



Strategies to Increase Health Insurance Enrollment for People Who Are Homeless



Webinar Format

Our Webinar Format: Speakers will present for fifteen minutes. Following each presentation there will be an opportunity to entertain a few questions. Following all the speakers we will have approximately 20 minutes for Questions and Answers.

How to ask questions: Question Box: You may enter your question into the question box at any time during the presentation. We will read questions aloud and answer some after each speaker and then during the allotted Q&A session. –

Follow up questions: Contact information will be provided after each presentation and at the close of the webinar.

Materials: Slides presented during the webinar will be made available after the webinar. For those who registered, copies will be emailed. For those participating at a later date, copies will be made available on the HUD Exchange.



Today's Presenters

- Roula Sweis, Supervisory Program Advisor, Office of the Assistant Secretary for CPD
- Donna Cohen Ross, CMS/CMCS' Director of Outreach Initiatives
- Jessica Kendall, Director of the Enrollment Assister Network at FamiliesUSA
- Barbara DiPietro, Policy Director for the National Health Care for the Homeless Council and also the Senior Director for Policy at the Health Care for the Homeless of Maryland
- Katie League, Outreach and Enrollment Coordinator at Baltimore Health Care for the Homeless
- Kristin Lupfer, Director of the SAMHSA SOAR Technical Assistance Center at Policy Research Associates, Inc.



Enrollment for Medicaid & CHIP Is Always Open!



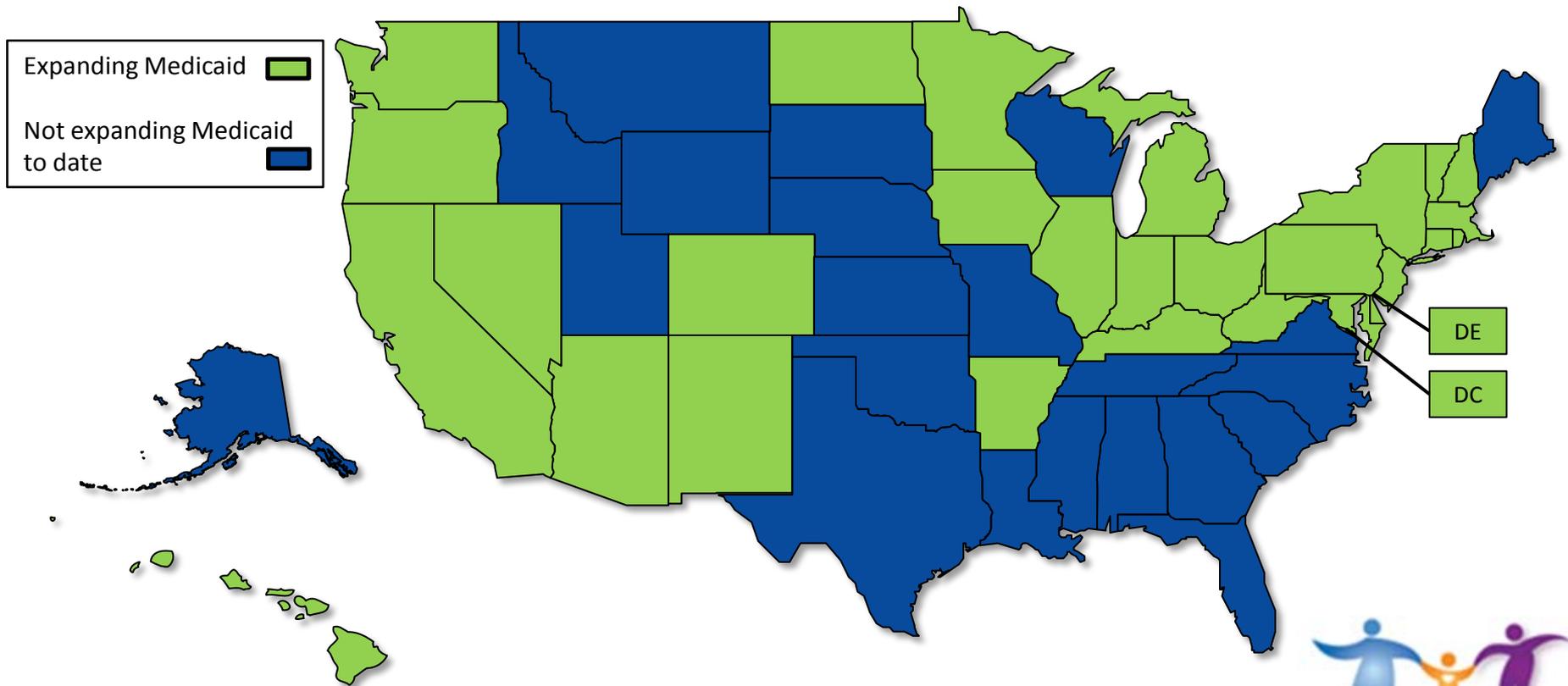
More than 10.8 million new enrollees so far!



Coverage Expansion

as of January 2015

So far, 28 states and DC are expanding Medicaid to low-income adults in 2015 – discussions continue to evolve.



Connecting Kids to Coverage Campaign

- Find and enroll uninsured children and teens – and their parents --in Medicaid and the Children’s Health Insurance Program
- Create, customize and distribute print and video outreach materials
- Engage partners with local affiliates
- Encourage and demonstrate the use of helpful enrollment policies and outreach strategies



Campaign Resources

With health insurance, they'll be ready for whatever the school year brings.

Kids who have health coverage are better prepared to do well in school and succeed in life. Medicaid and CHIP offer free or low-cost health insurance for kids and teens. Children can get regular check-ups, immunizations, doctor and dentist visits, hospital care, mental health services, prescriptions and more. Children in a family of four earning up to \$47,100 a year or more may qualify.

Go to InsureKidsNow.gov or call 1-877-KIDS-NOW to learn more.

For more information about new, affordable health insurance options for the whole family through the Health Insurance Marketplace, visit HealthCare.gov.

 Health Insurance Marketplace



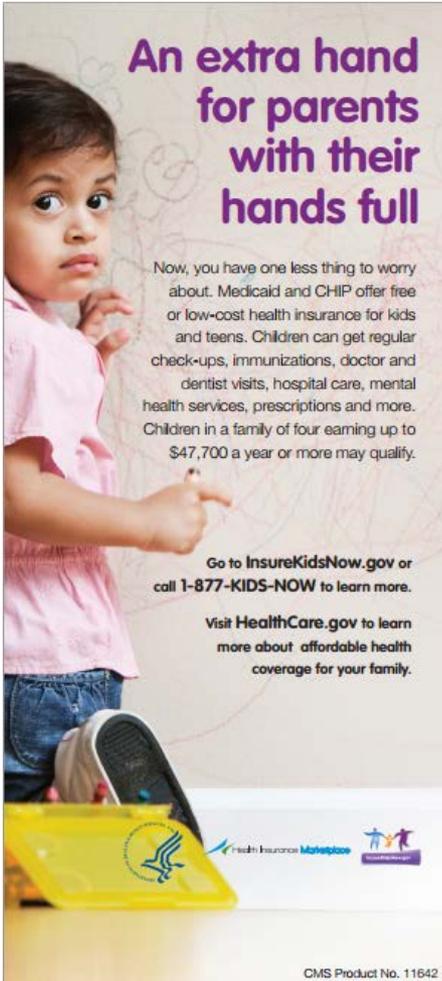
OMI Product No. 11008-2

- Outreach materials – customizable flyers, videos, strategy guides
- Partner engagement
- Grantee training – webinars
- Campaign Notes e-newsletter
- Media – PSAs, radio ads, print articles
- www.insurekidsnow.gov



InsureKidsNow.gov

Posters and Palmcards



An extra hand for parents with their hands full

Now, you have one less thing to worry about. Medicaid and CHIP offer free or low-cost health insurance for kids and teens. Children can get regular check-ups, immunizations, doctor and dentist visits, hospital care, mental health services, prescriptions and more. Children in a family of four earning up to \$47,700 a year or more may qualify.

