

Recuperative Care Program Frequently Asked Questions

Revised: April 26, 2024

Recuperative care provider enrollment temporarily on hold

Minnesota Health Care Programs (MHCP) is temporarily holding on processing enrollment for recuperative care services providers. We ask that you do not submit materials to enroll as a recuperative care provider at this time. Previously submitted enrollment materials will be reviewed when processing resumes. Refer to the [Recuperative care provider enrollment temporarily on hold](#) MHCP provider news message for more information.

Overview

Recuperative care services are available to eligible MHCP members experiencing homelessness to help prevent hospitalizations; or provide medical care and support services when they are unable to recover from a physical illness when living in a shelter or they are otherwise unhoused. MHCP members receive recuperative care services when they don't need to be hospitalized or remain hospitalized, or don't meet severity of illness for other levels of care.

Key provider enrollment considerations

| Billing – Rates | Eligible MHCP Members | Staffing Requirement | Facility |
|---|---|---|--|
| <p>Recuperative care health services rate: The recuperative care health services rate is a bundled rate of \$300 per day for health services.</p> <p>Recuperative care facility rate: The recuperative care facility rate is the room and board rate of \$34 per day.</p> <p>Refer to Billing under Recuperative Care in the MHCP Provider Manual for more information.</p> | <p>Eligible members need to be unhoused, have a physical medical condition, and be referred for recuperative care services by a provider from a hospital or clinic. Refer to Eligible Members under Recuperative Care in the MHCP Provider Manual for more information.</p> | <p>If the recuperative care facility will provide the health care services, the recuperative care facility needs to employ an advanced practice medical professional (physician, clinical nurse specialist, nurse practitioner or physician assistant) for oversight. Alternatively, the facility can partner with a health care provider for the health care services.</p> | <p>Recuperative care may be provided in any setting. If the facility is licensed to provide other services, providing recuperative care services at this same location may violate the terms of that license.</p> <p>Recuperative care providers must complete and submit the Recuperative Care Provider Assurance Statement (DHS-8486) (PDF) to the Minnesota Department of Human Services. By signing the Recuperative Care Provider Assurance Statement (DHS-8486) (PDF), providers attest to offering the appropriate services at the facility and the listed facility requirements are available.</p> |

Frequently asked questions about MHCP [enrollment for the facility, policy and billing](#) for recuperative care services

Note: The following information does not represent the entire MHCP policy for the Recuperative Care program.

Enrollment for the Facility

- 1. Do I need a facility or setting at the time I submit my application? Or can I apply and get a facility or setting later? Can your office be a site setting?**

The facility or setting must be available when you apply. You must attest to the facility or setting being available and that it meets the listed requirements. Refer to [Recuperative Care](#) in the MHCP Provider Manual for more information.

2. What types of settings can serve as a recuperative care facility?

Any setting may be eligible for recuperative care services if it fulfills the requirements listed on the [Recuperative Care Provider Assurance Statement \(DHS-8486\) \(PDF\)](#).

Facility providers must enroll each setting.

Specific settings may violate the standards of other licenses or certifications, so facility providers need to review that facility's licenses or certifications with their legal counsel.

3. When enrolling, there was no box to select for recuperative care on [Organization – Provider Enrollment Application \(DHS-4016A\) \(PDF\)](#). What should I do?

An update to [Organization – Provider Enrollment Application \(DHS-4016A\) \(PDF\)](#) is in progress and will be available when enrollment resumes.

4. What steps should I take to enroll as a recuperative care facility?

Recuperative care facility providers should review [Recuperative Care](#) and [Recuperative Care Enrollment Criteria and Forms](#) in the MHCP Provider Manual for more information.

5. Does enrollment need to be specific to each setting?

Yes, each setting needs to be enrolled with MHCP. Refer to [Application Fees](#) for more information.

6. Do you have to enroll with managed care organizations (MCOs) for every setting?

No, it is not required to enroll with an MCO.

If you will have MHCP members who are covered by an MCO, you can choose to enroll as an in-network provider with an MCO. You follow the same process to enroll with MHCP and follow the MCO's enrollment process to become an in-network provider with that MCO.

If you want to enroll as both a fee-for-service provider with MHCP and an in-network MCO provider, you must complete and submit the [Fee-for-Service \(FFS\) Only or FFS and Managed Care Organization In-Network Provider Agreement \(DHS-4138\) \(PDF\)](#).

If you want to enroll exclusively as an in-network MCO provider, you must complete and submit only the [MCO In-Network Provider Agreement \(DHS-8355\) \(PDF\)](#).

Note: MHCP will not pay for services covered by, but not billed to, an MCO because the provider has chosen not to enroll with an MCO.

