



United States Interagency Council on Homelessness

Preventing and Ending Homelessness in the United States

The Affordable Care Act's Role in Preventing and Ending Homelessness

➤ What is the Affordable Care Act?

On March 23, 2010, President Obama signed [the Affordable Care Act](#) into law. The Affordable Care Act expands access to affordable health care to all Americans, gives consumers new rights and protections that make coverage fairer and easier to understand, improves the quality of health care, strengthens public health infrastructure, and lowers health care costs.

➤ How does the Affordable Care Act benefit people experiencing homelessness?

People experiencing homelessness often have complex health challenges that both contribute to, and are exacerbated by, homelessness. They generally have limited access to health care because they are often unemployed, lacking employer-sponsored insurance, and living in poverty. As a result, many people who are homeless have had to rely on emergency room visits and uncompensated hospital care, resulting in poor health outcomes, higher mortality risks, and higher public costs.

The Affordable Care Act benefits people experiencing homelessness in three ways:

- 1) It makes health insurance more accessible and affordable (through the development of Health Insurance Marketplaces offering private insurance plans as well as expanded Medicaid eligibility);
- 2) It ensures coverage of a broader set of health services including preventive, wellness, and behavioral health care; and
- 3) It encourages health care delivery to focus on quality and health outcomes, including addressing “whole person” health needs and partnering with community-based organizations.

➤ What types of health insurance options are available to people experiencing homelessness?

- [Medicaid](#) – Medicaid is the health insurance option for most people experiencing homelessness, given their extremely low-incomes. Previously, most people only qualified for Medicaid if they were disabled, pregnant, parents, or children. The Affordable Care Act gives states the option to expand Medicaid coverage to all eligible people whose earnings are less than 133 percent of the [Federal Poverty Level](#), regardless of their disability or family status.¹ In 2013, that equals an individual annual income of \$15,282, and \$32,499 for a family of four.
- Private Health Insurance – Through the new [Health Insurance Marketplace](#) (also known as Exchanges) people can compare and buy affordable private health insurance. Families earning between 100 and 400 percent of the Federal Poverty Level may qualify for tax credits that can help offset the cost of health insurance.

Visit [HealthCare.gov](#) to find out what health insurance options are available.

¹ The Affordable Care Act uses modified adjusted gross income (MAGI) to determine eligibility for Medicaid or premium credits. MAGI calculation includes a standard 5 percent earned income disregard, effectively making Medicaid eligible to people at 138 percent of the Federal Poverty Level.

➤ **How do I know if my state is participating in Medicaid expansion?**

Following the Supreme Court ruling in 2012, the choice to expand Medicaid eligibility is left to states. To find out if you are eligible for Medicaid in your state, visit www.healthcare.gov/do-i-qualify-for-medicaid.

➤ **How can people experiencing homelessness apply for Medicaid and other health insurance?**

Starting October 1, 2013, people will be able to apply for Medicaid and all other health insurance through the online [Health Insurance Marketplace](#), by phone through a toll-free call center with help available in 150 languages (1-800-318-2596; TTY: 1-855-889-4325), and through local enrollment sites. With the new streamlined application process, applying for Medicaid and other types of insurance will be easier than ever and the new online application makes it possible to track your application.

➤ **What if my state is not participating in Medicaid expansion?**

Even in states that do not participate in expansion, people experiencing homelessness may be eligible for Medicaid under one of the following categories: pregnant women, senior citizens, parents, children, and people with disabilities. Organizations that serve people experiencing homelessness who have disabilities can continue to assist with applications for Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) benefits, which usually confers Medicaid eligibility. Training and information on SSI and SSDI is available through the [SOAR TA Center](#).

People who do not meet the eligibility requirements for Medicaid will be unable to access that coverage in states that do not expand Medicaid eligibility. And people who are unemployed or too poor to afford private insurance will have few options for health insurance.

➤ **How can people experiencing homelessness get assistance with enrolling in Medicaid and other types of health insurance?**

More than [1,100 community health centers](#) across the country (including Health Care for the Homeless grantees) have received funds to provide in-person assistance for individuals to apply for Medicaid and other forms of insurance, including Marketplace coverage. In addition, the Center for Medicare & Medicaid Services awarded [105 grants to navigators](#) who can help people prepare applications for Medicaid and health insurance through the Marketplace. Organizations serving people experiencing homelessness may also apply to become [certified application counselor organizations](#) to help people understand and enroll in coverage.

➤ **What services does Medicaid cover? How can enrollment in Medicaid increase access to these services?**

Each state's Medicaid program is different and while certain services are required by all state Medicaid programs, many states provide Medicaid beneficiaries with additional services. For individuals and families in the Medicaid expansion population, ten sets of benefits and services, known as benchmark benefits, must be covered. The benchmark benefits include traditional health and medical services such as primary care appointments, diagnostic tests, hospital visits, and surgical procedures. It also includes services that are very important to people experiencing homelessness such as behavioral health services, mental health treatment, substance abuse treatment, prescription drugs, preventive and wellness services, and rehabilitative services.

In addition, states can choose to cover services like case management, care coordination, and home- and community-based services in their state Medicaid plans. Many of these services match the set of services provided in permanent supportive housing. More information on how Medicaid can finance services in permanent supportive housing can be found at USICH's [Tools for Local Action](#).