




Benefits Enrollment Best Practices

Howard Brown Health

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Howard Brown Health is a federally qualified health center (FQHC) in Chicago, IL. Howard Brown's mission is to eliminate the disparities in healthcare experienced by lesbian, gay, bisexual, and transgender people through research, education, and the provision of services that promote health and wellness. Howard Brown's services target lesbian, gay, bisexual, transgender, and queer (LGBTQ) people, patients who are uninsured, and people living with chronic disease; all of these populations experience delays in access to care or fall out of care at increased rates, particularly LGBTQ adults who often do not believe they will be treated with dignity or respect by the healthcare system.

Adults age 65 and older will account for approximately 20% of the U.S. population by 2030, doubling to approximately 88.5 million individuals by 2050. The National Gay and Lesbian Task Force Policy Institute currently estimates there are 1.4 to 3.8 million LGBTQ Americans over 65, increasing to nearly 7 million by 2030. In FY 2019, Howard Brown served over 2,100 patients over the age of 60. In its aging population, Howard Brown Health patients disproportionately live with chronic disease and/or struggle with poverty (80% live at or below 200% of the federal poverty line of \$12,140), both of which age individuals at a faster pace. Additionally, 55% of Howard Brown patients identify as LGBTQ; 42% are people of color; and 7% are transgender.

Affirmative care for LGBTQ people, and especially LGBTQ older adults, requires sensitivity to past medicalization and trauma as well as aptitude with the increased risks, such as diabetes, obesity, substance abuse, mental health disorders, and certain cancers that the communities face. Howard Brown Health provides primary health care, behavioral health services, oral health care, and social services at twelve locations, as well as, through telehealth. Howard Brown offers several programs specifically of interest to older adults, including insurance enrollment support, case management services, chronic disease self-management workshops, and community-based social and educational events.

Proposed Benefit Enrollment Center (BEC) Model

The U.S. Census Bureau estimates Chicago has over 2.7 million people, of whom 11.2% are seniors age 65 and older and 7.1% are people with disabilities under the age of 65. With 16.3% of the city's population estimated to have no insurance and nearly 22% estimated to live in poverty, BECs play a critical role in educating and informing these populations about the programs available to support them, ensure a positive quality of life, and provide for their independence. In the last year, Howard Brown has seen a 31% growth in its patient population over the age of 50 and, within that, a 48% growth in its patient population over the age of 65. This is emblematic of demographic changes throughout the city.

The model Howard Brown proposed for the BEC program was to offer screening, enrollment, and aging case management services at Chicago Housing Authority (CHA) senior residential buildings throughout the City of Chicago, specifically within the community areas of Rogers Park, Edgewater, Lakeview, and Englewood. In cooperation with on-site CHA Residential Service Coordinators (RSCs), who would identify residents who could benefit from screening and application support, the Howard Brown staff would schedule recurring screening and enrollment events at eight CHA sites that house nearly 1,800 residents. In addition, the Benefits Enrollment staff would help individuals to understand how insurance works and how to use insurance to connect to medical care, as well as help individuals to get connected with other resources and agencies that might be able to assist them. These efforts would not just enroll Medicare beneficiaries in these benefits: Howard Brown's proposed program model would engage clients by providing access to many wraparound assistance and health care programs, assisting patients regardless of where they are seen for medical care. This access to a high level of care coordination, in addition to benefits enrollment, enhances program engagement. For example, Howard Brown's insurance and benefits enrollment staff regularly connect their clients who are vulnerable or living with HIV to the agency's robust pre-exposure prophylaxis or post-exposure prophylaxis programs, gender-affirming surgery options for transgender and gender non-conforming individuals, or comprehensive Ryan White case management services for people living with HIV/AIDS (PLWHA). A new staff position of Benefits Enrollment Specialist/Community Health Worker was created as a part of this model.

To promote these enrollment events, the Howard Brown Health Benefits Enrollment team would facilitate group benefits-focused educational sessions at the residential sites. Howard Brown and CHA would partner on this project, utilizing each organization's complementary resources to offer a highly accessible enrollment program to underserved Medicare beneficiaries in need of benefits who might be limited to residential settings. Specifically, CHA RSCs would identify and direct residents in need of benefits support to recurring BEC events held by Howard Brown's Benefits Enrollment Specialist at CHA senior housing units near Howard Brown clinics. For these events, CHA would assist with both promotion to and engagement of residents at the selected senior housing units. Beyond program promotion, CHA RSCs would also coordinate with Howard Brown to identify viable times and locations within their buildings to hold enrollment appointments with residents.