Go to InsureKidsNow.gov or call 1-877-KIDS-NOW to learn more.

Visit HealthCare.gov to learn more about affordable health coverage for your family.



CMS Product No. 11642

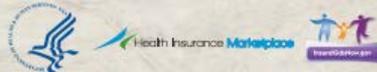


An extra hand for parents with their hands full

Now, you have one less thing to worry about. Medicaid and CHIP offer free or low-cost health insurance for kids and teens. Children can get regular check-ups, immunizations, doctor and dentist visits, hospital care, mental health services, prescriptions and more. Children in a family of four earning up to \$47,700 a year or more may qualify.

Go to InsureKidsNow.gov or call 1-877-KIDS-NOW to learn more.

Visit HealthCare.gov to learn more about affordable health coverage for your family.



CMS Product No. 11640



An extra hand for parents with their hands full

Now, you have one less thing to worry about. Medicaid and CHIP offer low-cost or free health insurance for kids and teens. Children can get regular check-ups, immunizations, doctor and dentist visits, hospital care, mental health services, prescriptions and more. Children in a family of four earning up to \$47,100 or more may qualify.

Go to InsureKidsNow.gov or call 1-877-KIDS-NOW to learn more.




InsureKidsNow.gov

Focus on Children and Parents

**I'M YOUNG,
BUT
I WASN'T
BORN
YESTERDAY.**

I know a good thing when I see it—like health coverage through Medicaid and CHIP.

And I'm here to talk it up. It's low-cost or free for children and teens up to age 19. Us kids can get regular check-ups, shots, doctor and dentist visits, hospital care, mental health services, prescriptions and more. And kids in a family of four earning up to \$47,700 a year or more may qualify.

You can enroll any day of the year, but why put it off when you can protect your family (and your finances) today?

To learn more about affordable health coverage for your family, visit HealthCare.gov or call **1-877-KIDS-NOW**.



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**SOY JOVEN,
PERO NO
NACÍ AYER**

Reconozco una cosa buena cuando la veo, como la cobertura de salud a través de Medicaid y CHIP. Y yo estoy aquí para hablar sobre esto. Es a bajo costo o gratis para los niños y adolescentes de hasta 19 años de edad. Nosotros podemos obtener chequeos regulares, vacunas, visitas al doctor y al dentista, atención hospitalaria, servicios de salud mental, recetas y más. Y los niños en una familia de cuatro que ganan hasta \$47,700 al año o más pueden calificar.

Se puede inscribir cualquier día del año, pero ¿por qué posponerlo cuando puede proteger hoy a su familia (y a sus finanzas)?

Para obtener más información acerca de la cobertura de salud a un costo bajo para su familia, visite CuidadoDeSalud.gov o llame al **1-877-543-7669**.



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New Medicaid Fact Sheets for Consumers

- Find the fact sheets on Medicaid.gov
 - <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/outreach-tools/supporting-enrollment-efforts/supporting-enrollment-efforts.html>

Sample for States that Have Expanded Medicaid



Looking for Health Insurance that Fits Your Health Needs and Your Budget?

Medicaid or CHIP May Be the Answer!

You Can Enroll Any Time—But Why Wait?

Medicaid and the Children's Health Insurance Program (CHIP) offer low-cost or free health insurance for you and your family. Now more adults than ever before are eligible for Medicaid.

Who may be eligible?

- Children and teens up to age 19
- Parents and other adults
- Pregnant women
- People with disabilities
- Youth "aging out" of foster care
- U.S. citizens and certain lawfully present immigrants may be eligible

Eligibility depends on your income, the number of people in your family and the rules in your state.

Even if you were turned down in the past, you may qualify now!

When you enroll, you can get:

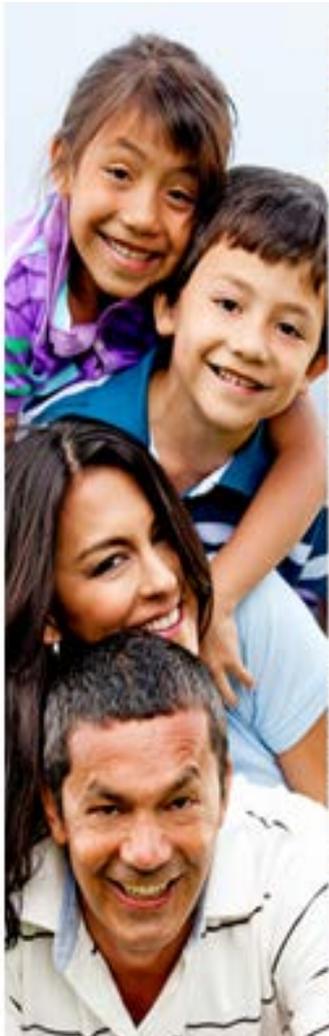
- Doctor visits
- Hospital stays
- Preventive care, such as immunizations, mammograms & colonoscopy
- Prenatal and maternity care
- Mental health care
- Needed medications
- Children get vision and dental care (adults may get these benefits too)

To find out if you qualify, visit HealthCare.gov or call 1-800-318-2596 for help applying.

CMS Product No. 11828

Sample for States that Have Not Yet Expanded Medicaid



Looking for Health Insurance that Fits Your Health Needs and Your Budget?

Medicaid or CHIP May Be the Answer!

You Can Enroll Any Time—But Why Wait?

Medicaid and the Children's Health Insurance Program (CHIP) offer low-cost or free health insurance for you and your family.

Who may be eligible?

- Children and teens up to age 19
- Parents
- Pregnant women
- People with disabilities
- Youth "aging out" of foster care
- U.S. citizens and certain lawfully present immigrants may be eligible

Eligibility depends on your income, the number of people in your family and the rules in your state.

Even if you were turned down in the past, you may qualify now!

When you enroll, you can get:

- Doctor visits
- Hospital stays
- Preventive care, such as immunizations, mammograms & colonoscopy
- Prenatal and maternity care
- Mental health care
- Needed medications
- Children get vision and dental care (adults may get these benefits too)

To find out if you qualify, visit HealthCare.gov or call **1-800-318-2596** for help applying.

OMB Product No. 1-1801

Sample for Use in AI/AN Communities



Looking for Health Insurance that Fits Your Health Needs and Your Budget?

Medicaid or CHIP May Be the Answer!
You Can Enroll Any Time—But Why Wait?

Medicaid and the Children's Health Insurance Program (CHIP) offer low-cost or free health insurance for you and your family. In many states, more adults than ever before may qualify for Medicaid.

Who may be eligible?

- Children and teens up to age 19
- Parents (and other adults, depending on the state)
- Pregnant women
- People with disabilities
- Youth "aging out" of foster care

Eligibility depends on income, the size of your family and the rules in your state.

