FACT SHEET

An HCBS Equity Framework

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Most older adults and people with disabilities will require assistance to remain living in their homes and communities at some point over their lifetime. Medicaid is the largest payer of the wide range of services and supports—known as home and community-based services (HCBS) —that enable many people with disabilities of all ages to live independently and fully participate in their communities as they choose.

Like in health care broadly, the systemic drivers of health inequities—racism, ageism, ableism, classism, sexism, xenophobia, and homophobia—are embedded in laws, policy, governance, and culture that shape HCBS programs. Our nation's long history of segregating people with disabilities of all ages in institutions led policymakers to enshrine ableist and ageist views into federal Medicaid law by requiring states to pay for care provided in institutional settings while making it optional for states to offer HCBS.

As a result, the HCBS "system" is a patchwork of programs with wide variation among and within states, leading to inequities in who has access to the supports and services needed to live in the community and who has no option but to receive care in an institutional setting. Racial discrimination and segregation in housing further compound these inequities, because without accessible and affordable housing, people cannot receive HCBS. To address these disparities and achieve health equity for older adults and people with disabilities, policymakers, advocates and other stakeholders must begin by evaluating seemingly neutral HCBS program policies and rules to ensure they are not preserving existing inequities or causing unintended inequities.

Justice in Aging developed this HCBS Equity Framework to support policy makers, payers, providers, advocates and consumers in making equity a primary focus at every stage of HCBS program design and implementation. The Framework describes five domains in which inequities can arise in HCBS: 1) Program Design; 2) Provider Availability; 3) Program Awareness and Enrollment; 4) Assessments and Authorization of Services; and 5) Provision of HCBS.

HCBS EQUITY FRAMEWORK

PROGRAM DESIGN. In the initial design of HCBS programs, inequities can arise from policies that establish who is eligible for HCBS programs, where programs are available regionally, and what services are offered by an HCBS program.
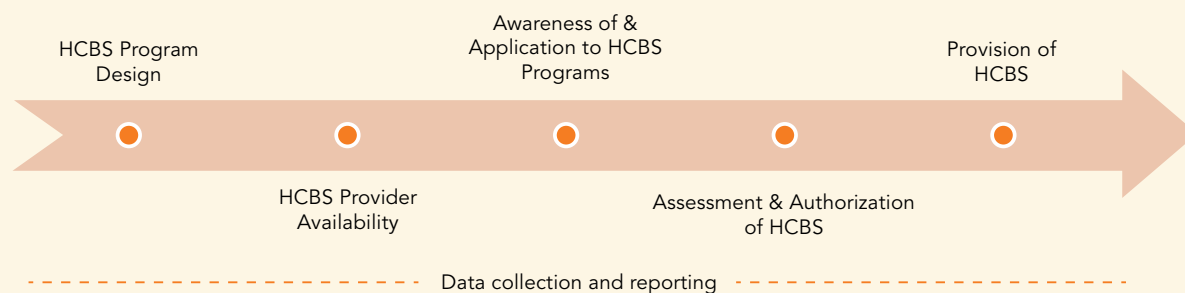
PROVIDER AVAILABILITY. Inequities in provider availability can arise from policies that dictate network adequacy, reimbursement rates, and provider investments, trainings, and supports.

AWARENESS AND ENROLLMENT IN HCBS. Inequities arise when information on program availability and eligibility requirements is not easily available and application processes are overly burdensome.

ASSESSMENT FOR/ AUTHORIZATION OF SERVICES. Implicit bias can be built into service assessment and authorization processes that can lead to inequities in who is deemed eligible.

PROVISION OF HCBS. Inequities can arise in the provision of HCBS when the unique needs and lived experience of service recipients are not built into the accessibility of services and means of measuring quality of services rendered.

HCBS Program Design • HCBS Provider Availability • Awareness of & Application to HCBS Programs • Assessment & Authorization of HCBS • Provision of HCBS

Data collection and reporting

To ensure equity is a focus across all stages of HCBS program design and delivery, policymakers, providers, advocates, and other interested parties should evaluate the impact a policy or program rule has or would have on specific and co-existing marginalized communities and identities including older adults, people with disabilities, people of color, women, LGBTQ individuals, immigrants, individuals with limited English proficiency, and individuals living in rural, urban, suburban, and tribal regions.

Across all domains, data collection and publication are key to assessing whether the programs are equitable and whether interventions to address disparities are accomplishing their intended purpose.

This Framework is meant to provide a starting point for thinking about and evaluating the ways in which equity can be embedded in HCBS to ensure all eligible individuals have access to adequate and quality services. For examples of policies, program rules, and decision points that raise equity implications in each of the domains, see our Equity Framework Issue Brief.