



IEHP UM Subcommittee Approved Authorization Guideline			
Guideline	Recuperative Care (Medical Respite)	Guideline #	UM CSS 10
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Section	Community Support Services	Revision Date	6/6/2025
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COVERAGE POLICY

- A. Recuperative care, also referred to as medical respite care, is a short-term residential care for Members who no longer require hospitalization but still need to heal from an injury or illness (including behavioral health conditions) and who's condition would be exacerbated by an unstable living environment.
- B. A stay in a recuperative care setting allows an individual to recover from an injury or illness while also obtaining access to primary care, behavioral health services, case management, and other supportive social services, such as transportation, food, and housing. It is for individuals who have medical needs significant enough to result in emergency department (ED) visits, hospital admissions, or other institutional care. .
- C. At a minimum, the service will include interim housing with a bed and meals and ongoing monitoring of the Member's ongoing medical or behavioral health condition (e.g., monitoring of vital signs, assessments, wound care, medication monitoring). Based on individual needs, the service may also include:
 1. Limited or short-term assistance with Instrumental Activities of Daily Living (IADLs) and/or Activities of Daily Living (ADLs) to the extent permitted by licensure
Coordination of transportation to post-discharge appointments
 2. Connection to any other ongoing services an individual may require, including mental health and substance use disorder services
 3. Support in accessing benefits and housing
 4. Gaining stability with case management relationships and programs
- D. The services provided to an individual while in recuperative care should not replace or be duplicative of the services provided to Members utilizing the enhanced care management program. Recuperative Care may be utilized in conjunction with other housing Community Supports. Whenever possible, other available housing Community Supports should be provided to members onsite in the recuperative care facility. When enrolled in enhanced care management, Community Supports should be managed in coordination with enhanced care management providers
- E. Services provided should utilize best practices for Members who are experiencing homelessness and who have complex health, disability, and/or behavioral health conditions including Housing First, Harm Reduction, Progressive Engagement, Motivational Interviewing, and Trauma-Informed Care.
- F. Members are eligible for Recuperative Care when ALL of the following are met:
 1. Individuals requiring recovery in order to heal from an injury or illness

- a. Must be determined by a provider to have medical needs significant enough to result in ED visits, hospital admissions, or other institutional care
2. Meet HUD Definition of Homelessness or at risk of homelessness
 - a. Signed Homeless attestation by Member must be received as part of documentation requirements
3. Individuals who meet the following social AND clinical risk factor requirements:
 - a. Social Risk Factor Requirement: Meet Housing and Urban Development (HUD) definition of homelessness or at risk of homelessness as defined in Section 91.5 of Title 24 of the Code and Federal regulations
 - i. Signed Homeless attestation by Member must be received as part of documentation requirements
 - ii. Clinical Risk Factor Requirement: Must have one or more of the following qualifying risk factors:
 - Meets the access criteria for Medi-Cal Specialty Mental Health Services (SMHS);
 - b. Medi-Cal Members aged 21 or older qualify for SMHS if they meet both of the following criteria:
 - i. The individual has one or both of the following:
 - Significant impairment, where impairment is defined as distress, disability or dysfunction in social, occupational, or other important activities.
 - A reasonable probability of significant deterioration in an important area of life functioning.

AND

1. The individual's condition is due to either of the following:
2. A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Statistical Classification of Diseases and Related Health Problems.
3. A suspected mental disorder that has not yet been diagnosed.
 - c. Medi-Cal Members under age 21 qualify for SMHS if they meet both of the following criteria:
 - i. The individual has one or both of the following:
 - Significant impairment
 - A reasonable probability of significant deterioration in an important area of life functioning.
 - A reasonable probability of not progressing developmentally as appropriate
 - A need for specialty mental health services, regardless of presence of impairment, that are not included within the mental health benefits that Medi-Cal MCP is required to provide

AND

1. The individual's conditions as described in (1) above is due to the following:
2. A diagnosed mental health disorder, according to the criteria of the current editions of the DSM and the International Statistical Classification of Diseases and Related Health Problems.
3. A suspected mental disorder that has not yet been diagnosed.

4. Health Conditions, including behavioral health and developmental syndromes, stemming from trauma, child abuse, or neglect
- d. Meets the access criteria for Drug Medi-Cal (DMC) or Drug Medi-Cal Organized Delivery System (DMC-ODS);
 - i. Medi-Cal Members age 21 or older meet access criteria for DMC-ODS or DMC services if they meet at least one of the following criteria:
 - Have at least one diagnosis from the most current version of the DSM for Substance-Related and Addictive Disorders, with the exception of Tobacco Related Disorders and Non-Substance-Related Disorders.
 - OR
 - Have had at least one diagnosis from the DSM for Substance-Related and Addictive Disorders, with the exception of Tobacco Related Disorders and Non-Substance-Related Disorders, prior to being incarcerated or during incarceration, determined by substance use history.
 - ii. Medi-Cal Members under 21 are eligible for DMC-ODS or DMC if they meet the medical necessity standard for one or more SUD services provided through these delivery systems, as recommended by a licensed behavioral health practitioner.
 - One or more serious chronic physical health conditions;
 - a. Medi-Cal Members meet criteria for Serious Chronic Physical Health Condition when ALL the following are met:
 - i. Have at least one chronic health condition that has been diagnosed by a healthcare professional
 - ii. The chronic health condition requires ongoing care managed by a Primary Care Physician or other licensed medical health professional
 - iii. Condition causes significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities of daily living
2. One or more physical, intellectual, or developmental disabilities; or
 - a. Medi-Cal Members meet criteria for Physical, Intellectual, Developmental Disability when all the following are met:
 - i. Have at least one diagnosed intellectual or developmental disability
 - ii. Requires ongoing care managed by a Primary Care Physician or other licensed medical

- health professional for intellectual or developmental disability
- iii. Condition causes significant impairment, where impairment is defined as disability or dysfunction in social, occupational, or other important activities of daily living
- e. Individuals who are pregnant up through 12-months postpartum

G. Active IEHP Membership.

H. Any request for an extension of Recuperative Care must include the following elements every 60-days:

- a. Updated Recuperative Care Referral Form
- b. Clinical notes and progress notes outlining recuperative care services Member continues to require
- c. Progress notes outlining the work that was provided during the previous authorization period.
- d. An updated Individualized Housing Support Plan progress notes outlining short-term and long-term goals, barriers, and interventions to finding permanent housing.

