

# medicaid and the uninsured

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## Medicaid Coverage and Care for the Homeless Population: Key Lessons to Consider for the 2014 Medicaid Expansion

### Executive Summary

Beginning in 2014, the Affordable Care Act (ACA) provides for a Medicaid expansion to nearly all individuals with incomes up to 138% of the federal poverty level (FPL) (\$15,415 for an individual or \$26,344 for a family of three in 2012). The ACA also includes new requirements for states to significantly streamline Medicaid enrollment processes. Given their low incomes and high uninsured rate, individuals experiencing homelessness could significantly benefit from this coverage expansion. However, it will be important to address the barriers they face to enrolling in coverage and accessing needed care. This report draws on the experience of administrators and frontline workers serving the homeless population to identify enrollment and access barriers, strategies to overcome these barriers, and considerations for the Medicaid expansion. Findings are based on eight focus groups conducted by the National Health Care for the Homeless Council and Kaiser Commission on Medicaid and the Uninsured during March and April 2012 in four cities.

### Overview of the Homeless Population and Coverage Today

Each year, millions of individuals across the U.S. experience housing insecurity and homelessness. On a single night in January 2011, an estimated 636,017 people were homeless, of which 63% were individuals and 37% were in families. Nearly two-thirds were in shelters, while the remaining one-third remained unsheltered.

**Individuals experiencing homelessness are a diverse group.** Frontline staff reported working with individuals of all races, ethnicities, and immigration statuses and noted that their clients also vary in age, family status, and length of homelessness. They also described a range of backgrounds and personal experiences among the homeless population, including military veterans, domestic violence victims, and previously incarcerated individuals.

*"I'm seeing children coming out of foster care that don't have nowhere to go afterwards and no direction...I see a lot of single women with children....And then at the same time we'll see the military veterans."*

Barry, frontline worker, Baltimore

**Many individuals experiencing homelessness have complex and significant physical and mental health conditions.** Frontline workers emphasized the high prevalence of mental health conditions and substance and alcohol abuse among the homeless population, and noted that these conditions frequently co-occur with physical conditions. They indicated that individuals experiencing homelessness have high rates of chronic disease, such as HIV/AIDS, diabetes, and heart disease; some individuals suffer from other conditions, such as traumatic brain injury and cancer, as well as conditions that stem from lack of housing, such as skin infections and hypothermia. They further noted that individuals are often dealing with multiple conditions at one time, which are often compounded and exacerbated by their living conditions.

*"One thing that I've noticed is just the complexity of their health status...It's generally not just one chronic medical illness, it's three plus...."*

Tina, frontline worker, Chicago

### Key Barriers to Medicaid Enrollment

Focus group participants identified a range of barriers individuals experiencing homelessness face to obtaining Medicaid coverage, including the following:

**Currently, Medicaid coverage is very limited among the homeless population because non-disabled adults are not eligible for the program.** Frontline workers and administrators noted that, while adults with dependent children can qualify through eligibility pathways for parents, other adults are not eligible unless they qualify

through a disability category, which requires them to complete a long and complex disability determination process to qualify for Supplemental Security Income (SSI).

**Many homeless individuals are disengaged from and distrustful of public systems.** Frontline workers and administrators noted that, while some individuals are readily willing to apply for services and benefits, many others are distrustful of public systems and reluctant to apply for assistance. Helping individuals overcome this disengagement often requires significant time and effort and can sometimes take months or years of relationship-building.

"The challenge, I think, is to really engage someone experiencing homelessness, one who does not trust the system of care because they've been not necessarily treated well where they have gone."

Karen, administrator, Chicago

**Individuals experiencing homelessness face multiple challenges to completing the Medicaid enrollment process, including language and literacy barriers and lack of transportation, stable contact information, and documentation.** Frontline workers and administrators noted that low literacy levels, language barriers, and mental health conditions contribute to difficulty understanding and completing the application process. Moreover, they noted that individuals often lack transportation to get to the eligibility office to apply for coverage, and that lack of stable contact information contributes to delays or denials of applications since individuals do not receive notification to submit additional information or to take additional steps to complete their application. In addition, participants emphasized that lack of documentation, including identification cards, social security cards, and birth certificates, is a major enrollment barrier for individuals experiencing homelessness. They noted that acquiring documentation often requires a secondary form of documentation, creating a cyclical challenge for individuals without any documentation, and that individuals often cannot afford the cost of replacing documentation. Moreover, some participants described particular challenges obtaining documentation for lawfully-residing immigrants. They also pointed out that individuals lack a secure place to store documentation once they obtain it.

