

ISSUE BRIEF

Supporting Older Americans' Basic Needs: Health Care, Income, Housing, and Food

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After working all their lives, many older adults in our communities cannot afford health and long term care, struggle to keep a roof over their heads and food on the table, and don't have enough cash on hand to pay the utilities and get where they need to go.



A combination of federal programs help Americans meet these basic needs and thrive as they grow older. These programs work together, forming a web of support that is critical to their success. For example, without resources to buy healthy food, older adults with diabetes or heart disease would jeopardize their health. Without long-term services and supports, many older adults would not be able to afford to live safely at home. Without housing assistance, many older adults on fixed incomes would have to choose between paying for rent or medicine. Older adults whose only income is from Supplemental Security Income (SSI) would not be able to afford groceries without the Supplemental Nutrition Assistance Program (SNAP), or pay the rent without rental assistance, or see the doctor without Medicaid.

HEALTH PROGRAMS THAT SUPPORT THE WHOLE PERSON

Everyone should have access to affordable, reliable health care as they age. Medicare and Medicaid are important programs that work together to ensure older Americans get the care they need to stay healthy and independent.

Medicare

Medicare is a federal health insurance program that is the primary source of coverage for over 66 million older adults and people with disabilities.¹ Most people qualify based on their work history or the work history of their spouse. Some people without a work history pay privately to enroll or receive premium assistance if they are low income.

Despite providing essential services—such as hospital care, doctor's visits, and prescriptions—Medicare leaves many people with significant out-of-pocket costs. Twenty-five percent of Medicare enrollees have annual incomes below \$21,000 per person and half have incomes below \$36,000.² They report spending on average \$7,000

annually on health care—or about 14% of their total household income.³ While Medicare covers some limited nursing facility, home health, and hospice care, it does not cover most long-term services and supports. Medicare also does not cover dental, vision, or hearing aids. Because of these gaps in coverage, most enrollees rely on supplemental insurance (such as a private Medigap plan or retiree coverage) or Medicaid.

Medicare has four “Parts” which cover hospital care, outpatient services like doctor’s visits, therapy and lab tests, prescription drugs, medical equipment, and medically necessary transportation:⁴

- **Part A** covers hospital care.
- **Part B** covers physician and other outpatient services.
- **Part C** is a program called “Medicare Advantage” that delivers Parts A and B, and sometimes D, coverage through private health plans.
- **Part D** is prescription drug coverage.

Together, Parts A and B are referred to as “Original Medicare.” Each Part has premiums, deductibles and cost-sharing. People who are eligible based on work history do not pay a premium for Part A, and people with low-income may qualify for financial assistance with Part A, Part B, and Part D premiums and out-of-pocket costs.

Medicaid

Medicaid is a joint federal-state program that provides health and long-term care to people who otherwise could not afford it. Medicaid covers over 7 million older adults age 65+ who are also eligible for Medicare⁵ and 1 in 5 older adults ages 50-64.⁶ The federal government contributes funding and sets the basic rules, but each state can adjust eligibility criteria and the benefits covered. States must offer Medicaid coverage to certain categories of low-income people, including adults age 65 and older and people with disabilities, but the rules for qualifying are stringent. Although the income and resource limits vary by state and eligibility category, most people receiving Supplemental Security Income (SSI) and/or State Supplemental Payments (SSP) are automatically eligible due to their extremely low incomes. States may also provide coverage to adults under age 65 through the Affordable Care Act’s Medicaid expansion and to people with high health care expenses such as long-term care (the “medically needy”).⁷ Medicaid also makes Medicare more affordable by paying for Medicare out-of-pocket through Medicare Savings Programs. With very limited exceptions, states cannot charge premiums or copayments for Medicaid services.

State Medicaid programs must cover basic medical care such as doctor’s visits and hospital services, as well as nursing facility and home health services. States can choose to cover other care and services such as, in-home care, physical and occupational therapy, case management, and dental, vision, and hearing.⁸

“Medicaid covers over **7 million older adults who are also eligible for Medicare** and **1 in 5 older adults age 50-64**.”

