SDoH Update 2026: Understanding the Shifting Landscape

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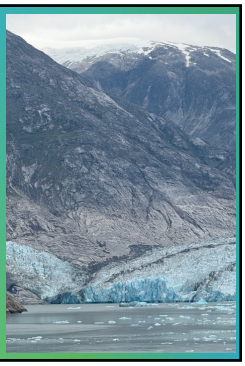

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How Fast Can the Landscape Shift?

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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

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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

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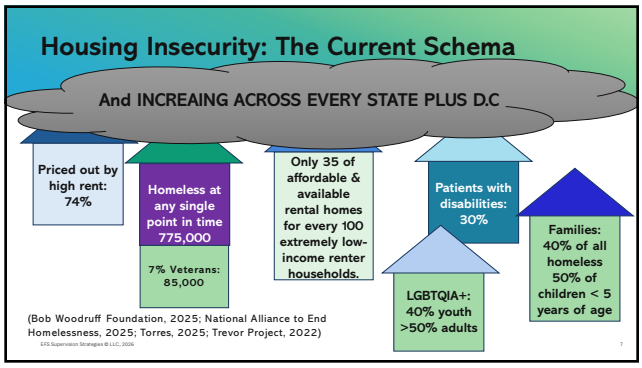

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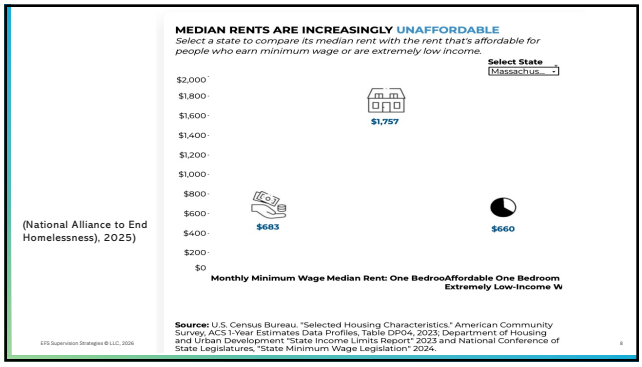

(National Alliance to End Homelessness), 2025)

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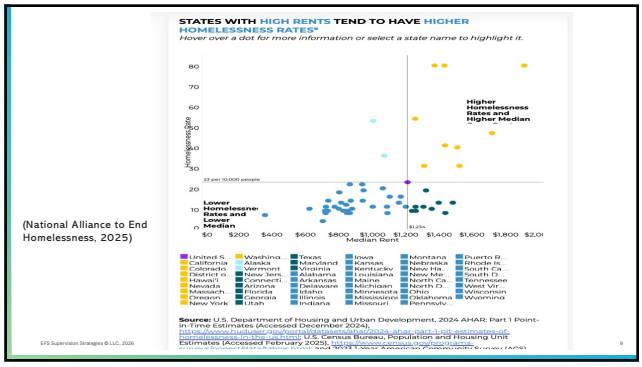

(National Alliance to End Homelessness, 2025)

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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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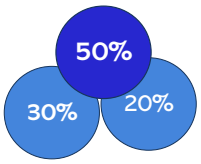
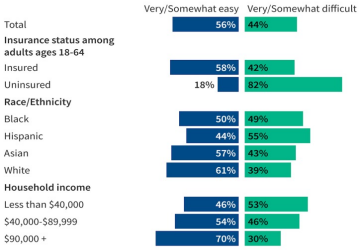
Management of Health Care Costs



(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?



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

KFF

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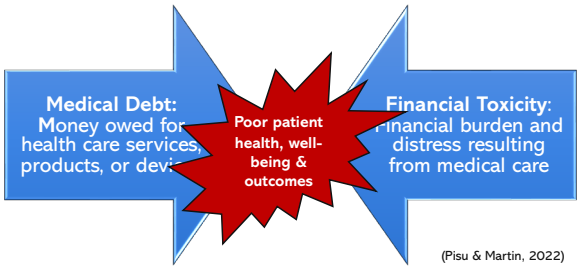
Medical Debt and Financial Toxicity



(Pisu & Martin, 2022)

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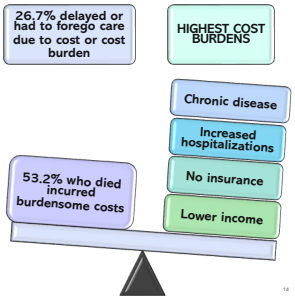
Medical Debt and Financial Toxicity

