

Medical Respite to Residence

Medicaid Oversight and Advisory Committee

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Adrienne Bush, MPA
Executive Director
Representing the Homeless and Housing
Coalition of Kentucky and the Kentucky
Interagency Council on Homelessness



Tom Walton, MDiv, MS
Executive in Residence
University of Louisville
School of Public Health and Information Sciences
Representing the Louisville Health Advisory Board

What Is Medical Respite/Recuperative Care?

Medical respite/recuperative care is acute and post-acute care for persons experiencing homelessness who are too ill or frail to recover from a physical illness or injury on the streets but are not ill enough to be in a hospital. (National Institute for Medical Respite Care)

Expenses per day in the U.S.

Hospital inpatient care



Medical respite care



\$125 to \$325

McCarthy D, Waugh L. How a medical respite care program offers a pathway to health and housing for people experiencing homelessness. The Commonwealth Fund; August 19, 2021.

Medical Respite Outcomes

Health Plan Data Shows:

- 25% reduction in Medicaid cost per enrollee
- 30% decrease in hospital admissions
- 38% reduction in emergency department visits
- 92% attendance rate at follow-up appointments within 30 days of discharge

Approaches to Financing Medical Respite/Recuperative Care Program, July 2021

A Publication of the National Institute for Medical Respite Care, in partnership with Quantified Venture, A NIMRC Affiliate Consultant

The Why

By Area Development District

Area Development District	Number of Discharges by Individuals Identified as Homeless	Readmissions	Readmission Rate	Total Charges
01 - PURCHASE	402	87	22%	\$ 6,590,375
02 - PENNYRILE	140	29	21%	\$ 2,680,025
03 - GREEN RIVER	277	42	15%	\$ 4,612,258
04 - BARREN RIVER	250	47	19%	\$ 6,331,434
05 - LINCOLN TRAIL	423	110	26%	\$ 6,095,685
06 - KIPDA	4,271	1,760	41%	\$ 114,960,961
07 - NORTHERN KY	1,624	409	25%	\$ 31,409,646
08 - BUFFALO TRACE	8	-	0%	\$ -
09 - GATEWAY	96	28	29%	\$ 1,684,815
10 - FIVCO	436	123	28%	\$ 7,056,001
11 - BIG SANDY	140	25	18%	\$ 2,124,388
12 - KY RIVER	287	101	35%	\$ 11,773,049
13 - CUMBERLAND VALLEY	644	223	35%	\$ 11,975,365
14 - LAKE CUMBERLAND	107	19	18%	\$ 3,916,726
15 - BLUEGRASS	2,326	713	31%	\$ 81,360,190
Grand Total	11,431	3,716	33%	\$ 292,570,917

The Why

Statewide Data*

Health Services and Facilities Data	All Hospitals
Total Discharges of People Experiencing Homelessness	11,431
Readmissions within 30 Days	3,716 (33%)
Total Hospital Charges (not reimbursement)	\$ 292,570,917
Medicare Severity Diagnosis Related Groups (MS-DRGs)	
Total	10,828
Psychiatric Diagnosis	6,528 (60%)
Psychoses	3,552
Alcohol/Drug Abuse or Dependence	2,460

*2019 Health Services and Facilities Data. Totals may not equal other sources due the suppression of cells with 5 or fewer cases.

The Why

Statewide Data*

Table 4. Race and Health Insurance Coverage Among Patients Experiencing Homelessness^{4.1,4.2}

Patient Race	Medicaid ^{4.3}		Medicare ^{4.4}		Commercial		Other ^{4.5}	
	#	%	#	%	#	%	#	%
Black	368	61.74%	142	23.83%	49	8.22%	37	6.21%
White	2,408	68.29%	636	18.04%	272	7.71%	210	5.96%
Total	2,775		778		321		248	

^{4.1}Individuals identified by OHDA to meet criteria as experiencing homelessness during their episode of hospital care

^{4.2}40 individuals were identified as “Neither Black nor White” (see Table 1) – they are not included in this analysis in order to maintain consistency with Table 3.

^{4.3}Includes the sum of fee for service Medicaid plans and managed care organization Medicaid plans

^{4.4}Includes Medicare Advantage plans

^{4.5}Includes designations of “Other”; “Self-Pay”; “Charity”; and “Pending”

Note: The number of individuals identified as “Ethnicity = Hispanic” was sufficiently small that it was not able to contribute adequate value for interpretation in this table. Therefore, racial demographics presented in this table include the sum of Hispanic and non-Hispanic individuals. Table 4 describes that a greater percentage of Black patients were insured by Medicare as compared to White patients, while a greater percentage of White patients were insured by Medicaid as compared to Black patients in this sample.



2 | April 2021

This brief was prepared by Matthew Walton and Allison Lile, Office of Health Data and Analytics

This document is a companion to the primary data brief on the creation of the Homelessness Indicator in the HFSD data.

*2019 Health Services and Facilities Data. Totals may not equal other sources due to small sample sizes of racial demographic data and multiple insurance source.