"If a person has no ID whatsoever...you have to [have] ID to go into social security...but if you don't have a social security card, it's almost impossible to get the photo ID that you need to get into social security."

Betty, administrator, Baltimore

### Successful Strategies to Overcome Enrollment Barriers

Focus group participants described a range of strategies they have developed to overcome enrollment barriers and identified the following key lessons:

**Gradual and targeted relationship-building is important for building rapport and trust with individuals experiencing homelessness.** Frontline workers noted that individuals experiencing homelessness often require long-term spans of outreach and engagement that may span weeks, months, or years. They stressed the value of meeting individuals where they are and addressing their immediate needs first by providing small items such as socks, bus passes, and water bottles. Moreover, participants said that hosting community events and establishing community partnerships can help facilitate engagement.

"...what you have to do is, you have to gain their trust first. And, you can't just throw a bunch of services at them at the beginning."

Frontline worker, Baltimore

**Educating individuals about Medicaid coverage and the enrollment process helps motivate them to apply for coverage.** Participants noted that their health centers typically have staff dedicated to educating patients about benefits, including Medicaid. They noted that explaining the benefits an individual will receive once enrolled in coverage and how the benefits will address their specific needs motivates individuals to apply for coverage. They also emphasized the importance of explaining the enrollment process in simple understandable terms and providing information about the length of time it will likely take to complete so individuals know what to expect.

"Sometimes we'll have cough drops available in the winter cold season or warm socks, as tools to kind of engage people and just do very minimal trust building at that moment to...get folks to talk to a health care provider."

Julie, frontline worker, Chicago

**Providing one-on-one assistance through every step of the Medicaid enrollment process is key for successful enrollment.** Frontline workers stressed the importance of direct one-on-one assistance, such as helping individuals complete the application, assisting in obtaining documentation, and providing transportation. In addition, they identified strategies to address specific enrollment challenges, including providing health center contact information on applications to facilitate communication and maintaining copies or original versions of documentation for safekeeping. Frontline staff and administrators also emphasized the importance of continuing assistance over time to help individuals successfully renew and maintain coverage and noted that it can be useful to engage clinical providers to help follow-up with patients about completing the enrollment or renewal process.

#### Strategies to Overcome Medicaid Enrollment Barriers for Individuals Experiencing Homelessness

- Having staff dedicated to outreach, education, and enrollment assistance.
- Building community partnerships to assist with outreach and enrollment activities.
- Meeting individuals where they are and addressing immediate needs first.
- Providing small items, such as bus passes, socks, and toiletries, to establish trust.
- Educating individuals about the specific benefits of coverage and the overall enrollment process.
- Providing direct hands-on one-on-one assistance through each step of the enrollment process.
- Providing clinic contact information to serve as a secondary point of contact on the application form.
- Assisting in obtaining documentation by helping to fill out paperwork, going with or providing transportation to the offices, and covering the cost of replacing documents.
- Storing copies or originals of documents in client file to keep them safe and secure.
- Providing transportation and accompanying individuals on visits to the eligibility office.
- Maintaining contact over time to assist in the renewal of coverage.
- Engaging providers to remind individuals about steps needed to complete enrollment during patient visits.

#### *Access to Care for Individuals Experiencing Homelessness*

**Individuals experiencing homelessness need a broad array of physical and mental health care as well as support and enabling services.** Frontline staff and administrators emphasized that both environmental factors and the complex health needs of homeless individuals increase the number, intensity, and scope of services that they need. Many individuals need specialty care for acute and chronic conditions, as well as significant behavioral health care. Participants also identified significant dental and vision needs among the homeless population. Moreover, frontline staff stressed the importance of supportive services, including outreach, case management, and transportation, for addressing the homeless population’s unique needs and underscored the vital role of housing, noting that providing stable housing can enable an individual to manage previously untreated mental and physical health conditions.

