TEAM KENTUCKY®

CABINET FOR HEALTH AND FAMILY SERVICES

The New 1915(c)(11) Waiver

Cabinet For Health and Family Services
Department for Medicaid Services

October 21, 2026

1915(c)(11) Overview

The new 1915(c)(11) waiver, effective July 2028, is a new federal option included in Public Law 119-21, Section 71121. It allows states to deliver home and community-based services (HCBS) without requiring an institutional level of care.

Existing 1915(c) waiver

- Level of need: institutional level of care (LOC)
- Does not serve individuals who do not meet institutional LOC

New 1915(c)(11) waiver

- Level of need: needs-based criteria
- Serves individuals who do not meet institutional LOC

July 1, 2028

CMS approval of waiver applications may begin on this date; application submissions are expected to open earlier.

Key Benefits



Health Outcomes

Person-centered planning reduces unmet needs



Continuity of Care

Fewer hospital stays and ER visits



Caregiver Support

Respite, training and adult day for families



Community Living

People stay in their homes and communities



Cost-Effectiveness

HCBS serves more people at lower cost than institutions

State Flexibility & CMS Oversight

State Flexibility

- Target specific populations (e.g., children, adults with behavioral health conditions or developmental disability, or older adults)
- Determine enrollment levels based on state priorities and capacity
- Implement statewide or in selected geographic regions
- Establish needs-based eligibility criteria that are less stringent than institutional level of care requirements

Federal Requirements

- CMS approval required for state-defined needs-based eligibility criteria
- States must assess cost comparisons to institutional care settings
- States are responsible for ongoing monitoring, reporting, and quality assurance
- Comply with all Section 1915(c) requirements, including person-centered planning and conflict-of-interest protections

HCBS Authority Comparison

	1915(c)(11)	1915(c)	1915(i)
Authority Type	HCBS Waiver	HCBS Waiver	State Plan HCBS
Level of need	Needs-based criteria	Institutional LOC	Needs-based criteria
Serves individuals not at institutional LOC	**Yes**	**No**	**Yes**
Limits on number served	**Yes**	**Yes**	**No**
State's Flexibility	Geographical or Statewideness	Geographical or Statewideness	Statewide Required
Cost neutrality	**Yes**	**Yes**	**No**
Waitlist Permitted	**Yes**	**Yes**	**No**
Person Centered Planning Required	**Yes**	**Yes**	**Yes**

Examples Of Who Could Be Served



Individuals with Behavioral Health Needs

PURPOSE

Assist with stabilizing individuals through crises; fewer ER visits and inpatient stays



Individuals with I/DD

PURPOSE

Promote greater independence, employment and community integration



Older Adults (65+)

PURPOSE

Prevents unnecessary institutionalization with early intervention

Waiver Quality Assurance Requirements

Quality assurance requirements that apply to current 1915(c) waivers also apply to 1915(c)(11)

Person-centered planning
Services matched to assessed needs, with conflict-of-interest rules

Regular eligibility reviews
Participants re-evaluated at set intervals

Electronic Visit Verification
Verifiable record of personal care and home health visits

No duplication
Checks against duplicate services and payments across programs

Waiver assurances
Qualified providers, health and welfare, financial accountability, provider capacity

Whistleblower protection
For reports of suspected fraud, waste and abuse

Key Takeaways

- ✓ Expands HCBS to individuals who do not meet institutional level of care
- ✓ Upstream interventions to prevent people reaching a higher level of need
- ✓ States set target groups, size, geography and criteria
- ✓ CMS approval and Section 1915(c) requirements still apply



Effective July 1, 2028. More information from CMS to come. CMS HCBS Training Series