NORC at the University of Chicago

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Home and Community-Based Services Landscape Analysis & Model Case Studies

Presented by:
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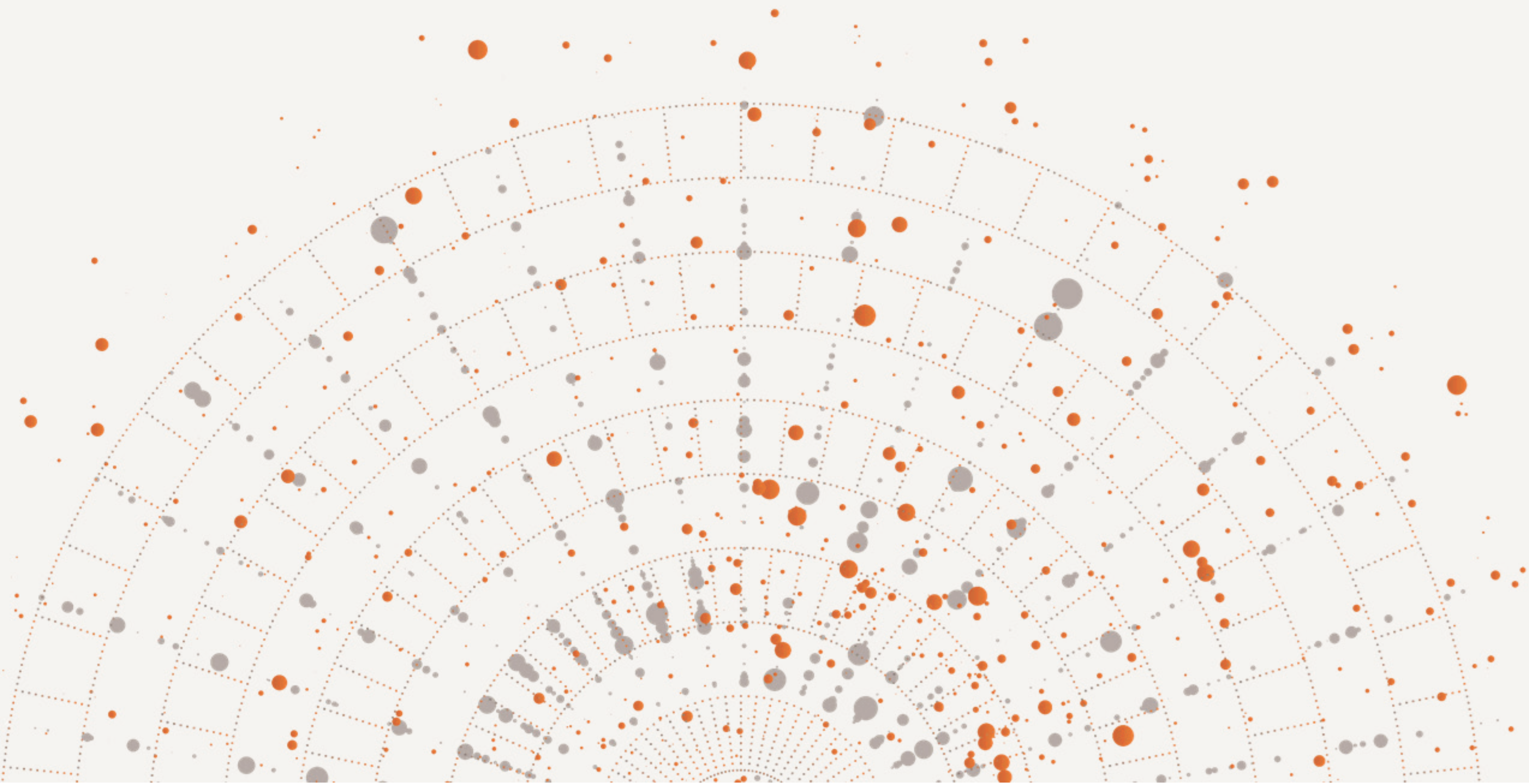

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Executive Summary

This report, prepared by NORC at the University of Chicago (NORC) for The Commonwealth Fund, presents a comprehensive analysis of the Medicaid Home and Community-Based Services (HCBS) landscape across the United States, with in-depth case studies of Colorado and Florida. Drawing on a review of 261 active 1915(c) waivers, state-level T-MSIS claims data, and expert interviews, the report highlights the evolution, diversity, and challenges of HCBS programs.

Methodology

The study combined a national waiver landscape analysis (covering services, eligibility, enrollment caps, geographic scope) with T-MSIS-based quantitative analysis (service type utilization across urban/rural settings), supplemented by interviews with state and national HCBS experts.

Key Findings

- **Broad Adoption and Variation:** Nearly all states and the District of Columbia offer HCBS through Medicaid waivers, with significant variation in populations served, services offered, and program design. Waivers most commonly target older adults, individuals with physical and intellectual/developmental disabilities, but also cover niche populations such as those with HIV/AIDS, autism, and brain injuries.
- **Service Profiles:** The most widely covered services include technical modifications/equipment, caregiver support, and home-based services. However, gaps remain for specialized supports like participant training and supported employment.
- **Access and Equity:** Despite growth in HCBS, access remains uneven, with rural areas facing greater challenges and many states maintaining waitlists due to budget caps and provider shortages. In 2025, approximately 600,000 individuals remain on HCBS waitlists nationwide.
- **State Innovations and Pressures:** Colorado and Florida have implemented innovative strategies to expand HCBS access, including ARPA-funded initiatives and managed care redesigns. However, both states face fiscal pressures and anticipate further challenges due to the passage of H.R. 1, which introduces new federal funding constraints and administrative requirements.
- **Policy Implications:** Sustaining and expanding HCBS will require federal and state collaboration, policy safeguards, and targeted investments to address disparities and ensure equitable access.

Implications

The mapped waiver landscape and state analyses underscore that HCBS access remains uneven—shaped by state discretion, financial levers, and geography. The transition away from institutional bias is far from complete; to sustain momentum, the report highlights the need for robust policy safeguards and enhanced federal-state collaboration.

Introduction

HCBS Background

Home and community-based services (HCBS) are a cornerstone of Medicaid's approach to long-term services and supports (LTSS), enabling millions of older adults and individuals with disabilities to receive care in their homes and communities rather than in institutional settings. As the largest payer of LTSS in the United States,[1] Medicaid has positioned HCBS as a critical policy lever for promoting independence, improving quality of life, and advancing person-centered care.

Congress first introduced the expansion of LTSS through HCBS in 1983 through Section 1915(c) of the Social Security Act, which allowed states the option to cover LTSS in the home and community with services that were not included among the mandatory State Plan benefits. The 1915(c) waiver marked a significant shift toward person-centered care and deinstitutionalization, allowing states to:

- Target specific populations (e.g., individuals with disabilities, older adults)
- Relax federal Medicaid financial eligibility rules to include individuals who would otherwise be eligible only if in an institutional setting and instead offer coverage for LTSS in the community
- Limit services to specific geographic areas or eligibility groups

In 2005, Congress introduced the HCBS State Plan optional benefit under Section 1915(i), allowing states to incorporate certain HCBS directly into their Medicaid state plans without requiring a waiver, making HCBS more accessible to Medicaid enrollees. Over time, additional authorities, including Section 1915(i) (State Plan Home and Community Based Services), Section 1915(j) (Self-Directed Personal Assistance Services), and Section 1915(k) (Community First Choice) further strengthened states' ability to offer person-centered, community-based care. In 2025, all 50 U.S. states and the District of Columbia offer some form of Medicaid HCBS, either through state plan authorities—such as Sections 1915(i), 1915(j), and 1915(k)—or Section 1915(c) waivers.[2]

HCBS services are designed to help older adults and individuals with disabilities maintain independence and quality of life. Key HCBS services include personal care assistance, adult day health care, home-delivered meals, assistive technology, respite care, case management, and home modifications.

