

medicaid and the uninsured

September 2012

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.¹ Nearly two-thirds were in shelters, while the remaining one-third remained unsheltered.²

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.

INTRODUCTION

A primary goal of Affordable Care Act (ACA) is to significantly reduce the number of uninsured by creating new coverage options for individuals and families. Beginning in 2014, the ACA provides for an expansion of Medicaid for 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), which will provide a new coverage pathway for millions of currently uninsured, low-income adults. For states that expand Medicaid, the federal government will cover 100% of the costs of newly eligible Medicaid beneficiaries from 2014 to 2016 and then will phase down its federal contribution to 90% in 2020 and beyond. The ACA also includes new requirements for states to significantly streamline Medicaid enrollment processes to facilitate enrollment of eligible individuals into coverage.

Given their low incomes, high uninsured rate, and limited access to coverage, individuals experiencing homelessness are one group who could significantly benefit from this Medicaid expansion. States that expand Medicaid coverage to these individuals will likely also benefit through reductions in the amount of uncompensated care borne at the state and local level and reductions in other state-funded services, such as mental health services. However, to fully realize the potential opportunity of increasing coverage among individuals experiencing homelessness, it will be important to address the numerous barriers they face to enrolling in coverage and accessing needed care.

This brief draws on the experience of administrators and frontline workers serving individuals experiencing homelessness to identify key enrollment and access barriers, successful strategies to overcome these barriers, and considerations for implementing the Medicaid expansion under health reform. Findings are based on eight focus groups conducted in March and April 2012 with individuals who provide outreach, enrollment, and case management services to homeless individuals and individuals who handle the management and finance of organizations serving the homeless.

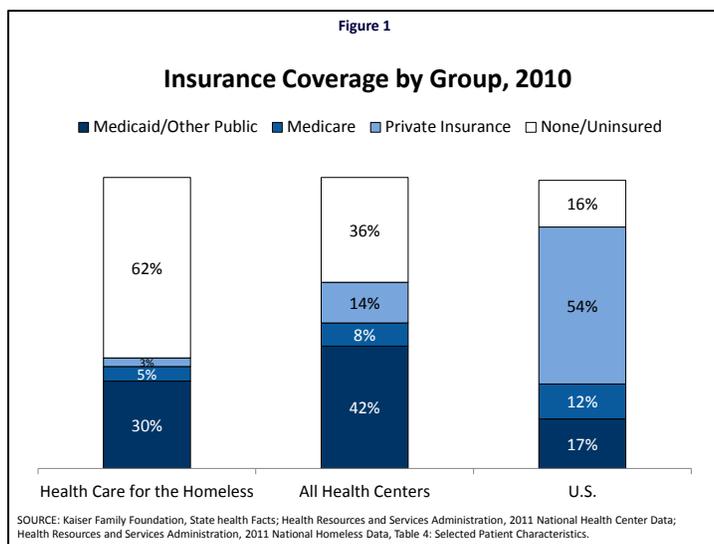
BACKGROUND

Overview of the Homeless Population and Coverage Today

Each year, millions of individuals across the U.S. experience housing insecurity and homelessness. While the total number of individuals experiencing homelessness during the year is unknown, the U.S. Department of Housing and Urban Development (HUD) found that 1.59 million people stayed in emergency shelters or transitional housing in 2010.³ However, this estimate excludes individuals who avoided the shelter system, used privately-funded shelters not part of HUD's Continuum of Care network, or who stayed with friends and families to avoid the streets. On a single night in January 2011, HUD estimated that 636,017 people were homeless in the U.S., of which 63% were individuals and 37% were persons in families. Nearly two-thirds (62%) of these individuals were in shelters and about one-third (38%) were unsheltered, and 17% were chronically homeless.^{4,5}

Persons experiencing homelessness are disproportionately affected by high rates of both chronic disease and acute illness, and many of these conditions are associated with and exacerbated by their living situations. Mental health conditions, alcohol and substance abuse, and chronic disease (such as diabetes, hypertension, cardiovascular disease, and chronic obstructive pulmonary disease) are all prevalent among this population. Individuals experiencing homelessness also have high rates of HIV, tuberculosis, pneumonia, and asthma.^{6,7,8} The stress of living on the street often compounds these health conditions, as individuals are exposed to communicable disease, violence, extreme weather conditions, and often face malnutrition.⁹ Individuals experiencing homelessness are three to four times more likely to die prematurely than their housed counterparts.¹⁰

Despite the significant health needs of the homeless population, these individuals often have limited access to health coverage and care. Of the 805,064 homeless individuals served by Health Care for the Homeless grantees in 2010, 62% were uninsured, almost twice the average uninsured rate across all health centers and nearly four times the uninsured rate for the general population (Figure 1).^{11,12} This high uninsured rate reflects their limited coverage options. Medicaid, the program designed to provide coverage to low-income Americans, has historically been limited to individuals who fall into certain groups, including children, pregnant women, parents, seniors, and people with disabilities. Other adults are generally excluded from the program, regardless of their income level. As such, homeless adults who do not qualify through eligibility pathways for parents or individuals with disabilities remain ineligible for the program.



