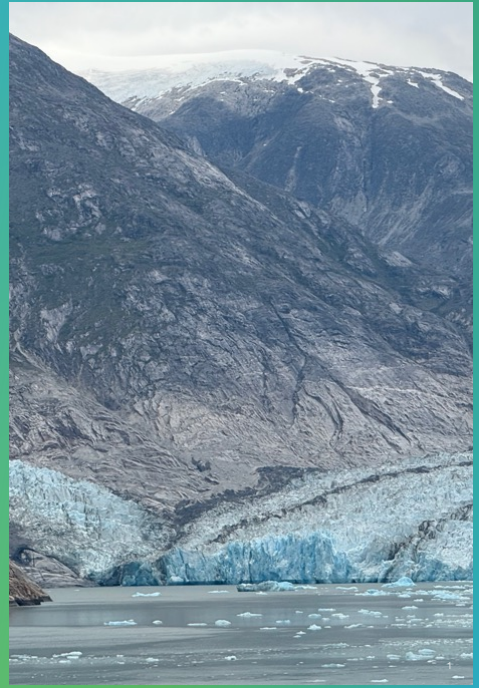


SDoH Update 2026: Understanding the Shifting Landscape

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1

How Fast Can the Landscape Shift?



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2

2

Learning Objectives



Identify the shifts in regulations, legislation, and funding



Define the ethical, legal, & regulatory impact of these shifts for case managers across practice settings



Apply the profession's established resources of guidance

3

Disclaimer 1

There are no potential conflicts of interest contained in the information provided in this presentation. All material is the opinion of this presenter or cited to source and/or authority

Any products referred to during this presentation are for the sole purpose of example only and should not be taken as product endorsement.

4

Disclaimer 2

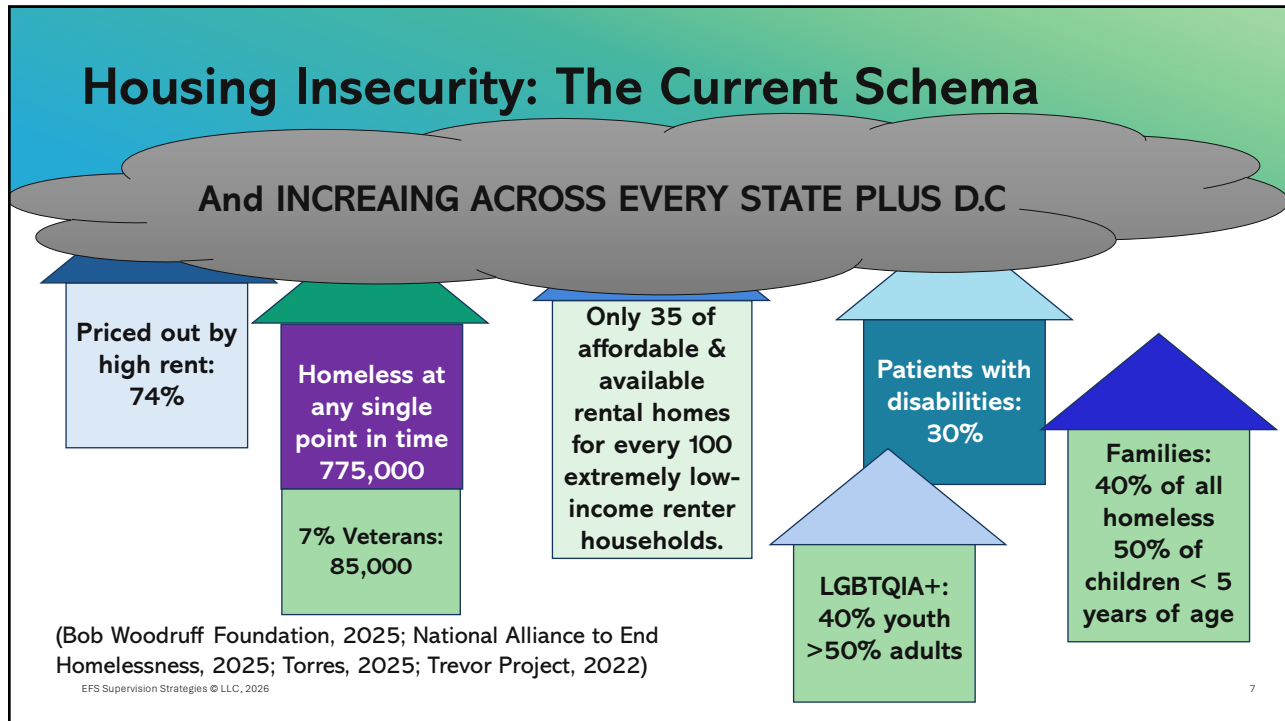
The data provided in this presentation is meant to inform your efforts, though it may also elicit strong emotions.

