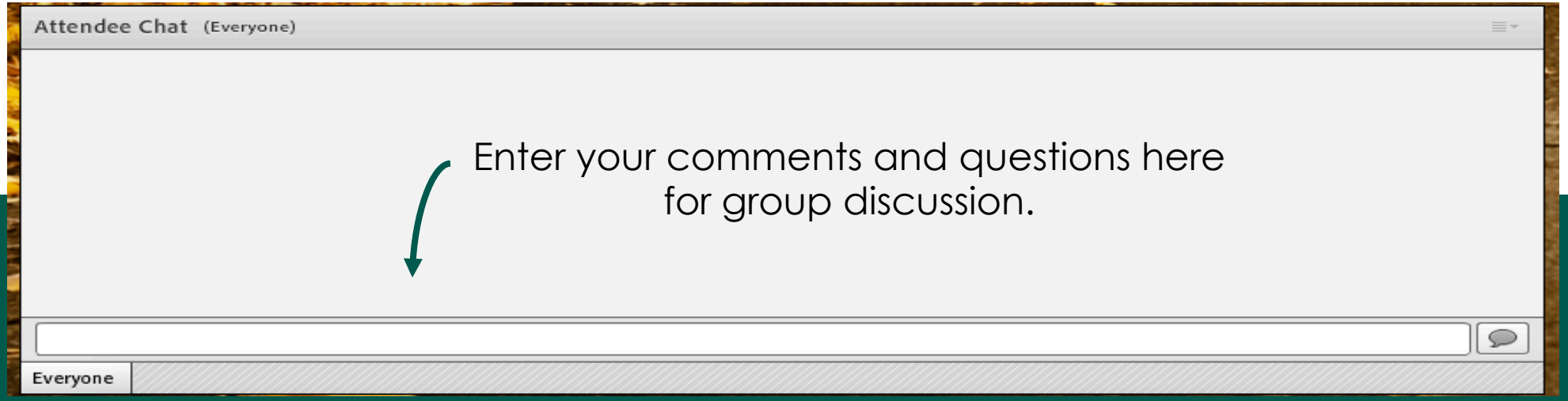
MEDICAID & MANAGED CARE FINANCING STRATEGIES THAT SUPPORT MEDICAL RESPITE CARE PROGRAMS

September 15, 2020

GOALS FOR TODAY'S DISCUSSION

- Describe **financing approaches** state Medicaid and/or managed care organizations are currently taking
- Share **strategies for engaging staff** from state Medicaid and/or managed care organizations in medical respite care
- Discuss **lessons learned** from medical respite care program administrators who have experience negotiating payments with state Medicaid and/or managed care organizations
- Facilitate a **community discussion** about Medicaid, MCOs, and medical respite generally
- Address as many of your questions/comments as possible!

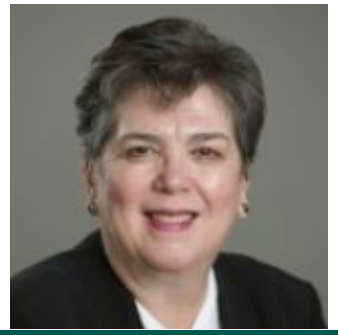


TODAY'S DISCUSSION PANEL & AGENDA

Andrew McMahon,
Vice President, Health and Human Services Policy, UnitedHealthcare Community & State

Pamela Kerr,
Program Director,
The Boulevard, Chicago, IL

Rhonda Hauff,
Chief Operating Officer and Deputy CEO, Yakima Neighborhood Health Services, Yakima, WA



Discussion agenda:

