



Medicaid Enrollment: Your Guide for Engaging People Experiencing Homelessness

The Affordable Care Act is an important tool for preventing and ending homelessness, primarily through the expansion of Medicaid coverage. Beginning on January 1, 2014, states will have the choice to [expand Medicaid](#) to cover the vast majority of individuals experiencing homelessness in America. As a result, people experiencing homelessness will have health coverage and greater access to a more comprehensive package of health services that can help them achieve health and housing stability, through permanent supportive housing and other housing and services models. For more information on how Medicaid can fund supportive services in housing, [click here](#).

In states that are participating in Medicaid expansion, people experiencing homelessness are able to enroll in Medicaid beginning on October 1, 2013, with coverage starting on January 1, 2014. A new streamlined application process will make applying for Medicaid easier, including an online process and fewer paperwork requirements. Even with these improvements, many people experiencing homelessness will need special outreach, education, and assistance to enroll in Medicaid. This guide will help providers of services to people experiencing homelessness overcome the challenges and barriers to Medicaid enrollment. In this guide, you will find tips and talking points for engaging and educating people experiencing homelessness about the benefits of health coverage through Medicaid and how to enroll.

Learn how your organization can help

Providers of services to people experiencing homelessness are ideally positioned to provide information and assistance around Medicaid and health insurance options. This can range from general outreach and education, to “navigation” around the Medicaid application process, to being designated as an authorized representative on a Medicaid application. Many organizations, including Health Care for the Homeless providers, are already helping people experiencing homelessness to enroll, and some are receiving Federal grants to provide this assistance. If your organization is not already involved, the first step is to learn what roles you can play. Read [HHS’ fact sheet on enrollment assistance](#) to learn what roles you can play and how to get training.

Think outside-the-box for outreach

Innovative methods of outreach in many settings allow practitioners to reach a broader population and to give immediate enrollment assistance to people experiencing homelessness. If it is not already, make health insurance education and outreach a part of your street outreach efforts. Some creative ways to reach and help people with enrollment in a variety of settings include setting up a table or information booth at a food pantry or soup kitchen, or establishing a designated time and place in emergency shelters or other settings frequented by people experiencing homelessness with a “Got Insurance?” sign or other phrase designed to initiate conversations.

Technology will allow enrollment activities in most areas to be completed using table computers or other portable devices that can be taken into encampments and other street locations where applications can be initiated. This approach does not require the individual to enter a service location in order to initiate benefits, and may help build greater trust and willingness to seek services at a later date.

Group power

Holding group discussions with clients at service locations can help distribute information about health insurance and stimulate peer support and encouragement to sign up for benefits. Larger group settings might also be less intimidating for some clients who are unsure of what questions to ask and give them an opportunity to learn from others. Asking consumers who are already insured to describe for their peers how health insurance has benefited them can bolster confidence in the enrollment process.

Spend time one on one

As a complement to groups, initiating one-on-one time with clients helps people to feel empowered to ask questions they may not have wanted to ask in front of others. Conversations about income and health status are inherently personal, so creating a private space for this will help raise trust and confidence. Take the time to help clients understand how health insurance works, the benefits of Medicaid enrollment, what’s needed to apply, key dates in the process, and who to contact for more information. Make space for both appointments and walk-in availability to make it easier for clients to access this conversation.

If at first you don’t succeed...

While many people will sign up immediately, it occasionally takes a couple of encounters before clients are willing to apply for Medicaid. For some individuals, it may take weeks or even months before they are willing to engage in conversations before a successful enrollment can take place. It is important to build a relationship and establish trust first and understand people’s needs and barriers. If people have not previously been engaged or if an outreach worker is new to the client, it can take three or more contacts before they might be ready to apply and perhaps even more than that for those who are extremely vulnerable (due to mental illness or other factors).

Talking point: “It’s okay if you don’t want to enroll today, but can I give you information on where to go if you change your mind, or we can talk more about it the next time.” (Then direct to main site or clinic where there may be multiple people able to help with Medicaid enrollment efforts.)

Don't "sell" Medicaid, sell what Medicaid offers

Rather than starting a conversation about the Medicaid program or the enrollment process, start by finding out what services clients want or need, and then discuss how enrolling in Medicaid can help. Explain that Medicaid coverage gives access to a wide range of services, including those that the clients say they need and want. In some states, having Medicaid coverage can also increase a client's access to supportive services that can assist with obtaining and maintaining permanent housing.

Mention that there are a wide range of benefits—coverage for specialty care is a big selling point.

Talking Point: "Did you know that enrolling in Obamacare could provide you with services you don't currently have insurance coverage for?"

Talking point: "I know you've wanted to see a podiatrist about your feet—Medicaid can help us get you an appointment to see someone."

Talking Point: "You've mentioned having problems filling your prescriptions because you don't have the money, so this program can help make that more affordable for you."

