RECUPERATIVE CARE REFERRAL FORM

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. For more information, review the *Authorization Guide for Recuperative Care* available at https://bit.ly/CalAIM-Providers > *Forms & Tools* > *Community Supports* > Authorization Guides > *Recuperative Care.*

Complete and submit this referral form with the *Medi-Cal – Prior Authorization Request Form – Outpatient* online (recommended) at **provider.healthnetcalifornia.com** or by **fax at 800-743-1655**. The request form is available at https://bit.ly/HN-prior-auth.

Select one:	☐ **Initial authorization** ☐ **Medical lapse reauthorization** ☐ **Transfer**
Confirm member consent/attestation:	☐ **Member consented to recuperative care referral** ☐ **Member attests to need for housing and housing navigation services**

Member Information

Member name:		Phone number:
Medi-Cal ID:	Date of birth:	Preferred language:
Home address:		
Contact name (*if different than member*):		Phone number:
Relationship:		Preferred language:
(Optional) Member's ECM Provider name:		Phone number:

Explain member's need for recuperative care (initial, medical lapse reauthorization or transfer request). Note: Member's stay cannot exceed more than 90 days in continuous duration. Medical lapse reauthorizations can be requested for situations, such as when a member experiences a lapse in their recuperative care stay and/or necessitating hospitalization for medical treatment.

Community Supports Provider Information (Servicing Organization)

Organization name:	
Tax ID:	National provider identifier (NPI):
Staff name:	Title:
Phone number:	Fax number:
Facility name:	
Facility address:	

Eligibility Criteria

Select all that apply.

☐ Member is at risk of hospitalization.

☐ Member lives alone with no formal supports.

☐ Member faces housing insecurity or has housing that would jeopardize their health and safety without modification.

Recuperative Care Referral Form

Required Documents

Submit documents with the referral form.

Initial authorization:

☐ Admission face sheet
☐ History and physical

OR

☐ Discharge summary from previous institution

OR

☐ Street medicine provider assessment

Medical lapse reauthorization:

☐ 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).

Comments

Additional comments may be provided below: