

# TennCare Shelter Enrollment Project

*An outreach effort to increase health insurance coverage and improve health care access for homeless children in Tennessee*

Most homeless children are eligible for Medicaid.<sup>1</sup> Virtually all uninsured homeless children in Tennessee are eligible for TennCare, the state's Medicaid managed care program. Nevertheless, a number of obstacles prevent or delay their enrollment in TennCare and impede the access of enrolled children to covered health services. Homeless children are at heightened risk for asthma, infectious and other diseases, and for physical and emotional abuse which, without appropriate care, may retard normal growth and development.

The National Health Care for the Homeless Council initiated the TennCare Shelter Enrollment Project in 1998 to improve the health of homeless children by increasing their access to health coverage and primary care. The project seeks to accomplish these goals by educating emergency shelter providers and the families they serve about TennCare, and by working with a variety of stakeholders in communities across the State to identify and reduce access barriers for homeless children.

This outreach demonstration project is supported by a grant from the Department of Housing and Urban Development Emergency Shelter Grant Program, administered by the Tennessee Department of Human Services, and matched by the Bureau of TennCare, Tennessee Department of Finance and Administration. Now in its seventh year, the TennCare Shelter Enrollment Project has involved over 48 emergency shelters statewide in 28 counties, serving over 14,000 homeless children since July 1998. (This number does not represent all Tennessee children who were homeless during that period.)



*Project Coordinator Tony Halton, MSSW, convenes stakeholders' work group in a Nashville domestic violence shelter.*

Participating shelters, families residing there, and community workgroups have identified the following obstacles to health insurance coverage and health care for homeless children:

- Lack of awareness of TennCare eligibility criteria, enrollment procedures, and covered benefits;
- Difficulty filling out applications and satisfying documentation requirements;
- Missed communications about eligibility and enrollment due to lack of a stable address;
- Difficulty obtaining transportation to complete the enrollment process and keep clinical appointments;
- Long delays between application and enrollment, resulting in discharge from shelters before families know whether or not their children have qualified for health coverage; and
- Long waits for routine primary and behavioral health care appointments for children on TennCare.

As a result of project advocacy and outreach efforts, many obstacles have been reduced or eliminated through:

- Education of emergency shelter staff and homeless families about TennCare, health risks for children who are homeless, and the importance of preventive care;
- Simplification of TennCare application and enrollment procedures - e.g., optional phone interviews, mail-in renewal procedures in 2004;
- Dissemination of information about TennCare eligibility, application and renewal procedures to sheltered homeless families;
- Outreach to family shelters by health departments and managed care organizations to increase awareness of and access to preventive health (EPSDT) services; use of mobile clinics to provide health and dental screenings at shelter locations.

Decreases in the percentages of uninsured children at shelter discharge and increases in the percentages of children obtaining primary care during their shelter stay since 1998 demonstrate the success of this project.

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<sup>1</sup> The average income of homeless families in the U.S. (typically, a parent with two children) was 46% of the Federal poverty level (\$475 per month) in 1996, according to findings of the National Survey of Homeless Assistance Providers and Clients (Burt, 1999).

**Access to Health Insurance and Primary Care for Sheltered Homeless Children  
in Tennessee, FY 1999 – FY 2005**

<b>TennCare Shelter Enrollment Project participants</b>	<b>FY 1999</b>	<b>FY 2000</b>	<b>FY 2001</b>	<b>FY 2002</b>	<b>FY 2003</b>	<b>FY 2004</b>	<b>FY 2005</b>
uninsured at shelter admission	18%	11%	19%	14%	12%	13%	16%
on TennCare at shelter admission	64%	72%	66%	69%	74%	73%	67%
other health insurance at shelter admission	13%	14%	11%	12%	12%	12%	13%
on TennCare at shelter discharge	73%	80%	79%	78%	81%	81%	72%
uninsured at shelter discharge	9%	3%	6%	6%	5%	6%	11%
primary care visit during shelter stay	3%	16%	28%	19%	32%	33%	28%
Total children served	1508	2440	3178	2715	1676	1209	1323

**Outcomes:**

- *Nearly 80% of homeless children residing in participating shelters across the State of Tennessee are enrolled in TennCare.* During the seven-year period since the TennCare Shelter Enrollment Project began, the percentage of homeless children reported to have TennCare coverage by the time they left emergency shelters averaged 78%, exceeding 80% in FY 2003 and FY 2004.
- *On average, 7% of homeless children lack health insurance by the time they leave emergency shelters.* Six years ago, the percentage of children who remained uninsured during their entire shelter stay was 9%. In FY 2004, only 6% remained uninsured at shelter discharge. This percentage climbed to 11% in FY 2005 during a time of major changes in TennCare policies and procedures.
- *Nearly 30% of homeless children on TennCare see a primary care provider during their shelter stay.* The percentage of reported visits to a primary care provider by homeless children on TennCare increased eightfold between FY 1999 (3%) and FY 2005 (28%), largely as a result of this project's efforts. Nevertheless, homeless children on TennCare remain significantly less likely than other children on TennCare to receive preventive care ("well-child" check-ups). About 10% of sheltered homeless children receive preventive health screenings annually, compared to nearly 50% of all children on TennCare of comparable age (under 10 years old).

**Recommendations:**

- *Implement presumptive eligibility or expedited enrollment for homeless children* – which can help to assure prompt access to primary and preventive care and reduce unnecessary utilization of hospital emergency rooms, the most expensive source of care. (Presumptive Medicaid/SCHIP eligibility for children is authorized under Title IX, Section 4912 of PL 105-33 of the Social Security Act. For more information, see: <http://www.acf.hhs.gov/programs/cse/pol/IM/im-01-07.htm>)
- *Outstation more eligibility workers at locations accessible to homeless families.* Lack of transportation, fear of pursuit by perpetrators of domestic violence, and difficulty keeping appointments at State offices that are open only during working hours make it especially difficult for homeless families to enroll their children in TennCare. Outstationed workers can expedite the enrollment process by initiating applications and determining eligibility at Federally Qualified Health Centers, emergency shelters, and other sites where homeless families receive services.
- *Expand preventive health outreach to homeless shelters.* Outreach strategies typically used by local health departments and managed care organizations (such as direct mailings, phone calls and community health fairs) don't always reach homeless families. More creative and aggressive approaches are needed to improve homeless children's access to preventive health services and provide a "medical home" for children who are otherwise homeless. We recommend provision of EPSDT screenings and education about the importance of preventive care at family shelters.