

Authorization Guide for Recuperative Care

Recuperative Care (medical respite care) is short-term post-hospital residential care for individuals who no longer require hospitalization but still need to heal from an injury or illness (including behavioral health conditions) and whose condition would be exacerbated by an unstable living environment.

Program overview	Required documentation
<ul style="list-style-type: none"> ● Used for members who are homeless or with unstable living situations who are too ill or frail to recover from an illness/injury (physical or behavioral health) in their usual living environment but whose illness does not require hospital care. ● Used to achieve or maintain medical stability and prevent hospital admission/readmission, which may require behavioral health interventions. ● Service includes interim housing with a bed and meals and ongoing monitoring of the member’s ongoing medical or behavioral health condition. ● Service may include: <ul style="list-style-type: none"> ○ Limited or short-term assistance with Instrumental Activities of Daily Living (IADLs) and/or Activities of Daily Living (ADLs). ○ Coordination of transportation to post-discharge appointments. ○ Connection to any other ongoing services, including mental health and substance use disorder services. ○ Support in accessing benefits and housing. ○ Stability with case management relationships and programs. <p>Can be used with other housing Community Supports. When possible, other housing Community Supports should be provided to members on-site in the recuperative care facility.¹</p>	<p>Clinical assessment that demonstrates the need for Recuperative Care services.</p>
Eligibility	
<ul style="list-style-type: none"> ● Members who are at risk of hospitalization or are post-hospitalization, and ● Individuals who live alone with no formal supports; or ● Individuals who face housing insecurity or have housing that would jeopardize their health and safety without modification. 	

¹Community Supports (CS): Pursuant to 42 CFR 438.3(e)(2), CS are services or settings that are offered in place of services or settings covered under the California Medicaid State Plan and are medically appropriate, cost-effective alternatives to services or settings under the State Plan. CS are optional for both the MCP and the member and must be approved by DHCS.

Authorization	
<p>This service is covered for a duration of up to 30 days, with extensions in 30-day increments based on medical necessity. There is a 90-day limit per authorization.</p> <p>Reauthorization: Submission of a referral and clinical progress notes demonstrating continued need and eligibility criteria for continued stay under Recuperative Care services are required for authorization extensions.</p>	
Restrictions	State services to be avoided
<ul style="list-style-type: none"> • Member is participating in a duplicative state-funded program. • Should not replace or duplicate the services provided to members utilizing the enhanced care management program. • Not more than 90 days in continuous duration. <p>Does not include funding for building modification or building rehabilitation.</p>	<p>Examples include but are not limited to inpatient and outpatient hospital services, skilled nursing facility services and emergency department services.</p>
Codes	
T2033 U6 Residential care, not otherwise specified (NOS), waiver	
Total lifetime maximum	
N/A	
Unit of service	
Per Diem	
Eligible providers	
Providers must have experience and expertise with providing these unique services. ²	

²Examples of types of providers: Interim housing facilities with additional on-site support • Shelter beds with additional on-site support • Converted homes with additional on-site support • County directly operated or contracted recuperative care facilities.