My primary goal is always to educate and advance the perspective of our workforce. It is your individual choice how the data and model guide your actions moving forward

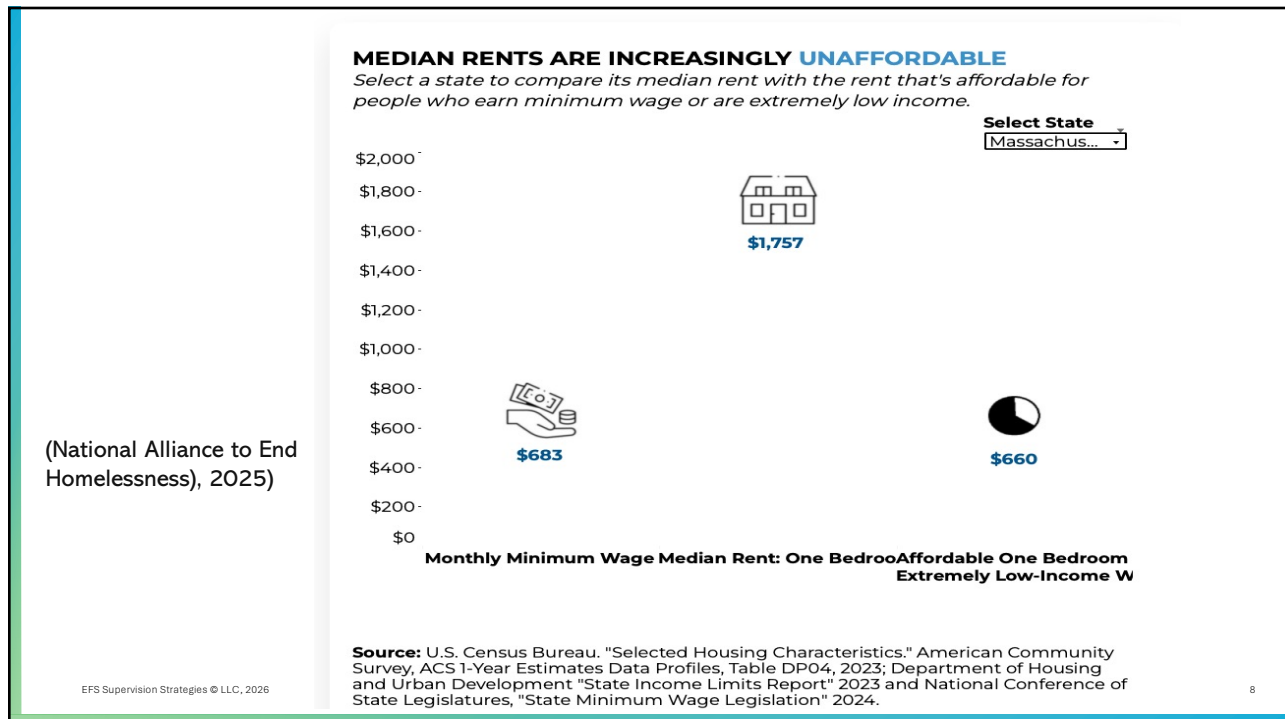
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Case Management's Population Health Credo

6

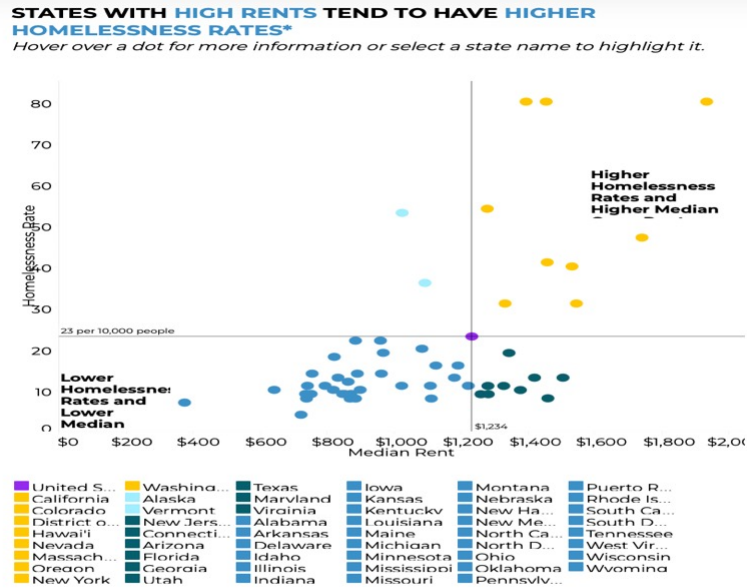


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(National Alliance to End Homelessness, 2025)



Source: U.S. Department of Housing and Urban Development, 2024 AHAR: Part 1 Point-in-Time Estimates (Accessed December 2024), <https://www.huduser.gov/portal/datasets/ahar/2024-ahar-part-1-pit-estimates-of-homelessness-in-the-us.html>; U.S. Census Bureau, Population and Housing Unit Estimates (Accessed February 2025), <https://www.census.gov/programs-census/enhancements/data/tables.html>; and 2021 Year American Community Survey (ACS)

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Housing Poll

The fastest growing homeless population nationwide is:

- a. Persons with disabilities
- b. Persons with severe mental illness
- c. Seniors who are medically fragile
- d. Families who victims of intimate partner or domestic violence

50%

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Fried's Frailty Index (in Deng & Sato, 2024)

- Unintentional Weight Loss**
 - Loss of significant weight (e.g., >10 lbs, >5% body weight) in past year without trying.
- Exhaustion**
 - Feeling fatigued or lacking energy often.
- Low Physical Activity**
 - Very low levels of activity, often self-reported (e.g., not engaging in exercise or activity)
- Weakness**
 - Low grip strength, measured with a dynamometer, adjusted for sex and BMI.
- Slow Gait Speed**
 - Slower walking pace, often measured over a set distance, adjusted for sex and height.