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

(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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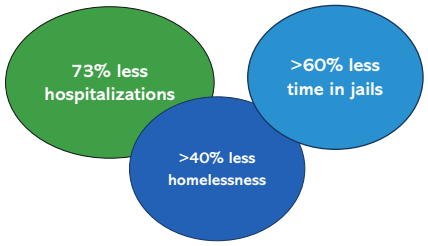
Potential Loss of CCBHC's



(National Council for Mental Well-being, 2024)

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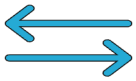
Changes in Medicaid



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

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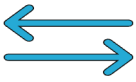
Changes in Medicaid: Work Requirements



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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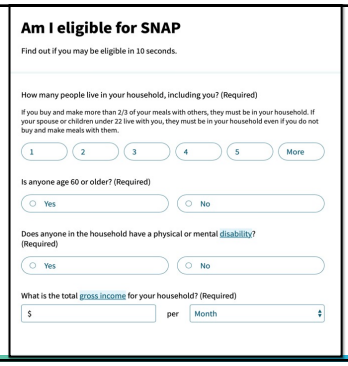
Massachusetts SNAP Eligibility Screen: DTA Connect



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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 2026t o 2030

- (CMS, 2025b; Levinson et al., 2026)

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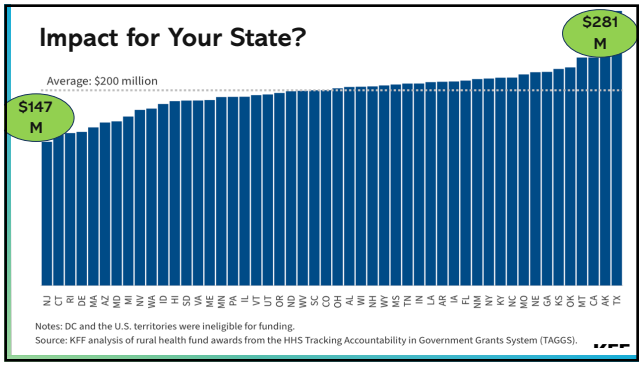
Impact for Your State?



Notes: DC and the U.S. territories were ineligible for funding.
Source: KFF analysis of rural health fund awards from the HHS Tracking Accountability in Government Grants System (TAGGS).

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Dare we Dig into Medicare Advantage Shifts?

(Medicare Rights Center, 2025)

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

- **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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REGULATORY COMPLIANCE

Framework for Healthy Communities:

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

Excellent Health Outcomes for All Accreditation

Formalize structures, processes, & goals to identify & address differences in outcomes across patient groups:

- **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

2025

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(2025)	Health Outcomes Accreditation	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.
Data Types	Uses at least 4 data types to identify gaps in care or experience: • 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.
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.

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

Code of Ethics (2025):

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

Values

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

(2021)

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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

CMSA
Case Management Society of America

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.

(Engel, 1977; CMSA 2022, 2024)

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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)

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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.

(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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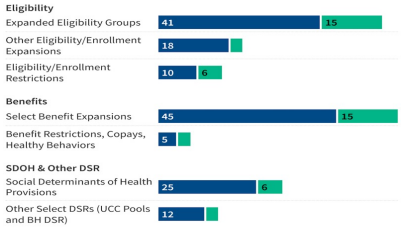
Advance Programming and Access: Medicaid 1115 Waivers

Landscape of Approved and Pending Section 1115 Waivers

as of December 4, 2025

67 Approved Across 47 States | 34 Pending Across 27 States



Note: This figure only represents waivers captured in this tracker; for a full list of pending and approved waivers, see 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

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: Watch for NOFOs and Apply for Funding

Go to https://www.cms.gov/priorities/innovation/models

Scroll down to "Get email updates"

Pick those areas of interest

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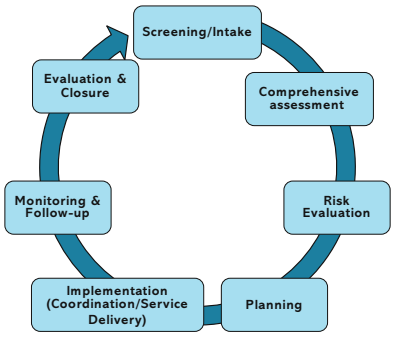
Heed Professional Case Management's Professional Obligations



(Powell & Tahan, 2018)

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

- 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

- 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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