Beneficiary and Expenditure Data

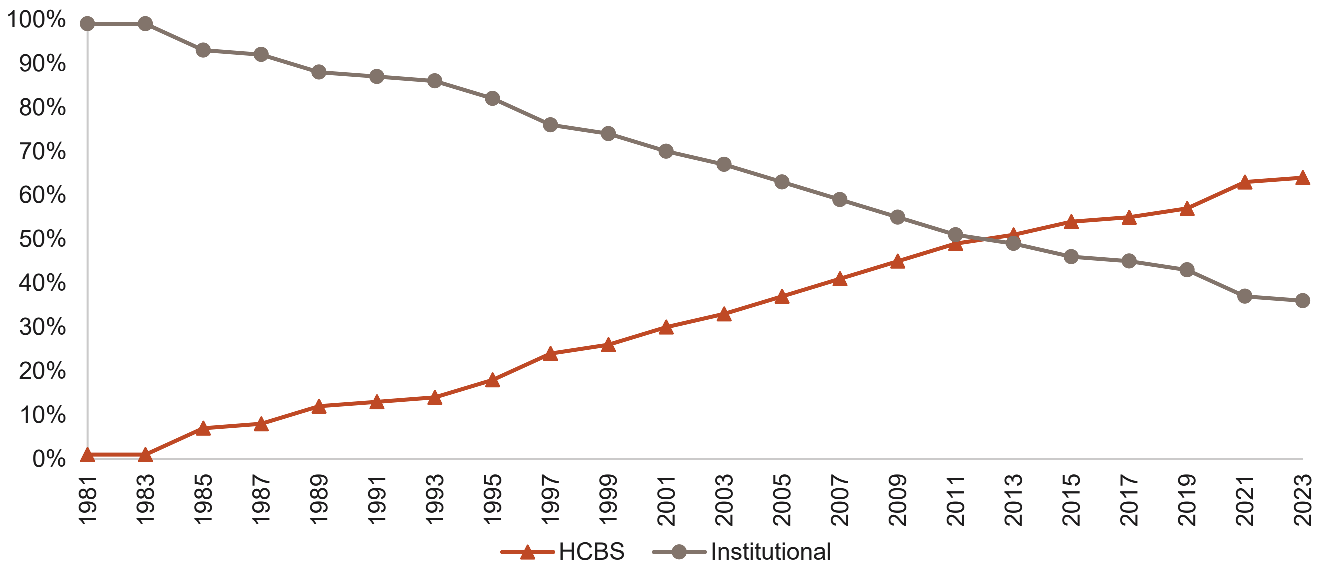
Over the last several decades, the adoption of benefits and programs focused on HCBS have shifted the institutional bias in Medicaid to one that focuses largely on offering coverage for services that can be provided in the home and community. As of 2023, of the 9.7 million Medicaid LTSS users, 8.4 million (87.1%) obtained care in the home or community.[3]

HCBS utilization is highest among individuals ages 0–20 (32.8%), and lowest among those 65 and older (19.8%), who also have the lowest expenditure rebalancing ratios (i.e., more likely to receive institutional care).[4] Nearly one-third of Medicaid-funded HCBS users are dually eligible for both Medicare and Medicaid, especially older adults and individuals with disabilities.[5]

In 2023, Medicaid spending on LTSS reached $228.6 billion nationwide, with $145.9 billion directed toward HCBS and $82.7 billion allocated to institutional care.[6] In 2023, the average per-user spending for HCBS was $17,298, compared to $54,462 for institutional LTSS.

Over the past four decades, Medicaid expenditures for HCBS have steadily increased as a share of total LTSS spending—a shift commonly referred to as "rebalancing." In 1981, HCBS accounted for just 1.1% of LTSS expenditures, but by 2023 this proportion had grown to 63.8%.[7] Notably, HCBS spending crossed the 50% threshold in 2013 and has maintained its dominance since, as seen in Exhibit 1. On average, the share devoted to HCBS grew by approximately 1.5 percentage points per year between 1981 and 2023. This transformation reflects a long-term strategic emphasis on supporting individuals in community-based settings rather than institutional care.

Exhibit 1. National Medicaid HCBS and Institutional LTSS Expenditures as a Percentage of Total Medicaid LTSS Expenditures, 1981–2023



Credit: Mathematica's analysis of the 2023 TAF Release 1, as featured in the CMS report *Trends in Users and Expenditures for Home and Community-Based Services as a Share of Total Medicaid Long-Term Services and Supports Users and Expenditures, 2023*.

Program Challenges

Ongoing policy discussions focus on sustaining and expanding HCBS access, especially in light of proposed Medicaid budget cuts and workforce shortages. Most HCBS continue to be delivered through optional waiver programs rather than mandatory State Plan benefits, leaving access vulnerable to state-level policy decisions and budget constraints. Limits on populations served in waivers can result

in waitlists. Among those states that operate one or more waivers, 41 maintain waiting lists or "interest lists" for people who would like to receive HCBS. Despite growth in HCBS, approximately 600,000 individuals in 2025 remain on HCBS waitlists nationwide due to state budget caps and limited provider capacity.[8] Access varies significantly by state and county, with rural areas facing greater challenges in service availability.[9] This reliance on waivers means that economic downturns or shifts in political priorities can lead to service reductions or waiting lists, disproportionately affecting individuals with complex needs.

"When states have faced budgetary pressures in the past, they respond by cutting Medicaid eligibility, benefits, and provider payments. These cuts affect all facets of the Medicaid program, particularly HCBS programs."

– *Health Affairs* article (April 2025)

H.R. 1, the 2025 budget reconciliation bill known as the One Big Beautiful Bill Act, was signed into law in July 2025, marking the passage of sweeping Medicaid reforms that include an immediate moratorium on new state provider taxes, reductions in the allowable provider tax ceiling for Medicaid expansion states, and new work, redetermination, and cost-sharing requirements for certain enrollees. These changes threaten to strain state Medicaid programs by cutting federal funding—potentially leading to lower provider reimbursement, coverage losses, and increased administrative burdens—and compounding fiscal pressures that may force states to restrict optional services or tighten eligibility rules.[10] Because HCBS waivers operate outside of mandatory State Plan benefits, they may be more vulnerable to cuts or growth in waitlists as states face difficult decisions on how to adjust to the changes in H.R. 1.

Goals and Objectives

NORC was engaged by the Commonwealth Fund to conduct a comprehensive review of the HCBS landscape review, with the goal of identifying which HCBS services are offered across states, how these services vary, and where gaps exist. The review sought to uncover disparities in access—particularly in rural areas—and highlight populations that may be excluded or underserved. To support this analysis, NORC leveraged state-level data from the Transformed Medicaid Statistical Information System (T-MSIS) Analytic Files (TAF), which provide detailed claims/encounter information on service utilization, outcomes, and cost-effectiveness. These data informed the selection of two states for in-depth case studies. NORC developed the case studies to illustrate the HCBS landscape in each state and demonstrate strategies for successfully implementing and sustaining HCBS within Medicaid programs.

Methodology

HCBS Landscape Review

NORC created a landscape of active 1915(c) waivers to describe key waiver attributes, including level of care (LOC) criteria, concurrent authorities, waiver of statewideness requirements, waiver administration/agency, target groups and age limits, cost limits, participant limits, eligibility groups, methods of payment, and scope of services. All waivers currently in force as of January 2025 were downloaded from the Medicaid.gov website and systematically abstracted for the details listed above.

For the scope of services, a full list of state services (as named in the waivers) were abstracted using the terms adopted by the state. Based on the names, descriptions, and existing categorization of each service, they were then coded into one of sixteen categories, using several existing taxonomy resources.[11,12,13] This coding grouped 4,521 services into the sixteen categories, as shown to the right and with more detail in **Appendix A**. Any that were unclear were checked against the waiver application for the state's categorization or the full service description and then was analyzed by the frequency of categories across the 262 waivers.

HCBS Categories:

1. Caregiver Support Services
2. Case Management
3. Community Transition Services
4. Day Services
5. Equipment, Technology, and Modifications
6. Home-Based Services
7. Home-Delivered Meals
8. Non-Medical Transportation
9. Participant Training
10. Private Duty Nursing
11. Round-the-Clock Services
12. Services Supporting Participant Direction
13. Supported Employment
14. Other Mental Health and Behavioral Services
15. Other Health and Therapeutic Services
16. Other HCBS Services

NORC additionally conducted an analysis of the target populations and services across all 1915(c) waivers for all states, creating datasets to later be used for an interactive map. These datasets provide an overview of the waivers, allowing users to review the waivers on a state-by-state basis, as well as by types of services provided through the waivers, target populations of the waivers, and whether the waivers served children.

State Case Study Selection

NORC began the state selection process by creating a criteria matrix which included information from the 50-state plus District of Columbia landscape analysis of HCBS provisions. This matrix defined characteristics of states that demonstrate strong HCBS programs aligned with the Commonwealth Fund's priorities. Criteria included:

- Regional diversity

- Breadth and scope of HCBS services
- Covered populations and geographies
- Access metrics (e.g., waitlists)
- Innovation in HCBS implementation
- Use of managed long-term services and supports (MLTSS)

NORC then completed a feasibility study using T-MSIS data for the seven states (CO, CT, FL, IA, IL, PA, WI) identified via the criteria matrix as having large proportions of dollars/people from their LTSS users getting HCBS. The study assessed:

- Quality and completeness of claims, demographic, and enrollment data
- Suitability of data for developing demographic profiles of HCBS users

Findings helped finalize two states (CO and FL) for in-depth case studies, based on data quality, HCBS characteristics, expert recommendations, and alignment with policy priorities. In Colorado, 88% of LTSS users receive HCBS and 54% of HCBS users are accessing services through the nine 1915(c) waivers, which cover a wide range of target groups. Colorado also utilizes a 1915(k) waiver. In Florida, 72% of LTSS users receive HCBS and 35% of HCBS users are accessing services through the four 1915(c) waivers, which cover an equally wide range of target groups. Florida also utilizes a 1915(j) waiver.

