



SAFETY NET SERVICES & SUPPORTS: A PRIMER

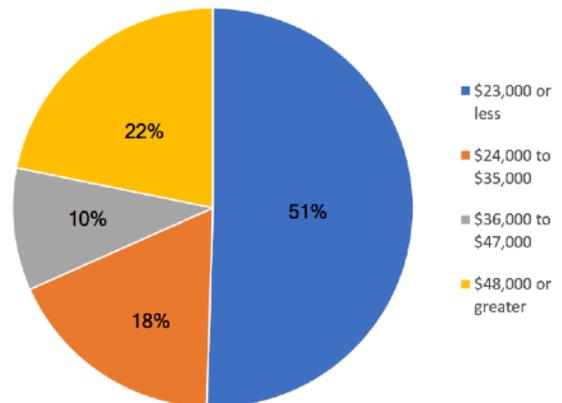
What are Safety Net Services and Supports?

Government welfare programs are often referred to as the public “safety net” — protecting low-income individuals and families from the hardships and disparate outcomes of poverty. The patchwork of programs include **Medicaid**, **Children’s Health Insurance Program (CHIP)**, **community health centers**, **Supplemental Nutrition Assistance Program (SNAP**, formerly food stamps), **Low-Income Home Energy Assistance Program (LIHEAP)**, and family income support programs such as the **Temporary Assistance for Needy Families (TANF)** or **Supplemental Security Income (SSI)**. These programs provide health care coverage or health care services as well as financial assistance to patients and families who are experiencing financial or household material hardships such as food, energy and housing insecurity.

The safety net also includes a variety of private, non-governmental charitable assistance programs that range from local churches, food banks and free clinics to national programs like **Meals on Wheels**, **NeedyMeds** and **Patient Advocate Foundation (PAF)**. These organizations all

fulfill a critical role by either connecting or providing direct assistance to individuals who require social supports, services or health care. Together, the public and private programs that make up the safety net provide an extra layer of support and security, directly impacting the health and well-being of vulnerable patients and families.

Income Distribution of PAF Patients, 2017



*Percentages may not sum to 100 due to rounding

The most vulnerable patients need the most help. The majority of patients served by Patient Advocate Foundation in 2017 had an income level below \$23,000 — the same income level for a family of two that would qualify for Medicaid or most public safety net services and supports.

The Faces of the Safety Net

Eligibility for most public and private safety net services and supports is based on **federal poverty guidelines**. For instance, non-elderly adults with incomes below 138% FPL are eligible for Medicaid, while incomes below **130% FPL** are eligible for SNAP, though eligibility requirements may differ from state to state. Indeed safety net programs are meant to bolster low-income individuals from poverty, but they also prevent other groups of individuals (described below) from suffering through medical, financial or cost of living crises.

Low-income adults and their families. Although the total number of individuals who benefit from public safety net programs is not known, in 2016, Medicaid covered **76 million low-income individuals**¹, SNAP covered **40 million low-income individuals**², and LIHEAP provided heating assistance to **6.3 million households** in FY2014³. Among non-elderly Medicaid adults, nearly **8 in 10** live in working families⁴, or report working themselves. Of those non-elderly adults on Medicaid not working, many **report** major impediments to their ability to work including illness, a disability, or caring for a loved one⁵.



Children with special needs. Because Medicaid provides a wide range of medical and long-term services and supports (LTSS), many of which are not covered at all or are limited through private insurance, children with special health care needs and their families rely on Medicaid as affordable coverage for services such as home nursing care, therapies to address developmental delays and mental health counseling. Children enrolled in Medicaid and CHIP make up half (**50.7%**) of total Medicaid and CHIP enrollment⁶. Approximately **70% of SNAP participants** in 2017 were families with children⁷.



Pregnant women. **Federal law** requires state Medicaid programs to offer family planning benefits as well as coverage for pregnancy related services to pregnant women with incomes up to 133% FPL and cover them up to 60 days postpartum⁸. **Nearly half of all births** were financed by Medicaid in 2010, making it the largest single payer of pregnancy-related services⁹.



