

Addressing H.R.1 Impacts on SNAP and Medicaid in Oregon

Presentation to the Senate Committee on Health Care

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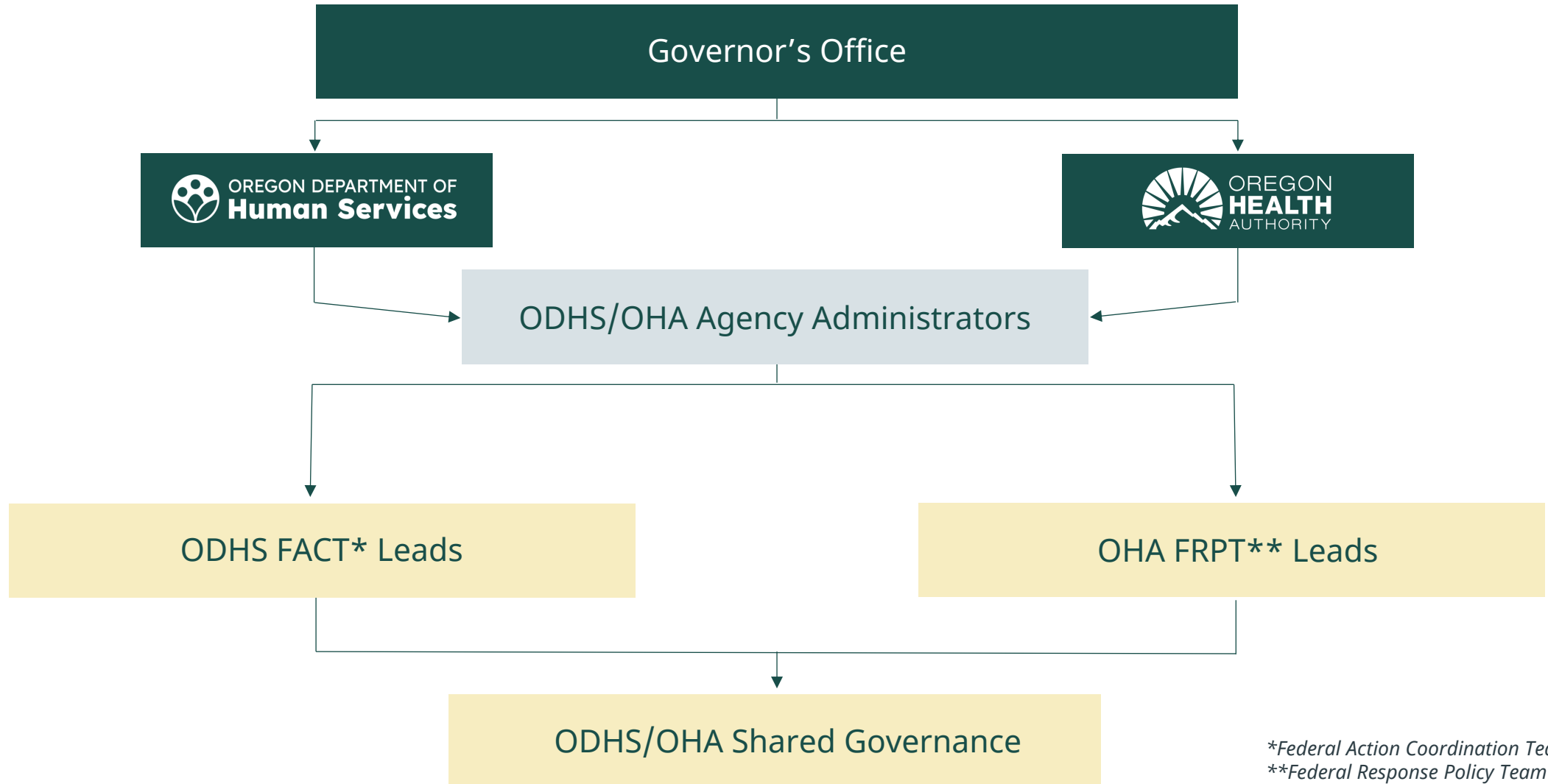
Nate Singer, Director, Oregon Eligibility Partnership, Oregon Department of Human Services

Emma Sandoe, PhD, MPH, Medicaid Director, Oregon Health Authority

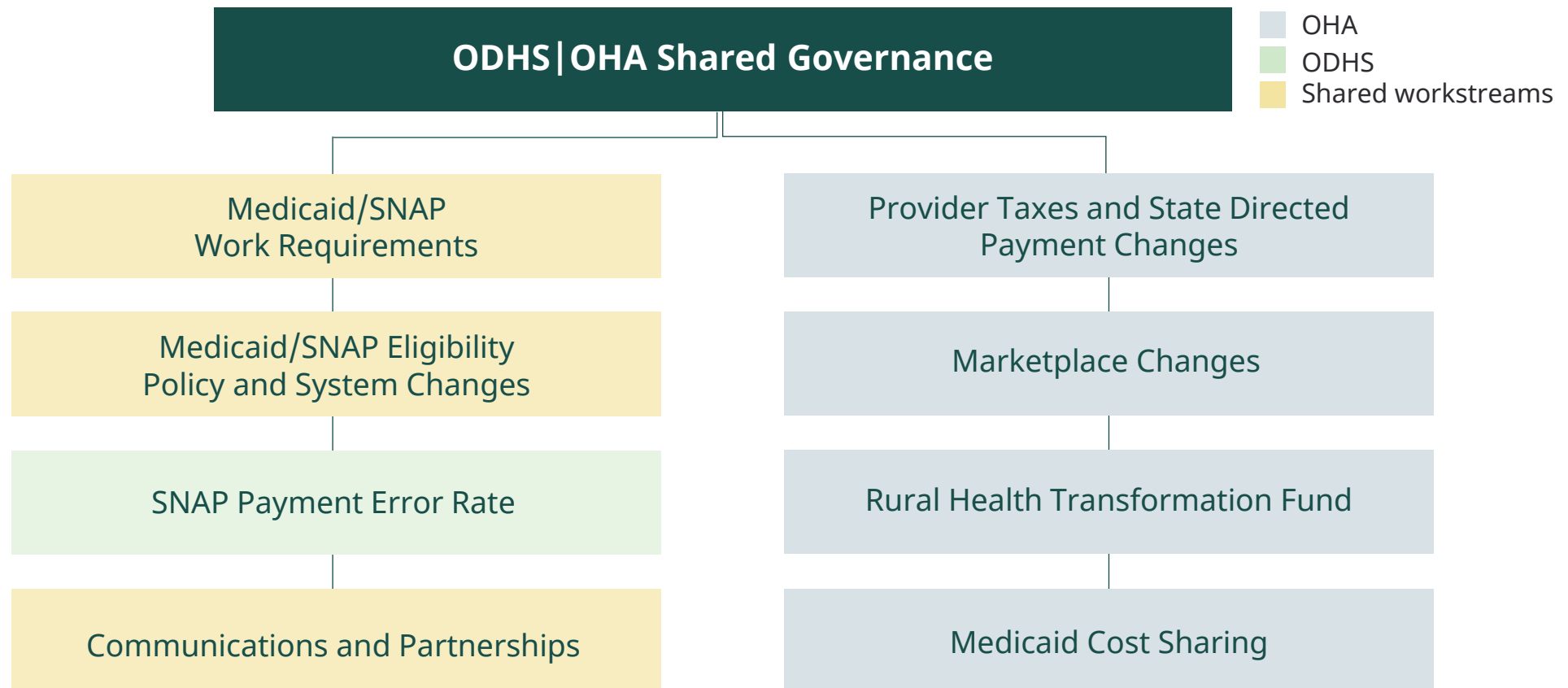
Clare Pierce-Wrobel, MHPA, Health Policy & Analytics Director, Oregon Health Authority