Using CY 2022 TAF data, NORC identified LTSS users following the methodology established by Mathematica, which is used to estimate LTSS expenditures and users by state and setting (HCBS vs. institutional).[14] We produced counts of HCBS users by service type and validated counts against data tables also produced by Mathematica.[15] These data were first used to identify states with a large proportion of dollars and individuals using LTSS who got their care in the home or community setting relative to institutional settings. Based on that analysis, the top seven states were identified and then evaluated for range of target populations served, the varying number of waivers, and the additional 1915 waivers utilized.

NORC further analyzed the TAF data to understand the use of selected types of HCBS, organized by service type overall and by urban and rural locations in the state. For this analysis, each state's services were coded to 14 categories, following the methodology outlined in the CMS TAF Methodology Brief and the Supplement Billing Codes Mapping. The only difference is that we grouped a number of HCBS-related services, including rehabilitative services, home health aide services, and ambulance services, into an "Other HCBS Services" category. We analyzed the data to first identify Medicaid enrollees using one or more of the 14 HCBS services and then examined the relative proportion of those using each service type based on urban/rural residence, defined as metro or non-metro based on county of residence. Differences in the proportion of the population using each service type by urban/rural residence were estimated using a Chi-square test, with statistical significance reported as appropriate. Based on this analysis, we examined whether service profiles look different in urban and rural regions of the state.

NORC conducted two rounds of in-depth interviews (IDIs) with internal and external subject matter experts. The first round of IDIs focused on gathering input on state selection for the criteria matrix and identifying promising states for modeling HCBS programs. The NORC team connected with industry experts at the following organizations:

- ADvancing States
- Kaiser Family Foundation
- Medicaid and CHIP Payment and Access Commission
- The National Academy for State Health Policy
- NORC at the University of Chicago

The second round of IDIs included those with expertise in HCBS policy for the two states selected for the case studies. These conversations aimed to provide additional context around the successes and challenges related to state policy implementation and outcomes. The NORC team connected with individuals at the following state organizations:

- Colorado Department of Health Care Policy and Financing, Office of Community Living
- Home Care Association of Florida

Key Findings

Nearly all states and the District of Columbia offer HCBS through Medicaid waivers. The HCBS waiver landscape reflects broad national adoption, emphasizing tailored services and supports for diverse populations.

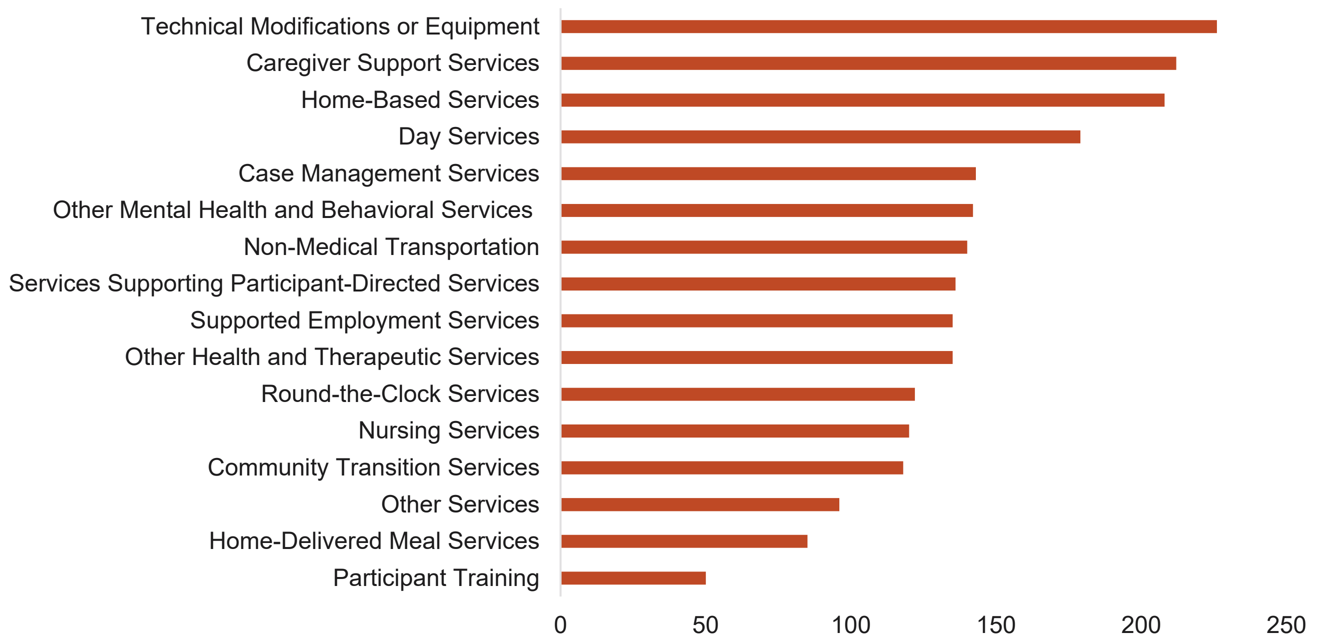
HCBS Waiver Availability and Populations Served

As of January 2025, there were 262 approved 1915(c) waivers across 46 states and the District of Columbia. Rhode Island, Vermont, Arizona, and New Jersey do not have any active 1915(c) waivers, but they all have active 1115 demonstration waivers that cover HCBS through managed care plans. New Jersey also offers self-directed benefits using the 1915(j) State Plan optional benefit. States with the most waivers are Missouri (11), Massachusetts (10), Connecticut (10), Colorado (9), Utah (9), and Illinois (9).

Coverage is concentrated in traditional long-term services and supports populations—Aged & Disabled (general) waivers are present in all 47 states represented, with broad coverage for individuals with intellectual and/or developmental disabilities (45 states), older adults (42 states), and adults with physical disabilities (41 states). Autism-specific programs are also common (27 states). In contrast, several waivers target smaller or highly specialized populations: technology-dependent individuals (10 states), HIV/AIDS (8 states), and adults with serious mental illness (8 states).

The service category that is covered across most waivers is Technical Modifications or Equipment (87%; n=226), Caregiver Support Services (81%; n=212), and Home-Based Services (80%; n=208), as shown in Exhibit 2. Participant Training (19%; n=50) is the service category covered across the fewest waivers.

Exhibit 2. Total Number of National HCBS Waivers, by Service Type



NORC analyzed data on the categories of service included in the HCBS waiver landscape to better understand the service profiles for selected sub-populations covered by HCBS waivers. **Appendix B** presents tables detailing service profiles by population and state. We summarize key findings from these analyses here:

- **Aged and Physically Disabled Populations:** There were 38 states with one or more waivers that covered both aged (65+) and physically disabled populations. In most cases, the waiver targeted services to adult populations but in 7 states, the populations eligible included individuals under the age of 21. Nearly all states offered day services, home-based services, caregiver support services, and technical modifications or equipment. Fewer states offered supported employment or participant-directed training.

- **Intellectually and/or Developmentally Disabled (IDD) Populations (Adults):** Of the 19 states that covered adult IDD populations under one or more waivers, all states offered technical modifications or equipment for eligible members. Nearly all states offered supported employment services (17 states) and caregiver support services (16 states) as well as home-based services (15 states), round-the-clock services (15 states), and day services (14 states).

- **Intellectually and/or Developmentally Disabled (IDD) Populations (Children/Youth):** Nearly all states with one or more 1915(c) waivers (43 of 47) offered at least one waiver that covered child/youth IDD populations. Nearly all states offered caregiver support services (42 states) and technical modifications or equipment (42 states) as well as supported employment services (40 states), home-based services (40 states), round-the-clock services (38 states), and day services (37). Many states included both children/youth and adults under the same waiver and the service profiles for this population include services that may be less likely to be offered among children such as supported employment services or day services.
- **Medically Fragile Populations:** Of the 17 states that operated one or more waivers for medically fragile populations, 11 have one or more waivers that are exclusively for child/youth populations (typically age 20 or younger). Most states offer caregiver support services (15 states) and technical modifications or equipment (14 states) followed by home-based services (13 states) and nursing services (11 states).
- **HIV/AIDS:** Eight states operated waivers focused on populations with HIV/AIDS; five of the eight cover eligible populations of all ages (age 0+) while three cover only adult populations. All states offered home-based services and all but one offered technical modifications or equipment. Other common service categories were nursing services (6 states), home-delivered meal services (6 states), day services (5 states), and caregiver support services (5 states).
- **Autism:** Of the 27 states that operated one or more waivers for those with an autism diagnosis, all but two states covered children/youth exclusively or covered the age continuum including adults as well. All states offered caregiver supports and technical modifications or equipment and 25 states offered home-based services for those with autism. Other service categories commonly included in waiver design were supported employment services (23 states), day services (22 states), round-the-clock services (21 states), and other mental health and behavioral services (21 states).
- **Brain Injury:** Of the 22 states that operated one or more waivers for those with brain injury, 13 offered at least one waiver focused on adult populations (either age 18+ or 21+). Every state included home-based services and all but one state offered technical modifications or equipment. Other common service categories were day services (17 states), caregiver support services (17 states), and other mental health/behavioral services (17 states).