1. Panelist introductions & brief organization/ program orientation
2. Policy brief highlights
3. Panel discussion

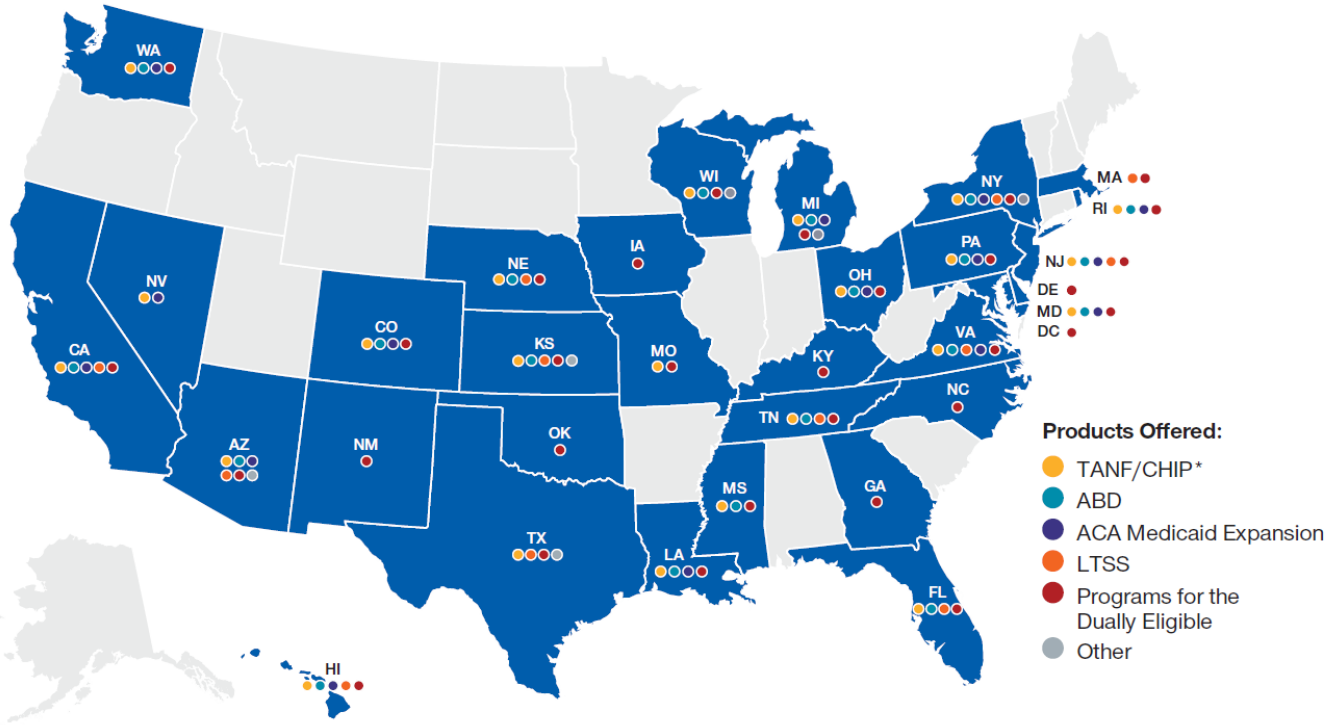
MEDICAL RESPITE CARE

- Provides acute & post-acute medical care for people who are homeless and too ill to be on the street/in shelter, but not ill enough for hospital level care
- Shortens hospital lengths of stay, reduces readmissions, improves outcomes, lowers cost
- Differs from skilled nursing facilities, nursing homes, assisted living facilities, hospice care, and supportive housing programs

UnitedHealthcare Community & State Medicaid Market Share

Serving nearly six million people**

Note, while this presentation reflects updates as of Q2 2020, the below map is current as of June, 2020.



