

Alliance Statement on MACPAC Report

Press Release | Mar. 18, 2025

Alexandria and Washington, D.C. – On Thursday, March 13th, the Medicaid and CHIP Payment and Access Commission (MACPAC) released its semi-annual report, which included three chapters and five recommendations. (See analysis from the National Alliance for Care at Home [HERE](#) and [HERE](#).)

Two recommendations in the MACPAC report concern home and community-based services (HCBS):

1. Guidance regarding provisional plans of care to expedite delivery of HCBS,
2. A recommendation to extend the approval periods of renewals for 1915(c) & 1915(i) to 10 years.

The Alliance appreciates these recommendations, and we broadly support both. However, the Alliance is concerned that these recommendations are not sufficient to ensure that the Medicaid program truly fulfills the promise of the Olmstead Supreme Court decision and provides care in the most integrated settings appropriate to the needs and preferences of individuals.

Instead of incremental changes such as these, the Alliance recommends restructuring the various HCBS authorities within the Medicaid program into a single statutory provision. This would include:

- Establishing HCBS as a mandatory service without limits on the number of individuals in the program;
- A single streamlined benefit package with a core set of mandatory services and the option to include additional services;
- Federal minimum standards of quality and access regardless of whether the state uses fee-for-service or managed care;
- A period of presumptive financial and functional eligibility for individuals at risk of hospitalization or nursing home placement to expedite the delivery of care; and
- Increased requirements on states to ensure access to care so that there are available providers for individuals to quickly access services in the community.