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Management of Health Care Costs

50%

30%

20%

(Sparks et al., 2025)

Nearly Half of Adults Say It Is Difficult To Afford Health Care Costs, Including Large Shares of the Uninsured, Black and Hispanic Adults, and Those With Lower Incomes

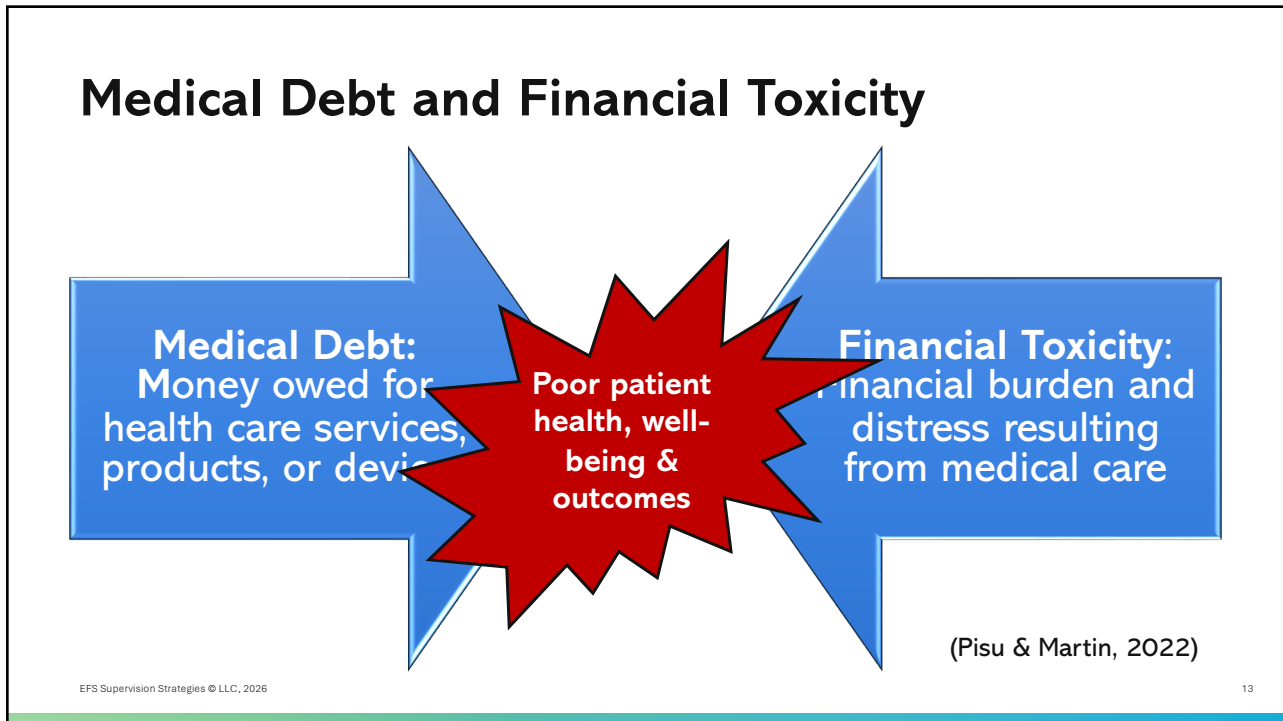
In general, how easy or difficult is it for you to afford your health care costs?

	Very/Somewhat easy	Very/Somewhat difficult
Total	56%	44%
Insurance status among adults ages 18-64		
Insured	58%	42%
Uninsured	18%	82%
Race/Ethnicity		
Black	50%	49%
Hispanic	44%	55%
Asian	57%	43%
White	61%	39%
Household income		
Less than \$40,000	46%	53%
\$40,000-\$89,999	54%	46%
\$90,000 +	70%	30%

Note: See topline for full question wording.
Source: KFF Health Tracking Poll (May 5-26, 2025)

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Medical Debt and Financial Toxicity

N=12,645

1. **Measures:**
Cost Burden: Out-of-pocket (OOP) costs > 10% of family income, .5% of those with very low income)
2. Catastrophic Cost Burdens: OOP costs > 40% of family income, excluding food costs
3. Foregone Care Due to Cost: Not getting needed care due to costs, and
4. Family-level Cost Burden

26.7% delayed or had to forego care due to cost or cost burden

HIGHEST COST BURDENS

Chronic disease

Increased hospitalizations

No insurance

Lower income

53.2% who died incurred burdensome costs

(Gaffney, et al., 2025)