As noted, beginning in 2014, the ACA provides for an expansion of Medicaid to nearly all individuals with incomes up to 138% FPL (\$15,415 for an individual or \$26,344 for a family of three in 2012). This expansion will provide a new coverage pathway for many currently uninsured homeless individuals.

METHODOLOGY

To gain increased insight into the barriers to coverage and care facing individuals experiencing homelessness, as well as successful strategies to overcome these barriers, the National Health Care for the Homeless (HCH) Council and the Kaiser Commission on Medicaid and the Uninsured (KCMU) conducted focus group discussions with frontline workers, administrators, and finance staff that serve individuals experiencing homelessness. A total of 77 professionals participated in 8 focus groups held in Baltimore, MD; Portland, OR; Chicago, IL; and Houston, TX during March and April 2012. Two focus groups were held in each city, one composed of frontline workers and the other composed of administrators and finance staff. Participants worked for a variety of community-based organizations serving the homeless and, in the frontline worker groups, most often held positions as outreach workers, eligibility and case managers, benefits coordinators, or other direct service roles. Participants in the administrator groups most often held positions as Chief Executive Officer or Executive Director, Chief Financial Officer, Chief Operating Officer, or Medical Officer, and were involved in both policy changes and the financing of their organizations. The focus groups were conducted using structured guides and recorded and transcribed with participant consent. Qualitative data were analyzed with ATLAS.ti version 6.2 software to identify emerging themes.

KEY FINDINGS

Overview of the Homeless Population and their Health Status

Individuals experiencing homelessness are a diverse group with varied socio-economic characteristics and personal experiences. Frontline workers reported working with individuals of all races and ethnicities and immigration statuses. They also noted that their clients vary in age and family status and include young single adults, families, single parents with children, and seniors. Staff also pointed out that individuals experiencing homelessness have a range of backgrounds and personal experiences and include military veterans, victims of domestic violence, and recently incarcerated individuals. Moreover, they noted that individuals range in length of homelessness, from individuals who are newly homeless and who may remain homeless for several weeks or months to the chronically homeless who have been homeless for years or decades.

"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

"It's like the population of people out there who are newly homeless, who lost their job or had a mortgage on a house they couldn't keep up with...."
Frontline worker, Chicago

Many individuals experiencing homelessness have complex and significant physical and mental health conditions. Frontline workers consistently indicated that mental health conditions and substance and alcohol abuse are very prevalent among this population. They also noted that these conditions frequently co-occur with physical conditions, and that individuals experiencing homelessness have high rates of chronic diseases, such as HIV/AIDS, diabetes, hypertension, heart disease, chronic obstructive pulmonary disease (COPD), hepatitis C, and asthma. Frontline workers further remarked that some individuals suffer from other significant health conditions, including traumatic brain injury (TBI), cancer, and physical disabilities, as well as conditions that stem from their lack of housing, such as skin infections and hypothermia. Moreover, they commented that individuals are often dealing with multiple conditions at one time and that living conditions often compound and exacerbate their mental and physical health 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

"So rarely is it that they come in with one thing...there are multiple things and the multiple things have been going on for years and years and years." Tracey, frontline worker, Baltimore

"...we have a lot...of mental illness. We see people with a lot chronic diseases, such as diabetes, hypertension and asthma....We see people who have unique-to-the-homeless-population medical issues such as big spider bites, scabies, malnutrition...."
Diana, frontline worker, Houston

"Traumatic brain injuries that go untreated for years... cognitive disorders that are not treated and can't be treated because they don't have access." Sheena, frontline worker, Chicago

Medicaid Eligibility and Enrollment for Individuals Experiencing Homelessness

Key Barriers to Enrollment

While Medicaid coverage offers the potential to significantly improve access to care for individuals experiencing homelessness, they face a range of challenges to enrolling in the program. Frontline workers and administrators across the focus groups identified several key barriers, including the following:

Medicaid eligibility is currently very limited among individuals experiencing homelessness. Frontline workers and administrators noted that Medicaid coverage is currently very limited among the homeless population due to eligibility restrictions that exclude many non-disabled adults from the program. They explained that, while adults with dependent children can qualify through coverage pathways for parents, other adults are not eligible unless they qualify through a disability eligibility category. They further commented that, although many adults experiencing homelessness could likely qualify as disabled, doing so requires that they qualify for Supplemental Security Income (SSI), which is a long, complex process that is very difficult for individuals experiencing homelessness to navigate and can take years to complete.

"Theoretically they're eligible in that they have a disability, but there's usually a lack of document[ation] because they have been disconnected from services...so there's not the...medical documentation needed or the...psychiatric documentation needed to document a disability. So we find that we're sort of starting from square one..."

