

Protecting Homeless Medicaid Beneficiaries Under Managed Care

Even when eligible homeless people succeed in enrolling in Medicaid, they often have difficulty obtaining services provided through managed care plans. States are enrolling homeless Medicaid beneficiaries into managed care plans without the benefit of cost and utilization data, practice guidelines, or access and quality standards specifically for this population. The National Health Care for the Homeless Council recommends that State Medicaid programs take the following actions to protect unstably housed people who are enrolled in managed care plans:

1. Identify homeless enrollees; adapt eligibility determination processes to accommodate them:

- **Determine housing status** at initial enrollment and on a regular basis thereafter, record housing status in State and managed care information systems, and use residential instability as a marker for increased health risk to trigger the provision of specialized health and social services.
- **Assure receipt of enrollment and recertification information** by homeless beneficiaries that addresses their distinct needs and is conveyed in language which they can understand.
- **Default enroll homeless beneficiaries only in plans that include experienced homeless providers** with a working knowledge of the health problems and life circumstances of individuals who are homeless.
- **Ensure expedited disenrollment from managed care plans** if people experiencing homelessness choose to switch to a plan offering more appropriate services, or elect the option of obtaining Medicaid services from federally qualified health centers.

2. Tailor services to the distinct needs of people experiencing homelessness:

- **Involve homeless beneficiaries and their advocates** in the design, implementation, and evaluation of Medicaid managed care programs.
- **Conduct face-to-face health and social assessments** of homeless managed care enrollees shortly after enrollment.
- **Establish linkages to integrated health and social services** through HCH projects and other providers offering comprehensive, coordinated, and culturally appropriate care.
- **Provide an appropriate range of “wrap-around” services** including outreach, transportation, case management, 24-hour acute and subacute recuperative care in a residential facility, and social and housing services.
- **Deliver services at accessible locations** such as soup kitchens, drop-in centers, and shelters where people experiencing homelessness feel comfortable and are willing to receive care.
- **Cover and facilitate use of out-of-network services**, if appropriate health and social services are not available to homeless beneficiaries within the managed care plan’s provider network.

3. Assure responsible oversight and financing:

- **Conduct targeted quality assurance and improvement activities** that focus on homeless beneficiaries.
- **Develop fiscally responsible payment methodologies** for service provided to homeless beneficiaries, using cost and service utilization data specific to people experiencing homelessness as the basis for computing reimbursement rates.

For more information, see:

Center for Health Services Research and Policy, The George Washington University Medical Center. *Sample Purchasing Specifications Medicaid Managed Care For Individuals Who Are Homeless*. June, 2000: www.gwu.edu/~chsrp/ [Select Sample Purchasing Specifications to see sample managed care contract language.]

Wunsch, David. *Can Managed Care Work for Homeless People? Guidance for State Medicaid Programs*. Care for the Homeless, New York, NY. September 1998: www.nhchc.org/guidance.html.