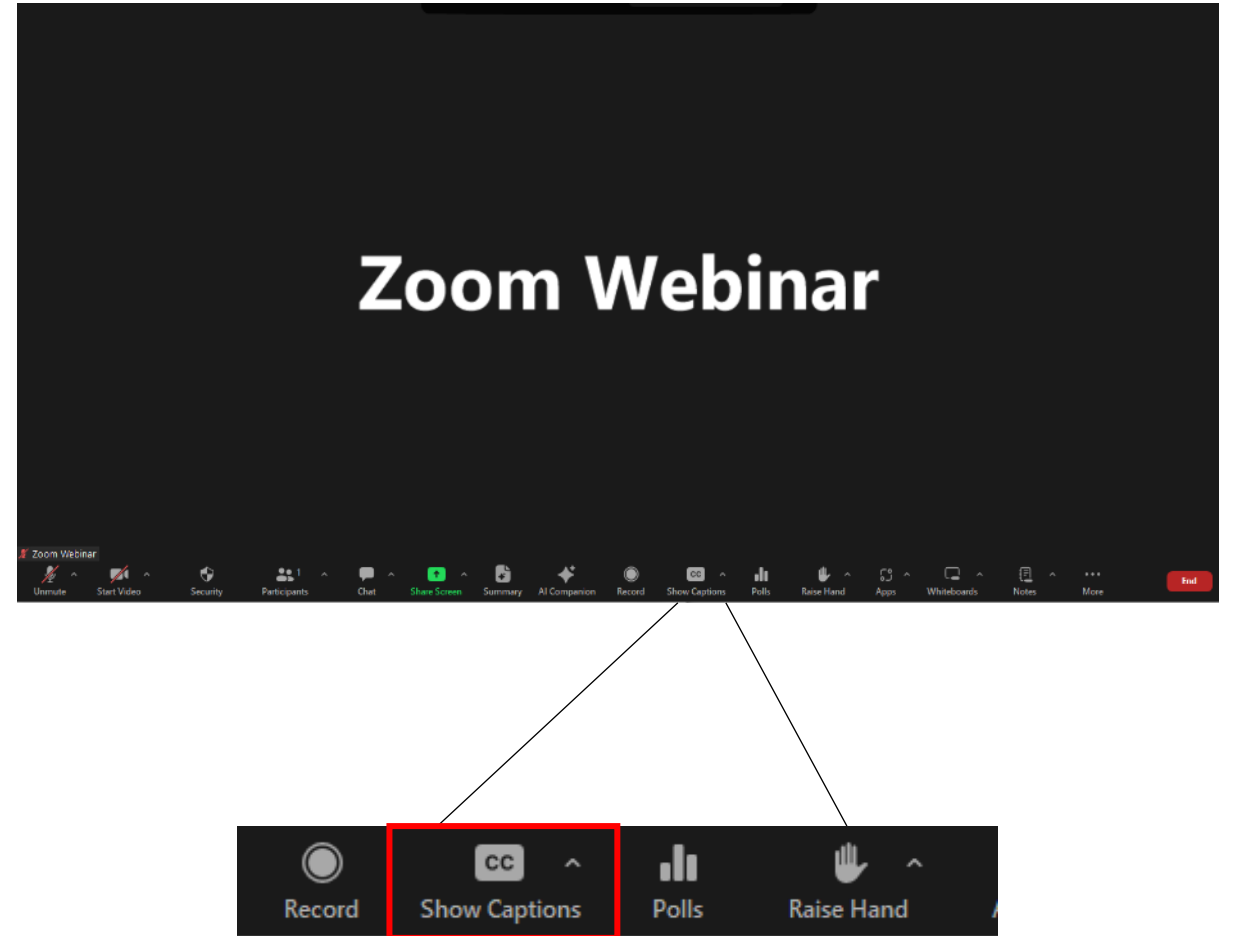


How the New 1915(c)(11) Home and Community-Based Services Waiver Authority Can Enhance Access and Outcomes

**Division of Long-Term Services and Supports
Medicaid Benefits and Health Programs Group
Centers for Medicaid and CHIP Services**

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Welcome from CMS

Presentation Objectives

This webinar will cover:

- An overview of the new 1915(c)(11) Home and Community-Based Services (HCBS) waiver.
- How 1915(c)(11) can improve access, outcomes, and cost-effectiveness.
- Sample scenarios demonstrating potential for states to use 1915(c)(11) to improve access, outcomes in health, community integration, and cost effectiveness.
- Program integrity considerations for 1915(c)(11) waivers.

