

RECUPERATIVE CARE REFERRAL FORM

Recuperative care, also referred to as medical respite care, is for individuals who are experiencing or at risk of homelessness and need a short-term residential setting in which to recover from an injury or illness (including behavioral health conditions). It is for individuals who have medical needs significant enough to result in emergency department visits, hospital admissions or other institutional care. For more information, review the [Authorization Guide for Recuperative Care](#) available at <https://bit.ly/CalAIM-Providers> > Forms & Tools > Community Supports > Authorization Guides > Recuperative Care.

Complete and submit this referral form with the [Medi-Cal – Prior Authorization Request Form – Outpatient](#) online (recommended) at provider.healthnetcalifornia.com or by fax at 800-743-1655. The request form is available at <https://bit.ly/HN-prior-auth>.

Select one:	<input type="checkbox"/> Initial authorization	<input type="checkbox"/> Authorization extension
Confirm member consent/attestation:	<input type="checkbox"/> Member consented to recuperative care referral <input type="checkbox"/> Member attests to need for housing and housing navigation services	
Confirm Community Supports (CS) provider attestation:	<input type="checkbox"/> CS provider attests the member has been assessed for Short-Term Post-Hospitalization Housing as an alternative CS and is <u>not</u> eligible.	
Member information		
Member name:	Phone number:	
Medi-Cal ID:	Date of birth:	Preferred language:
Home address:		
Contact name (if different than member):		Phone number:
Relationship:		Preferred language:
(Optional) Member's ECM provider name:		Phone number:
Community supports provider information (servicing organization)		
Organization name:		
Tax ID:	National provider identifier (NPI):	
Staff name:	Title:	
Phone number:	Fax number:	
Facility name:		
Facility address:		
Referral information (referring entity)		
<input type="checkbox"/> Check this box if the referring entity is the same as the CS Provider.		
Name:		
Address:	Phone number:	
Email:	Fax number:	

Eligibility criteria	
<p>Members are eligible for recuperative care if they meet both of the following criteria:</p> <p><input type="checkbox"/> 1. Individuals requiring recovery in order to heal from an injury or illness.</p> <p>AND</p> <p><input type="checkbox"/> 2. Experiencing or at risk of homelessness.¹</p>	
Additional eligibility criteria	
<p>Recuperative Care cannot exceed a duration of six months per rolling 12-month period (but may be authorized for a shorter period based on individual needs) and is subject to the six months global cap on room and board services.²</p> <p>Has the member already used their six-month global cap per rolling 12-month period? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, the member is not eligible for recuperative care.</p>	
Required documents	
<p>For individuals requiring recovery from physical illness or injury, please attach all of the following documents.</p> <p><input type="checkbox"/> History and physical.</p> <p>AND</p> <p><input type="checkbox"/> *Discharge summary from medical facility (including emergency department, mental health facility, skilled nursing facility).</p> <p><i>*Discharge summary must be dated within 30 days of submission</i></p>	<p>For individuals requiring recovery from behavioral health condition, please attach all of the following documents.</p> <p><input type="checkbox"/> History and physical (including number of diagnoses, specific high-risk diagnoses, number of medications, comorbid medical and substance use issues and relevant psychosocial risk factors).</p> <p>AND</p> <p><input type="checkbox"/> *Discharge summary from behavioral health treatment facility (including emergency department, mental health facility, skilled nursing facility).</p>
<p>Health Net uses medical necessity criteria to identify individuals who have medical needs significant enough for emergency department, inpatient or institutional care due to physical and behavioral health conditions.</p>	
Comments	
<p>Additional comments may be provided below:</p>	

¹Members must meet the U.S. Housing and Urban Development (HUD) definition of homeless or at risk of homelessness as defined in Section 91.5 of Title 24 of the Code of Federal Regulations (CFR), with the following three modifications: » If exiting an institution, individuals are considered homeless if they were homeless immediately prior to entering that institutional stay or become homeless during that stay, regardless of the length of the institutionalization; and » The timeframe for an individual or family who will imminently lose housing is extended from 14 days for individuals considered homeless and 21 days for individuals considered at risk of homelessness under the current HUD definition to 30 days; and » For the at risk of homelessness definition at 24 CFR section 91.5, the requirement to have an annual income below 30 percent of median family income for the area, as determined by HUD, will not apply

²A “global cap” on coverage of Short-Term Post Hospitalization Housing, Recuperative Care, and Transitional Rent, all three of which are referred to as “Room and Board” services. Under the cap, coverage is limited to six months of Room and Board services per Member within a rolling 12- month period. This means that a Member may not receive more than a combined six months of Short-Term Post-Hospitalization Housing, Recuperative Care, and Transitional Rent during any rolling 12-month period. The 12-month rolling timeframe begins on the first day the Member uses any of these services.