Partnership for a Healthy Durham
Access to Care Committee

September 10th, 2026 - 9:00 a.m.-10:00 a.m. Virtual

MINUTES

Facilitators: Angel Romero and Edeia Lynch

Access to Care: This committee's activities include advocating changes that will affect health care coverage for residents across all ages and developing community and agency-based strategies to make measurable improvements in access to care for the uninsured and underinsured residents of Durham.

Attendees: Edeia Lynch, Angel Romero, Krista Kicsak, Merald Patterson, Alecia Smith, Jackie Proctor, James Hart, Jeffrey LaSalle, Leslie Calihman, Nancy Santos, Pam Purifoy, Elizabeth Brill, Shelisa Howard-Martinez, Taylor Outler, David Regan, Kimberly Monroe

Time	Topic	Major Discussion Points	Recommendations & Action Steps
9:00 - 9:05	Icebreaker – Favorite thing you did this summer		
9:05 - 9:10	Last Meeting Recap, Note Review, Access to Care Co-chair updates	Notes from last month are still being finalized for a few edits. They will be shared soon.	Edeia and Angel to make edits and send to BriaKrista for final draft
9:10-9:30	Medicaid Updates- Durham County Department of Social Services (DCoDSS) Team	Pam Purifoy, Jackie Proctor, and James Hart joined from DCoDSS to share information related to Medicaid changes. As many know, Medicaid changes are happening soon due to the HR1 bill, also known as One Big Beautiful Bill, being signed back in July 2025. There are a few dates for Medicaid-related changes: October 1st, 2026 and January 1st, 2027. October 1st changes are mainly eligibility related and January 1st changes are more related to work requirements. **October 1st changes**: Qualified Immigration Status changes. After October 1st, the following immigration statuses will be eligible for Medicaid: • Legal permanent Residents (LPR), those who have an LPR card (aka green card) • Cuban and Haitian Entrants • "COFA" migrants (Citizens of Marshall Islands, Micronesia, Palau) • US Residents • Children's Health Insurance Program Reauthorization (CHIPRA) population, including pregnant women and children under 19 Key Information • For those not eligible after October 1st, emergency services will still be covered as they are now	

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		• Refugee populations: those who hold their LPR/Green Card will continue to be eligible. If they do not have this, they will be covered through September 30th and then receiving the rest of their eight months of eligibility **January 1st, 2027 changes** • Recertification will happen **every six months** instead of every 12 months, so twice/year • Work requirements will be **80 hrs/month for the past three consecutive months** • For recertifications, the caseworker will be looking at the previous application period • Work requirements can be a combination of volunteer work, paid work, and job searching. Job search **cannot** be for more than 40 hrs/month • Retroactive coverage will change o Currently, there can be three months of retroactive coverage o As of January 1st, 2027, there will only be **one month of retroactive coverage** **Questions/Answers** 1. If an undocumented immigrant is applying for emergency Medicaid, will they end up in a pipeline for Department of Homeland Security? a. DSS has not received guidelines on this as of now 2. What is something you recommend this committee share with the public specific to the different dates? How can we be proactive? a. Make sure people know they can and should be working with a DSS case worker. They should bring ALL documentation to appointments, especially if their status has changed. **The most important information to share with their case worker is if their status has changed.** 3. What about informal self-employment? For example, if someone offers to do yardwork in the neighborhood, what do they need to do to validate this information? a. There aren't many changes on self-employment cases. There are forms people can complete and the case worker will provide it if someone mentions being self-employed b. These individuals should hold onto any receipts relevant to their self-employment, along with any type of tax documentation, to share with their case worker 4. Is there currently a template for volunteer hour capture at DSS, to have supervisor of volunteers fill out? a. Not at this time. They are still learning and still building what is helpful for folks at DSS. b. **January 1st** is the timeline for work requirements and volunteer hours needing to be documented better, **not October 1st** 5. Would you suggest clients make in-person appointments with case workers at the DSS office?	

