



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.

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.

CalViva Health is a licensed health plan in California that provides services to Medi-Cal enrollees in Fresno, Kings and Madera counties. CalViva Health contracts with Health Net Community Solutions, Inc. to provide and arrange for network services. *Health Net Community Solutions, Inc. is a subsidiary of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved.

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

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.

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.

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

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.