Sheena, frontline worker, Chicago

Many homeless individuals are disengaged from and distrustful of public systems. Frontline workers and administrators uniformly emphasized the challenges associated with engaging individuals experiencing homelessness. They noted that, while some individuals are readily willing to apply for services and benefits, many others are distrustful of public systems and very reluctant to apply for any assistance. This distrust can stem from a variety of factors, including previous negative experiences with public systems and/or the health care system; a lack of understanding of services available to them and how they would benefit from them; and/or fear, paranoia, or confusion associated with a mental health condition. Frontline workers noted that helping these individuals overcome this disengagement and distrust often requires significant time and effort and can sometimes take months or years of relationship-building. Moreover, administrators pointed out that the time spent by frontline workers reaching out and engaging these individuals often cannot be reimbursed under current funding structures.

"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

"...thinking about the folks that we're working with, I mean lots of them have been very poorly served, don't know what they're eligible for."

Barry, frontline worker, Baltimore

Individuals experiencing homelessness often find the application and enrollment process to be confusing and complicated. Frontline workers and administrators noted that low literacy levels, language barriers, and mental health issues among the population contribute to difficulty understanding application instructions and providing necessary information.

"You're asking people who are mentally compromised to be able to navigate a very complex and difficult system that people who are not trained case managers can't navigate."

Diana, administrator, Houston

Lack of transportation and stable contact information contributes to challenges completing the enrollment process. Frontline workers indicated that lack of transportation to get to an eligibility office to apply for benefits or meet with an eligibility worker is often a major barrier to enrollment. Frontline workers also noted that the enrollment process often requires multiple steps and, if an individual is applying through a disability pathway, can take several months—in some cases years—to complete. They emphasized that the lack of stable phone

numbers and addresses among the homeless population makes it difficult to maintain consistent contact with individuals over this period of time, leading to incomplete and eventually denied applications because individuals do not receive notification of the need to submit additional information or to take additional steps to complete their application. Moreover, participants noted that individuals sometimes lose Medicaid coverage because they do not receive notification of the need to renew their coverage.

“...you’re also talking about transportation. How are the clients going to get anywhere that they may need to go that might not... be on our free bus system.” Kristina, frontline worker, Houston

“I think that’s a major barrier in terms of the way in which the system communicates with individuals, requires phone numbers that don’t change...mailing addresses that can be checked and then responded to within 10 days of receiving that letter. But they have to get it, they have to be able to read it, they have to be able to translate it, because it’s in government speech, and then act. And then if it’s not done within somebody else’s predetermined time...then it goes back.” Frontline worker, Baltimore

“Because they may switch shelters, and they may give a shelter address but then two months later move, and you have to re-change all of the addresses and everything. Just keeping up with that piece so they get information from Medicaid or any changes that might affect them very quickly is very important,” Kristina, frontline worker, Houston

“...that letter comes and if you don’t see that person within the next couple of days they’ll miss the appointment and either the case gets cancelled right away and you have to reapply all over again or it’s the trouble of...going to the office in person, making sure they keep the case open long enough, so that you can get the redetermination done.” James, frontline worker, Chicago

Providing required documentation is one of the most significant enrollment challenges facing individuals experiencing homelessness. Frontline workers and administrators emphasized that a major enrollment challenge facing homeless individuals is that they often lack required documentation, such as a state identification card or driver’s license, social security card, or birth certificate. They noted that acquiring this type of documentation often requires a secondary form of documentation, so it becomes a cyclical challenge for those without any documentation. For example, several participants commented that an individual must have an identification card to enter the social security office to apply for a replacement social security card; however, at the same time, an individual must have a social security card to obtain an identification card. Thus, individuals without either form of documentation often require significant assistance from frontline workers to obtain documentation. Moreover, some participants described particular challenges to obtaining documentation for lawfully-residing immigrants. Frontline workers also noted that individuals often cannot afford the cost of replacement cards and birth certificates. Moreover, once individuals obtain documentation, they face challenges keeping it due to lack of a secure place to store it. For individuals seeking to qualify for Medicaid through a disability pathway, frontline workers noted that they face the added challenge of acquiring medical documentation of their disability to qualify for SSI.

“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

“Another piece is either the loss or the theft of everything they have on their body. So,...I had a lady, who for the very first time was very proud of herself, went and got everything, and then about two weeks later everything was stolen, and she had to start over again....So the other piece is where is a safe place to store things....” Kristina, frontline worker, Houston

“...when they don’t have Social Security benefits, you got to build the case then, and that means sometimes setting up a psychiatric evaluation or setting up a medical evaluation...and of course, given the nature of our population, those appointments don’t always happen when it’s scheduled.” John, frontline worker, Chicago

Successful Strategies to Overcome Enrollment Barriers

Frontline workers and administrators described a range of successful strategies they have developed to overcome common enrollment barriers facing individuals experiencing homelessness. Key lessons that were identified across the groups include the following:

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 to overcome their distrust and reluctance to apply for services. As such, they commented that it is important to view engagement as a gradual process that may take weeks, months, and years, rather than minutes or hours. They stressed the value of listening to individuals, meeting individuals where they are, and addressing individuals' most immediate needs first in order to establish trust. They highlighted the importance of going out to the streets to connect with people and described how providing small items such as socks, bus passes, and water bottles that address immediate needs and provide comfort are very effective ways to initiate and build a trusting relationship. In addition, some workers described the value of resource centers that offer individuals a comfortable, safe place to go, noting that individuals will regularly return to these locations, which can facilitate more stable contact with them and provide opportunities to help connect them to services.