Discuss what's new, and what's not new

Some clients may not be familiar with Medicaid, may know it by another name, or may have been denied in the past. Clients should know that there have been some changes to Medicaid, and that things might differ from their past experience. If clients believe they are ineligible, ask them to explain why. Explain how health insurance works and how eligibility for Medicaid has changed. At the same time, explain how some things are the same. If a client already has a primary care provider or obtains health care at a Health Care for the Homeless clinic, they will likely be able to stay with their provider.

Talking Point: "Have you heard of Medicaid <or state name for program> or tried to apply before?"

Talking Point: "It used to be that people were only eligible for Medicaid if they had kids, were on disability benefits, or were elderly. That has changed in our state. Now most adults are eligible as long as they earn less than \$15,282 a year for a single individual, or \$32,499 for a family of four."

Explain that applying has never been easier

With online enrollment through the marketplaces, it has never been easier to apply for Medicaid. For example, now people can enroll without paperwork and without needing a permanent home address. The marketplaces will simplify the process by making the application shorter and reducing the amount of information needed.

If a client has ever applied for benefits locally in the past, they might not even have to provide any additional information.

Clients can check their status online and they can ask a service provider to be an authorized representative and/or to receive their mail if they don't have a home address.

Providers can walk clients through the entire process; explain that they won't have to interact with multiple agencies. People will be more likely to sign up immediately if the staff member has the application available right there and can walk through it with them. This is especially helpful if the client doesn't have to go to multiple places and can stay with just one person or agency to do everything at once.

Common Concerns

Many practitioners have already heard concerns from clients, some common ones include:

Clients often have questions about eligibility and fear not having coverage or being mistakenly disenrolled.

Clients who are currently covered want to make sure they can continue to receive care from their primary care provider.

Many patients have a fear of copays. Currently arrangements with pharmacies might be affected by the Affordable Care Act changes.

Help offset the cost of copays by:

- Health centers should have sliding fee scales that go to \$0 and can cover prescription copays and/or use the 340B program to further reduce costs to the client.
- Setting up a “patient services account” to assist people who can’t afford copays.
- Trying to encourage people with income to cover their own copays to the extent possible.

Patients are very interested in full dental coverage and other services that aren’t provided through Medicaid. They still enroll but it is often something people voice as a need. Learn more about essential health benefits standards [here](#).

Talking Point: “In the past, applying for benefits could be really complicated and time consuming. There have been changes that make the process for Medicaid much easier and we can probably do it all right now. I can help you through the entire process and you won’t have to go anywhere else.”

Skip the alphabet soup, use familiar language

Health insurance can be confusing and full of jargon. To make it more manageable, discuss what clients already know. For example, in California people are familiar with Medi-Cal and know if they are not eligible. Clients may not have heard of the ‘Affordable Care Act’, but may have heard of ‘Obamacare.’

Information is power

Supplying clients with as much information as possible can help them make informed, confident decisions, but at the same time, don’t overwhelm them if they are not ready for it. “Meet the client where they are.”

Let clients know that Medicaid is an entitlement—they can get covered if their incomes qualify them.

Talking Point: “Getting covered by Medicaid is now something that you are entitled to simply due to your income. It’s not something you jump through hoops to earn anymore.”

It is important to communicate who is eligible for what services now.

Thoroughly review opportunities for care and inform clients that they will have more options.

Some Health Care for the Homeless providers find that explaining how services are funded and discussing the fact that enrolling in Medicaid allows staff to provide even more services to others empowers clients to understand they are part of an effort to help the greater community. This can be one way to encourage them to enroll.

Talking Point: “When clients enroll in Medicaid, it helps the health center get paid for the help we provide, and that allows us to serve even more people who need help.”

Enroll to engage in care

Some people will already be engaged in services, or will need to engage in services, before they are willing to enroll in Medicaid. However, others will find the enrollment process as a step toward service engagement. Use

your judgment about what will work best, but the ultimate goal is to engage clients in the health care services they need to improve their health. Knowing about additional services available at your location (e.g., identification documents, other benefits, health services, case management, housing or employment assistance, etc.) may help to keep clients engaged.

Don't just sign people up. Discuss next steps and let them know what will happen afterwards, when they have coverage, and facilitate that next step.

Treat every encounter with clients as an opportunity to engage them around their health education and insurance options.

Talking Point: "I'm glad I was able to help you apply for Medicaid. Would you like to hear about other ways we can help you, such as seeing a doctor or applying for permanent housing?"

Have information available to take away

A combination of electronic and paper records can be very effective. Accompany one-on-one meetings or group discussions with handouts they can take with them to provide clients with additional information, telephone numbers, and basic information that reinforces the health education messages. Make sure handouts are written in clear and concise language that will be understood by those with more limited reading proficiency and/or those with limited English skills.

For more information visit:

http://www.usich.gov/issue/affordable_care_act1/

<http://www.nhchc.org/policy-advocacy/reform/nhchc-health-reform-materials/>

<http://marketplace.cms.gov/>

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