

MEDICAL RESPITE CARE: A MEDICAID PILOT

WHAT IS MEDICAL RESPITE CARE?

The Medical Respite Care pilot through Medicaid serves people experiencing housing insecurity or homelessness with acute medical and behavioral health support needs. By providing a stable and safe place to recover and receive necessary services, medical respite promotes healing and recovery—ultimately disrupting the cycle of homelessness—and reduces the need for costly, preventable emergency intervention.



Medical respite care is trauma-informed and focuses on providing client-centric care to improve an individual's health status by ensuring clients feel valued, cared for, and can focus on planning for a future that is not centered around their current illness/injury. When made available to people experiencing homelessness, medical respite care is proven to:

- Improve overall health status by ensuring a safe environment to medically recover
- Address health-related social needs by providing necessary wraparound services
- Decrease healthcare expenditures by preventing recurring illness and emergency visits

WHY IS MEDICAL RESPITE CARE NEEDED?

People experiencing homelessness with acute medical and behavioral health conditions have unique needs that oftentimes cannot and should not be managed while living on the street or in shelters that are not equipped to facilitate recovery. Oftentimes, even congregate shelter settings only provide short-stay overnight rest and/or are not appropriate for those with compromised immune systems.

There is an immediate need in Rhode Island to create a medical respite for people experiencing homelessness that will allow individuals with acute needs to adequately rest and recover from their illness and access critical healthcare and social supportive services.

- According to Rhode Island's Point-in-Time Count, from 2021 to 2022, the population of those who are unsheltered and chronically homeless increased 105%, and adults experiencing homelessness increased 35%.
- People experiencing homelessness have significant health care needs and use hospitals at higher rates and for longer periods of time than their housed counterparts^{1, 2}.
- A review of more than 64,000 housing prioritization surveys across 15 states found that: 78% of unsheltered people experiencing homelessness and 50% of sheltered people experiencing homelessness self-reported having a mental health condition³.



¹ Feigal, J., et al. (November 2014). Homelessness and Discharge Delays from an Urban Safety Net Hospital. Public Health 128: 1033-1035. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4258462/>.

² Kertesz SG, et al. (January 2009). Post-hospital Medical Respite Care and Hospital Readmission of Homeless Persons. Journal of Prevention and Intervention in the Community, 37(2): 129-142. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2702998/>.

³ Rountree, J., Hess, N., & Lyke, A. (2019). Health conditions among unsheltered adults in the U.S. California Policy Lab. <https://www.capolicylab.org>.

WHO WILL BENEFIT FROM MEDICAL RESPITE CARE?

People experiencing homelessness and housing insecurity with acute illnesses and injuries often experience poorer health outcomes than their housed counterparts. Individuals across demographic characteristics—including race/ethnicity, disability status, and geographic location—will benefit, specifically those:



- Healthcare and housing system clients who have co-occurring illnesses that require support from different healthcare specialists to aide in their recovery and an appropriate, safe place to heal.
- Unsheltered people experiencing homelessness who have underlying medical injuries and illness.
- Individuals who are homeless and discharging from hospitals without a place to recover and complete treatment plans.

WHAT DOES SUCCESS LOOK LIKE FOR MEDICAL RESPITE CARE?

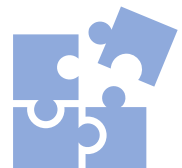
Increase in full completion and compliance of treatment plans associated with injury and illness that save healthcare system costs by:



- Reducing emergency room visits and preventable readmissions.
- Improving hospital discharges and lengths of stay and improving shelter capacity.
- Reducing infectious disease spread—such as COVID-19—in shelter populations.

HOW DOES MEDICAL RESPITE ALIGN WITH EOHHS' STRATEGIC PRIORITIES?

PRIORITY 1: Focus on the root causes and the socioeconomic and environmental determinants of health that ensure individuals can achieve their full potential



1. Medical respite care uses a holistic approach, treating the whole person, not just the primary diagnosis, and focuses on coordinating care and addressing social determinants of health through case management and screening.
2. This includes appropriate accommodations by providing 24 hours access to a bed, bathrooms, and showers to promote recovery from acute illnesses and conditions.
3. The program connects clients directly with medical, behavioral health, and other social services that are needed for recovery and ongoing treatment, support, and preventive care to maintain a high quality of life throughout recovery.

WHERE CAN I LEARN MORE ABOUT MEDICAL RESPITE CARE?

To learn more about this initiative, please visit: [Home and Community Based Services Enhancement](#)



- National Standards for Medical Respite Programs: [The National Institute for Medical Respite Care - National Institute for Medical Respite Care \(nimrc.org\)](#).
- Please contact EOHHS staff member Victoria Novotny at victoria.novotny.ctr@ohhs.ri.gov.

OUR EOHHS CORE VALUES

VOICE

CHOICE

EQUITY