DUAL ELIGIBILITY: WHEN PEOPLE QUALIFY FOR BOTH MEDICARE AND MEDICAID

When someone is eligible for both Medicare and Medicaid on the basis of age, disability, and income, they are referred to as “dually eligible.” Access to Medicaid is key for these 7.2 million older adults and 4.8 million people with disabilities who have very low income and typically high health needs.⁹ Medicaid helps pay for their Medicare premiums through the Medicare Savings Programs. For the lowest income people, known as Qualified Medicare Beneficiaries (QMBs), Medicaid also covers their Medicare deductibles and co-pays.¹⁰ Medicaid also fills in the gaps in coverage in Medicare such as long-term care, non-medical transportation, and dental, vision, and hearing. Thirty percent of all Medicaid spending supports Medicare enrollees.¹¹

Dually enrolled individuals often have the option to enroll in special types of health plans such as Dual Special Needs Plans (D-SNPs) and the Program for All Inclusive Care for the Elderly (PACE) aimed at better integrating and coordinating care across programs.¹²

Medicaid Home and Community-Based Services (HCBS)

Most of us will need some form of assistance as we age, whether at home or in a facility. Medicaid is the primary payer of long-term care in nursing facilities, funding care for over sixty percent of people in nursing homes.¹³ Medicaid also supports independence for those who can age at home with supports by providing home care if state programs choose to provide this option.

These services, called home and community-based services (HCBS), enable older adults and people with disabilities to receive care and services in their homes and communities rather than being forced to move into an institution.¹⁴ These services include personal care services such as help with eating and bathing, transportation to medical or other appointments, and helping with meal preparation and housework. All states provide Medicaid HCBS with coverage varying considerably from state to state with long waitlists for services in some states.¹⁵

Financial eligibility standards are slightly higher for those eligible to receive long-term services and supports, including in-home care, than for other Medicaid coverage generally.¹⁶ However, those receiving long-term services and supports through Medicaid typically pay most of their income to the Medicaid program. Those who rely on Medicaid HCBS are usually able to retain some of their income to pay for housing and other expenses. For married couples, when one spouse needs long-term care and the other one does not, federal Medicaid law provides protections that ensure the spouse not needing these services can retain enough of the couple’s joint income and savings to stay out of poverty.¹⁷



Almost half of older adults living in the community **need support with their own care or taking care of their homes.***

*Kaiser Family Foundation, [Who Uses Medicaid Long-Term Services and Supports](#)

ECONOMIC SECURITY PROGRAMS ARE VITAL ANTI-POVERTY TOOLS

As we age and our needs and expenses change, having a stable income to afford housing, medicine, food, and transportation is essential. Benefits provided as part of the Social Security system, administered by the Social Security Administration, keep millions of older Americans out of poverty.

Social Security Benefits

Social Security is a trusted program that reflects American values of hard work, fairness, and dignity. Workers pay into it all their lives with the promise that, when they can no longer work, that money will be there to help them meet their basic needs.¹⁸ Social Security benefits lift over 15 million older Americans out of poverty each year and provide a foundation of retirement protection for people at all earnings levels. Social Security is efficient to administer because its benefits aren't means-tested, meaning benefits aren't reduced or denied to people whose income or assets exceed a certain level, and participation is universal.

“Without Social Security, an estimated **40% of older Americans** would have incomes below the poverty line and would be **unable to pay for basic necessities**.”

Social Security provides a universal earned cash benefit that protects Americans from poverty as they age. Social Security includes retirement (“old age”) benefits, survivor benefits, disability benefits, and benefits for dependents of retired or disabled workers. Without it, an estimated 40% of older Americans 65+ would have incomes below the poverty line, and would be unable to pay for basic necessities such as food, housing, clothing, and medicine. In addition to retirement benefits, workers also earn life insurance and disability insurance protection, which allows eligible family members to receive income when a working family member dies, and supports people who cannot work because of severe and long-lasting disabilities. About 80% of beneficiaries are older adults.¹⁹

Social Security benefits are modest compared to the cost of living; the average Social Security retirement benefit in January 2025 was \$1,837 a month, or a bit over \$22,000 a year. To calculate an individual's benefit amount, the Social Security Administration (SSA) uses an individual's monthly earnings for each of the 35 years in which the individual earned the most. SSA then applies a formula to these earnings to arrive at a basic monthly benefit amount. The amount people receive when their benefits begin sets the base for the amount they will receive for the rest of their lives. An individual can choose to begin receiving regular retirement benefits at full retirement age,²⁰ reduced retirement benefits starting at 62, or increased retirement benefits up to 70. Once someone starts receiving Social Security, their benefits are adjusted to keep pace with inflation, helping to ensure that people do not fall into poverty as they age.

