

# RECUPERATIVE CARE FOR PEOPLE EXPERIENCING HOMELESSNESS

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

At Hennepin Healthcare, one out of every five adult primary care patients covered by Medicaid is homeless. Patients experiencing homelessness 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 experiencing homelessness 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 for Recuperative Care services, including clinical care coordination and support services not currently reimbursed in a shelter or other short-term housing. Recuperative Care, a nationally recognized model, is short-term care for people experiencing homelessness 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.

**HF256/SFXX** Directs the Department of Human Services to request federal grant funds to establish Recuperative Care services for people experiencing homelessness as a health home model under the Affordable Care Act.

## POTENTIAL SERVICES INCLUDED IN A MINNESOTA MEDICAID RECUPERATIVE CARE SERVICES PROGRAM

Examples of acute and post-acute clinical services provided in Recuperative Care Services and currently covered by Medicaid	Examples of support services provided in Recuperative Care Services
<ul style="list-style-type: none"> <li>• Wound care and infection control</li> <li>• Pain management</li> <li>• Ambulation/physical therapy</li> <li>• Medication monitoring</li> <li>• Patient education (disease management and prevention)</li> <li>• Ongoing assessments and monitoring</li> <li>• Development of disease management action plan/goal setting</li> <li>• Discharge planning</li> </ul>	<ul style="list-style-type: none"> <li>• Patient navigation</li> <li>• Benefit and entitlement acquisition</li> <li>• Case management</li> <li>• Care coordination</li> <li>• Linkage to appropriate behavioral health services if needed</li> <li>• Connection to primary care provider/medical care</li> <li>• Counseling</li> <li>• Transportation</li> <li>• Housing application</li> </ul>

# RECUPERATIVE CARE STORIES. PEOPLE EXPERIENCING HOMELESSNESS.

- In the fall of 2019, a female client in her 30's was receiving homelessness services when she was raped while asleep in her tent. Although she was brought to the hospital and received care, testing, medication and support after her horrible experience, one thing she did not get was rest. Without a Recuperative Care service available to her, she was forced to return to the same tent she had just been raped in. Survivors of sexual assault who are experiencing homelessness deserve the care and dignity of recuperating in a safe environment that a comprehensive Recuperative Care program would provide.
- Before hospitalization, this patient was independent, couch hopping and not connected to any services. He fell which resulted in multiple fractures to his legs and jaws. His hospital stay was prolonged due to barriers to getting into sub-acute rehab, his criminal background, and mental health behaviors. While in the hospital, he became more independent so he could discharge to the shelter. The Medical Respite Team will be able to coordinate the appropriate diet not typically available to shelter guests, connect him to supportive services for his sobriety, and facilitate his return to independence.
- This client is a veteran who had been traveling the U.S. looking for a job. He refused to be connected to Veterans Administration services because he didn't want to be a burden and felt that others needed more help than he did. He accessed shelter on his own and was referred to the Medical Respite team due to concerns about his ability to care for himself as well as undiagnosed and untreated mental illness. The Nurse Practitioner and Social Worker focused on engagement and relationship building and developed a patient centered plan and symptom management. When he became very ill, he trusted the Medical Respite Team to coordinate his care with the Homeless Consult Nurse who connected him with the palliative care team. He was discharged to a nursing home.
- In the summer of 2019, the Street Outreach team had a client in his late 50's with severe diabetes and in need of surgery to remove several toes. At the time, he was living in a small tent with no access to shelter. The Outreach team helped him to schedule the surgery and was able to obtain a Medical Respite bed for the client. The client was afforded a sanitary and accessible living environment and had support caring for his wounds. With access to the recuperative bed, the client's surgery was a success and he received a referral for housing shortly thereafter.
- In the fall of 2019, homeless services had a client who incurred a large eye ulcer. She was reluctant to receive medical services due to her mental illness. This allowed the ulcer to take over the entirety of her eye. Although she was rushed to the hospital and immediately put on antibiotics and ointments every hour to save her eye, the doctors were keenly aware of the high probability that she would lose her eye if she were to be discharged without care. There weren't any medical respite beds open, so the doctors were forced to admit the client onto a hospital unit with an open bed. The eye infection could have been easily cared for at a less expensive Medical Respite bed now had increased costs, time, and services that were unnecessary. Far away from her support system, she discharged herself from the hospital before she was fully recovered. The client sustained a preventable, large ulcer scar on her eye which causes difficulty in vision.