Eligibility, Geographic Scope, and Enrollment Caps

Consistent with federal guidance, most waivers maintain Nursing Facility level-of-care requirements; however, eligibility criteria often diverge by target population. IDD waivers frequently rely on Intermediate Care Facilities for Individuals with Intellectual Disabilities LOC, while medically fragile, technology-dependent, or children's behavioral health programs may require Hospital or Inpatient Psychiatric Facility (<21) LOC (e.g., CO Children with Life-Limiting Illness, KS Brain Injury, MN Community Alternative Care, OR Medically Fragile (Hospital) Model, SC HIV/AIDS, WV Children with

SED, WY Children's Mental Health). Several states incorporate diagnostic or functional thresholds beyond LOC (e.g., CT Autism waivers). Although most waivers (97%; n=252) operate statewide, a minority are geographically limited—for example, California's Assisted Living Waiver is available only in specified counties—creating uneven access within the state.

Reported enrollment levels vary widely: the median number served over five years is 15,680 (IQR ≈ 3,200–45,500), with large managed LTSS or IDD programs (e.g., PA Community HealthChoices, CA Developmental Disabilities, IL Elderly, FL Long-Term Care) serving hundreds of thousands. Several waivers (49) impose explicit enrollment caps, with the largest caps observed in Texas's Home and Community-based Services (29,254) and Pennsylvania's Person/Family Directed Support (14,200).

Highlights from the HCBS Case Studies

Colorado

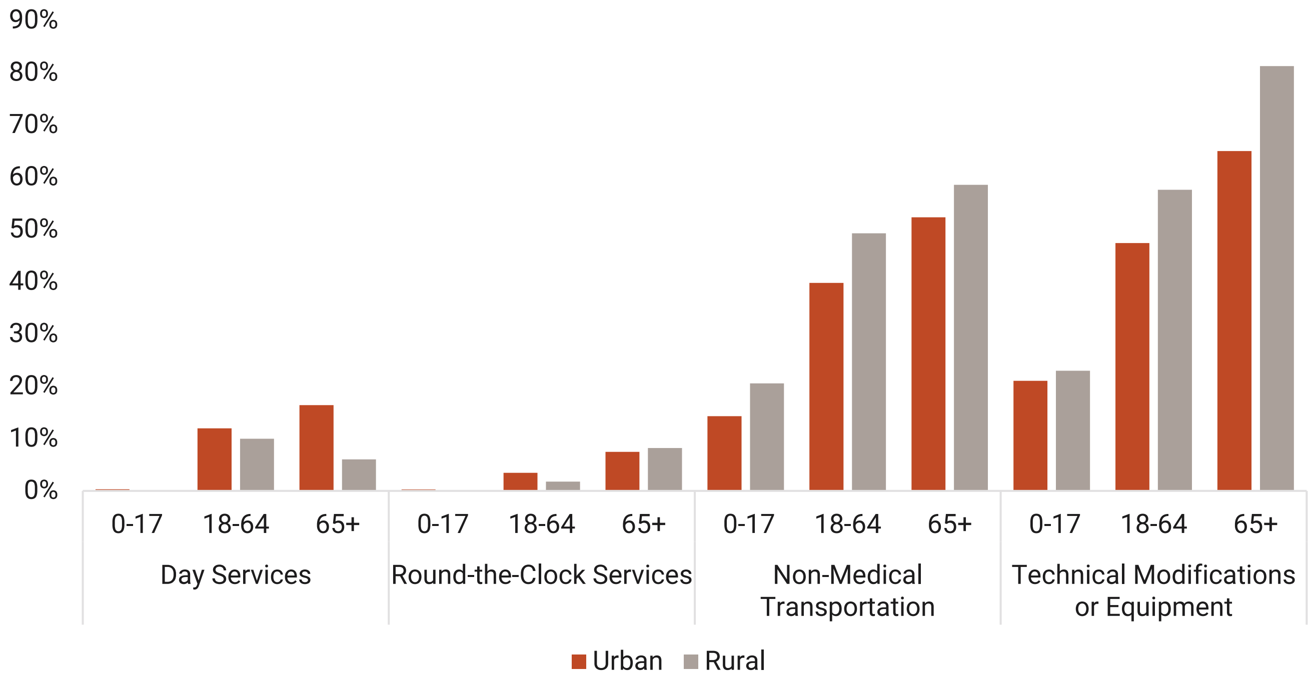
Colorado strengthened HCBS through waivers and options, investing millions in ARPA-funded initiatives to expand access and raise provider wages; however, future changes under H.R. 1 may bring budget cuts and eligibility adjustments, prompting the state to focus on sustaining coverage and addressing ongoing urban–rural service disparities.

HCBS Waivers and Populations Served: Colorado's Office of Community Living (OCL) oversees nine 1915(c) waivers and the Community First Choice 1915(k) state plan amendment. Six waivers serve adults and three target children and youth, covering populations such as older adults (65+), individuals with physical disabilities (18–64), brain injury (16+), HIV/AIDS (18+), medically fragile children (0–18), people with developmental disabilities (all ages), and children with serious emotional disturbance (0–20). The state's long-term policy goal has been to broaden eligibility so that access is based on functional needs rather than diagnosis.

Program Changes and Funding Initiatives: Colorado invested $566 million in ARPA funds to strengthen HCBS through 61 initiatives. These efforts engaged over 12,500 stakeholders, distributed $105 million in grants and community programs, created more than 50 trainings completed by nearly 4,000 individuals, translated 116 documents into multiple languages, and raised the HCBS provider base wage to $15.75 per hour. Facing anticipated budget cuts and eligibility changes under H.R. 1, OCL launched a transparency campaign, publishing anticipated impacts online, issuing memos and newsletters, and creating fact sheets to help stakeholders understand and prepare for policy shifts.

NORC Analysis of HCBS Services: NORC's review of 2022 T-MSIS data revealed urban–rural disparities in HCBS access, as shown in Exhibit 3. Rural beneficiaries more often received "hands-off" supports such as home-delivered meals, non-medical transportation, and technical modifications, while urban beneficiaries accessed more intensive services like caregiver support for children, day programs for older adults, and round-the-clock care for nonelderly adults. These findings highlight infrastructure and resource gaps in rural areas and underscore the need for targeted strategies to ensure equitable service delivery statewide.

Exhibit 3. Percentage of Colorado Beneficiaries Receiving HCBS Services



Florida

Florida expanded HCBS through statewide managed care and waivers serving diverse populations; looking ahead, ARPA-driven enhancements and waiver redesigns aim to improve access, while H.R. 1 may introduce fiscal pressures and eligibility changes that require proactive adjustments to sustain coverage and address rural health gaps.

