HEALTH REFORM & HEALTH CARE FOR THE HOMELESS

POLICY BRIEF **August 2010**

REDUCING MEDICAID ENROLLMENT BARRIERS FOR INDIVIDUALS WHO ARE HOMELESS

Starting January 1, 2014, Medicaid will expand to include all single individuals who earn at or below 138% of the federal poverty level (FPL). For single adults, this equals approximately $15,000 per year (using 2010 FPL guidelines).[1] For a family of three, the limit will be about $25,200 per year. This is the single greatest benefit that the health reform law offers to individuals experiencing homelessness, 70% of whom are uninsured.

States do not have to wait until January 1, 2014 to expand their Medicaid program. The law gives states the option to expand earlier, but only allows for the existing FMAP reimbursement for those newly eligible. For states that currently have state-only programs targeting single adults, expanding even incrementally at the lowest FPL levels would bring in additional federal funding.

There will be a number of challenges in implementing the Medicaid expansion, particularly at the state and local level. States will need to improve their current systems' capability for enrollment and plan for additional staffing to process the surge of new applications to ensure timely turnaround on approvals. This policy brief offers tips that States should consider as they develop plans for enrolling and expediting access to Medicaid benefits for childless adults.

Application

- Provide written information that is comprehensible to applicants explaining Medicaid eligibility, application, enrollment, and beneficiary rights, preferably at a 4th grade reading level. Provide language-appropriate forms and assistance for applicants.
- Simplify the Medicaid application form and procedures by matching data to existing national and state data systems (e.g., match to eligibility for other programs such as food stamps, unemployment, etc.) and require as little upfront paperwork as possible.
- Encourage homeless applicants to list third-party contacts (i.e., persons with a stable address authorized to receive communications on their behalf) on Medicaid applications.

Eligibility Determination

- Consolidate Medicaid eligibility determination within one agency that is responsible for oversight of application, follow-up and recertification.

[1] The law sets eligibility at 133% FPL, but allows up to a 5% modified adjusted gross income.

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Health Care and Housing Are Human Rights

- Ensure that all eligibility workers understand current Medicaid policy and procedures and do not have excessive caseloads. Train them about how to respond sensitively to individuals with behavioral health problems and/or individuals without stable or permanent addresses.
- Promote outreach efforts to enroll eligible applicants and keep them enrolled. Outstation eligibility workers in more federally qualified health centers serving homeless people, or create "kiosks" where clients can fill out applications on their own with minimal need for assistance.

Eligibility Requirements

- Allow presumptive eligibility for those populations who have already met means-testing for other safety net programs (e.g., food stamps).
- Establish less rigid documentation requirements for establishing identity and citizenship; require only documentation specified in the Federal Medicaid statute for certification/recertification.
- Discontinue personal interview requirements for eligibility determination and verification; permit mail-in Medicaid applications and required documentation to verify eligibility.

Enrollment Barriers

- Form community-based working groups to identify and address enrollment barriers for individuals who are homeless. Include homeless beneficiaries and their advocates, and representatives of all agencies involved in the Medicaid application and enrollment process.
- Establish Homeless Eligibility Units to reduce enrollment barriers for homeless applicants.

Recertification

- Require recertification no more than once annually or when circumstances affecting eligibility change. Require only new information during recertification. Retrieve existing information from State databases rather than asking recipients to provide the same documentation again.
- Target homeless beneficiaries for special outreach during recertification periods. Add a data field for housing status to the Medicaid application and information management system to make this possible.
- Provide timely information on the disposition of cases to authorized service providers (e.g., applications approved and denied, cases recertified or terminated).
- Protect Medicaid beneficiaries' due process rights when there is reason to suspect that they are no longer eligible— i.e., the right to ex parte determination of eligibility under any other category in the State Medicaid plan, to timely notification of termination or changes in eligibility requirements, to appeal decisions affecting eligibility, and to continued coverage of benefits while ex parte determinations and appeals are pending.

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National Health Care for the Homeless Council | Health Care Reform Webpage | www.nhchc.org/healthcarereform.html

Source: Casualties of Complexity: Why Eligible Homeless People Are Not Enrolled in Medicaid. National Health Care for the Homeless Council: May 2001: http://www.nhchc.org/CasualtiesofComplexity.pdf.