

Medical Respite Care Programs Update

Background

Medical respite care (MRC) programs offer acute and post-acute medical care for People Experiencing Homelessness (PEH) who are too ill or frail to recover from a physical illness or injury in unhoused environments, but who are not ill enough to be in a hospital. These programs provide short-term residential services (often in a shelter or transitional program) coupled with support services and access to medical care.

Current state

There are eight known MRC programs in Washington State that use different models of care, with additional programs currently in various stages of development. Most programs are based in homeless shelters (or other congregate settings) and offer a package of supportive services daily such as care transitions and coordination/medical case management, outreach, medication management, care plan development, education, connections to health care providers, enrollment in benefits, assessment of behavioral health care needs, crisis stabilization, and housing assessments/referrals. In many of these programs, most medical and behavioral health treatment services are provided by Federally Qualified Health Centers (FQHC) or other community health care providers.

Two of these eight MRC programs in Washington State currently receive Medicaid reimbursements through contracts with the five Apple Health Managed Care Organizations (MCO) and are paid on a per diem rate. These two programs are Edward Thomas House in Seattle and Yakima Neighborhood Health Services' Medical Respite in Yakima.

MCOs have flexibility to offer MRC services through Managed Care authority, which is a federal authority not available to clients enrolled in the fee-for-service (FFS) Apple Health program. This means that medical respite services have not historically been available to our FFS population, even though a significant number of these individuals require respite services (including but not limited to the American Indian/Alaska Native and dual Medicare/Medicaid eligible population).

Legislative proviso implementation

This past legislative session, \$1.574M of state general funds were provided for Health Care Authority (HCA) to contract with medical respite care programs and expand access to these services. HCA is planning to quickly make these funds available to medical respite providers by allowing providers who meet specific conditions to bill Medicaid FFS for their services. Additionally, we are providing clarity that additional clinical services that are already covered under existing State

Plan Amendment authority and are offered in respite facilities can be separately reimbursed. This will help immediately address the inequity of medical respite being available under managed care but not FFS. HCA is additionally interested in providing technical assistance to respite providers who are interested in developing new programs or improving quality in existing programs and is currently hiring staff to support these efforts.

HCA is formalizing the Medical Respite Care benefit, which will involve definition of the scope of services as well as seeking the appropriate federal authority from Centers for Medicare and Medicaid Services (CMS). This is being done as part of our 1115 waiver application which is currently underway. By pursuing the strategy above, HCA will be able to immediately expand access to MRC services and preserve flexibility pending further guidance on sustainable funding options from CMS.