HEALTH REFORM & HOMELESSNESS

TWELVE KEY ADVOCACY AREAS FOR THE HCH COMMUNITY

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Health reform through the Affordable Care Act (ACA) presents new coverage opportunities for people experiencing homelessness, many of whom are currently uninsured but have significant health care needs. Improvements include required changes to the Medicaid enrollment process in all states, and a state option to expand Medicaid to most low-income adults. Increased Medicaid enrollment will provide access to a wider range of health services, bring needed revenue for service agencies, and save money that states can invest in broader innovations—such as services in permanent supportive housing, medical respite care, and health homes.

State and federal agencies are continuing to craft plans and set regulations for ACA implementation that will determine how services are able to reach individuals needing care. Unless the homeless health care community is part of this discussion, these plans may not be sufficient to reach vulnerable people. The National Health Care for the Homeless (HCH) Council has identified the following 12 advocacy areas that are key to ensuring the ACA works well for people without homes:

When a health care system works well, we can help prevent and end homelessness.

The HCH Community Should Communicate with Policymakers On These Concerns:

1. **Medicaid Expansion:** All states should fully expand Medicaid to those earning at or below 133% of the federal poverty level.

2. **Outreach:** States should ensure that assertive outreach and Medicaid enrollment efforts are targeted to people experiencing or at risk of homelessness and that resources are available to a full range of service providers to participate in those activities.

3. **Medicaid Application:** The single, streamlined health insurance application process should combine enrollment in a Medicaid plan in the same step as eligibility determination. States should maximize options for greater efficiency (such as incorporating applications for multiple programs), prevent ongoing enrollment barriers (such as mailing address requirements), and include service providers as authorized representatives to the fullest extent possible.

4. **Provider selection:** States should ensure that all health plans include an adequate network of providers who are willing and able to meet the complex health care needs of those experiencing homelessness, and carefully tailor "auto-enrolled" provider selection to patient needs and geographic location. Changing providers should be administratively quick and easy when access becomes problematic.

5. **Cost sharing:** In order to eliminate a major barrier to care, improve outcomes and save administrative costs, states should eliminate Medicaid cost-sharing (fees for prescription drugs, outpatient services, ED visits, hospital stays, etc.) for enrollees below 133% FPL.

6. **Continuity:** States should suspend—not terminate—Medicaid coverage for people who are incarcerated, and ensure transitions between Medicaid and private insurance plans are seamless.

7. **Workforce capacity:** States should establish adequate provider reimbursement levels to promote Medicaid participation, ensure a sufficient supply of trained primary care and behavioral health care providers who are willing and able to serve high-needs, very low-income populations, and integrate primary care and behavioral health services systems.

8. **Benefits:** Because the essential health benefits required by the ACA do not include key services (such as adult dental, adult vision, and case management), states should exercise options to provide more comprehensive Medicaid benefit packages in order to meet the intensive needs of vulnerable populations.

9. **Insurance protocols:** Health insurance carriers must not be allowed to engage in practices that effectively discriminate among populations based on socio-economic status, health status, or the presence of certain diagnoses. In addition, they must be prohibited from introducing administrative barriers to plan participation or access to service that have no medical rationale, and must be held accountable for the same high standards of care for all enrollees.

10. **Safety net:** Health Center grants, SAMHSA block grants, Ryan White, PATH, and other HHS programs must remain available as the safety net for the millions of people who will remain uninsured under the ACA, and to help fill gaps in Medicaid service packages. The policies and guidelines of these programs should be reassessed within the context of a changing health care environment.

11. **Housing:** States and local jurisdictions should pursue options to combine health care resources with housing resources such as permanent supportive housing, medical respite care, and other arrangements that ensure residential stability.

12. **Universal health care:** Though the ACA may significantly improve access to care for many low income people, additional reforms are necessary to ensure universal coverage of all populations, housed and homeless.

Additional health reform resources for the HCH Community are available at https://www.nhchc.org/policy-advocacy/reform/