June 11, 2021

The Honorable Brian K. Fitzpatrick
U.S. House of Representatives
Washington, DC 20515

Dear Representative Fitzpatrick:

Thank you for your letter regarding the scope of the home and community-based services (HCBS) settings rule. I appreciate your concern about specific characteristics of settings in which Medicaid-funded HCBS can be delivered.

I would like to first clarify that the HCBS settings rule does not prohibit HCBS funding in farmsthead, intentional communities, and campus settings, nor does the settings rule require that individuals receive services in other setting types prior to choosing to receive services in a compliant farmstead, intentional community, or campus setting. The settings criteria contained in the regulation require that individuals receiving Medicaid-funded HCBS have the same degree of access to the community as individuals not receiving Medicaid-funded HCBS; there is no numerical threshold defining this requirement. The degree of interaction with the community should be determined by each individual, as outlined in his or her person-centered service plan.

With regard to settings that are presumed to be institutional, the March 22, 2019 guidance that you reference outlines the characteristics of settings that isolate HCBS beneficiaries from the broader community. In your letter, you outline four characteristics of home and community-based settings; however, those will not alone meet all of the settings criteria outlined in the regulation. The state must assess each setting to determine that all of the settings criteria are met in order for a setting that meets the characteristics of isolation to overcome its institutional presumption.

Lastly, CMS does not believe that there is a threshold number of individuals receiving services beneath which it can be presumed that a setting would meet the HCBS settings criteria, or above which it can be presumed that a setting would not meet the criteria. Therefore, there is no cap as mentioned in your letter on the number of individuals who can receive services in a setting. In determining a setting's compliance with the regulatory criteria, the focus should be on the experience of the individuals in the setting. This applies to both residential and non-residential settings in which individuals receive Medicaid-funded HCBS.

We continue to engage with our state partners, Medicaid beneficiaries and their families, and other stakeholders to discuss the settings criteria in the HCBS final rule. Your questions are helpful for informing this ongoing work.
Thank you again for contacting CMS with these questions.

Sincerely,

Anne Marie Costello
Acting Deputy Administrator and Director