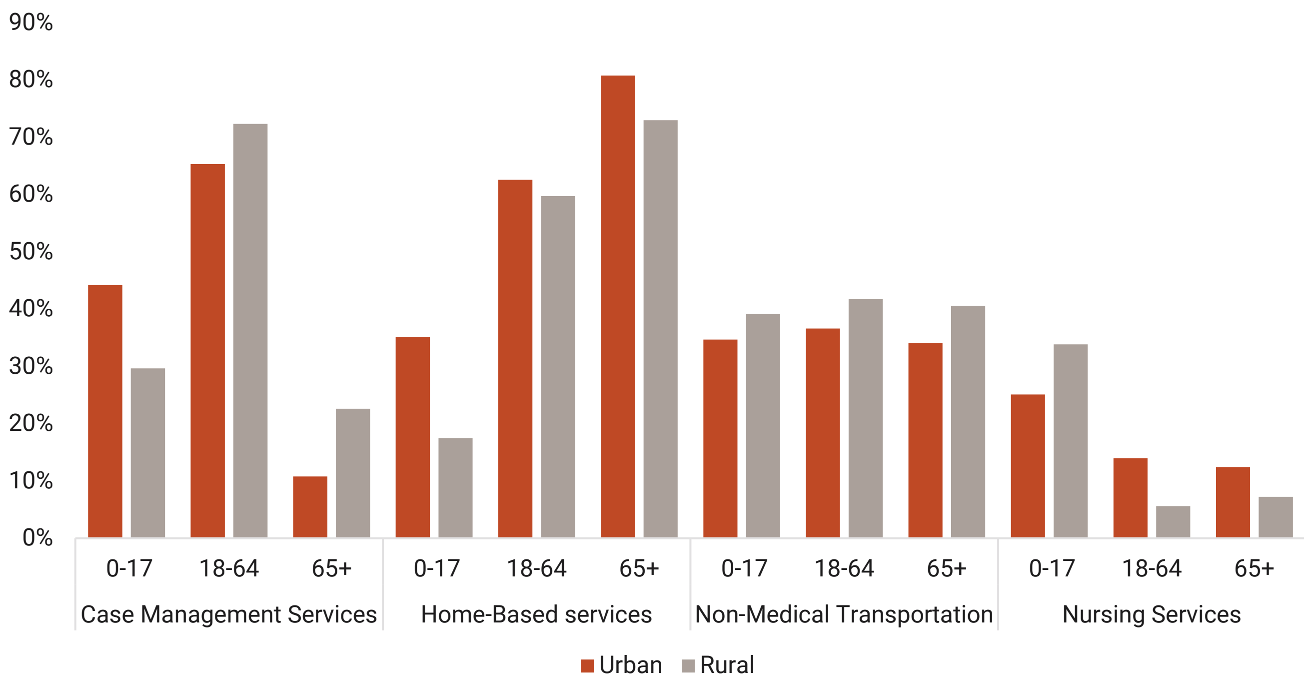
HCBS Waivers and Populations Served: Florida operates its HCBS system primarily through the Statewide Medicaid Managed Care (SMMC) program, which entered its 3.0 cycle in 2025 with expanded benefits, value-based purchasing, and realigned licensure regions. The state offers four 1915(c) waivers—the Model Waiver, Familial Dysautonomia Waiver, iBudget Waiver, and ICMC Waiver—and one combined 1915(b)/(c) waiver, the Long-Term Care Waiver. These waivers serve diverse populations, including medically fragile individuals of all ages, adults with HIV/AIDS or brain injury, aged and disabled adults, and individuals with developmental disabilities (age 3+). Notably, the IDD Pilot Program transitioned to the ICMC Waiver in late 2025 through a 1915(c) waiver amendment, expanding statewide and increasing participant control over services, while the Model Waiver is slated for redesign to include medically fragile children receiving private duty nursing.

Program Changes and Funding Initiatives: Florida leveraged ARPA funding to implement a Spending Plan that provided one-time provider stipends, retention payments, and significant program expansions. Key initiatives included removing the iBudget pre-enrollment cap to admit more individuals, subsidizing home-based living arrangements for residents aged 60+, and installing delayed-egress systems in

group homes and day training centers. While H.R. 1's impact on Florida is limited because the state did not expand Medicaid, potential effects include higher uncompensated care costs, reduced provider tax revenue, and capped State Directed Payments. However, H.R. 1 also introduced new funding opportunities through the Rural Health Transformation Program, which will support 15 initiatives aimed at improving rural health access, such as establishing satellite clinics and deploying mobile health units.

NORC Analysis of HCBS Services: NORC's Florida case study revealed significant urban-rural disparities in HCBS access and utilization, as shown in Exhibit 4. Rural beneficiaries were more likely to access more environmental or logistical supports such as home-based services and technical modifications for children, case management and non-medical transportation for adults and older adults, and participant training and supportive employment for older adults, while urban beneficiaries tended to receive more direct or "hands on" services, including case management and participant training for children, caregiver support and nursing services for adults and older adults, and home based services for older adults.

Exhibit 4. Percentage of Florida Beneficiaries Receiving HCBS Services



Conclusion

The findings of this report underscore both the progress and persistent challenges in the Medicaid HCBS landscape. States have made significant strides in rebalancing LTSS toward home and community settings, but access remains highly variable.

The passage of H.R. 1, the 2025 budget reconciliation law, marks a critical turning point for states. As highlighted in the recent KFF survey,[16] states are already employing a range of mechanisms to manage HCBS expenditures in anticipation of federal funding reductions. Most states constrain HCBS spending through limits on waiver enrollment, total spending, and per-participant costs. With H.R. 1 projected to reduce federal Medicaid spending by $911 billion over the next decade, states may be forced to further restrict eligibility, reduce benefits, or lower provider payments—actions that historically have led to increased waitlists and reduced access for vulnerable populations.

The case studies of Colorado and Florida illustrate both the opportunities and risks ahead. While recent investments have expanded access and improved service delivery, looming fiscal constraints threaten to reverse gains and exacerbate disparities, particularly in rural areas.

To safeguard HCBS access and quality, states and federal policymakers may consider strengthening state plan options, incentivizing mandatory coverage, and investing in infrastructure to reduce geographic and demographic variability. Transparent communication and stakeholder engagement, as demonstrated by Colorado's proactive outreach, will be essential in navigating upcoming changes.

Ultimately, the future of Medicaid HCBS will depend on sustained commitment to person-centered care, strategic policy choices, and robust federal-state partnership to ensure that older adults and individuals with disabilities can continue to live independently in their communities.

Appendix A: HCBS Coding Categories

The list below outlines the categories used to classify all HCBS services, drawing on several established CMS taxonomy resources and including common examples for each category.

1. Caregiver Support Services
    a. Respite
    b. Family Training
2. Case Management
    a. Coordinated Care
    b. Supports Coordination
3. Community Transition Services
    a. Community Integrated Services
    b. Intensive Transition Services
4. Day Services
    a. Adult Day Health Care
    b. Day Habilitation
5. Equipment, Technology, and Modifications
    a. Home/Environmental Modifications
    b. Emergency Response System
6. Home-Based Services
    a. Chore Services
    b. Home Health Aide
7. Home-Delivered Meals
    a. Meals
8. Non-Medical Transportation
    a. Supported Employment Transportation
    b. Assisted Transportation
9. Participant Training

   a. Daily Living Skills Training
   b. Independence Skills Building
10. Private Duty Nursing
   a. Skilled Nursing
11. Round-the-Clock Services
   a. Residential Habilitation
   b. Assisted/Supported Living
12. Services Supporting Participant Direction
   a. Financial Management
   b. Recruiting and Hiring Staff
13. Supported Employment
   a. Career Planning
   b. Supported Job Habilitation
14. Other Mental Health and Behavioral Services
   a. Crisis Intervention Support
   b. Peer Mentoring
15. Other Health and Therapeutic Services
   a. Physical Therapy and Occupational Therapy
   b. Speech and Language Therapy
16. Other HCBS Services
   a. Pain and Symptom Management
   b. Housing Counseling Services

Appendix B: Waiver Services by Population Data Tables

The tables below summarize HCBS waiver data using insights from NORC's landscape waiver review. They provide a high-level overview of how services vary across states, with each table highlighting the services offered to different population groups.

Table 1. Aged-Physically Disabled

State	Day Services	Supported Employment Services	Home-Based Services	Round-the-Clock Services	Caregiver Support Services	Technical Modifications or Equipment	Services Supporting Participant-directed Services	Nursing Services	Non-medical Transportation	Case Management Services	Home-Delivered Meal Services	Community Transition Services	Participant Training	Other Mental Health and Behavioral Services	Other Health and Therapeutic Services	Other Services
Alabama*	X	-	X	-	X	X	-	X	-	X	X	X	-	-	-	X
Alaska	X	-	-	X	X	X	-	X	X	X	X	-	-	-	-	-
Arkansas*	X	X	X	X	X	X	-	-	-	-	X	-	-	-	X	-
California	-	-	-	X	-	-	-	-	-	X	-	X	-	X	-	-
Colorado*	X	-	X	X	X	X	-	-	X	-	X	X	X	X	X	X
DC	X	-	X	X	X	X	X	-	-	X	-	X	-	-	-	X
Florida	X	-	X	X	X	X	-	X	X	X	X	-	-	X	X	-
Georgia	X	-	X	X	X	X	X	X	-	X	X	X	-	-	X	-
Idaho	X	X	X	X	X	X	-	X	X	X	X	X	-	-	-	-