When you enroll, you can get:

- Doctor visits
- Preventive care, such as immunizations, mammograms & colonoscopy
- Prenatal and maternity care
- Hospital stays
- Mental health care
- Needed medications
- Children get vision and dental care (adults may get these benefits too)

American Indians and Alaska Natives who are eligible for Medicaid or CHIP:

- Can still get care from your Indian care provider.
- Don't have to pay premiums or co-payments.
- Indian trust income is not counted to determine eligibility and is protected from Medicaid estate recovery rules.

You benefit by having greater access to health care services.
Tribes benefit because their health programs get more resources.

To find out if you qualify, visit HealthCare.gov or call 1-800-318-2596 or contact your local Indian health care provider for help applying.

CMS Product No. 11832-N

Thank You!

Donna Cohen Ross

Director of Enrollment Initiatives

Center on Medicaid and CHIP Services

Donna.CohenRoss@cms.hhs.gov

For more Campaign information, contact:

InsureKidsNow@fleishman.com





Housing and Healthcare: How to Reach the Uninsured

Jessica Kendall
Director of the Enrollment Assister Network

Get Coverage

Change or Update Your Plan

Get Answers ▾

Search

SEARCH

Open Enrollment is over. See if you can still get coverage

You can still enroll if you have a life change that gives you a Special Enrollment Period, or if you qualify for Medicaid or CHIP

[SEE IF YOU CAN GET COVERAGE](#)

Want a [quick overview](#) first?



QUESTIONS ABOUT 2014 HEALTH COVERAGE AND TAXES?

[GET TOOLS & ANSWERS](#)



GET 2014 EXEMPTIONS

[FIND EXEMPTIONS](#)



REPORT CHANGES

[ACT NOW](#)



FIND LOCAL HELP

[SEARCH](#)

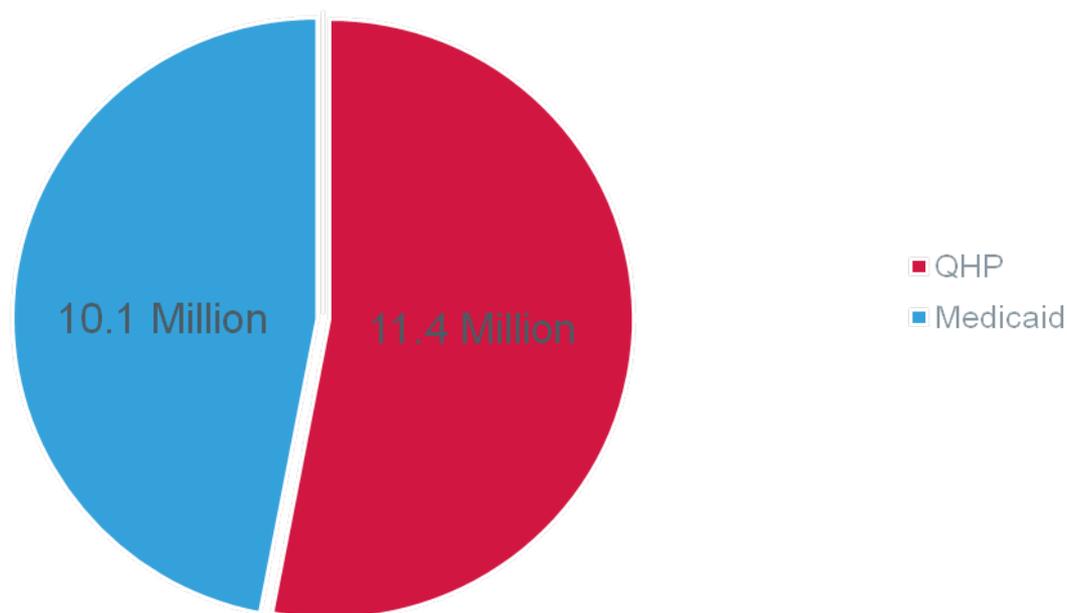


CONTACT US

[GO](#)

LATEST ENROLLMENT: more than 21.5 Million!!!

Total Enrollment



QHP Enrollment numbers as of February 18, 2015

(<http://www.hhs.gov/healthcare/facts/blog/2015/02/open-enrollment-week-thirteen.html>)

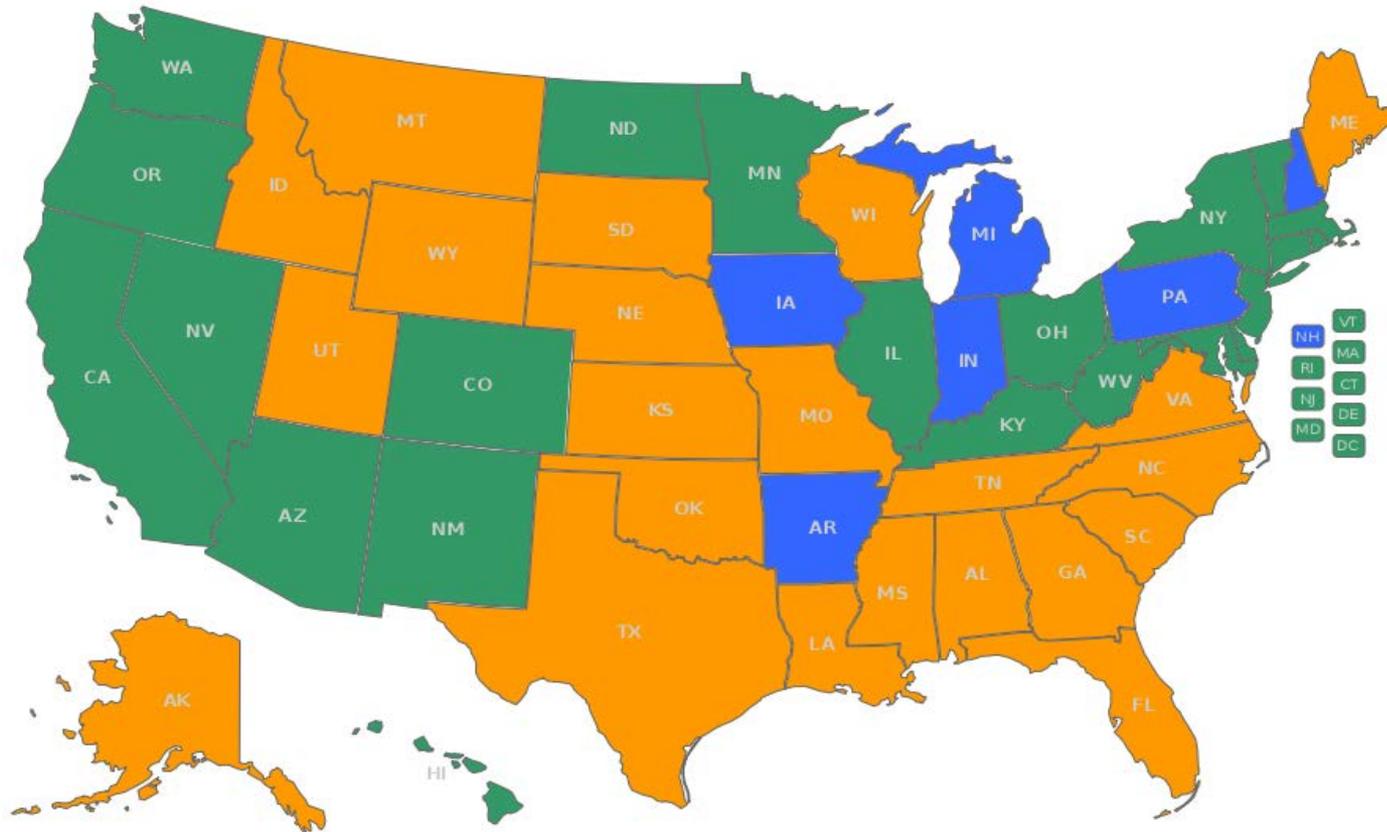
Medicaid Enrollment numbers as of November, 2014