*Includes programs serving TANF and/or CHIP populations

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** Approximation

Medical Respite Care & UnitedHealthcare

- Critical element of our strategy to address both the health care and social needs of our members
- At the national level, partnered with National Healthcare for the Homeless Council on guide to financing medical respite care as covered, billable Medicaid benefit
- At the local level, partnering with community providers to provide medical respite care to our members
- COVID-19 Impact: Advocated for expanded capacity for medical respite care, including use of hotels/motels

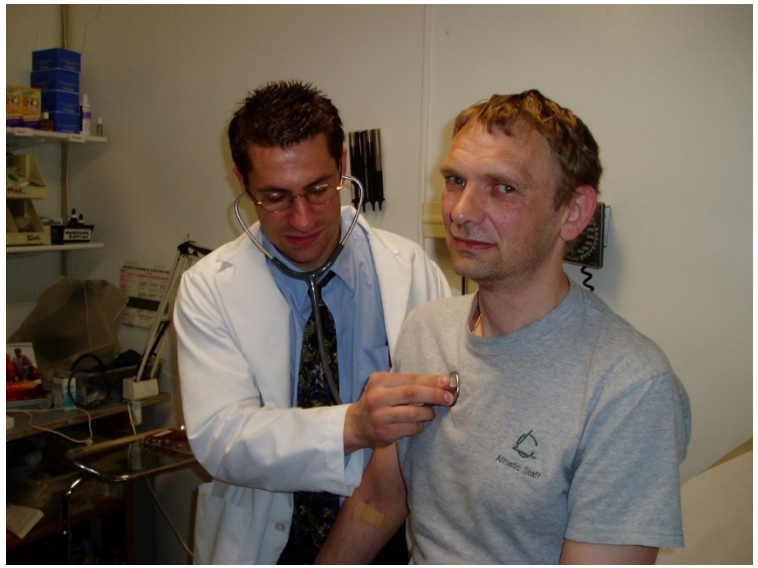
"As vested stakeholders in the cost and quality of the health care services they finance and manage, Medicaid agencies and MCOs can partner with medical respite care programs to offer a safe hospital discharge option, deliver needed services in a medically appropriate environment, reduce hospital lengths of stay, and lower overall costs of care."

Source: Medicaid & Managed Care: Financing Approaches to Medical Respite Care

The Boulevard

The Road to Health and Home

Restoring Health
Rebuilding Lives



Mission:

To provide a healing environment and resources to help ill and injured homeless adults restore their health, rebuild their lives, and regain self-sufficiency.

The Boulevard Of Chicago

- For 26 years, The Boulevard of Chicago (formerly Interfaith House) has been a recognized leader in the network of organizations working to address the challenges faced by Chicago's homeless population.
- Serves 64 homeless adults recovering from an illness/injury 24 hours daily 7 days a week.
- The Boulevard is a unique organization, dedicated to helping homeless men and women with medical recovery needs that cannot be appropriately addressed in a shelter environment.
- We provide program participants with medical respite care, interim housing, a wide variety of support services, and help obtaining stable housing.
- We believe there is a direct link between stable medical and mental health, and stable housing

How Are We Unique?

- Holistic approach to the social, emotional and physical healing process
- Case management services
- Behavioral Health
- Medication Monitoring
- Health Education and daily living skills sessions
- Assessments and linkages to PCP and needed services
- Assistance with application of benefits.
- Transportation to/from appointments.
- Three meals daily and evening snack – special diets
- Housing Advocacy - seeking affordable housing, developing relationships with landlords.

Who Do We Serve?

- **Prior to their arrival at The Boulevard, our clients have usually lived on the streets, eating in soup kitchens and moving between homeless shelters.**
- **They come to us with many untreated conditions:**
  - 91% have chronic physical health needs
  - 18% reported they are living with HIV/AIDS
  - 24% Cardiac Illness
  - 18% Trauma
  - 11% Metabolic
  - 7% Cancer
  - 5% Seizure Disorder
  - 2% Post Surgical
  - 2% Renal
  - 50% suffered from addiction
  - 48% suffered from a diagnosed mental illnesses
  - All of our clients live below the poverty level, with 50% having no income at all on admission.

Demographics:

- 77% male residents,
- 23% female residents
- 75% African American
- 24% Caucasian
- 1% Multi-Race
- 6% Hispanic
- 10% Veterans
- **Age:**
  - 15% 22-40
  - 71% 41-61
  - 13% 62 and Older

- 2019

What Makes The Boulevard Work?