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Potential Loss of CCBHC's



Certified Community Behavioral Health Clinics

- Inclusive treatment
- Services offered are guided by the needs of populations served by each community:
 - serious mental illness (SMI),
 - substance use disorders (SUDs),
 - children with serious emotional disturbances (SEDs), and
 - Veterans
- Offer immediate crisis care, integrated care treatments, and support for recovery

(National Council for Mental Well-being, 2024)

76%

30% by 20%
or more

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Potential Loss of CCBHC's



73% less
hospitalizations

>40% less
homelessness

>60% less
time in jails

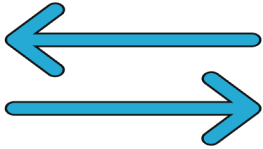
(National Council for Mental Well-being, 2024)

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Changes in Medicaid



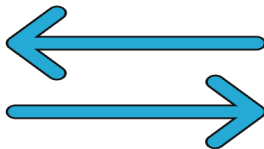
- Increased renewal frequency
- Sunset of FMAP Incentives
- Eligibility and Immigration
- And of course.....

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Changes in Medicaid: Work Requirements



Work Requirements

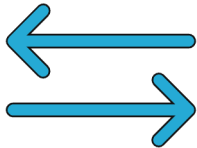
- **Expanded ABAWD Rules**
 - Federal law expands work requirements for Able-Bodied Adults Without Dependents (ABAWDs).
- **New Categories**
 - Adults (18-64) must work or train 80+ hrs/month to get benefits past 3-months
- **Caregivers Affected**
 - Parents/caregivers with children 14+ (previously exempt) are now included unless other exemptions apply.
- **Narrowed Exemptions**
 - Exemptions for veterans, the homeless, and foster youth are reduced or eliminated in many areas.

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Changes in SNAP Requirements



Benefit & Income Changes (Effective FY 2026)

- **Higher Maximums:** The maximum monthly benefit for a family of four in the contiguous U.S. rises to \$994
- **Minimum Benefit:** Minimum monthly benefit increases to \$24.
- **Income Limits:** Income eligibility thresholds rising, allowing more families to qualify.
- **Asset Limits:** Unchanged (\$3,000 for most, \$4,500 for elderly/disabled).

Food Restriction: State Specific

- 12 have USDA waivers to restrict SNAP purchases (e.g., ban surgery drinks, sodas, candy, energy drinks, some prepared desserts)
- (USDA, 2026)

Benefits Vary Across New England

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Massachusetts SNAP Eligibility Screen: DTA Connect

Am I eligible for SNAP

Find out if you may be eligible in 10 seconds.

How many people live in your household, including you? (Required)

If you buy and make more than 2/3 of your meals with others, they must be in your household. If your spouse or children under 22 live with you, they must be in your household even if you do not buy and make meals with them.

1
 2
 3
 4
 5
 More

Is anyone age 60 or older? (Required)

Yes
 No

Does anyone in the household have a physical or mental [disability](#)? (Required)

Yes
 No

What is the total [gross income](#) for your household? (Required)

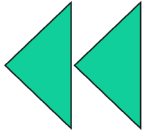
\$ per

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And Those Quality Rollbacks



For 2026:

1. CMS removed 4 key measures from the Hospital IQR Program starting in the CY 2024 reporting period (impacting FY 2026 payments):
 - Hospital Commitment to Health Equity
 - COVID-19 Vaccination Coverage Among Healthcare Personnel
 - Screening for Social Drivers of Health and
 - Screen Positive Rate for Social Drivers of Health

2. 4 measures on pediatric & prenatal immunization status from the 2026 Child and Adult Core Sets.

(CMS, 2025; CMS 2026a, CMS 2026b; PCG, 2025)

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Changes in CMS-CMMI programs

OUT WITH

- Mary land Total Cost of Care (2019 – 2026)
 - Primary Care First (2021 – 2026)
 - ESRD Treatment Choices (2021 – 2027; will propose termination through rulemaking)
 - Making Care Primary (2024 – 2034)
- Reductions to:
- Integrated Care for Kids Model (2020-2026)

IN WITH

- ACCESS
- AHEAD
- BALANCE
- GLOBE
- IBH
- LEAD
- TEAM
- TMaH

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And of Course.....Rural Health Transformation

- Created as part of the July 2025 One Big Beautiful Bill to offset its impact on rural areas including:
 - Some \$911 B in federal Medicaid spending cuts over 10 years, of which an estimated \$137 B across rural states
 - All states applied for and won an award
 - \$10 B annually to be distributed from FY 2026 to 2030
- (CMS, 2025b; Levinson et al., 2026)

