

## SUMMARY

Medicaid State Plan Amendment  
Draft MN-24-0013

This amendment proposes a recuperative care benefit in the Medicaid State Plan to provide care to adult-aged individuals who are without a permanent residence and in need of continued post-acute medical care and supports. The care will be provided under a physician's orders and a care plan. The benefit includes short-term medical care, as well as care coordination, referrals and mental health supports in a residential setting, following discharge from a medical facility or hospital emergency room. The amendment has an effective date of January 1, 2024.

The benefit was approved by the 2023 Minnesota Legislature in Chapter 70, article 1, sections 25 and 27. The Medicaid State Plan amendment proposes coverage for the service portion of the benefit. A state appropriation provides for the room and board portion of costs.

5.a. Physician Services (continued)

Recuperative Care Services

Recuperative care services are a model of care that prevents hospitalization or that provides postacute medical care and support services for recipients experiencing homelessness who are too ill or frail to recover from a physical illness or injury while living in a shelter or are otherwise unhoused but who are not sick enough to be hospitalized or remain hospitalized, or to need other levels of care.

Recuperative care may only be provided in qualifying settings as determined by the Commissioner.

Eligibility

Recuperative care covers a person of adult age, experiencing homelessness; in need of short-term acute medical care for a period of no more than 60 days; meets clinical criteria, as established by the commissioner, that indicates that the recipient needs recuperative care; and not have behavioral health needs that are greater than what can be managed by the provider within the setting.

The following table details the components of recuperative care services. Services must be authorized by a physician and provided according to a patient care plan.

<b>Service</b>	<b>Covered Components</b>	<b>Provider Qualifications</b>
Nursing services	Basic nursing care ordered by a physician and identified in a plan of care, including: (i) monitoring a patient's physical health and pain level; (ii) providing wound care; (iii) medication support; (iv) patient education; (v) immunization review and update; and (vi) establishing clinical goals for the recuperative care period and discharge plan; (vii) care coordination including – <ul style="list-style-type: none"><li>• initial assessment of medical, behavioral, and social needs;</li><li>• development of a care plan;</li></ul> (viii) other nursing services within the scope of practice of a licenced nurse.	Licensed nurses

<b>Service</b>	<b>Covered Components</b>	<b>Provider Qualifications</b>
Care coordination	Coordination of medical and behavioral health care and supports identified in the plan of care including: <ul style="list-style-type: none"> <li>• support and referral assistance for legal services, housing, community social services, case management, health care benefits, health and other eligible benefits, and transportation needs and services; and</li> <li>• monitoring and follow-up to ensure that the care plan is effectively implemented to address the medical, behavioral, and social needs;</li> </ul>	Licensed, mental health professional, case manager, community health worker, and licenced social workers.
Behavioral Health Supports	Counseling and peer supports ordered by a phycian and included in the plan of care.	Licensed, mental health professional, case manager, community health worker, and licenced social workers.
Community health worker services	Services provided by a community health worker as ordered by a physician and included in the plan of care	Community health workers certified by the Minnesota State College and Universities System.

5a. Physician services (continued)

The services specified below are not covered services for purposes of medical assistance payment:

1. Surgery performed on the wrong patient;
  2. Surgery performed on the wrong body part that is not consistent with the documented informed consent for that patient;
  3. Performing the wrong surgical procedure on a patient that is not consistent with the documented informed consent for that patient; or
  4. Physicians' services related to hospital-acquired conditions or treatment as defined in Attachment 4.19-A, Sections 2.0 and 12.3, for which hospital reimbursement is prohibited, if the physicians' services were provided by a physician who delivered care that contributed to or caused the adverse health care event or hospital-acquired condition.
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STATE: MINNESOTA  
Effective: January 1, 2024  
TN: 24-0013  
Approved: \_\_\_\_\_  
Supersedes: NEW

Attachment 4.19-B  
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5.a. Physician services (continued)

**Recuperative care** providers receive a per diem rate inclusive of all recuperative care services including nursing services, care coordination, behavioral health supports, and community health worker services. Rates are based on direct service expenditures and physical plant costs based on the percentage of the facility devoted to treatment. Physical plant costs exclude administrative or residential space. Room and board is not eligible for medical assistance reimbursement. Providers are only eligible for reimbursement on days when a recuperative care service is delivered. Reimbursement for recuperative care services is the lower of submitted charges or \$300 per day.