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

• 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:
  ○ 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.
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]
	Initial Authorization Documentation:
	Community Supports Referral Form, in addition to:
	• Admission face sheet
	• History and physical
	or
	• Discharge summary from previous institution
	or
	• Street medicine provider assessment
	
	Medical Lapse Reauthorization Documentation:
	• Discharge summary from previous institution
	or
	• Street medicine provider assessment (on or after the date of lapse in service and include the cause for lapse).
	
	Note: Medical lapse reauthorizations are specifically for situations where a member experiences a lapse in their recuperative care stay, necessitating hospitalization for medical treatment.

[1]Community 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.

Eligibility
• 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.
Authorization
Note: Recuperative care has a seven-day presumptive authorization period. • Initial authorization and medical lapse reauthorization: Up to 90 days, based on individual needs. • Medical lapse reauthorization: Reauthorization requires comprehensive documentation to explain the medical lapse, in addition to any other supporting documentation to determine eligibility. a) A non-medical lapse in service may not be eligible for reauthorization b) Recuperative Care providers are responsible for notifying the Plan of any lapse in service.

Restrictions	State services to be avoided
• 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. • Does not include funding for building modification or building rehabilitation.	Examples include but are not limited to inpatient and outpatient hospital services, skilled nursing facility services and emergency department services.

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]

[2]Examples 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.