(<http://www.hhs.gov/healthcare/facts/blog/2015/02/medicaid-chip-enrollment-november.html>)

Medicaid Expansion Landscape

Map: Where States Stand on Medicaid Expansion Decisions

*Map updated February 13, 2015



Produced by:
stateforum

Key:

- 22 states are not expanding Medicaid
- 23 states (count includes the District of Columbia) are expanding Medicaid
- 6 states are expanding Medicaid, but using an alternative to traditional expansion

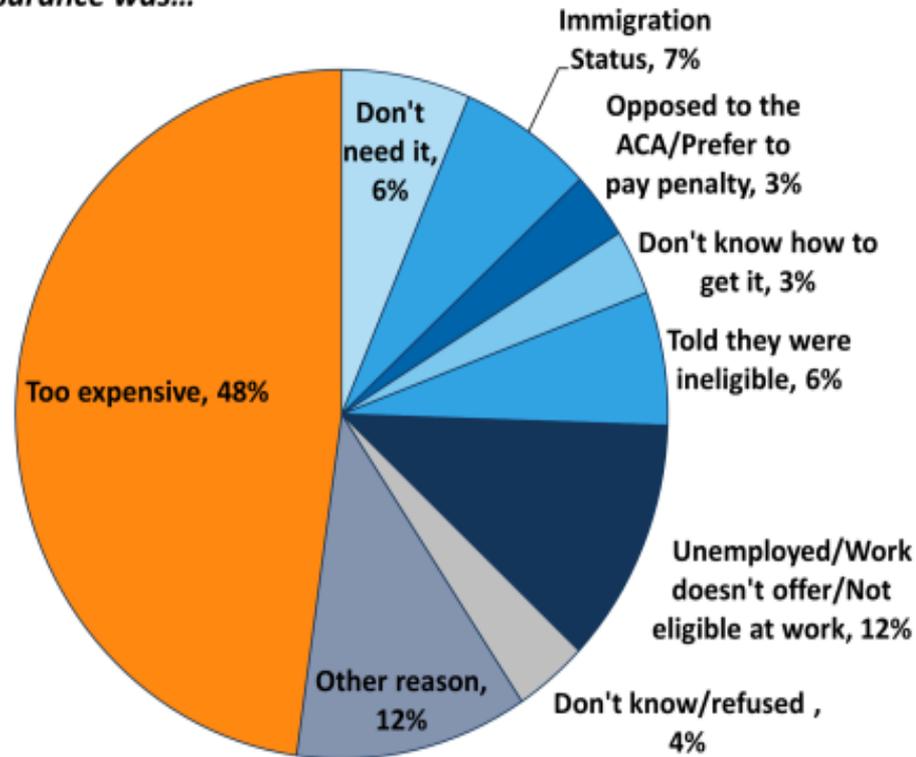
Topics:
Medicaid

Reasons for Being Uninsured

Figure 10

Reasons Being Uninsured Among Uninsured Adults, Fall 2014

When asked in their own words, the remaining uninsured said that the main reason they were without insurance was...



NOTE: Includes uninsured adults ages 19-64.

SOURCE: 2014 Kaiser Survey of Low-Income Americans and the ACA.

Medicaid Eligible

For adults, if your state has expanded Medicaid you might qualify if your income is lower than:

People in the Household	Household Income
1	\$16,242
2	\$21,983
3	\$27,310
4	\$33,467

If you don't qualify for Medicaid because of immigration status, you may still be able to get covered by Medicaid for emergency services



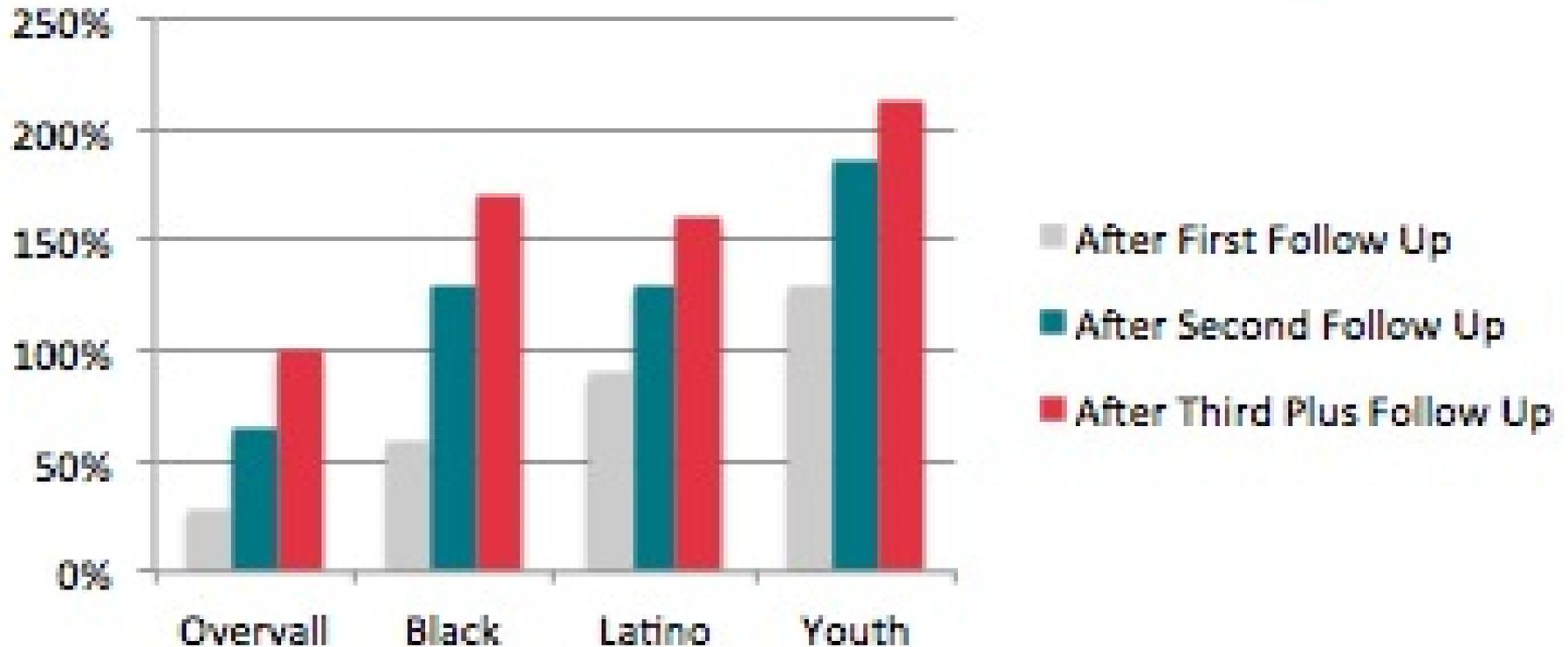
Consumers are about twice as likely to successfully enroll having in-person assistance as those who attempted online without help.

Who Provides In-Person Assistance?