September 30, 2025

ODHS | OHA governance structure



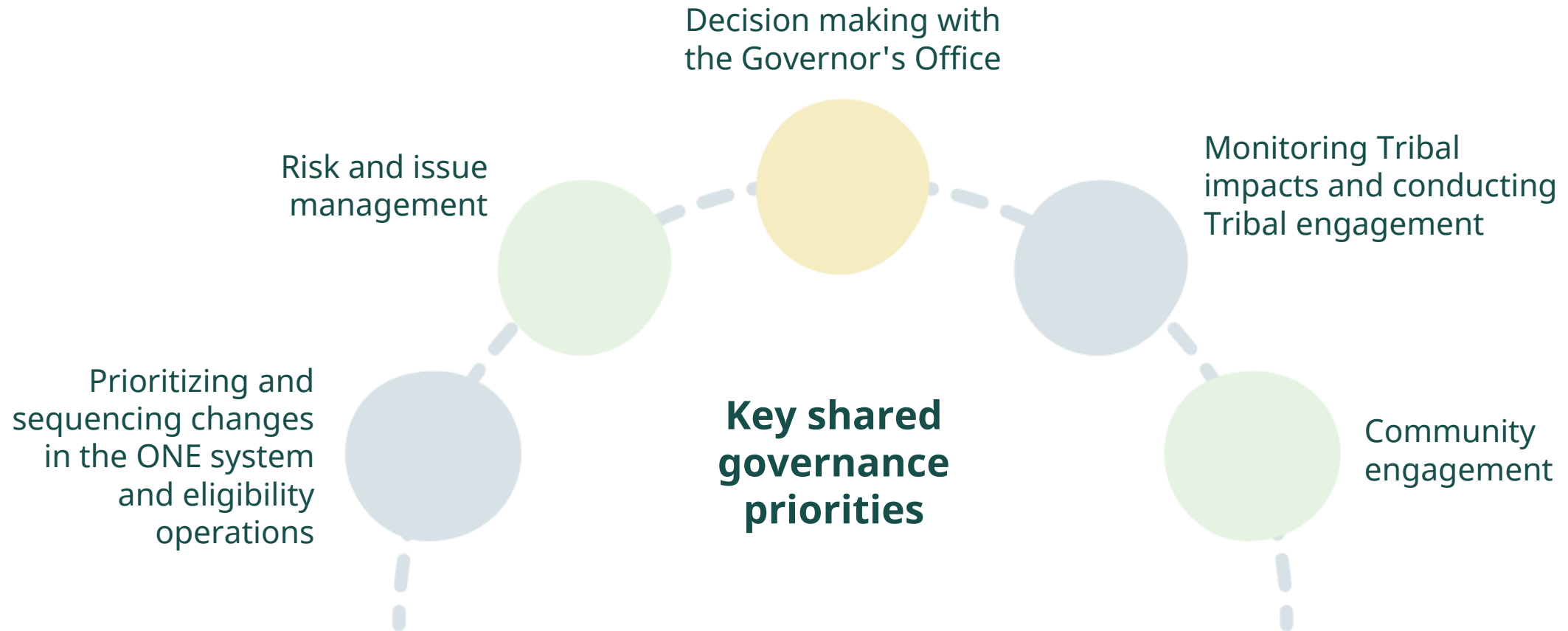
ODHS | OHA implementation workstreams



Other impacted functions and areas embedded in workstreams:

Tribal Affairs, CCO Operations, OHP Bridge, Healthier Oregon Program, Budget, LTSS, Evaluation, etc.

ODHS | OHA aligned approach



Timeline of Major H.R.1 Provisions

SNAP

July 4

- ABAWD* SNAP** work requirements and waivers
- Availability of energy assistance-based Standard Utility Allowance
- New definition of “Qualified Alien”

October 1

- Nutrition education (SNAP-Ed) funding eliminated

October 1

- New state administrative cost share comes into effect, increasing state share from 50% to 75%

October 1

- Re-evaluation of SNAP allotment (Thrifty Food Plan)
- SNAP error rate-based cost sharing comes into effect; Oregon pays up to 15% of benefit**

2025

2026

2027

2028

2029

Medicaid

July 4

- E&E Final Rule prohibitions
- Delay NF Staffing Ratio rule implementation
- Prohibits lower provider taxes based on volume; prohibits taxes at higher rate for Medicaid units of service.
- State directed payment (SDP) cap at 100% for new SDPs
- Planned Parenthood banned from Medicaid participation

December 31

- Application deadline for Rural Health Transformation funding

July 4

- End Planned Parenthood ban

October 1

- Regular Federal Medicaid Assistance Percentage (FMAP) for emergency services
- End of Medicaid/Children’s Health Insurance Program funds for certain non-citizens
- New provider taxes and increases before 6/4/25 prohibited

December 31

- Conduct redeterminations every 6 months

January 1

- Implementation date for work requirements
- Limit retroactive coverage
- Required standard process to update address information
- Verify eligibility quarterly against Death Master file quarterly
- 1115 Waiver Budget Neutrality requirement codified

October 1

- Provider tax cap reduced by a half percentage point per year until 3.5% reached.

