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NEW GUIDANCE: MEDICAID REIMBURSEMENT FOR MEDICAL RESPITE SERVICES

In September, the National Health Care for the Homeless Council published [Medicaid Reimbursement for Medical Respite Services](#), which describes options that states may implement as part of their state Medicaid plans to finance innovative models of care such as medical respite programs. Options described in this paper include reimbursement to Federally Qualified Health Centers, a Home and Community-based Services option, and a Medicaid demonstration waiver.

NEW PUBLICATION: CLINICAL RECOMMENDATIONS FOR THE MEDICAL RESPITE SETTING

Medical respite programs provide a unique clinical service for people who have already received medical treatment but continue to need health care oversight and some clinical intervention. The National HCH Council highlights the unique clinical work being offered in medical respite settings in its new publication, *Clinical Recommendations for the Medical Respite Setting*. The recommendations focus on common admitting diagnoses from nine medical respite programs across the United States. Each diagnosis includes recommendations for assessment, management, prevention, and outcomes that can be used to determine discharge from the medical respite setting. Although this document is intended to be used primarily by clinicians working in the medical respite setting, it also acts as a compelling tool for describing to policy makers the recuperative care needs of people experiencing homelessness, which are often beyond the scope of acute care hospitals and homeless shelters.

Clinical Recommendations for the Medical Respite Setting can be found under the "Latest News" section of the [National HCH Council's homepage](#).

CMS DIRECTOR DONALD BERWICK VISITS BOSTON'S MEDICAL RESPITE PROGRAM

Health care expansion for single, low-income adults is scheduled to begin in 2014. As such, the Obama administration is looking at innovative and cost-effective health care delivery programs to meet the needs of this soon to be eligible group. On September 23, Donald Berwick, Director for the Centers for Medicare and Medicaid Services (CMS), visited the Boston Health Care for the Homeless Program to tour their medical respite program and learn more about how medical respite care can improve health care quality for people who are experiencing homelessness. Dr. Berwick commended the Boston program for its work in transitioning people directly out of the emergency room, thus avoiding costly inpatient hospital stays. He also applauded the program for working with hospitals to transition patients from the inpatient setting and for acting as a launching pad for people moving into permanent supportive housing. The National HCH Council continues to work with CMS administrators to describe the health and cost-related benefits of medical respite programs. CMS is planning to issue an Informational Bulletin next year to describe the health needs of individuals experiencing homelessness and state options for financing innovative health care services that target this population.

MEDICAL RESPITE PROGRAMS RECEIVE INCREASED NATIONAL ATTENTION

Medical respite programs have received a significant amount of media attention this year. Just recently, the [LA Times](#) featured accounts of several participants of medical respite programs based out of Los Angeles. The reporter quotes Sabrina Edgington, coordinator for the Respite Care Providers' Network, as well as Jennifer Ho, Deputy Director at the U.S. Interagency Council on Homelessness. This article was shared widely through Twitter, including by several national homeless advocacy organizations. Medical respite care is also the subject of a seven-part series being published by [Independent.com](#). A recent [Community Solutions blog](#) also highlighted medical respite programs. To read these articles and more, visit the [Medical Respite Media Archive](#).

OPENING DOORS ACROSS AMERICA: AN OPPORTUNITY TO TALK ABOUT MEDICAL RESPITE CARE

On September 23, the U.S. Interagency Council on Homelessness announced [Opening Doors Across America](#), a call to action for states and local communities to align community plans with Opening Doors: The Federal Strategic Plan to Prevent and End Homelessness.

The Federal Strategic Plan to Prevent and End Homelessness includes medical respite care as a key strategy for improving the health and wellness of people experiencing or at risk of homelessness. Providers and advocates are encouraged to talk to their local homeless commissions or planning groups about opportunities to include medical respite care in local plans to prevent and end homelessness.

CONSUMER SPOTLIGHT: WILLIE MACKEY

Albuquerque Regional Training

Sitting next to Willie Mackey, you would never know that he spent several years on the street. His appearance is that of a businessman, perhaps from thirty years of accounting and data processing, and he exudes charm and kindness. Even when he was sleeping on the street, he was strategic about saving money to get a motel room the nights before his visits to the wound clinic so that his presentation would be nothing less than impeccable.

Willie's journey into homelessness began when he lost his job of 15 years. It wasn't until two years later that he found another job, albeit at half the income he made in his former position. He lost the latter position after five years. With it, he lost his health insurance.

With no income or health insurance, he was unable to afford his diabetes and blood pressure medicine. His savings dwindled, causing him to lose his apartment. Willie moved through a progression of substandard dwellings, starting with his car and ending at the Palo Alto train station where he slept on a slab of rock. During this time, his health declined. He sought assistance at a health center, where he received treatment and a referral to a wound clinic for a diabetic foot ulcer. He later received a diagnosis of gangrene and osteomyelitis caused by MRSA. He had no choice but to have part of his foot amputated.

After his surgery, Willie's hospital discharge worker referred him to the County of Santa Clara Medical Respite Program, which had just opened its doors. Willie would spend the next four months there. At the medical respite program, he received medical oversight, a clean place to rest, and other services to help him get back on his feet. "I would have died on the street if I wasn't in the medical respite program," says Willie. Indeed, it was the nurse at the medical respite program who sent Willie to the emergency room after noticing signs of weakness, indicating possible complications from his surgery. At the hospital, he received a blood transfusion.

At the beginning of his stay at the medical respite program, a previous application for Supplemental Security Income was approved, allowing him to save enough money for first and last month's rent as well as security deposit. He left the program with improved health, a source of income, and a place to live.

Today, Willie advocates for others experiencing homelessness through a number of local and national organizations. He managed to squeeze the names of the seven organizations that he serves onto his business card (along with a picture of his amputated foot). He continues to receive invitations to participate in advisory boards. Though he is overwhelmed with requests, he says he has a hard time turning down opportunities to provide input. "The only way to affect change in policy is to be part of the conversation," says Willie, "and that's what I really want to do."

Three years after leaving the program, Willie continues to attend weekly support group meetings at the medical respite program. He also attends a monthly support group just for medical respite graduates.

HAVE YOU JOINED BHTALK YET?

A new discussion forum allows medical respite providers, advocates, and consumers to share information and lend support to their peers. The recently launched discussion forum is part of BHTalk, an online networking site developed by the Substance Abuse and Mental Health Services Administration (SAMHSA).

[Instructions for joining BHTalk](#)

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