

+ Today's Presenters

- **Rachel Arguello**, MPH, Policy Analyst; Kaiser Commission for Medicaid and the Uninsured, Kaiser Family Foundation
- **Kevin Lindamood**, MSW, President & CEO; Health Care for the Homeless, Baltimore, Maryland
- **James Kowalsky**, BA, PATH Outreach Worker/Mental Health Professional; Heartland Health Outreach, Chicago, Illinois

+ Overview of Presentation

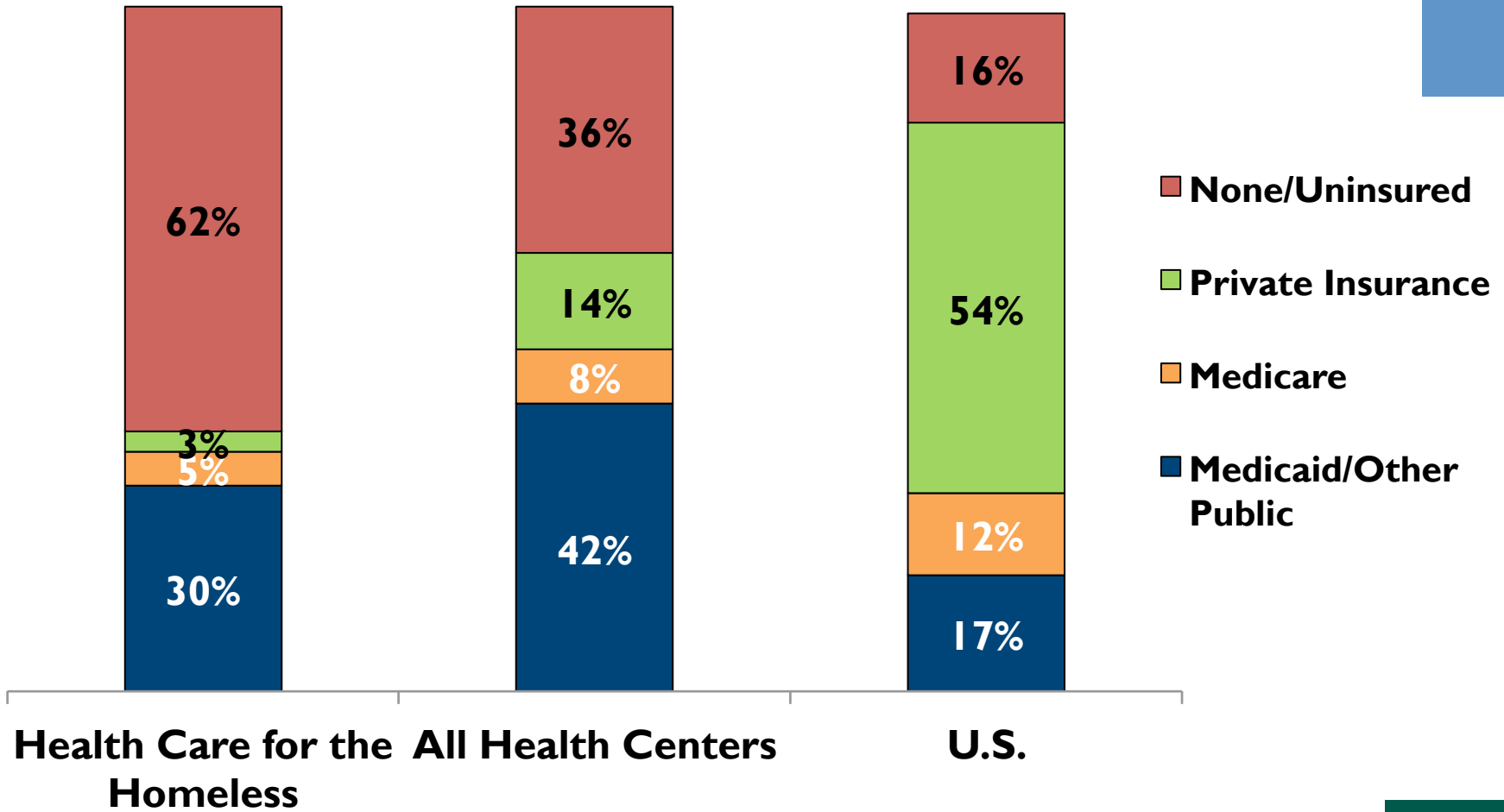
- Brief Overview of Homelessness
- **Rachel:** Overview of Medicaid expansion & findings from recently released policy brief:
 - Strategies for outreach and enrollment, access to care
 - Opportunities & priorities of expansion
 - Implications for health reform
- **Kevin:** Internal & external actions to prepare, administrative perspective
- **James:** Educating clients, importance of outreach & frontline workers, & connections to housing
- **Q&A**