January 1

- Home equity limit allowable for long-term care seekers
- State directed payments reduce by 10 percentage points per year until no greater than 100% of Medicare levels

July 1

- New home and community-based services (HCBS) waiver option

October 1

- Copayments required (exp. Adults, >100% federal poverty level)

October 1

- Eliminates option to waive disallowance of federal funds associated with “excess” improper payments

*Able-bodied adults without dependents

**Supplemental Nutrition Assistance Program

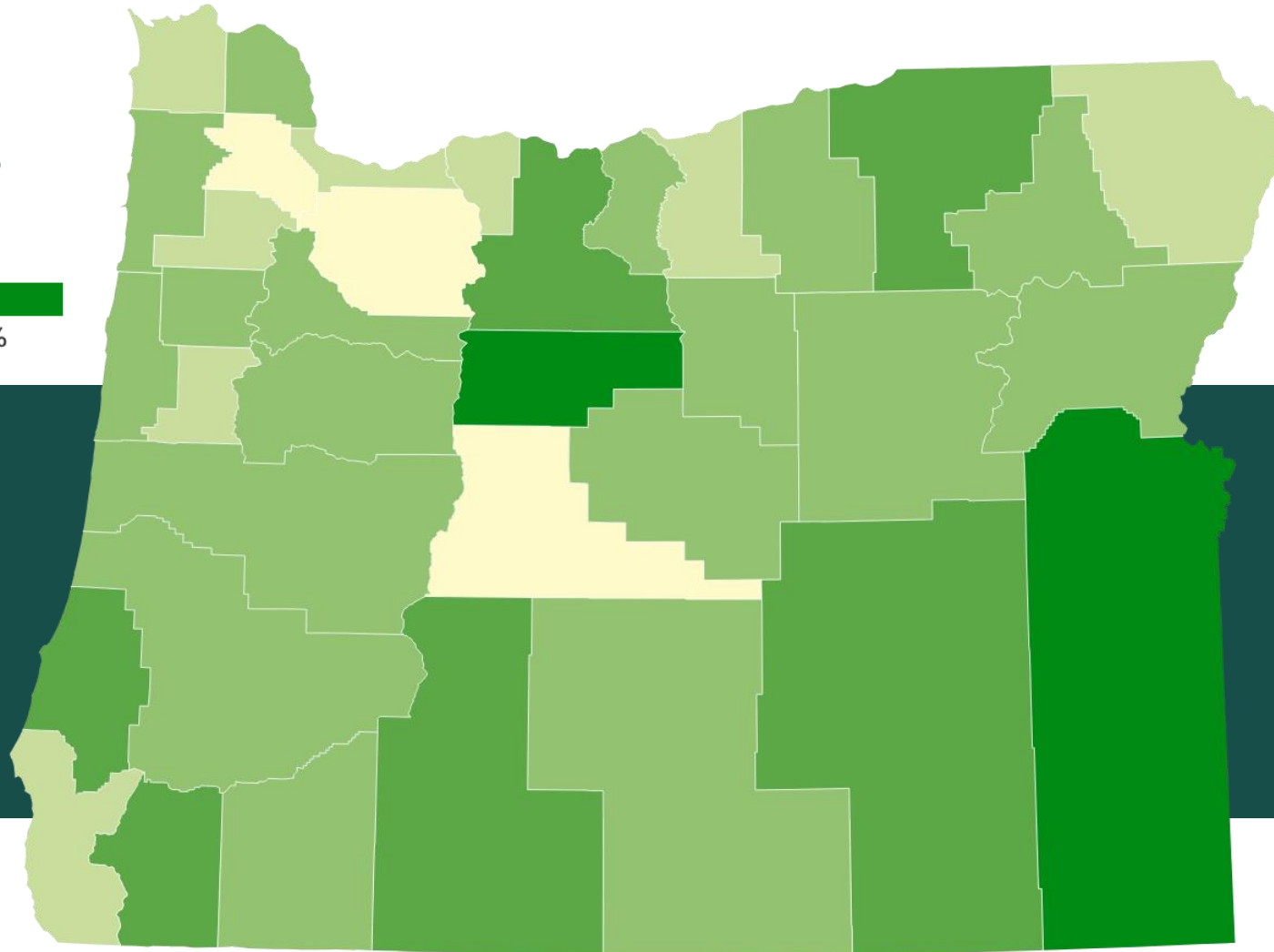
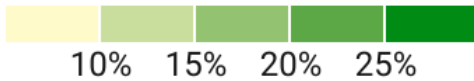
***Based on Oregon’s current 14% SNAP payment error rate

H.R.1 and the Supplemental Nutrition Assistance Program (SNAP)



1 in 6 Oregonians participate in SNAP

Percentage of households receiving SNAP by county



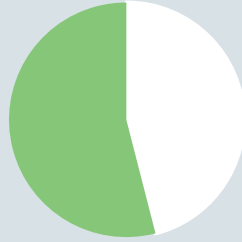
757,000
Oregonians

450,000
Households

Map graphic based on American Community Survey 5-Year data (2017-2021) as presented by the [Food Research & Action Center](#).

SNAP combats hunger and poverty

- More than **54%** of Oregon SNAP participants are in households with children.



- More than **37%** are in households that include older adults or people with disabilities.



- **35%** of participating Oregon households have income at or below 50% of the poverty line.



All data on this slide sourced from the Center for Budget and Policy Priorities: [Oregon Supplemental Nutrition Assistance Program](#), January 2025.

H.R.1 and SNAP: Four major areas of impact

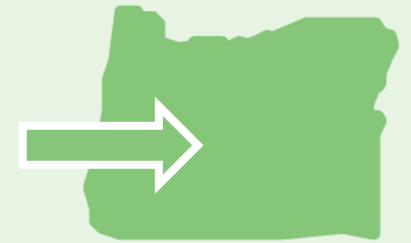
Individuals and families

- Less money to buy food
- More hoops to jump through



Cost shifts to the state

- Administrative share increase
- Payment error rate and benefit cost sharing



Eligibility workload

- Work requirements
- Policy changes and training needs
- Client outreach and support



Oregon's food economy

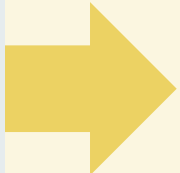
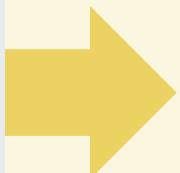
- Less money to grocers, farmers, and other food workers
- Increased demand on food banks and pantries



Able-bodied adults without dependents and lawfully present non-citizens

Effective date	Description	Estimated population impact
July 4, 2025	Changes able-bodied adults without dependents (ABAWD) age range to 18 through 64 (previously 18 through 54) Changes dependent child exception to those under the age of 14 (previously 18). Limits ABAWD waivers to only be permissible if an area (city, county, Tribal Land, etc.) has an unemployment rate above 10%. Removed option to request waivers based on lack of sufficient jobs.	~310,000 adults will need to be reviewed for ABAWD work requirements or exceptions. 
July 4, 2025	SNAP eligibility for refugees, asylees, and other lawfully present immigrants: Limits eligibility to US citizens or nationals, Lawful Permanent Residents, certain Cuban and Haitian entrants, and Compact of Free Association (COFA) citizens.	~3,000 individuals will lose benefits, including refugees, asylees and other conditionally allowed individuals.

