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**Transcript: Assister Technical Assistance Webinar**  
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**Welcome**

Welcome to today's Assister webinar. Good afternoon. My name is Everett Smith with the CMS Consumer Support Group. Before we start today's presentation, I'll like to go over a few technical details with you. All lines have been muted so that everyone can have a good learning experience. If you are listening through your computer speakers and have any audio issues or if your slides don't appear to be advancing please try to refresh the webinar. Press the refresh icon that looks like two arrows. It's the third icon in the row near the volume bar. If you continue to have issues, try to log out and back in again. Sometimes that helps to reset things. If you would like to ask a question during the presentation please do so by typing them into the "ask a question" tab on your screen. Now I'll turn our webinar over to Ms. Sarah Barber, Sarah please go ahead.

Thank you Everett. Good afternoon everyone. Thank you for joining us today and welcome to our biweekly webinar. My name is Sarah Barber and I am the acting Deputy Director of the Division of Consumer Advocacy and Assister Support for the Marketplace. As a reminder, this call is intended as technical assistance for Assisters. It is not intended for press purposes and it is not on the record. If you are a member of the press, please email our press office at [press@cms.hhs.gov](mailto:press@cms.hhs.gov)

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transcripts, and slideshow presentations. We will continue to update the list with material from our weekly assister webinars as they become available.

During today's webinar we will discuss working with the homeless population. Our presentation will be geared toward how to engage and assist homeless individuals in applying for healthcare coverage, either through the marketplace or Medicaid. Our colleagues will also provide best practices for outreach and enrollment based on their experience in working with this special population. Before we get started today, I'd also like to invite you to join us for a special assister webinar this upcoming Wednesday, July 27<sup>th</sup> where we'll be joined by our colleagues from the Office of Communications who will present a preview of the new Plan Compare 2.0 on HealthCare.gov. Please check your email today for the invitation to next Wednesday's webinar. This is one you definitely won't want to miss. But, for today I am going to turn it over to Amir Al-Kourainy from our Consumer Support Group who is going to moderate the rest of today's webinar. As a reminder, if you have any questions, please feel free to submit them through the webinar "chat" feature. Amir?

Thanks Sarah. Before we get started with today's webinar we want to make sure that everyone is aware that the 2017 Assister Certification Training went live on July 11<sup>th</sup>. The training is hosted on the Marketplace Learning Management System or (MLMS). The online web-based training platform for Assisters providing application and enrollment assistance to consumers in Federally Facilitated Marketplaces or (FFMs). Including State Partnership Marketplaces or (SPMs) and certain state-based marketplaces using the federal platform known as the (SBM-FPs). The training can be accessed through the CMS enterprise portal by logging in, or registering as a new user at the links displayed on the current agenda slide. Existing users can access the training at the link provided on the slide. Also, we hope that you were able to participate in the Wednesday, July 6 webinar on the 2017 training and certification requirements. If you missed it, or want to review the slide deck again you can find the training presentation and additional resources such as frequently asked questions, (MLMS) quick reference guides, and help videos at the following link which is provided on this slide. <https://marketplace.cms.gov/technical-assistance-resources/training-materials/training.html>

Now, let us get started with our presentation for today. First, we are joined by Barbara DiPietro, Director of Policy at the National Health Care for the Homeless Council. Johnnie Petry, Certified Application Specialist at Healthcare for the Homeless in Houston, and Daniel Hendricks, Lead Benefit Specialist at Healthcare for the Homeless in Baltimore who will provide tips and resources to help engage and to assist homeless individuals in applying for health coverage, either through the Marketplace or Medicaid. If you have any questions throughout the presentation, feel free to submit them through the webinar "chat" feature. Barbara?

### **Outreach & Enrollment Practices: Engaging the Homeless Population**

Thanks so much, and thank you everyone for coming on a Friday afternoon in the summer time to talk about how we're engaging people experiencing homelessness, particularly in the coverage that they might qualify for. And I'm so really excited to be joined today by Johnnie and Daniel. A little bit about National Health Care for the Homeless Council, we're a national cooperative agreement holder with HRSA through HHS. We're tasked with technical assistance and training to health centers that specialized in homeless healthcare. We also do research and policy analysis and advocacy on that behalf. And, really delighted again to be joined by our two members in Houston and in Baltimore. Where Johnnie and Dan are doing a lot of on-the-ground work to reach this population, all be it in two very

different states. So, today we just wanted to walk through why it's important to think differently about this population and what might be unique to them, as well as some very targeted strategies on what might be really effective if this is a population that you are interested in trying to do more outreach with.