BEC Model Objectives

Based upon the developed model, HBH created the following objectives for the program:

- Utilize person-centered strategies to assist all Medicare eligible individuals, centering on LGBTQ individuals, with services promoting access and enrollment into benefits, as well

as access to related health care and supportive services.

- Collaborate with CHA and additional existing community agencies to provide application assistance and education about Medicare and other medical and financial benefits.

Challenges and Best Practices

Challenge: Towards the beginning of the grant implementation period, Howard Brown received notification that the Resident Services Coordinator positions employed through the CHA senior housing system would be transitioned from CHA to Catholic Charities. Due to this transition, Howard Brown Health needed to pivot and identify new community partners and methods to provide BEC services to the targeted populations.

Best Practices: Upon learning of the changes in partner structure, Howard Brown created an action plan inclusive of internal resources and external relationships to meet the needs of the target populations. The Benefits Enrollment staff completed benefits enrollment training with internal staff, including the Benefits Navigation and Social Service departments, in order to expand the reach of the services for Howard Brown Health patients. Internal promotion of services was conducted amongst all HBH staff through the virtual staff training program “Hub Talks” series, as well as through written materials. The team also conducted outreach to non-CHA owned senior residence and service organizations to schedule BEC screening dates at their sites.

Challenge: Compared to their heterosexual peers, LGBTQ older adults are less likely to have the traditionally built-in support network of children and immediate family members to provide support and care planning assistance. LGBTQ older adults may identify more with a “family of choice” compared to their “family of origin”. LGBTQ older adults have experienced a lifetime of discrimination and barriers to accessing legal and financial benefits. Often, lack of access to marriage and related tax benefits has led to increased poverty and need for financial assistance later in life. For those that chose to marry after the 2015 Marriage Equality Act was passed, many have experienced unintended and unexpected impacts on their eligibility for benefits. For example, a person who was previously eligible and receiving benefits from a specific program may become no longer eligible once married due to their partner’s income or a related disqualifying factor.

Best Practices: When conducting a benefits screening, it is important to accurately capture the household information. Staff utilize questions to clarify who the legal household members are, while honoring the validity and significance of a person’s long-term romantic partner or chosen family member. Staff will use tax filing as an example of who to include – “Could you file taxes

jointly as a married couple?” “Do you claim this person as a dependent in your household or do they claim you as a dependent?”

Another way to ensure proper inclusion or exclusion of a partner on benefits applications is to ask if the marriage is filed with the state: “Is it a legally documented marriage?” Often, a client may use traditional terms like “husband” or “wife, to reference a long-term romantic partner who shares a home with the client, but to whom they are not legally married. Staff also provide referrals to the Howard Brown Health legal clinic, which is staffed by paralegals and lawyers from the community, to provide more detailed information and guidance in relationship to benefits, entitlements, and the make-up of households.

Challenge: Individuals living with HIV experience unique benefits enrollment support needs. Due to the high cost of medications and treatment for the condition, challenges present themselves when navigating additional financial support programs. Because of previous or current experiences dealing with stigma and discrimination due to their HIV status, individuals may not share all of the information that is necessary to assist with a successful benefits screening and enrollment process.

Best Practices: All staff at Howard Brown completing BenefitsCheckUp® screenings are trained in completing the AIDS Drug Assistance Program (ADAP) application process. If a client is eligible for ADAP assistance at the time of screening, an application is completed and submitted. In order to create an environment where open disclosure of sensitive topics can occur, staff review the client’s privacy rights and the Howard Brown Health Confidentiality Pledge. Staff also stress that the individual has the right to not answer any questions that they choose, but that the questions are specifically asked to help determine eligibility for supportive programs. If an individual expresses needs for support and assistance beyond benefits, staff refer internally to the HIV Medical Case Management team to conduct further screening and to provide assistance. Younger adults tend to be more skilled in accessing the internet to search for resources, where older adults may need more personalized assistance to look for services (rental assistance, etc.) beyond the core public benefits.

The 2020 COVID Pandemic and Its Impact

Beginning in March 2020, the COVID pandemic led to shelter at home policies, as well as widespread closures of government agencies and financial assistance programs. As of March 16, 2020, all non-medically essential Howard Brown staff transitioned to working remotely. Howard Brown again needed to pivot to be able to meet the benefits needs of older adults in a rapidly changing environment.