State	Day Services	Supported Employment Services	Home-Based Services	Round-the-Clock Services	Caregiver Support Services	Technical Modifications or Equipment	Services Supporting Participant-directed Services	Nursing Services	Non-medical Transportation	Case Management Services	Home-Delivered Meal Services	Community Transition Services	Participant Training	Other Mental Health and Behavioral Services	Other Health and Therapeutic Services	Other Services
Illinois*	X	-	X	X	-	X	-	-	-	-	-	-	-	-	-	-
Indiana	X	-	X	X	X	X	X	-	X	X	X	X	-	-	X	X
Kentucky	X	-	X	-	X	X	X	-	-	X	X	-	-	-	-	-
Louisiana*	X	-	X	-	X	X	X	X	-	X	X	X	-	-	X	X
Maine*	-	X	X	X	X	X	X	-	X	X	X	-	X	-	X	-
Maryland*	X	-	-	X	X	-	-	-	-	X	-	-	-	X	X	-
Massachusetts*	X	X	X	X	X	X	X	X	X	-	X	X	X	X	X	X
Michigan*	X	-	X	X	X	X	X	X	X	X	X	-	X	X	-	-
Mississippi*	X	-	X	X	X	X	-	-	-	X	X	X	-	-	X	-
Missouri*	X	-	X	-	X	-	-	-	-	-	X	-	-	-	-	-
Montana	X	X	X	X	X	X	X	X	X	X	-	X	-	X	X	X
Nebraska	X	-	X	X	X	X	-	-	X	-	X	X	X	-	-	-
Nevada*	-	-	X	X	X	X	-	-	-	X	X	-	-	-	-	-
New York	X	-	X	-	X	X	X	-	X	X	X	X	-	X	X	-
New Hampshire	X	X	X	X	X	X	X	X	X	-	X	X	-	-	X	X
North Carolina	X	-	X	-	X	X	X	-	X	X	X	X	X	-	X	X

State	Day Services	Supported Employment Services	Home-Based Services	Round-the-Clock Services	Caregiver Support Services	Technical Modifications or Equipment	Services Supporting Participant-directed Services	Nursing Services	Non-medical Transportation	Case Management Services	Home-Delivered Meal Services	Community Transition Services	Participant Training	Other Mental Health and Behavioral Services	Other Health and Therapeutic Services	Other Services
North Dakota	X	X	X	X	X	X	-	-	X	X	X	X	-	-	-	-
Ohio*	X	-	X	X	X	X	X	X	X	-	X	X	-	X	X	-
Oklahoma	X	-	X	X	X	X	-	X	-	X	X	X	-	-	X	-
Oregon	-	-	-	-	-	-	-	-	-	X	-	X	-	-	-	X
Pennsylvania	X	X	X	X	X	X	X	X	X	-	X	X	-	X	X	X
South Carolina	X	-	X	X	X	X	-	-	X	X	X	-	-	-	-	X
South Dakota*	X	-	X	X	X	X	X	X	-	-	X	X	-	-	X	-
Utah*	X	-	X	X	X	X	X	-	X	X	X	-	-	-	-	X
Virginia	X	-	X	-	X	X	X	X	-	-	-	X	-	-	-	-
Washington*	X	-	X	X	-	X	X	X	X	-	X	-	X	-	X	X
West Virginia	X	-	X	-	-	X	-	X	X	X	-	X	-	-	-	X
Wisconsin*	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Wyoming	X	-	X	X	X	X	-	X	X	X	X	X	-	-	-	-
Service Counts	**34**	**9**	**34**	**29**	**33**	**34**	**19**	**19**	**22**	**26**	**30**	**25**	**8**	**11**	**20**	**16**

NOTE: The states with an asterisk (*) operate more than one waiver that covers the target population. Service categories reflect services provided for the population in at least one of the waivers in that state.

Table 2. DD-IDD Adult

State	Day Services	Supported Employment Services	Home-Based Services	Round-the-Clock Services	Caregiver Support Services	Technical Modifications or Equipment	Services Supporting Participant-directed Services	Nursing Services	Non-medical Transportation	Case Management Services	Home-Delivered Meal Services	Community Transition Services	Participant Training	Other Mental Health and Behavioral Services	Other Health and Therapeutic Services	Other Services
Alaska	X	X	-	X	X	X	-	X	X	X	X	-	-	-	X	-
Colorado*	X	X	X	X	X	X	-	-	X	-	X	X	X	X	X	X
Connecticut*	X	X	X	X	X	X	X	-	X	X	X	X	-	X	X	X
District of Columbia*	X	X	X	X	X	X	X	X	-	-	-	X	-	X	X	-
Idaho	X	X	X	X	X	X	X	X	X	-	X	X	-	X	-	-
Illinois	X	X	X	X	X	X	X	X	X	-	-	-	-	X	X	X
Louisiana	X	X	-	-	X	X	-	-	-	X	-	-	-	-	X	X
Maine*	-	X	X	X	X	X	X	-	X	X	-	-	X	X	X	-
Maryland*	X	X	X	X	X	X	X	X	X	-	-	X	X	X	-	X
Massachusetts*	X	X	X	X	X	X	X	-	X	-	-	X	-	X	-	-
Missouri	-	-	X	-	-	X	-	X	-	-	-	-	-	-	-	-
Nebraska	X	X	X	X	X	X	-	-	X	X	-	X	-	-	-	-
New Hampshire	-	-	X	-	X	X	X	-	X	X	-	X	-	-	X	-
Oklahoma*	X	X	X	X	X	X	X	X	X	-	-	-	-	X	X	X
Oregon	-	X	-	-	X	X	-	X	-	X	-	-	-	-	-	-

State	Day Services	Supported Employment Services	Home-Based Services	Round-the-Clock Services	Caregiver Support Services	Technical Modifications or Equipment	Services Supporting Participant-directed Services	Nursing Services	Non-medical Transportation	Case Management Services	Home-Delivered Meal Services	Community Transition Services	Participant Training	Other Mental Health and Behavioral Services	Other Health and Therapeutic Services	Other Services
Pennsylvania	X	X	X	X	X	X	-	X	X	X	-	X	-	X	X	-
Virginia	X	X	-	X	-	X	-	-	X	-	-	X	-	X	-	-
Washington	-	X	X	X	-	X	-	X	X	X	-	X	-	X	X	X
Wisconsin*	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Service Counts	14	17	15	15	16	19	10	11	15	10	5	12	4	13	12	8

NOTE: The states with an asterisk (*) operate more than one waiver that covers the target population. Service categories reflect services provided for the population in at least one of the waivers in that state.

Table 3. DD-IDD Child

State	Day Services	Supported Employment Services	Home-Based Services	Round-the-Clock Services	Caregiver Support Services	Technical Modifications or Equipment	Services Supporting Participant-directed Services	Nursing Services	Non-medical Transportation	Case Management Services	Home-Delivered Meal Services	Community Transition Services	Participant Training	Other Mental Health and Behavioral Services	Other Health and Therapeutic Services	Other Services
Alabama*	X	X	X	X	X	X	X	X	X	X	-	X	X	X	X	X
Alaska*	X	X	-	X	X	X	-	X	X	X	X	-	-	-	X	-
Arkansas	-	X	-	X	X	X	-	-	-	X	-	X	-	-	-	X
California*	X	X	X	-	X	X	X	X	X	X	-	X	X	X	X	X
Colorado*	X	-	X	-	X	X	-	-	-	-	-	-	-	X	X	X
Connecticut*	X	X	X	X	X	X	X	-	X	X	X	X	-	X	X	X
Delaware	X	X	X	X	X	X	-	X	-	-	-	X	-	X	-	-
Florida	X	X	X	X	X	X	-	X	X	X	-	-	-	X	X	-
Georgia	-	X	X	X	X	X	X	X	X	X	-	X	X	X	X	X
Hawaii	X	X	X	X	X	X	-	X	X	X	-	-	-	X	-	X
Illinois*	-	-	X	X	X	X	X	-	-	-	-	-	-	X	-	-
Indiana	X	X	X	X	X	X	-	-	X	X	-	X	-	X	X	X
Iowa	X	X	X	X	X	X	X	X	X	-	-	-	-	-	X	-
Kansas	X	X	X	X	X	X	X	-	-	-	-	-	-	-	X	-
Kentucky	X	X	X	X	X	X	X	-	X	X	-	X	X	X	X	-
Louisiana*	X	X	X	X	X	X	X	X	X	X	-	X	-	X	X	X
Maryland	-	-	X	-	X	X	X	X	X	-	-	-	X	X	-	X

State	Day Services	Supported Employment Services	Home-Based Services	Round-the-Clock Services	Caregiver Support Services	Technical Modifications or Equipment	Services Supporting Participant-directed Services	Nursing Services	Non-medical Transportation	Case Management Services	Home-Delivered Meal Services	Community Transition Services	Participant Training	Other Mental Health and Behavioral Services	Other Health and Therapeutic Services	Other Services
Michigan*	-	X	X	-	X	X	X	X	-	-	-	-	X	-	X	X
Minnesota	X	X	X	X	X	X	X	-	X	X	X	X	-	X	-	-
Mississippi	X	X	X	X	X	X	-	-	-	X	-	X	-	X	X	-
Missouri*	X	X	X	X	X	X	X	X	X	X	X	X	-	X	X	X
Montana	X	X	X	X	X	X	X	X	X	-	X	X	-	X	X	-
Nebraska	X	X	X	X	X	X	-	-	X	X	-	X	-	-	-	-
Nevada	X	X	-	X	-	-	X	X	X	X	-	-	-	X	X	-
New Mexico*	X	X	X	X	X	X	X	X	X	X	-	X	-	X	X	-
New York*	X	X	X	X	X	X	X	-	X	-	-	X	-	X	X	X
New Hampshire	X	X	X	X	X	X	X	-	X	X	-	X	-	X	X	-
North Carolina	X	X	X	X	X	X	X	-	-	-	X	X	X	X	-	X
North Dakota	X	X	X	X	X	X	-	-	-	-	-	X	-	X	-	X
Ohio*	X	X	X	X	X	X	X	X	X	-	X	X	-	X	X	X
Oklahoma*	X	X	X	X	X	X	X	X	X	-	-	X	-	X	X	X
Oregon*	-	X	X	-	X	X	X	-	-	X	-	-	-	-	-	-
Pennsylvania*	X	X	X	X	X	X	X	X	X	X	-	X	-	X	X	X
South Carolina*	X	X	X	X	X	X	X	X	-	X	-	-	-	X	X	X
South Dakota*	X	X	X	X	X	X	-	-	-	X	-	-	-	-	X	-

