RECUPERATIVE CARE FOR HOMELESS

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ILLUMINATION FOUNDATION

Our Mission

To provide targeted, interdisciplinary services for the most vulnerable homeless clients in order to break or prevent the cycle of homelessness

In 2007, the Illumination Foundation was founded to create a safety net for homeless families and individuals by providing ongoing patient-centered housing, healthcare, workforce and educational services. We have committed ourselves to providing a diverse ranges of services for the homeless, focusing on those that will assist our families and individuals into stable housing. Through initial assessment upon entry, we can identify their unique needs and provide immediate relief when necessary. We utilize public/private partnerships to ensure that our clients are connected to all community resources available to them.

The End of Homelessness

HOUSING STABILIZATION

HOUSING	HEALTHCARE	INCOME	COMMUNITY
• Emergency • Bridge • Permanent Supportive	• Medical Outreach • Recuperative Care • Chronic Care Plus • Mental Health	• Job Readiness • Job Placement • Benefits Acquisition • Financial Literacy	• Motel Family Outreach • Children's Enrichment • Life Skills
6,384 PEOPLE HOUSED	**1900+** PATIENTS SERVED	**1,123** CLIENTS ASSISTED	**7,731** CLIENTS SERVED

Healthcare Outreach

684
Medical
Patients

886
Vision
Patients

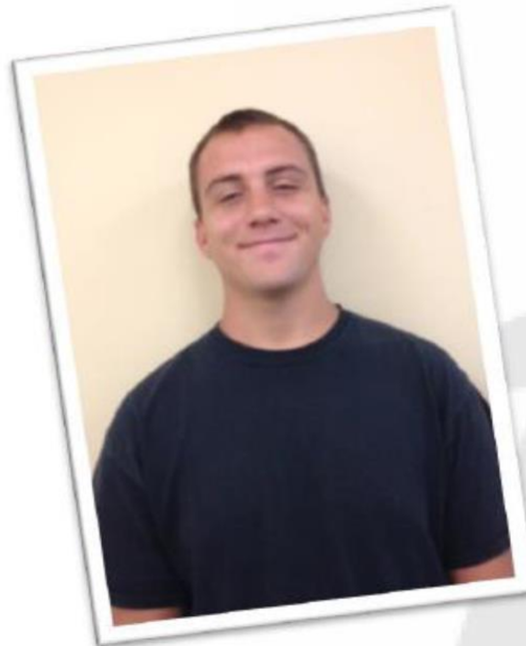
Chronic Care Plus

This two year pilot project between St. Joseph Hospital and Illumination Foundation will develop a new system of care for the highest frequent users of Emergency Room services

23
Patients

85%
Patients connected to PSH

92%
Reduction In ER usage



Since January 1, 2008 the Illumination Foundation's Recuperative & Recovery Centers have served over 2000 homeless clients from 63 private hospitals in Los Angeles and Orange County by providing a safe and restful place where patients can recover from an illness or an injury. Our dedicated team of nurses, case managers, and support staff provide medical and behavioral health monitoring. With intensive case management, we are able to offer clients an opportunity to access benefits and find a housing solution to end their cycle of homelessness. With intensive nursing oversight, we are able to connect our clients to a medical home that will provide long term medical management and reduce recidivism.