Type of Entity	Funding	Prevalence	Training
Navigators	Federal (required in all states)	At least 2 entities in every state	30 hours (in FFMs)
In-Person Assisters	Federal (only in 2014)	Only in SBM states	Varies
Certified Application Counselors	No federal funding (volunteer or private - usually foundation - funded)	Volunteers	5 hours (in FFMs)
Community Health Centers	Funded by HRSA for outreach	In every state	Minimum of 5 hours

Importance of Follow Up

Growth in Enrollment Rate by Number of Volunteer Follow Ups



Key Messages to Reach the Uninsured

All plans cover the important benefits- doctors visits, hospital stays, preventative care, prescriptions and more

You might be able to get financial help to pay for a health insurance plan.

If you have a pre-existing condition, insurance plans cannot deny you coverage.

In-person help is available. Sign up now.

Connecting Community Resources



Where are your touch points?

What are your clients needs?

Do you have volunteers?

How do you connect with health centers?

What Can YOU Do?



**Know
where
people can
get care**



**Spread the
word that
people
may still
apply**



**Become an
enrollment
assister**



**Make a
plan**



**Partner
with health
centers
and
enrollment
assisters**

What can your organization do right now?

Questions?

Jessica Kendall

Director of the Enrollment Assister Network

Families USA

202-870-8368

jkendall@familiesusa.org

<http://familiesusa.org/initiatives/enrollment-assister-resource-center>



1201 New York Avenue, NW, Suite 1100
Washington, DC 20005

main 202-628-3030 / fax 202-347-2417

STRATEGIES TO INCREASE HEALTH INSURANCE ENROLLMENT FOR PEOPLE WHO ARE HOMELESS

Barbara DiPietro
Director of Policy

Tuesday, February 24, 2015

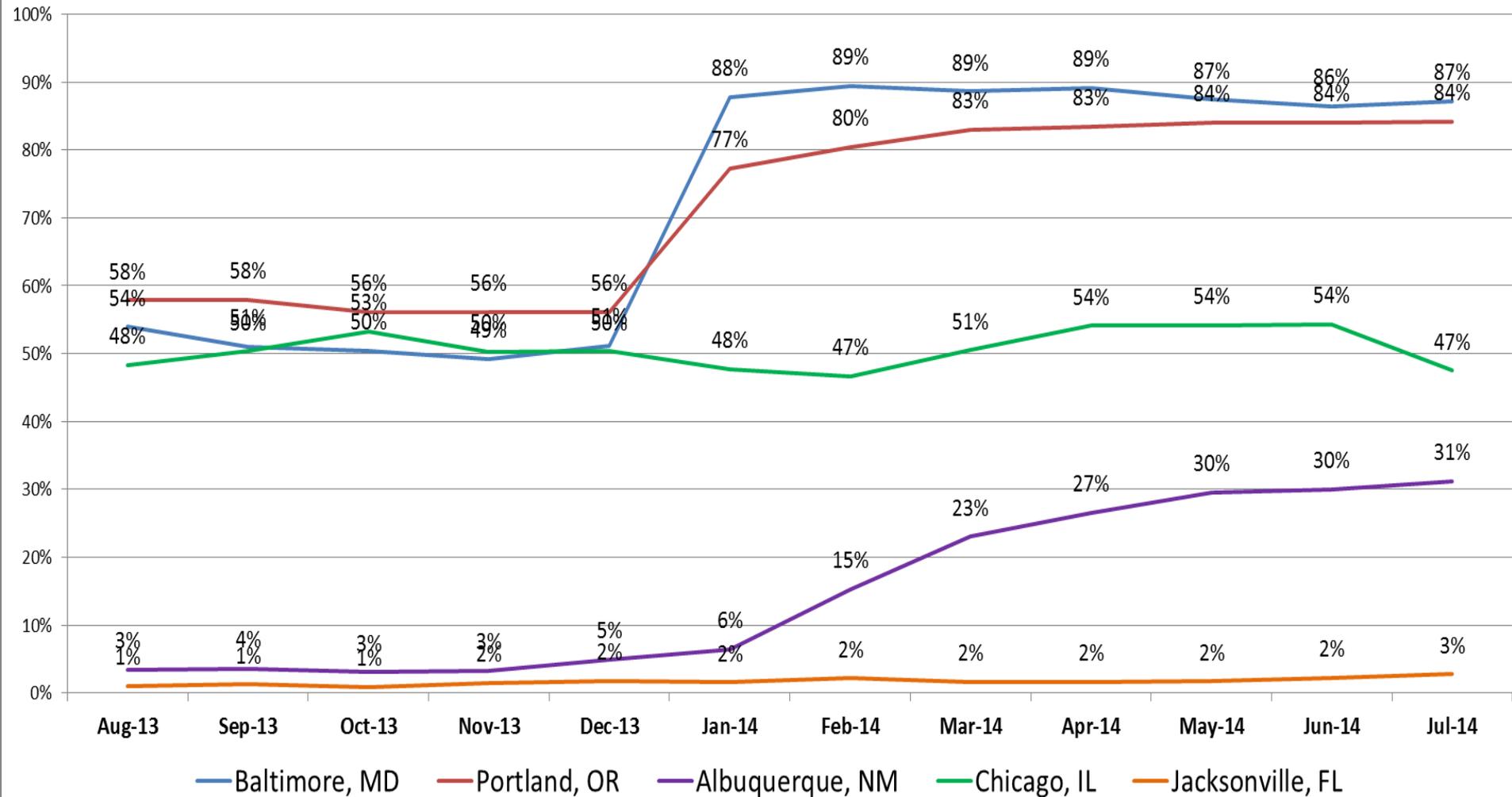
WHY THIS IS IMPORTANT FOR HOUSING PROVIDERS

- New eligibility for insurance facilitates access to broad range of needed health services
 - Stabilizes or improves health conditions
 - Helps prevent relapse and/or worsening of health
- “Health care is housing” in cases where relapse can mean disqualifying from program
- Many resources in every community to help with enrollment
 - You do not have to be an expert on health care, the ACA, or enrollment!
- Specific partnerships will depend on state decisions, program capacity & local relationships

AREAS OF GREATEST CHANGE

1. Outreach and enrollment
 2. Provider services
 3. Delivery systems
- Opportunities to maximize, but challenges to address
 - All systems & programs involved with people who are homeless can help ensure clients are connected to benefits and care

Percent of Visits with Clients Who Have Health Insurance August 2013 - July 2014



WHAT O&E WORKERS ARE SEEING

- Nearly all who are homeless are Medicaid-eligible
- Need to continually emphasize no close to enrollment for Medicaid
- Willing to enroll and excited to access specific services
- Focusing beyond enrollment to engagement in care
- Clients are spreading the word with others

But...

- Online marketplace system glitches & dropped enrollments
- Need to educate clients about how to use benefits

WHAT PROVIDERS ARE SEEING

- Greater access to services, wider treatment options, better care
- Increases in third-party billing → greater financial stability → better ability to conduct longer-term planning
- Increased staffing (more hiring)
- Clients better engaged in care, realizing own goals

But...