And so when we think about a homeless population, we're talking about a lot of people who were previously uninsured because they were not previously eligible for Medicaid coverage. Largely we're talking about non-disabled adult population, although there are significant numbers of children and families and disabled in this population that are eligible for Medicaid and more traditional populations. What's really important to appreciate too is that this is a population that has significant healthcare conditions that really can benefit from health coverage. And so we're talking about acute and chronic conditions as well as behavioral health conditions. And so, these are the kinds of things that often occur together and make them very challenging from a healthcare provider perspective but as well as it makes it challenging to do a lot of outreach and enrolling in coverage.

So when we think about the new healthcare coverage for this population, as providers, this really opens up a lot more possibilities for us in terms of care plans and a broader, more comprehensive system for connecting them to specialists and additional providers that can meet their needs. For us, working in a health center environment in an outpatient community based setting, there's a limit to what we can do in that environment when we're really talking about significant conditions that require a broader range of care. And so when we think about those challenges, really when people have these challenges, it makes it harder for them to navigate systems. And so, there's a lot that we take on to do for them to make that process a lot easier. And really at the same time, we also need help finding people who are eligible and unenrolled so that we can make sure that we're getting everyone who qualifies into coverage. And so again I am really excited to see that there are over 400 people who joined today to really learn more about what that means.

One of the things that we are also really excited about is when we think about healthcare coverage from our perspective, what we think of is the healthcare services that we can connect people to. And in many ways, homelessness is caused by health conditions and it's exacerbated by health conditions. And so sometimes it's harder for people to get back in to the mainstream, get back to work, because of the healthcare conditions that prevent them from doing that. And so in many ways it is possible for us to look at the healthcare system and the coverage that people are eligible for as a way of providing better health, greater stability, and legitimately, a way of preventing and ending homelessness. And I think that's really something that we're excited about.

What's important also to think about is, we may be calling in from lots of different places. And so, when we think about whether we're in a Medicaid expansion state or non-Medicaid expansion state that has different implications for not only eligibility but also the conversations that we're having with people on the ground and in our communities. And so when we think about homelessness, 90% of the people that we see in our clinics are below poverty. And so, in non-expansion states of course that'll have specific repercussions. But we were at 57% insured nationally in 2014. When we did an analysis in partnership with the Kaiser Family Foundation, in expansion states, when we looked at our patient population, just because you're working in a Medicaid expansion state, doesn't mean that people are automatically enrolled. And I think this audience knows better than anybody that there's a lot of people who are still outside of the system that are eligible.

And so, when we looked across states we found a pretty wide range of our clients who still weren't in coverage. So, some expansion states only had 42% of their homeless population enrolled in care. So again, thinking about the outreach that's needed there. And then of course, in non-Medicaid expansions states we still have a traditional population that is eligible and many who are unenrolled, so it's very important to reach them. But then some may qualify for qualified health plans. We have a lot of our folks who are working but they're making minimum wage or very low-wages. They may be living in shelters, they may be doubled up in different places. And so, they may be qualified for QHP's but remember that the out-of-pocket costs, any deductibles, or co-pays is really going to compromise a willingness to enroll. So it's a very interesting conversation that Johnnie will tell us a little bit about later. But for the most part, single adults are largely going to be ineligible for coverage. So there is a specific conversation that goes around that because we don't know what future state decisions will be. And we want to make sure that we are engaging people so that the future opportunity is still there. And in these states again we're seeing a fairly wide range of people are connected to care, again depending on the population that the health center serves.

So, when we think about specifically the challenges that accompany a homeless population, it's important you might remember from your high school or your college classes that Maslow Hierarchy of Needs. In our clients we find that when you're living in very tenuous housing situation or not having any housing at all you're focused on finding just basic needs. Where you're going to sleep, what you're going to eat, and making sure that you're okay. And then things like taking care of your health, your blood pressure, your diabetes, enrolling in benefits that stuff tends to fall to the wayside. And so part of that's why we see so many untreated medical conditions in our population. Another thing to appreciate is that a lot of our folks have had pretty poor experience with public systems and tend to have a high level of distrust. So this is going to make communication particularly sensitive and how you approach those conversations really needs to be thoughtful because people will distrust. A lot of folks have been told they're eligible for a lot of programs and then to find out, "Oh, there're not." And so, this might be another opportunity where "oh you're eligible," and "no you're not" that again creates barriers for that trust and engaging in the system.

Mailing addresses, lots of different phone numbers that change a lot are very common for a mobile population and can make finding people, initially, or in the follow-up more difficult. Filling out forms that can also be a barrier when people don't have a place where they can consistently get mail. If there's low literacy or lack of documentation. We spend a lot of money each year replacing birth certificates, ID cards, social security cards. So thinking about how all of that paperwork can get ruined in the rain or stolen or lost or thrown away if you get arrested. Things like that tend to really also disrupt people's documentation to even demonstrate that they're eligible for coverage.