Costs Impacts of Inadequate Medical Respite Care

- *Increased Hospital Length of Stay*
 - On average, hospitals pay staffing, medication, and other expenses for 2 days more for each unhoused (homeless) patient than for each housed patient
- *Increased post-hospital discharge Emergency Department Visits*
- *Increased Inpatient Readmissions within 30 days*

Systems Deliver What They are Designed to Deliver

High Cost & Poor Outcomes

Preventable Emergency Department
Visits

Increased Hospital
Days

Discharge to the Street,
a Shelter, or Car

Low use of Nursing &
Recovery Facilities

Poor Follow-up in
Medical Offices

Current Medical Respite Locations



Hope Recuperative Care Wilmington, NC



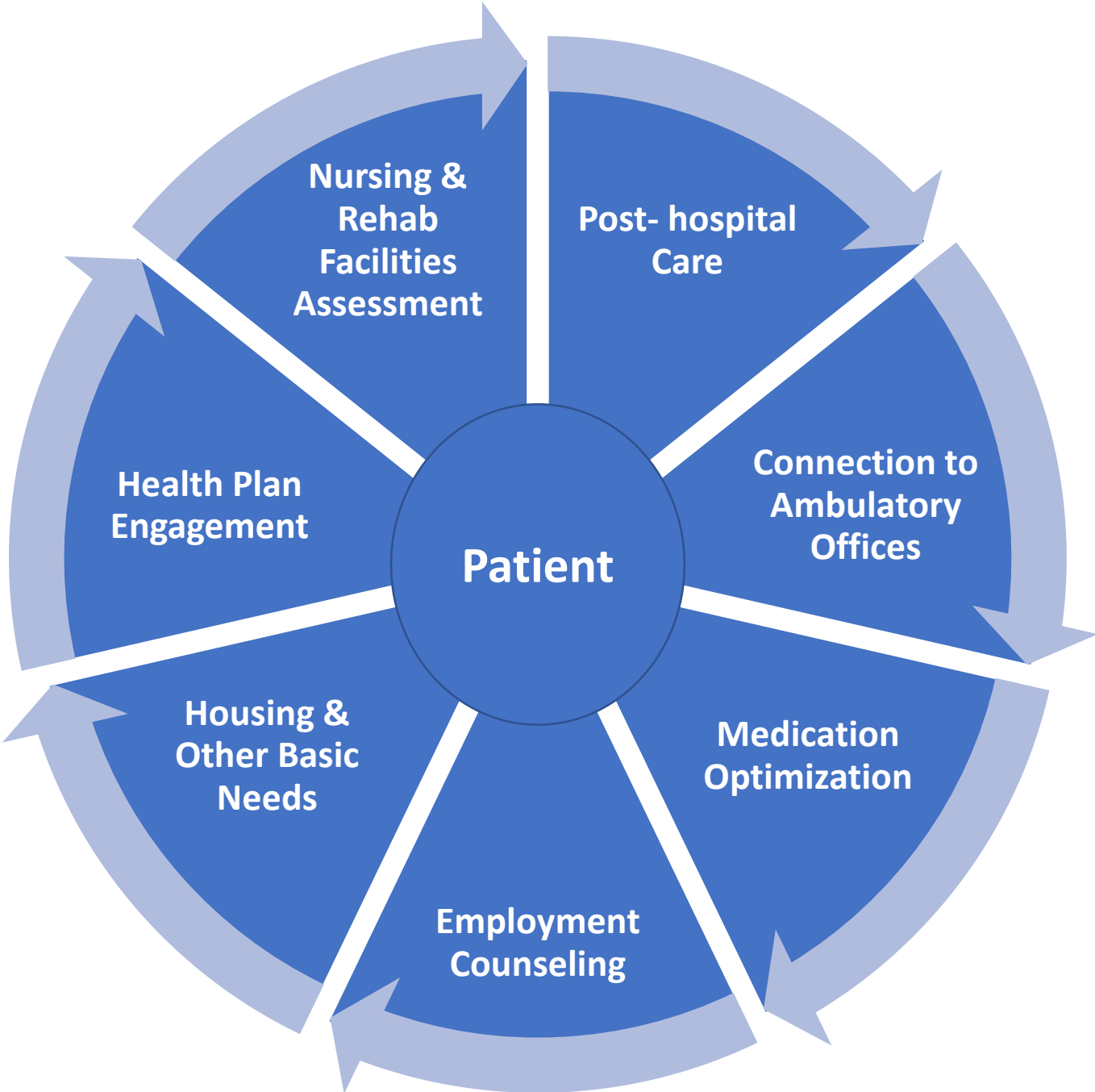
Phoenix Respite Beds at Hotel Louisville
(Opening Fall 2021)



Bowling Green, KY

[Nationwide Directory Available at National Institute
for Medical Respite Care \(nimrc.org\)](http://nimrc.org)

Integrated, Cost Effective Medical Respite Model



Includes a list of some, but not all, of the health & wellbeing services that can be provided or initiated in a medical respite/recuperative care program

Types of Payments to Medical Respite Programs by Hospitals, MCOs, and/or Medicaid*

- Daily rate
- One-time case rate (lump sum regardless of respite length of stay)
- Pre-purchased beds (reserved for the funding organization)
- Medical respite care is included in capitated Per Member Per Month rate
- Often eligible services (e.g., MD/APRN visits, home health) are also billed

Payment rates typically include supportive services such as case management, health education, assistance with benefits, transportation, food, bed/housing, etc.

*Medicaid & Medicaid Managed Care: Financing Approaches for Medical Respite Care: Investing in Solutions for Homeless Populations

The Ask

- Include funding for medical respite and other flexible housing supports in a Medicaid waiver for Kentuckians with Severe Mental Illness; could be Section 1115 or 1915
- Encourage the development of Whole Person Care (WPC) pilots through American Rescue Plan Act State Fiscal Relief funds in rural and urban areas “to encourage counties, cities, hospital authorities, health plans, providers, and community-based organizations (CBOs) to harness their collective resources to identify target populations, shared data between systems, coordinate care real time, and evaluate individual and population progress – all with the goal of providing comprehensive coordinated care for the beneficiary resulting in better outcomes.”*

*Approaches to Financing Medical Respite/Recuperative Care Program, July 2021 (Page 7)