State	Day Services	Supported Employment Services	Home-Based Services	Round-the-Clock Services	Caregiver Support Services	Technical Modifications or Equipment	Services Supporting Participant-directed Services	Nursing Services	Non-medical Transportation	Case Management Services	Home-Delivered Meal Services	Community Transition Services	Participant Training	Other Mental Health and Behavioral Services	Other Health and Therapeutic Services	Other Services
Tennessee*	X	X	X	X	X	X	-	X	X	X	-	-	X	X	X	-
Texas*	X	X	X	X	X	X	X	X	-	X	-	X	X	X	X	X
Utah*	X	X	X	X	X	X	X	X	X	X	-	X	X	X	X	-
Virginia*	X	X	X	X	X	X	X	X	X	X	-	X	-	X	-	-
Washington*	X	X	X	X	X	X	-	X	X	X	-	X	X	X	X	X
West Virginia*	X	X	X	X	X	X	X	X	X	X	-	X	-	X	X	X
Wisconsin	X	X	X	X	X	X	X	-	X	X	-	X	X	X	X	X
Wyoming*	X	X	X	X	X	X	-	X	X	X	-	-	-	X	X	X
Service Counts	**37**	**40**	**40**	**38**	**42**	**42**	**29**	**26**	**30**	**30**	**7**	**28**	**12**	**35**	**32**	**24**

NOTE: The states with an asterisk (*) operate more than one waiver that covers the target population. Service categories reflect services provided for the population in at least one of the waivers in that state.

Table 4. Medically Fragile

State	Day Services	Supported Employment Services	Home-Based Services	Round-the-Clock Services	Caregiver Support Services	Technical Modifications or Equipment	Services Supporting Participant-directed Services	Nursing Services	Non-medical Transportation	Case Management Services	Home-Delivered Meal Services	Community Transition Services	Participant Training	Other Mental Health and Behavioral Services	Other Health and Therapeutic Services	Other Services
Alaska	X	X	-	X	X	X	-	-	X	X	X	-	-	-	-	-
California	-	-	X	-	X	X	-	X	-	X	-	X	-	-	-	X
Colorado*	-	-	X	-	X	-	-	-	-	-	-	-	-	X	X	X
Florida*	X	-	X	X	X	X	-	X	X	X	X	-	-	X	X	-
Illinois	-	-	-	-	X	X	-	X	-	-	-	-	-	X	-	X
Kansas	-	-	X	-	X	X	X	X	-	-	-	-	-	-	X	-
Maryland	X	-	-	-	-	-	-	X	-	X	-	-	-	-	-	X
Missouri	-	-	X	-	-	X	-	X	-	-	-	-	-	-	-	-
New Mexico*	X	X	X	-	X	X	X	X	X	X	-	-	-	X	X	-
New York	X	X	X	-	X	X	X	-	X	-	-	-	-	X	X	X
North Carolina	-	-	X	-	X	X	X	X	X	X	-	X	X	-	X	X
North Dakota*	-	-	X	-	X	X	-	X	X	X	-	-	-	X	X	-
Oklahoma	-	-	X	-	X	X	X	X	-	X	X	-	-	-	X	-
Oregon*	-	X	X	-	X	X	X	-	-	X	-	-	-	-	-	-

State	Day Services	Supported Employment Services	Home-Based Services	Round-the-Clock Services	Caregiver Support Services	Technical Modifications or Equipment	Services Supporting Participant-directed Services	Nursing Services	Non-medical Transportation	Case Management Services	Home-Delivered Meal Services	Community Transition Services	Participant Training	Other Mental Health and Behavioral Services	Other Health and Therapeutic Services	Other Services
South Carolina	X	-	X	-	X	X	-	-	-	X	-	-	-	-	-	-
Texas	-	X	-	-	X	X	X	-	-	-	-	X	-	-	-	-
Utah*	-	-	X	-	X	-	X	X	-	-	-	-	-	-	-	-
Service Counts	**6**	**5**	**13**	**2**	**15**	**14**	**8**	**11**	**6**	**10**	**3**	**3**	**1**	**6**	**8**	**6**

NOTE: The states with an asterisk (*) operate more than one waiver that covers the target population. Service categories reflect services provided for the population in at least one of the waivers in that state.

Table 5. HIV-AIDS

State	Day Services	Supported Employment Services	Home-Based Services	Round-the-Clock Services	Caregiver Support Services	Technical Modifications or Equipment	Services Supporting Participant-directed Services	Nursing Services	Non-medical Transportation	Case Management Services	Home-Delivered Meal Services	Community Transition Services	Participant Training	Other Mental Health and Behavioral Services	Other Health and Therapeutic Services	Other Services
Alaska	-	-	X	X	-	X	-	X	X	X	X	-	-	X	X	-
California	X	-	X	X	X	X	-	-	X	-	X	X	X	X	-	-
Colorado*	X	-	X	X	X	X	-	X	X	X	X	-	-	X	X	-
Florida*	X	-	X	-	X	X	-	X	-	-	X	-	-	-	X	-
Illinois	X	-	X	-	X	-	X	X	-	-	X	-	-	X	-	-
Kansas	-	-	X	-	-	X	-	X	-	-	-	-	-	-	-	-
Maryland	X	X	X	-	X	X	X	-	X	-	-	-	-	X	X	X
Missouri	-	-	X	-	-	X	-	X	-	X	X	-	-	-	-	X
Service Counts	**5**	**1**	**8**	**3**	**5**	**7**	**2**	**6**	**4**	**3**	**6**	**1**	**1**	**5**	**4**	**2**

NOTE: The states with an asterisk (*) operate more than one waiver that covers the target population. Service categories reflect services provided for the population in at least one of the waivers in that state.

Table 6. Autism

State	Day Services	Supported Employment Services	Home-Based Services	Round-the-Clock Services	Caregiver Support Services	Technical Modifications or Equipment	Services Supporting Participant-directed Services	Nursing Services	Non-medical Transportation	Case Management Services	Home-Delivered Meal Services	Community Transition Services	Participant Training	Other Mental Health and Behavioral Services	Other Health and Therapeutic Services	Other Services
Alaska*	X	X	-	X	X	X	-	X	X	X	X	-	-	-	X	-
Arkansas*	-	X	X	X	X	X	-	-	-	X	-	X	-	-	X	X
California*	X	X	X	-	X	X	X	X	X	X	-	X	X	X	X	X
Connecticut	-	X	X	-	X	X	X	-	X	-	-	-	X	X	X	X
Delaware	X	X	X	X	X	X	-	X	-	-	-	X	-	X	-	-
Florida	X	X	X	X	X	X	-	X	X	X	-	-	-	X	X	-
Idaho	X	X	X	X	X	X	X	X	X	-	X	X	-	X	-	-
Illinois*	X	X	X	X	X	X	X	X	X	-	-	-	-	X	X	X
Indiana*	X	X	X	X	X	X	-	-	X	X	-	X	-	X	X	X
Kansas*	X	X	X	X	X	X	X	-	-	-	-	-	-	X	X	-
Louisiana*	X	X	X	X	X	X	X	X	X	X	-	X	-	X	X	X
Maine*	-	X	X	X	X	X	X	-	X	X	-	-	X	X	X	-
Maryland	X	-	X	X	X	X	-	-	-	X	-	-	-	-	-	-

