

Medical Respite Services and Homelessness

Summary of Recommendations

- **Ensure access to comprehensive medical care for people experiencing homelessness or at risk of becoming homeless, and designate medical respite care as a reimbursable service under Medicaid and other insurance programs.**
- **Secure adequate and stable funding for Health Care for the Homeless projects and other entities to provide medical respite services.**
- **Secure adequate and stable funding for the housing component of Medical Respite Care programs.**

Homelessness exacerbates health problems, complicates treatment, and disrupts the continuity of care. People experiencing homelessness encounter high rates of physical and mental illness, increased mortality, and frequent hospitalizations. Homeless persons are three to four times more likely to die than their housed counterparts.¹ These deaths are most highly associated with acute and chronic medical conditions exacerbated by life on the streets or in shelters. Homeless adults are hospitalized more frequently than those in the general population and often require longer inpatient stays; however, their lack of a stable home environment diminishes the long-term effectiveness of their hospital care. Living on the streets after hospital discharge creates competing priorities for homeless patients. Challenges such as obtaining food, clothing and shelter, or achieving or maintaining sobriety can compromise adherence to medications, other physician instructions, and follow-up appointments, thus increasing the probability of future hospitalizations.²

Medical Respite Care services are an essential component within the continuum of care needed to serve individuals experiencing homelessness or at risk of homelessness. Medical Respite Care provides short-term residential care that allows homeless individuals to rest while receiving medical care for acute illness or injury. The provision of Medical Respite services to homeless individuals after hospital discharge reduces the incidence of future hospitalization. Medical Respite Care closes the gap between acute medical services provided in hospitals and clinics and the unstable environments of emergency shelters and the streets. Combined with housing placement services and effective case management, Medical Respite Care allows individuals with complex medical and psycho-social needs to recover from an acute medical condition in a stable environment.

Health Care for the Homeless projects are well equipped to provide the comprehensive medical care and supportive services necessary to effectively serve homeless individuals. Several of these programs have found ways to ensure that their clients in need of Respite Care have access to a safe bed and access to medical supervision. Typically, HCH programs collaborate with existing community services, such as homeless shelters and nursing homes, to creatively address this need. A multi-year evaluation of 10 HCH Respite programs using varied service provision models showed improvements in client health outcomes and increased access to housing and income. In addition, research demonstrates that even brief stays in stand-alone Respite Care facilities decreases hospitalization, reduces readmissions, and results in overall cost savings for hospitals and the health care system.

Recommendations

1. **Ensure access to comprehensive medical care for people experiencing homelessness or at risk of becoming homeless, and designate medical Respite Care as a reimbursable service under Medicaid and other insurance programs.** Since the first Respite programs opened in 1985 in Boston (Barbara McInnis House) and in Washington, DC (Christ House) Respite Care programs have faced funding challenges and have struggled to become an institutionalized component in the

¹ O'Connell JJ. Premature Mortality in Homeless Populations: A Review of the Literature. National Health Care for the Homeless Council, Dec 2005. <http://www.nhchc.org/PrematureMortalityFinal.pdf>

² Buchanan D, Doblin B, Sai T, Garcia P. The effects of respite care for homeless patients: A cohort study. *American Journal of Public Health*, 96(7), 1278-1281, July 2006.

continuum of health care services for homeless persons. The Centers for Medicare and Medicaid Services (CMS) should designate Respite Care as a reimbursable service for homeless clients who are covered by Medicaid. Furthermore, states should take the opportunity under the Deficit Reduction Act of 2005 to provide community-based services, including medical respite care, to Medicaid beneficiaries with income below 150 percent of poverty.³ When adopted, a national health insurance plan must include Medical Respite Care services as part of comprehensive health coverage.

2. Secure adequate and stable funding for Health Care for the Homeless projects and other entities to provide Medical Respite Care services.

Providing homeless health care programs stable funding to incorporate Medical Respite services into their existing care models is the most effective and cost-efficient solution to address this gap in the safety net. We recommend that the Congress and HRSA designate \$50 million for Service Expansion and Expanded Medical Capacity funding opportunities for HCH grantees and other Health Centers to provide Medical Respite Care. We further recommend meaningful cost-of-living adjustments to Health Center grants to provide a stable base for these activities.

3. Secure adequate and stable funding for the housing component of Medical Respite Care programs.

The US Department of Housing and Urban Development should designate funding to support room and board costs of Medical Respite Care programs. HUD should furthermore develop mechanisms to coordinate such funding with HRSA, the Department of Veterans' Affairs, the Center for Medicare and Medicaid Services, hospitals, and state and local health care funders.

³ Section 6086 [DRA 2005] gives states, at their option, the ability to provide home- and community-based services (H&CBS) to elderly individuals and people with disabilities with incomes up to 150% of the federal poverty level without requiring a waiver or demonstrating cost neutrality. A state need only amend its Medicaid plan to provide any of the services now covered under H&CB waivers. ... States that select this option can then cover (for people it selects as eligible) a range of community services that includes supported employment, respite care [for caregivers], family support and other community services. Services permitted under this option, however, must be services that could have been covered through the H&CB waiver. (Bazelon Center for Mental Health, <http://www.bazelon.org/newsroom/reporter/2006/3-21-06-reporter.html#ExpandedAccess>)

Section 1915(i) of the Act allows the provision of specific HCBS under the State plan. These services are listed in section 1915(c)(4)(B) of the Act that governs HCBS waivers. *The services listed in section 1915(c)(4)(B) of the Act are: case management services, homemaker/home health aide services, personal care services, adult day health services, habilitation services, and respite care. In addition, the following services may be provided for individuals with chronic mental illness: day treatment, other partial hospitalization services, psychosocial rehabilitation services, and clinic services (whether or not furnished in a facility).* As with other State plan services, States may impose criteria of medical necessity or requirements for prior authorization and utilization control to ensure the appropriate level of services furnished to an eligible individual. In addition, States may establish a maximum utilization level of a particular service furnished under the State plan HCBS option. (CMS SMDL #08-001: http://www.ancor.org/issues/medicaid/state_medicaid_director_letter.pdf)