



Home and Community Based Services (HCBS) Improves the Lives of People with Disabilities

Research shows that HCBS makes people with disabilities' lives better in many ways.

People with disabilities using HCBS ARE MORE LIKELY TO:



BE HAPPY AND LESS AFRAID. Researchers found that feeling happy was linked to their choice of where and with whom to live.



LIKE WHERE THEY LIVE and feel safe living there.



HAVE MORE SUPPORT TO IMPROVE INDEPENDENT LIVING SKILLS that contribute to a better life.



HAVE BETTER HEALTH OUTCOMES, including improvement in physical health, having fewer injuries, and having less hospitalizations and emergency room visits. HCBS also leads to less unmet healthcare needs.



BE BETTER CARED FOR and less likely to experience abuse or neglect.



HAVE BETTER EMOTIONAL AND MENTAL HEALTH, including lower rates of depressive symptoms.



HAVE MORE EMPLOYMENT OPPORTUNITIES that increase security and self-sufficiency.



BE HAPPY WITH THE WAY THEY LIVE THEIR LIVES.

MORE BENEFITS:

- People with disabilities who have HCBS are more likely to get help from their natural social relationships, like from a friend or family member
- Parents of people with disabilities who have HCBS are more likely to be able to continue working
- HCBS has been shown to reduce racial differences in access to care
- HCBS can offer a higher quality of life and better outcomes at a lower cost than care in a facility or nursing home

- Stancliffe, R. J., Lakin, K. C., Taub, S., Chiri, G., & Byun, S. (2009). Satisfaction and sense of well being among Medicaid ICF/MR and HCBS recipients in six states. *Intellectual and Developmental Disabilities*, 47(2), 63-83. www.doi.org/10.1352/1934-9556-47.2.63
- Kim, S. (2024). A Scoping Review of Home and Community-Based Services and Older Adults' Health Outcomes. *Journal of Social Service Research*, 51(1), 179–195. <https://doi.org/10.1080/01488376.2024.2408618>
- Friedman, C. (2020). The impact of Home and Community Based Settings (HCBS) Final Settings Rule outcomes on health and safety. *Intellectual and Developmental Disabilities*, 58(6), 486-498. www.doi.org/10.1352/1934-9556-58.6.486
- McLean, K. J., Hoekstra, A. M., & Bishop, L. (2022). United States Medicaid Home and Community Based Services for people with intellectual and developmental disabilities: A scoping review. *Journal of Applied Research on Intellectual Disabilities*, 34(3), 684-694. www.doi.org/10.1111/jar.12837
- Rozell, D., Tschida, J., Parent-Johnson, W., Nye-Lengerman, K., & Thomas, C. (2023). *Enhancing Employment Opportunities and Outcomes within Medicaid Home- and Community-Based Services*. Community Living Policy Center, Brandeis University, Waltham, MA. <https://heller.brandeis.edu/community-living-policy/docs/enhancing-employment-opportunities-and-outcomes-within-medicaid-hcbs.pdf>
- Friedman, Carli and Rizzolo, Mary C. "Get Us Real Jobs:" Supported Employment Services for People with Intellectual and Developmental Disabilities in Medicaid Home and Community Based Services Waivers. *Journal of Vocational Rehabilitation*, 46(1), 107-116. www.doi.org/10.3233/JVR-160847
- Porter, M., James Jr., T., DePalma, A., Bailey, C., Driscoll, S., Baker, K., Wakefield, D., & Robison, J. (2022). *Money follows the person rebalancing demonstration: Consumer assessment of health provider systems Home and Community Based Services (HCBS CAHPS®) 2021 survey results*. UConn Health Center on Aging. <https://health.uconn.edu/aging/wp-content/uploads/sites/102/2022/06/CT-MFP-Annual-Survey-Report-2021.pdf>
- Konetzka, R. T. (2014). The hidden costs of rebalancing long-term care. *Health Services Research*, 49(3), 771-777. <https://pmc.ncbi.nlm.nih.gov/articles/PMC4231570/#:~:text=For%20many%20people%20with%20long,care%20in%20a%20nursing%20home>

