



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 [HCBS Toolkit on the DMAS website!](#)** 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**

Virginia Medicaid
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DMAS is pleased to share with DD Waiver providers and other stakeholders a Home and Community-Based Services (HCBS) Toolkit. This Toolkit will assist providers with coming into full compliance with the HCBS settings requirements per 42 CFR 441.301. Providers of group home, sponsored residential, supported living, group day and group supported employment services should use this Toolkit to identify areas of non-compliance with the HCBS settings requirements and to make updates, modifications and changes necessary to demonstrate full compliance.

The Toolkit consists of information and resources addressing the following HCBS compliance categories 1) organizational compliance, 2) values, principles and common language, 3) general requirements for all settings, and 4) additional requirements for provider owned and operated residential settings. The HCBS Toolkit reflects the new paradigm and culture in Medicaid home and community based services. As a provider of DD waiver services, Toolkit information and resources will assist you with identifying areas of needed improvement and strategies to ensure HCBS settings requirements are holistically incorporated into your organizational culture and practices in all settings.

Review the information and resources within each compliance category and identify areas where compliance needs to be established and/or strengthened. By using these resources and making needed updates and organizational changes, your organization and settings will be able to demonstrate full compliance with all HCBS settings requirements.

Dr. Lee Introduces the HCBS Toolkit

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It is important to understand that Federal Financial Participation for the reimbursement of Medicaid-funded HCBS waiver services in settings that do not comply with the HCBS rule **will not be allowable by CMS.**