"...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

"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

"It's a population that doesn't get listened to very often. So, when you stop and look someone in the eye and have a conversation with them, and listen to whatever they want to talk about for a while...the majority of people will at least talk to you for a few minutes, and some of them will really open up in that couple of minutes and tell you all about themselves. The biggest thing is being out there and meeting people where they're at." James, frontline worker, Chicago

"We have an outreach van that literally drives the streets and talks to people, sees what they're needing, where they're at, engages them." Roxanne, frontline worker, Houston

Holding community events and establishing partnerships can facilitate engagement of individuals. Frontline workers and administrators from several organizations described hosting monthly barbecues or holding informational and enrollment meetings at church soup kitchens to increase awareness of services and enrollment. They indicated that such events serve the dual benefit of helping to engage eligible individuals as well as facilitating partnerships with community organizations. Frontline workers and administrators emphasized the value of partnerships and described several examples of successful partnerships, including relationships with faith-based organizations and other social service agencies. Moreover, several participants said they had established relationships with state Medicaid eligibility staff, and indicated that this has proven very effective for facilitating the enrollment process by providing them a direct point of contact to resolve problems with applications as they arise. Participants in the Houston focus group highlighted the success of the Houston police department's new Homeless Outreach Team,

"Recently we actually got some help from the police department. They have something called HOT, the Homeless Outreach Team, and it's a group of dedicated officers, who their entire job is to help the homeless, and they do wonderful things, including helping them get Medicaid. They take them to appointments; they will kind of coax them off the street and sit with them at social security so they can get their social security card."

Diana, frontline worker, Houston

a team of dedicated officers that help homeless individuals apply for Medicaid coverage and other services by providing transportation and assisting individuals in obtaining necessary documentation.

Educating individuals about the specific benefits of Medicaid coverage and the enrollment process helps motivate them to apply for coverage.

Frontline workers and administrators noted that their health centers typically have designated staff persons who meet with new patients to educate them about available benefits, including Medicaid. They indicated that explaining the benefits an individual will receive once enrolled in the program and how these benefits will help address their specific needs motivates individuals to apply for coverage. Frontline workers also emphasized the importance of explaining the enrollment process to individuals in simple, understandable terms, so that they know what to expect along each step of the way. They further indicated that it is important to be up front about the length of time it will likely take to complete the process and to stress to the individual the importance of staying in touch throughout the process.

“Allowing the participants to know what they are entitled to, how they qualify for different things, that helps, or helping them navigate or advocate for themselves....”

Sheena, frontline worker, Chicago

“I know another positive is educating clients about the benefits...If there’s something that I could do to educate the client as to how this process works, what do we need to do to activate this benefit, and what I can do on my part to assist the client with this process, I will.”

Pete, frontline worker, Baltimore

Providing one-on-one assistance through every step of the application and enrollment process is key for successful enrollment. Frontline workers and administrators consistently stressed the importance of providing direct one-on-one assistance to individuals through each step of the enrollment process, for example, by helping them to complete the application; assisting in obtaining necessary documentation, including covering the cost of acquiring replacement cards or documents; and providing transportation to and accompanying individuals on visits to the eligibility office. Moreover, they identified a range of creative strategies employed by their health centers to address specific enrollment challenges. For example, many frontline staff indicated that they provide their health center’s phone number and mailing address as secondary contact information on an application, whenever possible, to facilitate communications on the status of enrollment. Moreover, some participants indicated that their organization maintains copies or original versions of documentation, such as birth certificates and social security cards, to help ensure they are not lost. Staff further noted that they submit applications electronically whenever possible to assist in confirming receipt by the eligibility office and tracking of their status. In addition to assisting with initial enrollment of individuals, frontline staff and administrators also emphasized the importance of continuing to provide assistance over time to help ensure individuals successfully renew and maintain coverage.

“...something that we’ve found is if our clients receive help filling out the application, either from us or they go to the food stamp office, and are walked through the process, typically it’s good to go, but a lot of times when we find out people try to apply on their own...there’s missing documents, or missing information, and so they wait a long time.” Phoebe, frontline worker, Houston

“I don’t know any case managers that haven’t gone into their own pocket to take care of someone when you really need to get something done, whether it’s getting that bus pass, because darn, if you don’t get there today, it’s not going to happen...”

Chris, frontline worker, Chicago

“We have started in our program, when our guys...they’ll get their ID, they lose it, but we’ve asked them to let us make copies of those and give them the copy...and we keep the originals on file, which has been really successful.”