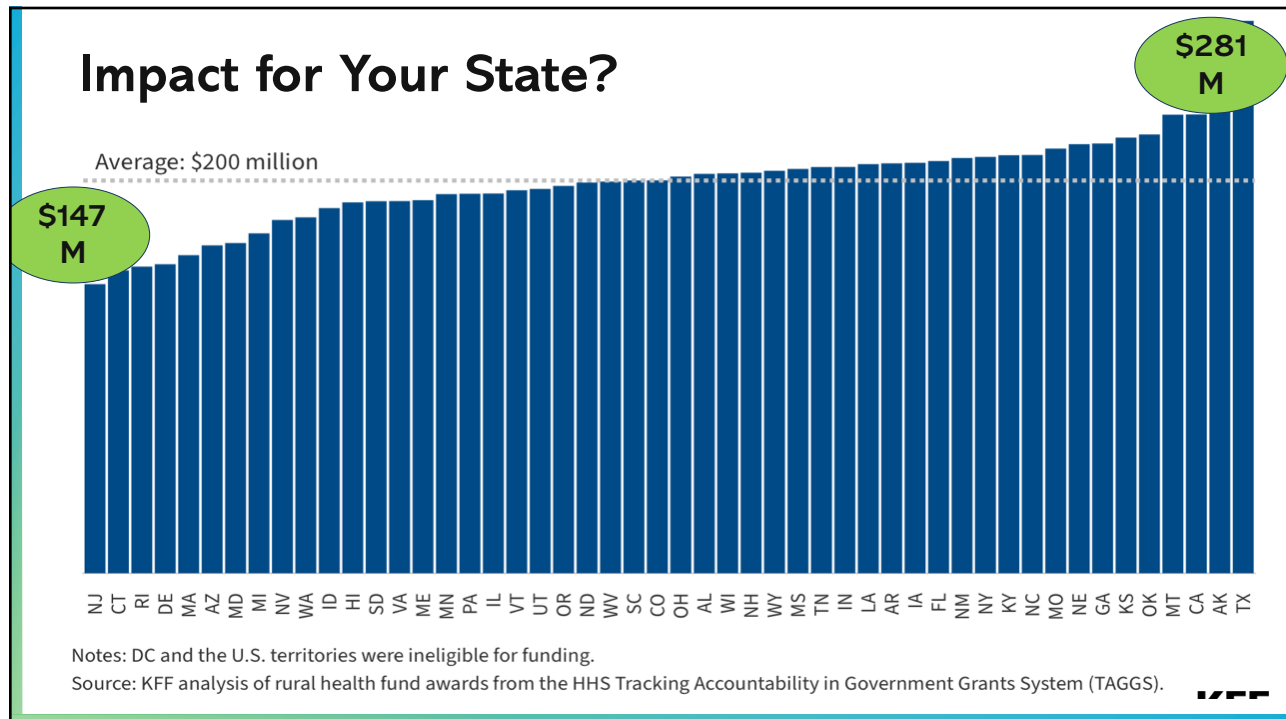


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Impact for Your State?



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Dare we Dig into Medicare Advantage Shifts?



(Medicare Rights Center, 2025)

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Part D Drug Costs:

- Out-of-pocket cap for covered Part D drugs: \$2,100.
- Monthly insulin cap (\$35) continues.
- New negotiated drug pricing under the Inflation Reduction Act.

Extra Benefits (MA-PDs):

- Stricter rules on qualifying for benefits like groceries, utilities, and OTC items, focusing on those with chronic conditions (e.g., diabetes, heart disease).
- Plans must provide consistent benefits to reduce "surprise" perks.

Provider Networks & Costs:

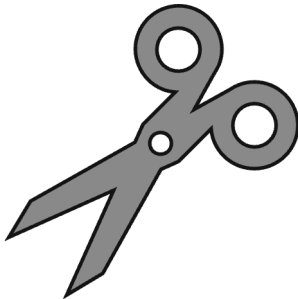
- Insurers update networks and drug lists (formularies) annually
- Premiums, deductibles, and out-of-pocket costs can change yearly.

CMS Focus Areas:

- Tighter rules for chronic illness management benefits and expanded advanced primary care management.
- New limits on non-health-related items MA plans can cover (e.g., alcohol, tobacco, cosmetic surgery, funeral costs).

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And the Proposed Department of Education Budgeting



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- Applicants to programs outside of the defined "professional" category would be subject to lower loan caps:
 - Graduate program loans limited to \$20,500 per year, with an aggregate maximum of \$100,000 VS.
 - Professional degree loans for up to \$50,000 per year and a \$200,000 cap.
- Eliminates the Grad PLUS loan program
- Sets new limits for the PARENT PLUS program by restricting borrowing to \$20,000 per student annually, with a cumulative cap of \$65,000.

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Forging Regulatory and Accreditation Revisions with Ethical and Professional Obligations

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<h2 style="margin: 0;">REGULATORY COMPLIANCE</h2>	
	
