

Policy Brief

July 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 (Medicaid Access Rule), which addresses several aspects of home-

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**.

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

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

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.