Medicaid-aged adults, military Veterans, and more -brought to you by James Tongate, VP of Military and Government Relations, and Vicki Jessup, VP of Government Relations.



## **Implementation of “Eligibility Redeterminations,” Section 71107 of the “Working Families Tax Cut” Legislation**

In January 2027, new federal requirements under the Working Families Tax Cut legislation will change how Medicaid eligibility is reviewed. States will be required to conduct eligibility redeterminations every six months for most adults enrolled in Medicaid expansion coverage. For details, visit: [Medicaid.gov](https://www.Medicaid.gov)

## **Closing a Health Care-Related Tax Loophole**

The final rule addresses a technical gap in how Medicaid tax waivers are evaluated, where the existing statistical test in some cases allowed certain health care-related taxes, particularly on managed care organizations, to place a higher burden on Medicaid-related activity, rather than aligning with statutory expectations that these taxes be generally redistributive..For details visit: [Federal Register](https://www.Federal Register)

## **2026 Federal Poverty Level and Dual Eligible Standards**

HHS has released the 2026 federal poverty guidelines, reflecting a 2.6% inflation adjustment based on the CPI. For 2026, the poverty level for a family of four in the contiguous U.S. is \$33,000, with separate figures for Alaska, Hawaii, and the Territories. The update also includes revised Medicare Savings Program income standards. For details, visit: [CMCS Informational Bulletin](https://www.CMCS Informational Bulletin)

## **SNAP Food Restriction Waivers and SNAP Waiver Status by State**

USDA is providing states with the option to request SNAP waivers that would allow restrictions on the purchase of certain items, such as soda and candy. The approach is intended to give states added flexibility in program administration while supporting broader discussions around nutrition, program integrity, and beneficiary choice. For details, visit: [USDA](https://www.USDA)



## **Rhode Island: Raising Parent/Caretaker Income Limit to 133% FPL**

Rhode Island has memorialized its new income standards for its state supplementary payment program and medically needy groups, and adjusted the parent/caretaker income limit to 133 percent of the federal poverty level. Read more about State Plan Amendment RI-26-0001 here: [Medicaid.gov](https://www.Medicaid.gov)

## **Medicaid Postpartum Coverage Extension Tracker**

Medicaid covers many U.S. births and must provide coverage through 60 days postpartum. States now have the option to extend coverage to 12 months via a state plan amendment. Adoption varies by state, with some implementing, planning, or seeking approval for extended postpartum coverage. 49 states, including D.C., have implemented the extension, with one additional state planning to do so. Read more here: [KFF](https://www.KFF.org)



## **Massachusetts: Requiring Medicare Applications**

Massachusetts has updated its Medicaid eligibility rules to require that applicants and current beneficiaries who may qualify for Medicare submit a Medicare application. This step is now a condition for obtaining and maintaining Medicaid coverage. Read more about State Plan Amendment MA-25-0040 here: [Medicaid.gov](https://www.Medicaid.gov)

## **California: Resuming Electronic Asset Verification System**

The Centers for Medicare & Medicaid Services, under Section 1940 of the Social Security Act, has approved an amendment that allows California to resume the electronic Asset Verification System, effective January 1, 2026. Read more about State Plan Amendment CA-25-0041: [Medicaid.gov](https://www.Medicaid.gov)

## **Michigan: Disregard of Flint Water Settlement as Income**

Michigan will now disregard all payments received from the Flint Water Settlement as income and as a resource for all Supplemental Security Income (SSI)-related and Medically Needy groups subject to an asset test. Read more about State Plan Amendment MI-25-0101: [Medicaid.gov](https://www.Medicaid.gov)

## **Louisiana:** **UnitedHealthcare** **Medicaid Transition**

UnitedHealthcare will exit Louisiana Medicaid on March 31, 2026. Members who selected a new plan during the January 15–February 15 Special Enrollment Period will begin coverage on April 1. Members who did not choose a plan will be automatically assigned. For details, visit: [Louisiana Department of Health](#)