And then we can't forget that we do have a population that does have significant behavioral health conditions. And so when you add in mental health or substance use disorders, that really creates a lot of barriers in how people understand what they're supposed to do, where they're supposed to go, following up on appointments, all of this is part of the application process as we know. But when you're dealing with some of these vulnerabilities it's important to figure out how we can accommodate that in a way that really goes that extra mile to take that step. And Dan and John you're going to talk about what that looks like in the provider community. And then also thinking about connecting the client to the appropriate provider. As we know, not every doctor is the same. And some doctors are going to be more confident in addressing not only just a broad range of healthcare conditions this population brings but also just being more versed in the realities of being late to appointments or not making appointments at all or transportation challenges. Not all practices are going to be sympathetic to that.

So just being mindful on where we're connecting our clients to care or how we're enrolling them in those plans.

And so, before we open up to more of a discussion with Johnnie and Dan, let's just kind of go over 10 strategies that you might think of. We've developed a toolkit at the National Health Care for the Homeless Council that really goes through a lot of frequently asked questions and best practices. And so I'll just quickly layout 10 things that you might think about and then we'll talk a little bit more in detail. So first, is thinking about where you're going in order to reach people, and so if this is a population that you want to work with, I would very strongly recommend partnering with homeless service providers. And not feeling like you have to go out on your own to do this. Other service providers will know where people are. They can go with you. They can bring things that people need like socks and granola bars, that's another strategy as well, so those partnerships are important. Going where people receive services. We find a lot of population at the shelters, the soup kitchens, if you have large encampments. Places where people congregate that could to be a good place. Parole and probation could be good place. Making sure that you've got handheld devices or things that are mobile for you. So that you could be doing as much as you could do in the field and not trusting that people are going to follow you back to an office or keeping a follow-up appointment.

Second, you might think about not really selling the coverage itself. But really asking people what they want in terms of addressing their healthcare conditions. And so, asking what their problems are and where they currently go and how Medicaid coverage or other coverage might be able to be helpful for them. So if they tell you they have a rash that's really bothering them or a skin condition, then you can say, "hey this will really help you get to a dermatologist." Or if they are having problems with their feet, you can say "well you know, a podiatrist is going to be a lot easier and quicker to access if you enroll in Medicaid or a QHP."

And thinking about again, it's not the insurance piece that's the selling point. It's the services that come along with that. And so, that's really, I think the strategy there. And third, thinking about again giving clients the information that they need to make decisions that are important for them. None of us would appreciate being pressured into signing up for something that we don't want. Or, we're not ready to or we feel like we don't have enough information for. So, having the respect and the patience for them that we would want them to have for us is really important. Again, making sure they have accurate information so that they can come back to you when they're ready.

Another strategy and an appreciation that's really important is that building trust takes a long time. And sometimes, within an outreach model, if you go out one or two times and someone isn't receptive to you, well then okay they're not interested. With this population it could take weeks, months, some of our clinical outreach workers will spend years targeting particularly vulnerable people before they're ready to engage. And so again, obviously that's an outlier, but thinking about being repetitive and what that trust building looks like. Everybody is going to be very different but sometimes you really have to have the same conversation with the same person many times before they either understand what it is that you're talking about or for them to be ready to trust you to move on in the conversation. Again understand that people have had many different experiences with systems and not all of them have been good. So it might take a while for them to warm up to you.

I'd mentioned before the idea of granola bars but, hygiene packs, tangible assistance; Health insurance, just to be honest, health insurance is not a tangible good. In fact, it's kind of an abstract concept when you think about it. It's not something you can see, except for the card. And so when you're working

with people who are focused on their basic daily needs, think more about what they need right there in the moment that can be helpful. And that way, if you're distributing socks or water bottles or blankets they can then come to view you as affiliated with something that's helpful for them. And that might be a step toward engaging a conversation about coverage.

Again partnering with homeless outreach providers can help you with all of this. So again, not going at it alone. A very important piece just from our systems perspective is scanning identification information. I'd mentioned we spent a lot of time replacing a lot of social security cards and birth certificates. If you scan these into the system it really helps further the conversation so that you're not constantly having to wait to replace that card and can continue to move on in the process.

Skipping the acronyms and using familiar language, of course this is a strategy that we would use for any population when talking to folks. But, again, really simplifying things. Making yourself easy to understand. It might mean explaining yourself many times to really explain an abstract concept like health coverage.

