

Community Health

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National Association of Community Health Centers

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REACH, ENROLL AND ENGAGE

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# REACHING, ENROLLING & ENGAGING PEOPLE

## Who Are Homeless in a Changing Healthcare System

Community health centers collectively served just over 21 million people in 2012, 36% of which are uninsured. Of all of these patients, just over 1 million were documented as homeless, but 61% of this group is uninsured even though nearly all are living below the poverty line (only 29% are Medicaid).

Under pre-ACA rules, single adults without disabilities were usually not eligible for Medicaid, but that changes in January 2014 when states have the option to expand Medicaid to those earning at or below 138% of poverty, regardless of their disability status. In connecting people to insurance, health centers and other community-based providers have the added task of reaching populations that are hardest to reach such as the homeless.

Helping homeless individuals to enroll in insurance takes flexibility, creativity and hard work. Enrolling them in health insurance (largely through Medicaid) is particularly important because this population has high rates of acute and chronic disease, as well as a higher prevalence of behavioral health conditions. While health centers can help treat or manage conditions, access to a wider range of specialty care and other services possible with insurance should help improve health outcomes.

To better understand the challenges and explore solutions in connecting the homeless to insurance through the ACA, *Community Health Forum* turned to **Barbara DiPietro, Ph.D. Director of Policy at the National Health Care for the Homeless Council.**

### First, you have to find them.

While current patients will get enrollment assistance within the usual clinic operations, outreach is a critical element to reaching people in the community who need care but are not likely to enter a health center on their own.

It typically takes multiple contacts with a homeless person to develop sufficient trust before they are willing to engage in care. These contacts can take place in shelters libraries, encampments, food kitchens, and other places where people congregate.

Sometimes people aren't easy to find, or reject help initially. Even in the age of technology, cell phones are still not always reliable for this population. "Ten years ago, very few clients had phones," Dr. DiPietro says. "Now, they might have several phones, but none with any minutes left." If they are moving around from place to place, it's difficult to do any follow up care or check back with them on benefits.

DiPietro says that good old-fashioned word of mouth can be more effective. "Talk to someone you can get a hold of and ask, 'If you see Mr. Smith, tell him to contact us.' Folks will share information among themselves using informal networks."

Another method is regular clinical outreach. Send social workers to parks and shelters to find contact people and do health education and enrollment activities. DiPietro suggests supplying these workers with computer tablets to allow for on-the-spot enrollment.

### Next, you have to enroll them.

Once workers locate someone who is homeless, a second tier of obstacles arises. Sometimes physical challenges prevent people from being mobile enough to come to a center, but other times, mental illnesses or substance use issues (or both) can impede decision-making and create barriers to follow through on enrollment, even if someone is willing to participate.

In addition, this population has often been told they are eligible for different programs only to find out they are not, or have been treated poorly by people in the system. Over time this creates a level of wariness that can make outreach harder.

“They’re working within broken systems, so they shy away from broken programs,” says Dr. DiPietro. “There is a distrust of public systems (e.g., social services offices, benefits offices, etc.) because these places are not always welcoming to the homeless. So you have to get it through to them that this new program will actually include them.”

Once trust is established, education and enrollment is next. Many homeless people are unaware of new programs or insurance opportunities through health reform. Dr. DiPietro provides a tip for reaching them quickly: “Try talking about their immediate chronic illnesses or help identify what services they want to access. Say to them – ‘We can get your feet treated if we enroll you in this program.’”

Still, not all people will be wary. Some want health coverage and have been waiting for this opportunity to enroll so they can address issues they’ve been having. If health conditions or injuries can get addressed properly, many can return to work and exit homelessness.

### **Finally, you have to connect them.**

Dr. DiPietro points out some of the provisions in the ACA that will help to streamline and speed up the Medicaid enrollment process for homeless populations, as well as broaden their access to coverage.

**Reduced reliance on paper documentation** – The ACA requires states to first use electronic systems to verify identity, citizenship and income – rather than use paper documents like social security cards or birth certificates. This is especially helpful for homeless patients who may not have these on hand.

**Auto-renewal** – Periodic re-enrollment under Medicaid obviously has been difficult for people with no stable address to receive notices that their eligibility was about to expire, which contributed to “churn” (moving in and out of coverage). Now the ACA allows auto-renewal up to five years where, if the system shows no change in eligibility, then Medicaid coverage is not interrupted.

**Online real time eligibility** – Being able to conduct online enrollment and select a plan and a provider in one step with an immediate (or very short delay) will help connect clients to services more quickly, without risking the long follow-up process that is always more difficult when someone is living on the street or in a shelter.

### **Prepare in advance.**

To allow for more effective outreach and enrollment in the months to come, it’s important for health centers to have the infrastructure set up to accommodate the extra demand. Dr. DiPietro recommends:

- **Tailor pamphlets and other educational materials.** Ensure they include information on Medicaid and that they use language your patients understand.
- **Hire in-person assisters and certified application counselors.** These positions can be used to conduct both in-reach with existing clients and outreach with new clients.
- **Leverage group sessions.** Add discussions about the ACA and Medicaid to group sessions you already have scheduled and answer questions clients may have.
- **Set aside one-on-one time.** Give patients a chance to talk about income and personal circumstances in a private setting.
- **Create electronic alerts.** Set up your medical records to automatically notify you when a client can apply for Medicaid.
- **Add or expand services that can improve health outcomes and integrated care, such as mental health or substance use treatment.**
- **Partner with shelters and other providers.** Set up times to go and staff an enrollment table.
- **Invest in a tablet computer.** Take it to the shelters, parks, soup kitchens and encampments.

### **Looking ahead.**

Though recent reforms will provide greater access to health insurance for more people, including the homeless, there’s still more to be done. DiPietro stresses that enrollment is only the beginning. “It’s just a plastic card,” says DiPietro. “We have to think beyond enrollment to ensure access to services that can improve health.”

What’s more, 25 states have yet to expand Medicaid; meaning an estimated 7 million people who fall below the poverty line and live in those states will not have access to new benefits. DiPietro recommends that health centers be clear in their communications outreach so people aren’t misled.

DiPietro cautions that community health centers, especially those in non-expansion states, should avoid the temptation to shift services to the insurance exchange population. She also says we need to think beyond enrollment and how to keep all patients, not just those who are homeless, regularly engaged with the health system once they are enrolled. “Health centers are more critical than ever before to ensure that underserved populations are able to access care.”

*To learn more about the work of The National Health Care for the Homeless Council, visit [www.nhchc.org](http://www.nhchc.org).*