COVERAGE LIMITATIONS AND EXCLUSIONS

Recuperative care/medical respite is an allowable Community Supports service if it is:

1. Necessary to achieve or maintain medical stability and prevent hospital admission or re-admission which may require behavioral health interventions,
2. The maximum benefit for short-term post-hospitalization housing and recuperative care will be limited to a total of 182 days across both services, per rolling calendar year.
3. Recuperative Care cannot exceed a duration of six months per rolling 12-month period (but may be authorized for a shorter period based on individual needs) and is subject to the six-month global cap on Room and Board services.
4. Does not include funding for building modification or building rehabilitation.
5. Community supports shall supplement and not supplant services received by the Medical beneficiary through other State, local, or federally-funded programs, in accordance with the CalAIM STCs and federal and DHCS guidance
6. Facility operators and their employed staff providing Recuperative Care that are not licensed as Community Care Facilities may not directly assist Members with ADLs or IADLs. For Members requiring ADL/IADL support in these facilities, MCP may coordinate with Personal Care and Homemaker Services or with a licensed third-party provider to furnish these services.
7. Members must be able to perform ADL/IADLs on their own or with the support of a Caregiver. Recuperative Care facilities do not provide 24-hour ADL/IADL assistance.

ADDITIONAL INFORMATION

Recuperative Care is primarily used for those individuals who are experiencing homelessness or those with unstable living situations who are too ill or frail to recover from an illness (physical or behavioral health) or injury in their usual living environment; but are not otherwise ill enough to be in a hospital.

CLINICAL/REGULATORY RESOURCE

CalAIM is an initiative by the Department of Health Care Services (DHCS) to improve the quality of life and health outcomes of Medi-Cal beneficiaries by implementing broad delivery system, programmatic, and payment system reforms. A key feature of CalAIM is the introduction of a menu of Community Supports, that offer medically appropriate and cost-effective alternatives to services covered under the State Plan. Federal regulation allows states to permit Medicaid managed care organizations to offer Community Supports as an option to Members (Code of Federal Regulations).

DEFINITION OF TERMS

Homelessness (Code of Federal Regulations):

1. An individual or family who:
 - a. Has an annual income below 30 percent of median family income for the area, as determined by HUD
 - b. Does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or a supervised publicly or privately operated shelter designed to provide temporary living accommodations and meets one of the following conditions:
 - i. Has moved because of economic reasons two or more times during the sixty days immediately preceding the application for homelessness prevention assistance
 - ii. Is living in the home of another because of economic hardship
 - iii. Has been notified in writing that their right to occupy their current housing or living situation will be terminated within thirty days after the date of application for assistance
 - c. Lives in a hotel or motel and the cost of the hotel or motel is not paid by charitable organizations or by federal, State or local government programs for low-income individuals
 - d. Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 people per room, as defined by the US Census Bureau
 - e. Is exiting a publicly-funded institution or system of care such as a health care facility, mental health facility, foster care or other youth facility or correction program or institution
 - f. Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness as identified in the recipient's approved consolidated plan.
2. A child or youth who does not qualify as homeless under this section but qualifies as homeless under section 387(3) of the Runaway and Homeless Youth Act (42 United State Code 5732a (3)), section 637(11) of the Head Start Act (42 U.S. Code 9832(11)), section 41403(6) of the Violence Against Women Act of 1994 (42 U.S. Code 14043e-2(6)), section 330 (h)(5)(A) of the Public Health Service Act (42 U.S. Code 254b(h)(5)(A)), section 3(m) of the Food and Nutrition Act of 2008 (7 U.S. Code 2012 (m)), or section 17(b)(15) of the Child Nutrition Act of 1966 (42 U.S. Code 1786(b)(15)) or
3. A child or youth who does not qualify as homeless under this section but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S. Code 11434a(2)) and the parent(s) or guardian(s) of that child or youth is living with her or him.
4. Individuals who are determined to be at risk of experiencing homelessness are eligible to receive Housing Transition Navigation services if they have significant barriers to housing stability and meet at least one of the following:

- a. Have one or more serious chronic conditions
- b. Have a serious mental illness
- c. Are at risk of institutionalization or overdose or are requiring residential services because of a substance use disorder or have a serious emotional disturbance (children and adolescents)
- d. Are receiving Enhanced Care Management
- e. Are Transition-Age Youth with significant barriers to housing stability such as one or more convictions, a history of foster care, involvement with the juvenile justice or criminal justice system and/or have serious mental illness and/or are children or adolescents with serious emotional disturbance and/or who have been victims of trafficking or domestic violence.
- f. Able to transition out of inpatient facility care, skilled nursing facility care or other health care facility, and Recuperative Care is medical appropriate and cost effective.

Recuperative Care/Medical Respite – post-acute medical care for homeless persons who are too ill or frail to recover from a physical illness or injury on the streets but are not ill enough to be in a hospital.

REFERENCES

State of California-Health and Human Services Agency, Department of Health Care Services, April 2025. Medi-Cal Community Supports, or In Lieu of Services (ILOS), Policy Guide, Community Supports--Service Definitions.

DISCLAIMER

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