

Health Reform – Bring It Home An Action Plan for Housing Advocates

Clearly health care reform creates opportunities to improve assistance to chronically homeless people. Those concerned to combine housing and services should get involved early to ensure that the interests of people they care about are protected.

There is little question that certain aspects of health care reform will benefit chronically homeless individuals and contribute to more stable housing for them and others at risk of homelessness. Specifically:

- More adults will have Medicaid coverage, as a matter of federal law, *depending on* state enrollment processes; and
- More services and supports for people with disabilities could be accessible at the community level, *if* state leaders adopt new federal approaches funded under ACA provisions.

To ensure that these things happen, homelessness advocates must get involved. As ACA implementation proceeds along many tracks in 2011, this document will help you with some steps to take and points to make.

Action Steps

- ◆ Find and engage a consumer-oriented, statewide health reform group. Start with modest objectives. For example, lead an information exchange:
 - Explain your 10-year plans and start a dialog about how the ACA relates; and
 - Ask about and understand the ACA implementation priorities of potential partners.
- ◆ Identify a “point person” in your community or state who can be a liaison between homelessness advocates and state health care advocates. Look for relevant training resources and opportunities for that person.
- ◆ If capacity is an issue, start smaller, e.g., in a familiar practice area such as social work or public health. Chances are that someone you know and work with is linked into networks involved in state implementation. Initiate a conversation and offer expertise on low-income housing issues as they might relate to health reform.
- ◆ Make sure partners and community stakeholders understand what is already working for chronically homeless people; emphasize the specific health care services needed for housing stability.

- ◆ Enlist state Interagency Councils on Homelessness to become active in state planning for health reform implementation. Support them with appropriate data and messages that promote housing solutions as a part of health care.
- ◆ Get involved with efforts to protect and increase state funding for Medicaid home and community-based care (HCBS).
- ◆ Be ready with stories of success: stories about people whose lives are improved with permanent supportive housing that effectively integrates community-based supports, including primary care.
- ◆ Take every opportunity to raise awareness about what is at stake for ending homelessness and what is needed from ACA implementation.

Timing

The Medicaid expansion takes effect in 2014, while some of the additional Medicaid benefits for people with disabilities could begin to come online in individual states in 2011 and 2012. Currently, the best opportunities for homelessness advocates are to influence consumer strategies for implementation and reach state policymakers with clear messages about access to relevant health care services and ending homelessness.

Talking Points

Homelessness advocates represent and understand a challenging segment of high-cost health care consumers. We can inform the path to more cost-effective strategies and practices, and should be part of planning for changes in Medicaid.

The ACA can support community innovations in a broad way. By extending comprehensive coverage to virtually all adults, it promotes access to health care as a factor in successful independent living. Therefore, the ACA contributes to housing stability for chronically homeless individuals and families.

If health reform is to help end homelessness, states must embrace the new flexibility for Medicaid HCBS:

- State policy changes should make relevant services and supports more available in communities;
- Permanent supportive housing should be viewed as a high-priority intervention for chronically homeless people when they encounter the health care system, and a cost-effective solution for public agencies;
- Feasible housing arrangements should be part of Medicaid care plans, even though Medicaid does not pay for the housing itself; and
- State funding challenges are short-term. At some point in the future, the economy will improve and revenue will expand. In any case, the ACA makes significant

federal funding available for expansion of Medicaid eligibility, starting in 2014. In the meantime, state budget measures must not threaten existing safety nets.

For More Information:

The National Alliance to End Homelessness analyzes key parts of the ACA through the lens of advocacy to end chronic homelessness – [Can Medicaid Reform Make a Difference for Homeless Individuals?](#), NAEH, February 2011.

The U.S. Interagency Council on Homelessness suggests ways to connect health reform with initiatives to end homelessness: <http://www.usich.gov/HealthReform.html#No1>.

Priorities for Providers of Permanent Supportive Housing: The Corporation for Supportive Housing has resources that help explain health care issues in the context of housing strategies:

<http://www.csh.org/index.cfm?fuseaction=Page.viewPage&pageId=4496&nodeID=81>

The National Health Care for the Homeless Council has a Medicaid [toolkit](#) and other resources to keep up with relevant changes in health care policy.

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