



Fact Sheet

Home and Community Based Services (HCBS) Rules

What the HCBS Final Rule is:

The Centers for Medicare & Medicaid Services (CMS) published the rule "Medicaid Program, State Plan Home and Community Based Services (HCBS), 5-Year Period for Waivers, Provider Payment Reassignment, and Home and Community-Based Setting Requirements for Community First Choice and Home and Community Based Services effective March 17, 2014:

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Home-and-Community-Based-Services.html>.

The changes will maximize the opportunities for participants in HCBS programs to have access to the benefits of community living and to receive services in the most integrated setting and provide alternatives to those provided in institutions.

- This final rule establishes requirements for settings that are eligible for reimbursement for the Medicaid HCBS.
- These regulations require states to develop a "transition plan" detailing actions necessary to achieve compliance with the settings requirements.
- The public will have an opportunity to provide input on North Carolina's transition plans.
- The transition plan must be submitted to CMS for approval by March 16, 2015.
- CMS may approve transition plans for a period of up to five years, as supported by individual states' circumstances, to effectuate full compliance.

How It Was Developed:

- CMS' definition of home and community-based settings involved stakeholder engagement.
- The final rule establishes a more outcome-oriented definition of home and community-based settings, rather than one based solely on a setting's location, geography, or physical characteristics.

Home and Community Based Settings Must:

- Be integrated in and support full access to the greater community, including:
 1. opportunities to seek employment and work in competitive integrated settings;
 2. engage in community life;
 3. control personal resources; and
 4. receive services in the community, to the same degree of access as individuals not receiving Medicaid HCB services;

- Be selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting;
- Ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint;
- Optimize autonomy and independence in making life choices; and
- Facilitate choice regarding services and who provides them.

Provider-Owned or Controlled Home and Community-Based Residential Settings:

These requirements include that the beneficiary must:

- Have a lease or other legally enforceable agreement providing similar protections;
- Have privacy in their unit including lockable doors, choice of roommates and freedom to furnish or decorate the unit;
- Have the freedom and support to control his/her own schedules and activities, including access to food at any time;
- Have visitors at any time; and
- Be able to physically access the entire setting.