Other 2025 changes

Effective date	Description	Estimated population impact
July 4, 2025	Thrifty Food Plan Re-evaluation: Requires that any adjustment to the Thrifty Food Plan be cost-neutral.	 SNAP benefits won't rise with food prices, making it harder for people to afford groceries.
October 1, 2025	National Education and Obesity Prevention Grant repeal: Eliminates funding for SNAP-Education program, a nutrition education program carried out in partnership with Oregon State University.	 In FY 2024, SNAP-Education reached ~25,000+ Oregonians.
No later than November 1, 2025	Availability of Standard Utility Allowances based on receipt of energy assistance: Only households with an older adult or member with a disability can exclude energy assistance from countable income; delinks energy assistance programs and SNAP for all but these households.	 ~29,000 households will see an average monthly benefit decrease of \$58. 

What does this all mean for people in our state?

Whole communities of people admitted as refugees, asylees, or victims of human trafficking will lose SNAP.

A 63-year-old will be limited to 3 SNAP months in 3 years if they must meet work rules and don't.

Residents of frontier counties must work 80 hours/month or be limited to 3 SNAP months in 3 years.

People and families who have SNAP will lose SNAP or get fewer benefits.

People and families will be doubly impacted by lost food and medical benefits.

89% of people receiving SNAP are also enrolled in Medicaid.



Hunger in Oregon will increase.

2026 and 2027 changes: New costs for states

Effective date

Description

October 1, 2026

Increases Oregon state financial obligation to administer SNAP from 50% to 75% of total cost

More information is needed from USDA Food and Nutrition Services (FNS) on how to proceed with state plans.

October 1, 2027

State pays up to 15% of SNAP benefits

Historically, SNAP benefits have been fully funded by the federal government. H.R.1 establishes a new framework requiring states to assume a share of costs based on their payment error rates (PERs).

States with a SNAP payment error rate (PER) under 6% will have no cost share, up to a maximum share of 15% for states with an error rate equal to or exceeding 10%.

Oregon's last (2024) PER or error rate is 14.06%. Unless the error rate is reduced, Oregon will have a 15% cost share.

Eligibility workload impacts

Increased
number of
applications



Eligibility
redeterminations



Client outreach
and support



Work
verification



Training
needs



Key challenge: Unaligned work requirements

- **The federal resolution does not align work requirements** across Medicaid and SNAP.
- It's up to ODHS|OHA operations and systems to connect and communicate the changes.



H.R.1 work requirements: side-by-side comparison

H.R.1 Requirements	Medicaid	SNAP
Age	Affordable Care Act (ACA) expansion adults aged 19–64 (and equivalent waiver populations).	Able Bodied Adults Without Dependents (ABAWDs) expanded to age 18 through 65 (was 18-54); adults not ABAWD only if youngest child in SNAP household is under age 14.
Hours / Activities	80 hours per month of qualified activities such as work, community service, education/training, or income equal to 80× federal min. wage; combinations allowed. Seasonal workers with average income over 6 months income 80 x minimum wage.	80 hours per month of work, job training/Education & Training (E&T), or approved activities (consistent with ABAWD rules). These include work for pay in exchange for goods or services or unpaid as a volunteer.
Verification & Compliance Timelines	Verified at application (look-back up to 3 months) and at least once between renewals every 6 months (from prior 12 months); states may verify more often; 30 days to fix the problem after being notified of noncompliance. May use data provided to SNAP to meet requirement.	Maintains ABAWD time limits - may only receive benefits for a maximum of three counting months within the 3-year period (Jan 2025 – Dec 2027) unless meets work rules, meets an exception, or lives in a waived area.

Side-by-side comparison, cont'd.

H.R.1 Requirements

Medicaid

SNAP

Exceptions and ways other than age that people would not have to meet work requirements

Parents/caretakers of children ≤ 13 ; pregnant; medically frail; tribal members/AI/AN; veterans with rated disabilities; in SUD treatment; complying with TANF/SNAP work rules; recently incarcerated; family caregivers; age < 19 or > 64 . Entitled to Medicare Part A/ enrolled in Medicare Part B.

Some optional Hardship exceptions included such as stay in inpatient hospital, nursing facility, intermediate care facility or inpatient psychiatric hospital, resided in a county with federally declared emergency or disaster, resident in county with unemployment rate above 8% or 1.5x national unemployment rate, traveled outside individuals community for an extended time for medical care for themselves or dependents.

Adds exemption for Indians/Urban Indians, California Indians.

Continues exceptions: Medically certified as physically or mentally unfit for employment, pregnant, physical, mental, or behavioral health condition preventing employment (different than medically certified), lives in a federally waived area (unemployment rate above 10%), responsible for the care of an individual with an incapacity and providing the care prevents the person from obtaining or maintaining employment, student enrolled at least half-time in school, training programs, or higher education. A regular participant in a substance use disorder program. Adds exemption: Indians, Urban Indians, California Indians. Ends temporary exemptions: people experiencing homelessness, veterans, former foster youth ≤ 24 .

