



Proposal to Allow State Medicaid Programs to Provide Home and Community-Based Services for Partial Medicare-Medicaid Dual Eligibles

Duals and Partial Dual Eligibles: Who Are They?

- Full duals have incomes below 75 percent of the federal poverty level (FPL) and receive full Medicare and Medicaid benefits.
- Partial duals have incomes between 75 percent FPL and 135 percent FPL and receive full Medicare benefits but no Medicaid services. Partial duals only receive some or all Medicare cost sharing assistance from state Medicaid programs.

Individuals dually eligible for Medicare and Medicaid have, on average, greater health and long-term services and supports needs than beneficiaries that have either just Medicare or even **just Medicaid**. Nearly half (49 percent) of individuals dually eligible for Medicare and Medicaid benefits in 2019 had at least one activity of daily living limitation. Dual-eligible beneficiaries were more likely than non-dual Medicare beneficiaries to report being in poor health (13 percent vs. 4 percent) and 41 percent of the dual eligibles have one or more disabilities.

The “November 2020 Data Analysis Brief: Medicare-Medicaid Dual Enrollment 2006-2019” prepared by the Centers for Medicare and Medicaid Services (CMS) Medicare-Medicaid Coordination Office reported that the total dual eligible population was 12.3 million and growing faster than the overall Medicare population.

Partial duals make up about one-third of total dual eligibles and their share of the dual’s population is growing. They accounted for one-in five dual eligibles in 2006 and are nearly one in three now.

Why Are They Left Out of Access to Medicaid Home and Community-Based Services? Although partial duals are very low-income (just above the SSI-Medicaid federal eligibility line of 75% FPL), they do not qualify for any Medicaid services. Partial duals only qualify for help with Medicare premiums, deductibles, and co-pays. **Contrast this with the Affordable Care Act (ACA) expansion population that receives full Medicaid benefits and have incomes up to 138% of FPL and are neither elderly nor disabled (see chart below).**

Most importantly, partially dually eligible Medicare-Medicaid beneficiaries are not eligible for Medicaid home and community-based services including, most importantly, personal care services to allow them to remain in their homes. **Their only long-term care option is to spend down to eligibility for nursing home care.**

The Response: Authorize a New State Medicaid Option: This proposal would allow, **not require**, state Medicaid programs to extend home and community-based services to partial dual eligibles:

Authorize a state Medicaid **option** to provide home and community-based services including personal care services to partial dual eligibles. The states would be reimbursed at 10% more than their federal medical assistance percentage (FMAP) for medical services for the partial duals' personal care services because all the savings from improved health outcomes and reduced hospitalization are in the Medicare program. This FMAP increase follows the 10% enhanced FMAP for home and community-based services in the American Rescue Plan Act of 2021 (ARPA).

