L.A. Care Recuperative Care Community Supports Program Quick Reference Guide

CalAIM Recuperative Care Community Supports Program Overview

Community Supports (CS) is a Medi-Cal benefit available to members that meet specific eligibility criteria and opt-in to participate. CS are optional, non-traditional services that address Social Determinants of Health. Under this program, L.A. Care launched Recuperative Care (Respite Care) Community Supports on January 1, 2022. In this document, you can learn more about who is eligible and how you can make a referral.

Recuperative Care: also referred to as medical respite care, is short-term 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. It 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.

Who qualifies for the L.A. Care Community Supports Recuperative Care Program:

- Members who are active L.A. Care MCLA, DSNP, or Dual Members.
- Post-medical in-patient hospitalization or
- Post-skilled nursing facility or
- Coming from community settings or
- Risk for hospitalization or
- Members who have unstable housing or
- Does not have sufficient support at home to recover and then have one of the following;
  - A defined home health skilled need, such as:
    - ✓ Physical therapy, occupational therapy or speech therapy
    - ✓ Ongoing IV antibiotics
    - ✓ Wound Care

      OR
    - ✓ Be in the midst of or in need of an outpatient treatment

How long does the program cover?

Recuperative care covers in 30 day increments for up to 90 days. Member must continue to meet criteria to qualify for an extension.

- Members who lose L.A. Care coverage during recuperative stay lose their recuperative care authorization and will not be covered by L.A. Care.
- Members that gain L.A. Care coverage during their recuperative care stay can be referred and are assessed based on the initial criteria.

L.A. Care Exclusion Criteria:
The following list of conditions excludes member from recuperative placement:

- Unable or unwilling to independently complete ADLs
- Dependent for medication administration
- Incontinent
- Gravely disabled
- Medically and psychiatrically stable
- Cognitive impairment
- Recently combative, aggressive and/or threatening towards staff or other individuals
- Peripherally inserted central catheter ("PICC Line") and is on IV medications depending on other factors
- Unable to live independently
- Positive for Covid-19 within the last 10 days and/or is still exhibiting symptoms
- Active Tuberculosis/C-DIFF/MRSA
- Members are generally ineligible with limited exceptions if member is oxygen dependent, has stage 3 or 4 decubitus, is actively detoxing or is quadriplegic.

Referrer Responsibilities

Prior to Hospital or SNF Discharge

Discuss recuperative care as an option with member

If member agrees, the referrer MUST check box indicating member consent

Attach clinical documentation to referral form

Ensure referral form is complete!

At Hospital or SNF Discharge

Ensure all follow up appointments are scheduled prior to discharge

Provide discharge follow up details & start of service *(ie: Home Health)*

Ensure member is discharged with all required medications

Ensure member is discharged with required DME

Referrers are responsible for getting any additional authorizations for any ancillary services, whether it be through the PPG or Health Plan UM department

Note: Delay's in discharge and/or change in the member's case that affects the referral submitted, must be notified to L.A. Care Recuperative Care staff as soon as possible.

Referral Submission Process:

STEP 1 The request & extension form can be found on **lacare.org** under the 'For Provider Section'. under the Community Support option.

Request form for internal staff please **click here**

STEP 2 Please complete the request or extension form and attach the required documents via secure fax **213.536.0634**.

STEP 3 Attach all required documents per member.

In order to avoid having your request delayed, the request form must be completed in its entirety.

Requests must have a fully completed Recuperative Care Prior Authorization Request Form with supporting clinical documentation, and transition of care services authorized and arranged prior to discharge, this includes home health, DME, PCP and specialist follow up care in order to avoid delays.

Request must obtain member consent prior to submitting a referral to L.A. Care. Please ensure to check the box on the request form indicating "member interested in a voluntary recuperative care stay.

Request will be returned if this box is not checked.

What happens after the Request?

- L.A. Care will notify the member, referrer, and ECM provider of request outcome.

If you have questions please contact us at **recupcare@lacare.org**

Request will only be accepted via fax at **213.536.0634**