

Introduction to Home and Community-Based Services: Key Considerations for Health Plans

Home and community-based services (HCBS) encompass a broad range of services and supports designed to help older adults and people with disabilities live in their homes, rather than in institutional settings such as nursing facilities. HCBS have historically been offered to certain Medicaid enrollees as part of individual state waivers. Though there is significant variation in how states define HCBS and what types of services are offered by different providers, most HCBS are non-medical in nature. Services are designed to support individuals meeting certain criteria based on a functional assessment, in carrying out every day activities in their own homes and communities (see brief on [Assessing Members' LTSS Needs](#) for more information on functional assessment tools). Your health plan will likely be interested in contracting with HCBS providers as part of your network to provide non-institutional long-term services and supports.

Settings

In general, HCBS are provided in three kinds of settings.¹

- **Individual members' homes** are the most common settings from HCBS.
- **Community residential settings** include 24-hour residential supports and services (such as a group home, supported living arrangement, supervised living facility, or assisted living facility) and supports and services provided for less than 24-hours (such as semi-independent living services).
- **Non-residential community settings** include day programs and rehabilitative or medical services (such as day services for seniors and adult day care) and job or vocational services (such as supported employment, work crews, and sheltered employment).

CMS's Proposed Definition of HCBS Settings

In May 2012, CMS presented a proposed definition of HCBS settings in the Federal Register for public comment. The definition has not been finalized, but it is indicative of CMS' intent to promote individual choice, control and community inclusion through HCBS programs. It outlines that HCBS settings should integrate and facilitate access to the community; selected freely among available choices by the individual; protective of personal rights of privacy, dignity, and respect; free from coercion and restraint; focused on optimizing individuals' initiative, autonomy, and independence; and able to facilitate individual choice regarding services, supports, and providers.

Providers

Most HCBS are provided one-on-one by individual direct service workers (DSWs), a large and diverse workforce that includes many different job titles and classifications. Many DSWs are employed by private agencies, which vary from small family-owned businesses with two or three employees to national chains with thousands of employees. Other DSWs operate as individual contractors, paid directly by the state or by members through participant-directed services programs. Broad categories of providers include the following:

¹ CMS National Direct Service Workforce Resource Center Fact Sheet about Workers (2009) online at: www.dsworkforcecenter.org

1. **Home health aides** provide home-health services in private homes and community residential settings. Often they are employed by Medicare-certified home health agencies and they typically provide more clinical or medically oriented services.
2. **Personal and home care aides** provide personal and home care supports in private homes and community residential settings; usually to older adults and individuals with physical disabilities. This category includes a growing number of family members and friends providing services to people in participant-directed programs.
3. **Direct support professionals** provide direct support and mental/behavioral health support services to individuals with intellectual and developmental disabilities, substance abuse challenges, and serious and persistent mental health issues. These individuals work in residential settings, community mental health programs, day programs, rehabilitative programs, and vocational settings.
4. **Transportation support providers** provide transportation to and from HCBS, medical services, or community activities. Sometimes the transportation benefit is provided through public transit vouchers.
5. **Home modifications providers** provide environmental accessibility adaptation services (e.g., wheelchair ramp installation), personal emergency response systems, or other modifications/adaptations to support the individual.

For more information on providers, visit the [Direct Service Workforce Resource Center website](#).

Services

Various services are offered through HCBS programs and these differ across states and populations. Some of the most common services offered through HCBS programs include:

- Adult day programs
- Behavioral supports
- Case management
- Home health care
- Homemaker services
- Home-delivered meals
- Personal care assistance
- Rehabilitation
- Skilled nursing care
- Supported employment
- Transportation
- Vocational counseling

CMS has developed an HCBS Taxonomy to define and classify different types of HCBS consistently across states and programs. This [Medicare and Medicaid Research Review publication](#) contains more information about the HCBS Taxonomy. Your health plan should work with your specific state to determine the appropriate provider/DSW services and qualifications for inclusion in your health plan's network.

The Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare & Medicaid Services (CMS) seeks to ensure that beneficiaries enrolled in both Medicare and Medicaid have access to seamless, high-quality health care that includes the full range of covered services in both programs. This brief is intended to support health plans and providers in integrating and coordinating care for Medicare-Medicaid enrollees. It does not convey current or anticipated health plan or provider requirements. For additional information, please go to [www.resourcesforintegratedcare.com](#). Please submit any feedback on this brief or topic suggestions for other briefs to RIC@Lewin.com.

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