Next again, focusing on the services that the coverage bring, not just the card. And then, connecting them to the appropriate providers. We really want to keep the conversation focused on the care that people need. Having pamphlets of information they can take away and think about. Just because someone may not have made eye contact with you or didn't seem to be interested, it doesn't mean they're not listening to you. It doesn't mean they're not interested in what you have to say, but again, that trust piece. And so, if they can have information to take away, they may come back to you and have additional questions or be ready.

And then finally, just from a strategies perspective, thinking about your consistent presence. So, if you say that you're going to be at a certain service site every Tuesday and Thursday afternoon to do enrollments and you've posted some different signs, make sure that you're there every Tuesday and Thursday afternoon. That consistency will build trust. It may be again that you don't think that people aren't paying attention to who you are or whether you're sitting there at that desk, but they are actually paying attention. And they might just be waiting to see if you're "for real" because your interest in helping them may be very fleeting from their perspective and they may have had many experiences with people who very briefly demonstrated an interest in helping them and then they just disappeared. And again, that's what gets to the hesitancy to trust. So if you're consistent, even if your clients aren't, that'll go a long way into them building trust for you and what you have to say and what you have to offer them. So that helps you become trustworthy.

So those are 10 things right off the bat really just to think about. But at this point, I think let's hear from Johnnie and Dan and see what they have to say. Because again, they're out doing this one-on-one with folks every day. And so, let's just open with, Johnnie and Dan a question that a lot of people come to us with is, when we're talking about homeless population, mailing addresses, contact information like email addresses or phone numbers that the system requires, I'll start with you Johnnie, what do you say to people about mailing addresses and other contact information?

Okay, a lot of clients use their family members or either friends address. We have some churches that also allow clients to use their address. So that has been very helpful. We have an organization where they're trying to make a one-stop shop in coordinating housing. And that's an organization where most clients go to put in their information so that they can get their mail.

Helpful, and then Dan anything you have to add to that?

Yeah, I would echo what Johnnie said, Friends and family is a great place where our clients can get mail and it's secured. If they are not able to get to that particular location every day. And also, churches. We've seen, here in Maryland, one of our community partners started the interfaith health network, which connects the faith community with medical providers and things like that. And that's been huge in helping locate clients that might be hard to find. They might not be present for that regular scheduled appointment but they're going to go to church regularly throughout the week and they get the support system there.

I would caution trying to use, here in Baltimore, our physical address at our main office, because there's such a large volume of mail that comes with it. And you want to make sure that everyone you're serving gets what they need. And it can get a little muddy if you have thousands and thousands of clients' information coming to one spot.

One thing that's interesting to me is it used to be in our world that no one had a phone or phone number. Now it seems like many of our clients have got five phones and five phone numbers but none of them have any minutes left on them. And so, what's your experience with phone numbers?

Well for us, phone numbers are great but you cannot rely on that. You have to have, like Barbara spoke about, you have to have that consistent presence because you can't rely on being able to pick up the phone and call someone to ask them a specific question. You can't ask someone to call the Call Center where they're going to be on hold for one hour. Because they're going to use up the minutes they might need to figure out where they're going to stay that night. From my experience, while it's good to have, you can't rely on that.

Johnnie any thoughts to that?

Yes, that's been my experience. There are so many organizations that provide government phones here. One particular area by Sears here, and they frequent all the areas where they know homeless clients are. So it is kind of a competition to get the homeless clients these free phones. And so, some of them have multiple phones. But, those minutes go by real fast so they're not reliable. Like Dan said.

And then a quick question, a follow-up on email addresses. How many of the folks that you're working with have email addresses? Johnnie, I'll ask you about the email.

Far and in-between. And some of the ones that do have email, they don't use it that frequently. And some of them just don't want to be bothered with the email. The few that I've gotten to actually enroll would rather not when asked if they want to receive information by email, they really most times don't want to receive anything by email.

Is that your experience Dan?

Yeah, our experience here is, we tried going the route where we sit with the client and even set up an email address for them. But, the reality of it is, it's difficult for our clients to have a place to check that email. Now there's another side to that too. Some clients, they do have an email address and maybe they're working where they can check their email and things like that. But what you'll find is, if they have the ability to check their email, they're probably going to have a relatively consistent phone number and be more engaging in care, versus someone that isn't.

Got it. Let's move on to another question. What talking points do you find works best to educate this particular population about the benefits of health insurance? I talked a little bit about how it's kind of an intangible concept. So how do you explain this to folks? And Dan, I'll start with you.

I mean, I'm really just going to echo what you said before. You have to focus on a particular, you know maybe someone needs a tooth pulled or something like that and that's a really physical thing that affects someone's daily life. You have to focus on that and just be specific as in what Medicaid can do for you. And going through this process with me, we'll be able to get you to this point. If you need an x-ray or something like that, you have to reference those kind of things. Because most people aren't going to risk missing a spot at the shelter or something like that, just to come in and get insurance unless they have another need going along with it.