Challenge: A significant percentage of the older adult population lacks the equipment and/or access to technology in order to be able to complete BEC services through remote/virtual formats. For those older adults that are not literate in English, there are additional barriers to accessing information and applications online. Staff are now calling from phone numbers that do not show as “Howard Brown Health” on caller ID, which has impacted the ability to effectively communicate with community members.

Best Practice: Assessing a client’s access and ability to utilize technology needs to occur prior to attempting to conduct benefits enrollment screening and support. Handouts with visual descriptions on how to utilize Zoom and other web-based programs are provided to clients, so they are able to review when attempting to utilize technology. Staff also schedule initial remote meeting sessions to assess the client’s technology knowledge and capabilities, so that the screening and application session runs smoothly. Staff utilize the share screen feature to engage the client in the meeting and to increase the client’s comfort with services as they are seeing real time what is being entered into the systems.

Challenge: Due to public and private agency closures, access to information about current benefits, applications, and redeterminations is more restricted and/or unavailable. The HBH methods of marketing within the clinic and community spaces have ended. Older adults report difficulty understanding changes to their benefits, including the temporary changes in SNAP benefit amounts and changes to application/redetermination dates. There are also additional concerns regarding potential scams, which had led to an increased hesitation to provide personal information over the phone or during web-based meetings.

Best Practice: During this time, staff has found that it is important to not only address current benefit needs with clients, but it is also vital to check in regarding their general health and well-being and potential areas in need of assistance. As many individuals are experiencing heightened stress and/or anxiety levels during this time, it is imperative to email or mail follow up information, including the completed BenefitsCheckUp report, completed applications, and benefit program handouts to clients to be able to review. Howard Brown Health increased outreach for BEC and related services through an increased social media presence, participation in the NCOA Boost Your Budget campaign, and BEC-focused blog posts in the Howard Brown Health Aging Well newsletters. To increase comfortability in working with Howard Brown Health for benefits enrollment, we ensure that an individual works consistently with the same staff member, so that rapport and trust is built. Staff identities and contact information can be verified by contacting staff leadership through official agency phone number and email system.

Client Stories

One client observation made by several staff assisting older LGBTQ adults during the period of the COVID pandemic is how resilient the older LGBTQ adults are in the face of adversity. Previous experiences living through the AIDS epidemic and previous periods of economic downturns and instability has helped them to build this resilience.

Elijah's Story

Elijah is a single gay male age 66 living with several preexisting chronic illnesses. Elijah's annual income is below \$10,000. Elijah represents a large number of urban men (especially black men) who, due to low income and a lifetime of experiencing social and economic disparities, had fallen out of medical care.

The Benefits Enrollment Specialist (BES) met with Elijah and completed a BenefitsCheckUp. Elijah was already enrolled in Medicare Parts A and B and was receiving SNAP benefits, but was in need of additional medical coverage support. The BES assisted the participant in completing applications for both Medicaid and Medicare Savings Programs (MSP). The client was also provided a copy of BenefitsCheckUp report, which gave additional referrals for services, including food and transportation. Elijah now reports that they feel confident to schedule and attend their medical appointments and to maintain adherence to their treatment plan.

William's Story

William is a single gay male age 67 living with multiple preexisting conditions. William is self-employed and his annual income is below \$10,000. William's resources have changed due to the expiration of unemployment benefits and lack of employment opportunities due to the COVID pandemic. He is quite concerned about his future financial income and medical care coverage, like many other LGBTQ older adults who were self-reliant all their adult life only to have an uncertain financial and medical future develop as they became older.

The BES met with William and completed the BenefitsCheckUp screening. Based on meeting initial eligibility, the BES assisted in completing applications for Medicaid, MSP, SNAP, and the Chicago Transit Authority Ride Free Card. William has reported he is very happy that the application process has begun and is currently awaiting results of his applications.

Rosemary's Story

Rosemary is a widowed heterosexual female age 67 living with diabetes. Rosemary was receiving \$11,268 annually in Social Security retirement benefits and was also receiving income from part-time employment. After experiencing an injury while commuting, she became disabled and was not able to continue to work. She was very concerned about her future and how she was going to live and pay her bills.

The BES met with Rosemary and completed a BenefitsCheckUp. BES and the client filed online applications for Medicaid, MSP, and reapplied for her SNAP benefits. Rosemary was approved for Medicaid and her SNAP benefits were approved for \$166.00 monthly. Although her physical rehabilitation is an ongoing process, she is very pleased that medical services and access to food and daily living needs are easier to maintain.