IEHP UM Subcommittee Approved Authorization Guideline			
Guideline	Recuperative Care (Medical Respite)	**Guideline #**	UM_CSS 10
		Original Effective Date	1/1/2022
Section	Community Support Services	**Revision Date**	12/27/2023

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. An extended stay in a recovery care setting allows individuals to continue their recovery and receive post-discharge treatment while obtaining access to primary care, behavioral health services, case management and other supportive social services, such as transportation, food, and housing.

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)
   2. Coordination of transportation to post-discharge appointments
   3. Connection to any other ongoing services an individual may require, including mental health and substance use disorder services
   4. Support in accessing benefits and housing
   5. 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. Eligibility requirements for Recuperative Care:
   1. Members who are at risk of hospitalization or are post-hospitalization, and
   2. Members who live alone with no formal supports; or
   3. Members who face housing insecurity or have housing that would jeopardize their health and safety without modification.

a. This service could be coordinated with home modifications, refer to UM Subcommittee Approved Authorization Guideline, Community Support Services-Environmental Accessibility Adaptations (Home Modifications)

4. Members who meet the Housing and Urban Development (HUD) definition of homeless as defined in Section 91.5 of Title 24 of the Code of Federal Regulations (including those exiting institutions but not including any limits on the number of days in the institution) and who are receiving enhanced care management, or who have one or more serious chronic conditions and/or serious mental illness and/or is at risk of institutionalization or requiring residential services as a result of a substance use disorder. For the purpose of this service, qualifying institutions include hospitals, correctional facilities, mental health residential treatment facility, substance use disorder residential treatment facility, recovery residences, Institution for Mental Disease and State Hospitals.
5. Individuals who meet the HUD definition of homelessness as defined in Section 91/5 of Title 24 of the Code of Federal Regulations.

G. Presumptive Authorization
   1. Recuperative Care services may necessitate an authorization being made within 24 hours or less.
   2. If a Community Supports services Provider believes that a Member meets eligibility criteria for Recuperative Care and the need is outside of IEHP business hours, the referring Provider can notify IEHP the next business day. The referring Provider can consider Member pre-authorized for Recuperative Care services for a period of less than 24 hours immediately and begin providing services to the Member.

H. Active IEHP Membership.

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. Not more than 90 days in continuous duration, and
3. Does not include funding for building modification or building rehabilitation.
4. Community supports shall supplement and not supplant services received by the Medi-Cal beneficiary through other State, local, or federally-funded programs, in accordance with the CalAIM STCs and federal and DHCS guidance

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.

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, July 2023. Medi-Cal Community Supports, or In Lieu of Services (ILOS), Policy Guide, Community Supports--Service Definitions.

DISCLAIMER