- Longstanding partners who are committed to our mission
- Numerous volunteers, including educators who provide group sessions and support
- Churches/congregations provide spiritual support for those who request it.
- Great partner relationships with Hospitals and MCO's

Service Provider Partners

On Site Health Services Collaborative

- PCC Wellness Center
  - **Doctors, Nurse Practitioners**

Mental Health Services

- PCC Wellness Center

Hospitals and MCO's

- Per diem rate
- One time case rate
- Per bed rate

Respite care can decrease readmission rates to hospitals this provides a cost savings

- Number of total residents served 262 intakes
- Number of ER visits in first 60 days– 28
- Total readmissions from The Boulevard to hospitals within 60 days - 8
- Average days until medical stability at The Boulevard - 45
- Average length of stay at The Boulevard – 100 days

Where do they go?

- Permanent Housing placements - 27%
- Reunited with family members – 39%
- Transitional housing – 8%
- Hospitals – 3%
- ICF – 5%
- Substance Abuse Treatment facility – 2%
- Deceased – 1%
- Personal Choice / Unknown – 12%
- Overnight Shelter – 3%

COVID -19 RESPONSE Where are we now?

- Decrease in bed capacity
- Isolation and testing upon intake
- Shelter in place orders, TV's in resident rooms, meals and snacks served in rooms (recently relaxed a bit)
- Increased infection control – cleaning, temperature checks, PPE worn constantly throughout building
- COVID-19 testing twice monthly for residents / monthly for staff
- Education and updates regarding COVID –(group sessions)

Thank you,
For more information please contact me
Pamela Kerr, MSW
p.kerr@blvd.org
(773) 533-6013 ext. 224

Intake Coordinator: Anais Fuentes (773) 533-6013 ext. 231

Yakima Neighborhood Health Services

Our mission is to provide accessible, affordable, quality health care, provide learning opportunities for students of health professions, end homelessness and improve quality of life in our communities.

Rhonda Hauff, COO / Deputy CEO, Yakima Neighborhood Health Services

Y·A·K·I·M·A Neighborhood HEALTH

2019 Profile
Health care and Housing

2019 ALL YNHS Patients	
All Primary Care Patients	28,830
Primary Care Visits (medical, dental, mental health, outreach, case management)	146,114
Youth Served at The Space (LGBTQ Youth Resource Center) Visits at The Space	126 2,001
Women, Infants & Children Nutrition Program	4,500 Clients / Month
Affordable Care Act Applications	13,983

2019 Homeless Profile	
People Experiencing Homelessness	3,816
Primary Care Visits (medical, dental, mental health, outreach, case management)	16,517
Permanent Supportive Housing	108 households 181 people
Medical Respite (Average 21 days each)	84 People 1,782 nights
Basic Needs / Emergency Assistance	833 People 448 Households
Unaccompanied Homeless Youth	109 Youth & Young Adults

Community Health Center + Permanent Supportive Housing + Medical Respite Care =

Housing IS Health Care

- Housing: 120 Participants
  - **Average Length of Stay**
    - **552 (35 leavers)**
    - **557 (98 stayers)**

- Why they Left Us:
  - 66% (23) left for permanent housing
  - 6% (2) died
  - 17% (6) returned to homelessness
  - 11% (4) lost to follow

- Medical Respite Care: 84 Patients
- **Average Length of Stay 21 Days**
  - **Range 3 – 90 days**

- Why they Left Us:
  - 20% (14) left for permanent housing
  - 3% (2) died
  - 3% (2) entered SUB Treatment
  - 69% (49) returned to homelessness
  - 11% (8) in respite end of 2018

Medical Respite Recuperative Housing for those not sick enough to be in the hospital, and those discharged from the hospital but not well enough to go back to the streets