Recuperative Care

2040
Patients

63
Hospitals Served

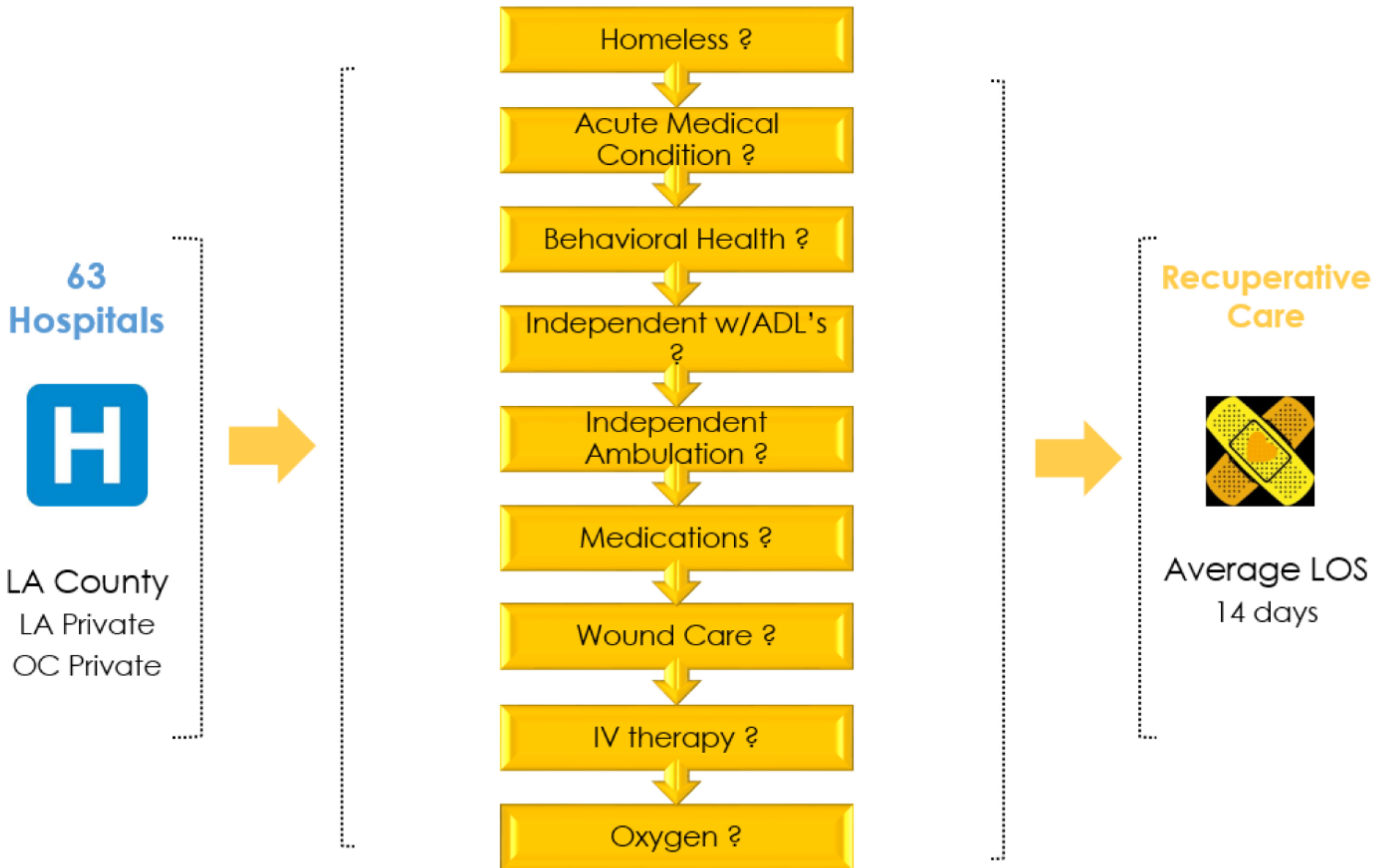
>$15M
In Hospital Cost Avoidance

Recuperative Care (aka Medical Respite) manages the recovery of homeless individuals discharged from hospitals

Orange County Recup

Santa Fe Springs Recup

Recuperative Criteria & Services



Recuperative Care

Scope of Services

- Advocacy
- Medical Care Coordination
- Food, Hygiene & Transportation
- Neighborhood PCP Connection
- Housing connections
- Mental Health Coordination
- CES => Vulnerability Index
- Case Management

Recuperative Care Program Overview

Referral

Easy intake process for hospital

- One-page referral for hospital
- 2 hour turnaround referral process
- Hospital determines Length of Stay (LOS)
- Hospital responsible for full d/c medications for entire Length of Stay
- Hospital is responsible for transportation to program site upon d/c
- Monday - Sunday 9-6

Services

Coordination of services

- Medical oversight of client d/c care plan
- Medical Case Management
- Easy access to Medical Home
- Case Management
- Room and Board
- Mental Health counseling
- Client education and training
- Transportation

Reporting

Patient Outcome Reports

- Hospital receives notification of client status upon intake, exit and any absences
- Hospital receives for every client a Mid-LOS progress report and upon exit a Patient Outcome Summary
- Extension requests are accompanied by supporting documentation to substantiate need

Invoicing

Simple billing process

- 3 Tiered per diem rate

  $200 Day1-10
  $150 Day 11-30
  $100 Day 31+
- End of month invoicing
- A/P Net 30 days