Johnnie anything to add to that?

Yes. I let them know that it is a new law. Most of them don't understand when you say the Affordable Care Act. I just use Obamacare everybody understands that very well. And so, I just let them know it's the law. And for those who may be eligible, I let them know that they'll be able to go to a specialist that reduces their appointment (wait) time. And also, in our clinic, medicines are dispensed most times for just two weeks. Because a lot of clients do lose medicines or they've gotten stolen for whatever reason. And so, I explain to them, that by having the health insurance, they'll be able to get a month supply.

Interesting, okay. And so everyone on this call knows that there are many steps involved in the process of getting coverage. I am curious, in your respective states, where does the process typically go wrong and how do you address it? And Johnnie I'll start with you in Texas.

Well, the process goes wrong when you let them know that it's a requirement. Because, you know, they don't want to be told: They'll say, "Oh no, nobody can tell me that I have to have this or I have to have that." And it's just a whole lot of resistance to the fact that it's a new law that is required. But the experience here has been mainly that a lot of the clients are just working part-time, or even if they're working full-time, their income is such that they may not qualify for the subsidy. And so, they just can't afford the monthly premium. So, they opt out to fill out the hardship exemption for being homeless.

And then Dan of course you're in a different situation in an expansion state. Where does your process typically go wrong?

Yeah, I mean I definitely, don't envy you there Johnnie. We have the luxury, we have a higher threshold for income and things like that being in an expansion state. I don't have to deal with that as much, where I say, "You know it's the law and you might have to pay out of pocket." I mean, it's easy to sell something that's free, right? So that's not something I run into as much. But, what I do run into is a lack of faith in the system. You know, here in Maryland we had a program called Primary Adult Care that in reality just didn't cover a lot. It covered prescriptions and an office visit here and there. And a lot of our clients are familiar with that old system. So, once you start going down the line and start talking about insurance, they immediately associate it with something that never helped them before. So you have to kind of reassure them and let people know the advantages now that the Affordable Care Act has passed, how much more is out there. Because we do get resistance when it comes to a system that people don't trust. Also, here in Maryland, we've been running into a lot of (and I'm sure everyone on this call has seen it) IT related challenges and things like that. Our clients do not want to hear about a computer

glitch in the system that's so far removed, again, you have to reassure people, build that relationship, build that trust and let them know I'm here to get this done and I'll find a way to do that.

Does that mean that you typically end up doing a lot on your end that maybe for other populations you wouldn't have to do?

Well, it's probably for any population really, but there's a lot done behind the scenes. Just because, I don't want to overwhelm someone that, they have other concerns outside of getting enrolled in Medicaid, I don't want to overwhelm them with things that could go wrong I want to do the exact opposite. You know, tell them what's going to go right and how we're going to get them to that goal.

So when we think about the kinds of information we're giving folks, do you have handouts or what kind of information do you provide to folks that they could take away with them? And Johnnie, curious what you do down in Texas.

Clients generally lose things ID's and everybody knows that. So, we have a card that has the contact information. We have brochures and we have flyers that shows the benefits of health insurance and talking about the exemptions also. So just by providing them something small, it seems to work because they are loaded down with all of their possessions. And, that works better for them.

And Dan your thoughts?

Yeah, I would agree with that. You don't want to overwhelm someone. You don't want to have a ream of paper that you're going to hand someone that's going to have to carry it somewhere, because the reality of it is the first trashcan they get to, that's probably where it's going. But if you keep something simple, small in size, like a cheat sheet that shows really basic things about their coverage. Who accepts it, maybe what areas it's accepted in, because in Maryland there's a couple different plans that are only in certain parts of the state. But outside of that, it's really important to keep the handouts simple and straightforward but also have contact information for yourself and your colleagues. Where the clients down the road, if they have questions, they'll have to be able to know where you're going to be or how to get ahold of you. And I think that's really important to have on any handouts that you give this population.

So Johnnie, let's just get down to an obvious question that I know that I was really curious about when I started this work: In a non-expansion state when most of the people that you're talking to in this population are ineligible for care or coverage because of the state's decision, what do you say to folks and what does that conversation look like? How do you handle the difficult discussion?

Yes, it is. Of course, I got a call the other day. The lady was thinking that Texas has expanded Medicaid and I explained it again. So basically I let them know, and we're blessed here in Houston, Harris County is the county we're in which encompasses a whole lot of other suburbs and other small cities surrounding Houston. And so, we're fortunate to have a lot of low income, no income, and in many cases free community clinics. We have clinics with Harris County. We have the city of Houston. And it's just an array of clinics where they can get treatment. We have our clinic. They can get their medicine and we also provide dental here. And there are other organizations that provide dental services but all of them have they're various criteria. So they're not left without resources.

