

Home care agency caregiver guide to Medicare-Medicaid Alignment

What You Should Know about Alignment

- Some members receive both Medicare and Medicaid benefits (Dual Eligibility).
- Beginning in 2027, new requirements from CMS will strengthen coordination between Medicare and Medicaid plans for many members with both types of coverage into one plan (Aligned Integrated Duals Special Needs Plan).
- The goal is a more connected experience across the member's care and services (medical, behavioral health, home care, long-term services and supports, etc.).

Your Role in Coordinated Care

- Agency Caregivers often see members regularly and may be among the first to notice changes in condition, functioning, safety, or support needs.
- Timely reporting and documentation can support safer transitions and more coordinated care at home.

What You May Notice with Alignment



More connected communication

More communication with care managers, coordinators, providers, or plan contacts.



Greater continuity

More attention to keeping services connected during care transitions.



More timely reporting

Greater emphasis on promptly documenting and reporting changes or concerns.



How you can support members

- Follow your agency's process for documenting and escalating changes, safety concerns, or service gaps.
- Direct benefit, coverage, network, eligibility, or enrollment questions to approved plan resources.
- Provide neutral, educational information. Do not recommend a plan or compare benefits unless authorized.

For Agency Leadership only:

Is your agency ready for upcoming changes? Use this checklist as a guide.

- ☒ Staff know who to contact when a member's condition, functioning, safety status, or support needs to change.
- ☒ Staff understand what information must be documented and how quickly concerns should be escalated.
- ☒ Care manager, LTSS coordinator, plan contact, or agency supervisor information is listed in the member record when available.
- ☒ Staff are trained not to provide plan selection, benefit comparison, or enrollment advice.
- ☒ Agency workflows support transitions from hospital, nursing facility, rehabilitation, or home-based care settings.
- ☒ Caregivers, authorized representatives, and family supports are included when appropriate and authorized.
- ☒ Billing, authorization, and service documentation processes are reviewed against plan-specific and state-specific requirements.
- ☒ Staff know where to find approved educational materials and member-facing resources.