CalOptima Reimbursements

$150/day Reimbursable to hospitals contracted with CalOptima

Max 10 days/ referral

n = 330 clients

COMMUNITY CONNECTIONS

JANUARY 2015

CalOptima

CalOptima Takes Action to Strengthen Orange County Safety Net

Supports programs for clinics and homeless members

alOptima's Board of Directors took a major step to strengthen Orange County's ealth care safety net by investing nearly $1 million in funding for two major initiatives. ne initiative supports the development of an enhanced community clinic system in range County. The other provides services to homeless CalOptima members, nabling them to recuperate in a safe setting after a hospitalization.

ommunity clinics are vital to the health care safety net because they care for low-ncome residents, including CalOptima members. Clinics that earn a Federally Qualifie ealth Center (FQHC) designation, receive higher federal funding, which ensures that linic operations are more sustainable. CalOptima's action supports eight community linics that are pursuing FQHC designation and four that are beginning the process. The grants help cover the cost of the technical assistance needed to attain the esignation. At this time, Orange County has only 10 FQHCs, and these grants may ltimately help to more than double that level.

ue to the recent expansion of Medi-Cal, CalOptima is serving greater numbers of omeless members who face unique health care challenges, including recovering afely after being hospitalized. These members experience twice as many eadmissions and twice as many inpatient days when they are discharged to the street ather than to a recuperative care setting. CalOptima authorized up to $500,000 for ecuperative care services.

Our Board's actions demonstrate CalOptima's commitment to Orange County and our

February • 04 • 2015

Respite RCPN News

A Newsletter for Members of the Respite Care Providers' Network

ter Now for the 2015 Medical te Pre-Conference Institute!

Orange County Health System to Offer Recuperative Care for Medicaid Patients

CalOptima, a health system based out of Orange County, California, approved a demonstration program that will help homeless Medi-Cal beneficiaries access recuperative care. According to the Hospital Association of Southern California, the demonstration is expected to support 10-day length-of-stay costs for approximately 330 Medi-Cal patients. Cal-Optima will evaluate the impact of the recuperative care benefit on patient outcomes and hospital readmissions. Financing for the demonstration comes from Intergovernmental Transfer funds.

THE BENEFITS

63

LA & Orange County Hospitals have participated

49%

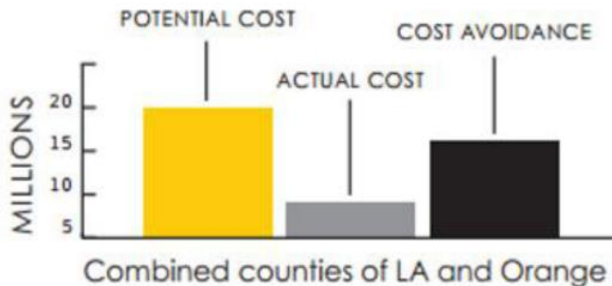
of our patients are connected to transitional or permanent housing

93%

of referrals are approved for recuperative care

days is the average length of stay at recuperative care

OVER $15.0M COST AVOIDANCE



*Potential Cost	Actual Cost	Cost AVOIDANCE
$20,562,384	$5,330,800	$15,231,584

**Potential cost is based on patients staying an average of four days longer than necessary in hospital. **American Hospital Association 2010 Annual Survey estimate inpatient cost at $2,676/day. This is only an estimate of expenses incurred by the hospital to provide a day of inpatient care.*

3,035

patients referrals were created

Recuperative care is a cost-effective way to provide needed aftercare to homeless patients recently discharged from acute care hospitals and reduce recidivism.

1,921

patients served were in a caring and supportive environment and received:

- Case management and Counseling
- RN/LVN oversight with medical plan of care
- Connection to social service resources such as ID cards, SSI/SSDI, GR and Food Stamps are offered
- Three healthy meals a day
- Transportation to appointments