- Greater administrative burdens
- Gaps in services not covered by Medicaid (e.g., residential treatment, dental, some therapies)
- Fragmented & inconsistent insurance system

WHAT DELIVERY SYSTEM CHANGES ARE HAPPENING

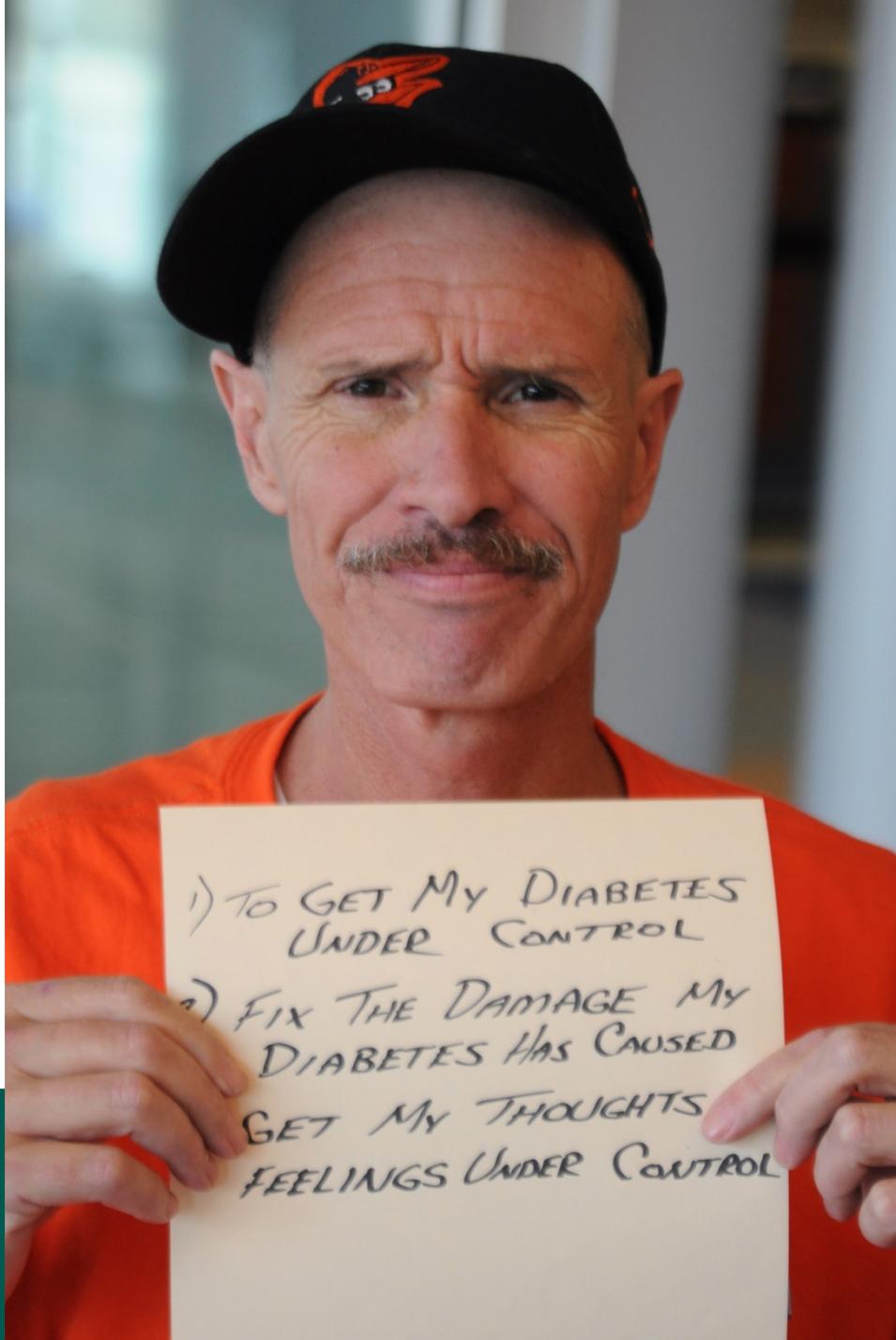
- Greater focus on health outcomes, integrated care and care coordination
- Changing payment models
- Increasing recognition of social determinants of health & connection between health status and housing status
- More attention to “frequent users” of hospitals
- Greater availability of integrated data systems between health care providers

5 CHALLENGES

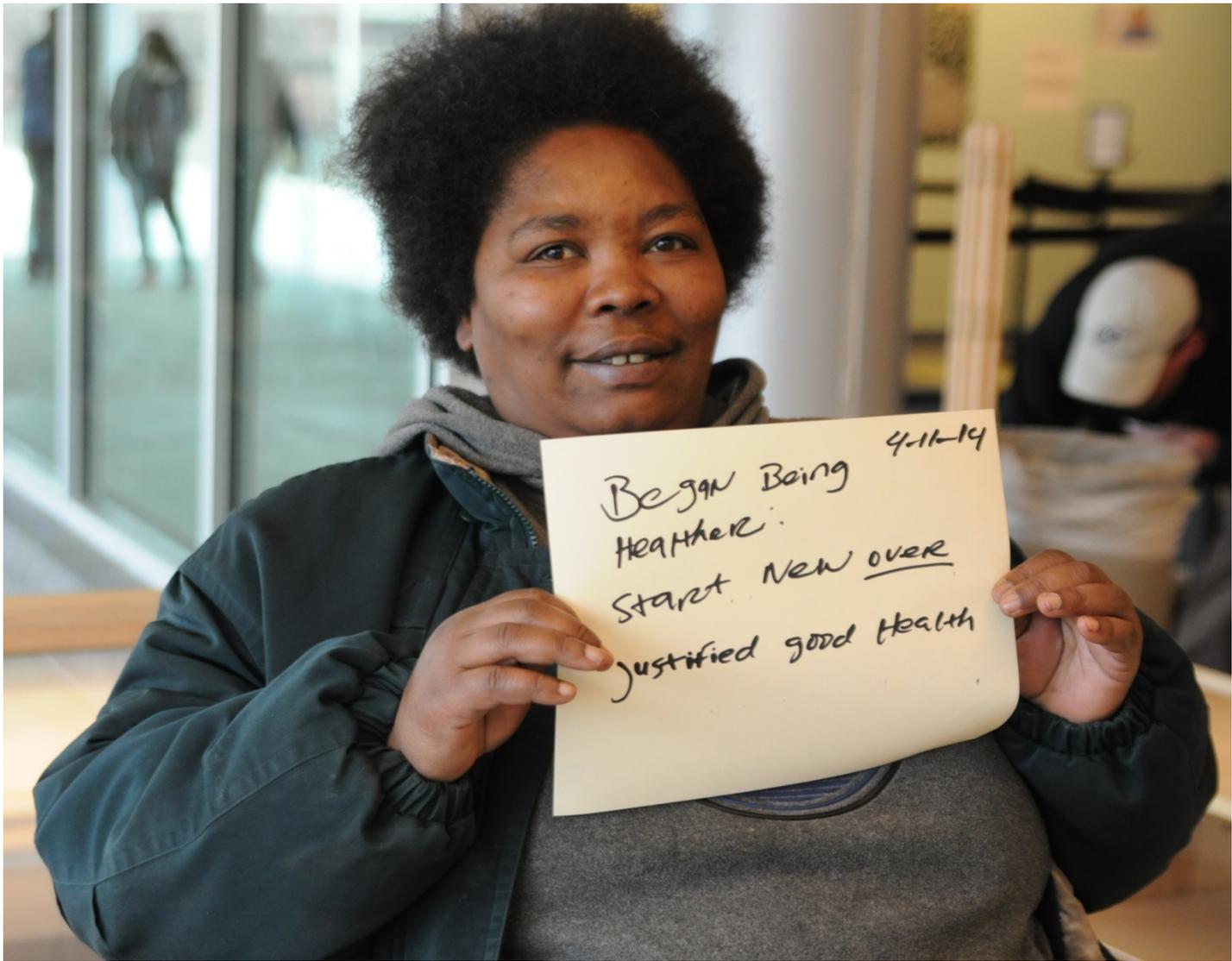
1. Ensure clients get connected to benefits—and stay connected to care
2. Grow local health and housing capacity & core competencies to meet client needs
3. Fill gaps in services with local and/or state funding (or advocate for additions to Medicaid)
4. Understand new systems take time to develop—for health care providers and clients
5. Build local support for both housing and health care as inter-related systems