Supplemental Security Income (SSI)

As Americans age and income inequality continues to rise, Supplemental Security Income (SSI) is more important than ever. SSI is a federal program that provides a limited income for over 8 million people who can no longer work to meet their basic needs, including 2.4 million older adults and people with disabilities.²¹ Many worked but earned low wages and need both SSI and Social Security to survive. More than 1.2 million older adults receiving SSI earned enough credits for their work to qualify them for a modest Social Security benefit. They may have earned low, irregular wages, or spent time off work caring for family. Women make up the majority of older adults receiving SSI—or 64%—because they are more likely to have spent time out of work caring for family, to have worked low-wage or part-time jobs, or in jobs where they didn't receive Social Security credits.²²

For extremely low-income older adults who receive SSI, the average benefit of \$590 per month means many still live below the poverty line.²³ But without SSI, they would be living in deep poverty. While SSI serves as a lifeline for older adults, it also helps strengthen our communities: SSI benefits prevent homelessness by paying for rent,

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utilities, property taxes, and provide reliable income to secure a lease. SSI also boosts local economies as SSI dollars support local businesses and essential services.

Despite its importance in addressing deep poverty, many SSI rules have not been updated in 40 years. Savings penalties, or asset limits, prevent a recipient from saving more than \$2,000 (\$3,000 for couples).²⁴ Surpassing this limit by even \$1 discontinues benefits, making it impossible to prepare for emergencies like a car repair or new roof. Other income restrictions prevent people from lifting themselves out of poverty: receiving just \$20 per month from other sources like Social Security reduces SSI benefits dollar-for-dollar, and earning more than \$65 per month from work decreases benefits, discouraging work for those who can contribute.

HOUSING AND FOOD SUPPORT OLDER ADULTS' DAILY LIVES

We all deserve access to affordable housing and the stability, independence, and security it provides as we age. Housing programs provide assistance to around 2.1 million older adults,²⁵ while nutrition programs ensure that over 4.8 million low-income older adults do not have to choose between food and paying the rent or buying clothes or medicine.²⁶

Affordable Housing and Homeless Assistance

Federal housing and homeless assistance programs provide vital support to many low-income older adults who would otherwise be unable to afford the cost of shelter. Of the 10 million households receiving federal rental assistance, about 21% are an older adult (defined as 62 years of age or older).²⁷

The U.S. Department of Housing and Urban Development (HUD) administers most federal rental assistance programs.²⁸ Some major federal programs that provide rental assistance for households around the country, including households with older adults, include Housing Choice Vouchers (commonly called “Section 8” Vouchers), Public Housing, and multifamily housing like Section 202 housing for older adults. HUD homeless assistance programs also offer rental support.²⁹

Housing Choice Vouchers help people pay rent in the private housing market, requiring them to pay only a set portion of their income, with the voucher covering the remaining cost up to a specified limit. The Housing Choice Voucher program is the largest federal rental assistance program and supports more than 800,000 older adults.³⁰

Public Housing is generally owned and operated by local public housing authorities. The cost of rent is also based on a household's income. Public housing serves about 330,000 older adults, and the average age of public housing residents is 52 years.³¹

Section 202 Supportive “Senior” Housing specifically supports low-income older adults 62 years of age or older.³² Older Americans living in Section 202 housing also have access to community-based services and supports to help them stay in their homes and age in place in their own community. About 16% of Section 202 residents are age 85 or older, and in 2023, Section 202 tenants had an average annual household income of just over \$15,000. Approximately 123,000 households with older adults received assistance through the Section 202 program in 2023.³³

HUD Homeless Assistance Programs provide access to interventions, such as shelters and permanent supportive housing (PSH), for people at risk of or experiencing homelessness. PSH offers rental assistance with voluntary services for people with disabilities who need more support to achieve housing stability.

The Low-Income Home Energy Assistance (LIHEAP) Program, while not considered a housing assistance program, helps older adults stay in their homes by helping households afford home heating and cooling.³⁴ It also may provide funds to make people’s homes more energy efficient, thereby reducing heating and cooling costs. Because these costs can be quite high, LIHEAP is an important means of support for older adults who would otherwise be unable to pay for heat or air conditioning during harsh weather.

