

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

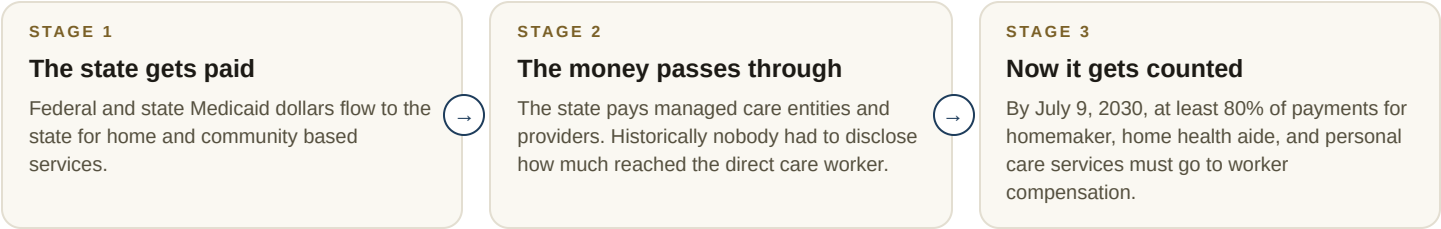
80%

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



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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ABOUT THE AUTHOR

JP

Jim Palasty

Jim Palasty is the founder of OASIS for Autism and a single father of an adult autistic daughter in Michigan.