

Ensuring Access to Medicaid Services (CMS-2442-F)
Provisions and Relevant Timing Information and Dates*

Updated September 9, 2024

Regulation Section(s) in Title 42 of the CFR	Applicability Dates**
Medicaid Advisory Committee (MAC) & Beneficiary Advisory Council (BAC) § 431.12	§ 431.12 MAC & BAC: Except as noted in paragraphs (d)(l) and (i)(3), the requirements in paragraphs (a) through (j) are applicable 1 year after the effective date of the final rule.
Medicaid Advisory Committee (MAC) & Beneficiary Advisory Council (BAC) § 431.12	§ 431.12 (d)(l) BAC crossover on MAC: For the period from 1 year after the effective date of the final rule through 2 years after the effective date of the final rule, 10 percent; for the period from 2 years plus one day after the effective date of the final rule through 3 years after the effective date of the final rule, 20 percent; and thereafter, 25 percent of committee members must be from the BAC.
Medicaid Advisory Committee (MAC) & Beneficiary Advisory Council (BAC) § 431.12	§ 431.12 (i)(3) Annual report: States have 2 years from the effective date of the final rule to finalize the first annual report. After the report has been finalized, States will have 30 days to post the annual report.
Person-Centered Service Plans §§ 441.301(c)(1) and (3), 441.450(c), 441.540(c), and 441.725(c)	Beginning 3 years after the effective date of the final rule***
Grievance Systems §§ 441.301(c)(7), 441.464(d)(5), 441.555(e), and 441.745(a)(1)(iii)	Beginning 2 years after the effective date of the final rule
Incident Management System §§ 441.302(a)(6), 441.464(e), 441.570(e), 441.745(a)(1)(v), and (b)(1)(i)	Beginning 3 years after the effective date of the final rule***; except for the requirement at § 441.302(a)(6)(i)(B) (electronic incident management system), which begins 5 years after the effective date of the final rule***
HCBS Payment Adequacy §§ 441.302(k), 441.464(f), 441.570(f), and 441.745(a)(1)(vi)	Beginning 6 years after the effective date of the final rule***
Reporting Requirements §§ 441.311, 441.474(c), 441.580(i), and 441.745(a)(1)(vii)	Beginning 3 years after the effective date of the final rule*** for § 441.311(b) (compliance reporting) and § 441.311(d) (access reporting) Beginning 4 years after the effective date of the final rule*** for § 441.311(c) (reporting on the HCBS Quality Measure Set) and (e) (HCBS payment adequacy reporting)
HCBS Quality Measure Set §§ 441.312, 441.474(c), 441.585(d), and 441.745(b)(1)(v)	HHS Secretary begins identifying quality measures no later than December 31, 2026, and no more frequently than every other year. HHS Secretary shall make technical updates and corrections to the HCBS Quality Measure Set annually as appropriate.
Website Transparency §§ 441.313, 441.486, 441.595, and 441.750	Beginning 3 years after the effective date of the final rule***
Payment Rate Transparency Publication § 447.203(b)(1)	July 1, 2026, then updated within 30 days of a payment rate change.
Comparative Payment Rate Analysis Publication § 447.203(b)(2) to (4)	July 1, 2026, then every 2 years
Payment Rate Disclosure § 447.203(b)(2) to (4)	July 1, 2026, then every 2 years
Interested Parties Advisory Group § 447.203(b)(6)	The first meeting must be held within 2 years after effective date of the final rule (then at least every 2 years).
Rate Reduction and Restructuring SPA procedures § 447.203(c)(1) and (2)	Effective date of the final rule

* Regulatory provisions in this table are applicable at the time this rule becomes effective.

** In this final rule, including the regulations being finalized herein, we use the term “applicability date” to indicate when a new regulatory requirement will be applicable and when States must begin compliance with the requirements as specified in that regulation.

*** In the case of the State that implements a managed care delivery system under the authority of sections 1915(a), 1915(b), 1932(a), or 1115(a) of the Act and includes HCBS in the managed care organization’s (MCO), prepaid inpatient health plan’s (PIHP), or prepaid ambulatory health plan’s (PAHP) contract, the applicability date is the first rating period for contracts with the MCO, PIHP or PAHP beginning on or after the applicability date specified in the chart.