7. Does the medical director and staff need to be hired at the time we apply? Can staff be hired after we are approved?

For recuperative care facilities that are, or will be offering health services, you will need an advanced practice provider (physician, clinical nurse specialist, nurse practitioner or physician assistant,) to serve in

a medical director role to manage the individuals providing the health services and case management. Providers will need to submit Recuperative Care – Health Services Provider Acknowledgment (DHS-8562) which will be available when enrollment resumes.

Registered nurses and licensed practical nurses work under the orders and direction of an advanced practice provider. These health care professionals will work under their own licensure and require specific policies, job descriptions and competencies for their role in the recuperative care setting. The health care professionals included in [Recuperative Care](#) in the MHCP Provider Manual and the requirements on the [Recuperative Care Provider Assurance Statement \(DHS-8486\) \(PDF\)](#) need to be available for services.

Staff does not need to be hired at the time you apply. You may either hire staff after you are approved, or the recuperative care facility may partner with other health services providers to furnish the health services.

8. Are recuperative care services open to providers who are new to MHCP?

Yes, the provider type for the recuperative care facility is a new provider type. Providers can be new to MHCP; however, they need to enroll with MHCP.

9. Can a recuperative care facility affiliate or partner with a health services provider?

Yes, you can affiliate with a health services provider by partnering with health services providers that are already licensed and enrolled with MHCP. These health services providers will submit the professional claims for their health services separately which is the recuperative care health services bundled rate of \$300.00 per day.

10. Do providers need to apply for a new license to provide recuperative care services? Or can 245D be used? Is it under HBCS 245D?

There is no license required for the recuperative care facility. The individuals providing health services work under their professional licensure.

If your facility is licensed to provide other services, providing recuperative care services at this same setting may violate the terms of that license.

11. Can we be a waiver or Housing Stabilization Services provider and use the same National Provider Identifier (NPI) number for enrollment? Or do we get a new NPI?

Yes, you may use the same NPI if you are enrolled as another provider type.

12. How long does it take to approve an application?

MHCP reviews submissions within 30 days of receiving them. If the application fulfills the requirements, the application will be approved. We will contact you if we need more information for your enrollment.

13. How much is the application fee?

Review [Application Fees](#) for information on the current fee.

14. Do I need to include a provider’s affiliation on the enrollment application?

Yes, if you are partnering for the health services, you will need to list the organizations you are partnering with.

If you are providing the health services, you will need to list the medical director for your facility.

15. What is considered the service setting that we should list on the recuperative care assurance statement?

The service setting is the facility where the recuperative care services are offered and where individuals are housed.

Policy

1. How are “experiencing homelessness” and “are unhoused” defined, and how does that impact eligibility?

The hospital or clinic will state that the member is experiencing homelessness or is unhoused as part of the referral order.

2. Do we need to use electronic health records to document these services?

You need to maintain health records on each member. Refer to [Minnesota Rules, 9505.2175](#) on health service records documentation for more information.

3. Is there a maximum or minimum bed requirement in a house setting?

There is no maximum or minimum bed requirement.

We recommend having only one member per room because of safety and infection control purposes.

4. Can a facility have two or more individuals in its facility?

Yes, a facility can have two or more individuals. We recommend the individuals have their own room for safety and infection control purposes. This is not a legal requirement.

5. What are the basic eligibility criteria for an MHCP member to qualify for recuperative care services?

Refer to [Eligible Members](#) for more information.

6. Does the member need to meet all criteria? Can the member meet just some of the criteria?

The member needs to meet all the eligibility criteria. Additionally, your care setting must be able to meet the member’s medical needs.

7. How do we acquire clients?

It is not within the scope of the Minnesota Department of Human Services (DHS) to provide direction on how to acquire patients or clients. Typically, this is part of your organization's business plan.

A hospital or clinic will refer members to receive recuperative care services. DHS is not involved in this process.

8. Who is an eligible provider that can provide recuperative care services?

Facility services

- a. You must enroll as a recuperative care provider with MHCP.

Health services

- b. Individual providers (registered nurse, licensed practical nurse, case manager, mental health counselor, social worker and community health worker) may be employed by the recuperative care facility and have oversight from an enrolled-MHCP advanced practice provider (physician, clinical nurse specialist, nurse practitioner or physician assistant). These individuals work under their professional licensure. Or,
- c. The recuperative care facility may affiliate with a health service provider to furnish the health services.

DHS expects that necessary health services will need to be offered by a registered nurse (RN), licensed practical nurse (LPN), social worker (SW), mental health counselor or community health worker (CHW).

9. Can an individual receiving recuperative care services still receive medical care from other providers?

Yes, the member may still go to physician, counseling, and other health care appointments.

10. Does a nurse need to be supervised?

The RN and LPN must work within the scope of their license. For many, that requires being supervised by a physician, clinical nurse specialist, nurse practitioner or physician assistant.