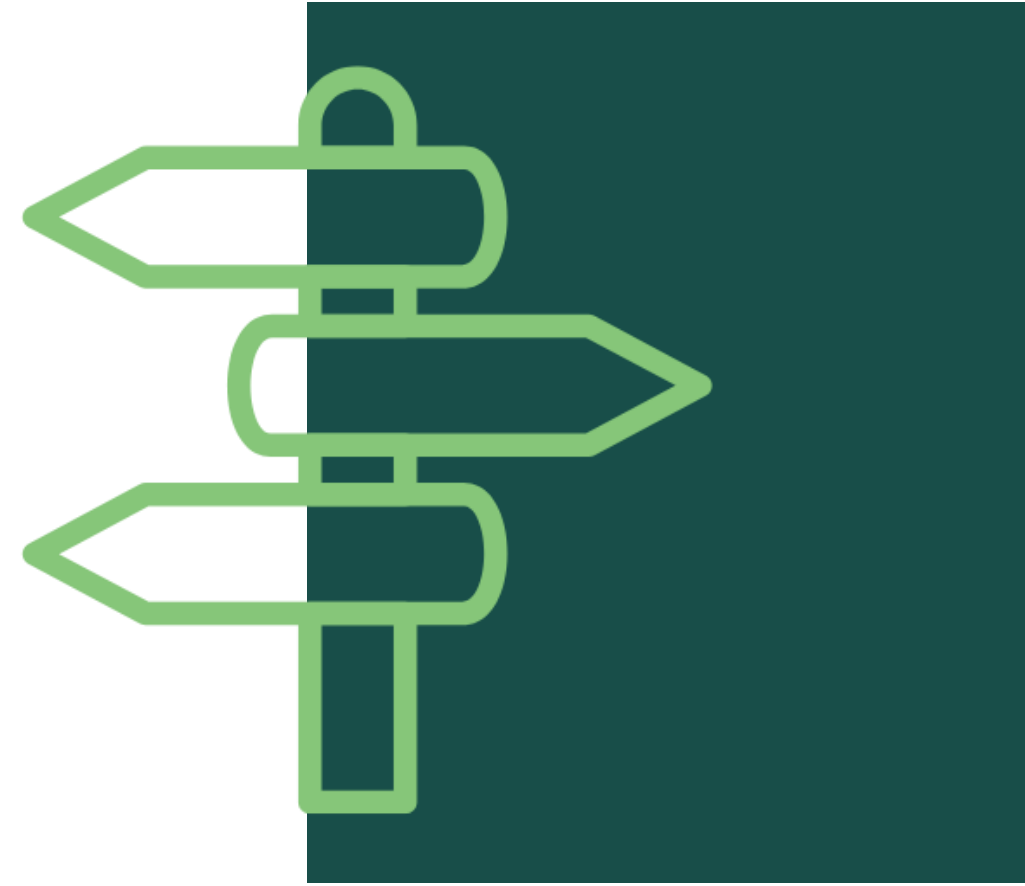
Implementation / Dates

HHS interim/final rule due by Jun 1, 2026; states must implement by Jan 1, 2027 (or earlier at state option). States may request an extension from the Secretary of State, up to December 31, 2028, if they can show they have made a "good faith" effort to comply.

H.R. 1 does not set a specific effective date for SNAP ABAWD work-requirements. States are currently waiting for federal rulemaking or guidance to clarify when these changes should begin. Current Oregon waivers end December 31, 2025.

Future considerations

- Aligning ORS with new federal law
- Technology updates to prepare systems for changes
- SNAP administrative cost increase
- SNAP payment error rate
- OEP workload needs



Federal Impacts to Medicaid, Marketplace, and Rural Health



Senate Committee on Health Care

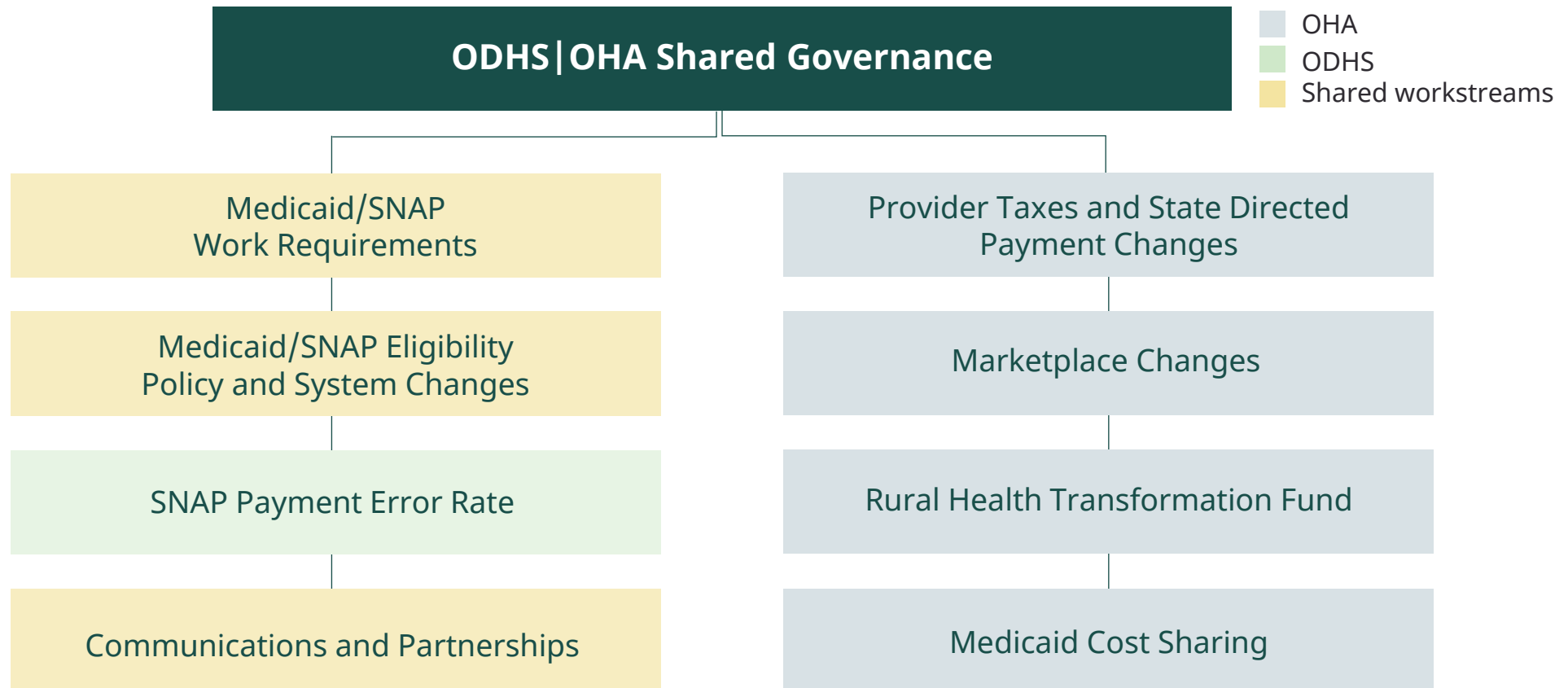
Emma Sandoe, PhD, MPH- Medicaid Director

Clare Pierce-Wrobel, MHPA -Health Policy & Analytics Director

Agenda

- House Resolution (H.R.) 1 Medicaid and Marketplace timeline
- Impact Considerations
- H.R.1 major areas of financial impact and considerations:
 - Medicaid policy and work requirements
 - Eligibility changes and system impacts
 - Rural Health Transformation Fund
 - Marketplace changes
- Rural Impacts
- Communication and Engagement plans
- Q+A

Implementation workstreams



Other impacted functions and areas embedded in workstreams:

Tribal Affairs, CCO Operations, OHP Bridge, Healthier Oregon Program, Budget, LTSS, Evaluation, etc.

