There will be MORE NEW RULES for our services. Medicaid calls them HCBS **Access Rules**. The NEW RULES came out in May 2023. They are just a draft. We need self-advocates to speak up. Time to tell Medicaid how the NEW RULES will make services better. These slides will explain the **draft** new rules.

For this training, we are talking about some of the services people get in the community. The part of the government that makes the rules for our services is called **CMS**. It is the **Center for Medicaid and Medicare services**.

**CMS** gives money to your state for your services. There are rules that your state must follow to get the money to pay for services.
The President + Governors run government agencies that make rules about services. CMS is run by the President.

Your Legislators passes laws or votes for money to fund services.

The Courts make decisions that impact people with disabilities. Like the OLMSTEAD decision.

Background Information: Remember there are 3 branches of government.
This training is all about the part of government that make rules for our services. CMS or the Centers for Medicaid and Medicare Services.

This training is NOT about passing bills or voting for money for services.

This training is NOT about a Court decision.
In March 2014 the federal government sent out new rules for getting disability services. They are called **Home and Community-Based Services (HCBS) Settings Rule.**

The Settings Rule is about:

1. our rights and

2. the rules agencies must follow when they work with us.
On April 27 the Government Put Out A Draft Of New Rules

They are called: Ensuring Access to Medicaid Services. They are called the **Access Rule** for short.

The Access Rule is different from the HCBS Settings Rule.

But both Rules are powerful.

The Access rules want to **improve your access to Medicaid services**.

They also want to **improve the quality of services you get**.
The government wants you to give feedback on the 8 rules about your services.
Comments must be received: by July 3rd, 2023

GO TO THIS WEBSITE and Click on COMMENT:

To https://www.regulations.gov/document/CMS-2023-0070-0001
The government wants you to give feedback on the 8 rules about your services.

Comments must be received: by **July 3rd, 2023**

You can also use this website to comment.

https://www.votervoice.net/AutismSociety/campaigns/105206/respond
Growing the Direct Care Workforce

Medicaid pays for HCBS services like homemaker services, home health aide services, and personal care services.

Draft Rule #1 - At least 80 percent of all Medicaid money that goes to states for HCBS services must go for pay and benefits for direct care workers. This is to help address the direct care workforce crisis.

Tell a personal story about the workforce shortage in your state https://www.regulations.gov/document/CMS-2023-0070-0001
Transparency in Payment Rates

**Draft Rule #2** - States must publish the average cost for wages and benefits paid to direct care workers.

**Draft Rule #3** - States must set up an advisory group to advise and consult on rates paid for personal care, home health aide, and homemaker services.
Better Oversight and Monitoring

HCBS Waitlists

**Draft Rule #4** - States must report information on their waiting lists for HCBS services. They must report how many people are on the waitlists. And how long people have been on the waitlists.

They also must report on what happens after they get off the waitlist. This means report if and when people get services once services are approved. This data allows the federal government to compare different states. They can see issues with accessing services.

Tell a personal story about the waitlist in your state

https://www.regulations.gov/document/CMS-2023-0070-0001
Strengthen

Person-Centered Service Planning

Draft Rule #5 - States must show that at least once a year, each person's needs are reassessed. Your state has steps they take to work with you to figure what you need for services.

They also must show that your service plans is looked at and updated each year. Your case manager will take what you learned from your needs assessment to make changes in your plan.
Draft Rule #6 - States must have an electronic incident report system.

States must operate investigate, address, and report on the outcomes of the incidents within specified timeframes.

Add a story about a time you may have felt unsafe or thought your service quality could have been better. 
https://www.regulations.gov/document/CMS-2023-0070-0001
Draft Rule #7 - States Must Have A Way For You To File A Grievance

This system will give people a way to notify the Medicaid office in your state if they have a complaint. It could be a complaint about how your agency or state is following Medicaid rules.

Tell a story about how you complained about services and nothing was done
https://www.regulations.gov/document/CMS-2023-0070-0001
Draft Rule #8 - Set Up A New Way to Review Agencies or Providers

• CMS is coming up with a new way to check on your services. The CMS tools will be used in all states. It is like a report card. They will evaluate the quality of your services.
• The idea is to observe and check on people's progress. Let's use employment as an example. We want to know what works to support Tiffany on the job. And we want to know how many people with disabilities have a job. It is important to see how services are improving overtime.