

Home and Community Based Services (HCBS)and HOME Update

September 16, 2026



Health and
Human Services

January 1, 2027, Amendments

What is happening?

- ▶ The state will be amending our current waivers to add new services/supports to better support members while we continue to work on the logistics of HOME.
- ▶ The Current waivers will remain the same apart from adding new services to some of the existing waivers.

What will the changes look like?

- ▶ **Peer Mentoring:** AIDS/HIV, Brain Injury, Children's Mental Health, Health and Disability, Intellectual Disability and Physical Disability.
- ▶ **Community Transition:** AIDS/HIV, Brain Injury, Health and Disability, Intellectual Disability and Physical Disability
- ▶ **Prevocational and Supported Employment:** AIDS/HIV and Health and Disability

Other Changes

- ▶ **Moving to a uniform Fee Schedule:**
AIDS/HIV, Brain Injury, Children's Mental Health, Elderly, Health and Disability, Intellectual Disability, and Physical Disability
- ▶ **Adopt the Off-Year Assessment:** AIDS/HIV, Brain Injury, Children's Mental Health, Health and Disability and Physical Disability

When is this happening?

- ▶ Public Notice: Goal is Week of September 15, 2026-Week of October 16, 2026
- ▶ Review and Address Public Comment: Goal is week of October 16, 2026-October 31, 2026.
- ▶ Submit to CMS: Goal is week of November 1, 2026
- ▶ Amendment Effective: Goal is January 1, 2027

Two New Waiver Services

Community Transition Services

- Community Transition Service is a non-recurring set-up expenses that enable a member to establish services a basic household when the member has a qualifying transition to a private residence. A private residence is a living arrangement in which the member is directly responsible for the member's own living expenses .
- Community Transition Services are covered only when the expense is reasonable and necessary, is clearly identified in the member's person-centered service plan, and the member is unable to meet the expense, or the item or service cannot be obtained from another source. Services must be consistent with the waiver objective of avoiding institutionalization. Refer to the approved 1915(c) waiver for complete service definition.

Qualifying Transitions

- ▶ Community Transition Services may be covered for the following qualifying transitions:
 - A member transitioning from an institution or another provider-operated or provider-controlled living arrangement to a private residence where the member is directly responsible for the member's own living expenses.
 - A youth transitioning to adult programs and services from the family home, a psychiatric residential treatment facility, intermediate care facility, residential treatment program, congregate foster or group home, state custody placement, or other provider-controlled residential setting to a private residence where the youth will be directly responsible for the youth's own living expenses.

Authorization, Amount, Frequency, and Duration

- ▶ A unit of service is one transition.
- ▶ One-time set-up expenses are limited to \$1,500 per member per qualifying transition.
- ▶ The \$1,500 limit includes all approved actual expenses, including applicable taxes and delivery or moving charges, and any approved provider activities to assess need, arrange for, and procure needed resources.
- ▶ Community Transition Services are not limited to once in a member's lifetime but is limited to once per 12-month rolling year. A member may receive Community Transition Services for more than one qualifying transition when each transition separately meets the service requirements and is authorized in the person-centered service plan.

Excluded Services

Costs of the following items and services shall not be covered as Community Transition Services:

- Furnishing living arrangements that are owned or leased by a waiver provider when the provision of the items or services is inherent to the service the provider is already furnishing. This includes provider owned or controlled HCBS residential settings.
- Room and board.
- Monthly rental or mortgage expenses.
- Escrow.
- Insurance.
- Food.
- Regular utility charges.
- Household appliances or items intended for purely diversional or recreational purposes.
- Voluntary relocation from one private residence to another private residence.
- Furnishings or household items that duplicate items included in another authorized waiver service, including items replicated under daily Supported Community Living when that service is authorized in the member's person-centered service plan.

Peer Mentoring

- Peer Mentoring is provided by a peer who has lived experience, as defined below, and who draws from that lived experience as a waiver member, family member, or unpaid caregiver to support a waiver member. The goal of Peer Mentoring is to support the waiver member with acclimation to community living and maintaining community tenure.
- Peer Mentoring is an HCBS community-living support. It is not a clinical treatment service, case management or service coordination, general companionship, or a companion service for general socialization.

Peer Mentoring

- Peer Mentoring will be authorized only when tied to a specific assessed community-living need and subsequent goal with planned activities that are reasonably expected to help the member build the skills, confidence, relationships, or supports needed to live successfully in the community.
- Services must be authorized in the member's person-centered service plan and monitored by the case manager.

