Amend Title XIX of the Social Security Act, 2024 *(H.R. 8106)*

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Overview

Type of Reform: Reforming Medicaid Structures

Description:

- Seeks to amend title XIX of the Social Security Act to enhance transparency and broaden coverage options for HCBS under Medicaid waivers.
- Requires states to publicly report more detailed information on various aspects of HCBS, such as wait times, eligibility screening processes, and the actual delivery of services compared to what was authorized. Information must be made publicly available on the CMS website starting January 1, 2028.
- Allows states to extend HCBS to additional individuals who may not meet the traditional eligibility criteria if expansions do not negatively impact the wait times or service levels for current recipients.

Sponsoring Organization:

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- Introduced by Rep. Cathy McMorris-Rogers (R-WA) on April 23, 2024.
- Rep. Frank Pallone (D-NJ) co-sponsored.

Impact and Action:

House Committee Referrals: Energy and Commerce, Subcommittee on Health.

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Program Details

Participation Criteria:

Medicaid enrolled individuals (criteria varies by state).

Conditions for Receiving Benefits:

- Allows states to request a waiver to extend HCBS to additional individuals who may not meet traditional eligibility criteria if there are no adverse impacts (e.g., wait times, services levels) for current individuals.
- Mandates the Department of Health and Human Services to issue guidance to states on how to provide up to 60 days of interim HCBS coverage for individuals who have been determined eligible but are awaiting the finalization of their written care plans.

Scope of Services

Standard Medicaid HCBS services available in each state.

Amount of Services

Not specified.

Participant Financial Responsibility

Not specified.

Elimination Period

Not specified.

Provider Requirements

Not specified.

Provider Payment Levels

Not specified.

Inflation Adjustments

Not specified.

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Financing & Implementation

Revenue Source(s)

Not applicable.

Total Program Costs

No cost estimate available.

Program Administration

HHS oversees state administration and operation of new Medicaid requirements. Specific reporting and oversight requirements include:

- Requirements for states to publicly report detailed information on various aspects of HCBS, such as wait times, eligibility screening processes, and the actual delivery of services compared to what was authorized on the CMS website by January 1, 2028.
- If a state imposes a new HCBS waiver with waitlists, it must provide a report that outlines:
  - How it maintains the waitlist.
  - Whether the state screens and/or periodically re-screens individuals to determine whether such individuals are eligible to receive such services under a new waiver.
  - The average amount of time that individuals approved to receive such services were on the waitlist.
  - A description of the types of services furnished, including the average amount of time from when such services are initially approved for an individual to when such individual begins receiving such services, and the average percentage of hours of HCBS authorized under written plans of care that are actually provided.