OASIS · AT A GLANCE

# The CMS Access Rule: five requirements, five deadlines

A 2024 federal rule tells states how much of the service dollar has to reach the person doing the work, and when they have to prove it. The deadlines run from 2026 to 2030.

PILLARS: WHY · WHEN | COMPANION TO BLOG POST B152 | 2-PAGE BRIEF

**80%**

**MUST REACH THE WORKER**

Of Medicaid payments for personal care, home health aide, and homemaker services.

## How the money is supposed to flow

STATE TO WORKER

STAGE 1

### The state gets paid

Federal and state Medicaid dollars flow to the state for home and community based services.

→

STAGE 2

### The money passes through

The state pays managed care entities and providers. Historically nobody had to disclose how much reached the direct care worker.

→

STAGE 3

### Now it gets counted

By July 9, 2030, at least 80% of payments for homemaker, home health aide, and personal care services must go to worker compensation.

## Every deadline in the rule

CMS-2442-F

### The compliance calendar, in order

The first two dates have already passed and hand you documents today. Build your plan on those, not on the 2030 date, which is four years and at least one administration away.

**2026** — **Rates published**
States must publish all fee-for-service Medicaid rates on a publicly accessible website, effective July 1, 2026.

**2026** — **Grievance system**
A grievance process for fee-for-service HCBS beneficiaries, with resolution inside 90 days.

**2027** — **Reassessments proven**
States must document that at least 90% of beneficiaries enrolled a year or more received an annual reassessment.

**2027** — **Waiting lists reported**
Whether lists exist, how large, average time to enrollment, and average time from approval to service starting.

**2028** — **Quality measures**
Standardized HCBS quality measure set reported every two years, with performance targets.

**2030** — **The 80/20 rule**
At least 80% of payments for homemaker, home health aide, and personal care must reach worker compensation.

**90%**

**Of plans reassessed annually**

States must document it for beneficiaries enrolled a year or more, by July 9, 2027.

**90 days**

**To resolve a grievance**

The fee-for-service HCBS grievance process, in force since July 9, 2026.

**2029**

**Electronic incident system**

Incident management data tracking by July 9, 2027, electronic system by July 9, 2029.

THE NUMBER THAT WAS NEVER ON PAPER

“

*A provider told Renata she could not get weekend staffing because the rate was too low. She asked what the rate was. The provider did not know offhand. Her supports coordinator did not know. Nobody in the conversation could name the price of the thing they were all discussing.*

YOU CANNOT ARGUE ABOUT A NUMBER NOBODY WILL SAY.

THE TAKEAWAY

The rule does not raise a rate or create a service. It forces states to publish, prove, and count. It is worth exactly as much as the use families make of the documents it produces.

TURN THE PAGE

Where to find your state’s published rates, what the grievance process now requires, and the questions the rule lets you ask.

# Using a disclosure rule as leverage

GET THE DOCUMENT, THEN ASK

RATES

## The document you can get today

- [ ] Find your state’s published fee schedule online
- [ ] Print the rate for each service your adult child gets
- [ ] Ask your provider what they actually receive
- [ ] Ask how much of it reaches the direct care worker
- [ ] Put the printout in the binder with the date

GRIEVANCE

## When a service goes undelivered

- [ ] Confirm whether the service is fee-for-service
- [ ] File a grievance in writing, not by phone
- [ ] Cite the 90 day resolution requirement by name
- [ ] Keep a copy with the date you filed
- [ ] Escalate if 90 days pass with no resolution

REASSESSMENT

## If a year has gone by

- [ ] Ask when the last annual reassessment happened
- [ ] Ask for the date in writing from the coordinator
- [ ] Cite the 90% documentation requirement
- [ ] Request a reassessment if none has occurred
- [ ] A missed reassessment is a state reporting problem

WAITING LISTS

## What to request in 2027

- [ ] Whether your state maintains a waiting list
- [ ] How many people are on it
- [ ] Average time from enrollment to services
- [ ] Average time from approval to service starting
- [ ] Compare your county to the state average

BRING ONE PAGE, NOT A BINDER

## The rate transparency sheet

01

**The service**

Name and billing code as it appears on the plan.

02

**The published rate**

From the state fee schedule, with the date printed.

03

**What reaches the worker**

What the provider says it pays, if they will say.

04

**The gap**

The difference, and who you asked about it.

YOUR MOVE

## When a covered service is not being delivered

1. **Get the rate**
   From the state’s published fee schedule.
2. **Ask the provider**
   What they receive and what reaches staff.
3. **File a grievance**
   In writing, citing the 90 day clock.
4. **Check reassessment**
   Ask when the last annual one was done.
5. **Cite the reporting**
   Request the waiting list and timeliness data.

*A rule with a deadline is only as good as the number of people who show up on the deadline and ask for the document. Be one of them.*

SOURCES

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