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Can aged and disabled Medicaid clients get Eyeglasses, Hearing Aids, and services of Podiatrists, Mental Health professionals, and Chiropractors through Medicare?

• In January, there were 862,452 adults on Texas Medicaid. Of these, 667,561 (77%) were elderly or disabled (353,910 elderly, and 313,651 disabled or blind).
• 316,677 of the aged and disabled were full Medicaid-Medicare dual eligibles (47% of the aged and disabled).
• Thus 350,884 of our aged or disabled adults (53%) DO NOT QUALIFY FOR MEDICARE, AND HAVE NO OPPORTUNITY FOR MEDICARE TO PICK UP THE BENEFITS THAT WERE CUT.
• In addition, even for those who are “duals”, Medicare does NOT fully replace these benefits. What DOES Medicare cover?
  o Some “dual eligibles” can get some psychologist and Masters level Social Worker services. Texas Medicaid pays their deductibles and coinsurance.
  o Podiatry can be covered by Medicare for some dual eligibles, but it is limited to certain conditions.
  o However, Medicare does not pay for routine eye exams and eyeglasses, and
  o and Medicare does not pay for “hearing aids or examination for the purpose of prescribing, fitting, or changing hearing aids.”
• Basically, most non-elderly disabled adults do NOT have access to Medicare as a back-up, so they cannot get ANY of the eliminated services. This group includes:
  o Most adult Texans with significant mental retardation;
  o Most Texans with serious mental illness that began before or in early adulthood;
  o Many Texans with major disabilities acquired before or in early adulthood.
• Finally, even those aged or disabled Medicaid clients who are “duals”:
  o Cannot get eyeglasses or hearing aids at all, and
  o Can only get podiatric care in limited circumstances, and
  o Cannot get services from license professional counselors or license marriage and family therapists.
• Reminder: the aged and disabled group consists of 60% folks living on SSI, which means living on $579 per month in 2005 – less than 75% of the poverty line. The other 40% actually have higher incomes, but by definition they are turning over most of their income (i.e., all but their $45 personal needs allowance) to a nursing home or a residential setting – in some cases they may actually have less to spend than the SSI clients! Thus, very, very few will ever be able to afford to replace these services now that Medicaid has stopped covering them.

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