Effective dates for Medicaid and Marketplace provisions

January 1

- Removal of advanced premium tax credit repayment caps
- Non-citizens with incomes > 100% federal poverty level and under 5-year bar are no longer eligible to receive premium tax credits
- Stricter pre-enrollment income verification and special enrollment period verification*
- Changes to actuarial value to permit less generous plans*
- Gender affirming care not allowed as an Essential Health Benefit but state requirements remain in effect.

January 1

- Refugees and asylees no longer eligible to receive premium tax credits
- Shortened open enrollment period must start no later than Nov. 1 and end no later than Dec. 31.

January 1

- Ending automatic re-enrollment starting in the 2028 open enrollment period

* Pending final decision on *City of Columbus v Kennedy*.

2025

2026

2027

2028

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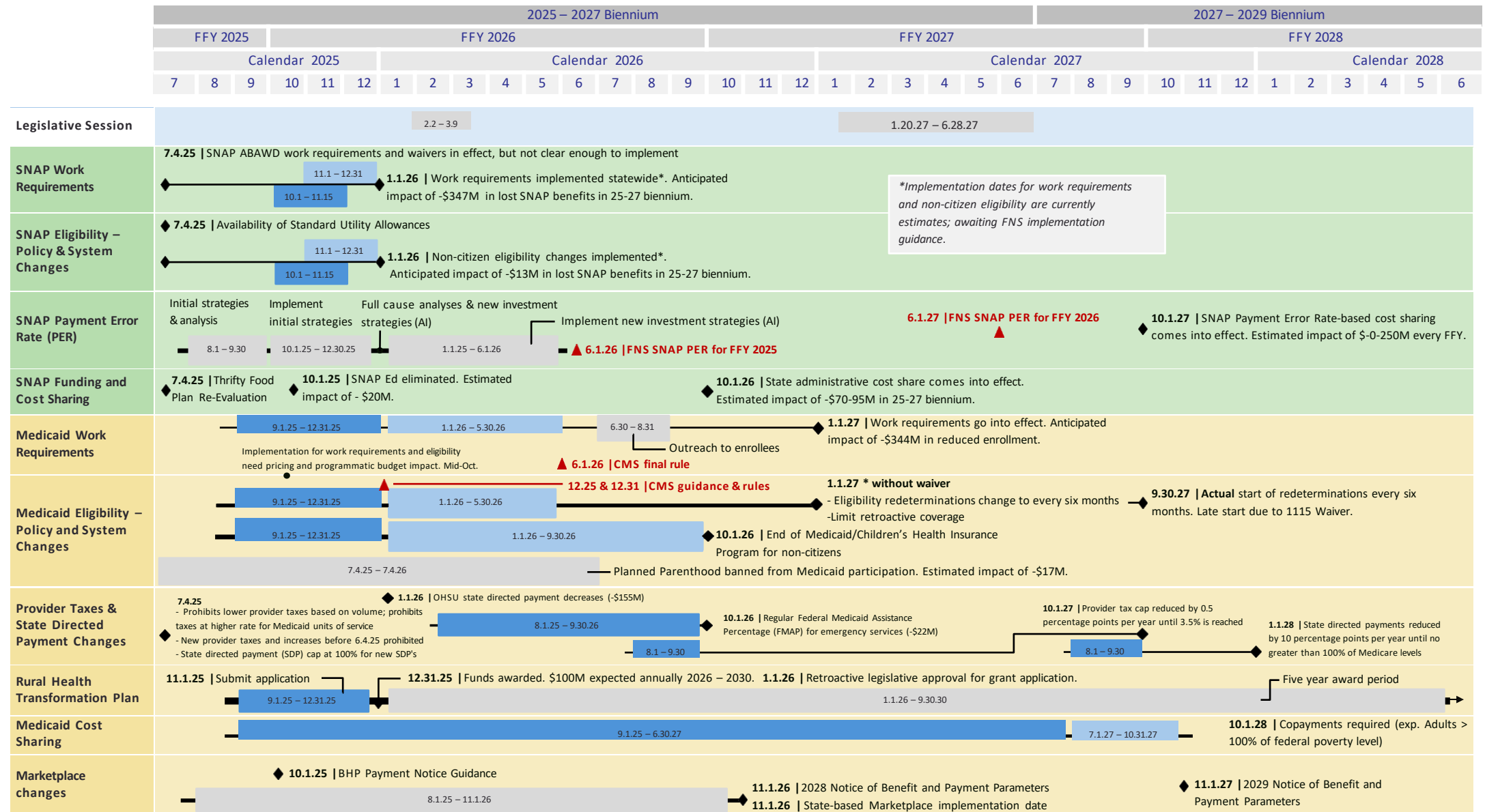
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Legend:

Medicaid

SNAP

• Key Date

◆ HR.1 Effective Date

▲ Decision point

Program design

System design

Other date range

Working Together to Support Oregonians Most Impacted by H.R.1

Who will be most impacted by House Resolution (H.R.) 1?

Rural
residents

Working
families

People with
disabilities

Immigrants
and
refugees

Families
with mixed
legal status

Caregivers



Work Requirements: Overview

As of December 31, 2026, states are required to establish work/community engagement requirements for individuals ages 19-64 in the **adult expansion group** (≥ 80 hours of work or related activities for the month prior to application or renewal month).

Exceptions: AI/AN; pregnant or postpartum individuals; parents/caretakers with children ≤ 13 , or caring for someone with a disability; veterans w/ disabilities; medically frail; alcohol/SUD treatment; recently incarcerated; alcohol/SUD treatment programs; former foster care; and those meeting TANF/SNAP work requirements.

- The law prohibits access to subsidized Marketplace coverage for those who lose Medicaid under this provision.

- OHA and ODHA will need to **collaborate on program design across Medicaid and SNAP.**

- States must use reliable information available (including use/implementation of electronic interfaces and/or databases) to verify compliance Note: HR1 also requires this population be renewed **every 6 months.**

- There are **optional short-term exceptions**, incl. individuals in certain skilled nursing or inpatient facilities, or residing in counties where the unemployment rate exceeds a specific threshold.

OHA (and ODHS) will need to make major IT system changes; IT system changes will directly impact Oregon's ability to keep people enrolled.

