



IEHP UM Subcommittee Approved Authorization Guideline			
<b>Guideline</b>	Recuperative Care Admission	<b>Guideline #</b>	UM_OTH 12
		<b>Original Effective Date</b>	May 9, 2018
<b>Section</b>	Other	<b>Revision Date</b>	

## COVERAGE POLICY

Recuperative care is acute and post-acute medical care for homeless or unstably housed persons who are too ill or frail to recover from a physical illness or injury on the streets, but who are not ill enough to be in a hospital or other skilled facility. “Homeless” refers to those Members who self-identify as having no shelter suitable for human habitation.

In partnership with contracting service providers, IEHP provides coverage for recuperative care for Members meeting the criteria described below.

Members entering recuperative care must be:

1. 18 years of age or older
2. Homeless, unstably housed, or residing in a setting unsuitable for recovery
3. Able to complete all activities of daily living (ADLs) independently. Completion of ADLs with the assistance of durable medical equipment (DME) or other devices may be accepted under the specific conditions below:
  - a. Able to use DME or other devices safely and knowledgeably
  - b. Able to use DME independently (e.g., with no standby assist or contact guard assist)
  - c. Able to independently ambulate a distance of at least 100 feet with or without DME prior to hospital/facility discharge
4. Demonstrates a need for home-based services from a health care professional (e.g., home health nurse, physical therapist, occupational therapist)
5. Able to self-administer medication with 24-hour staff oversight
  - a. Definition of staff oversight: staff stores and holds medication with 24-hour access available to participant and staff providing medication prompting if needed
  - b. Medication administration by the participant with the assistance of home health staff is acceptable
6. Continent of bladder and bowels (if diapers are used, independence with changes must be demonstrated)
7. A chronic medical or behavioral health condition sufficiently stable to be managed in the community as determined by the health care team and IEHP
8. Intact mental status (i.e., alert and oriented to name, place, date, and situation).

## **COVERAGE LIMITATIONS AND EXCLUSIONS**

Members entering recuperative care may not be:

1. Under the age of 18 years
2. Unable to complete ADLs, personal care and medication administration independently as specified above
3. Incontinent of bladder and/or bowel as specified above
4. Affected by a communicable condition requiring airborne or contact infection precautions (e.g., active Tuberculosis, *Clostridium difficile*, methicillin-resistant *Staphylococcus aureus*)
5. Eligible (per IEHP criteria) for placement in a skilled nursing or long-term care facility (i.e., skilled care needs are such that discharge to the community is inappropriate)
6. Experiencing an active substance use disorder and unwilling to abstain or enter treatment while in the program
  - a. Member actively undergoing detoxification from alcohol or a controlled substance will require medical stabilization prior to recuperative care referral
7. Experiencing a chronic medical or behavioral health condition not stable enough to be safely managed in the community as determined by the health care team and IEHP, and
8. A history of or current combative or aggressive behavior towards other community members or health care/professional staff.

## **ADDITIONAL INFORMATION**

Recuperative care programs allow homeless individuals the opportunity to rest in a safe environment while accessing medical care and other supportive services. It is offered in a variety of settings including freestanding facilities, homeless shelters, nursing homes, and transitional housing.

## **CLINICAL/REGULATORY RESOURCE**

None

## **DEFINITION OF TERMS**

None

## **REFERENCES**

National Health Care for the Homelessness Council. "Medicaid Reimbursement for Medical Respite Services." September 2011. Accessed April 4, 2018. Available at: <https://www.nhchc.org/wp-content/uploads/2011/09/Sept2011.pdf>.

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