Preston, administrator, Houston

“What I’ll do at times for a client who doesn’t have an ID or birth certificate. I’ll have the client sign a consent form allowing me to call social services to determine have identity and citizenship...been determined.” Pete, frontline worker, Baltimore

Providers can play an important role in facilitating the Medicaid enrollment process. Frontline staff noted that it can be effective to enlist the assistance of clinical providers in helping individuals complete the Medicaid enrollment process. They noted that provider visits offer a valuable opportunity for follow-up with patients on the next steps required to complete the enrollment process and suggested flagging the health record to indicate to the provider to remind the patient of the next steps required. Staff noted that it is often challenging to reach patients outside of these visits; as such, it is important to take advantage of any time the individual is in the clinic to address unresolved administrative issues, including encouraging clients to bring in necessary paperwork or reminding them to contact their caseworkers.

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, i.e. partnering with local churches and faith-based organizations, other non-profits, or local police departments.
- Meeting individuals where they are, under bridges, on the streets, or on buses or trains, 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, i.e. by holding information sessions in waiting rooms, setting up classes for individuals to attend.
- Providing direct hands-on one-on-one assistance through each step of the enrollment process.
- Providing clinic contact information to serve 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 benefits offices, and covering the cost of replacing documents.
- Storing copies or originals of documents for clients to keep them safe and secure.
- Providing transportation and accompanying individuals on visits to the eligibility office.
- Maintaining contact over time, through meetings and by coordinating with providers to assist in renewal of coverage.
- Engaging providers to remind individuals about steps needed to complete enrollment, i.e., coordinating with clinical providers to have notes in the patient file or reminders that pop-up in the patient's electronic health record.

Access to and Delivery of 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. They noted that many individuals are in need of specialty care for both acute and chronic conditions, as well as significant behavioral health care. They also said there are significant dental and vision needs among the population, and described how lack of dental care negatively impacts individuals' ability to seek and obtain employment. Moreover, participants stressed the importance of outreach and case management services to locate, engage, and properly manage care for individuals experiencing homelessness. They also pointed out that transportation services are often necessary to get individuals to appointments and that use of alternative models, such as mobile clinics, is key to providing services to individuals that are unable or unwilling to travel. Participants underscored the vital role of housing and its close interrelation with health, noting how obtaining stable housing can enable an individual to manage ongoing mental and physical conditions that have previously gone untreated and unmanaged. They further pointed out the importance of medical respite care to enable individuals to recover from a medical encounter and to prevent the reoccurrence of health problems.¹³

"I keep finding a lot of people who need specialty care...they need to see a neurologist, they need to see an orthopedic, or they need physical therapy." Frontline worker, Baltimore

"Even if you can figure out a way to meet their primary care needs and their behavioral health needs, none of that is where it needs to be in terms of bringing that person to some sort of stability or community integration or recovery without the housing piece." Administrator, Chicago

Most of our homeless patients have severe, severe oral health issues....So once your teeth are gone, your face sinks in, and you can't get a job interview, and you certainly can't get a job, and it becomes like a cycle where you spiral downward." Diana, frontline worker, Houston

Individuals experiencing homelessness primarily rely on safety-net providers for their care. According to frontline staff and administrators, individuals experiencing homelessness often rely on local homeless clinics—including Federally Qualified Health Centers (FQHCs)—and emergency rooms for care, but often face challenges to obtaining needed care, particularly specialty services. Staff noted that, given individuals' heavy reliance on emergency room care, it is helpful to educate individuals about other available sources of care, including health centers, and when and where to seek care. In addition, they emphasized the value of developing proactive practices to link individuals to community services and partnering with local hospitals to create diversion programs. Some of the organizations represented at the groups have successful diversion programs with their local hospitals in place and/or have established hotlines for homeless individuals to call prior to seeking care.

"...there's a very major effort to identify people who come into the ERs to figure out where they could be going instead of the ER...there's a transition from hospital project going on to figure out these people, particularly who are re-hospitalized, how can they get the right level of care at a lower cost than using the hospital." Wendy, frontline worker, Portland

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. For example, they described how lack of housing complicates individuals' ability to adhere to medications—some medications are supposed to be taken with food, but individuals often do not have consistent meals; individuals don't have storage for medications, like insulin, that require refrigeration; and some side effects of medication are difficult or dangerous to deal with on the streets, such as nausea, dizziness, and sleepiness. They further stressed that uncoordinated hospital discharge policies contribute to recovery challenges and interruptions in care, noting that homeless individuals are often discharged to streets or shelters due to insufficient medical respite services

or housing options. Moreover, they are often discharged without adequate follow-up care or sufficient supplies of medication. Participants identified similar gaps in care for individuals being released from the criminal justice system. They noted that uncoordinated discharge policies contribute to hospital readmissions that could be prevented with proper follow-up care and commented that improved care coordination could not only improve care for individuals, but also lower costs. Participants highlighted the importance of education initiatives that target local hospitals and prisons to address these challenges and said that it is important for community providers and local hospitals to communicate with one another to develop coordinated discharge procedures.

“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

“I remember last year, right around this time, it was actually Good Friday, that’s why it sticks out to me, that somebody who was coming out of [the hospital] was so ill that they... needed care that was greater than we provided, and they were being discharged to the park right down the street with their I.V.; that’s where they were being discharged.”

