HCBS Access Act, 2023

(S. 762/H.R. 1493)

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Overview

Type of Reform: Reforming Medicaid Structures

Description: Expands access to HCBS and ends the Medicaid funding institutional bias by:

- Requiring state Medicaid programs to provide HCBS at the same level as they must cover nursing facility services.
- Eliminating the need for HCBS waivers when HCBS becomes a mandatory benefit.
- Creating additional programs and requirements to support providers who furnish HCBS.

Sponsoring/Cosponsors:

- Introduced by Rep. Debbie Dingell (D-MI; HR 1493) and Sen. Bob Casey (D-PA; S. 762) on March 9, 2023.
- No co-sponsors.

Impact and Action:

- Senate Committee Referrals: Finance.
- 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 Scope of Services:

- Eliminates waiting lists and enrollment caps for states HCBS programs.
- Individuals meeting the below requirements are eligible for HCBS:
  - Are determined to have a functional impairment that affects daily living and that is expected to last at least 90 days.
  - During the five-year period after the bill is enacted, are already receiving HCBS through Medicaid under a demonstration waiver or other state option.
  - Income does not exceed the greater of 150% of the federal poverty level or 300% of the Supplemental Security Income (or a higher state-designated limit).
  - Are under the age of 21 and are otherwise eligible.

Scope of Services

Establishes minimum, mandatory HCBS benefits, including but not limited to:

- Supported employment and integrated day services.
- Personal assistance, including personal care attendants, direct support professionals, home health aides, private duty nursing, homemakers and chore assistance, and companionship services.
- Non-emergency, nonmedical transportation services to facilitate community integration.
- Respite and other caregiver/family supports.
- Case management, including fiscal intermediary and support brokerage services.
- Direct support services during acute hospitalizations.
- Necessary medical and nursing services to remain in the community (e.g., hospice).
- Home and community-based intensive behavioral health, crisis intervention, and peer supports.
- Housing support, including transitional housing or transitional support services for individuals experiencing homelessness, and wrap-around services.
- Necessary home modifications and assistive technology.
- Transition services to support an individual transitioning from an institutional setting to the community.
- Any other service recommended by the [Secretary-appointed advisory panel].

Amount of Services

Not specified.

Participant Financial Responsibility

Not specified.

Elimination Period: Not applicable.

Provider Requirements: Not specified.

Provider Payment Levels: Not specified.

Inflation Adjustments : Not specified.

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Financing & Implementation

Revenue Source(s)

Not specified.

Total Program Costs

No cost estimate available.

Program Administration

- HHS oversees state administration and operation of new Medicaid provisions and must provide:
  - 100% federal match funding to states for HCBS for 10 years.
  - 80% federal match funding for quality and reporting activities to implement core set and supplemental set of HCBS quality measures.
  - Implementation grant funding for states to expand their capacity to meet the needs of people who prefer HCBS, following a detailed implementation plan.
- Oversight and reporting mechanisms include:
  - Development and implementation of federally mandated HCBS quality measures for states and Medicaid managed care organizations.
  - Aggregation of quality metrics and other data across the full array of HCBS reported by recipients' demographic characteristics to identify disparities in access and utilization.
- States must involve the following individuals in program design: recipients of home HCBS, family caregivers of such recipients, providers, health plans, direct care workers, chosen representatives of direct care workers, and aging, disability, and workforce advocates.

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