+ Homelessness at a Glance

- On a single night in January 2011, 636,017 people were homeless in the U.S.¹
 - 63% individuals, 37% families
 - 62% in shelters, 38% unsheltered
 - 17% chronically homeless
- Diverse group representing varied backgrounds and personal experiences
- Many have complex and significant physical and mental health conditions that require coordination of care
 - High rates of chronic disease (e.g., diabetes, high blood pressure, etc.)
 - High prevalence of mental health conditions and substance and alcohol abuse
 - Comorbidities are common
 - Conditions resulting from or exacerbated by living conditions (e.g., skin infections, hypothermia)

¹ U.S. Department of Housing and Urban Development. (2011). The 2011 point-in-time estimates of homelessness: Supplemental to the Annual Homeless Assessment Report.

+ Health Coverage, by Population Group, 2011



SOURCE: Kaiser Family Foundation, State health Facts; Health Resources and Services Administration, 2011 National Health Center Data; Health Resources and Services Administration, 2011 National Homeless Data, Table 4: Selected Patient Characteristics.

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

Rachel Arguello

**Kaiser Commission on Medicaid and the Uninsured
Kaiser Family Foundation**

For

National Health Care for the Homeless Council Webinar

September 27, 2012

The 2014 Medicaid Expansion

- **The ACA provides for the expansion of Medicaid to nearly all individuals up to 138% FPL, effective 2014**
 - \$15,415 for an individual, \$26,344 for a family of three in 2012
 - Based on income, not category
- **Provides a new coverage pathway for non-elderly, childless adults who were historically excluded from the program**
 - Supreme Court ruling limits the Secretary's ability to enforce the expansion
- **The ACA also streamlines and simplifies Medicaid eligibility and enrollment processes**
 - Increased enrollment avenues
 - Reduced documentation requirements
 - Real-time eligibility determinations

Study Approach

- **Conducted by Kaiser Commission on Medicaid and the Uninsured and National Health Care for the Homeless Council**
- **Focus groups with outreach and enrollment workers and administrators serving individuals experiencing homelessness**
 - During March and April 2012
 - Baltimore, MD; Chicago, IL; Houston, TX; Portland, OR
- **Focus group themes:**
 - Key barriers to Medicaid enrollment
 - Successful strategies to overcome enrollment barriers
 - Access to and coordination of care
 - Potential opportunities and challenges of the 2014 Medicaid expansion

Enrollment Barriers for Individuals Experiencing Homelessness

- Limited Medicaid eligibility
- Disengagement and distrust
- Difficulty understanding and completing the application
- Lack of transportation
- Unstable contact information
- Challenges obtaining documentation

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

Karen, administrator, Chicago

“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 cannot navigate.”

Diana, administrator, Houston

“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

Strategies to Overcome Enrollment Barriers

- **Dedicated outreach staff**
 - Gradual relationship-building
 - Meeting individuals where they are
 - Addressing immediate needs
 - Educating individuals
- **Providing one-on-one assistance**
 - Helping to complete application
 - Obtaining and storing documentation
 - Providing transportation
 - Using the clinic as contact point
- **Building community partnerships and engaging clinical staff**

“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....”

Julie, frontline worker, Chicago

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

Pete, frontline worker, Baltimore

“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...”

Preston, administrator, Houston

Access to and Delivery of Care for Individuals Experiencing Homelessness

- **Need a broad array of services**
 - Physical and mental health care
 - Support and enabling services
- **Primarily rely on safety-net providers**
- **Lack of housing and uncoordinated hospital discharges exacerbate health conditions**
 - Problems adhering to medications
 - Recovery challenges, interruptions in care, hospital recidivism
- **Medicaid coverage improves health care access and care coordination**
 - Increases choice of provider
 - Decreases wait times

“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

“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

“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...”

James, frontline worker, Chicago

Potential Opportunities of Increasing Coverage under the ACA Medicaid Expansion

- **Increased health coverage leading to better access to care, better management of health conditions, and improved health**
- **Reductions in:**
 - Health care costs
 - ER use
 - Uncompensated care costs
 - Use of other state-funded services, such as mental health services
- **Increased Medicaid reimbursement for providers**
- **Broader social and economic benefits, including higher employment and lower criminal justice recidivism rates**

