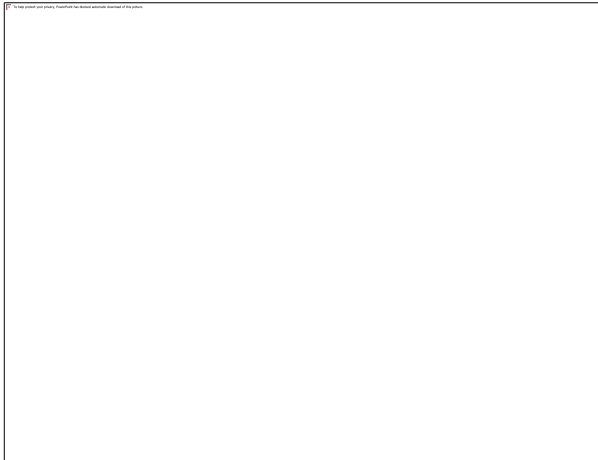




Want to help homeless HCBS Consumers? Here's how.

A Medical Respite Partnership to Reduce
Hospital Admissions and Support Those in Need

Medical Respite Pilot Partners



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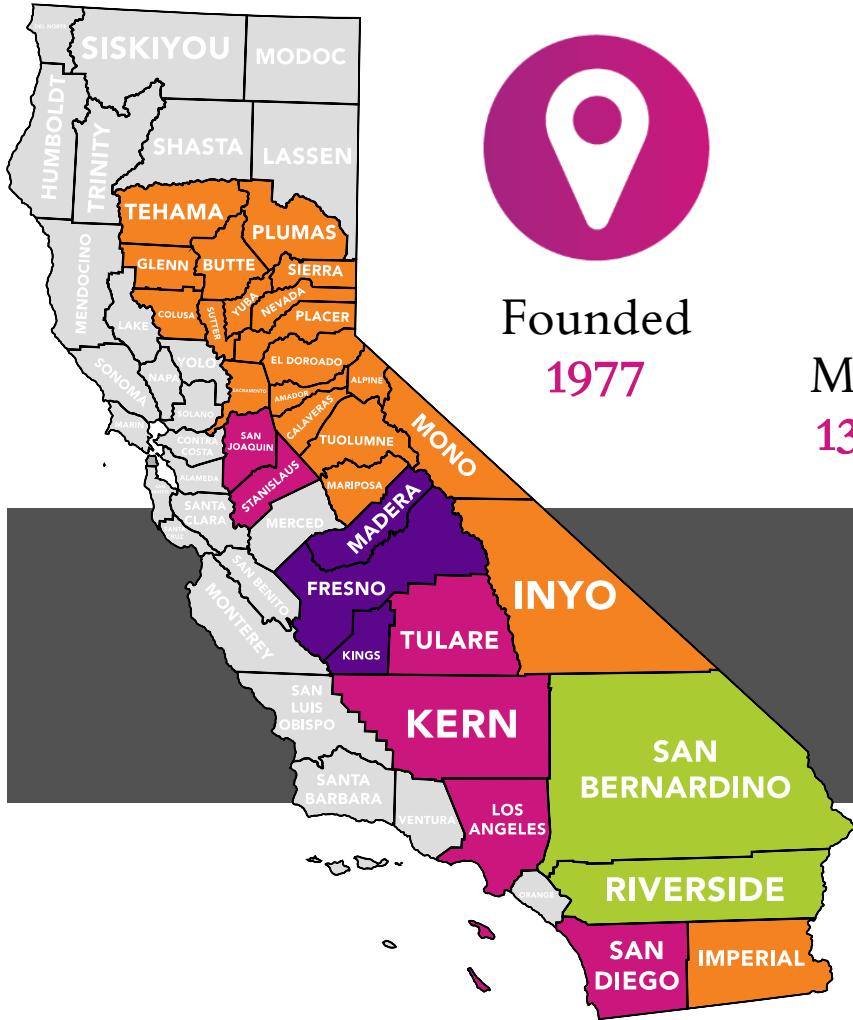
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California's Longest Serving & Most Experienced Medi-Cal Partner



Founded
1977



~3 Million
Members – 1 in
13 Californians



58
Counties



85% Members
in Government-
Sponsored Plans



85,000
Providers



Foundation & Core Focus:
Our 2 Million Members in
Medi-Cal

California Health & Wellness

Health Net Subcontractor (Molina)

Health Net

County Partner



Agenda

What is the problem we are trying to solve?

