



## Medicaid Home and Community-Based Services (HCBS)

### Fact Sheet

*NDSS supports protecting, strengthening, and expanding Medicaid Home and Community-Based Services (HCBS) to better serve individuals with Down syndrome and other disabilities. Below are key facts about Medicaid HCBS and the individuals who rely on them.*

- **Home and Community-Based Services (HCBS) are key services and supports that allow individuals with disabilities and older adults to live independently in their homes and communities.** Medicaid is the nation's predominant payer of HCBS. Medicare and private insurance typically do not cover these services.
- **More than 5 million Americans receive Medicaid HCBS.** These services support different populations, including individuals with intellectual and developmental disabilities (IDD), physical disabilities, or mental illness.
- **HCBS also support caregivers, addressing gaps in care, and offering training and respite services.** Some HCBS programs also allow payments to family caregivers.
- **All 50 states provide HCBS through one or more programs.** Even though these services are technically optional for states, policymakers have long recognized the essential nature of these programs.
- **States can offer HCBS either through their Medicaid state plan or a special waiver program.** Waiver programs can be tailored to specific groups such as the IDD population.

- **Services vary by state and specific program.** Common services offered through HCBS programs include: supported employment, day services, personal care, case management, non-medical transportation, and caregiver support.
- **Access to HCBS remains a challenge.** Over 600,000 people nationwide are currently on waiting lists for Medicaid HCBS. Some individuals may spend many years on wait lists before receiving services.
- **Direct care workers, including direct support professionals (DSPs) and personal care attendants, help provide HCBS to individuals who need them.** States across the country have struggled with workforce shortages and high turnover rates.
- **HCBS is cost-effective.** Medicaid spending per enrollee is much lower for HCBS users than for those receiving institutional long-term supports and services (LTSS).
- **The number of individuals receiving HCBS has grown over time.** This reflects the demographic reality of an aging population and a policy shift away from unnecessary institutionalization and toward community living.
- **Medicaid HCBS is a lifeline for many people with disabilities.** Sustained and expanded investments at the federal and state levels allow individuals with Down syndrome to thrive.