Work Requirements: *Timeline*

Note: Timeline assumes Dec 31, 2026 implementation date without waiver, timeline would be revisited if good faith waiver is allowed and required

	2025	2026	2027
State Session	Sept/Oct: Short session budget ask developed. Implementation needs pricing and programmatic budget impact mid-Oct Nov: Short session LCs due	Jan: Leg days presentation on rebalance requests Feb: Short session	
Federal Interactions	Dec: Evaluate good faith waivers	Jan: Request CMS system 90/10 funding June: CMS final rule deadline Dec 31: SPA Effective Date	March: SPA submission deadline
System Requirements	Sept/Oct: System prioritization plan for Work Requirements Dec: Schedule IT system changes	Jan: Begin designing IT system changes Nov/Dec: Implement work requirements in ONE and MMIS for a December 31, 2026 start date	
Policy and Operations	Dec: Determine policy design, exceptions criteria, how IT systems will interact and how IT systems will be used to automate the verification process	Jan: Develop and amend May: Design impact evaluation June: Member outreach begins	Jan: Policy is in effect

Work Requirements: *Considerations*

- Significant IT systems costs as well as increased eligibility determinations needed with added complexity and more people cycling on and off the Medicaid program.
- CMS final rules are not required until June 2026, six months prior to the implementation date.
 - Policy rules for defining exceptions to meeting the work requirements, process people would go through to prove eligibility, and how federal and state IT systems could connect to determine eligibility will be defined in rulemaking.
- Development of IT systems timelines and policy requirements is just beginning and will continue to be developed and change based on further CMS policy over the next 6-9 months.
- The state has discretion to focus on keeping people insured by being expansive with IT systems connections, exemptions rules, and member communications and appeals processes; however, that would likely require a more significant investment in IT, eligibility workers, and communications.
- **Known cost requirements:** IT system changes, increased eligibility workforce, and member communications.

Eligibility Changes: Overview

Eligibility Policy Changes Include:

- End federal Medicaid/CHIP funds for certain non-citizens
- Monthly submissions of enrollee data
- Verify death eligibility quarterly
- Home equity limits
- Retroactive coverage reduced from 90 days to 60 or 30 days

Policies specific to the Expansion eligibility group:

- Redeterminations every 6 months
- Copayments for certain higher income individuals

- Most adult Medicaid members will be required to **redetermine eligibility** every 6 months

- In October 2027 **Oregon's 1115 continuous coverage** will end, requiring all members to redetermine eligibility more often

- Cost sharing will become required in October 2028 for many adult members over 100% FPL, certain non-AI/IN members, with other exceptions

- Other eligibility changes will be required and will **reduce federal reimbursement**

Reduced Medicaid enrollment may lead to increased uninsurance

Eligibility Changes: *Timeline*

	2025	2026	2027
State Session	Sept/Oct: Short session budget ask developed. Implementation needs pricing and programmatic budget impact mid-Oct Nov: Short session LCs due	Jan: Leg days presentation on rebalance requests Feb: Short session	
Federal Interactions		Jan 5: CMS guidance on eligibility changes due Oct 1: End of federal Medicaid/ CHIP funds for certain non-citizens Dec: Draft cost-sharing SPA for submission to CMS	Jan 1: Limit retroactive coverage; conduct quarterly eligibility checks against Death Master file; standardize process to update address information Sept 30: 6-month redeterminations begin
System Requirements	Nov: IT system prioritization; start ONE system development for non-citizen changes, retroactive coverage, redeterminations	Jan: IT system development for all eligibility changes Jan: Develop Change Requests for ONE and MMIS begins	July/Sept: Redeterminations IT system changes implemented update to member renewal dates and increase in eligibility evaluations; MMIS and ONE implications
Policy and Operations	Dec: Draft and amend OARs for non-citizen changes, retroactive coverage, Dec: Internal staff trainings for retroactive coverage		June: Determine cost-sharing policy July: Internal staff trainings for 6-mth redeterminations

Eligibility Changes: *Considerations*

- Most eligibility changes will have little state flexibility/state discretion
 - **Policies with little flexibility:** End federal Medicaid/CHIP funds for certain non-citizen, retroactive coverage reduced from 90 days to 60 or 30 days, submission of enrollee data monthly, verify death eligibility quarterly, home equity limits
 - **Policies with state discretion:**
 - Eligibility redeterminations conducted every 6 months (Oct 1, 2027)- 1115 waiver end period allows state to determine process and timeline for new enrollment periods
 - Copayments for certain members (Oct 1, 2028)- Which services are subject to work requirements, amount and limits of copayments
- CMS rules and waiver sunseting policies may place additional constraints on state flexibility
 - Continuous eligibility transition 1115 conversations have begun and will continue over the next year
 - CMS rulemaking on eligibility expected in 2026 and copayments expected in 2027
- **Known cost requirements:** IT systems needs and additional strain on eligibility workers, significantly increasing eligibility worker workload

Rural Health Transformation Fund: *Overview*

RHTF is a non-recurring five-year program overseen by CMS.



- Oregon could receive **\$100 million+** annually for five years, starting in 2026.

- A notice of funding opportunity is expected **mid-September**, awards by **December 31, 2025**.

- To qualify, states must submit a **Rural Health Transformation Plan**.

- OHA released a solicitation for public input in **August 2025** to gather input on project ideas and community areas of need.

Program design decisions needed to submit application by **November 2025**

Rural Health Transformation Fund: *Timeline*

	2025	2026	2027
State Session	Oct: OHA submits 10-day notification of intent to apply	Jan: OHA seeks retroactive legislative approval for grant application	
Federal Interactions	Sept 15: CMS releases Notice of Funding Opportunity Nov 5: Submit application to CMS Dec 31: CMS makes award decisions	Meet CMS cooperative agreement requirements (e.g., progress check-ins, annual reports) throughout five-year period of award (FFY 26 – 30)	
System Requirements	By Dec: Determine process for grant distribution	Develop processes and systems to conduct ongoing data collection to meet CMS reporting requirement (FFY 26 – 30)	
Policy and Operations	Aug/Sept: Solicit public comment Sept: Decide program design Oct: Release plan for public comment and write application	Q1: Year 1 project solicitation and award distribution Q3: Year 2 project solicitation Q4: Grants awarded and distributed	Q3: Year 3 project solicitation Q4: Grants awarded and distributed <i>Continued in 2028, 2029, 2030</i>

Rural Health Transformation Fund: *Considerations*

- Total award amount above \$100M annually depends on CMS's evaluation of the state's application and other data, as described in the Notice of Funding Opportunity.
- CMS is encouraging states to make policy commitments, including pursuing future legislative changes.
- Intend to establish a Tribal set-aside if Tribes request, and if it is permissible within the constraints of the funding opportunity, including tribal consultation process.

