Removal of Barriers to Providing Home and Community-Based Services

Summary: Removes barriers to providing home and community-based services (HCBS) by giving States the option to provide more types of HCBS through a State plan amendment to individuals with higher levels of need, rather than through a waiver, and to extend full Medicaid benefits to individuals receiving HCBS under a State plan amendment.

Next steps:
- March 23, 2010 – Requirement that Secretary promulgate new regulations goes into effect
- April 1, 2010 – Modifications to state options goes into effect

Additional information:
- Department of Health and Human Services primer on Medicaid's home and community based services -- [http://aspe.hhs.gov/daltcp/reports/primer.htm](http://aspe.hhs.gov/daltcp/reports/primer.htm)
- Centers for Medicare and Medicaid Services (CMS) background on section 1915 waivers -- [https://www.cms.gov/MedicaidStWaivProgDemoPGI/05_HCBSWaivers-Section1915(c).asp](https://www.cms.gov/MedicaidStWaivProgDemoPGI/05_HCBSWaivers-Section1915(c).asp)
- Clearinghouse for Home and Community Based Services -- [http://www.hcbs.org/](http://www.hcbs.org/)
- Kaiser Family Foundation information on home and community based services -- [http://www.kff.org/medicaid/7720.cfm](http://www.kff.org/medicaid/7720.cfm)

Long summary:

Sec. 2402. Removal of barriers to providing home and community-based services.
Secretary must issue regulations to ensure that states develop service systems designed to (1) allocate resources for services in a manner responsive to needs and choices of beneficiaries receiving non-institutional long-term care services and supports; (2) to provide support and coordination for these beneficiaries; and (3) to improve coordination among and regulation of all providers of home and community based services in order to consistently administer policies across programs and oversee services to ensure coordination of eligibility, development of systems for complaints, quality monitoring, and an adequate number of qualified direct care workers.

Modified state options. Modifies state options for providing home and community based services (HCBS) under §1915 to include a new option to include individuals with incomes below 300% of the SSI eligibility level who qualify under a home and community based waiver. For this population, states may elect to offer, for a 5-year period, targeted HCBS which vary in amount, duration and scope to specific targeted populations; and to offer full Medicaid benefits to individuals eligible for HCBS. Also eliminates state options to limit the number of eligible individuals, to time-limit eligibility, and to waive statewideness, but allows waiver of comparability of benefits.

Effective date – regulations. Effective date of enactment or March 23, 2010.
Effective date – modified state options. Effective beginning on first day of first fiscal year quarter after enactment, or April 1, 2010.

Legislative text:
SEC. 2402. REMOVAL OF BARRIERS TO PROVIDING HOME AND COMMUNITY-BASED SERVICES. —The Secretary of Health and Human Services shall promulgate regulations to ensure that all States develop service systems that are designed to—
(1) allocate resources for services in a manner that is responsive to the changing needs and choices of beneficiaries receiving non-institutionally-based long-term services and supports (including such services and supports that are provided under programs other than the State Medicaid program), and that provides strategies for beneficiaries receiving such services to maximize their independence, including through the use of client-employed providers;
(2) provide the support and coordination needed for a beneficiary in need of such services (and their family caregivers or representative, if applicable) to design an individualized, self-directed, community-supported life; and
(3) improve coordination among, and the regulation of, all providers of such services under federally and State-funded programs in order to—
(A) achieve a more consistent administration of policies and procedures across programs in relation to the provision of such services; and
(B) oversee and monitor all service system functions to assure—
(i) coordination of, and effectiveness of, eligibility determinations and individual assessments;
(ii) development and service monitoring of a complaint system, a management system, a system to qualify and monitor providers, and systems for role- setting and individual budget determinations; and
(iii) an adequate number of qualified direct care workers to provide self-directed personal assistance services.

(b) ADDITIONAL STATE OPTIONS.—Section 1915(i) of the Social Security Act (42 U.S.C. 1396n(i)) is amended by adding at the end the following new paragraphs:
“(6) STATE OPTION TO PROVIDE HOME AND COMMUNITY-BASED SERVICES TO INDIVIDUALS ELIGIBLE FOR SERVICES UNDER A WAIVER.—
“(A) IN GENERAL.—A State that provides home and community-based services in accordance with this subsection to individuals who satisfy the needs-based criteria for the receipt of such services established under paragraph (1)(A) may, in addition to continuing to provide such services to such individuals, elect to provide home and community-based services in accordance with the requirements of this paragraph to individuals who are eligible for home and community-based services under a waiver approved for the State under subsection (c), (d), or (e) or under section 1115 to provide such services, but only for those individuals whose income does not exceed 300 percent of the supplemental security income benefit rate established by section 1611(b)(1).
“(B) APPLICATION OF SAME REQUIREMENTS FOR INDIVIDUALS SATISFYING NEEDS-BASED CRITERIA.—Subject to subparagraph (C), a State shall provide home and community-based services to individuals under this paragraph in the same manner and subject to the same requirements as apply under the other paragraphs of this subsection to the provision of home and community-based services to individuals who satisfy the needs-based criteria established under paragraph (1)(A).
“(C) AUTHORITY TO OFFER DIFFERENT TYPE, AMOUNT, DURATION, OR SCOPE OF HOME AND COMMUNITY-BASED SERVICES.—A State may offer home and community-based services to individuals under this paragraph that differ in type, amount, duration, or scope from the home and community-based services offered for individuals who satisfy the needs-based criteria established under paragraph (1)(A) so long as such services are within the scope of services described in paragraph (4)(B) of subsection (c) for which the Secretary has the authority to approve a waiver and do not include room or board.

