



H.R.1 Update on SNAP and Medicaid

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H.R.1 SNAP Policy Changes

Administrative Cost Shift

- Currently, the federal share of SNAP administration is 50%; the state/local share is 50%
- October 1, 2026 – federal share of SNAP administration is 25%; state/local share is 75%
- For Fairfax, this means a revenue reduction of \$6.7M in FY 2027¹ (based on 10/1 implementation) and a full year impact of \$8.8M

SNAP Error Rate

- If a state has an error rate above 6%, then the state will have to pay a portion of the SNAP benefit to participants.
- No indication at this time of benefits cost sharing by counties.

SNAP Error Rate Thresholds	
Error Rate	Cost Sharing Penalties
Under 6%	None
6% - 7.99%	5%
8% - 10%	10%
Above 10%	15%

¹ The \$6.7M reduction is already accounted for in the FY 2027 adopted budget.

SNAP Error Rate Mitigation

The change:

- Current Error Rate is 11.5% for Virginia (Federal Fiscal Year 2024); approximately **\$270M to the state**
- New federal Error Rate for states is expected to be released by the USDA in June 2026.
- Errors are either participant errors or agency errors.
- VDSS can not estimate a LDSS's component of the error rate.

What are we doing?

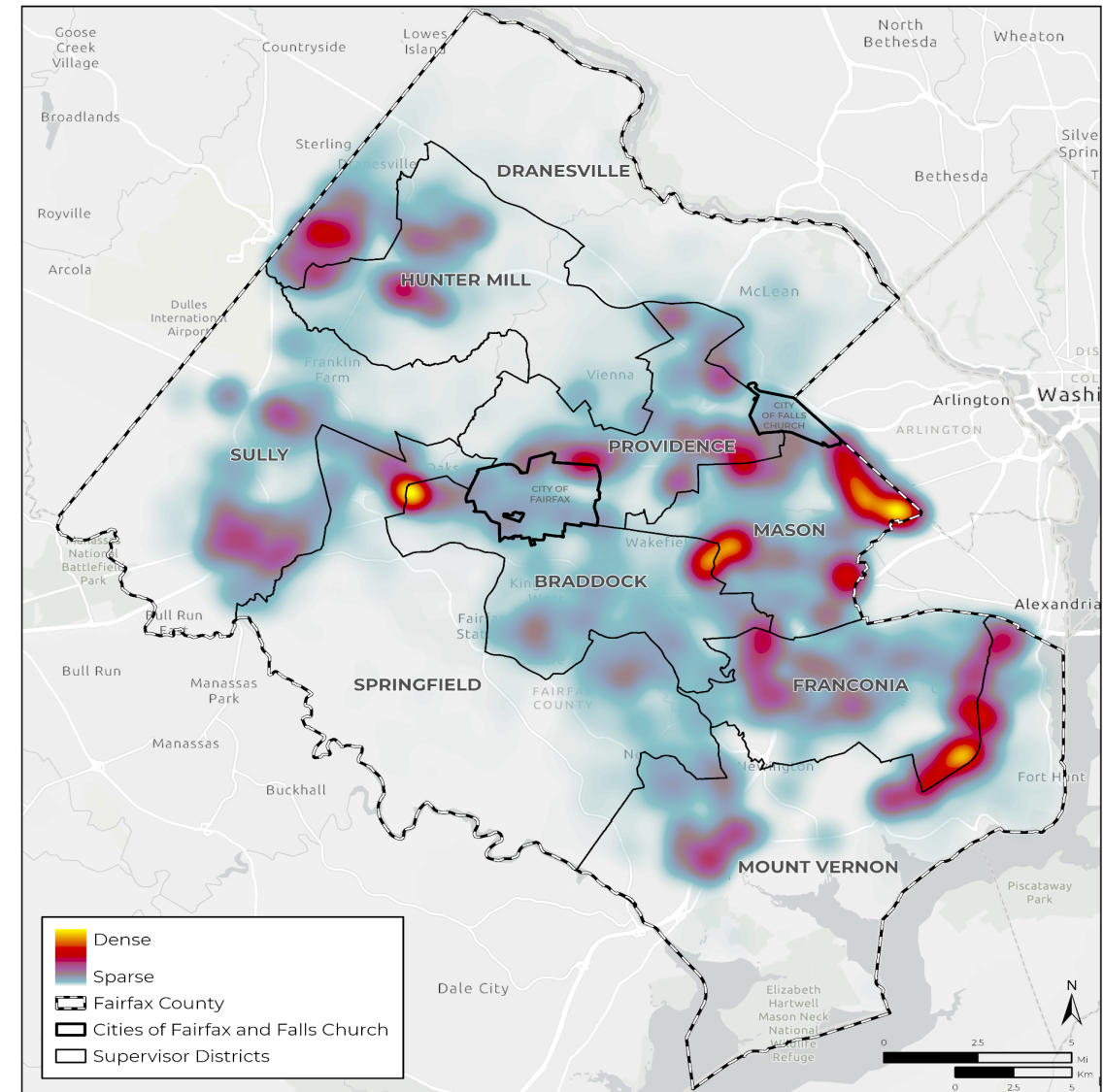
- Work with staff to develop a culture of change with a focus on quality, accuracy, and timeliness
- In partnership with DIT, developed a SNAP policy chatbot.
- Examining emerging technologies to support SNAP workload management
- Enhancing staff training and remediation process
- Community outreach and education about completing applications
- Improvements to our continuous quality improvement process.

