



CalAIM Recuperative Care Community Supports Program Overview

The Health Homes Program (HHP) and the L.A. County Whole Person Care (WPC) Pilot ended and transitioned into the CalAIM Enhanced Care Management (ECM) and Community Supports (CS) on **January 1, 2022**. ECM is a new 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** programs on 1/1/22. 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, homeless L.A. Care MCLA or CMC member;
- ⌘ And are Homeless by HUD definitions
- ⌘ Is post-medical in-patient hospitalization or post-skilled nursing facility; and 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 that if interrupted or delayed would cause undue harm.

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.

Recuperative care is limited to two continuous durations per 12-month period.

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 referral form can be found on the L.A. Care’s provider website please [click here](#) or for an extension request please [click here](#)

Referral form for internal staff please [click here](#)

Extension form please [click here](#)

STEP 2 Complete the Recuperative Care referral form and attach required documents via Syntranet or secure fax **213.536.0634**.

STEP 3 Attach all required documents per member.

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

Referrals are reviewed within 5 business days. Members that enroll into LA Care during their recuperative care stay can be referred using the same referral form. All referrals will be reviewed based on member’s medical needs.

Referrers must obtain member consent prior to submitting a referral to L.A. Care. Please ensure to check the box on the referral form indicating “member interested in a voluntary recuperative care stay”. Referrals will be returned if this box is not checked.

What happens after the referral?

- ⌘ L.A. Care will notify the member, referrer, and ECM provider of referral outcome (as well as provider, if service approved, and this information will appear on SyntraNet portal).



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



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