Overview of the 1915(c)(11) HCBS Waiver Authority

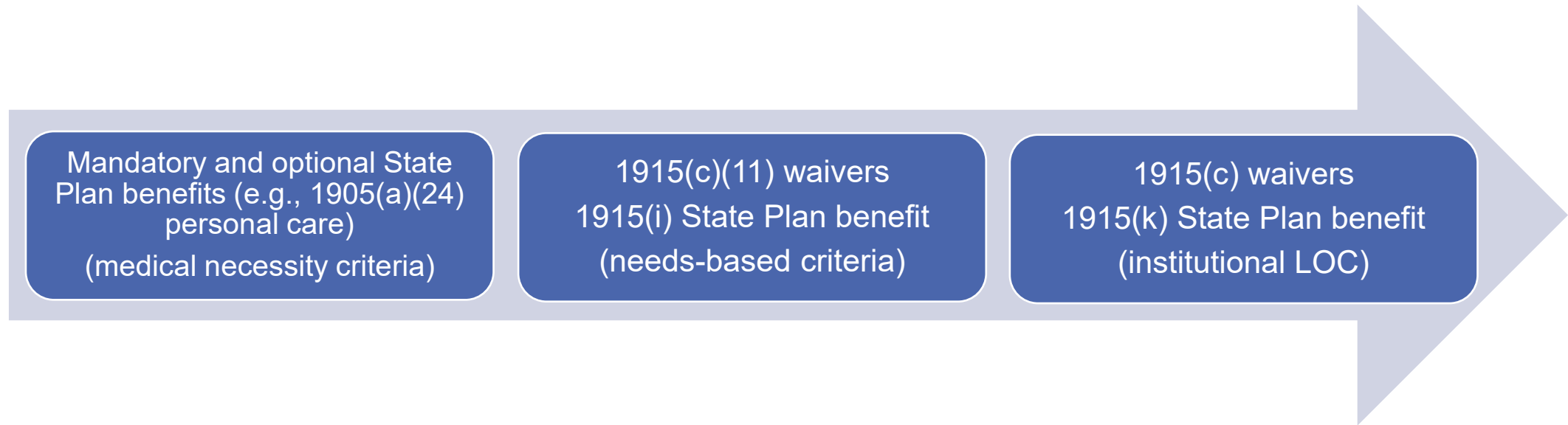
Overview of the 1915(c)(11) HCBS Waiver (1 of 5)

- Enacted July 4, 2025, Section 71121 of the Working Families Tax Cut (WFTC) legislation added paragraph (11) to Section 1915(c) of the Social Security Act, creating what the Centers for Medicare & Medicaid Services (CMS) refers to as the 1915(c)(11) waiver [i].
- WFTC legislation includes \$100,000,000 in funding to support state systems to deliver HCBS under section 1915(c) waivers or 1115 demonstration waivers, which may include section 1915(c)(11) waiver development [i].
- 1915(c)(11) waivers provide opportunities for states to address gaps in HCBS coverage in innovative ways.
- Allows states to design programs that provide “upstream” access to HCBS, creating a pathway for states to deliver HCBS before individuals reach an institutional level of care (LOC). By providing support earlier, states can promote cost-effective care and improved outcomes.

[i] [Working Families Tax Cut Act, Section 71121 Expanding Access to Care](#)

Overview of the 1915(c)(11) HCBS Waiver (2 of 5)

- The new 1915(c)(11) authority augments the continuum of HCBS by expanding access to populations who have needs that could exceed medically necessary State Plan benefits but who do not require an institutional LOC.



Overview of the 1915(c)(11) HCBS Waiver (3 of 5)

- As with other optional Medicaid programs, states have the flexibility to design this new benefit to meet the needs of the identified groups.
- The target groups that can be served under the 1915(c)(11) waiver include Aged or Disabled, individuals with Intellectual or Developmental Disabilities (I/DD), persons with mental illness, and any subgroup or combination of these populations.
- Each state must establish minimum needs-based criteria that are less stringent than an institutional LOC within that state.
- States may consider risk factors as part of the minimum needs-based criteria for participant eligibility determinations for the 1915(c)(11) waiver.