Trends

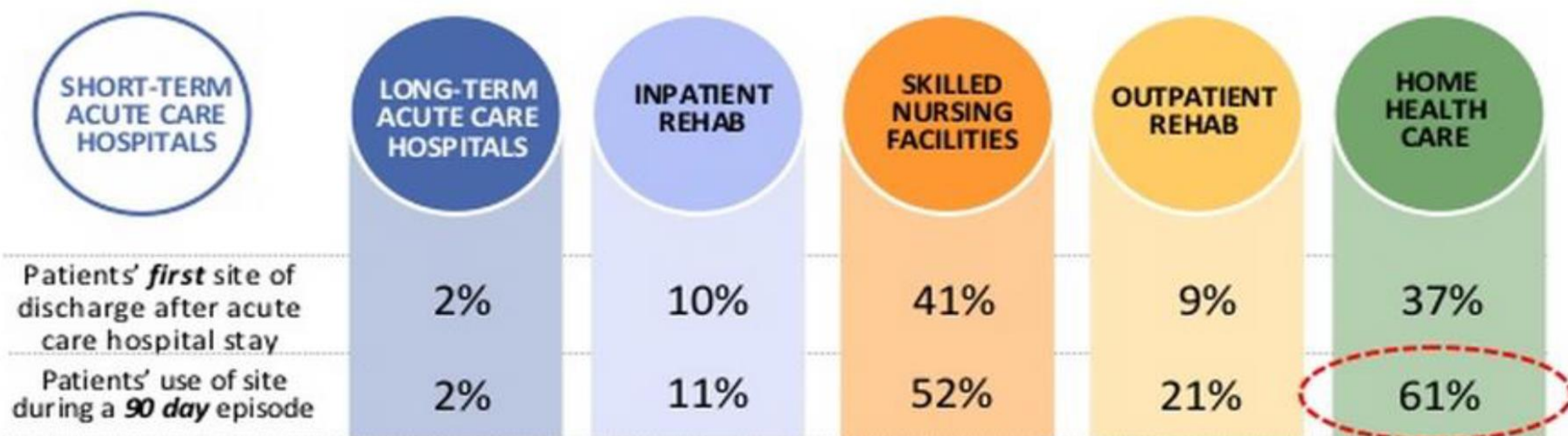
Tremendous Opportunities Exist to Better Manage Patient Care for Patients Discharged From Acute Care Hospitals

Currently there are 47.6 million Medicare beneficiaries with an estimated 9,100 individuals added to the program each day.[1]

35% of Medicare Beneficiaries are Discharged from Acute Hospitals to Post-Acute Care

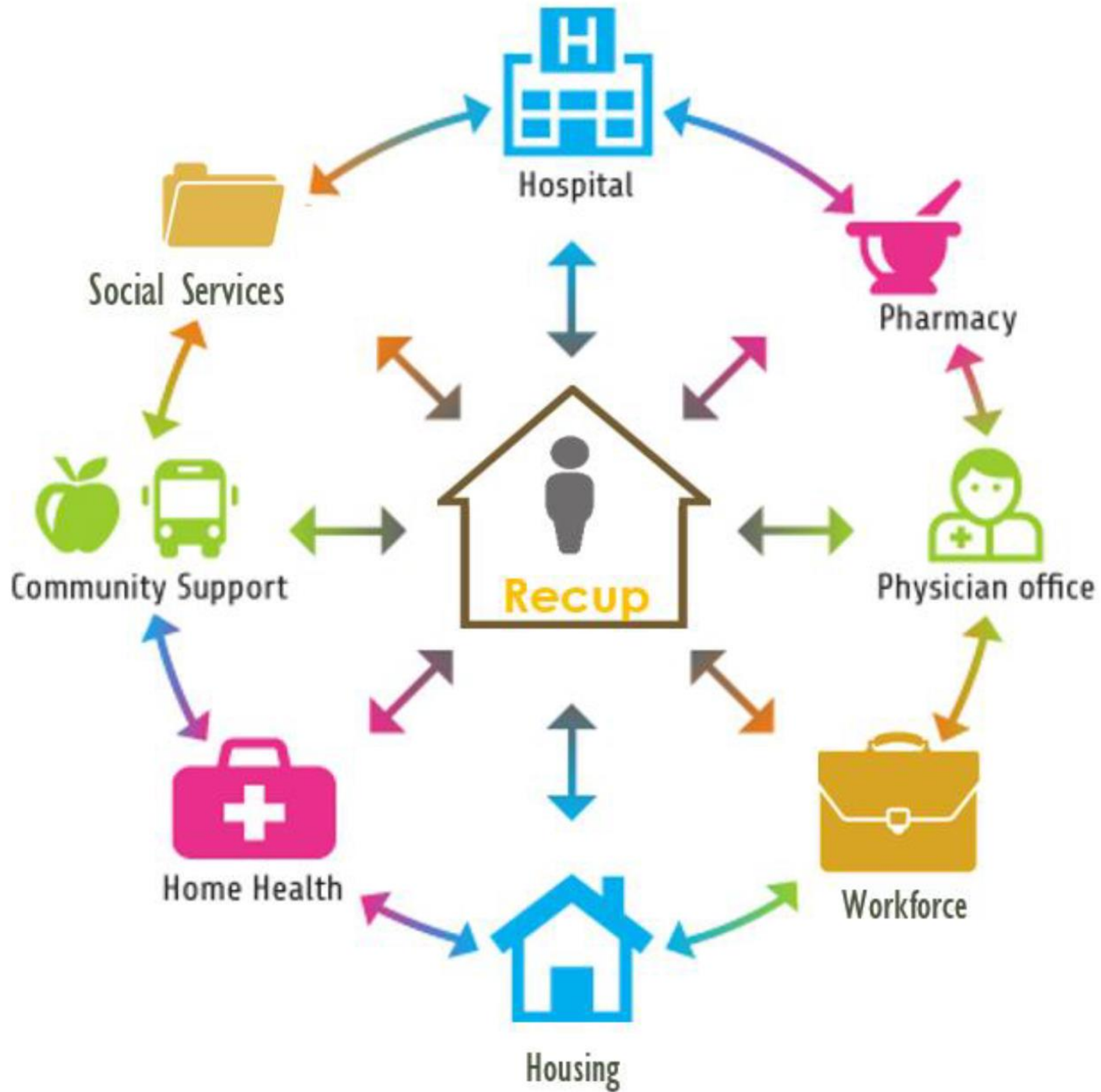
Medicare Patients' Use of Post-Acute Services Throughout an "Episode of Care" [2]