<p>Framework for Healthy Communities:</p> <ol style="list-style-type: none"> 1. Expand collection, reporting, and analysis of standardized data 2. Assess opportunities to close gaps in CMS programs, policies, and operations 3. Build capacity of health care organizations and the workforce 4. Promote language access, health literacy, and the provision of person-centered services 5. Increase access to health care services for individuals living with a disability 	<p>Excellent Health Outcomes for All Accreditation</p> <p>Formalize structures, processes, & goals to identify & address differences in outcomes across patient groups:</p> <ul style="list-style-type: none"> • Lead by prioritizing optimal outcomes for all patients as key pillar of an organization's strategic plan. • Collaborate with other organizations to understand community needs • Analyze differences in patient outcomes and use data to improve care, treatment & services for all patient groups. • Ensure attention to patient's specific needs • Improve using the data to identify areas of focus
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		Health Outcomes Accreditation (2025)	Community-Focused Care Accreditation
Goal	Data-driven understanding of an organization's population and their unique needs and experiences; identify and address gaps and disparities in care.	Cultivate high-impact, community-based partnerships to connect members/patients to non-medical or social needs resources to support their best possible health.	Cultivate high-impact, community-based partnerships to connect members/patients to non-medical or social needs resources to support their best possible health.
Data Types	Uses at least 4 data types to identify gaps in care or experience: <ul style="list-style-type: none"> • Race and ethnicity • Language • Sexual orientation • Disability • Geography 	Uses data on non-medical or social drivers of health (e.g., food, housing, transportation) to understand and meet population needs.	Uses data on non-medical or social drivers of health (e.g., food, housing, transportation) to understand and meet population needs.
Focus Area	Provide services or resources that meet cultural, linguistic, disability-related & other personal needs that can be barriers to accessing appropriate and timely care.	Develop infrastructure and partnerships with CBOs to connect members/patients to needed non-medical resources.	Develop infrastructure and partnerships with CBOs to connect members/patients to needed non-medical resources.
WHOLE PERSON CARE IS PARAMOUNT			

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Health Equity Accreditation

- Promote integration of health equity principles
- Support industry initiatives to eliminate health disparities, and
- Assure that high-risk racial and ethnic populations, and those with disabilities, receive optimal health care.

75%


7-10%

(URAC, 2025)

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Codes of Ethics

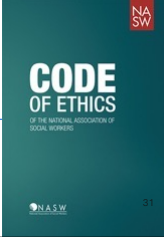


ANA
AMERICAN NURSES ASSOCIATION

Values

- Service
- Social justice
- Dignity and worth of the person
- Importance of human relationships
- Competence


Code of Ethics (2025):
Provision 1: The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.



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Codes of Professional Conduct



CCMC
Commission for Case Manager Certification

(2023)




CDMS
Certified Disability Management Specialist

Board-certified case managers will:
Principle 2: respect the rights and inherent dignity of all their clients.
Principle 3: always maintain objectivity in their relationships with clients.
Principle 4: act with integrity and fidelity with clients and others.
Principle 7: Obey all laws and regulations

Board-certified disability management specialists shall:
Principle 2: respect the integrity, dignity, and protect the welfare of those persons or groups with whom they are working.
Principle 3:.....ditto
Principle 4:.....in dealing with other professionals
RPC 1.08 – Objectivity
RPC 1.12 d: Misconduct
RPC 1.13 a: Human Relations

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Standards of Practice

Standard G: Resource Management: The professional case manager should:

- Integrate factors compliant with requisite employer standards regarding patient access, choice, cost, health equity, quality, and safety; all should be aligned with CMSA's standards of practice.
- Document evidence of aligning the most effective and efficient use of health and behavioral health services and financial resources when designing a plan of care.

Standard J: Client Assessment: The professional case manager should:

- Complete a thorough individualized client-centered assessment that considers the client's unique cultural & linguistic needs, including their support network PRN.
- Client assessment is a process that focuses on the evolving needs of a client as identified by the case manager throughout the professional relationship and across the transitions of care.
- Client assessment involves each client and the client's family or support network as appropriate. It includes the physical, psychological, social, environmental, and spiritual domains as pertinent to the practice setting access care.

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(Engel, 1977; CMSA 2022, 2024) ³³

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Standards of Practice

Standard C. Legal

Standard D. Ethics

Standard E. Advocacy

Standard F. Cultural Competence

Standard H. Health Information Technology

Standard K. Identification of care needs and opportunities

Standard M. Facilitation, coordination, and collaboration, and

Standard Q. Diversity, Equity, Inclusion, and Belonging, and Health Equity

(2022, 2024) ³⁴

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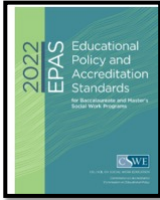
34



EPAS Competencies

Competency 3: Engage Anti-Racism, Diversity, Equity, and Inclusion (ADEI) in Practice

Social workers:



- Understand how racism and oppression shape human experiences and how these two constructs influence practice at the individual, family, group, organizational, and community levels and in policy and research.
- Understand the pervasive impact of White supremacy and privilege and use their knowledge, awareness, and skills to engage in anti-racist practice.
- Understand how diversity and intersectionality shape human experiences and identity development and affect equity and inclusion, and
- That this intersectionality means that a person's life experiences may include oppression, poverty, marginalization, and alienation as well as privilege and power.