10 OPPORTUNITIES

1. Merge ACA changes with coordinated access
2. Create a better health care system locally
3. Connect clients to the care they need to get better
4. Forge stronger client relationships via benefits
5. Educate clients to understand their choices
6. Empower clients to participate in their health care plans
7. Stem recidivism into justice system and social services system due to behavioral health
8. Realize healthier families and more stable communities
9. Increase dignity and equity in health care
10. **Prevent and end homelessness by stabilizing/improving health**



1) TO GET MY DIABETES
UNDER CONTROL
2) FIX THE DAMAGE MY
DIABETES HAS CAUSED
GET MY THOUGHTS
FEELINGS UNDER CONTROL



CONTACT & RESOURCES

- Barbara DiPietro, Director of Policy: bdipietro@nhchc.org
 - Resources available at: <http://www.nhchc.org/policy-advocacy/reform/nhchc-health-reform-materials/>
1. **Outreach & Enrollment Quick Guide:** Promising Strategies for Engaging the Homeless Population
 2. **Tip Sheet:** Strategies for Building Client Engagement | Practical Advice from Frontline Homeless Service Providers (2 pages)
 3. **Policy brief from Kaiser Family Foundation:** *Early Impacts of the Medicaid Expansion for the Homeless Population*

STRATEGIES TO INCREASE HEALTH INSURANCE ENROLLMENT FOR PEOPLE WHO ARE HOMELESS

Katie League, LCSW-C
Outreach and Enrollment Coordinator
Health Care for the Homeless
Baltimore, MD



HEALTH CARE
for the HOMELESS INC.

Local Perspective: Baltimore, MD

- Maryland had committed to expanding Medicaid even prior to ACA being upheld by Supreme Court
- State-based program that only covered primary care (PAC)
- Most single adults did not qualify for Medicaid (though some likely eligible due to disability)



Anticipated Issues

- Clients would not want insurance
- Clients would not know necessary information
- Health insurance would be too complex to explain
- Online verification of ID, proof of income, etc. wouldn't work
- Saturation of need in clinic
- Trouble finding clients who are interested in insurance
- Running out of clients who are eligible that need enrollment assistance



What We Found

- Clients receptive and excited to have options for insurance
- Through outreach and patience, able to work through most problems (i.e. missing information)
- Clients wanted to know how the ACA benefited them



Additional Findings

- On-going need for enrollment remains. Potential causes:
 - Incarceration
 - Lack of stable mailing address so benefits are cut off
 - Applications are filed but not approved for various reasons
 - Redeterminations
- Challenges with the state's process require additional support for navigation –something homeless services is used to



Technical Challenges

- Creation of usernames and passwords
- Multiple systems talking to one another
 - Lack of access to the “Internal Portal”
 - Incarceration status
- Data entry
 - Old, incorrect data
 - Different systems have different information



Outreach

- Often facing multiple health conditions (mental health, substance use) – be prepared to work with this even if you don't plan to treat it
- Challenges with engagement
 - Mental health serves as a barrier
 - Fear of medical bills
 - Lack of understanding of what insurance does
 - Fear of giving out personal information
 - Lots of misinformation about the ACA
- Outreach often takes multiple efforts



Lessons Learned on Outreach

- In-person assistance equalized the process
- Careful application tracking is essential
- Capturing all of the information in one session is essential – follow-up is very difficult but a lot can be done without the client once the application is completed
- Establish strong lines of communication with the Connector Entity
- Have to be flexible as process was not working within ‘normal’ routes



Finding Uninsured Clients

- Hospitals/Emergency Rooms
- Parole and Probation
- Pharmacies
 - Clients use insurance to purchase medications and realize their coverage has lapsed
- Sites that don't (usually) provide healthcare
 - Meal programs
 - Drop-in Centers
 - Shelters & transitional programs



Difficulties in Delivering Care

- People who are homeless lack control over living conditions and have difficulty managing illness
- Lack education or knowledge about conditions
- Lack ability to manage or maintain care plans
- Often co-occurring conditions that impact functioning and ability to access care consistently
- Have forgone needed care due to multiple, severe conditions and need to prioritize daily needs (e.g., food, shelter, safety)



Advice to CoCs

- Post Flyers
- Include “do you have insurance” question on intake/assessment
- Educate staff as well as clients
- Encourage local systems to track through the full process (uninsured to active insurance)
- Develop relationships with Assisters/Navigators/CACs
- Invite them for regular sessions
- Offer groups on accessing health care





Increase Access to Income and Health Insurance for People with Disabilities

Presented By:
Kristin Lupfer, Policy Research Associates, Inc.

February 24, 2015

Health Care Programs

Key federal health care programs available for people with disabilities

- Medicaid
 - Low-income
 - Categorically eligible individuals
- Medicare
 - SSDI recipients
 - Elderly (65+)

Why Enroll Consumers?

- Provides preventive health care
- Avoids emergency room usage
- Builds relationships with physicians
- Supports people to stay healthy
- Improves health of overall community

Potential Enrollment Challenges

- Consumers may be unfamiliar with health insurance and its value
- Many are unaware of eligibility
- Cost concerns (premiums, co-pays)
- Distrust of government programs
- Difficulty making or reluctance to make decisions

Engagement Strategies

- Begin with trusted sources
 - Case workers, community providers
- Peers are crucial
- Deliver positive messages
 - Stay independent and in control
 - Be more financially secure
 - Improve and maintain your health and well-being
- Emphasize availability, ease of enrollment and affordability

SOAR Technical Assistance Initiative

- SOAR – SSI/SSDI Outreach, Access & Recovery
- For people who are experiencing or at risk of homelessness
- Sponsored by the Substance Abuse & Mental Health Services Administration (SAMHSA) in collaboration with SSA since 2005
- SOAR is active in all 50 states
- SOAR TA Center helps states and communities by providing technical assistance and training

Changing Lives Since 2005

- 22,863 persons experiencing or at risk for homelessness have been approved on initial application
- 65% approval rate overall, in an average of 94 days in 2014
 - Top 10 SOAR states have an average approval rate of 82%
- Compares to 10-15 percent for unassisted applications from people who are homeless and 26 percent for all applicants
- Appeals can take a year or more; many people give up and do not appeal

SSI & SSDI: The Basics

Supplemental Security Income (SSI)

Needs based; federal benefit rate is \$733 per month (2015); provides Medicaid in most states

Social Security Disability Insurance (SSDI)

Amount depends on earnings put into SSA system; Medicare generally provided after 2 years of eligibility

Importance of SSI/SSDI for Individuals

- SSA disability benefits can provide access to:
 - Income
 - Housing
 - Health insurance
 - Treatment
 - Employment supports
 - Other supportive services

- For people with disabilities, SSI/SSDI can be a critical step towards ending homelessness and promoting recovery

SSI/SSDI for States & Communities

- People experiencing homelessness are frequent users of expensive uncompensated health care
- Providers can recoup cost of this care from Medicaid for up to 90 days retroactive to date of SSI eligibility
- States and localities can recoup from SSA the cost of public assistance provided during the application process
- SSI, SSDI and Medicaid bring federal dollars into states, localities and community programs