- Challenges supporting people experiencing homelessness leaving the acute care hospital
- SB 1152
- COVID 19

Landscape in the City of Los Angeles

- Los Angeles Homeless Services Authority and Continuum of Care
- Data on Disability Status Generally & Among Unsheltered Neighbors
- Street Engagement & City Ordinance 41.18

Community of L.A. Recuperative Care

- Short term post hospitalization
- Accessible housing with specialized support, including mental/behavioral health
- Health plan partnerships

Communities Actively Living Independent & Free

- Challenges in getting people document ready
- Uncertain immigration status
- Housing navigation, transitions, employment

Lessons Learned

- Reduction in hospitalizations & ED utilization
- Connections to Primary Care
- Connections to LTSS and Community Supports

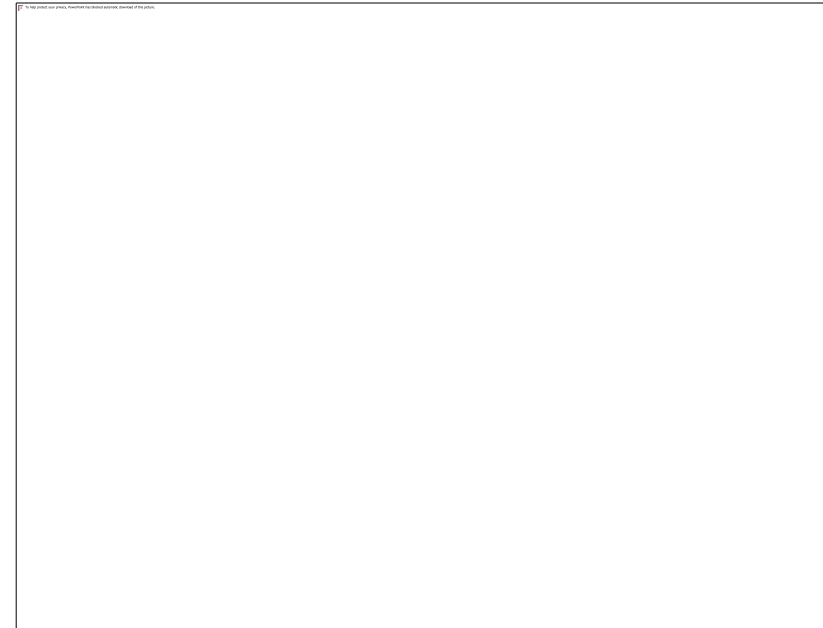
Medical Respite Pilot Opportunity

Health Net is partnering with Community of Los Angeles Recuperative Care (COLARC) and the Communities Actively Living Independent & Free (CALIF) to pilot a medical respite program for MLTSS members experiencing homelessness – as this population lacks housing options for ongoing medical care after hospitalization, often resulting in readmissions. COLARC will be providing interim recuperative care & housing up to 150 days for pilot participants in need of a stable location to continue medical recovery and treatment post-hospitalization. CALIF will provide pilot participants with housing search assistance and other wrap-around services post-hospitalization for up to 1 year.

City of Los Angeles Department on Disability

Landscape in the City of Los Angeles

- Los Angeles Homeless Services Authority and Continuum of Care
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Recuperative Care

Community of L.A. Recuperative Care

- Short term post hospitalization
- Accessible housing with specialized support, including mental/behavioral health
- Health plan partnerships



Services Offered:

- Hospital partnerships
- Social Services
- Housing
- Temporary Housing
- Medical Oversight
- Coordinated Entry System

What is Recuperative Care?

Recuperative care is a program that provides healthcare providers with a secure location for homeless patients to be discharged when they no longer need to be hospitalized but still have to be treated for an illnesses or disability. The idea was driven by widespread "inadequate discharge" events ; the implementation of penalties under the Affordable Care Act to avoid re-hospitalization within 30 days; and extension of Medicaid that opened a new financing source in participating states.

These facilities enable people to continue their recovery and receive treatment, while case managers enable them to have access to primary care, mental health services and other social services such as transportation, food and housing.

Recuperative care saves taxpayers dollars which costs far less than prolonged hospital stays and outcomes in less hospital re-admission. Clients served will also discover permanent homes more probable.

Housing Navigation and Transitions

Communities Actively Living Independent & Free

- Challenges in getting people document ready
- Uncertain immigration status
- Housing navigation, transitions, employment

Services Offered

- Benefits/Advocacy
- Housing Advocacy
- Peer Counseling/Independent Living Skills Training
- Referral Services
- Transition Support



Results – Best Practices

Lessons Learned

- Reduction in hospitalizations & ED utilization
- Connections to Primary Care
- Connections to LTSS and Community Supports

Successes

- Successful transitions to PSH
- Employment opportunities
- Hospital Partnerships
- Connections to Primary Care
- 30+ ED Diversions

Challenges

- 47 Referrals to fill 8 beds
- “Document Ready” delays
- Available accessible housing
- Length of Stay over 150 days
- Not everyone is PSH-ready



Contact us

Please reach out if you have any questions!

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“Although the world is full of suffering, it is also full of the overcoming of it.”

-Helen Keller

THANK YOU