Do you find that people understand the state's level decision or do you find that there's a lot of anger or is it just indifference or do people have opinions about whether they're eligible or not particularly given that there are large outreach campaigns that really encourage people to enroll so when they come to you and you say "oh you are not eligible", we then get back to that distrust piece. What is the response that you find yourself having?

Well, at the very beginning, and it kind of cooled down, but they're just completely resistant to the idea of the Affordable Care Act. The idea that someone is telling them that they *have* to have health insurance: "How can I have health insurance I don't have any money." And so forth and so on. And, "Even if I have a job, you can't tell me that I have to get insurance." So it's been all that type of resistance here with the homeless population. Because they know that there are other free clinics available to pretty much get what they need, whether they work or not, they really don't care. The veterans of course, they get their benefits and they can go where they need to go. One resource that I do use is the "YourTexasBenefits.com" that's through the Health and Human Services commission. Where in if the client does have enough time I can go online and they can apply for benefits that they might be eligible for. It will determine whether they are eligible for Medicaid, food stamps, or they may be eligible for, in the case of the women, TANF, which is of course the assistance to help cash for families. Medicare savings program, long-term care, and it's a whole lot of different supportive services for someone that may be disabled if they need care. So this works out really well.

For those who don't have the time, and I feel that they may have a disability to qualify for Medicaid, I will direct them to the Medicaid office which is the food stamp office and all of them know where that is. Because most of them have it, unless they have two felonies. Because Texas just passed a law. It used to be that if you had one drug felony you could not receive food stamps, but now they said if you have just one, you can get food stamps. So they're familiar with that. So I've had one instance where a guy did do it online and he ended up finding out that he qualified for food stamps a long time ago. He didn't qualify for the Medicaid at that time, but eventually later on he was approved for his disability and now he does have Medicaid.

So that's great! It sounds like what you've done down there is to be able fold this into other services. So that, even if you don't have coverage, there is still a constructive and tangible benefit that you might be able to connect them to. And then later on, if a state changes its mind and decides to expand Medicaid, you've got that relationship that you can come back to. Is that the thinking?

That's right. This is unique just mainly to what I know in regards to Harris County. Now other smaller towns, they may provide some type of health free clinic, but it may not be as plentiful here, but of course there are less people there. I know here in the Houston area, there are plenty of clinics and dental centers in most cases to help people. And we even provide here a free eye clinic every six months. And there are other organizations that do it more often.

Okay, that sounds good. Thank you for that. That's a constructive help. That these people are able to get connected to the safety net even if they're not connected to coverage.

So we'll move on. For those that are interested in working with this population and are listening to you right now, what tips would you give to them or others who don't typically work with this population if this is where they were going to start. And Dan, I'll start with you on what advice you have.

The biggest piece of advice I have is you have to be able to put yourself in that person's shoes and try and understand the situation that there in. Barbara, you spoke on it earlier, but there are priorities that people have, the hierarchy of needs and things like that, we as assisters and navigators and things like that, we're always focused on enrollments. But, for this population, they might be focused on where they and their family are going to sleep that night. So it might not be a priority at the time. But if you're a constant presence and you're building that trust and things like that, eventually people will come around. So you really have to know the situation. I would also, another tip I would say, it's really important to try to do everything you have to do in one visit. Because, the reality is, you don't know. We talked about email addresses and phone numbers and different places where you can send letters and things like that. But, you just never know if you're going to see that person again or if they're going to seek you out if there's an issue with their insurance or things like that. So you really want to try to consolidate things down in as little visits as you can. Me and my team we try to do it in one visit.

Johnnie what would you add to that?

Yes, I would agree with that. I would say, definitely treat everybody with dignity and respect. Giving a simple smile goes a long way. We also know that clients have all these other basic needs that they're trying to take care of. And each place has there cutoff time, to say for example, to sign in to get a place to stay that night. So that's very true that you can give appointments but that doesn't mean they're going to be able to come back then, they may just drop back by. So it's very important to do everything like he said that you can, right then and there. We also provide in outreaching, like you stated, the hygiene kit and socks. We have different organizations and people in general that do donate other things. We give out water, snacks, one person also provided new shoes that we've been giving out to clients. And so, anything of value to them that we take for granted breaks the ice for us.

Sounds good. Last question that we'll have for this discussion: follow-up. So again, we talked a lot about challenges and contact information. How do you best follow-up with folks? And or how do you talk with them about identifying the next steps in the enrollment process that yields success.

Dan, I'll start with you because you're probably doing more enrollments with eligible folks.

