

RECUPERATIVE CARE FOR PEOPLE EXPERIENCING HOMELESSNESS

THE PROBLEM: WE ALL NEED A PLACE TO RECUPERATE FROM ILLNESS OR INJURY

Patients who are unhoused are **twice as likely to be readmitted** within a week of discharge from the hospital and are **more likely to be admitted to the hospital** to care for high risk, costly conditions, and are at risk of an earlier death than people who have stable housing. Patients who are unhoused tend to be the **most costly** consumers across multiple systems.



Symptoms of the gap in Health Care

- Avoidable readmissions & hospital stays
- Avoidable ED visits
- Non-reimbursable admissions
- Increased length of stay in the hospital
- Worse health outcomes for patients

The gap is between acute medical services currently provided in a hospital and homeless shelters that do not have the capacity to provide needed medical recuperative care.



THE SOLUTION: MEDICAID SUPPORT FOR RECUPERATIVE CARE SERVICES

Medicaid should pay a bundled payment to providers of Recuperative Care. Recuperative Care is a national model providing short-term care for people who are unhoused who are not ill enough to be in a hospital, yet too ill to recuperate on the streets. Recuperative Care has improved health outcomes, reduced emergency department visits, increased appropriate access to care, and may decrease the use of detox and the criminal justice system as de-facto behavioral health and shelter systems. Recuperative care is typically located in a shelter or other short-term housing situation.

HF 2081 Acomb /SF 1951 Morrison – Establishes a bundled payment for a set of defined services and setting requirements for providers caring for people who are unhoused after an acute or post-acute health care incident or to prevent hospitalization. Recuperative care saves taxpayer dollars, costs significantly less than extended hospital stays and leads to fewer hospital re-admissions. People served are also more likely to find permanent housing.

POTENTIAL SERVICES INCLUDED IN A MINNESOTA MEDICAID RECUPERATIVE CARE SERVICES PROGRAM. *Examples of Recuperative Care services options below.*

Admission Eligibility:

- Adults (21+) experiencing homelessness
- Short-term (<60 days) acute medical care needed
- Post-discharge from hospital
- Preventive of an institutional care need, e.g. hospitalization
- Provider determines discharge to the street would be unsafe due to health conditions
- Care requirements do not meet higher level of need
- Does not have behavioral needs that are greater than what can be managed by the provider

Discharge criteria:

- Acute medical condition has been stabilized
- Transferring to a setting that is able to meet their needs

Services that could be included in a per diem bundled payment:

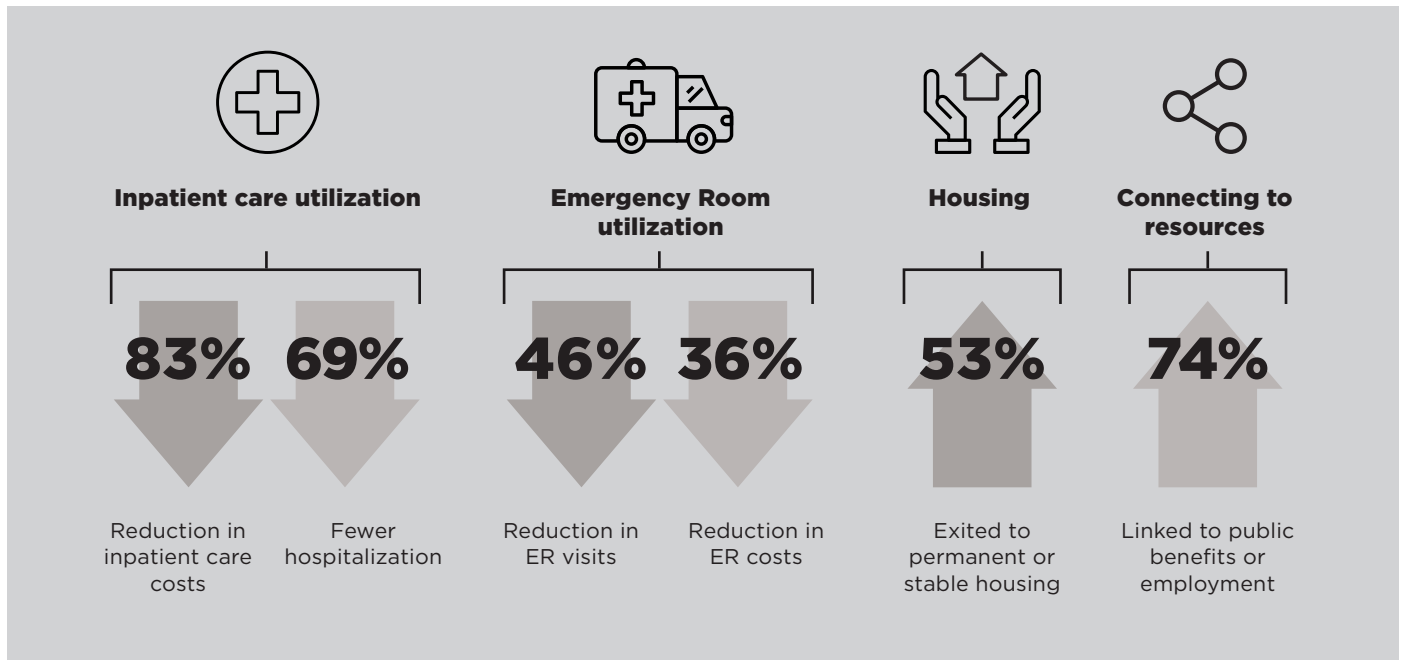
- Care coordination, e.g. connect to ongoing health supports, social services to support housing goals, transportation, benefits obtainment.
- Access to basic nursing care
- Basic Behavioral Health services
- Community health workers

Additional care provided outside of the bundled payment:

- 24-hour access to a bed
- 3 meals a day
- Access to a telephone for telehealth and communications related to medical needs
- A safe space to store personal items

COST SAVINGS: RECUPERATIVE CARE SAVES COSTS BY AVOIDANCE OF HIGHER COST UNNECESSARY HOSPITALIZATIONS OR MORE INTENSIVE MEDICAL CARE.

The graphic below from the Center for Health Care Strategies and the National Institute for Medical Respite Care highlights reductions seen in Inpatient Care and Emergency Room utilization when Recuperative Care is a service option.



(2020)

Research shows patients that are unhoused who participate in medical recuperative care programs are **50% less likely to be readmitted to a hospital** at three months and twelve months post-hospital discharge.

The Centers for Medicaid & Medicare (CMS) awarded the National Health Care for the Homeless Council (NHCHC) an innovation grant to evaluate Homeless Medical Respite Programs in five locations across the U.S., including Hennepin County. **They found the total Medicaid payment per enrollee/month decreased by 24% (\$1,656 to \$1,259) post recuperative care.**