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(CSWE, 2022)

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Wrap Up, Actions, and Resources

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ELIMINATE SILOs

Case management involves interprofessional team collaboration marked by respectful, interactive, and intentional communication

No SILOs Across:

- Teams
- Sectors
- Case management colleagues
- Patients

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Advance Programming and Access: Medicaid 1115 Waivers

Landscape of Approved and Pending Section 1115 Waivers as of December 4, 2025

■ 67 Approved Across 47 States ■ 34 Pending Across 27 States

Category	Approved	Pending
Eligibility		
Expanded Eligibility Groups	41	15
Other Eligibility/Enrollment Expansions	18	1
Eligibility/Enrollment Restrictions	10	6
Benefits		
Select Benefit Expansions	45	15
Benefit Restrictions, Copays, Healthy Behaviors	5	1
SDOH & Other DSR		
Social Determinants of Health Provisions	25	6
Other Select DSRs (UCC Pools and BH DSR)	12	2

Note: This figure only represents waivers captured in this tracker; for a full list of pending and approved waivers, see [Medicaid.gov](https://www.Medicaid.gov). For tracker definitions, inclusion criteria, and additional notes, see the Definitions Tab.

Source: KFF analysis of state Section 1115 Medicaid waivers posted to [Medicaid.gov](https://www.Medicaid.gov)

EFS Supervision Strategies © LLC, 2026 **KFF**

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Advance Programming and Access: MVP Shelters



Medically Vulnerable People (MVP) Shelters:

- Non-Congregate Settings: Semi-private rooms, private bathrooms, and accommodations
- Targeted Population: Seniors (60/62+), younger adults with serious medical conditions or needing recuperative care.
- Integrated Healthcare: Onsite medical case management, primary care, nursing, and behavioral health
- Promote self-efficacy: Generally stable and able to manage their own basic ADLs
 - Limited home health support available.
- Goal: Transition to stable, permanent housing.

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Advance Programming and Access: Medically Vulnerable Programs

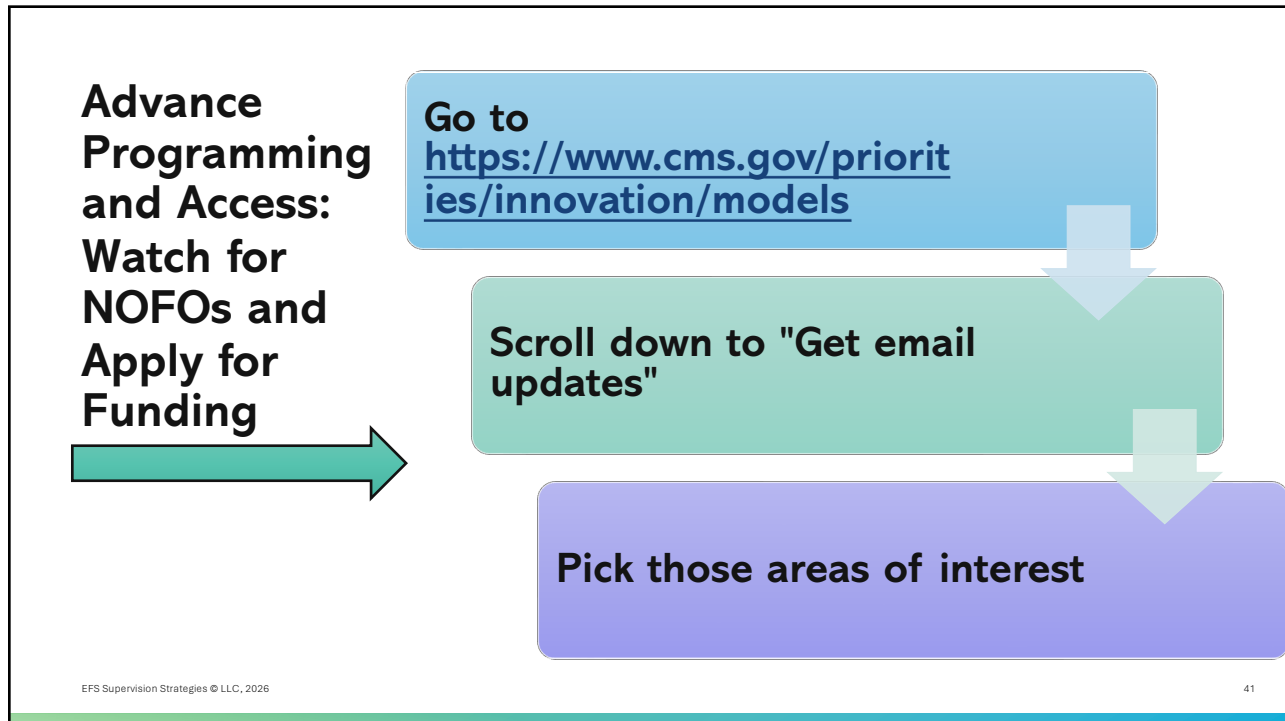


- Catholic Charities' The Healthy Housing Initiative: <https://www.catholiccharitiesusa.org/healthy-housing-initiative/>
- The Medical Respite Care Directory through National Health Care for the Homeless Council: <https://nhchc.org/medical-respite/directory/>
- The Road Home: <https://theroadhome.org/get-help/mvpfacility/>
- 211: <https://www.211.org/>
- Find Help: <https://www.findhelp.org/>