“(7) STATE OPTION TO OFFER HOME AND COMMUNITY-BASED SERVICES TO SPECIFIC, TARGETED POPULATIONS.—
“(A) IN GENERAL.—A State may elect in a State plan amendment under this subsection to target the provision of home and community-based services under this sub-sec­tion to specific populations and to differ the type, amount, duration, or scope of such services to such specific populations.
“(B) 5-YEAR TERM.—
“(i) IN GENERAL.—An election by a State under this paragraph shall be for a period of 5 years.
“(ii) PHASE-IN OF SERVICES AND ELIGIBILITY PERIOD DURING INITIAL 5-YEAR PERIOD.—A State making an election under this paragraph may, during the first 5-year period for which the election is made, phase-in the enrollment of eligible individuals, or the provision of services to such individuals, or both, so long as all eligible individuals in the State for such services are enrolled, and all such services are provided, before the end of the initial 5-year period.
“(C) RENEWAL.—An election by a State under this paragraph may be renewed for additional 5-year terms if the Secretary determines, prior to beginning of each such renewal period, that the State has—
“(i) adhered to the requirements of this subsection and paragraph in providing services under such an election; and
“(ii) met the State’s objectives with respect to quality improvement and beneficiary outcomes.”;

(c) REMOVAL OF LIMITATION ON SCOPE OF SERVICES.—Paragraph (1) of section 1915(i) of the Social Security Act (42 U.S.C. 1396n(i)), as amended by subsection (a), is amended by striking “or such other services requested by the State as the Secretary may approve”. 
(d) OPTIONAL ELIGIBILITY CATEGORY TO PROVIDE FULL MEDICAID BENEFITS TO INDIVIDUALS RECEIVING HOME AND COMMUNITY-BASED SERVICES UNDER A STATE PLAN AMENDMENT.—
(1) IN GENERAL.—Section 1902(a)(10)(A)(ii) of the Social Security Act (42 U.S.C. 1396a(a)(10)(A)(ii)), as amended by section 2304(a)(1), is amended—and
(A) in subclause (XXI), by striking “or” at the end;
(B) in subclause (XXI), by adding “or” at the end;
(C) by inserting after subclause (XXI), the following new subclause:
“(XXII) who are eligible for home and community-based services under needs-based criteria established under paragraph (1)(A) of section 1915(i), or who are eligible for home and community-based services under paragraph (6) of such section, and who will receive home and community- based services pursuant to a State plan amendment under such subsection”;

Page 2

(B) Section 1905(a) of the Social Security Act (42 U.S.C. 1396d(a)), as so amended, is amended in the matter preceding paragraph (1)—and

(i) in clause (xv), by striking “or” at the end;
(ii) in clause (xvi), by adding “or” at the end;
(iii) by inserting after clause (xvi) the following new clause:

“(xvii) individuals who are eligible for home and community-based services under needs-based criteria established under paragraph (1)(A) of section 1915(i), or who are eligible for home and community-based services under paragraph (6) of such section, and who will receive home and community-based services pursuant to a State plan amendment under such subsection;”.

(e) ELIMINATION OF OPTION TO LIMIT NUMBER OF ELIGIBLE INDIVIDUALS OR LENGTH OF PERIOD FOR GRANDFATHERED INDIVIDUALS IF ELIGIBILITY CRITERIA IS MODIFIED.—Paragraph (1) of section 1915(i) of such Act (42 U.S.C. 1396n(i)) is amended—

(1) by striking subparagraph (C) and inserting the following:

“(C) PROJECTION OF NUMBER OF INDIVIDUALS TO BE PROVIDED HOME AND COMMUNITY-BASED SERVICES.—The State submits to the Secretary, in such form and manner, and upon such frequency as the Secretary shall specify, the projected number of individuals to be provided home and community-based services.”;

(2) in subclause (II) of subparagraph (D)(ii), by striking “to be eligible for such services for a period of at least 12 months beginning on the date the individual first received medical assistance for such services” and inserting “to continue to be eligible for such services after the effective date of the modification and until such time as the individual no longer meets the standard for receipt of such services under such pre-modified criteria”.

(f) ELIMINATION OF OPTION TO WAIVE STATEWIDENESS; ADDITION OF OPTION TO WAIVE COMPARABILITY.—Paragraph (3) of section 1915(i) of such Act (42 U.S.C. 1396n(3)) is amended by striking “1902(a)(1) (relating to statewideness)” and inserting “1902(a)(10)(B) (relating to comparability)”.

(g) EFFECTIVE DATE.—The amendments made by subsections (b) through (f) take effect on the first day of the first fiscal year quarter that begins after the date of enactment of this Act.