GUIDE

Pathways for Incorporating OT Services into Medical Respite/Recuperative Care Programs

July 2021

Introduction

Medical respite/recuperative care* is defined as acute and post-acute medical care for people experiencing homelessness, who are too ill or frail to recover from a physical illness or injury on the streets, but who are not ill enough to be in the hospital. Medical respite programs have been shown to reduce emergency room visits, time spent hospitalized, and increase a person's engagement with community-based health services[1]. People experiencing homelessness (PEH) have increased rates of chronic physical health conditions, mental health diagnoses, substance use disorders, and traumatic brain injury[2,3]. Although someone may transition into medical respite due to a specific acute medical need, they often need support and care for these co-occurring conditions.

Although the experience of being homeless is a cause of many of these health conditions, medical needs may also be caused or exacerbated by a lack of access to health care services. Compared to the general population, PEH confront significantly more barriers to care including primary health care, complex specialty care, and rehabilitation services, such as occupational therapy[4]. Additionally, even when individuals have access to services through insurance coverage, these clinics and health services are not designed to meet the specific needs of PEH.

A medical respite admission is a vital opportunity for a person to rest, recuperative, and ultimately stabilize an acute medical condition while also receiving necessary wrap around services. Occupational therapy (OT) specifically focuses on developing and supporting a person's ability to optimally engage in their environment, and develop strategies to mitigate barriers, both individual and environmental[5]. Incorporating occupational therapy into health services specifically for PEH improves the recovery process by reducing barriers to care and has demonstrated improvement in functional outcomes[6]. Research has also found that engaging with OT can reduce re-hospitalization rates and increase functional status following discharge from the hospital[7,8]. OT can address multiple complex needs and work in conjunction with the interprofessional team by addressing skills such as: activities of daily living (ADL), health and medication management, instrumental activities of daily living (IADL; such as budgeting), and community mobility and transportation[5]. It is recommended that medical respite programs consider how to incorporate OT services.

The following chart identifies several pathways that medical respite programs can follow to integrate and engage occupational therapy services. Programs will need to consider which model aligns with their delivery of services and funding capabilities. The goal is to ensure each consumer of the medical respite program has access to high quality health services, supporting their overall recovery and health goals.

*Note: *The terms medical respite and recuperative care may be used interchangeably as they describe the same service.*

More information on OT and the American Occupational Therapy Association can be accessed from: www.aota.org

Staffing Model	Considerations	Funding Pathways
Occupational therapy practitioner is a staff member within the medical respite program	• Available to provide on-site evaluation, assessments, and interventions for all clients within medical respite program. • Available to provide groups, environmental modification recommendations, and client education. • Participates in clinical care team. • Practitioner specializes in needs of person experiencing homelessness and related health needs.	• Requires funding by medical respite program for occupational therapy position. • Occupational therapy services provided through the medical respite may be paid through client health plans (variable by state and plan). • Federally qualified health care center (FQHC)-run or partnered programs may be able to bill and/or include occupational therapy services within scope of services for increased reimbursement. • Position may be grant funded through local or state grants.
Occupational therapy practitioner consultant—employed by outside organization or agency	• Available to provide on-site evaluation, assessment, and intervention for referred clients on an as-needed basis. • Available to consult with clinical care team. • Would require a fee for service per client referred. • Practitioner has experience with and understands needs of person experiencing homelessness and related health needs.	• Requires funding by medical respite program for occupational therapy consultation fees. • Occupational therapy services provided through the medical respite may be paid through client health plans (variable by state and plan).
Occupational therapy services via home health services	• Available to provide on-site evaluation, assessment, and intervention for clients referred by a primary care provider or hospital physician as part of discharge plan. • Available to share care plan and progress with clinical team as needed. • May be different practitioners providing services at each visit. • Medical respite program may need to provide education on best practices for people experiencing homelessness.	• Reimbursed by client's health insurance plan. Likely will be limited to set number of visits as allowed by plan. • Generally not available for people who are uninsured and may not be an included benefit even for those who are insured.

Staffing Model	Considerations	Funding Pathways
Occupational therapy fieldwork site with occupational therapist providing clinical supervision	• Able to provide on-site evaluation and intervention to select clients. • Able to provide student and practitioner-led group education, environmental assessment, and modification recommendations. • Able to consult with clinical team as needed. • Requires client to be agreeable to having services observed and implemented by occupational therapy student.	• Funding for occupational therapy supervisor position may be shared through local occupational therapy academic program/university and medical respite program.
Partnership with occupational therapy academic education program	• Able to provide student-led group education. • Able to complete student-led environmental assessment and recommendations. • May be supervised by non-OT medical respite staff. • Evaluation and interventions only able to be offered if on-site occupational therapy supervisor is present.	• Funding may not be required, as services are part of academic program. • Some funding may be shared by medical respite program and university for on-site occupational therapy supervisor.

References

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