H.R.1 Medicaid Changes

- Non-Citizen Eligibility
- Retroactive Eligibility Reductions
- Twice Annual Eligibility Redetermination
- Work and Community Engagement Requirements



Density of MAGI Adults in Fairfax County and Neighboring Jurisdictions



Non-Citizen Eligibility – October 1, 2026

The Change:

- **Non-citizen Eligibility Changes, October 1, 2026**
 - Limits full eligibility for non-pregnant adults to Legal Permanent Residents, Cuban/Haitian Entrants, and Compact of Free Association migrants
 - May qualify for Emergency Medicaid. Guidance is pending from VDSS/DMAS
- **Does NOT impact the eligibility for:**
 - Children under 19, regardless of citizenship
 - Prenatal, pregnancy coverage regardless of citizenship status
 - Emergency Medicaid

What's Our Role:

- DMAS – Sending notice to impacted individuals beginning in July
 - DFS will follow this communication by activating our Community Engagement and Outreach Plan
- Discussions with Health, CSB, & NCS about impact and outreach planning
- Ongoing dialogue with Health System Partners through Health and directly with Inova.

Retroactive Coverage Reduction

The Change:

- Medicaid Expansion:
Retroactive Coverage reduced to 1 month
- Non-Medicaid Expansion Coverage Groups:
Retroactive Coverage Reduced to 2 months
- Changes become effective January 1, 2027

What we are doing:

- Readiness review and planning with Inova
- Workload Analysis

Twice Annual Eligibility Determination – January 1, 2027

The Change:

- Conduct eligibility redeterminations (renewals) for Medicaid Expansion Members (Adults) every six months
 - Currently done annually
 - ~50,000 at a point in time
- **New and current Medicaid enrollees** meet the Community Engagement / Work Requirements in the month before their application/renewal to be eligible.

What are we doing?:

- BOS approved 13 positions to support the Medicaid workload increase
- Application and Renewal Business Process Review to ensure operational efficiencies
- Outreach/community engagement plan

Federal Work & Community Engagement Requirements – January 1, 2027

The change:

- Enrollees, aged 19 – 64, who have Medicaid through Expansion must either:
 - Work, volunteer, or participate in an education/training program for a total of 80 hours per month; or any combination of the three
- Enrollees will have to demonstrate compliance in the month before their redetermination date.
- There are exceptions to this rule for caregivers, people with disabilities, people with special medical needs, and pregnant and postpartum women.

What's our Role Regarding the Work Requirements

- Understanding the number of impacted residents.
 - Current estimates indicate that 70% are meeting the work requirements or fall into an exemption category.
 - Estimating the impact on workload for our employment and training programs
- Participating in state-level workgroups to support statewide strategy and local planning.
- DFS is the operator of the regional VA Career Works Centers.
 - Building a new process using existing SNAP work requirements to engage and refer impacted residents.
- Working with Volunteer Fairfax to receive referrals for Medicaid enrollees who prefer volunteerism as a path to compliance.

Community Engagement Strategy

Using the toolkit made by VDSS/DMAS and about the County's health safety net:

- Direct, targeted communication to our Medicaid enrollees via mail, email, text, and calls
- Indirect communication through non-profit and business partners and at points of service for medical care and other social supports.
- Print and digital signage in county facilities, community-based organizations, and SNAP retailers, and bus shelters & buses (in targeted areas)
- Partnering with OPA for mass media and social media pushes (including supervisor's offices)
- Regular updates to our website
- Voice-recorded information line and YouTube Shorts/Reels in multiple languages
- Developing internal tools for staff to help navigate the health safety net and the reactions from the public.

Discussion and Questions