

NATIONAL  
HEALTH CARE  
*for the*  
HOMELESS  
COUNCIL

# FINANCING MEDICAL RESPITE CARE:

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A Practical Discussion to Ensure Sustainability

June 13, 2017

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# TODAY'S DISCUSSION

- What is medical respite care?
- Rationale for medical respite programs
- Financing approaches most commonly used
- Two program profiles
- Expert panel discussion on financing
- **Upcoming resource!** Policy brief on financing medical respite programs (to be released soon)

# SPEAKERS TODAY

- **Julia Dobbins**, Project Manager, National HCH Council
- **Brenda Goldstein**, Psychosocial Services Director, LifeLong Medical Care, Berkeley, CA
- **Brandon Clark**, Chief Executive Officer, Circle the City, Phoenix, AZ; Chair-elect, Respite Care Providers Network (RCPN) Steering Committee
- *Moderator:* **Barbara DiPietro**, Senior Director of Policy, National HCH Council



# MEDICAL RESPITE: DEFINITION

- Acute & post-acute medical care for people who are homeless who are too ill or frail to recover from sickness or injury on the street, but not sick enough to warrant hospital level care
- Short-term residential care that allows people who are homeless to rest in a safe environment while accessing medical care and support services
- **NOT:** skilled nursing facility, nursing home, assisted living, or supportive housing

## Diversity of Programs

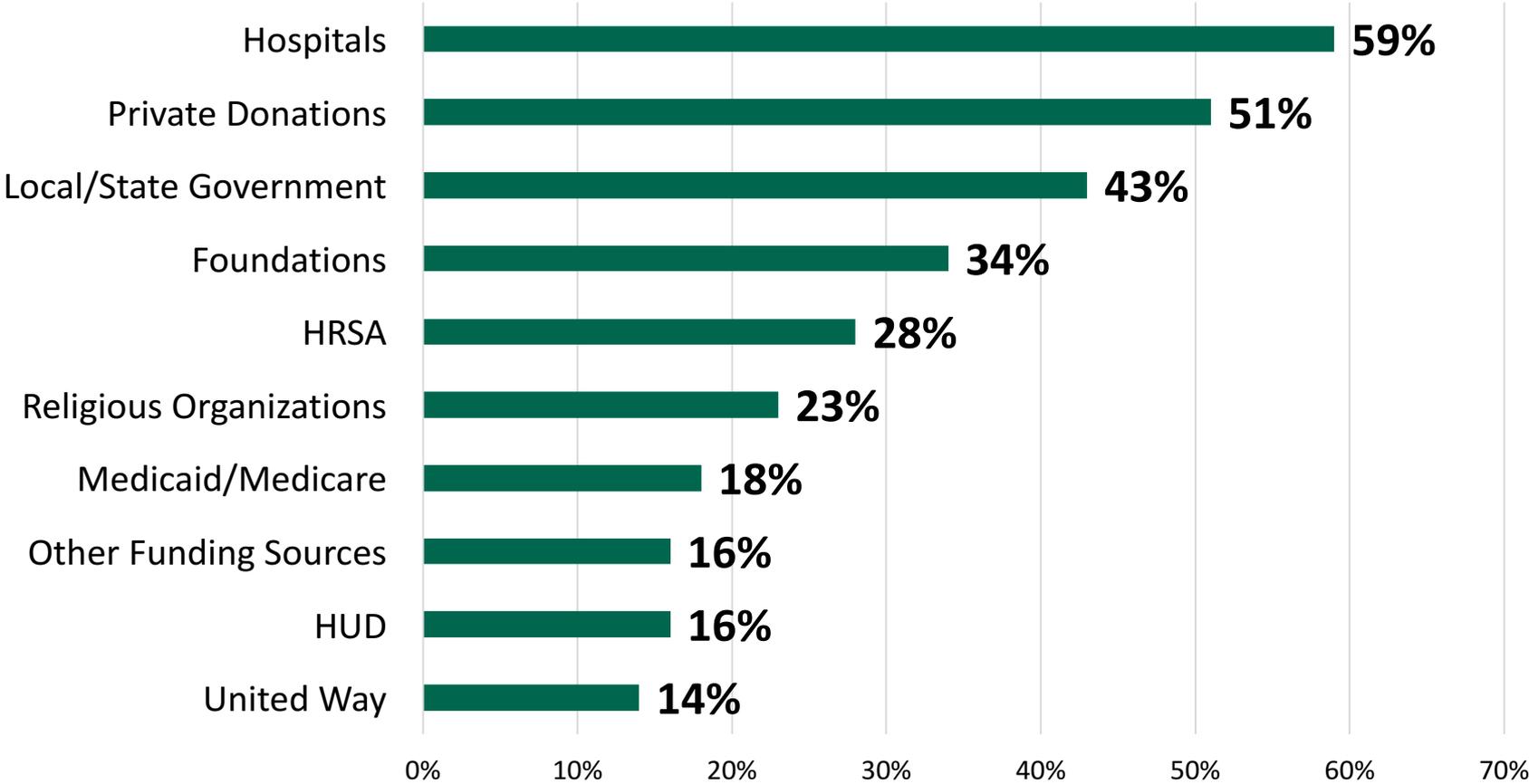
- Size
- Facility
- Length of stay
- Staffing & services
- Admission criteria

