

RESPONSE TO PUBLIC COMMENTS  
METHODS FOR ASSURING ACCESS TO COVERED MEDICAID SERVICES UNDER 42  
CFR 447.203 AND 447.204  
CMS-10391, OMB 0938-1134

42 CFR 447.203 and 447.204 require that states: “assure that payments are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area.” The information is used by states to document that access to care is in compliance with section 1902(a)(30)(A) of the Social Security Act, to identify issues with access within a state's Medicaid program, and to inform any necessary programmatic changes to address issues with access to care. The Centers for Medicare & Medicaid Services (CMS) will use the information to monitor ongoing compliance with section 1902(a)(30)(A) of the Act, and to make informed approval decisions on State plan amendments that propose to make Medicaid rate reductions or restructure payment rates. Beneficiaries, providers, and other affected stakeholders may use the information to raise access issues to state Medicaid agencies and work with agencies to address those issues.

CMS published the revised information collections in the federal register on November 19, 2025, for a 60-day comment period. During this time, one commenter submitted comments on the information collections. CMS has made functional enhancements to the Rate Reduction or Restructuring Template since the publication of the revised information collections. However, these enhancements do not impact user input into the Rate Reduction or Restructuring Template or the burden estimates associated with the information collections, and therefore CMS is finalizing the information collections as proposed.

Comment 1: One commenter submitted a comment suggesting CMS require states to report on access to home and community-based services delivered through waiver programs when reducing or restructuring any home and community-based service payment rates. The same commenter suggested CMS require states to provide detailed information on the current reimbursement rate model, including direct care worker wage assumptions where applicable, and the revised model under the proposed reduction or restructure.

Response: We thank this commenter for their valuable feedback. Although this comment addresses valid concerns for access to care, this comment is out of scope in relation to the information collection.

Action(s) Taken: No action will be taken. Specifically, no requirements or documents will be revised, nor will any burden estimates be revised as a result of the comment.

Comment 2: This same commenter suggested CMS require states to describe and document the approaches that were considered and/or previously implemented as an alternative to the proposed rate reduction or restructuring. This same commenter suggested CMS require the template include additional data points: the number of people with intellectual and developmental disabilities (I/DD) currently receiving and the projected number of people with I/DD who will need the impacted services within the next 12 months, the number of people with I/DD currently waiting for HCBS, the number of people with I/DD accessing nursing facility services, the number of people with I/DD accessing ICF/IID services, whether actively participating providers are currently accepting new referrals, average vacancy and turnover rates, average length of time between the issuance of service authorizations and service delivery for the affected services, and the specific methods and considerations utilized by states to assess provider impacts.

Response: We thank this commenter for their valuable feedback. Although this commenter made valid suggestions for revising the template, these comments are out of scope in relation to the information collection. These comments suggest changes that would require rulemaking prior to revising the template and burden estimates associated with this information collection. We will take these recommendations into consideration for potential future rulemaking.

Action(s) Taken: No action will be taken. Specifically, no requirements or documents will be revised, nor will any burden estimates be revised as a result of the comment.

Comment 3: This same commenter suggested CMS require states to attach the full record of access to care concerns or complaints received from beneficiaries, providers, or other interested parties.

Response: We thank this commenter for this comment. In accordance with 42 CFR 447.203(c)(4) (iii), states are required to maintain a record of data on public input and how the state responded to this input, and the record of input and responses will be made available to CMS upon request.

Action(s) Taken: No action will be taken. Specifically, no requirements or documents will be revised, nor will any burden estimates be revised as a result of the comment.