



September 16, 2024

Joint Task Force on Hospital Discharge Challenges
900 Court Street NE
Salem, OR 97301

Dear Chair Jones, Vice-Chair Burns, and Members of the Task Force,

Central City Concern's (CCC) Recuperative Care Program (RCP), a medical respite program located at Evergreen Crossing, has provided vital post-hospitalization support to low-income and homeless individuals, offering transitional housing, health care through our Federally Qualified Health Center (FQHC), and intensive case management. Since 2005, RCP has served thousands achieving remarkable outcomes, including medical condition resolution, primary care engagement, and stable housing for over 60% of participants. RCP has resulted in significant reductions in acute care utilization and has demonstrated estimated health system cost savings of around \$7,000 per participant on average.

We appreciate the opportunity to provide testimony on the critical issue of hospital discharge challenges and its intersection with medical respite care. We strongly support the Task Force's draft recommendations of statewide pathways to medical respite expansion to close key care gaps and address the increasing acuity, chronicity, and complexity of client needs. We would like to highlight additional medical respite developments and considerations that could play a role in the Task Force's final recommendations:

Medical Respite Programs: Regional Efforts and Funding Considerations

- **National Accreditation and Standards:** As the push for [national accreditation and standards](#) in medical respite care gains momentum, we express our full support. Establishing consistent, high-quality standards will ensure that all programs meet the necessary benchmarks for patient care and safety. The medical respite certification process, developed and field-tested by the National Institute for Medical Respite Care (NIMRC) in 2023 and currently slated for rollout in 2025, will act as the basis for validation of high-quality care and model fidelity.



- **Kaiser Permanente Northwest’s (KPNW) Regional Medical Respite Initiative:** We would also like to highlight the ongoing work by Kaiser Permanente, in collaboration with NIMRC and six medical respite/RCPs, in driving the expansion of medical respite care in the Pacific Northwest. Their efforts have supported the development of both established and emerging medical respite programs in the KPNW region and serve as a strong model for how regional initiatives can be scaled effectively.
- **Recommendations for Covered Benefits and Auxiliary Funding:** We recommend that RCP services, as aligned with medical respite standards, be recognized as a covered benefit. Alignment of the covered benefit with NIMRC’s medical respite standards will allow opportunity for integration with the developing medical respite care certification system and will support Coordinated Care Organization (CCO) procurement and contracting requirements. Ensuring medical respite services have sufficient reimbursement will be crucial in closing existing funding gaps and ensuring the sustainability of these vital services. Reimbursement needs to be tailored to program models, scope, and population(s) served and may require auxiliary funding sources to provide additional opportunity- and value-based outcomes. We also recommend incentivizing hospital-based funding for recuperative care as it will continue to be necessary to address populations like Medicare-only beneficiaries, as these are not eligible for Medicaid/CCO reimbursement.
- **Development of Short-Term Post-Hospitalization Housing:** We recommend consideration of a short-term post-hospitalization housing concept. In recognition that most medical respite/recuperative care models allow for highly time-limited, specialized care and placement with medical oversight, the period of time for which individuals are medically suitable for respite care is usually not sufficient to maintain improved medical status or achieve permanent housing placement. In California's CalAIM suite of Community Supports, efforts to address this gap include the Short-Term Post-Hospitalization Housing Support. This is differentiated from medical respite care in California's model by including medical oversight in respite but not post-hospitalization housing. In practice, Short-term Post-Hospitalization housing is seen as a step-down from medical respite care, as a housing service model in which many aspects of case- and care-management can continue, individuals' medical status is likelier to be maintained than if discharged to shelter, and progress towards permanent placement can continue with proactive social determinants of health support. In addition, post-hospitalization short-term housing provides a venue in which clients can receive services



through another 1115 Waiver-supported statewide benefit, Enhanced Care Management. In California's model, the post-hospitalization continuum parameters include up to 90 days for medical respite and then up to 6 months for post-hospitalization short-term housing.

Enhanced Medical Respite: An Opportunity to Rapidly Support Community Need

CCC has responded to community requests to develop a proposal to expand our existing RCP services to include enhanced support for individuals who are limited in their activities of daily living (ADLs) and frequent or complex wound care needs. This proposed expansion will allow us to better serve individuals who require these additional levels of care, even if they fall outside the traditional medical respite model. This work is supported by many community partners, including Health Share, CareOregon, Oregon Health & Science University, Legacy Health, Providence Health & Services, Kaiser Permanente, and more.

It is important to recognize the need to support individuals with ADL requirements, who may not fully align with the traditional definition of medical respite or be suitable for other types of care facilities. Our expanded services aim to help bridge this gap, ensuring comprehensive care for all patients. Additionally, utilizing Certified Nursing Assistants for ADL support can help improve safety and reduce staff burnout, freeing up critical workforce resources.

- **Recommendation for Regulatory Framework:** Currently, there is a lack of a clear regulatory framework for the model we are proposing. However, a [similar program](#) successfully implemented in California discovered a path forward. By leveraging Oregon's Nurse Practice Act and FQHC regulatory authority—akin to our existing RCP framework—we can establish a solid foundation for oversight and quality care within our proposed Enhanced Medical Respite Program. We urge the Task Force to explore this expedited solution for regulatory oversight of enhanced medical respite services.

Finally, we would like to express our interest in being actively involved in the policy development process following the conclusion of this Task Force. Our extensive experience and insights can contribute to shaping safe, effective, and sustainable policies.



Thank you for considering these points as you continue your critical work. We look forward to the opportunity to collaborate further and to contribute to the development of policies that will improve hospital discharge processes and patient outcomes.

Sincerely,

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