Overview of the 1915(c)(11) HCBS Waiver (4 of 5)

- The new Section 1915(c)(11) authority combines key features of 1915(i) State Plan HCBS and 1915(c) HCBS waivers, giving states flexibilities not available under either authority alone.
 - Like the 1915(i) State Plan benefit, the 1915(c)(11) waiver requires states to develop needs-based criteria, may include risk factors, and does not require institutional LOC like a 1915(c) waiver.
 - Like existing 1915(c) waivers, the 1915(c)(11) waiver has the full range of options that allow states to limit statewideness and comparability, and to establish the number served and the amount of individual expenditures.
- Since states administer the Medicaid program and are responsible for establishing institutional LOC and needs-based criteria, an individual who is eligible for 1915(c)(11) services in one state may not necessarily meet the eligibility requirements in another state.

Overview of the 1915(c)(11) HCBS Waiver (5 of 5)

- The Section 1915(c)(11) authority does not establish an upper limit on the needs-based criteria used to determine eligibility.
- This means that for a given target group, a state could serve both those who do not meet **and** those who do meet or exceed institutional LOC in the same 1915(c)(11) program. A state may find this approach useful for administrative purposes.
- Alternatively, states could establish distinct 1915(c) and 1915(c)(11) programs to, for example, tailor services to specific subgroups within the same target group.
- States must perform eligibility evaluations for participants enrolled under a 1915(c)(11) waiver on at least a yearly basis.

How 1915(c)(11) Can Improve Access, Outcomes, and Cost Effectiveness

Improving Access, Outcomes, and Cost Effectiveness (1 of 8)

Overview

- As we have highlighted, states can leverage Section 1915(c)(11) to extend access to HCBS to populations who previously may not have been eligible for waiver services because they do not meet institutional LOC.
- Providing access to waiver services can:
 - Improve health outcomes;
 - Maintain continuity of care;
 - Support caregivers;
 - Increase community integration; and,
 - Maximize cost-effectiveness.

Improving Access, Outcomes, and Cost Effectiveness (2 of 8)

Increase Access

- States could design the 1915(c)(11) waiver to support individuals currently on 1915(c) waiver waitlists, including those at or below institutional LOC, with HCBS to delay or divert institutionalization.
- Since the 1915(c)(11) does not require an institutional LOC, the 1915(c)(11) waiver would provide more opportunities for those individuals who have not previously had access to 1915(c) waivers.
- The implementation of person-centered planning, conflict-free case management, and individualized HCBS can reduce the need for more intensive or costly services and supports.
- By providing services to individuals on the waiting list, states could decrease the need for higher cost 1915(c) services in the future. This savings could be reinvested to reduce waitlists in the future.

Improving Access, Outcomes, and Cost Effectiveness (3 of 8)

Improve Health Outcomes

- Person-centered planning can improve health outcomes by decreasing the likelihood of unmet needs and increasing the likelihood of remaining in the community.
- Individuals who were previously not eligible for HCBS can benefit from improved outcomes arising from person-centered planning, monitoring, coordination, and service delivery [ii].
 - Person-centered planning focuses on the participant's health and wellness goals and preferences, while promoting informed and supported decision making, personal agency, and access to quality services;
 - Service needs identified through person-centered planning may include crisis stabilization, respite for caregivers, and caregiver training and counseling.

[ii] [Outcomes of Person-Centered Planning in Medicaid Home- and Community-Based Services | The Gerontologist | Oxford Academic](#)

Improving Access, Outcomes, and Cost Effectiveness (4 of 8)

Enhance Continuity of Care

- Continuity of care may be enhanced through person-centered planning and individualized supports to monitor previously unserved populations.
- HCBS resources may be identified to assist individuals with assistive technology, caregiver supports, and other appropriate services to ensure continuity.
- Coordination of healthcare and HCBS:
 - Ensures timely communication across settings;
 - Monitors health status changes to identify rising or lowered risk/needs for HCBS.
- Continuity of care may lead to decreased hospitalizations and emergency room use.