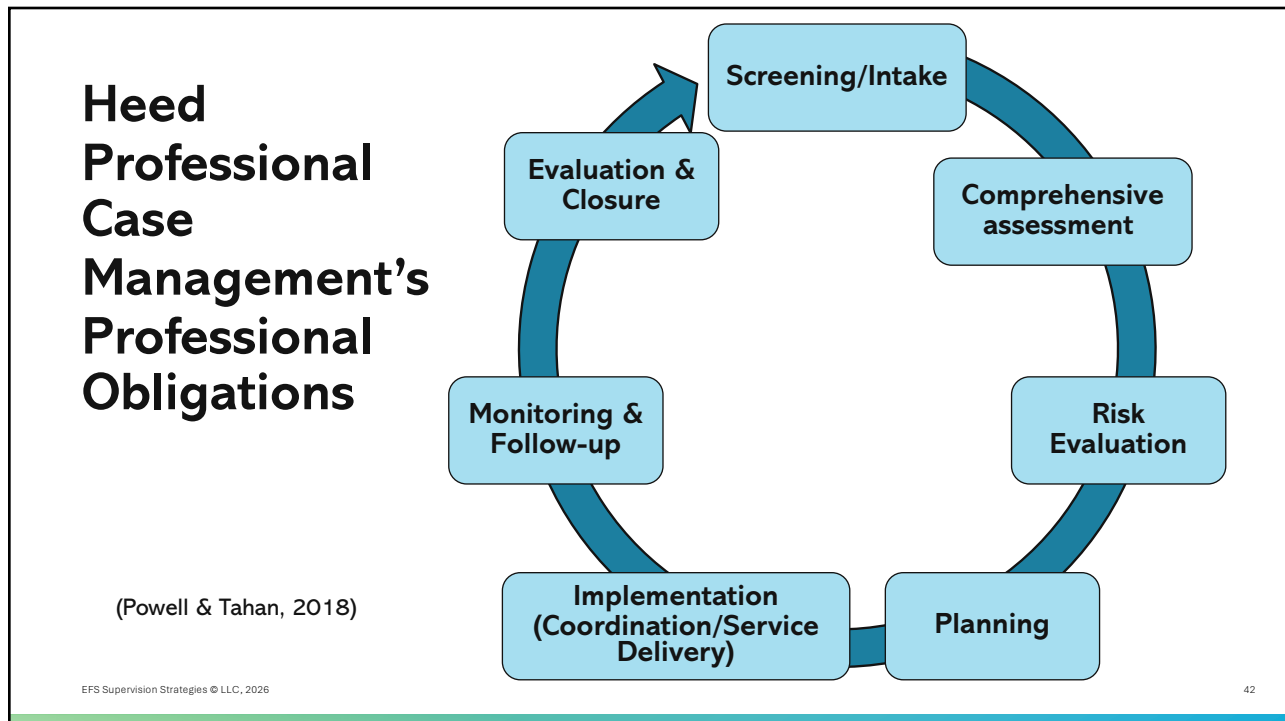
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Advance Programming and Access: STOP the Department of Education Budget Cuts



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- Notice of Proposed Rulemaking (NPRM) in the Federal Register to initiate a formal public comment period beginning in January 2026.
- Sign the petitions across the industry's professional associations
 - Nursing: <https://ana.quorum.us/campaign/professionaldegreepetition/>
 - Social Work: <https://www.socialworkers.org/Advocacy/Action-Center>

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Stay Informed: Resources



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- CMS/CMS Innovation Models: <https://www.cms.gov/priorities/innovation/models>
- CMSA Public Policy Committee: <https://cmsa.org/advocacy/>
- Kaiser Family Foundation/Pederson: 1115 Waiver Tracker: <https://www.kff.org/medicaid/medicaid-waiver-tracker-approved-and-pending-section-1115-waivers-by-state/>
- Medicaid Expansion Impact <https://www.kff.org/medicaid/status-of-state-medicaid-expansion-decisions/>
- Medicare Rights Center: <https://www.medicarerights.org>

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Stay Informed: Resources



- **USDA/SNAP**
 - Eligibility: <https://www.fns.usda.gov/snap/recipient/eligibility>
 - Connecticut: https://portal.ct.gov/dss/snap/supplemental-nutrition-assistance-program---snap?language=en_US
 - Maine: <https://www.maine.gov/dhhs/ofi/programs-services/food-supplement>
 - Massachusetts: <https://dtaconnect.eohhs.mass.gov>
 - New Hampshire: <https://www.dhhs.nh.gov/programs-services/food-meals-assistance/supplemental-nutrition-assistance-program-snap>
 - Rhode Island: <https://dhs.ri.gov/programs-and-services/supplemental-nutrition-assistance-program-snap/supplemental-nutrition>
 - Vermont: <https://dcf.vermont.gov/benefits/3SquaresVT>
- **Food Waivers and Restrictions:**
<https://www.fns.usda.gov/snap/waivers/foodrestriction>
- **Work Requirements:** <https://www.fns.usda.gov/snap/work-requirements>

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Thank You



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 Blog: [Ellen's Interprofessional Insights](#)

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