

**LEGISLATIVE SERVICES AGENCY  
OFFICE OF FISCAL AND MANAGEMENT ANALYSIS  
FISCAL IMPACT STATEMENT**

**LS 7014**  
**BILL NUMBER:** HB 1277

**NOTE PREPARED:** Feb 19, 2026  
**BILL AMENDED:** Feb 19, 2026

**SUBJECT:** Long Term Care.

**FIRST AUTHOR:** Rep. Barrett  
**FIRST SPONSOR:** Sen. Crider

**BILL STATUS:** CR Adopted - 2<sup>nd</sup> House

**FUNDS AFFECTED:**  **GENERAL**  
 **DEDICATED**  
 **FEDERAL**

**IMPACT:** State

**Summary of Legislation:** This bill amends the requirements for a Medicaid Home and Community Based Services (HCBS) waiver. It requires the Office of the Secretary of Family and Social Services (FSSA) to apply to the federal government for: (1) a new Medicaid waiver to provide assisted living services; and (2) an amendment to a specific Medicaid HCBS waiver to establish an individual cost limit of not more than the institutional cost of nursing facility services. It specifies that provisions concerning reimbursement for assisted living services for individuals who are aged and disabled and receiving services under a Medicaid waiver apply to the new assisted living Medicaid waiver. It requires certain Medicaid recipients to choose the recipient's provider of integrated health care coordination. It provides that integrated health care coordination provided by a provider of assisted living services is not duplicative of certain other services.

The bill specifies that an individual is no longer a member of the covered population upon receiving nursing facility services for 100 consecutive days. It provides that on the one hundredth day, the individual is not a member of the covered population and shall receive Medicaid services under a fee for service program.

**Effective Date:** (Amended) July 1, 2026; July 1, 2027.

**Explanation of State Expenditures:** The bill will have an indeterminate impact on expenditures for the state Medicaid Program. The bill's requirements to submit a new waiver and seek an amendment to an existing waiver will increase workload for Family and Social Services Administration (FSSA), but can be implemented using existing staffing and resources. A requirement to transfer waiver slots from the existing HCBS waiver to the newly proposed assisted living waiver is expected to be cost neutral to the Medicaid program.

*Additional Information:*

*Medicaid Waiver:* The bill requires the FSSA to apply for a Medicaid waiver to provide assisted living services and to establish a work group, with members appointed by the Governor, of interested stakeholders to assist with the development and implementation of the waiver. This will increase workload for FSSA and the Governor but should be able to be implemented using existing staffing and resources.

The new Medicaid waiver would require that after 100 days of a covered individual receiving services in a health care facility, that the individual be moved out of their managed care program and into a fee-for-service reimbursement program. Any change in state Medicaid expenditures is indeterminable and will depend on the number of individuals covered under the new waiver that spend more than 100 days in a health care facility, the waiver's impact to future capitation rates, and the amount provided for the required fee-for-service reimbursement.

Medicaid is jointly funded between the state and federal governments. The state share of costs for most Medicaid medical services for FFY 2026 is 35%. The state share of administrative costs is 50%. The state share of most Medicaid expenditures is paid from General Fund appropriations.

**Explanation of State Revenues:**

**Explanation of Local Expenditures:**

**Explanation of Local Revenues:**

**State Agencies Affected:** Family and Social Services Administration.

**Local Agencies Affected:**

**Information Sources:**

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