

August 25, 2026

The Honorable Mike Braun

Governor of Indiana

Re: Temporary Medicaid and SNAP Protections for Hoosiers Impacted by the August 2026 Disaster

Dear Governor Braun:

On behalf of Indiana's Community Health Centers and the patients and communities they serve, thank you for your leadership in responding to the devastating flooding and severe weather that began on August 11. The rapid mobilization of state agencies, the opening of the State Disaster Relief Fund, emergency housing assistance, the extension of replacement SNAP benefits, and other actions taken by your administration are providing important support to Hoosiers as they begin what will be a difficult recovery.

We respectfully ask your administration to take one additional step: protect disaster-impacted Hoosiers from losing Medicaid or SNAP solely because the storm prevented them from completing an administrative renewal requirement on time.

For families who have lost homes, vehicles, food, documents, electricity, employment, or access to reliable mail and transportation, responding to a Medicaid redetermination notice or completing a SNAP recertification may simply not be possible right now. Some remain displaced from their homes. Others are managing repairs, temporary housing, disrupted employment, or the immediate health consequences of the disaster. An administrative deadline should not compound that hardship by causing an otherwise eligible Hoosier to lose health coverage or food assistance during recovery.

We therefore ask that you direct the Indiana Family and Social Services Administration to use, and where necessary seek federal approval for, available disaster flexibilities in Medicaid and SNAP to:

1. Establish a temporary grace period for Medicaid renewals and procedural terminations. For Medicaid members directly impacted by the August disaster, FSSA should delay termination for failure to return renewal materials or other required information and provide additional time to complete the redetermination process. Federal Medicaid regulations specifically contemplate exceptions to normal eligibility-processing timelines when a natural disaster creates circumstances beyond a state agency's control.
2. Seek CMS concurrence and any additional federal authority necessary to protect continuity of coverage. FSSA should work promptly with the Centers for Medicare & Medicaid Services to use the flexibility available under 42 C.F.R. § 435.912(e) and any other appropriate Medicaid or CHIP authority to delay disaster-related procedural disenrollments, provide additional time for documentation, and conduct targeted outreach before coverage is terminated.
3. Extend SNAP certification and recertification periods for affected households. FSSA should request appropriate flexibility from USDA's Food and Nutrition Service to extend certification periods and recertification deadlines for households affected by the disaster. USDA has approved such extensions following other major floods, storms, and wildfires.
4. Create a simple disaster-hardship process. A household should be permitted to attest that flooding, displacement, loss of documents, disrupted mail, loss of electricity, transportation barriers, or another disaster-related circumstance prevented timely completion of a renewal requirement. FSSA can verify

- continued eligibility through its normal processes once the immediate hardship period has passed.
5. Conduct targeted outreach before any procedural termination occurs. FSSA should use all available contact information and trusted partners—including managed care entities, community health centers, hospitals, local health departments, food banks, and social-service organizations—to help affected Hoosiers complete their renewals before coverage or benefits are discontinued.

We recommend that these protections initially apply to the 53 Indiana counties included in the current federal emergency declaration for the August 11 disaster, consistent with the geographic scope FSSA is already using for the extended replacement-SNAP deadline. The protections should automatically extend to additional counties subsequently designated as damage assessments and recovery efforts continue. FSSA should also retain discretion to provide relief to a directly affected household outside those counties when disaster-related hardship can be demonstrated.

A temporary administrative protection would be consistent with the broader approach your administration has already taken. FSSA has secured additional time for affected households to request replacement SNAP benefits, and the Indiana Department of Insurance has called for a 60-day moratorium on cancellation of insurance coverage for policyholders directly affected by the disaster. Both recognize a straightforward principle: Hoosiers recovering from a disaster should be given reasonable time to meet administrative obligations before losing essential protections. This request would not change Medicaid or SNAP eligibility standards, expand eligibility, or excuse households from ultimately completing required renewals. It would simply give affected Hoosiers reasonable time to comply and allow FSSA to determine eligibility based on substantive program requirements rather than an administrative deadline missed during a disaster.

Indiana's Community Health Centers are prepared to assist. Our members can help communicate these protections, identify affected patients, support renewal completion, and connect families with FSSA and other recovery resources. Trusted community organizations can make these temporary measures more effective while reducing unnecessary administrative churn for the State.

Governor, your administration has responded to this disaster with urgency and a whole-of-government approach. Extending that same practical flexibility to Medicaid renewals and SNAP recertifications would provide an important additional safeguard for families who are already carrying an extraordinary burden.

Thank you for your leadership and your continued commitment to helping Hoosiers recover.

Sincerely,



Ben Harvey, CEO
Indiana Primary Health Care Association