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		a. There are many ways to communicate with a DSS case worker, they don't need to go in person. They can call, email, or fax information, as well. b. DSS has walk-in availability daily from 7:30am-5pm c. Email: dcomedicaid@dconc.gov phone: **(919) 560-8000** i. Clients **should not** share their full social security number (SSN) through email. If they choose to have their SSN help identify their case, they could share the last four of the SSN ii. Better information than SSN to include in an email include: 1. Case ID number 2. Name 3. Date of birth (DOB) 4. Current address 5. Phone number iii. This email is the best email for reporting any type of change to DSS, along with the ability to submit an application or have a conversation with a case worker 6. What does staff capacity look like going into October 1st changes? a. DSS has had over 100 case workers available for Medicaid related work and the County approved nine additional staff members after Medicaid changes were announced. They feel confident they will be able to meet the community's need b. Their training for these staff happen immediately and it is a very robust training situation c. Case loads will largely stay the same for staff, however, with the more frequent recertification required, their work load will increase d. **Wait times are not long! People are only waiting around 10-20 minutes once they enter DSS** 7. How are returned letters being addressed? a. DSS keeps encouraging, and asks all community organizations to encourage, clients to communicate any address changes to mitigate this b. DSS workers will continue calling clients if they run into address issues or have information to share with them and cannot contact them via mail c. There are also lists for returned mail that DSS does outreach on d. DSS also expects there to be some type of training from the state around this at some point in the future 8. Is there an informal tracker that could be created and used by community workers? a. Not as of now but DSS is happy to do what the community needs 9. Sometimes people don't know their particular coverage. Is there any way to find this information without having to call DSS? a. The only real way is to call DSS and confirm coverage b. If they have insurance through another entity, it is possible to look it up by calling that insurance provider	

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		c. For those wanting to know if their coverage is Medicaid expansion, if it is for CHIPRA, etc., they should just call DSS **(919) 560-8000** 10. Are there community engagement opportunities instead of people needing to come into the DSS building? a. Not specifically, no, but DSS is happy to have conversations on how to best serve their community 11. Sometimes DSS is difficult to navigate to folks. Are there any communication materials sharing where exactly to go once they go through security? a. Not as of now, but Pam is looking into what they can do b. **Lobby numbers for specific needs:** i. For anyone **applying for the first time**, they should go to **Lobby #10** ii. **Recertifications for family/children** should go to **Lobby #28** iii. **General adult recertifications** should go to **Lobby #9** Other thoughts/information shared: • Coming up with communication materials for Community Health Workers (CHW) to share would be helpful, since they are trusted in their communities • New communication materials from the State will be coming around October 15th • Current communication materials from the State are available for request for FREE. You can request materials up until September 11th. • NC Medicaid Ombudsman, call 1-877-201-3750 from 8 a.m. to 5 p.m., Monday through Friday except for State holidays. The NC Medicaid Ombudsman helps NC Medicaid beneficiaries understand Medicaid and NC Medicaid Managed Care. They can help beneficiaries when they are not able to solve problems with their provider or health plan. There is someone who is willing to share information in the community at events.	Pam Purifoy will look into how to best communicate locations within DSS building **NC communication materials:** Website link Request materials link
9:50 – 10:00	Announcements & adjourn	• October 7th: Aging Well Durham is having another Durham Aging Plan Meeting from 9am-10:30am at Aging Well Durham. They want to hear back from workgroups and general public to incorporate thoughts into their work. This is an in-person meeting • Aging Well Durham is also convening an older immigrants worker group meeting tomorrow, 9/11, at 10am, where they discuss how to communicate Medicaid changes to older immigrants (50+ years, many classes of immigration status). This is a recurring meeting once a month. They will also be looking at the new public charge rule and how it impacts access to benefits, along with if they lose access to Medicare what changes may they see regarding other health access. For more information, reach out to Shelisa Howard-Martinez.	