

# Respite RCPN News

An E-newsletter for Respite Care Providers' Network Members

## In This Issue

[Free site visits](#)  
[RCPN Steering Committee: call for nominations](#)  
[NHF report](#)  
[New program in Phoenix](#)

## Quick Links

[Join RCPN](#)  
[Respite News Archive](#)  
[Webinar Archive](#)

## Join Our List

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## WANT TO VISIT ANOTHER MEDICAL RESPITE PROGRAM?

The National Health Care for the Homeless (HCH) Council provides technical assistance to health centers looking to establish or expand a Medical Respite Program. While onsite technical assistance often times involves sending a subject matter expert to the community requesting assistance, we find that many people benefit by visiting other Medical Respite Programs. These "reverse site visits" allow health center staff to explore specific medical respite program models, engage in conversations with medical respite staff, and discuss other specific administrative and clinical services provided on site. The cost of travel and lodging is covered by the National HCH Council and supported by the Health Resources and Services Administration in an ongoing effort to improve health care delivery, quality, and costs. To request a reverse site visit, please complete the National HCH Council's [Technical Assistance Request Form](#) and describe your technical assistance needs.

## RCPN STEERING COMMITTEE CALL FOR NOMINATIONS

We invite you to nominate yourself, a colleague or a program participant for a position on the National Health Care for the Homeless Respite Care Providers' Network (RCPN) Steering Committee. The RCPN Steering Committee manages and directs the work of the National Health Care for the Homeless Council as it relates to medical respite care. To accomplish this work, the Committee meets monthly by teleconference and twice annually in-person; once in October at the Council headquarters in Nashville, Tennessee, and again in conjunction with the National Health Care for the Homeless Conference. The deadline to submit nominations is **Friday, December 14, 2012**.

[Learn more](#)

## MEDICAL RESPITE PROGRAMS IN THE SPOTLIGHT



Massachusetts Governor Deval Patrick visits Boston's Medical Respite Program

Medical Respite Programs are receiving increased attention as stakeholders and policymakers work on strategies to improve health and reduce costs for individuals who are among the most costly health care utilizers. Just over the past month, Governor Deval Patrick of Massachusetts toured the Boston's medical respite program (the Barbara McInnis House), members of the American Hospital Association toured Seattle's medical respite program (the Edward Thomas House), and staffers from the House and Senate heard Dr. Janelle Goetcheus describe the importance of medical respite programs during a federal Medicaid briefing. Such educational opportunities are critical to ensuring that medical respite care is included in health care reform discussions. This month, we encourage you to invite hospital administrators, local government officials, representatives from your state Medicaid agency, and state and federal representatives to visit your program.

## PHOENIX MEDICAL RESPITE PROGRAM OPENS ITS DOORS



In October, a state of the art medical respite facility will open its doors in Phoenix. The effort began in 2006, when Adele O'Sullivan, then the Medical Director at Maricopa County's Health Care for the Homeless project, decided to establish a medical respite program to meet a critical unmet need for her patients. She left her position at the HCH project in 2008 to devote all her time to the endeavor and established **Circle the City**, a nonprofit organization, to act as a foundation for her work.

The new facility will be able to accommodate up to 50 individuals discharged from the myriad of the hospitals located in its proximity. Beds are arranged in a dorm-like setting of 10 beds per room and program participants will have a spacious day room, dining room, physical therapy area, and interfaith chapel available to them. Post-acute care will be delivered in two exam rooms rather than at the bed side. This decision was critical to distinguishing the program from skilled nursing facilities which are operated under a specific set of codes and regulations. The Circle the City offices will also be housed within the building.

Hospitals using the medical respite program have a menu of contracting options available to them. These options range from annual purchase agreements for reserved beds to single case agreements. Payments from hospitals are expected to make up 80% of program costs, with grants and private donations making up the rest. While Adele's persistence in planning and fundraising was key to the bringing the program to fruition, Adele gives much credit to community stakeholders who supported the concept and donated time and resources to make this program a reality.

#### NATIONAL HEALTH FOUNDATION RELEASES RECOMMENDATIONS FROM MEDICAL RESPITE PILOT PROGRAM



RECUPERATIVE CARE:  
2012 SUMMARY REPORT



The National Health Foundation (NHF) administers two self-sustaining Recuperative Care Centers, one in Los Angeles County and the other in Orange County, California. A recent report from the NHF describes lessons learned from a 2007 pilot program and how they were implemented and operationalized in NHF's two current recuperative care centers.

The report includes recommendations for financing, outreach and marketing, eligibility determination procedures, and data entry requirements.

Read **NHF's Recuperative Care Report**

#### MEDICAL RESPITE AWARD FOR EXCELLENCE - CALL FOR NOMINATIONS COMING SOON

A new award has been established to recognize an individual, team, or agency that has had an impact on improving health and promoting quality of life for people experiencing homelessness through medical respite care. The award will be presented at the **2013 National HCH Conference** in Washington, D.C. A separate email announcement with more information will go out to RCPN members next month.

## HEALTH CARE AND HOUSING ARE HUMAN RIGHTS

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This publication was made possible by grant number U30CS09746 from the Health Resources and Services Administration, Bureau of Primary Health Care. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of HRSA.

