

Reducing Medicaid Enrollment Barriers for Individuals Who Are Homeless

APPLICATION:

- **Provide written information that is comprehensible to applicants** explaining Medicaid eligibility, application, enrollment, and beneficiary rights. Provide language-appropriate forms and assistance for applicants.
- **Simplify the Medicaid application form and procedures.**
- **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.
- **Assure that all eligibility workers understand current Medicaid policy and procedures** and do not have excessive caseloads. Educate them about how to respond sensitively to individuals with behavioral health problems.
- **Promote outreach efforts to enroll eligible applicants and keep them enrolled.** Outstation eligibility workers in more federally qualified health centers serving homeless people.

ELIGIBILITY REQUIREMENTS:

- **Implement state options to expand Medicaid eligibility to non-disabled, non-elderly adults without dependent children** and to parents of Medicaid-eligible children.
- **Establish less rigid documentation requirements;** require only documentation specified in the federal Medicaid statute for certification and recertification.
- **Implement the state option to eliminate assets requirements** for Medicaid eligibility.
- **Discontinue personal interview requirements** for eligibility determination and redetermination; 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.

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