

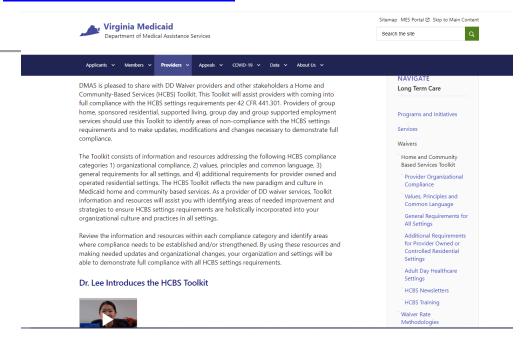
Home and Community-Based Services (HCBS) Settings Rule

Home and community-based services (HCBS) provide opportunities for individuals to receive Medicaid waiver services in their own home or community rather than in institutions or other isolated settings. Licensed providers of group home, sponsored residential, supported living, and group day services available in a Developmental Disabilities (DD) waiver are required to demonstrate full compliance with HCBS settings requirements in ALL settings to receive reimbursement for service provision (42 CFR Part 430, 431).

The HCBS rule was implemented to ensure that the delivery of Medicaid-funded HCBS services comply with the community integration mandate of the Americans with Disabilities Act. Existing waiver providers have until March of 2023 to ensure ALL settings fully comply. **New providers entering the system MUST demonstrate compliance PRIOR receiving reimbursement for services.** After March of 2023, settings that do not comply will not be able to receive Medicaid HCBS reimbursement.

As a new provider, what should you do?

- Go to the <u>HCBS Toolkit</u> on the <u>DMAS website!</u> The Toolkit will help you to determine how your organization can strengthen compliance. Immerse yourself in the resources and guidance provided in the Toolkit. Take an honest look at your organization and organizational culture. Identify how to incorporate HCBS into your culture -- including your policies, staff training, access to the community and ensuring individuals served know their HCBS rights and their rights are enforced.
- Submit your HCBS policies for review via the DMAS public comment mailbox: hcbscomments@dmas.virginia.gov



It is important to understand that Federal Financial Participation for the reimbursement of Medicaidfunded HCBS waiver services in settings that do not comply with the HCBS rule <u>will not be allowable</u> by CMS.