## **Nebraska:** **Sustainable Coverage** **Demonstration**

DHHS is seeking approval for a five-year waiver to limit retroactive eligibility for Medicaid for the full Medicaid population. This initiative, the Sustainable Coverage Demonstration, seeks to align coverage more closely with the time of application. For details, visit: [Nebraska DHHS](#)

## **Implementation of** **Federal Work** **Requirements**

Some states may choose to implement work requirements prior to the January 2027 deadline through a state plan amendment. Nebraska is the first state to announce it will begin enforcing federal work requirements early, starting May 1, 2026. For details, visit: [Medicaid Work Requirements Tracker](#)

## **Proposed Federal Bill Expands Medicare & Medicaid Access for State Veterans Homes**

Congress is considering bipartisan legislation that would update how state veterans homes qualify for Medicare and Medicaid funding. The proposal would streamline certification by allowing facilities already approved by the Department of Veterans Affairs (VA) to meet certain federal requirements. The bill is currently under committee review and has not yet been finalized. Read more here: [Newsweek](#)



## **CMS Framework for Healthy Communities**

CMS released an updated framework to further advance health care delivery and improve health outcomes for the more than 170 million individuals supported by CMS programs. These priorities will inform CMS's efforts to operationalize its work to address differences and close gaps in health outcomes. For details, visit [CMS](#).



## **Expanded Home Health Value-Based Purchasing (HHVBP) Model**

CMS released updates to the HHVBP Model for 2026. The model evaluates home health agencies using a mix of outcome, claims, and patient experience measures, with updated weighting and added functional measures. For details, visit: [CMS](#)

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## **VA Ties Community Care Modernization to EHR Interoperability**

The VA is tying its community care modernization efforts to EHR interoperability, aiming to improve coordination between VA and community providers. As the rollout resumes in 2026, the focus remains on system stability and better integration across care settings. For details, visit: [GovCIO](#)

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## **VA Awarded Authority to Appoint Legal Guardians for Impaired Veterans**

The VA, in partnership with the DOJ, can now initiate legal guardianship proceedings for veterans who are unable to make their own health care decisions and lack family or legal representation. Advocates have raised concerns about veterans' rights and autonomy. For details, visit: [MilitaryTimes](#)

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## **House Republicans Seek New Strategy for Passing VA Policy Bills**

House Republicans are pushing to bundle VA policy programs into a single "must-pass" authorization bill to improve oversight and ensure regular updates. The move aims to address gaps, as many VA programs have not been reauthorized for years. For details, visit: [MilitaryTimes](#)

## VA Expands In-Home & Community-Based Care Funding

The VA increased the expenditure cap for in-home and community-based services for Veterans with complex medical conditions. Its skilled home health care program will now cover up to 100% of the cost of comparable care in a VA Community Living Center. For details, visit [VA News](#).



### **BeneLynk On LinkedIn:** **#WhereIsJames?**

Do you follow BeneLynk on LinkedIn? BeneLynk makes regular posts about James Tongate's thrilling adventures and engagements across the country as he visits VA facilities nationwide to support our Medicare Advantage partners. [#WhereIsJames](#) this week? Find out on our [LinkedIn page!](#)

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### **Vicki Jessup, Vice President of Government Relations and Quality Assurance**

With nearly 25 years of expertise in Medicaid eligibility policy, Vicki excels in navigating state enrollment, claims processing, and managed care delivery systems. As a national subject matter expert in Medicaid eligibility policy, she ensures BeneLynk aligns with state and federal requirements while managing key relationships with industry stakeholders.

### **James Tongate, Vice President of Government and Military Relations**

James oversees all government relations functions, collaborating with government entities, military Veteran service organizations, and clients. He partners with stakeholders to ensure alignment and address issues that impact the health outcomes of Veteran members. James's extensive experience and dedication to supporting Veterans ensure that BeneLynk remains a trusted partner for its members.



BeneLynk is a national social care vendor for managed care companies. We engage members to understand and document HRSNs and to provide professional advocacy to access benefits. BeneLynk helps to remove barriers to allow members to live their healthiest lives.