People with disabilities. The **elderly and non-elderly people with intellectual and developmental disabilities**¹⁰, physical disabilities, behavioral health diagnoses, spinal cord or traumatic brain injuries, and/or disabling chronic conditions all rely on the safety net. Over **8 million people** rely on supplemental security income (SSI)—a cash payment to help low-income people with disabilities pay for housing, food, and other basic needs¹¹. People with disabilities also benefit from Medicaid for health care coverage and for LTSS. More than **1 in 3 adults** under age 65 enrolled in Medicaid have a disability¹².



The elderly. **Medicaid is the primary payer of LTSS** in the United States. Millions of seniors and their family caregivers rely on the program to provide home health care or nursing home benefits¹³. Approximately **17.4 million** adults ages 65+ and people with disabilities of all ages relied on Medicaid in FY2013¹⁴. The non-emergency medical transportation benefit—part of Medicaid—is critical to elderly patients who need assistance to get to medical appointments as are community programs like Meals on Wheels which help prevent hunger and social isolation.



Caregiver Spotlight: Martha Herrera

Mother of Special Needs Child and Parent Navigator

After years of searching for answers, Martha finally received some clarity about her daughter's health; Angelica was diagnosed with pontine tegmental cap dysplasia (PTCD) when she was two and a half years old. PTCD is a rare non-progressive neurological disorder characterized by severe developmental delay. Angelica's symptoms include hearing impairment, weak muscles, recurrent eye ulcers and mobility issues.

Martha's early years as a mother were faced with worries about how she could afford to care for her daughter. When she became eligible for Medicaid, she finally felt at ease. Angelica, now 8 years old, is in stable health, but continues to go to physical and occupational therapy and requires use of a wheelchair. Martha says that paying for those services would be astronomical costs to her family if they didn't have Medicaid.

Not only has Medicaid helped Martha and her family afford access to needed services for Angelica, Medicaid has also helped improve their quality of life. So they were faced with a difficult decision when her husband found out that he would be up for promotion in December 2018. With his promotion, he would be making two dollars more per hour—just enough to no longer qualify for Medicaid. For that reason, her husband decided to pass on the promotion since their family would be losing so much more than they would gain.



“Having access to the safety net means that I won’t have to worry about going into debt to provide the medical care my daughter needs.”

- Martha Herrera

Protecting the Safety Net

Rising health care costs have put increased pressure on scarce safety net resources. Charities cannot keep pace with the demand, and public programs are becoming increasingly vulnerable due to federal and state [funding threats](#)¹⁵.

Expanding Medicaid in states that have yet to do so, while also preserving the program's key founding principles, will be vital to strengthening access to the safety net. Studies have shown that Medicaid expansion has [improved the financial health of low-income patients](#) living in the US¹⁶, has [led to greater access to psychosocial support](#)¹⁷ and has [improved children's access to care](#)¹⁸. Any changes that restrict Medicaid coverage can and will directly impact the millions of people who are currently benefitting from it and other safety net services.

Safety net services and supports are critical to addressing health inequities. The people who depend on safety net services and supports do so because they have no other choice. Careful monitoring of the safety net landscape will be important to identify opportunities for new policy solutions that will address the threats to these essential services and supports as they continue to emerge.

NPAF supports person-centered policies that will:

1

Improve safety net screenings: Routinely assess for financial, psychosocial and household material hardships as a standard of care, with referrals to safety net services and supports for the patients and families who need them.

2

Invest in research: Develop and disseminate standardized screening tools and integrate them in all care settings.

3

Sustain, strengthen and expand the safety net: Support initiatives that will expand Medicaid coverage and preserve access to both public and private safety net services and supports.

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About National Patient Advocate Foundation

The National Patient Advocate Foundation, the advocacy affiliate of the Patient Advocate Foundation, represents patient voices, both the powerful stories of individuals and the collective needs of the community. Our staff and advocates work at the local, regional, and national level to promote equitable access to affordable, quality health care for people with serious and chronic illnesses. We develop person-centered policies that promote skilled communication, shared-decision making, quality care improvement, and safety-net services navigation supporting quality of life for everyone.