Key Priorities Facing Organizations Serving the Homeless Population

- **Operating under constrained financial situations**
 - Decreasing grant and private funding resources
 - Lack of funding for administrative and infrastructure costs
 - Challenges weaving together disparate funding streams
- **Preparing for increases in managed care enrollment**
 - Importance of capitation payments and quality measurements that adequately reflect population needs
 - Impact of provider network restrictions, service limits, and authorization requirements given significant and complex health and social needs of population
 - Limited prior provider experience with managed care
- **Ensuring adequate capacity to meet needs**
 - Maintaining other funding resources even as Medicaid reimbursements increase
 - Need for administrative, staffing, and system changes as Medicaid enrollment and coverage increase

Implications

- **The Medicaid expansion provides a new coverage pathway for individuals experiencing homelessness, but outreach and enrollment efforts will be key.**
 - 100% federally financed through 2016
 - If states do not implement, poor adults left out of coverage
- **Individuals will need access to a broad array of services included in the full Medicaid benefit package as well as additional supportive services, including housing.**
- **Increasing Medicaid coverage among the homeless population offers significant potential benefits.**
 - Increased health care access and improved management of health conditions
 - Financial benefits to providers and states
- **Providers serving the homeless population will need to make administrative, staffing and financial changes to prepare for the expansion.**



Leading through Change:

In Advance of Medicaid Expansion



Kevin Lindamood, President & CEO
Health Care for the Homeless
Baltimore, MD

+ The Context



- Growing human need
- Economic uncertainty
- Political & ideological division

+ Mind in Four Places

- Think Small
- Think Big
- Think Bold
- Think Beyond



+ Thinking Small: *Lead Internal Conversation*

- 15 months from **paradigm shift**
- **New business model** – from grants to billing...
- AR (patient billing) review
 - Systems
 - Processes
 - People
- **Client-focused assessment** of services
- Relationships with payers – **enroll now**

+ Thinking Big: *Shape External Conversation*

- Build **relationships with Medicaid Staff**
- **Map participation** in stakeholder processes
 - Medicaid decisions
 - Behavioral health integration
 - Health Insurance Exchanges
- **Form coalitions** to shape outcomes
- Enhance **external capacity** for the “newly desired”

+ Thinking Bold: *Embrace the new “possible”*

- Replace “what does health reform mean?” for “**what could health reform mean?**”
- Use of private dollars
- Partners with mutual interests
- **Services in permanent housing**

+ Thinking Beyond: *Prepare for the long arc*

- Navigating an environment of uncertainty
- Priorities designed for it
- Integration of service and advocacy
- Future considerations
 - Reshaping targeted programs
 - Scope of practice for “homeless service providers”



Changes through Outreach:

*Clients & Frontline Workers as
Key Stakeholders*



James Kowalsky, PATH Outreach Worker,
Mental Health Professional
Heartland Health Outreach
Chicago, Illinois

+ Educating Clients about Medicaid

- Expands treatment options
 - Providers, supportive services, housing programs
- Understand key elements of care/cost
 - Eligible for treatment from our clinic, HCH site
 - Patient Assistance Programs, deferred payments, Sliding Scale (sliding to \$0)
- Importance of Medicaid to agency
- Clients have a stake in their treatment & take pride in ability to contribute

+ The Importance of Outreach

- Mobility allows outreach workers to **seek out the most vulnerable** “where they’re at”
- Developing **trust can be a long process**
- Overcoming **reluctance to engage** with complex systems or bureaucratic processes
- Providing a **contact person**, a place to store documents, and an address to use
- **Providing support** throughout the process:
 - Application
 - Collecting documents
 - Transportation

+ Benefits and Entitlements Workers

- Heartland Health Outreach: **Three staff** assist with Medicaid and SSI
- Clients are referred from clinic or outreach team
- **Dedicated attention** to these applicants & experience with the specific requirements
- Direct contact with staff at Public Aid office
 - Improved communication by **developing relationships**

+ Making the Connection to Housing

- Receiving treatment for primary and oral health develops **organizational attachment**
- **Trusting the name “Heartland”** increases willingness to engage with additional services
- Our HCH program provides **case management** and linkage to additional services
- Stabilizing a person’s health is **a step in the process towards housing**
 - Increases their chances of finding employment or being approved for SSI benefits



Questions?

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More Information on the Council

The National Health Care for the Homeless Council is a membership organization for those who work to improve the health of homeless people & who seek housing, health care, and adequate incomes for everyone.

- www.nhchc.org
- Health reform materials: <http://www.nhchc.org/policy-advocacy/reform/>
- **Policy Brief:** *Medicaid Coverage & Care for the Homeless Population: Key Lessons to Consider for the 2014 Medicaid Expansion:*
 - Council: <http://www.nhchc.org/wp-content/uploads/2011/10/Kaiser-Council-homelessness-Sept-2012.pdf>
 - Kaiser: <http://www.kff.org/medicaid/8355.cfm>
- Kaiser Family Foundation: www.kff.org

Health Care & Housing Are Human Rights