11. Can a RN be considered as a medical director?

No, the medical director must be a physician, clinical nurse specialist, nurse practitioner or physician assistant.

12. Can the medical director be the doctor of the MHCP member who is receiving recuperative care services?

If the facility is furnishing health services, it needs to have a medical director on staff. If the facility is affiliating with a health services provider, the health services provider will need a medical director on staff. It is possible that the MHCP member's physician is the medical director, but that is unlikely.

13. Who can serve as a case manager for recuperative care services? Does the case manager need to pass a certain competency level?

For recuperative care services, the case manager must be a RN or social worker.

14. Can unused or unoccupied integrated community supports (ICS) units serve as a recuperative care facility?

ICS services have different requirements for members. Another unit could be used for recuperative care if the provider meets all the requirements to be a recuperative care facility provider. However, ICS and recuperative care must remain two separate programs. For example, a staff person on the premises offering ICS services cannot offer wellness checks or health services for recuperative care. Contact the [Disability Services Division](#) with questions about ICS services and setting requirements.

15. What are the zoning requirements for a recuperative care facility?

Contact the city or county in which the facility is located with questions about zoning requirements.

16. What are the lease requirements?

It is not within the scope of DHS to provide direction on lease requirements.

17. What is the room and board rate?

The room and board rate is currently \$34.00 per day. Refer to the [Housing Support \(formerly known as Group Residential Housing\) payment rates](#) webpage for the current rate.

18. Does the facility or organization need a license?

A recuperative care facility does not need a license.

19. What is a community health worker?

Review [Community Health Worker \(CHW\)](#) in the MHCP Provider Manual for more information.

20. Can the room and board rate be billed if the client used the bed but did not receive a wellness check?

No, you cannot bill for the room and board rate if the client did not receive a wellness check within 24 hours.

To be a recuperative care facility provider, you are required to conduct an in-person check on the member once every 24 hours at the minimum. The wellness check is the responsibility of the facility and is in addition to the recuperative care health services.

21. Will there be a site visit?

On-site visits conducted by DHS Provider Integrity and Oversight (formerly SIRS), can occur at any time.

22. Who refers the patients?

Hospitals and clinics refer members for recuperative care services.

23. How recently does the member need to be discharged from the hospital or clinic before they can be admitted to a recuperative care facility?

Typically, the member would be directly and immediately transferred from the hospital or clinic to the recuperative care facility.

24. Is there a transition plan after receiving care for 60 days?

Transition planning should start upon admission. Typically, recuperative care stays are estimated to be one week or less.

25. Can a shelter be a recuperative care facility?

Yes, a homeless shelter may enroll as a recuperative care provider. The homeless shelter will need to meet all applicable enrollment requirements and meet the member's health needs.

26. If the member has to go back to the hospital after 60 days of receiving recuperative care services, can the recuperative care facility readmit them with the same ICD-10 code? Or does the member need a new ICD-10 code?

If it's the same condition, you need to submit a recuperative care extension request form. If the member has a new condition with new referral for recuperative care, the 60 days starts over. Recuperative care stays are estimated to be one week or less.

27. If an individual is homeless, to what location are they discharged once their health has improved?

A recuperative care health service provider supports and refers members for housing options as part of the service. However, the member can choose to be discharged with no housing option if that is their choice.

28. Would a recuperative care facility ever need to obtain an eviction notice or termination of service if the member does not have a safe setting to return to after their care has ended.

A recuperative care health service provider supports and refers members for housing options as part of the service. The member can be discharged when their condition has improved, or the member is being discharged to another setting that can meet their needs. The recuperative care facility may discharge the member to no location.

It is not within the scope of DHS to provide guidance on if a member refuses to be discharged. The recuperative care facility should have an established plan if a member refuses to be discharged and for other safety concerns.

29. How does a facility manage a member's care if they need help with activities of daily of living 24 hours a day?

Recuperative care facilities should only accept members with care needs that the facility offers.

30. Does at least one staff person need to be on site 24 hours at the facility?

Yes, a staff person must be on site at the facility 24 hours a day. Additionally, a qualified staff member must conduct an in-person wellness check on the member at least once every 24 hours at the minimum.

31. Have managed care organizations (MCOs) established a process for recuperative care services provider enrollment yet?

The MCOs will establish an enrollment process when the DHS claims system is operational. We estimate that it will take a few more months until our claims system is operational.

32. Who is the authorized person that can authorize and sign the extended stay request?

The facility administrator can approve and sign the [Recuperative Care: Extended Stay Request \(DHS-8513\) \(PDF\)](#). MHCP's third party reviewer will review the information and approve or deny the extended stay.

33. How are transportation needs covered?

Members may receive nonemergency medical transport (NEMT) in accordance with MHCP law and policy. NEMT is not a Recuperative Care service. Refer to [Nonemergency medical transportation](#) for more information.