Affordable Care Act & SOAR

- Affordable Care Act brings expanded access to Medicaid in most states
- SSI/SSDI remain critical to accessing safe and stable housing
- People in housing and treatment have better health outcomes and use treatment services more effectively
- SOAR case managers are especially poised to help individuals who are homeless to enroll in Medicaid
- DON'T let Medicaid enrollment divert your community from the importance of accessing SSI/SSDI benefits for those who are eligible

Medicaid and SSI

Access to SSI/SSDI income support remains essential

- Housing
- Living expenses

Consumers should enroll in health coverage as soon as possible

Once approved for SSI they can change their Medicaid coverage based on their SSI eligibility

- Indicate that they are disabled on original application

SOAR and CoCs

SOAR is a CoC priority

- 2014: SOAR Training is a CoC Participation Scoring Item
- 2014: Identified SOAR Lead within an Agency is a CoC Participation Scoring Item
- 2015: SOAR Success / Performance reporting will be a CoC Scoring Item

Coordinated Entry and Assessment

- Documentation of priority status (P12 system)

SOAR Online Training

<http://soarworks.prainc.com/>

- Free, web-based course to train case managers in completing SSI/SSDI applications using SOAR
- Standardized, self-paced training
- Includes completion of a practice SSI/SSDI application
- Individualized feedback from the SOAR TA Center
- 16 CEUs from NASW
- Class 1 of the course provides a SOAR 101

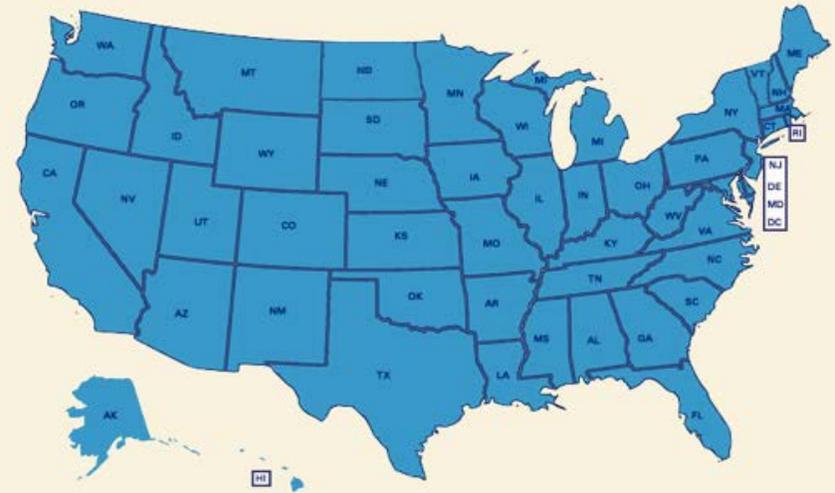
Get Involved with SOAR

<http://soarworks.prainc.com/directory>

- Find your SOAR TA Center Liaison
- Find your SOAR State Team Lead
- Connect with SOAR in your community
- Problems? Let us know!

SOAR In Your State

SOAR is available in all 50 states. Please use the map below to view information for your state.



Connect with Us

Kristin Lupfer, LMSW

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Strategies to Increase Health Insurance Enrollment for People Who Are Homeless



Speaker Contact Information

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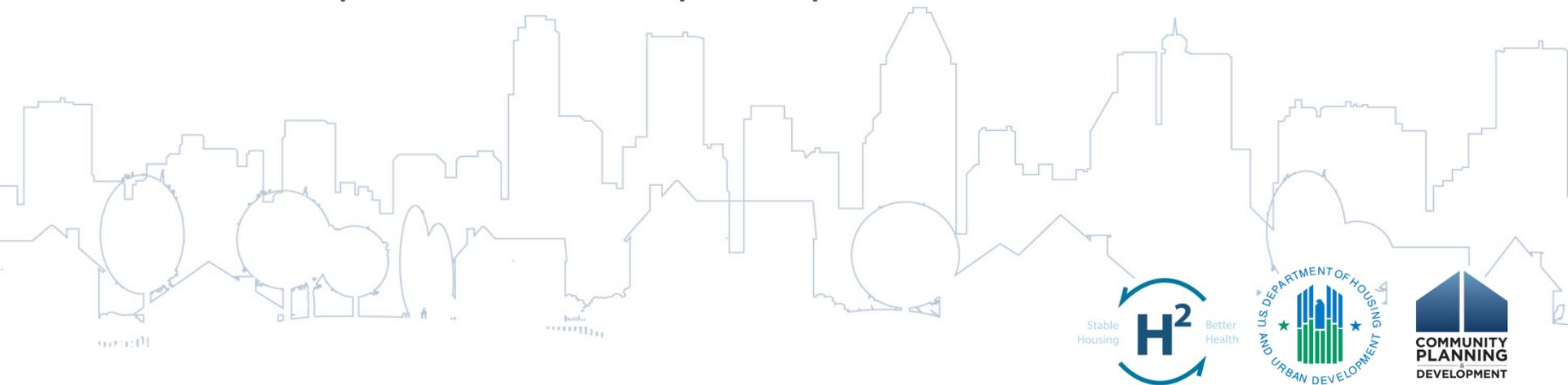
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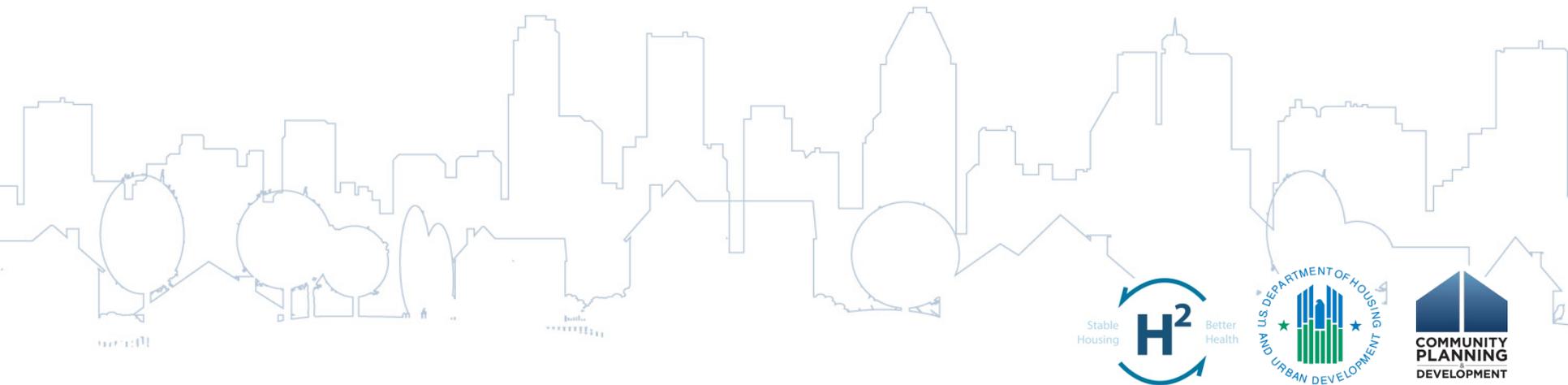
Resources

- HUD ACA Website:
<https://www.hudexchange.info/aca/>
- Information on youth accessing healthcare:
<http://www.acf.hhs.gov/programs/fysb/resource/getting-taken-care-of-20140912>
- National Health Care for the Homeless:
<http://www.nhchc.org/policy-advocacy/reform/nhchc-health-reform-materials/>



Additional Resources

- FamiliesUSA:
<http://familiesusa.org/initiatives/enrollment-assister-resource-center>
- SOAR TA Center:
<http://soarworks.prainc.com/directory>



For Additional H²Information

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