Adam, frontline worker, Baltimore

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, including specialty care. Not only do individuals have access to a greater range of providers, but they also have shorter wait times for appointments. Moreover, frontline workers commented that Medicaid coverage often enables individuals to establish a relationship with a primary care provider or medical home where they can receive continuous care, as opposed to intermittent acute care at emergency rooms. Staff noted that to encourage these provider relationships, it is important to educate individuals about how to utilize their coverage, personally introduce them to providers, and send individual appointment reminders. Frontline workers indicated that this change in care often results in improved management of health conditions. However, workers did point out that individuals continue to experience some access challenges with Medicaid coverage. In particular, they noted challenges identifying providers for certain specialty services, including mental health care, substance abuse treatment, and podiatry, and problems stemming from gaps in Medicaid coverage for dental and vision care and supportive services.

“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

“The perception of care that people are receiving tends to be better when they have Medicaid, and they feel like they have a primary care physician or a primary psychiatrist....” Phoebe, frontline worker, Houston

Looking Ahead to the 2014 ACA Medicaid Expansion

The ACA Medicaid expansion has the potential to significantly benefit individuals experiencing homelessness and the organizations who provide care to this population. Frontline staff and administrators commented that the expansion of Medicaid will extend eligibility to many individuals experiencing homelessness who are currently uninsured. They noted that those who gain coverage through the expansion will experience significant improvements in their ability to access care and improved management of their health conditions.

“This is going to be a tremendous boon that the people in the community won’t necessarily have to travel three hours to get health care, [they] won’t go without because they can’t get there.”

Kristina, administrator, Houston

Increasing coverage among individuals experiencing homelessness also has the potential to reduce their health care costs and provide a stream of financing for their care, which would benefit providers and states.

Participants noted that, given their complex health care needs and limited access to coverage and care, individuals experiencing homelessness often have high health care costs and contribute to uncompensated care costs borne at the state and local levels. They commented that, as individuals gain coverage and improved access to care, there will likely be reductions in the use of other state-funded services, such as mental health services, and reduced use of the emergency room. Further, they suggested that increased access to care and care coordination could lead to improved health among the population and a reduction in high-cost complex conditions stemming from lack of treatment and discontinuous care. Administrators noted that these changes in care would offer important potential financial benefits for providers and states, such as reductions in uncompensated care costs and increases in Medicaid reimbursement for providers serving the homeless population. Some 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

Potential Opportunities from Increasing Coverage for the Homeless Population under the ACA Medicaid Expansion

- Increased health coverage for individuals experiencing homelessness, leading to improved access to care, better management of health conditions, and improved health.
- Reductions in:
 - Health care costs for individuals experiencing homelessness through improved care and health;
 - Emergency department use;
 - Uncompensated care costs borne at the state and local level; and
 - Use of other state-funded services, such as mental health services.
- Increased Medicaid reimbursements for providers serving individuals experiencing homelessness.
- Positive broader social and economic impacts, such as higher employment and lower criminal justice recidivism rates.

The expansion will increase Medicaid reimbursements for organizations serving the homeless population, but these organizations face a range of administrative and financial challenges and other financing streams will remain important. A number of administrators said their organizations have experienced growing financial strains in recent years due to decreases in grant and private funding resources. In addition, they noted that it is challenging to weave their disparate funding streams together to provide care and that meeting the different requirements tied to each funding source creates administrative burdens. Moreover, they highlighted the challenge of the lack of funding for administrative and infrastructure costs. Administrators agreed that the Medicaid expansion will likely significantly increase their Medicaid reimbursements. However, they emphasized that other financing streams will remain important. Some expressed concerns about the potential decrease or elimination of targeted grant funding streams, particularly Ryan White funding. Administrators further commented that many key services, such as support and enabling services, are not currently reimbursable by Medicaid, since services must be provided by a certain level of practitioner and within a clinic in order to be billed. Some administrators also described challenges and long delays in obtaining Medicaid payments.

“Almost everywhere you look, there are reductions in our funding, or it’s hard to get the funding, or the people we’re serving have more needs than the funding allows for.”

Maggie, administrator, Portland

“You can only bill and bring in revenue if that individual is a...nurse, a midlevel provider, or an MD.”

Marci, administrator, Chicago

“If they...do away with grant funding, our programs will suffer tremendously.”