2019

- 84 patients
- 1,784 bed nights

75 patients turned away, lack of capacity

Y·A·K·I·M·A Neighborhood HEALTH

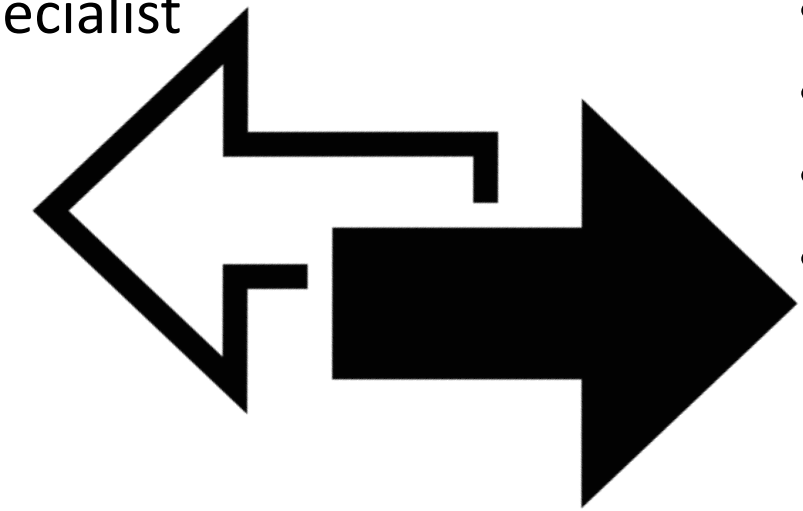
Who we Serve in Medical Respite – Fine Line between Respite, SNF, & Hospice

- Homeless or in Emergency Shelter
- Independent in Activities of Daily Living (ADLs)
- Continent and Independent in mobility
- No IV lines
- Can administer own medications

Yakima Neighborhood Health

(Nurse Driven Model)
Respite staff closely aligned with
CHC staff (1-2 blocks from each Respite site)

- Respite Staff:
  - Registered Nurse
  - Behavioral Health Specialist
  - Case Manager
  - Housing Specialist



- Community Health Center Sites
  - Family Nurse Practitioner
  - Dentist
  - Health Insurance Navigator
  - Health Home Care Coordinator
  - Supportive Housing / Supported Employment Specialists

Y • A • K • I • M • A Neighborhood HEALTH

Scope of Care at Medical Respite

- Care Transition from Primary Care or Hospital
- Medication review
- Case management
- Wound care
- Daily checks & health education
- Access to medical support 24/7
- Behavioral Health assessment & intervention
- Assessment of Social Needs

- Assist w/ Follow up to PCP and Specialty Care
- Determine functional status – communication, cultural and ethnic factors
- Provide meals
- Provide & arrange transportation
- Facilitate family unification and/or housing stabilization at exit
- Establish ongoing relationship with PCP at respite exit