**Individuals experiencing homelessness primarily rely on safety-net providers for their care.** Frontline staff and administrators noted that individuals experiencing homelessness primarily rely on local homeless clinics, including Federally Qualified Health Centers and emergency rooms for care, but often face challenges obtaining needed care, particularly specialty services. Participants commented that, given individuals’ heavy reliance on emergency room care, it is helpful to educate them about other available sources of care and to partner with hospitals to create diversion programs.

**Lack of housing and uncoordinated hospital discharge policies contribute to challenges managing individuals’ health conditions.** Frontline workers and administrators noted that the lack of stable housing creates barriers to managing chronic conditions and recovering from acute health episodes. Moreover, they stressed that uncoordinated hospital discharge policies

**“How can you keep your medications up if you can’t keep them safe? How can you get over a cold if you are sleeping in a doorway? You can’t. Everything is all combined and directly affected.”**

Diana, frontline worker, Portland

contribute to recovery challenges, noting that individuals are often discharged to the streets or shelters due to insufficient medical respite services or housing options.

**Obtaining Medicaid coverage significantly improves access to health care for homeless individuals.** Frontline workers noted that individuals who obtain Medicaid coverage experience greater access to health care providers and services and have shorter wait times for appointments. They also noted that obtaining Medicaid coverage often enables individuals to establish a relationship with a primary care provider to receive continuous care, which results in improved management of health conditions. However, they indicated that individuals do continue to experience some access challenges, particularly for certain specialty services, and noted gaps in Medicaid coverage for dental and vision care and supportive services as well.

“When they have Medicaid, all of a sudden, you have a ton of options in front of you. So if you want mental health treatment, not only do you have the decision to see a psychiatrist or a counselor, but you have the decision of doing that at different places or doing outpatient groups...the time lines go down for everything... instead of waiting a year...you’re only waiting a couple weeks.”

James, frontline worker, Chicago

### ***Looking Ahead to 2014: Potential Opportunities and Challenges of the Medicaid Expansion***

**Organizations serving the homeless population face a range of opportunities and challenges.** Administrators said that the Medicaid expansion will increase Medicaid reimbursements for their organizations, but noted that they currently face a range of administrative and financial challenges, including decreasing grant and private funding resources and lack of funding for administrative and infrastructure costs. They emphasized that even with increased Medicaid funding, other funding sources will remain essential. They also identified considerations related to enrollment of the homeless population in managed care under the expansion, including potential access and financial challenges. They stressed the importance of capitation rates and quality measures adequately reflecting the complex needs of the population. Administrators also described administrative and staffing changes that will be needed to support increased enrollment and coverage under the expansion, including increases in billing and administrative staff and potential changes in their clinical staffing structure.

**The Medicaid expansion under the ACA has the potential to significantly benefit individuals experiencing homelessness, providers serving the homeless population, and states.** Participants recognized that the Medicaid expansion will extend eligibility to many individuals experiencing homelessness who are currently uninsured. They noted that those who gain Medicaid coverage will experience significant improvements in their ability to access care and to manage their health conditions. Moreover, participants suggested that increasing coverage among the homeless population has the potential to reduce their health care costs and to provide a stream of financing for their care. As individuals gain coverage, participants expect that there will be reductions in their use of other state-funded services, such as mental health services, as well as reduced emergency room use. Participants identified potential financial benefits for providers and states from these changes, such as reductions in uncompensated care costs borne at the state and local levels and increases in Medicaid reimbursement for providers serving the homeless population. Some participants also cited broader potential positive social and economic impacts, such as increases in employment and lower recidivism rates to jails or prisons.

“...it seems like it really just makes sense financially, because people are going to get their health care somewhere, whether it’s through the emergency room or [elsewhere]...”

Phoebe, frontline worker, Houston

In sum, the Medicaid expansion has the potential to significantly benefit the homeless population by improving their access to care and the management of their health conditions. The new requirements to simplify Medicaid enrollment processes, which will alleviate some enrollment barriers currently faced by the homeless population, but significant outreach and enrollment efforts, including direct one-on-one assistance, will remain key. Moreover, as individuals gain coverage, it will be important to connect them to care, and for providers and plans serving the population to address their unique circumstances and intense and wide-ranging health care needs.

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