Pete, administrator, Houston

There are specific challenges to consider related to serving individuals who are homeless through managed care arrangements. Administrators anticipate that many individuals gaining coverage through the Medicaid expansion will be enrolled into managed care. They recognized that managed care provides opportunities to improve access to care and care coordination, but also raised some concerns about serving the homeless population through this model. For example, they noted that, given their intense health care needs, individuals experiencing homelessness are more likely to be impacted by service limits, authorization requirements, and formulary restrictions of managed care plans. Moreover, they commented that provider network restrictions can pose challenges for this population, because it is important to take advantage of every opportunity they present for care and for individuals to work with providers who understand their unique circumstances and needs. They further highlighted several considerations regarding financing. For example, they noted that it will be important for capitation rates to sufficiently reflect the significant health needs of these individuals and that risk adjustment should account for social determinants of health. Administrators cautioned that if rates are not sufficient, use of this model can create major financial risks for health centers that primarily serve this population, since they do not have any healthy individuals to balance the risk. In addition, some administrators commented that they have very limited experience with managed care, which increased their concerns about assuming financial risk. Administrators also noted the importance of adjusting quality measures to reflect the health needs of the homeless population, since the amount and intensity of services they require is vastly different from the general population, against which quality measures are currently benchmarked.

“One managed care company we work with requires prior authorization for every single service before we can bill [for] it, and that has real consequences for when you’re working with homeless folks.” Debbie, administrator, Chicago

“A capitated model is based on the idea that healthy folks are going to offset the sick folks...we don’t have any healthy folks, and so a capitated system for this population is terrifying. We will lose money over and over again.” Francis, administrator, Houston

“The baseline quality measures are benchmarked against a general community health population, and this is not the same population. They are vastly different, and the amount of services, the intensity of services that are required...and to have benchmarks be based on a very different population...puts us in a pretty terrible position.” Karen, administrator, Chicago

Key Issues Facing Organizations Serving the Homeless Population

Current financial strains:

- Decreasing grant and private funding resources.
- Lack of funding for administrative and infrastructure costs.
- Challenges weaving together disparate funding streams to provide integrated care.

Issues related to serving the homeless population through managed care:

- Importance of capitation payments and quality measures adequately reflecting the complex needs of the homeless population.
- Given their intense health and social needs, individuals experiencing homelessness are likely to be impacted by provider network restrictions, service limits, and authorization requirements.
- Limited prior experience with managed care among providers serving the homeless population.

Ensuring adequate capacity to meet needs under the Medicaid expansion

- Importance of maintaining other funding resources even as Medicaid reimbursements increase.
- Need for administrative, staffing, and systems changes to accommodate increased Medicaid enrollment and coverage.

Health centers will need to make administrative and staffing changes to prepare for the expansion.

Administrators were in varying stages of preparing their health centers for the expansion. Many noted that they will likely need to hire new staff or conduct trainings to support increased enrollment efforts. Moreover, some are evaluating potential changes to their administrative and clinical staffing structure, noting that they will need both increased billing and provider capacity to respond to the increases in Medicaid coverage. In particular, some organizations will need to make major systems changes to effectively bill for services as a much greater share of the population they serve gains coverage. Administrators were exploring a range of potential improvements to help prepare for the expansion, including investing in outreach workers through professional development and certification programs, re-distributing the provision of health services to utilize the full potential of mid-levels providers, and streamlining the billing process to reduce administrative burdens and system fragmentation.

“We’ll need billing staff, we’ll need frontline staff that we don’t have now.” Tim, administrator, Houston

“We anticipate investing a lot more in outreach and engagement.” Kevin, administrator, Baltimore

“I think being creative about how we meet the needs of the growing demand, the types of providers we use, the types of clinical and nonclinical interventions that maybe more effectively meet the clients’ needs. I think, too, figuring out how to finance all the important ancillary services like housing, case management, addictions treatment...” Wendy, administrator, Portland

IMPLICATIONS

The 2014 Medicaid expansion has the potential to significantly benefit the homeless population by providing a new coverage pathway for many currently uninsured individuals. However, effective outreach and enrollment efforts will be key to ensuring this expanded eligibility translates into increased coverage among the homeless population. These findings suggest it will be important to have sufficient resources to support dedicated staff focused on outreach and enrollment, who can provide direct one-on-one assistance to individuals through every stage of the enrollment process. Moreover, it is important to recognize that it may require significant time and effort to reach and enroll these individuals, given the myriad of enrollment barriers they face. The ACA requirements for states to significantly streamline and simplify the Medicaid eligibility and enrollment process, should help alleviate many of the enrollment barriers currently faced by this population by providing multiple avenues through which individuals may enroll, reducing documentation requirements, and providing real-time eligibility determinations in as many cases as possible. However, direct one-on-one outreach and assistance will likely remain important for this population, especially given their high levels of distrust and disengagement.

Increasing Medicaid coverage among the homeless population has the potential to significantly increase their access to health care and improve management of their health conditions. These improvements in access and care also offer potential financial benefits to providers and states, such as reductions in uncompensated care costs. However, to ensure the coverage translates into improved access and care, it will be important to educate individuals about how to utilize their coverage and assist in connecting them with a primary care provider or medical home. In addition, increased care coordination and communication among providers will be key for improving delivery of care, especially improvements in hospital discharge coordination. Moreover, it will be key for managed care plans to understand and address the unique circumstances and health needs of the homeless population to provide effective treatment and care management strategies. While current Medicaid benefit packages cover many needed health care services, to fully meet their intense physical and mental health needs, many individuals experiencing homelessness require access to a broad array of support services, including housing, outreach, and engagement, that extend beyond current Medicaid benefits. As such, it will be important to coordinate services for these individuals and identify and explore models that may improve access to and financing for supportive services that are integral to meeting their health needs.