# MEDICAL RESPITE: RATIONALE

- Reduced hospital stays
  - Homelessness adds 4 days to length of stay
  - ~\$4,000 more per admission
- Reduced hospital readmissions
  - 30-day ED readmission rate nearly 6x higher
  - Hospital inpatient readmission rate nearly 2x higher
- Safe, legal and ethical discharge option
- Improves patient health outcomes



# MOST COMMON FUNDING SOURCES



# FUNDING SOURCES

- **Hospitals**

- Community benefit, operating, foundation, other
- Contracts/MOUs, per diems or annual grants
- Driving interests: shorter length of stay, reduced readmissions

- **Private/philanthropic institutions**

- Unrestricted funds
- One-time-only costs, renovations

- **State & local government**

- Public health or social services funding
- In-kind staff and/or services
- HUD/Continuum of care funding

# FUNDING SOURCES

- **HRSA**
  - Health center funding (recuperative care)
  - Full or partial services
- **Medicaid/Medicare**
  - Reimburse for eligible services
  - Medicaid waivers can include many support services
- **Medicaid managed care**
  - Per member/per month or per diem or annual funding
  - Driving interests: Outcomes, case management & care coordination

# HOT TOPICS IN MEDICAL RESPITE

- Technical assistance requests
- Revised directory
- CMMI Innovations grant
- Standards for Medical Respite Care
- Resources: Tool kit items, sample MOUs, etc.





# Respite Program STARTING SIMPLE

- Funded by hospital system to serve two large urban inpatient sites
- Contract with line item budget that covers:
  - 6 week stay post discharge – total of 10 Beds across 3 facilities
  - Subcontract with transitional housing and residential hotel including meals
  - Staff: Non-licensed Case Manager/RN Gatekeeper
  - Flexible funds for transportation, food, clothing
- No billing all costs covered by contract



# What We Do

- Social approach – no medical services provided on site except home health RN as needed
- Daily visits at sites focused on support with primary medical/behavioral health care, community resources, transportation
- Harm reduction model –participants have opportunity to recuperate but many do not discharge to permanent housing
- Manage pressure from hospital/SNF discharge staff – RN gatekeeper to screen referrals
- Track and report readmits, primary care links, housing status



# Circle the City



## Our Mission...

To create and deliver innovative healthcare solutions that compassionately address the needs of men, women and children facing homelessness.