The member must undergo an assessment that establishes:

- (1) the presence of an identified community-living need;
- (2) that the need is appropriate for and would benefit from peer mentoring to support acclimation to community living and the maintenance of community tenure; and
- (3) that the need and the role of peer mentoring in addressing it have been reviewed, discussed, and confirmed as critical to the member's community living goals by the member and their interdisciplinary team.

Peer Mentoring

The assessment and person-centered service plan must confirm:

- The member demonstrates a need for a peer to mentor acclimation to community living and assist with maintaining community tenure.
- The member's need demonstrates a health, safety, or institutional risk.
- There are no other services or resources available to meet the need.
- The member demonstrates that, within 365 days, the member can acquire the skills or establish other services or resources necessary to meet the need to maintain community living.
- The provider responsible for delivering the service.

Peer Mentoring

The assessment and person-centered service plan must confirm:

- Whether the service will be delivered one-to-one, in a group, through telehealth, or through a combination of allowable delivery methods.
- For group Peer Mentoring, the number of HCBS members in the group and how the group activity remains individualized to the member's goals.
- The basis for the peer mentor match, including how the peer mentor's lived experience is transferable to the member's community-living goals.
- How duplication with other Medicaid or non-Medicaid services will be avoided.
- When potentially comparable MCO B3 Peer Support services or Center for Independent Living (CIL) Peer Counseling are not used, why those services were unavailable, ineffective, insufficient, or not appropriate to meet the member's HCBS community-living need.

Authorization, Amount, Frequency, and Duration

- ▶ A unit of service is 15 minutes.
- ▶ Peer Mentoring is available up to 16 units, or four hours, per day for up to a period of 365 days following the initial service date.
- ▶ Peer Mentoring may be delivered one-to-one or in a group of no more than three HCBS members. The three-member group limit is a hard cap. When Peer Mentoring is delivered in a group, the service must still be individualized to each member's person-centered service plan goals and documented separately for each member. Peer Mentoring ought to be delivered in a group setting only if it matches the member's preferences and there is an added benefit to the member for receiving the service in a group setting (for example, learning from the other Peer Mentoring recipients' experiences).
- ▶ A provider shall not bill for more units than authorized in the member's person-centered service plan and service authorization. A provider shall not bill Peer Mentoring for the same time period in which another Medicaid service is being provided to the same member when the services duplicate the same activity or support need.

Excluded Services

- ▶ Purchasing or installation of telehealth equipment or technologies.
- ▶ Peer Mentoring provided by the member's family member, legally responsible person, relative , or legal guardian.
- ▶ Peer Mentoring provided by a Peer Mentor living in the same provider-owned or operated setting as the member.
- ▶ Activities that are solely diversional or recreational in nature.
- ▶ General companionship, socialization, or recreational activities that are not tied to an assessed community-living goal in the member's person-centered service plan.
- ▶ Case management, service coordination, level-of-care determination, functional or financial eligibility determination, or person-centered service planning.
- ▶ Clinical treatment, behavioral health treatment, or behavioral health recovery support that is covered under B3 Peer Support, Family Peer Support, Recovery Coach, or another state plan service.
- ▶ Services that duplicate Family and Community Support, Supported Community Living, Companion, transportation, habilitation, state plan, EPSDT, Rehabilitation Act, Individuals with Disabilities Education Act (IDEA), or other Medicaid or non-Medicaid services.
- ▶ Services available to the member through another liable third party, public program, private program, or community resource.

What about HOME?

Plan for HOME?

- ▶ The state continues to work on HOME and ensuring it is ready for members!
- ▶ Current Implementation timeline:
 - Enhanced waitlist document that will be easy to get online (October 2026)
 - We are going to move to an Off Year Assessment starting January 1st, 2027.
 - We will implement a uniform HCBS fee schedule January 1, 2027
 - We are adding new services to the waivers-Community Transition and Peer Mentoring and Support

Plan for HOME?

► Current Implementation Timeline continued..

- We will continue to work on a Universal Person-Centered Service Plan
- Start a residential services redesign work group
- Work on individualized budgets
- Finalize the work to consolidate the existing waivers from seven to three

We will continue to provide updates as we go! Please continue to follow the HOME page on the Medicaid website: [here](#)



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Questions

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