Improving Access, Outcomes, and Cost Effectiveness (5 of 8)

Support Caregivers

- There are an estimated 63 million caregivers in the United States [iii];
- Risk of institutionalization increases when there is a higher burden on family caregivers, especially for certain groups such as individuals with dementia [iv];
- As part of the needs-based eligibility criteria, states can include risk factors such as lack of sufficient natural supports;
- Waiver services such as caregiver training and counseling, respite care, and/or adult day services support family caregivers and may lead to reduced risk of institutionalization and increased quality of life.

[iii] [Caregiving in the US 2025: Key Trends, Strains, and Policy Needs](#)

[iv] [Caregiver Burden and Desire for Institutional Placement—The Roles of Positive Aspects of Caregiving and Religious Coping](#)

Improving Access, Outcomes, and Cost Effectiveness (6 of 8)

Increase Community Integration

- Section 1915(c)(11) aligns with community integration goals and initiatives.
- 1915(c)(11) waivers can be used to meet community integration goals by expanding HCBS access to individuals with needs below institutional LOC, including individuals transitioning to a community setting or on a waitlist for waiver services. This allows participants to stay in their homes and/or more integrated settings and to receive services in the community.
- 1915(c)(11) waivers can support transition coordination/care continuity for individuals returning to the community upon discharge from a Medicaid-funded institution (i.e., hospital, nursing facility, Intermediate Care Facilities for Individuals with Intellectual Disabilities [ICF/ID]) or other provider-operated/controlled setting.

Improving Access, Outcomes, and Cost Effectiveness (7 of 8)

Increase Community Integration (continued)

- Section 1915(c)(11) also enhances community integration by:
 - Expanding access to HCBS to individuals with needs that are less stringent than the needs required for institutional care, effectively delaying or diverting the need for more costly services;
 - Extending person-centered planning to new populations so they may benefit from the alignment of HCBS with their community integration goals, preferences, and needs; and
 - Offering services, previously not available to some groups, that support community integration, such as home health, personal care, supported employment, and habilitative services.

Improving Access, Outcomes, and Cost Effectiveness (8 of 8)

Maximize Cost-Effectiveness

- HCBS support more participants for less cost than institutional long-term services and supports, on average.
- Investment in HCBS such as crisis response stabilization can help participants remain in the community and are more cost effective than hospitalizations, emergency room visits, and institutionalization.
- States may also gain insight on ways to provide cost-effective HCBS by analyzing annual data reporting metrics to further inform preventable hospitalizations and emergency room visits.

[v] [Medicaid Home and Community-Based Services Initiation and Acute Services Use](#)

[vi] [Long-Term Care Services and Supports for Older Americans: Risks and Financing, 2022 Research Brief](#)

[vii] [July 2025 MACPAC Issue Brief on Spending and Utilization for Medicaid HCBS](#)

Sample Scenarios of How States Can Use 1915(c)(11) to Improve Access, Outcomes, and Cost Effectiveness

Potential Populations for a 1915(c)(11) HCBS Waiver

CMS encourages states to explore populations who would benefit from the new opportunities available under 1915(c)(11) waivers:

- Older adults (age 65 and over) who are below institutional LOC and require assistance with activities of daily living (ADLs) due to multiple chronic conditions.
- Individuals with mental health conditions who need HCBS to assist them through periodic crises and to avoid hospitalization.
- Individuals with I/DD who are on a waitlist for 1915(c) waiver services.
- Youth with Serious Emotional Disturbance (SED) with a risk factor history of trauma and under state foster care who require assistance with functional needs.

Scenario 1: Older Adults

- Older adults (age 65 and over) who require assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs) due to multiple chronic conditions.
- This 1915(c)(11) waiver is designed to serve older adults who do not meet institutional LOC, as well as older adults who do meet or exceed it. This approach allows for seamless transition between less intensive and more intensive service options if a participant's conditions change without requiring them to enroll in separate waivers.
- Care coordination and monitoring help identify health needs and tailor HCBS to the participant's goals to remain in the community and help improve care stability.
- Access to HCBS in the home may prevent or delay the need for more costly HCBS, such as assisted living services or Medicaid-funded institutional care.
- This approach can improve continuity of care, resulting in fewer hospitalizations and emergency visits, while improving health outcomes, facilitating aging in place in the community, and providing less costly long-term care.