Lastly, health centers serving the homeless population will need to make administrative, staffing, and financial changes to prepare for the expansion. In particular, many will need to increase their administrative capacity to handle increased enrollment and billing workloads. Some may also explore changing their clinical staffing structure to increase capacity and most effectively meet the needs of their patients. Moreover, as the broader Medicaid program explores new models of delivery and payment, it will be important to consider the specific implications of these models for providers that serve the predominantly high-need population of homeless individuals.

This issue brief was prepared by Barbara DiPietro and Sarah Knopf of the National Health Care for the Homeless (HCH) Council and Samantha Artiga and Rachel Arguello of the Kaiser Commission on Medicaid and the Uninsured. The authors extend their deep appreciation to the individuals and organizations who so generously shared their time and efforts to help coordinate the focus groups and participate in the focus group discussions. Staff time of the National HCH Council authors is supported by a Cooperative Agreement with the Health Resources and Services Administration, Bureau of Primary Health Care, grant number U30CS09746. This publication's contents are solely the responsibility of the authors and do not necessarily represent the official views of the Health Resources and Services Administration.

ENDNOTES

- ¹ U.S. Department of Housing and Urban Development, Office of Community Planning and Development. (2010). The 2010 Annual Homeless Assessment Report (AHAR) to Congress. Available at: (<http://www.hudhre.info/documents/2010HomelessAssessmentReport.pdf>).
- ² U.S. Department of Housing and Urban Development. (2011). The 2011 point-in-time estimates of homelessness: Supplement to the Annual Homeless Assessment Report. Available at: (http://www.hudhre.info/documents/PIT-HIC_SupplementalAHARReport.pdf).
- ³ U.S. Department of Housing and Urban Development, Office of Community Planning and Development. (2010). Op cit.
- ⁴ U.S. Department of Housing and Urban Development. (2011). Op cit.
- ⁵ “Chronically homeless” refers to an individual with a disabling condition that has been continuously homeless for one year or more, or has had at least four episodes of homelessness in the past three years (U.S. Department of Housing and Urban Development. (September 2007). “Defining Chronic Homelessness: A Technical Guide for HUD Programs.” Available at: (<http://www.hudhre.info/documents/DefiningChronicHomeless.pdf>).
- ⁶ Schanzer, B., Dominguez, B., Shrout, P.E., & Caton, C.L.M. (2007). “Homelessness, health status, and health care use.” *American Journal of Public Health*, 97(3), 464-469. Available at: (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1805022/>).
- ⁷ Hwang, S.W. (2001). “Homelessness and health.” *Canadian Medical Association Journal*, 164 (2), 229-233.
- ⁸ *National Health Care for the Homeless Council*. (2011). Homelessness & health: What’s the connection? Available at: (www.nhchc.org).
- ⁹ O’Connell, J.J. (Ed.) (2004). “The health care of homeless persons: A manual of communicable diseases and common problems in shelters and on the streets.” *The Boston Health Care for the Homeless Program*. Available at: (<http://www.nhchc.org/shelterhealth.html>).
- ¹⁰ Morrison, D.S. (2009). “Homelessness as an independent risk factor for mortality: Results from a retrospective cohort study.” *International Journal of Epidemiology*, 38(3), 877-883.
- ¹¹ U.S. Department of Health and Human Services, Health Resources and Services Administration. (2011). Table 4: Selected Patient Characteristics, 2011 National Homeless Data. Available at: (<http://bphc.hrsa.gov/uds/view.aspx?year=2011>).
- ¹² This includes all Health Resources and Services Administration-supported health center grantees funded under section 330 of the Public Health Service Act, who provide comprehensive, culturally competent, quality primary health care services to medically underserved communities and vulnerable populations.
- ¹³ Medical respite care is acute and post-acute medical care for homeless persons who are too ill or frail to recover from a physical illness or injury on the streets, but who are not ill enough to be in a hospital. Unlike “respite” for caregivers, “medical respite” is short-term residential care that allows homeless individuals the opportunity to rest in a safe environment while accessing medical care and other supportive services. Medical respite care is offered in a variety of settings including freestanding facilities, homeless shelters, nursing homes, and transitional housing.

1330 G STREET NW, WASHINGTON, DC 20005
PHONE: (202) 347-5270, FAX: (202) 347-5274
WEBSITE: WWW.KFF.ORG/KCMU

This publication (#8355) is available on the Kaiser Family Foundation's website at www.kff.org.



The Kaiser Commission on Medicaid and the Uninsured provides information and analysis on health care coverage and access for the low-income population, with a special focus on Medicaid's role and coverage of the uninsured. Begun in 1991 and based in the Kaiser Family Foundation's Washington, DC office, the Commission is the largest operating program of the Foundation. The Commission's work is conducted by Foundation staff under the guidance of a bi-partisan group of national leaders and experts in health care and public policy.