So it's really important to explain the process in plain and understandable language. We can throw acronyms around all day but a lot of people they're just not knowledgeable to that stuff. So you want to keep it as simple as you can but as thorough as you can at the same time. You also really need to make yourself available for support once the process is going. Because for some people they've never had health insurance before. So, they don't know. They don't know the process of finding a provider that participates in their plan. They don't know the process of even you're going to get an insurance card in the mail. Also this is another good opportunity where you can, kind of do a little bit of troubleshooting. Say, "in the past I've seen someone's name spelled wrong on the card, but this is how you fix it." And that'll help you build a relationship and build the trust because, it's a way basically to show the client that you're knowledgeable in what you are doing.

You mentioned Barbara about scanning ID cards and things like that. I'll tie that back to my last point. It's so important because, you want to be able to consolidate everything to that one visit. We get consent from clients and things like that to the point where, if they need to submit an ID to get their application to process and we find out a week later, they don't have to be here if I have a copy of it, I'll just add it to their application. And then finally, one thing we try to do is, if you do have to have a follow-up appointment for whatever reason, try to join it with something else. So here in our clinic, if someone

has an appointment with their therapist in two weeks, the initial enrollment period is when you say, “in two weeks, bring me back that ID.” Or always offer that support, in that “you can drop by anytime and drop off what you need.” But it’s really important to try and pair appointments together. Because a lot of times people just aren’t going to seek out that extra step if they have to take it.

Johnnie what would you add?

For the ones that we have been fortunate enough to help, we do the same thing. We get the consent and we do tend to see them when they have an appointment. Because transportation is a big issue. We do have what’s called Project Access, which is a bus that we provide transportation to the most frequently visited homeless facilities that clients access on a regular basis. So we also just make frequent visits to places and just remind them that if ever they need assistance we’re here available if anything changes. Also, we provide for them bus passes to come and visit if need be.

Thank you. That’s really helpful and I think really kind of gives a perspective on what you’re seeing in the community when you’re working with folks. I just have here a short list of some of the toolkit resources that we’ve developed at the Healthcare for the Homeless Council. There’s links here on where to find those. A lot of other information on homeless healthcare if that’s of interest to you. But specifically in looking at how we’re doing outreach and benefits enrollment. And I think as Johnnie and Dan talked about this is really a specialized area that takes just a certain appreciation, certainly patience and perseverance. But we’re really excited about the potential for improving health in this population through health coverage. And again, I come back to, we really actually can help prevent and end homelessness if we can address the health conditions that people have and get them more stable. And so, at this point I’ll turn it back over to our host to see if there have been any questions that’ve come in that we haven’t answered in this discussion. Because, we’re excited for your interest in this and we’d really like to provide the information that you’d like so when you leave here you don’t have unanswered questions.

## Q&A

Thank you so much Barbara, Johnnie, and Daniel. We’re going to take a few questions from the chat. So our first question is: Besides community clinics, what other settings are good options to refer homeless individuals for health services?

Dan why don’t you take that one?

Well, besides clinics and things like that, we have, there’s a shelter close by us where we do a lot of enrollment there. Food pantries, soup kitchens, things like that. There’s also a health fair, that’s a good opportunity to get some advertising out there and get those people that need to be enrolled too.

What about offices of social services or health departments or kind of any government like buildings does that end up being effective or maybe not as much for this population.

I’ve seen it be effective and I’ve seen it be ineffective. When this process first started in Maryland, and still the social services office they’re enrolling people in Medicaid, but it can be a little tricky because sometimes that knowledge base isn’t there. And people are under the impression that, “hey, I applied

for Medicaid.” When in reality you only applied for food stamps or something like that. There’s definitely a population there. But I would caution people to make sure and take that extra step to follow up and make sure that if someone thinks they did an application, make sure it was actually done and there’s no more follow-up to be done with it.

Johnnie, any recommendations or where else to send folks?

Well there are a bunch of transitional facilities that we do frequent. Some of them already may have Medicaid or be in the process of applying for disability. And some of them are working part-time. So both are good places to go because they’re still considered homeless because they’re mainly subsidized through HUD.

Okay, that’s great. Now, for our second question, what are the basic documents that you will tell a homeless person that he or she needs to obtain coverage?

Well, here in Maryland sometimes no documents are required. All the information can be verified electronically and things like that. You go off of what’s self-reported from the client. It’s always a good idea in dealing with this population, if they have an ID at that moment that you’re meeting with them, and you have the capability to scan it or take a copy of it, I can't recommend enough that you do that. Because down the road the situation might’ve change. When people are staying on the street, their things aren’t secure and probably get lost and probably get stolen. I try to usually get a photo ID and then a birth certificate and immigration documents and things like that. Those things also come into play.

