

## What You Should Know — Kansas (Medicaid, SNAP & Social Services)

### Medicaid (KanCare)

- **Huge funding loss:** Kansas is set to lose **\$3.9–\$4.05 billion** in federal and state Medicaid support over 10 years, of which **\$2.65 billion** hits hospitals.
- **Coverage loss:** About **13,000 Kansans**—including children, seniors, disabled individuals—could lose Medicaid coverage.
- **Work requirement for adults:** Starting **2027**, most adults aged 19–64 must complete **80 hours/month** of work, school, or community service to stay eligible. Exemptions apply.
- **Semiannual eligibility checks:** Redeterminations will happen every 6 months instead of annually, raising administrative hurdles.
- **Copays up to \$35:** People with incomes between 100–138% of the poverty level may be charged per-service fees.
- **Retroactive coverage cut:** The look-back window shrinks from 3 months to **60 days** (some groups: 30 days) starting in 2027—raising risk of medical debt.
- **Provider tax and payment caps:** Provider taxes are restricted; provider payments will be phased to **≤110% of Medicare rates**, limiting KanCare flexibility.
- **Risk to rural hospitals/services:** Approximately 21¢ of every Medicaid dollar rural hospitals receive will be cut. Over 60 rural hospitals in Kansas risk closure.

### SNAP (Food Assistance)

- **New state cost-sharing by FY2028:** Kansas must cover \$15–62 million/year), depending on error rates.
- **Work reporting for SNAP:** Able-bodied adults, including parents of children over age 14, must meet stricter work tracking, risking lost benefits.
- **Program at risk:** Some analyses warn SNAP might become unsustainable in Kansas if cost-share burdens persist.

### Broader Impacts

- **National coverage loss & deficit spike:** The CBO estimates **10–11 million people** will lose health insurance by 2034, and the national deficit rises by **\$2.4–3.3 trillion**.
- **Senior financial risks:** Shortened retroactive Medicaid rules could create thousands in medical debt, especially among elderly and nursing-home applicants.
- **Economic fallout in rural areas:** Health care layoffs, economic downturn, and loss of jobs (hundreds of thousands) projected from Medicaid cuts.



### What You Should Do — for Clients

- **Save proof of work or exemptions**, and respond **quickly** to renewal notices (now every 6 months).
- **Apply within 60 days** of hospital stays or crises to preserve retroactive Medicaid coverage before it shrinks in 2027.
- **Watch for new copay notices**; ask about hardship waivers if charged \$35/service.
- **Track SNAP correspondence immediately**, especially regarding work-reporting requirements or error-related notices.
- **Submit accurate work hours** for SNAP—and keep records for audits.

- **Anticipate rural hospital instability;** locate alternate providers ahead of possible closures.
- **Monitor local home- or community-based service availability,** especially for disability supports or gender-affirming care, which may be reduced.
- **Seek early help** with appeals or complex paperwork from legal aid, Medicaid navigators, or disability/aging agencies.

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## ? FAQ: The OBBBA & What It Means for You

Question	Answer
<b>Will I still have Medicaid?</b>	Possibly—but work rules, more frequent renewals, new copays, and shortened coverage windows could result in losing KanCare.
<b>Does Medicare change?</b>	No cuts to Medicare itself—but Medicaid-funded services and supplemental assistance may be reduced.
<b>Will SNAP benefits change?</b>	Yes—expect new cost-sharing, stricter work reporting, and possible eligibility loss if error rates aren’t improved.
<b>Could services for seniors or people with disabilities be cut?</b>	Yes—home and community supports are optional and may be among the first targets for budget reduction.
<b>How can I avoid losing coverage?</b>	Keep documentation, respond quickly to notices, apply promptly in emergencies, and verify work-reporting forms.
<b>What if I can’t work due to illness or caregiving?</b>	Exemptions exist—but only if properly reported and documented during eligibility checks.
<b>Where can I get help?</b>	Contact Kansas nonprofits like REACH Healthcare, legal aid, local aging/disability agencies, and Medicaid navigators.

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### Bottom Line

This bill makes sweeping changes to Medicaid and SNAP in Kansas that threaten access for thousands—especially in rural and vulnerable communities. Clients should act proactively: keep records, respond fast, and seek help early to maintain benefits and avoid financial hardship.

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## ◆ How This Will Affect People Directly in Kansas

### Working Parents

**Before:** A single mother working part-time and raising two kids could qualify for KanCare and SNAP with minimal paperwork.

**After:**

- She will now need to **prove 80 hours/month of work** (even part-time work counts, but must be tracked precisely).
- If her youngest child is over **7 years old**, she loses caregiving exemption for SNAP.
- She could **lose health coverage** if she misses a check-in, gets sick, or doesn’t submit her documents on time.

- She might now face **\$35 medical copays** and **shorter timeframes to apply after emergencies**, risking debt.
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### **Older Kansans / Seniors in Nursing Homes**

**Before:** Seniors entering nursing homes had **90 days** to apply for Medicaid retroactively if something happened suddenly—ensuring care was covered.

**After:**

- That window drops to **60 days**, or even **30 days** for some groups.
  - If paperwork is late, they or their family could be on the hook for **\$8,000–\$30,000** in uncovered bills.
  - Seniors relying on **Medicaid-funded home supports** may see services reduced or cut altogether.
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### **People with Disabilities**

**Before:** Medicaid paid for in-home help, transportation, and specialized therapies—often without having to reapply frequently.

**After:**

- Services could be **limited or cut**, especially optional programs like in-home support or job training.
  - Every **6 months**, they'll need to re-certify eligibility. Missing documents or tech issues could **cut off benefits**.
  - Waitlists may grow longer if provider funding shrinks.
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### **Rural Kansans**

**Before:** Medicaid helped keep rural hospitals afloat and accessible. Many clinics relied on Medicaid payments to stay open.

**After:**

- Funding cuts may **force rural hospitals to close or reduce services**.
  - About **21¢ of every rural Medicaid dollar** is being cut.
  - Rural patients might need to **drive 60–120 miles** for the nearest ER or specialist.
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### **Low-Income Workers & Gig Workers**

**Before:** People earning under 138% of the poverty line could qualify for Medicaid without copays and with easy enrollment.

**After:**

- Workers in service, agriculture, or gig jobs will now owe up to **\$35 per medical service**.
  - They must submit work logs and verify income every 6 months.
  - Those with inconsistent hours might **fall through the cracks**.
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### **Gender-Affirming Care Recipients**

**Before:** Medicaid could cover hormone therapy or mental health services for trans individuals.

**After:**

- These services will be **excluded or restricted** in most states, including Kansas, by 2027.
  - Many individuals may lose access or have to **pay out of pocket** or travel out of state.
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### **Children and Teens on SNAP**

**Before:** Children whose parents worked part-time or were in school still qualified for SNAP and Medicaid.

**After:**

- If their parents miss SNAP paperwork or don't meet work-reporting requirements, **food assistance could be cut off**.
  - School lunches and healthcare access could also suffer from gaps in coverage.
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## **Summary**

In short, this law **raises the burden on vulnerable people:**

- More **paperwork**
- More **rules**
- More **chances to lose help**

It's not just about policy. It's about **seniors who go into debt, parents who lose health coverage, and rural families who lose hospitals**.