

Medical Respite 1115 Medicaid Waiver Proposal

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Need for Medical Respite:

People experiencing homelessness have significant health care needs and use hospitals at higher rates and for longer periods of time than their housed counterparts. Medical respite programs address this problem by offering a safe and appropriate venue for patients to rest, recuperate, and receive follow-up services after they no longer need acute care, in a setting that allows for ongoing clinical care, comprehensive case management, and care transition planning that encourages patients to use primary care over emergency department care.

The goal of a Medical Respite 1115 Waiver is to give medical respite care providers, state and federal Medicaid leadership, and managed care organizations specific reimbursement options to incorporate into the care they offer to medically complex homeless patients, resulting in improved health outcomes and reduced cost and strain on the health care system.

Definition:

Medical respite is acute and sub-acute medical care for people experiencing homelessness who are too ill or frail to be on the streets (shelters, unsheltered, motels, encampments) but not ill enough to need hospital-level care. While the term “respite” traditionally refers to caregiver support, “medical respite” refers to short-term residential care that allows patients who are homeless to recuperate in a safe environment while gaining access to medical care (home health care, hospice care, mobile medical, outpatient medical, cancer treatment, etc.) and other supportive services (24/7 caregiver support, case management, care coordination, connections to behavioral/substance use treatment, medication management, life-skills coaching, etc.).

Medical respite can be operated in an independent (social model) setting or in an Assisted Living setting for people who need help performing activities of daily living (ADLs). The INN Between is an example of a medical respite program that offers both independent and assisted levels of care.

Benefits:

A Utah medical respite program will:

1. support CMS’s Triple Aim and the social determinants of health by providing a medical housing safety net to individuals experiencing homelessness,
2. benefit Medicaid members by improving their continuity of care, enabling access to home health care, hospice care, cancer treatment, etc.; establishing/improving primary care relationships; and ensuring that individuals have an appropriate home and caregiver support in which to experience the end of life with dignity or recuperate from a serious medical condition,
3. reduce costs and burdens on Utah Medicaid and the health care system by decreasing hospital admissions, readmissions, lengths of stay, ambulance transport/emergency services, and ED dependence,
4. support the homeless services system by diverting medically fragile individuals from the streets and homeless resource centers to a medically appropriate facility.

Rationale for a Utah Medical Respite Care Benefit:

Medicaid agencies have a tremendous incentive to fund medical respite care programs so they can better meet goals related to access, quality, and cost of care for people experiencing homelessness.

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Gaps in the continuum of care present opportunities for Medicaid policymakers to be more innovative in how they respond to the needs of their homeless beneficiaries. As vested stakeholders in the cost and quality of the health care services they finance and manage, Medicaid agencies can partner with medical respite care programs to offer a hospital admission alternative and a safe hospital discharge option, deliver needed services in a medically appropriate environment, reduce hospital lengths of stay, and lower overall costs of care. Medical respite programs address the underlying problems that drive poor health, frequent emergency department visits, longer inpatient stays, and higher readmission rates.

Medical Respite Examples:

Boston, MA and Phoenix, AZ have Medicaid funded medical respite programs through FQHCs (federally qualified health centers) which receive a negotiated rate for an eligible day of service (not a feasible approach in Utah because FQHCs do not want to operate medical respite programs).

California has proposed a Medicaid 1115 waiver that includes a statewide medical respite care benefit for up to a 90-day continuous stay per patient (a more realistic example for Utah to follow).

Operationalization:

- Create, evaluate, and implement a Medicaid 1115 Waiver Application for a Medical Respite pilot project, led by Utah Department of Health (UDOH), to evaluate the program's efficacy in the Salt Lake County area under a sole provider (The INN Between).
- Use the existing Volunteers of America Social Detox pilot project and the New Choices Waiver Caregiver Respite program (both per diem benefits), as baselines.
- Stipulate a cap on the number of medical respite days per patient and an annual dollar cap on total expenditures.
- Establish data sharing agreements between health care providers and the medical respite provider to track and evaluate outcomes, efficiencies, and cost savings.
- If successful, the program can be rolled out statewide with Assisted Living Facility Type II and dedicated medical respite programs as eligible providers.

Funding:

The Waiver leverages a 70/30 Federal match for traditional Medicaid members and a 90/10 match for Medicaid Expansion members (the former being used for conservative budgeting purposes). The medical respite program is expected to lower costs or be cost neutral, while demonstrating other efficiencies and improvements.

An ongoing Legislative appropriation of \$1,000,000 will fund \$100,000 for the UDOH's evaluation and oversight and up to \$900,000 annually for the Medicaid reimbursements (the latter of which would not begin until the program is implemented, estimated to be in mid-2022).

Summary:

The ultimate goal of a Medicaid medical respite program is to provide high-quality, cost-effective, sustainable care for Medicaid members experiencing homelessness who need short-term, sub-acute care. Medical respite programs have proven to have significant value to the people and communities they serve.