Marketplace Changes: Overview



2026

- Removal of advanced premium tax credit repayment caps
- Non-citizens under 5-year bar no longer eligible to receive premium tax credits⁺
- Failure to reconcile allowance reduced from 2 years to 1 year only for 2026 open enrollment period^{*!}
- Pre-enrollment income verification standards and special enrollment period verification standards more stringent for 2026 open enrollment period[!]
- Changes to actuarial value to permit less generous plans^{**!}
- Gender affirming care not allowed as an Essential Health Benefit⁺

2027

- Refugees and asylees no longer eligible to receive premium tax credits⁺
- Shortened open enrollment period starting with the 2027 open enrollment period^{*}

2028

- Ending automatic re-enrollment starting in the 2028 open enrollment period

^{*} In HHS Marketplace Program Integrity and Affordability Rule ⁺ Consumers will see effects during open enrollment the year before
[!] Included in a federal order of stay (City of Columbus v. Kennedy) issued on 08/22/25. Operative date pending final ruling.

Marketplace Changes: *Considerations*

- The Enhanced Premium Tax Credits are scheduled to sunset December 2025, causing net premium increases for nearly all Marketplace enrollees starting in January. Increases for 200 - 400% FPL are estimated to range from \$90 - \$165 per month.
- The SBM features are within scope of the SBM platform vendor's responsibilities and is currently not an additional cost.
- The law does not address the Basic Health Program (OHP Bridge). We expect CMS will provide guidance in the annual Notice of Benefit and Payment Parameters.
- Enrollment attrition throughout the plan year is normal but we anticipate more severe attrition in 2026 onwards with the addition of new federal guidelines that could render private coverage unaffordable.

Rural and Urban Impacts: Marketplace Enrollees

Rural

60-year-old and spouse (64)

The Dalles

\$95,175 per year

Premiums with Enhanced Premium
Tax Credits (PTCs)

\$674 per month

Premiums without
Enhanced PTCs

\$2,794 per month

Couple will pay **\$25,438** more per
year in premiums without Enhanced
PTCs on most plans.

Urban

60-year-old and spouse (64)

Lake Oswego

\$95,175 per year

Premiums with Enhanced Premium
Tax Credits (PTCs)

\$674 per month

Premiums without
Enhanced PTCs

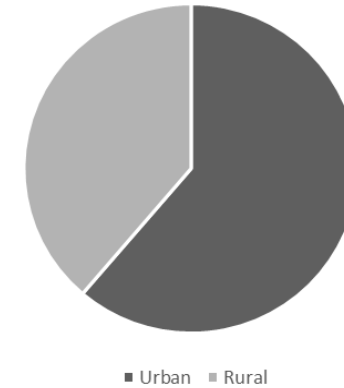
\$2,282 per month

Couple will pay **\$19,296** more per
year in premiums without Enhanced
PTCs on most plans.

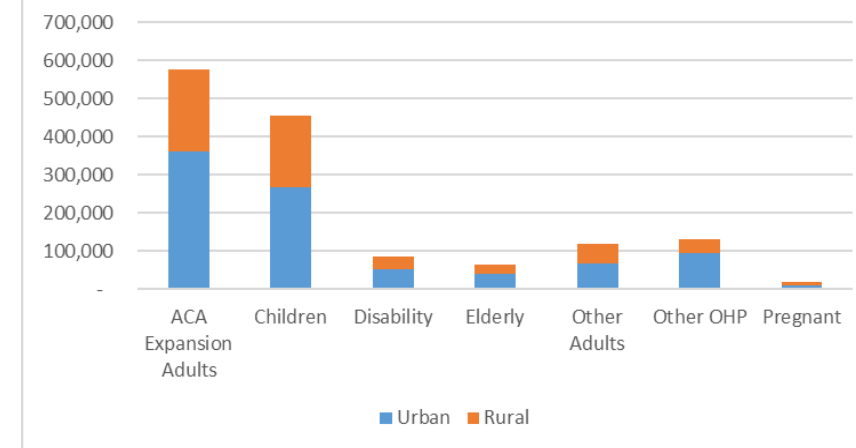
Rural and Urban: Medicaid

- It's possible that up to nearly 40% of expansion adults that could be subject to work requirements reside in rural areas.
- OHA has an HR1 Communications and Engagement workstream that is embedded in policy discussions, and talking to members and partners to develop a rural communications strategy.

OHP Member Designations



OHP Member Data



Working Together through Recurring Partner and Member Engagement

- ODHS | OHA Forward Together Federal Response webinar
 - ❑ Next webinar: September 30
- Medicaid Advisory Committee (MAC)
 - ❑ Recent meeting: September 17
 - ❑ Next meeting: October 29
- Beneficiary Advisory Committee (BAC)
 - ❑ Recent meeting: September 5
 - ❑ Next meeting: October 22

Purpose: Share information, answer questions, understand partner needs

Intentional Partner and Member Engagement

- Initial focus (Sept-Nov) on work requirements, Rural Health Transformation and six-month redeterminations
 - ❑ Direct outreach to impacted partners (Community Partners, Marketplace partners, partners providing eligibility navigation, etc.)
 - ❑ Public comment on Rural Health Transformation framework

Purpose

- Shared understanding and input on systems changes and impacts
- Input on and refinement of Rural Health Transformation framework

Communications

- Ensure OHP members, partners, the public and media have timely, relevant information throughout the rollout of HR1 mandates.
- Identify the key dates, details and deadlines that need to be communicated and in what timeframe.
- Deliver communications in accessible formats, with plain language and language-appropriate messaging to OHP members and partners.
- Guide people to foundational resources and information, like OHA's federal response [web page](#).



OREGON
HEALTH
AUTHORITY

Questions

Appendix



OREGON
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OREGON DEPARTMENT OF
Human Services

Leadership connections

HR1 Teams	Participants	Meeting Cadence
Executive Leadership	OHA Leadership: Sejal Hathi and exec team ODHS Leadership: Liesl Wendt and exec team Core Management Group (see below)	Weekly updates to respective leadership; joint meetings ad hoc
Core Management Group	OHA-ODHS Agency Administrators: Emma Sandoe, Clare Pierce-Wrobel, Dana Hittle, Seth Lyon ODHS FACT/OHA FRPT Liaisons: Matt Kinshella, Angela Leet, Alexa Damis-Wulff CFO/Budget Leads: Rob Kodiriy, Angela Long, Janell Evans, Rochelle Layton	Weekly: Thursday 4:00pm
All workstreams	Core Management Group, Workstream Leads, Teams, and all other impacted functions	Weekly All-Workstream meeting: Tuesday, 4:30pm
Workstreams	Each individual workstream & partners	At their discretion, will include cadence in meeting matrix