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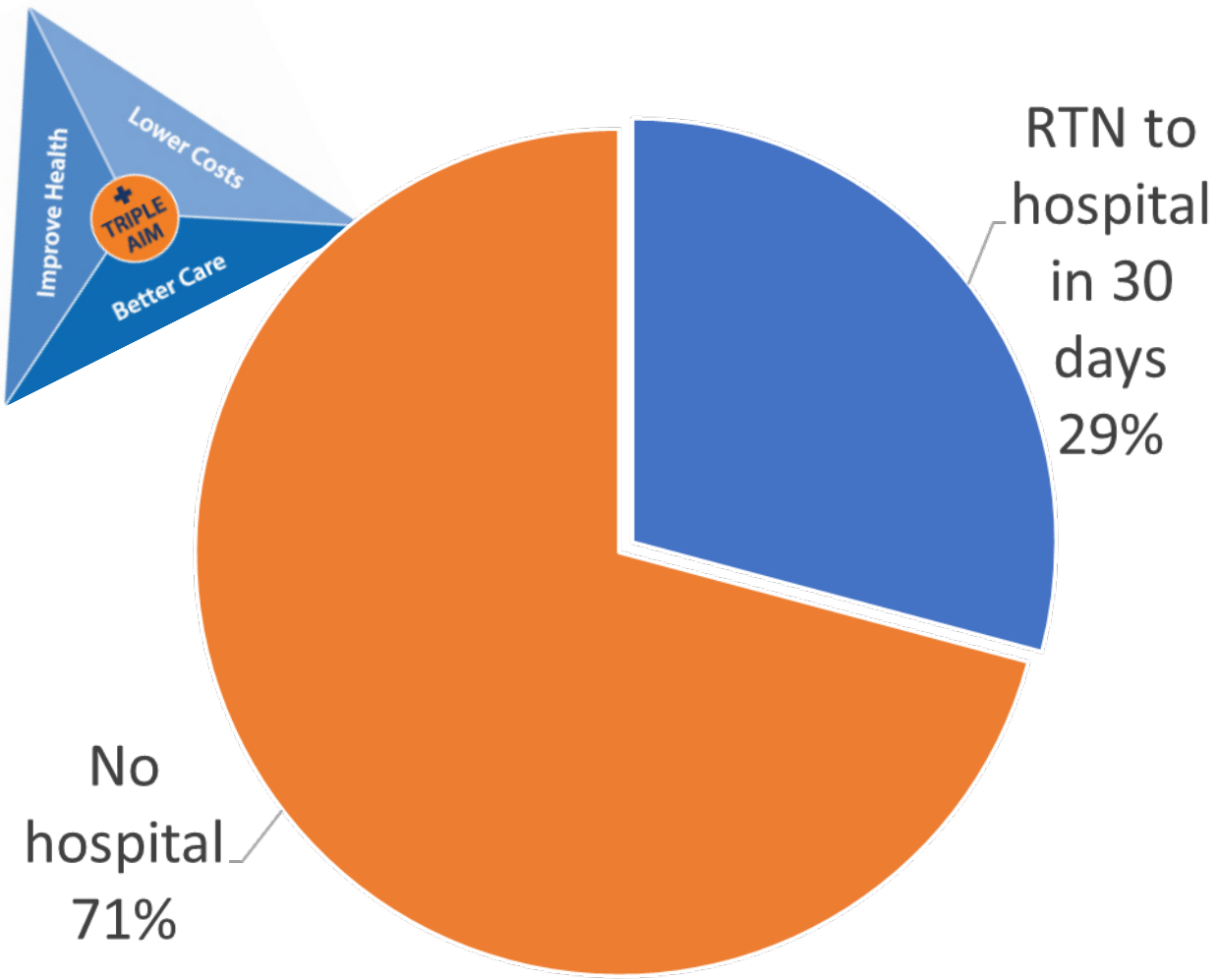
Medical Respite Outcome –

Reduce Admissions/ Readmissions to hospitals



Yakima Neighborhood Health

Medical Respite Care Saves $$

Hospital Staff Report a Saving of 53 Inpatient Days in 2019

($65,773 for Depression or $190,800 for Rehab)

Respite care reduces public costs associated with frequent hospital utilization.

	Average Hospital Charge for Depression*	Average Hospital Charge for Rehab*	Average Respite Program Cost
Average Length of Stay in 2019	13 days	8.1 days	21 days
Average Charge Per Patient	$16,133	$29,166	$2.200 (not including primary care)
Average Charge / Cost per Day	$1,241	$3,600	$105.00 (not including primary care)

Y·A·K·I·M·A Neighborhood HEALTH

MCO Billing Opportunity for Medical Respite Care Coordination

Medical Respite Care -
HCPC Code G9006
(Care Coordination Home Monitoring)

GRMCO (Great Relationship with Managed Care Organizations)

- Model 1 - Per Diem Inclusive Rate based on Program Costs
- Model 2 - Global Case Rate based on Program Costs

BHAG - (Big Hairy Audacious Goal)

- ✓ State Medicaid Plans include G9006 as a required benefit for People Experiencing Homelessness and others with significant housing instability