Older Americans Act Programs

The Older Americans Act (OAA) is a cornerstone of support for older adults, funding essential services that help nearly 11 million older adults and their family caregivers—especially those with low incomes or at risk of isolation—maintain their freedom, health, and dignity. OAA programs reduce hunger, isolation, and barriers to care: transportation services help older adults who live alone and would otherwise be homebound to access their doctors’ offices, pharmacies, and meal sites; and Meals on Wheels and other nutrition programs feed over two million older adults, ensuring they stay healthy and lowering their risk of disability. OAA programs sustain older adults and communities by providing services like in-home assistance, adult day care, caregiver respite, access to legal assistance, elder justice and elder abuse prevention, case management and care coordination services, disease prevention, job training, and community service programs, and many others.³⁵

Nutrition Assistance

Older Americans in our communities should never face the impossible choice of paying for food or other necessities like medicine and shelter.³⁶ Further, research from the organization Feeding America found that food insecure adults “are 53% more likely to report a heart attack, 52% more likely to develop asthma, and 40% more likely to report an experience of congestive heart failure.”³⁷ Programs like SNAP and Meals on Wheels directly combat hunger among older adults and decrease health care costs by lowering hospitalization rates and nursing home admissions.³⁸

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Supplemental Nutrition Assistance Program (SNAP) is a federal program that ensures that over 4.8 million low-income older adults don’t go hungry.³⁹ SNAP provides modest benefits that support local economies and jobs as benefits are spent in the community, and SNAP enables millions of older adults to afford healthy food, while still being able to pay for essentials like health care and housing.⁴⁰ The average SNAP benefit for households with a person over 60 years old was \$158 per month in 2022.⁴¹

Meals on Wheels combats social isolation and hunger while ensuring the health and safety of older adults living at home. It provides more than 2 million older adults with home-delivered nutritious meals, social visits, and checks to ensure that they are safe in their homes. Meals on Wheels also provides meals in group settings like senior centers. OAA funds cover about a third of the total cost of providing meals through Meals on Wheels, while state and local funds and private donations cover the rest.⁴²

LEGAL ASSISTANCE

Legal assistance is key to helping low-income older adults live safely, access the programs and supports they need, and avoid or escape deep poverty. Legal help is critical for low-income older adults who are denied needed health care, at risk of losing their housing through eviction or foreclosure, facing unnecessary guardianship, or who are impacted by elder abuse, consumer scams, or financial exploitation. Further, legal services can also help older adults access programs for which they are eligible, like SSI, Medicaid, and SNAP.

Nearly three-quarters of low-income older adult households had at least one civil legal problem in the past year, and only one in five low-income older adults sought the help of a legal professional for their problems.⁴³ Further, low-income older adults receive inadequate or no legal help for nearly 9 out of 10 of the civil legal problems they face in a given year. Robust funding and support for legal assistance programs can build capacity to fulfill this unmet need for older adults.

The Legal Services Corporation (LSC) is an independent organization established by Congress that supports civil legal aid organizations across the country. LSC ensures that older adults and families who cannot afford a lawyer still have access to justice in civil legal matters. LSC programs provide legal assistance to low-income Americans grappling with civil legal issues relating to essential human needs such as safe housing, access to health care, safeguards against financial exploitation, and assistance with family issues such as protection from abusive relationships. Approximately 7.6 million older adults live in households with income below 125% of the Federal Poverty Level, the income eligibility standard for people seeking assistance from an LSC-funded legal aid program.⁴⁴

Title IIIB of the Older Americans Act also funds a range of supportive services including legal services. Over 1,000 legal services providers receive OAA funding that seeks to support older adults with the greatest social and economic needs. Title IIIB lawyers provide nearly one million hours of legal assistance each year, helping older adults stay independent and healthy, protecting against eviction, hunger, fraud, or abuse, and helping them stay in their homes and communities for as long as possible.

CONCLUSION

When properly funded and supported, the programs outlined above work together to ensure that older adults can access food, shelter, health care, and medicine. Programs that ensure that everyone can meet their basic needs reflect core American values of dignity, self-determination, and community. As more of us live longer and retire with fewer resources than previous generations, maintaining and funding a robust set of community services and supports is more important than ever. Older adults are the backbone of our families and communities, and when they thrive, we all thrive. By understanding how these programs work together, we can protect and improve them, ensuring that everyone has the support they need as they grow older.

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