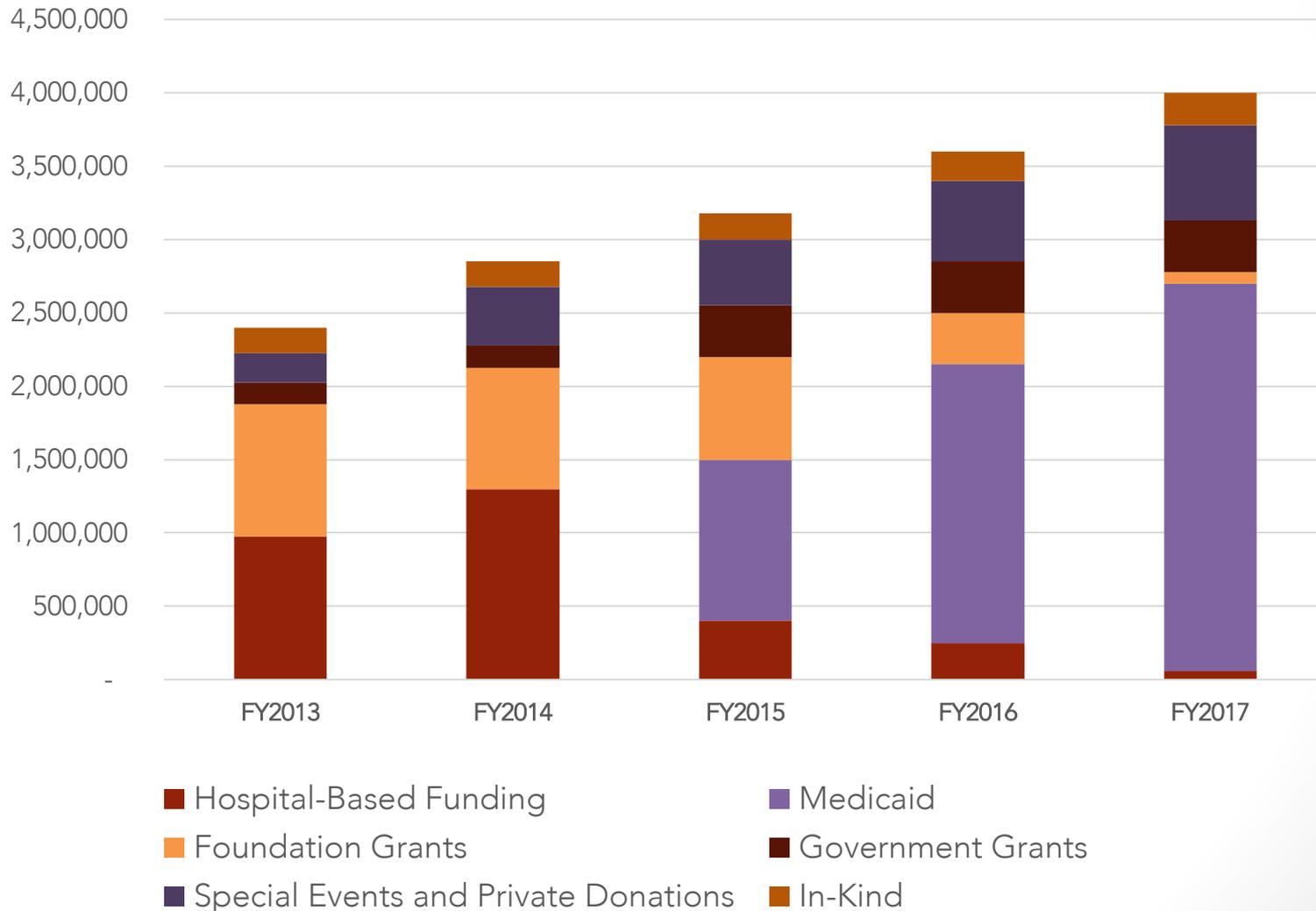
# Medical Respite Program

- Overview
  - 50 bed, free-standing medical respite center in Central Phoenix, AZ;
  - Staffed 24/7 by nurses (RN's/LPN's), 'respite assistants,' and security;
  - Providers on-site 7 days/wk.
  - Serves ~500 patients/yr.