34. How does the payment work for a MCO member and fee-for-service member?

Review [Billing](#) under the Recuperative Care section in the MHCP Provider Manual for MCO payment information.

35. Does a recuperative care facility need insurance including general liability insurance?

It is not within the scope of DHS to provide direction on insurance needs.

36. What are the documentation requirements?

Refer to [Minnesota Rules, 9505.2175](#) for general Medicaid documentation requirements. It is not within the scope of DHS to provide direction on how to develop and maintain your records.

37. Can a shelter enroll as a recuperative care facility without being able to provide the recuperative health care services?

Yes, however a shelter would need to partner with an organization such as a home care company, provider group or hospital provider group to provide the recuperative health services.

38. Can the service rate be billed for offering case management services that help connect the member to medical appointments, housing options and providing other care coordination?

There should be a physical medical care need that requires the member to be receiving recuperative care services.

Ancillary services including, but not limited to, care coordination and helping connect to social services can be worked on and billed with the appropriate CPT code as zero pay. This is part of the bundled rate.

39. Does the member need to be seen by a recuperative care facility staff for a wellness check every day to bill for the room and board rate?

Yes. Additionally, the wellness check must be conducted in-person.

40. Should we conduct a background check or a criminal screening on members before admitting the individual to the recuperative care facility?

Is it not within the scope of DHS to provide direction on background checks for your patients.

41. How does this program work within a family environment? For example, can an ill child of a single parent receive recuperative care services if they are unhoused?

Children are ineligible for recuperative care services. The MHCP recuperative care services program only applies to adult MHCP members who meet eligibility requirements.

42. As the recuperative care facility services provider, can you remain their provider if you transition the member from recuperative care to housing stabilization services-transition?

Yes, so long as there is not a duplication of services between the recuperative care services and housing stabilization services. The facility will need to enroll as both a recuperative care provider and a housing stabilization provider.

43. Can the recuperative care facility readmit a member?

If a member is discharged to the community, the member is ineligible for further services. However, if a member returns to the hospital or clinic because they need a higher level of care, they can return with new orders from the hospital or the clinic.

44. Can recuperative care [facility] providers contract out environmental services to private businesses that are not hired directly by the recuperative care [facility] provider?

Yes, you can contract out environmental services.

45. Do you have to provide all the covered services, or can you just provide one service?

All health services must be available as needed for the specific member. You can partner with an established health services organization like a credentialed home care provider.

Billing

1. Who can bill for recuperative care services?

- A. Recuperative care facility claims:** An enrolled recuperative care provider can bill for the room and board rate. To bill for recuperative care facility services, you must meet the requirements and enroll as a recuperative care provider.
- B. Health services claims (Professional claims):**
- a. Recuperative care facility with an advanced practice provider
 - i. The recuperative care facility can bill for the professional services claim and be on the professional claim as the pay-to provider when the recuperative care facility is providing the health services with a medical director as above for oversight. The medical director is a physician, clinical nurse specialist, nurse practitioner or physician assistant who is enrolled with MHCP and can be on the claim as the rendering provider.

Or

- b. Recuperative care facility affiliates with health services group provider
 - i. Health services should be provided by the group of caregivers listed on the provider assurance statement. These providers may be from a home care or public health services group that the recuperative care facility is partnering with to provide the health services.
 - ii. The affiliated health services group provider will have an established medical director, they will submit the health services (professional) claim for the bundle rate of \$300 per day. The recuperative care facility cannot bill for the professional bundle rate.

Refer to [Billing](#) under Recuperative Care in the MHCP Provider Manual for more information.

2. Can you bill for recuperative care services if you are an MHCP-enrolled provider in another area such as housing stabilization services, waivers or comprehensive home care?

You can enroll with MHCP as multiple provider types at the same time. However, if your facility is licensed to provide other services, providing recuperative care services at this same location may violate the terms of that license.

3. Can you bill for the wellness check?

No, you cannot bill for a wellness check. The wellness check is part of the room and board charge.

4. What is the difference between the room and board and professional services rate?

Review [Billing](#) in the Recuperative Care section in the MHCP Provider Manual for more information.

5. If members are housed today, can claims be submitted for back pay if it takes three months from today for claims to start processing?

Under fee for service, enrolled providers have up to one year from the date of service to submit a claim. For managed care services, you will need to refer to your in-network agreement with the MCO.

6. How do we bill if the member has Medical Assistance, but it is provided through another insurance?

If the member has a primary private insurance, the service needs to be billed to the primary insurance and Medical Assistance as the secondary insurance.

7. Will there be a billing lab training for recuperative care?

There is no scheduled billing lab training at this time. We will post a message on the [MHCP provider news and updates](#) webpage when training dates are available.