

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.

- L.A. Care Medi-Cal Member.
- Members who are homeless or have unstable housing and/or lack of support in their housing AND
- Member's care must be necessary to achieve or maintain stability and prevent hospital admission or re-admission.

Members must be able to meet the Recuperative Care facility's level of care criteria. Please note each recuperative care facility may have their own eligibility criteria. Referring parties must check the eligibility and exclusion criteria for the respective recuperative care facility. For more information please [click here](#) to contact any of our contracted providers.

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 will accept authorization requests under a presumptive eligibility for members that have been accepted by an L.A. Care contracted Recuperative Care facility. Authorization Request forms for Recuperative Care coverage must be submitted to L.A. Care within 48 hours of the patient's admission into the Recuperative Care facility. Cases that do not meet criteria will not be approved and therefore, will not be billable L.A. Care.

Referrer Responsibilities

Prior to Hospital or SNF Discharge

Ensure member is discharged with all required medications

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

Recuperative Care sites may require additional documentation

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.

L.A. Care allows referring parties to find an accepting Recuperative Care Center prior to sending authorization request to L.A. Care. Authorization request can be sent to L.A. Care by either the referring party or by the Recuperative Care Center.

Referring entities can work directly with an L.A. Care contracted Recuperative Care facility to find an accepting facility. When working directly with a Recuperative Care facility you do not need to submit a duplicative referral directly to L.A. Care.

When the Recuperative Care center has made a decision, the Recuperative Care facility will submit the Authorization Request form to L.A. Care.

If for any reason the Recuperative Care facility is not able to accommodate your referral, the referring party is responsible for initiating a new referral to a different L.A. Care contracted Recuperative Care provider.

You do not need to send L.A. Care any additional clinical documentation, unless the Recuperative Care facility is unable to accept the referral and you choose to have L.A. Care assist with your request.

For assistance with placement or requests made directly to L.A. Care, please send in the following document:

- ⌘ Face Sheet
- ⌘ History and Physical
- ⌘ Medication List
- ⌘ Wound Care Notes

For referrals coming out of the Emergency Room Department please send in the following documents:

- ⌘ Face Sheet
- ⌘ Lab/Tests performed in ED
- ⌘ ED Chart Notes
- ⌘ Supporting documents such as Social Work Notes, paramedic notes, etc.

What happens after the Request?

- ⌘ Hospital or Recuperative Care Center must contact L.A. Care and must provide L.A. Care with the date of transfer and/or the date of Recuperative Care admission.



If you have questions or would like a case consultation please contact us at recupcare@lacare.org



Please submit request via fax **213.536.0634**