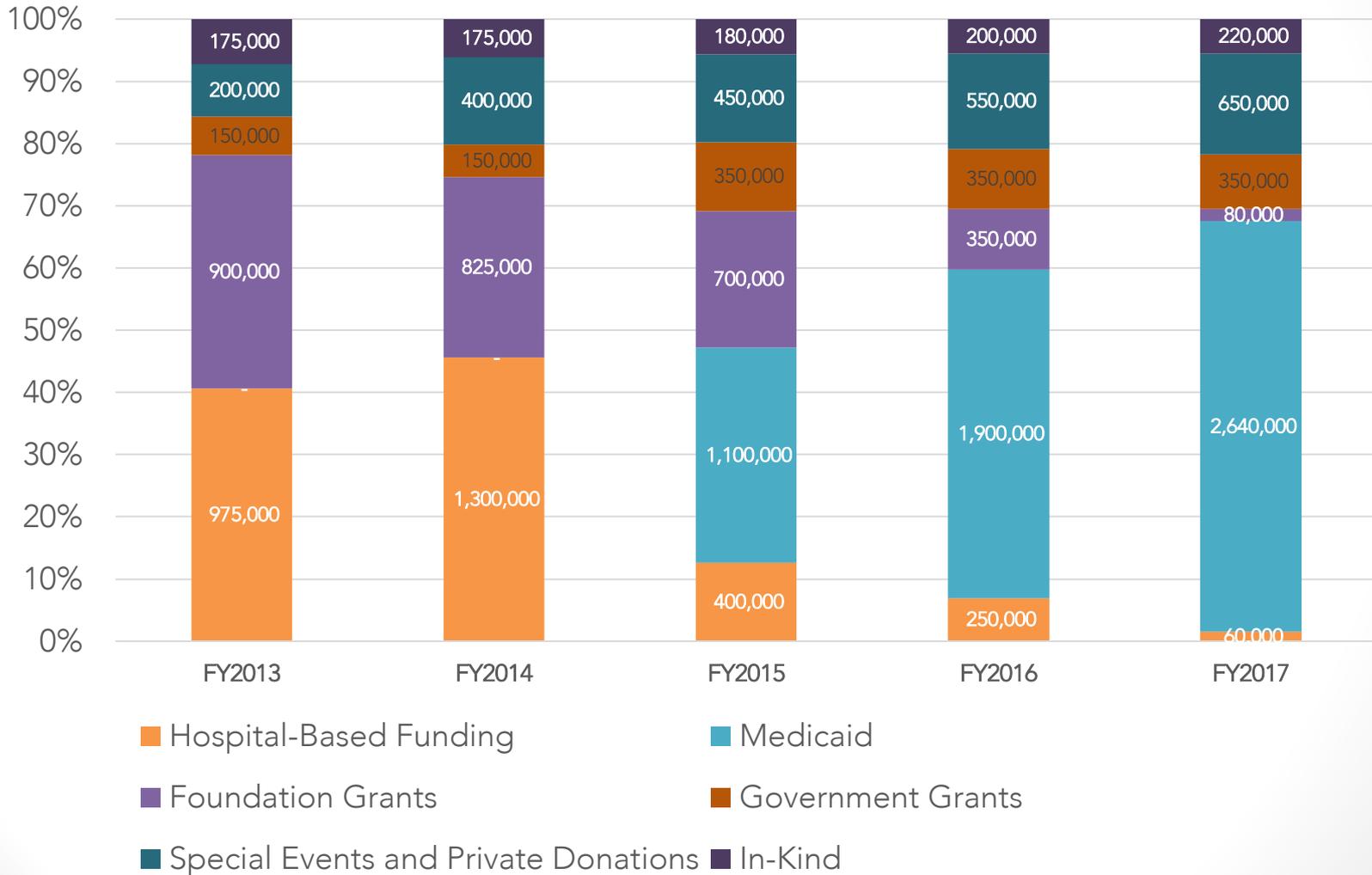
# Medical Respite Program Funding

## FY2013-FY2017



# Medical Respite Program Funding

## *Normalized to Growth; FY2013-FY2017*



# DISCUSSION QUESTIONS

- What do you think is motivating the increased interest in respite programs?
- What opportunities do you think are present in the current environment that give respite programs an advantage?
- What are the most common challenges to overcome when financing respite?

# DISCUSSION QUESTIONS

- What do you think is the most straightforward way to justify funding medical respite programs?
- There is a greater focus on developing “value-based payments.” What does that mean in a medical respite context?
- What advice would you give to local communities looking to start funding a respite program?

# QUESTIONS?

- **Julia Dobbins**, Project Manager, National HCH Council
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