

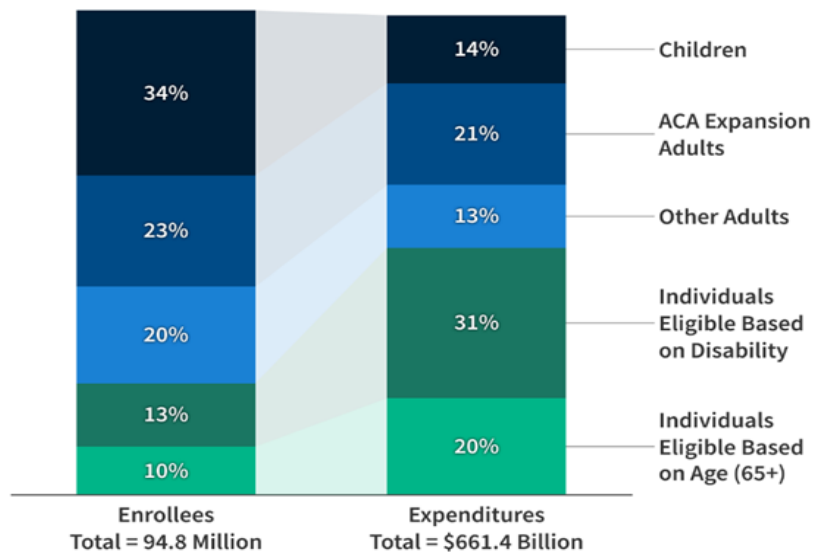
Medicaid and Long-Term Care: What's the Evidence?

Medicaid is the primary payor of long-term care for older adults and people with disabilities. **Funding reductions to Medicaid, like block grants and work requirements, could result in significant loss of basic living supports, like help with bathing, dressing and eating, to individuals who are low-income, fixed income, and have complex health care needs.**

1. Nearly **1 in 4** Medicaid enrollees are eligible for Medicaid because they are 65 or older or have a disability ([link](#)). These individuals have a low fixed income and complex health conditions with functional limitations.
2. 11 million people utilize Medicaid to help pay for the cost of long-term care in nursing homes or in community settings. **Without Medicaid, individuals who are low income have no other source to pay for this care;** Medicare and private insurance do not pay for long-term care.

Figure 3

People Eligible for Medicaid Based on Disability or Age (65+) Accounted for 1 in 4 Enrollees but Over Half of All Spending in 2021



Note: Includes full and partial benefit enrollees enrolled in at least one month of Medicaid during 2021. Total may not sum to 100% due to rounding.

Source: KFF analysis of the T-MSIS Research Identifiable Files, CY 2021

KFF

Please see Kaiser Family Foundation for [more information!](#)

3. **40% of individuals** who receive Medicaid long-term care initially paid out-of-pocket for this care until they spent all of their assets and now qualify for Medicaid.

Congress must protect the long-term care safety net. Cuts and increased bureaucratic red tape for Medicaid will result in loss of services to older adults and people with disabilities who, due to functional limitations, can no longer work and need help with basic living tasks.

For more information:

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