OASIS · AT A GLANCE

States Must Publish Their Waiting List Numbers Starting July 2027

For more than forty years no state had to say how long people wait for home and community based services. A federal rule changes that, and it includes a measure of how many authorized service hours are actually delivered.

PILLAR: WHEN | COMPANION TO BLOG POST B171 | 2-PAGE BRIEF

2027

THE YEAR DATA ARRIVES

July 9, 2027, under 42 CFR 441.311(d).

How a reporting requirement came to exist

FINALIZE, PREPARE, PUBLISH

STAGE 1

A rule is finalized

CMS publishes the Ensuring Access to Medicaid Services final rule on July 9, 2024, adding reporting requirements at 42 CFR 441.311.

→

STAGE 2

Three years to prepare

States get until July 9, 2027 to build the data systems. The clock has been running since the rule took effect.

→

STAGE 3

The numbers become public

Every state reports annually on waiting lists, wait times, screening practices, and the percent of authorized hours actually provided.

The Access Rule compliance calendar

CMS-2442-F, AS IT STANDS NOW

What is due when

Two provisions have already been delayed. The waiting list reporting date has not moved.

Jul 9, 2024	The rule takes effect	Ensuring Access to Medicaid Services final rule, adding 42 CFR 441.311 reporting requirements.
Jul 9, 2027	Waiting list and access reporting	Number waiting, average wait, screening practices, time to service start, and percent of authorized hours provided. Annually.
Dec 2027	Grievance system, delayed	The fee-for-service grievance requirement was moved from July 2026 to December 2027.
Jan 2029	Payment transparency, delayed	The interested parties and payment transparency provisions were pushed to January 2029.
Jul 9, 2030	The 80 percent pass-through	States must ensure most of the payment for these services reaches the direct care worker.

5

Data points required

Number waiting, average wait, list maintenance and screening, time to service start, percent of authorized hours provided.

2027

First report due

Three years after July 9, 2024. Reporting is annual, not a one-time snapshot.

2030

When the money follows

The 80 percent compensation pass-through does not take effect until July 9, 2030.

THE QUESTION NOBODY COULD ANSWER

“

I asked how many people were ahead of my son. She told me plainly that she did not have that number, that her agency did not report it anywhere, and that as far as she knew nobody in the state was required to know it.

REPORTED BY AN OAKLAND COUNTY PARENT.

THE TAKEAWAY

The rule does not shorten anybody's wait. It makes the wait countable, and countable is the precondition for everything else.

TURN THE PAGE

What to ask your state this year, and the household baseline to build before the first report lands.

What to do before the data lands

DESIGN DECISIONS ARE BEING MADE NOW

ASK NOW

Question your state this year

- [ ] Ask how the state will collect the 441.311(d) data
- [ ] Ask whether families can see the draft methodology
- [ ] Ask whether people are screened before joining a list
- [ ] Ask how often the state re-screens
- [ ] Ask whether figures will be reported by region

BASELINE

Build your own numbers

- [ ] Get your placement date in writing this year
- [ ] Get your position, or a written statement it is unknown
- [ ] Record which waiver the list is for, by name
- [ ] Note the date services were approved
- [ ] Note the date services actually started

LOG

Track authorized against delivered

- [ ] Write down the hours authorized in the plan of service
- [ ] Write down the hours actually delivered each month
- [ ] Record every unfilled shift with its date
- [ ] Keep it monthly, not annually
- [ ] Keep it even during months that go well

USE IT

When the report publishes

- [ ] Compare your region against the rest of the state
- [ ] Read the screening description before the list size
- [ ] Take the percent-of-hours figure to your board
- [ ] Put your household number beside the state number
- [ ] Report a missed deadline to CMS and your delegation

BRING ONE PAGE, NOT A BINDER

The reporting sheet

01

Waiting

Your placement date, position, and which waiver.

02

Screening

Whether you were screened for eligibility, and when.

03

Authorized

The hours your plan of service actually authorizes.

04

Delivered

The hours delivered, month by month, with dates.

YOUR MOVE

When you are told the number does not exist

1. **Name the rule**
   42 CFR 441.311(d), effective July 9, 2027.
2. **Ask what is being built**
   States design this now, not in 2027.
3. **Ask about screening**
   It changes the meaning of every other figure.
4. **Keep your own log**
   Authorized hours against delivered hours.
5. **Compare regionally**
   A state average hides a county collapse.

Whatever your state publishes in 2027 is being designed right now, by people who have not heard from a single family.

SOURCES

42 CFR 441.311, Reporting requirements. Subsections (d)(1) and (d)(2) set the waiting list and service access reporting elements; subsection (f)(1) sets compliance beginning three years after July 9, 2024.

Centers for Medicare & Medicaid Services. Ensuring Access to Medicaid Services final rule, CMS-2442-F, published May 10, 2024, effective July 9, 2024.

Commonwealth Fund. CMS Is Taking Steps to Identify Unmet Need for Medicaid Home and Community-Based Services, 2024. First federal waiting list reporting requirement in more than forty years.

National Association of State Directors of Developmental Disabilities Services. Access Rule HCBS provisions roadmap, 2024, including the July 9, 2027 and July 9, 2030 compliance dates.

American Health Care Association. CMS delays of the fee-for-service grievance provision to December 2027 and the interested parties provision to January 2029.

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.