The Brookings Institution: Home Care Benefit for Medicare

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Overview

Type of Reform: Expanding Medicare Coverage

Description: Develop and finance a universal home care benefit program for Medicare beneficiaries, which would have a measurable impact on access for individuals with functional and/or cognitive impairments who do not financially qualify for Medicaid. Recommend program design options that could be "dialed up or down" depending on the balance between program generosity and fiscal feasibility.

Sponsoring Organization and Key Author(s):

Sponsoring Organization: The Brookings Institution is a non-profit organization whose mission is to conduct in-depth, nonpartisan research to improve policy and governance at local, national, and global levels.

Key Author: Sherry Glied, Richard G. Frank, Jonathan Gruber, Vani Agarwal, and Wendell Primus.

Impact and Action:

While the concept of a universal home care benefit has been explored in other proposals, this commentary provides the first set of broad concepts for making it potentially universal and financially feasible.

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Program Details

Participation Criteria:

Medicare beneficiaries.

Conditions for Receiving Benefits Scope of Services:

HCBS provided by formal caregivers associated with home care agencies. No additional details provided.

Amount of Services

Not specified.

Participant Financial Responsibility

Cost-sharing varies based on an individual's income and asset levels:

- No cost sharing is required for individuals with incomes of up to 150% of the poverty line and assets of up to $30,000 (in 2024).
- Increasing levels of cost-sharing based on financial means for individuals above this limit.

Elimination Period

Not applicable.

Provider Requirements

Not specified.

Provider Payment Levels

Not specified.

Inflation Adjustments

Not specified.

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Financing & Implementation

Revenue Source(s)

Federal savings from shifting home care benefits from Medicaid to Medicare would be used to defray program costs. No additional details on revenue sources provided.

Total Program Costs

Estimated to be $40 billion annually.

Program Administration

Not specified.

Private Sector Role

Not specified.

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