[viii] [Home and Community-Based Services Improve Outcomes While Reducing Costs](#)

Scenario 2: Individuals with Serious Mental Illness (SMI) and Substance Use Disorders (SUD)

- Individuals age 18 years or older with ADL assistance needs, including behavioral health and medication management, self care, and maintaining sobriety, due to a co-occurring SMI and SUD.
- The state's 1915(c)(11) waiver provides access to HCBS including peer support and counseling, medication training and management, caregiver training, addiction counseling, and respite.
- These ongoing services help to stabilize the participant during periodic crisis episodes and can reduce costly emergency room visits or inpatient care. The new waiver services would also provide family caregivers with supports to reduce stressors.

[ix] [Behavioral Health in Medicaid and the State Children's Health Insurance Program - MACPAC](#)

Scenario 3: Individuals with I/DD

- Individuals who require assistance with ADLs and IADLs, including communication, social skills (particularly for the workplace), and traveling safely in the community, due to an I/DD.
- The state's 1915(c)(11) waiver provides supported employment services that include job coaching and travel training, as well as non-medical transportation services, to support the participant's employment and community integration goals and needs.
- The new waiver could be used to serve individuals with I/DD who may not meet institutional LOC, are currently on a 1915(c) waitlist, and are primarily seeking supports for successful employment and community integration.
- The approach improves outcomes and helps the participant to remain in a community setting by promoting independence, higher employment rates, community integration, and overall enhanced quality of life.

Scenario 4: Foster Care Youth

- Foster care youth with a risk factor of history of trauma. Children in this group require assistance with functional needs related to development of social skills, time management, and behavioral support that could supplement Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefits for those under age 21.
- The state's 1915(c)(11) waiver can provide a wraparound model of care that engages multiple service systems including schools, community mental health supports, and child protective services. Waiver services may include supported community participation, care coordination, family peer support, intensive home-based services, and respite.
- This new waiver would provide access to community-based supports for individuals and their families that historically may not have been eligible for Medicaid HCBS.
- This approach can improve care continuity and provide cost-effective behavioral health services by offering community-based supports that may prevent the need for institutional care in a psychiatric inpatient setting while also supporting family caregivers.

Program Integrity Considerations

Program Integrity Considerations (1 of 4)

- Like other Medicaid HCBS programs, improving outcomes for participants receiving 1915(c)(11) waiver services requires strong program integrity systems [x].
- Maintaining program integrity requires the prevention of fraud, waste, and abuse to help ensure participant safety, preserve public trust, and control program costs [xi].
 - **Fraud:** Intentional use of false information to obtain coverage for care or services.
 - **Waste:** Inappropriate or inefficient use of services that cause increased costs or unnecessary use of funds.
 - **Abuse:** Inaccurate coding, improper billing or other actions that are inconsistent with established medical, billing, or business standards.

[x] [42 CFR Part 455 Program Integrity: Medicaid](#)

[xi] [Why Did They Do It That Way? Program Integrity. National Association of Medicaid Directors](#)

Program Integrity Considerations (2 of 4)

Program integrity requirements and safeguards that apply to existing 1915(c) waivers will also apply to 1915(c)(11) programs, including, for example:

- HCBS settings and person-centered service planning requirements, including conflict of interest requirements.
- Evaluations for eligibility for 1915(c)(11) waivers occurring at regular intervals.
- Compliance with waiver assurances regarding administrative authority, eligibility determinations, qualified providers, service planning, health and welfare, and financial accountability.
- Electronic Visit Verification (EVV) requirements for personal care and home health care services.

Program Integrity Considerations (3 of 4)

- To ensure program integrity, the new 1915(c)(11) waiver must leverage person-centered planning, reporting, data analysis, and ongoing monitoring.
- States will be responsible for:
 - Using person-centered planning as a program integrity tool by identifying the participant's needs to plan their services. It also may help reduce program waste by aligning the participant's needs with necessary services and providing cost-efficient support in a home or community setting.
 - Using EVV to create a verifiable record that confirms authorized services, qualified providers, and service delivery.
 - Preventing service duplication across waivers or other state programs.
 - Preventing improper payments [xii].
 - Providing whistleblower protection for reports of suspected fraud, waste, and abuse.

