JULY 2026

Environmental Scan Brief Report

HCBS Definition Project

Plain Language Summary

Human Services Research Institute, known as HSRI, worked on a project with The SCAN Foundation to create a shared definition of “home- and community-based services.” These are also called HCBS. HSRI wanted to understand the different ways people define HCBS. HSRI looked at research papers and more than 100 websites to find how HCBS is described or defined. HSRI found 229 different HCBS definitions. Most definitions came from researchers. Many definitions also came from the government and advocacy groups. Some definitions were very short. Other definitions were very long and talked about:

- What HCBS includes.
- Who uses HCBS.
- What HCBS does.
- Who pays for HCBS.
- Where people use HCBS.

The HSRI team read all the definitions. They looked for what they had in common. Older adults and people with disabilities were the most common examples of people who use HCBS. Support for daily activities and personal care were the most common examples of what services are part of HCBS. HCBS was most often described as supports to help people to stay in their homes and communities. Half of the definitions said services that happen in institutions are not HCBS.

HSRI looked at how the definitions were different. They did not find any big differences between definitions from different sources. Only a few definitions were for a specific group of people, like older adults.

HSRI also looked at how HCBS is measured to see if services are doing a good job. Most often measures focused on:

- People's access to the community and services.
- Whether people can make choices.
- People's rights, including privacy and safety.

HSRI brought together a group of people to help create the shared HCBS definition. This group is called a consensus panel. The consensus panel looked at the different ways HCBS is defined now. The consensus panel talked about:

- Who uses HCBS.
- What services are part of HCBS, and what is not HCBS.
- What HCBS is for (what it is supposed to do).
- Where people use HCBS.
- Whether the HCBS definition should mention the community and institutions, or just the community.

1. Purpose and Methodology

The SCAN Foundation contracted with Human Services Research Institute (HSRI) to develop a consensus definition of "home- and community-based services" (HCBS). The project goal was a definition that is not tied to any payer or program and is broader than Medicaid. The definition would describe the populations who need HCBS, services and supports that HCBS comprises and the providers who deliver HCBS. The consensus definition is intended to support policy and legislative drafting, advocacy, and communications.

The purpose of the environmental scan was to identify and illustrate the range of "home- and community-based services" definitions used in HCBS research, planning, implementation, education, service provision and advocacy by government, research, and advocacy and other organizations. Team members sought to explore commonalities or convergences and differences or divergences across definitions to help inform consideration of which elements should be included in a consensus HCBS definition and how. The environmental scan, which was not a formal, systematic literature review, is intended to be one of the data sources supporting the work of a consensus panel. The panel will convene in early spring 2026 to establish a consensus definition of HCBS. Scan findings will be considered along with results of a small survey of experts and interested parties and key informant interviews. Preliminary scan results were reviewed by a project Advisory Group comprising subject matter experts.

The HSRI team conducted a scan inclusive of peer review literature, via PubMed and Google Scholar, and 110 gray literature sites using a keyword search, for materials published between October 14, 2010, and October 14, 2025—with some exceptions to this date range—to capture key definitions. Keywords were restricted to "home- and community-based services" and "HCBS." To improve internal consistency, the team developed criteria for definition inclusion that required the

description of HCBS to specifically reference the function HCBS serves, as well as exclusion criteria. Operational HCBS definitions were rarely explicitly identified as such, so reviewers looked for language articulating what HCBS comprises, the intended recipients, and for what purpose.

Team members met to review initial findings against the search criteria to remove duplicates and achieve consensus on the final list of sample definitions. These definitions were coded in Excel to support analysis, including information on publication date, source, purpose, population, services, payers, and other characteristics. The HSRI team conducted four types of analysis: descriptive, qualitative, stratified, and inductive

2. Final Sample Characteristics

Ultimately 229 definitions were retained from more than 7,500 keyword search results, spanning the period from 2007 to 2026. These definitions were drawn from a wide range of sources, including peer-reviewed articles, web pages, press releases, government and research reports, legislative and regulatory language, and consumer materials. The largest number came from the research community, with sizable results from federal sources and associations/advocates/providers. Definitions of "Medicaid HCBS" were common. Definitions ranged in length and robustness of content—some included only minimal (if any) description beyond a simple definition while others included more extensive information on the purpose of services, who is served, what services may be available, program type, and/or potential payers.

3. Common Definition Elements

Common elements across definitions suggest key factors that are important to describe the essence of HCBS. To look for areas of convergence across the sample definitions, we examined the most commonly referenced purposes (why HCBS were provided), populations (for whom), and service examples (what is included in HCBS). Across all the definitions analyzed, the most common populations referenced were people with disabilities and/or older adults; the most common purpose was aging in place/enabling community living; and the most common services were personal care and activities of daily living (ADL)/instrumental activities of daily living (IADL) support. The definitions were evenly split on whether they included a specific reference to institutional settings. Thematic saturation—when all major themes have been identified—was achieved early in the scan process. A separate, inductive analysis to identify themes in existing quality frameworks and measures found that Community Access, Participation and Integration, Choice & Control, Access to Services and Supports, Rights, Privacy & Safety were common domains of quality HCBS outcomes.

4. Areas of Divergence

If definitions varied by population or other factors, this could suggest these factors are important considerations for a consensus HCBS definition. Overall, the team did not find strong or notable divergences across definitions by date, source, population, or purpose. Definitions outside the public sector/advocacy community were less likely to reference institutions, which may reflect a focus on Medicaid eligibility criteria among funders and advocates, including associations. There were only a

small number of population-specific definitions, which limited our ability to look for meaningful differences. Similarly, a focused review of the services associated with specific purposes did not yield any strong themes.

5. Implications for a Consensus Definition

The environmental scan results were helpful in framing key considerations for the Consensus Panel in developing a definition. Based on this analysis, some of the areas for Consensus Panel discussion were:

- **Who:** How or should the intended population of service users be defined?
- **What:** How or should the "services" in "home- and community-based services" be described?
- **Why:** How central are intended purpose and outcomes in shaping a shared understanding of HCBS?
- **Where:** Is the location implicit in the name or does "community" need further clarification?
- **Duration:** Should the definition reflect an element of "ongoing" or "long-term" service use?
- **Institutions:** Should institutional settings be referenced to clarify what HCBS is not, or what it is an alternative to?
- **Alternative terms:** Should a consensus framework reference related terms, such as long-term services and supports, to help connect aligned concepts?