Policy Brief **June 2024**

ENSURING ACCESS TO MEDICAID SERVICES: THE MEDICAID ACCESS RULE

MEDICAID ACCESS RULING BACKGROUND

In April 2024, the Centers for Medicare and Medicaid (CMS) released the final Ensuring Access to Medicaid Services rule (

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By 2026, states must establish an ***advisory group*** to provide input on payment rates. The group must include DCWs, beneficiaries, and authorized representatives.

By 2028, states are ***required to report*** percentages of Medicaid funds spent on DCWs ***annually***. Habilitation services are included in reporting requirements, but not included in the 80% compensation rule.

ACCESS

Primary Issue Addressing: Long state waitlists of beneficiaries who have been approved for HCBS services.

Core Components:

By 2027, states must ***report on HCBS waitlists*** annually. Reports must include how waitlists are maintained, how often waitlist beneficiaries are screened for eligibility, how many people are on waitlists, and how long, on average, beneficiaries remain on waitlists.

CMS aims to ***better identify the gaps***

PERSON-CENTERED PLANNING

Primary Issue Addressing: Care plans may not always reflect beneficiariesô individual goals and preferences.

Core Components:

- Care plans must align with for care, and reflect each beneficiaryôs self-identified goals.
- Providers must demonstrate that they ***reassess*** beneficiary needs at least annually, and revise care plans accordingly.
- States must show ***90% compliance*** with the person-centered planning provision by 2027.

INCIDENT MANAGEMENT

Primary Issue Addressing: Nationally, there is minimal accountability to report, minimize, and prevent incidents, including neglect and abuse.

Core Components:

- All states must use a ***minimum definition*** of ñcritical incidentò to

They must also maintain complaint records, review them periodically, and supply records to CMS upon request.

QUALITY MEASURES

Primary Issue Addressing: Lack of nationally standardized quality measures for Medicaid-funded HCBS.

Core Components:

The Centers for Medicare and Medicaid will establish ***national quality standards*** for Medicaid-funded HCBS with consideration of stakeholder input and public comment.

By 2028, states must establish ***performance targets*** for each national quality measure, as well as report the strategies used to reach each target.

States are required to ***report*** on quality measures every other year. In eight years, reports are required to include data stratified by demographic characteristics and subpopulations, such as race, ethnicity, sex, age, rural/urban status, disability, and language.

SUMMARY

The Medicaid Access Rule is a landmark policy initiative to improve delivery and quality of Medicaid-funded HCBS. The provisions of the ruling address critical issues in HCBS, including the DCW crisis, long waitlists, and lack of systemized reporting, to name a few.

While many stakeholders, including beneficiaries, believe the ruling will improve service delivery and quality, there is notable controversy over the payment adequacy provision, which is directed toward providers rather than states. Some providers are concerned they will have difficulty adhering to the provision, depending on how states choose to implement it.

At best, states will provide resources to help providers adequately compensate DCWs, as well as maintain strong operations. This may include states adapting hardship exemptions and more lenient payment provisions for small providers. At worst, this provision could deter providers from offering Medicaid-funded HCBS,

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