Medicaid home and community-based services are vital for adults with intellectual and developmental disabilities: A descriptive study of service use among all adult enrollees, 2022.

Published in Disability and Health Journal https://doi.org/10.1016/j.dhjo.2026.102058

Why this matters: Home and community-based services (HCBS) connect Medicaid recipients with care and social support outside of the traditional medical setting. That can be in the home, like providing home-delivered meals or providing financial support to family caregivers. HCBS can also help a person stay connected with their community, through transportation to a social outing or hiring a job coach. These services are important in bridging the last mile that healthcare often misses. HCBS are especially important for keeping people with intellectual and developmental disabilities (IDD) healthy. IDD are conditions that people are born with, which impacts learning, communication, and daily life skills. IDD include conditions like autism, Down syndrome, or another intellectual disability.

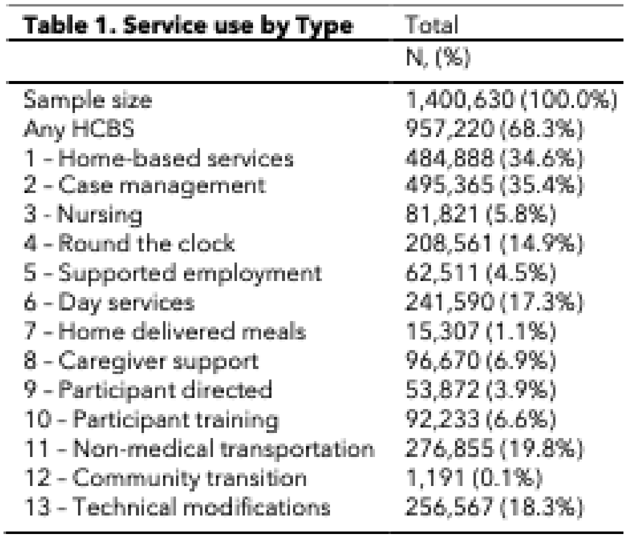


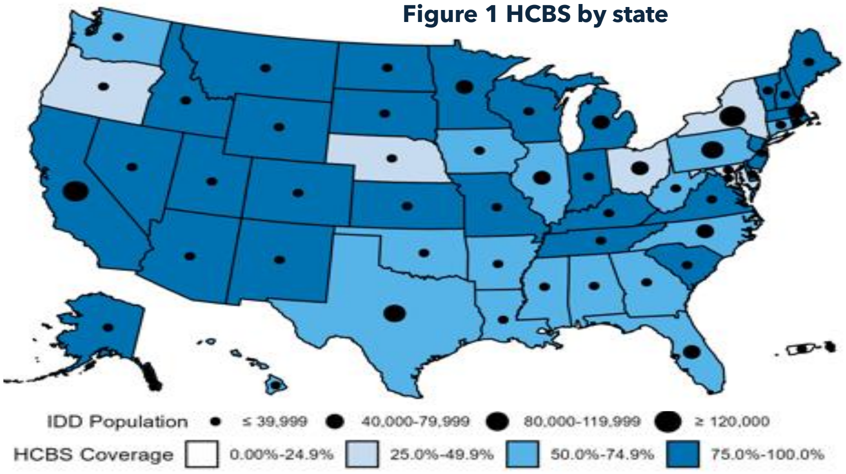
Table 1. Service use by Type	Total N, (%)
Sample size	1,400,630 (100.0%)
Any HCBS	957,220 (68.3%)
1 - Home-based services	484,888 (34.6%)
2 - Case management	495,365 (35.4%)
3 - Nursing	81,821 (5.8%)
4 - Round the clock	208,561 (14.9%)
5 - Supported employment	62,511 (4.5%)
6 - Day services	241,590 (17.3%)
7 - Home delivered meals	15,307 (1.1%)
8 - Caregiver support	96,670 (6.9%)
9 - Participant directed	53,872 (3.9%)
10 - Participant training	92,233 (6.6%)
11 - Non-medical transportation	276,855 (19.8%)
12 - Community transition	1,191 (0.1%)
13 - Technical modifications	256,567 (18.3%)

Each state chooses which HCBS are covered, how someone is enrolled, and how the program is run. Often, a person is placed on a waitlist when they first sign up. Federal funding for Medicaid affects HCBS, and sometimes HCBS programs are at risk of budget cuts. These cuts could impact adults who rely on Medicaid. Understanding how adults with IDD use HCBS helps advice on impact of funding cuts.

What we did: We examined a full population dataset of 1.4 million adults with IDD enrolled in Medicaid during 2022. We looked at how often this population used any HCBS service and services by type, and examined differences by sex, age, IDD type, state, race, ethnicity, and enrollment in Medicare.

What we found: In 2022, there were 1.4 million adults with IDD using Medicaid. Two-thirds (68.3%) used any HCBS service. They most often used home-based services (38.0%), case management (37.9%), and non-medical transportation (19.8%). The table below describes how many people used the other ten services. There were limited differences by race and ethnicity in overall HCBS use. Asian Americans were more likely to use home-based services and less likely to use case-management compared to white peers. In every state except for Nebraska, New York, Ohio, and Oregon, more than half of IDD adults used at least one HCBS. New Hampshire had the highest percentage of HCBS use (98.2%). Autistic individuals without intellectual disability were 18.3 percentage points less likely and autistic people with intellectual disability were 4.6 percentage points more likely to receive any HCBS compared to people with intellectual disability without autism.

Figure 1 HCBS by state



What it means: People with IDD have needs beyond what traditional healthcare can provide. HCBS are essential for supporting independence, helping families, and keeping people connected to their communities. With federal budget cuts, these programs are considered optional, and states may reduce or eliminate them.

What to do next: State specific data are presented in the article's supplementary material. Please contact us at erubens@bu.edu or samrosen@bu.edu for further questions or data requests.

BOSTON UNIVERSITY

Sites.bu.edu/Rubenstein