

Home and Community Based Services (HCBS)and HOME Update

September 21, 2026

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



Alternating full and off-year assessments

January 1, 2027

Starting January 1, 2027, most waivers will use a two-year assessment cycle for people age 7 and older.

There will be two types of assessments:

Full assessment: A complete interRAI assessment done every other year.

Off-year assessment: A shorter assessment completed by phone in the year between full assessments.

When is this happening?

- ▶ Public Notice: Goal is Week of September 21, 2026-Week of October 19, 2026
- ▶ Review and Address Public Comment: Goal is week of October 19, 2026-October 31, 2026.
- ▶ Submit to CMS: Goal is week of November 1, 2026
- ▶ Amendment Effective: Goal is January 1, 2027

What about HOME?

Plan for HOME?

- ▶ The state continues to work on HOME and ensuring it is ready for members!
- ▶ Current Projects:
 - 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 Work 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](#)

October 1, 2026 Appropriation

October 1, 2026 Appropriation

- Reimbursement for CCO-enrolled individuals is **not** impacted by the October 1 legislatively appropriated rate adjustment. Rates for self-directed services are negotiated directly between participants and providers through the participant's HCBS budget, consistent with the original design of the CCO program.
- Self-directed service providers generally operate under a different cost structure than agency-based providers, and so reimbursement levels for these services are not intended to align with those established under the HCBS fee schedule.

Future Impact of the HCBS Uniform Fee Schedule

- ▶ HHS developed a uniform fee schedule after identifying significant variation in the unit costs paid for identical HCBS services. CCO cost data was excluded from this analysis, and changes to the uniform HCBS fee schedule do not apply to CCO services. This reflects the unique nature of the CCO program, where self-directed service rates are negotiated directly between participants and providers through the participant's HCBS budget and self-directed providers generally operate under a different cost structure than agency-based providers.

Background on the HCBS Uniform Fee Schedule

- The uniform fee schedule addresses variation in reimbursement rates for the same service across HCBS waivers and among providers delivering the same service. By aligning HCBS unit costs around the median reimbursement rate, HHS established a more consistent reimbursement framework. The median was used because it is less affected by unusually high or low rates and better represents the typical cost of service delivery. As a result, some services experienced **rate increases** while others experienced **rate decreases**, while the overall approach maintained a neutral cost impact.



Health and
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Questions

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