[xii] [Preventing Medicaid Improper Payments for Personal Care Services Fact Sheet](#)

Program Integrity Considerations (4 of 4)

States should consider the following for 1915(c)(11) HCBS providers:

- States administering 1915(c)(11) waivers alongside other Medicaid HCBS programs will need to have mechanisms in place to ensure against duplication of services and payment to providers.
- State Medicaid programs can still include the cost of benefits within the provider rate, and providers may use their own reimbursement to purchase benefits from an outside entity/third party.
- Providers' capacity, especially in the context of the wait times requirement, for delivering services to new populations.
- States also should consider the time, capacity, and expertise required to conduct person-centered planning, particularly for providers that are new to Medicaid HCBS.

Summary

- The WFTC legislation created a new waiver authority through Section 1915(c)(11), providing a pathway to deliver HCBS for individuals without requiring an institutional LOC and allows states to determine the number to be served and waive statewideness.
- 1915(c)(11) waivers can help improve health outcomes, maintain continuity of care, support caregivers, and support community integration.
- Individuals who were previously not eligible for HCBS may access cost-effective services through the 1915(c)(11) waiver, which can help prevent, delay, and divert the need for institutional services.
- Fraud, waste, and abuse lead to negative care outcomes and unnecessary costs. 1915(c)(11) waivers and adherence to related requirements, including person-centered planning, monitoring, data analysis, and meeting waiver assurances, have the potential to improve outcomes for Medicaid beneficiaries enrolled in the program and support states' broader program integrity efforts in their state Medicaid programs.

Resources/References (1 of 4)

Resources

For a more detailed overview of the new waiver authority, please refer to the *Fundamentals of the WFTC Legislation Section 1915(c)(11) HCBS Waiver Authority* training available at Medicaid.gov. <https://www.medicaid.gov/home-community-based-services/downloads/1915c-11-fndmntls-train-deck-07202026.pdf>

For information about person-centered service plans, please refer to *The Fundamentals of How to Conduct the Person-Centered Service Planning Process* training available at Medicaid.gov. <https://www.medicaid.gov/medicaid/home-community-based-services/downloads/fundmntl-cndct-pscp-prcess.pdf>

References

[i] Working Families Tax Cut Act, Public Law 119-21, Section 71121, Expanding Access to Care. <https://www.congress.gov/bill/119th-congress/house-bill/1/text#d3245e39515>

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- [iii] AARP and National Alliance for Caregiving. (2025, July). *Caregiving in the US 2025: Key Trends, Strains, and Policy Needs*. [Caregiving in the U.S. 2025 – AARP report on family caregiving in the United States](#).
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[vi] HHS Office of the Assistance Secretary for Planning and Evaluation (2022, August). ASPE Research Brief: *Long-Term Care Services and Supports for Older Americans: Risks and Financing*, 2022.

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[viii] Caldwell, J., Bixby, L., Siegel, R., Pickern, S., Stober, K., & Cahn, D. (2026, April). *Home and Community-Based Services Improve Outcomes While Reducing Costs* [Research Brief]. Community Living Policy Center, Lurie Institute for Disability Policy, Brandeis University. <https://heller.brandeis.edu/community-living-policy/research-policy/publications/pdfs/briefs/hcbs-improve-outcomes-and-reduce-costs.pdf>

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<https://www.macpac.gov/publication/behavioral-health-in-medicaid-and-the-state-childrens-health-insurance-program-2/>

[x] 42 C.F.R. Part 455 Program Integrity: Medicaid. <https://www.ecfr.gov/current/title-42/part-455>

[xi] National Association of Medicaid Directors (2025, June 30). *Why Did They Do It That Way? Program Integrity*. <https://medicaiddirectors.org/resource/why-did-they-do-it-that-way-program-integrity/>

[xii] Centers for Medicare and Medicaid Services (CMS) (2017, November). *Preventing Medicaid Improper Payments for Personal Care Services*.

<https://www.cms.gov/medicare-medicaid-coordination/fraud-prevention/medicaid-integrity-education/downloads/pcs-prevent-improperpayment-factsheet.pdf>

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