Higher ◄······ Intensity of Service ······► Lower



(1) Source: U.S. Census Projections

(2) Source: RTI, 2009: Examining Post Acute Care Relationships in an Integrated Hospital System


Hospital
Social Services
Pharmacy
Recup
Community Support
Physician office
Home Health
Workforce
Housing

Benefits

Reduced Cost

- ✓ Reducing ALOS in the hospital by providing safe discharge option (4 avoidable inpatient days)
- ✓ Reducing the number of denied days from payers to providers
- ✓ Allows hospital to move patients' care along the continuum to a lower cost model that is timely and safe, enabling hospitals opportunity to generate new revenues from open beds
- ✓ Reducing readmits: RCC connects patients to medical home/PCP and reinforces patient utilization
- ✓ Fulfills obligations of non profit hospitals to invest in health and healthcare in the communities they serve

Benefits

Improved Healthcare

- ✓ Improved clinical outcomes as RCC allows for further patient stabilization
- ✓ Allows hospitals to discharge along appropriate continuum of care provider
- ✓ Improved patient satisfaction ratings

Improved Access to Care

- ✓ Improve access for homeless and housing insecure to healthcare and mental healthcare
- ✓ RCC connects patients to resources and agencies in the preferred exit destination
- ✓ RCC's core competency is ensuring successful care transitions for homeless

Cost Avoidance

Business Case

	Number of Actual Homeless Admissions	Average Length of Stay (ALOS)	Total days of Inpatient Stay	Average Cost per day	Total Cost
OC Hospitals	962	7.1 days (including 4 Avoidable)	3848 Avoidable days	$2,676*	10,297,248
Recuperative Care**	962	12	11,544	$250	2,886,000

Estimated Cost Avoidance **$7,411,248**

Assumptions:

- Homeless inpatients stay an additional 4 extra days at an average cost of $2676/day
- $250 Recup daily costs does not include Home Health. Per diem rates are now **$200/day**

Sources:
**AHA 2010 Annual Survey ** Illumination Foundation Recup / NHF database*