State	Day Services	Supported Employment Services	Home-Based Services	Round-the-Clock Services	Caregiver Support Services	Technical Modifications or Equipment	Services Supporting Participant-directed Services	Nursing Services	Non-medical Transportation	Case Management Services	Home-Delivered Meal Services	Community Transition Services	Participant Training	Other Mental Health and Behavioral Services	Other Health and Therapeutic Services	Other Services
Massachusetts	-	-	X	-	X	X	X	-	-	-	X	X	-	X	-	-
Michigan	-	-	X	-	X	X	X	-	-	-	-	-	X	-	X	X
Mississippi	X	X	X	X	X	X	-	-	-	X	-	X	-	X	X	-
Missouri	X	X	X	-	X	X	X	X	X	X	-	X	-	X	X	X
Nebraska*	X	X	X	X	X	X	-	-	X	X	-	X	-	-	-	-
New Mexico*	X	X	X	X	X	X	X	X	X	X	-	X	-	X	X	-
New York*	X	X	X	X	X	X	X	-	X	-	-	X	-	X	X	X
New Hampshire*	X	X	X	X	X	X	X	-	X	X	-	X	-	X	X	-
North Dakota	X	-	-	-	X	X	-	-	-	X	-	-	-	-	-	-
Pennsylvania*	X	X	X	X	X	X	X	X	X	X	-	X	X	X	X	X
Utah*	X	X	X	X	X	X	X	X	X	X	-	X	X	X	X	-
Virginia*	X	X	X	X	X	X	X	X	X	X	-	X	-	X	-	-
Washington*	X	X	X	X	X	X	-	X	X	X	-	X	X	X	X	X
Wisconsin	X	X	X	X	X	X	X	-	X	X	-	X	X	X	X	X
Service Counts	**22**	**23**	**25**	**21**	**27**	**27**	**17**	**13**	**19**	**19**	**3**	**18**	**8**	**21**	**20**	**12**

NOTE: The states with an asterisk (*) operate more than one waiver that covers the target population. Service categories reflect services provided for the population in at least one of the waivers in that state.

Table 7. Brain Injury

State	Day Services	Supported Employment Services	Home-Based Services	Round-the-Clock Services	Caregiver Support Services	Technical Modifications or Equipment	Services Supporting Participant-directed Services	Nursing Services	Non-medical Transportation	Case Management Services	Home-Delivered Meal Services	Community Transition Services	Participant Training	Other Mental Health and Behavioral Services	Other Health and Therapeutic Services	Other Services
Colorado	X	-	X	X	X	X	X	-	X	-	X	X	-	X	-	X
Connecticut*	X	X	X	-	X	X	X	-	X	X	X	X	-	X	-	-
Florida	X	-	X	X	X	X	-	X	X	X	X	-	-	X	X	-
Illinois	X	X	X	-	X	X	-	X	-	-	X	-	-	X	X	-
Indiana	X	X	X	X	X	X	-	-	X	X	X	X	-	X	X	X
Iowa	X	X	X	-	X	X	X	-	X	X	-	-	-	X	X	-
Kansas	-	-	X	-	-	X	X	-	-	-	X	X	-	X	X	-
Kentucky*	X	X	X	X	X	X	X	X	-	X	-	X	-	X	X	-
Maine	-	X	X	-	-	X	X	-	X	X	-	-	-	-	X	-
Maryland	X	X	X	X	-	-	-	-	-	-	-	-	-	-	-	-
Massachusetts*	X	X	X	X	X	X	X	X	X	-	X	X	X	X	X	-
Minnesota	X	X	X	X	X	X	X	X	X	X	X	X	-	X	-	-
Mississippi	-	-	X	-	X	X	-	-	-	-	-	X	-	-	-	-

State	Day Services	Supported Employment Services	Home-Based Services	Round-the-Clock Services	Caregiver Support Services	Technical Modifications or Equipment	Services Supporting Participant-directed Services	Nursing Services	Non-medical Transportation	Case Management Services	Home-Delivered Meal Services	Community Transition Services	Participant Training	Other Mental Health and Behavioral Services	Other Health and Therapeutic Services	Other Services
Missouri	-	-	X	-	-	X	-	-	-	-	-	-	-	X	X	-
Nebraska	X	X	X	X	X	X	-	-	X	-	X	-	-	-	-	-
New York*	X	X	X	-	X	X	X	-	X	-	-	X	-	X	X	X
New Hampshire	X	X	X	X	X	X	X	-	X	X	-	X	-	X	X	-
North Carolina	X	X	X	X	X	X	-	-	-	-	X	X	X	X	X	-
South Carolina	X	X	X	X	X	X	X	X	-	X	-	-	-	X	X	X
Utah*	X	X	X	X	X	X	X	X	X	X	-	X	-	X	X	-
West Virginia	-	-	X	-	-	X	-	-	X	X	-	X	-	-	-	X
Wyoming*	X	X	X	X	X	X	-	X	X	X	-	-	-	X	X	X
Service Counts	**17**	**16**	**22**	**13**	**17**	**21**	**12**	**8**	**14**	**12**	**10**	**13**	**2**	**17**	**15**	**6**

NOTE: The states with an asterisk (*) operate more than one waiver that covers the target population. Service categories reflect services provided for the population in at least one of the waivers in that state.

References

[1] Carpenter, A., Stepanczuk, C., & Wysocki, A. (2025, October 17). *Characteristics of people using Medicaid long-term services and supports, 2023* [PDF]. Medicaid.gov. https://www.medicaid.gov/medicaid/long-term-services-supports/downloads/ltss-user-character-brief-2023.pdf

[2] Medicaid and CHIP Payment and Access Commission (MACPAC) (2025, March). *Report to Congress on Medicaid and CHIP: March 2025, Chapter 3: Streamlining Medicaid Section 1915 Authorities for Home- and Community-Based Services* [PDF]. https://www.macpac.gov/wp-content/uploads/2025/03/MACPAC_March-2025-Chapter-3.pdf

[3] Centers for Medicare & Medicaid Services (CMS) (2023, December). *Medicaid long-term services and supports rebalancing brief* [PDF]. Medicaid.gov. https://www.medicaid.gov/medicaid/long-term-services-supports/downloads/ltss-rebalancing-brief-2023.pdf

[4] Carpenter, A., Stepanczuk, C., & Wysocki, A. (2023, December). *Characteristics of people using Medicaid long-term services and supports, 2023* [PDF]. Medicaid.gov. https://www.medicaid.gov/medicaid/long-term-services-supports/downloads/ltss-user-character-brief-2023.pdf

[5] Ibid.

[6] Centers for Medicare & Medicaid Services (CMS) (2023, December). *Trends in Users and Expenditures for Home and Community-Based Services as a Share of Total Medicaid Long-Term Services and Supports Users and Expenditures, 2023* [PDF]. Medicaid.gov. https://www.medicaid.gov/medicaid/long-term-services-supports/downloads/ltss-rebalancing-brief-2023.pdf

[7] Ibid.

[8] Kaiser Family Foundation (KFF) (2025, March 6). *A look at waiting lists for Medicaid home and community-based services from 2016 to 2025*. KFF. https://www.kff.org/medicaid/a-look-at-waiting-lists-for-medicaid-home-and-community-based-services-from-2016-to-2025/

[9] ATI Advisory (2025). *LTSS users by state and county*. ATI Advisory. https://atiadvisory.com/ltss-users-by-state-and-county

[10] Miller, S. (2025, December 18). *How new limits on state provider taxes will affect Medicaid funding*. The Commonwealth Fund. https://www.commonwealthfund.org/publications/explainer/2025/dec/how-new-limits-state-provider-taxes-will-affect-medicaid-funding

[11] Greener, Elizabeth, Alexandra Carpenter, and Laura Nolan (2003). *Identifying Home and Community-Based Services and the Enrollees Who Use Them in the TAF. TAF DQ Brief #7061*. Baltimore, MD: CMS. https://www.medicaid.gov/dq-atlas/downloads/supplemental/7061-Identifying-HCBS-in-TAF.pdf

[12] Centers for Medicare & Medicaid Services (February 28, 2014). *Medicaid Home and Community-Based Services (HCBS) Taxonomy Category and Subcategory Definitions*. https://wms-mmdl.cms.gov/WMS/help/TaxonomyCategoryDefinitions.pdf

[13] Peebles, Victoria and Alex Bohl (August 2013). *MAX Medicaid Policy Brief. The HCBS Taxonomy: A New Language for Classifying Home and Community-Based Services*. Mathematica Policy Research. https://www.cms.gov/research-statistics-data-and-systems/computer-data-and-systems/medicaiddatasourcesgeninfo/downloads/max_ib19_taxonomy.pdf

[14] Centers for Medicare & Medicaid Services (2024, August 29). Methodology for Identifying Medicaid Long-Term Services and Supports Expenditures and Users, 2022. Medicaid.gov. https://www.medicaid.gov/medicaid/long-term-services-supports/downloads/ltss-users-expenditures-method-2022.pdf

[15] Centers for Medicare & Medicaid Services (2024, November 18). LTSS Expenditures and User Data. Medicaid.gov. https://www.medicaid.gov/medicaid/long-term-services-supports/downloads/ltss-expenditures-user-data-2022.zip

[16] Kaiser Family Foundation (KFF) (2025, March 6). *States' management of Medicaid home care spending ahead of H.R. 1 effects*. KFF. https://www.kff.org/medicaid/states-management-of-medicaid-home-care-spending-ahead-of-h-r-1-effects/