

FINAL ACCESS RULE



The Centers for Medicare and Medicaid Services (CMS) has finalized the "Ensuring Access to Medicaid Services" (Access Rule), aimed at enhancing care access and addressing health equity within the Medicaid program. This document provides an overview of the key provisions of the final rule, focusing on their implications for Intellectual and Developmental Disability (IDD) providers.

Key Provisions:



HCBS Payment Adequacy

- Exclusion of Habilitation Services: The proposed HCBS Payment Adequacy provision, which would have imposed an 80% threshold for certain services, is not applied to habilitation services. CMS cited a lack of adequate data to assess direct and indirect costs as the reason for this exclusion.
- Enforcement of the 80% Threshold: CMS has applied an 80% threshold to homemaker, home health aide, and personal care services. Providers are required to spend at least 80% of total payments on direct care worker compensation. This provision will take effect six years after publication.
- Reporting Requirements:
 - Enhanced Transparency: States must now report fee-for-service payment rates and the dates these rates were last updated. Additional reporting on key metrics, including waiting lists for home- and community-based services (HCBS), is also mandated.
 - Compensation Reporting: States are required to report annually the percentage of payments spent on direct care worker compensation for homemaker, home health aide, personal care, and habilitation services, starting four years from publication.



Quality and Consistency Improvements

- HCBS Quality Measure Set: States must adopt the HCBS Quality Measure Set for 1915(c) programs and report on these measures starting four years from publication.
- Critical Incident Reporting: A standardized critical incident system will be established to report, investigate, and resolve incidents. States must report on these systems every two years.

Additional Provisions:

- **Exclusions and Exceptions:** Certain costs, such as training and travel expenses for direct care workers, are excluded from the Medicaid payment calculations before applying the 80% threshold. Exemptions for Indian Health Service and Tribal health programs and self-directed service delivery models are also specified.
- **Advisory Groups:** States are required to establish a Beneficiary Advisory Council (BAC) to consult on provider rates. These groups must include up to 25% of a mixture of the following: direct care workers and beneficiaries, among others.
- **Implementation Timeline 2024:** Publication of the final rule. 2026: States must begin reporting fee-for-service payment rates. 2030: The 80% threshold for direct care worker compensation becomes effective.
- **Impact on IDD Providers:** The final rule introduces significant changes aimed at improving service quality and financial transparency in Medicaid HCBS. While the exclusion of habilitation services from the 80% threshold may relieve some providers from stringent financial constraints, the expanded reporting requirements will necessitate robust data collection and reporting systems. Providers will need to adapt to these changes, ensuring compliance while continuing to deliver high-quality care to individuals with IDD.



Still have questions? Reach out to your Technical Assistance Team!



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