Client Story: "DC" Veteran

DC came to the Recuperative & Recovery Care (RCC) site from a local private hospital with a diagnosis of "hypothermia". DC arrived with very few medications, no personal belongings and no desire to change anything about his life. He had been homeless for many years. Staff completed the medical intake noting a chronic cough with no other apparent symptoms. After some additional investigation, staff learned that DC actually had a long term infection with a variation of Tuberculosis. Over the course of the first couple of days in our program, staff discovered that DC had served in the military back in Vietnam. With no proof of military service in his possession, staff contacted the West LA VA and made arrangements to meet with an intake coordinator in Bldg. 207 the next day at 0800. On arriving at the VA, RRC staff assisted the client with the intake process including a detailed review of his medications and medical conditions. The VA was easily able to verify his ID and his status so he was taken for an initial medical assessment. At the first mention of TB, the client and our staff member were immediately transported across the complex to the VA Hospital where emergency staff was waiting. Upon arriving at the hospital both were whisked away to a TB isolation room as a precaution till further testing could be completed and prior medical records obtained. The process took several hours. Once DC's condition was verified, the isolation precaution was removed and he was admitted into the VA Hospital and provided additional medical care. Over the next few weeks, Recuperative Care staff continued to follow DC's progress. Upon discharge from the hospital, DC was provided housing so that he could continue recovering and regaining his strength.

Client Story: "DF" Undocumented mother of two

DF is an undocumented mother of two, has type1 diabetes, and was fighting a custody battle to win back custody of her two children taken away by her drug abuse problems. Due to her unstable housing, drug use and lack of insurance, DF's diabetic condition ran unchecked and she had more than 10 emergency room visits at SJO (and 6 visits to other area hospitals) prior to her coming to Recuperative Care. Under the tutelage, counseling and oversight of the RRC staff, DF was able to stabilize her glucose levels and remain sober. She had lost custody of her children when the County determined she could not care for them due to her drug addiction. We worked with the County to allow CCP to conduct weekly drug tests rather than the infrequent random drug tests conducted by the County. DF has not tested positive for drugs since she came to CCP. She has been regularly attending AA meetings, and she began taking English courses at Santa Ana College. She has already improved her English skills by 2 levels. CCP staff also connected her to the Mexican Consulate. They are currently working on getting her an immigration attorney to fight her immigration case under a U visa provision. Because of her previous domestic violence history in Mexico, she may be able to gain residency. Through the auspices of the Consulate, DF is also taking a weekly domestic violence classes. Because we were able to demonstrate DF's commitment to her children, she won back the custody of her children. One of her children is an American Citizen and receives SSI benefits. Now that the children are with her, DF is also eligible for food stamps and other benefits. The benefits will give the family an economic base to build upon. With her continued education and change in her immigration status, DF can look forward to a better paying employment as well. DF was then able to enroll in IF's Chronic Care Plus program, a Permanent Housing Program specifically designed for the frequent users of hospitals. Within 8 months, DF has moved to her own apartment, been reunited with her children and is doing well.

Client Story: "VR" Mental Health

VR arrived for suicidal and homicidal ideation. He had manic depression and schizophrenia, hearing voices in his head at all times of the day. He was extremely depressed, would not come out of his room, showed no emotion, and was timid and listless. He had been in and out of jail and mental hospitals, and had attempted to jump off the Santa Ana Bridge in a suicide attempt. His mother was a meth addict and he himself used meth. VR was connected to OC Mental Health (OCMH) to start mental health treatment. We learned from OCMH that VR had previously come for treatment but was never seen by a psychiatrist because he would not show up for his scheduled appointments. He would then show up two or three months later looking for treatment. The implication is that when he is lucid, he tried to take care of himself by taking the initiative to go to OCMH for help, but because of the length of the wait and his own condition he was never able to follow up on his initiative. At RCC, he was provided transportation to his initial appointments accompanied by a case manager to make sure he was successfully connected. They determined that VR's psychosis was indeed a mental illness and not drug induced. After some time, it became apparent that VR required a more intensive intervention than the once a month therapy that OCMH could provide. Staff successfully advocated for Telecare to take over as the mental health provider since they are equipped to see patients on a daily basis, and provide a variety of weekly support groups. A major challenge with VR was his high sensitivity to psych medications. He required a cocktail of medicines to control his condition but they each had side effects that caused various reactions making him at various times nervous, jittery, lethargic, restless, and sometimes suicidal. Finding the right medicine combination was the key to his improvement. Now, with the right cocktail of medicine, VR is able to think for himself and remember to take his medicine. He is no longer suicidal, lethargic, or morose. He is a new person, and we are extremely happy for him. VR was enrolled into IF's Chronic Care Program; after 8 months he had secured permanent housing in an apartment.