And Johnnie anything that you’d add?

That’s basically it. And most of it is like Dan said. A lot of them work with our case managers here and so they also scan that information in their records. Because it is always being misplaced.

Okay, well we have another question that has come in. Our small rural town has a free clinic. The patients can receive free services for medicines all the way up to MRIs and surgical procedures for charity. So how do to convince these patients that are getting this charity care that they need to purchase insurance, because generally yearly penalty doesn’t really mean anything to them.

One thing I would say, free clinics are part of the essential safety net. And as you indicated, they provide fantastic services that people need. But, charity care is not a replacement for a system of care. And so, talking with people about the importance of comprehensive coverage that’s not dependent on whether someone agrees to do a pro bono service. You could be waiting months for a pro bono service. If you’ve got coverage, we might be able to link you up within days or a couple of weeks. So that’s one piece. But, the reality is that, if it comes with any out-of-pocket costs like deductibles or co-pays or premiums, then for this population that can mean the difference between eating or not eating. A lot of people don't realize that many of the larger shelters charge money to stay there. I know here in Baltimore it costs \$3.00 dollars a night to stay at the Mission. And those are some of the larger shelter providers. And so \$3.00 dollars over the course of a month that’s \$90.00. And so, if you're going to ask someone to part with precious dollars, even a \$2.00 dollar co-pay on a prescription drug, which for most people is obviously a nominal fee, for this population it might mean not having a bed that night. Or it might mean panhandling to raise that money which then exposes them to the risk of arrest. Or it might mean engaging in other behavior to raise money that exposes them to arrest. And so I think it’s really

important for us to realize the desperate financial situation that a lot of folks are in, and when Dan had said put yourself in their shoes, these are the choices we're asking people to make. And so, sometimes people are asked to choose between getting healthcare or getting a place to sleep. I think, that's just where my piece would be. Dan, would you have something different to say?

Yeah, I agree with everything you said there. I've also found it's really interesting that our population, a lot of times they'll look out for one another. So maybe if someone has, they're making that transition into coming off the streets and maybe they're working now and their income is little higher than our income limits here in Maryland, the conversation can be approached a lot easier when it comes to having to purchase a plan or something like that. When you can kind of say that these programs there's people that need it and it's a good thing. You're moving on and you encourage it in that way. They recognize that because they were in that position before where they needed those pro bono services and things like that. I would caution people not to assume anything about people experiencing homelessness but yeah I would echo everything that you said Barbara.

And Johnnie, anything to add?

Yes, because every free clinic won't provide the extensive specialty care that one may need. And a lot of our clients do have substance abuse issues. And so, with the essential benefits from the Affordable Care Act with having health insurance that is something else that they can also get. So it is just more of an extensive array of services that one could receive by having health insurance.

Okay, well we have one other question referring to training. What extra trainings would you recommend for assisters that want to work with this population?

Dan, want me to start with you?

Well as far as training, I would recommend teaming up with those homeless providers in the communities first. To get an idea of things that people experiencing homelessness are going through. Shadowing and things like that is really important. When it comes to the actual enrollment side, it doesn't matter if someone's homeless or someone isn't. But when it comes to learning the techniques to engage people in this environment, it's definitely good to shadow others that have kind of done it before and maybe they know this client well. It's introducing a new face with someone that recognizes their provider and they trust their provider and that's definitely a big help.

Johnnie something you'd recommend?

Yes, I totally agree. Get out there with the ones that do have the mobile outreach. We do have organizations that do that on a regular basis every day. And we actually have the Houston Police Department that has the homeless outreach team that make assessments. They're on bicycles too. They go where clients frequent and they refer them out. Also, volunteering at the different homeless providers and getting the feel of what really happens and what all it entails dealing with the different stresses that clients are going through being homeless.

## Closing

Okay, well we are at time. So I just wanted to thank everyone for the questions that you've submitted through the chat feature. And we'll be following up with additional answers and our Assister newsletter in the coming weeks. Special thanks to our presenters Barbara, Johnnie, and Daniel for joining us today. And just a reminder, our next webinar will be on Wednesday, July 27 at 2 PM Eastern for a discussion on Plan Compare 2.0. If you would like to sign up for the CMS weekly Assister Newsletter listserv and webinar invitation, please send a request via the Assister Listserv inbox. Which is [assisterlistserv@cms.hhs.gov](mailto:assisterlistserv@cms.hhs.gov). And the first part of that is spelled a-s-s-i-s-t-e-r-l-i-s-t-s-e-r-v. And be sure to write "Add to Listserv" in the subject line. Finally, thanks again for your hard work. Have a wonderful weekend.