Yakima Neighborhood Health

What's New Since Covid

- Infection Control – Increased PPE, cleaning, sterilization, staff education
- Transportation modifications – driver barriers
- Virtual visits / telephone visits
- Shelter in Place / Covid Comfort Kits
  - Whatever it takes to keep people inside
- Isolation & Quarantine beyond People Experiencing Homelessness
  - Working with County Emergency Management
  - Expansion including motel units

Yakima Neighborhood Health

POLICY BRIEF: KEY HIGHLIGHTS

- Describes medical respite programs
- Outlines gaps in the continuum of care & funding sources
- Offers rationale for investing in this model of care
- Provides 7 examples of programs currently supported through Medicaid or MCOs
- Offers lessons learned and recommendations for stakeholders

TYPES OF PAYMENTS

Table 1. Types of Payments to Medical Respite Care Programs

	Boston	Chicago	Los Angeles	Phoenix	Santa Barbara	Seattle	Yakima
Medicaid/FQHC payments	X			X			
MCO/per diem rate	X	X				X	X
MCO/capitated PMPM					X		
MCO/one-time case rate		X					X
MCO/pre-purchased beds		X	X				

TYPES OF SERVICES

Table 2. Services Included in Medical Respite Payments, by Site

	Boston	Chicago	Los Angeles	Phoenix	Santa Barbara	Seattle	Yakima
Onsite health care services	X			X		X	
Support services (case management, care coordination, benefits, health education, medication management)	X	X	X	X	X	X	X
Food	X	X	X		X	X	X
Beds/housing	X*	X	X		X	X	X
Transportation	X	X	X				X
Administration/indirect costs	X		X	X	X	X	X

*Notes: Services not included in the medical respite payment rate are covered through other funding sources (e.g., onsite health services billed directly, use of private/philanthropic funds, etc.). Boston is only able to capture room and board expenses from the MCO/ACO payments (not state Medicaid) because they have negotiated greater flexibility with these entities.

Q&A & DISCUSSION

If you haven't already, please send us questions or comments using the chat box at the bottom of your screen

RECOMMENDED ACTION STEPS

Table 3. Actions to Consider

Medical Respite Care Providers	State & Federal Medicaid Policymakers	Managed Care Organizations
Establish a payment rate that covers the cost of services being provided	Encourage FQHCs and other health care providers to include medical respite among their services	Conduct data analyses to determine prevalence of beneficiaries who are homeless, evaluate service utilization, and determine need for medical respite care programs
Develop strong relationships with Medicaid directors and MCO staff at all levels	Consider statewide Medicaid benefit for medical respite care	Convene stakeholders to discuss data, patient experiences, and feasibility of creating medical respite care programs
Work with MCO staff to establish the need for a medical respite care program	Authorize MCO plans to reimburse for medical respite services based on a designated billing code	Be proactive to champion the need for a wide range of specialized services for people who are homeless and have complex health care needs
Develop outcome measures and identify benchmark goals to demonstrate value	Consider how medical respite care will benefit value-based payment initiatives	Tour existing medical respite facilities with care coordination staff and others who are involved with patient care
Periodically evaluate outcome measures and payment rates to ensure they reflect current needs	Issue federal guidance that describes medical respite care programs, encourages states to adopt these models of care, and outlines reimbursement options to consider	Contract with medical respite care providers to pay for needed services

OUR RESOURCES

- New: National Institute for Medical Respite Care (NIMRC)

- Policy Brief: Medicaid & Medicaid Managed Care: Financing Approaches for Medical Respite Care
- Policy brief: COVID-19 & the HCH Community: Medical Respite Care and Alternate Care Sites
- Defining characteristics of medical respite care
- Standards for medical respite care
- Program directory
- Tool kit
- Technical assistance
- **Publication Coming Soon:** *Outcome Measures & Data Collection: Recommendations for Medical Respite Programs* (September 2020) – the findings of a year-long learning collaborative with 10 programs