When medical respite *may be appropriate*

Medical respite care may be appropriate for people experiencing homelessness who need pre-operative care or are being discharged from a hospital or acute care setting and no longer need to remain hospitalized, but still need a safe, supportive place to recover.

These example scenarios are intended to help referral partners understand when medical respite may be appropriate and when another level of care or support may be more appropriate. Final eligibility and acceptance are determined by each medical respite program based on the individual's needs, program criteria and available capacity.

A referral process is needed to access medical respite. Referral partners should connect with the appropriate medical respite program to confirm referral requirements.

Referral partners may consider a medical respite referral when a patient meets the following criteria:

- Is experiencing homelessness or does not have a safe, stable place to recover
- Has an acute medical need or a medical need connected to a chronic condition
- No longer requires inpatient hospital care
- Needs short-term recovery support after illness, injury, surgery, or hospitalization or pre-operative care
- Can manage activities of daily living independently, including bathing, transferring and toileting
- Has a primary medical need, even if secondary mental health or substance use conditions are present and stable enough to safely participate in recovery care
- Needs light recovery support, such as medication reminders, safe medication storage, wound care support, follow-up appointment coordination, transportation assistance or care coordination

Referral partners should consider another setting or support when a patient:

- Needs connection to an approved referral pathway
- Is self-referring rather than being referred through an appropriate referral pathway
- Does not have an acute or post-acute medical need
- Has a stable chronic condition without a current medical recovery need
- Still requires hospital-level care
- Needs nursing home-level care or a higher level of medical supervision than the medical respite program can provide
- Cannot independently manage key activities of daily living, such as bathing, transferring or toileting
- Has active suicidal or homicidal ideation requiring immediate crisis intervention
- Has active, untreated or unmanaged mental health needs that cannot be safely supported in the medical respite setting
- Has complex medical needs that exceed the staffing, space or service model available at the medical respite program
- Needs long-term housing only, without a current medical recovery need

Example scenarios when *medical respite may be appropriate*

1. **Light recovery and medication support**
A patient experiencing homelessness is ready to leave the hospital after surgery but needs medical appointment management and transportation, safe medication storage and support including refrigeration if needed, and support organizing prescriptions after discharge.

   Why? The patient no longer needs to remain in the hospital but would benefit from a safe recovery setting and light support to follow their care plan.

2. **Wound care support**
A patient without stable housing is being discharged with ongoing wound care needs, such as dressing changes after frostbite, cellulitis or another acute condition. The patient is medically stable but needs medication support, and follow-up appointments.

   Why? The patient no longer needs to remain in the hospital but still needs short-term recovery support and help connecting to care.

3. **Chronic condition with an acute need**
A patient experiencing homelessness is hospitalized after a chronic obstructive pulmonary disease (COPD) exacerbation. The patient usually manages medications independently but needs a safe place to recover, use an oxygen concentrator, and store oxygen tanks.

   Why? Although COPD is a chronic condition, the current hospitalization created an acute recovery need that can be supported in medical respite.

4. **Ongoing treatment support**
A patient receiving cancer treatment needs transportation to chemotherapy and follow-up appointments. The patient may also need post-operative recovery support, and coordination with the hospital care team.

   Why? The patient needs a safe recovery setting and help staying connected to ongoing treatment and follow-up care.

5. **Mobility support**
A patient is being discharged after a toe amputation, injury or surgery and will temporarily use a walker or wheelchair or other mobility equipment. The patient can transfer independently and complete daily activities but needs a stable place to recover and attend follow-up appointments.

   Why? The patient may need recovery support and care coordination without requiring hands-on help with activities of daily living.

6. **Transportation support for ongoing care**
A patient is medically stable but needs frequent follow-up appointments after hospitalization, such as dialysis, IV antibiotics, wound care visits or physical therapy. Without stable housing, transportation and appointment coordination are difficult to manage.

   Why? The patient is medically stable enough to be outside the hospital but needs a safe recovery setting and support staying connected to treatment

7. **May be appropriate: Medically fragile but independent**
A patient has multiple medical conditions, such as congestive heart failure, hypertension or chronic pain, and is recovering after hospitalization. The patient can manage daily activities independently but still needs a safe place to recover and help with coordinating follow-up care.

   Why? Medical respite may provide an appropriate recovery setting if the patient's health needs can be supported by the medical respite program's staffing and service model.

8. **May be appropriate: Infection recovery support**
A patient is being discharged after treatment for cellulitis or another serious infection and requires ongoing oral or IV antibiotics, follow-up appointments, and temporary isolation support while medically stable.

   Why? The patient no longer requires inpatient care but still needs a safe recovery setting and support following the treatment plan.

Example scenarios where *other support may be needed:*

1. **No current medical recovery needed**
A person is experiencing homelessness but does not have an acute or post-acute medical need.

   Why? Medical respite is short-term recovery support after hospitalization or acute care. The person may need housing navigation, shelter access or other community services.

   Other support to consider: Housing navigation, shelter placement or outreach services.

2. **Hospital-level or nursing home-level care**
A patient is not medically ready for discharge or needs 24-hour skilled nursing care, inpatient monitoring or a higher level of medical supervision.

   Why? Medical respite programs are not licensed healthcare facilities and may not be able to support needs that require hospital-level or nursing home-level care.

   Other support to consider: Continued hospitalization, skilled nursing facility, nursing home-level care or inpatient rehabilitation.

3. **Activities of daily living support**
A patient needs hands-on help with bathing, transferring or toileting and cannot manage these activities independently.

   Why? Medical respite programs may collaborate around medical equipment when a person can manage independently, but they may not be able to provide daily hands-on support for activities of daily living (ADLs).

   Other support to consider: A setting with higher personal care support, rehabilitation services or nursing home-level care.

4. **Active behavioral health crisis**
A patient has active suicidal or homicidal ideation, or untreated mental health needs that cannot be safely supported in a shared recovery setting.

   Why? The person may need immediate crisis support, psychiatric stabilization or a more supervised behavioral health setting before medical respite can be considered.

   Other support to consider: Crisis services, psychiatric consultation, psychiatric stabilization or a supervised mental health setting.

5. **Stable chronic condition without an acute need**
A patient has a chronic condition, such as diabetes, hypertension or chronic pain, but is not recovering from a recent hospitalization, injury, surgery or other medical event.

   Why? A chronic condition alone may not be enough for medical respite if there is no current acute or post-acute recovery need.

   Other support to consider: Primary care, housing navigation, shelter placement or other community-based support