

Recuperative Care

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Overview

Recuperative care services are available to eligible Minnesota Health Care Programs (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.

An MHCP member must have a referral for recuperative care services from an enrolled MHCP hospital, clinic or provider office; and the individual referring provider must be enrolled with MHCP. Additionally, discharge instructions must be from an advanced practice provider (advanced practice registered nurse, physician (MD, DO) or physician assistant) and sent to the recuperative care facility. Hospital and clinic case managers usually serve as the main coordinator and contact for discharge planning.

Eligible Providers – Facility

Eligible recuperative care facilities must enroll as a recuperative care provider with MHCP. Refer to the [Recuperative Care Enrollment Criteria and Forms](#) section under Provider Basics in the MHCP Provider Manual for complete enrollment information. Each setting needs to be enrolled as a recuperative care facility.

Recuperative Care Facility Services Requirements

Recuperative care may be provided in any setting, including, but not limited to, homeless shelters, congregate care settings, single-room occupancy settings, or supportive housing, if the recuperative care or housing provider can provide the following to the MHCP member within the designated setting:

- 24-hour access to a bathroom with a shower, sink and toilet. The bathroom may be shared.
- 24-hour access to a bed.
 - We recommend one member per room.
 - We do not recommend room sharing because privacy, security, infection control purposes and depending on zone requirements.
- Access to three meals per day that are based on the member's needs (included in per diem).
- Availability to environmental services (cleaning sanitation services).
- Access to a telephone located in the facility (cannot be the member's personal cellphone or mobile device).
- Secure place to store the MHCP member's belongings.

- Require that one staff member is available at the facility at all times (24 hours a day). This can be any staff member that is hired and trained to oversee the facility and occupants.
- Wellness Check:
 - Staff available on site at the facility to provide an in-person wellness check as needed, or at the minimum of once every 24 hours. Provider must document that the wellness check was conducted
 - The staff available to conduct the wellness check must be the appropriate providers based on the member's plan of care; and listed on the [Recuperative Care Provider Assurance Statement \(DHS-8486\) \(PDF\)](#).
 - The member needs to be checked on (for example, visited in-person) at least once every 24 hours.
 - Providers do not get reimbursed for the wellness check because this is included in the room and board charge.

Additionally, providers and recuperative care facilities must ensure the following:

- City and county zone requirements (provider can contact the city or county) are fulfilled.
- Ability to provide recuperative care health services to members within the recuperative care facility.

Eligible Providers – Health Services

Advanced Practice Providers Supervising for Recuperative Care Health Services

Recuperative care health services must be **supervised by an advanced practice provider** that is enrolled with MHCP. The provider who is supervising the recuperative care health services must be listed on the [Recuperative Care – Health Services Provider Acknowledgment \(DHS-8562\) \(PDF\)](#). The following providers may supervise recuperative care health services:

- Advanced practice registered nurse (nurse practitioner and clinical nurse specialist)
- Physician (MD, DO)
- Physician assistant

Health Care Professionals Providing Recuperative Care Health Services

The following health care professionals may provide recuperative care health services at a facility that meets the [recuperative care facility requirements](#) and **do not qualify as advanced practice providers**:

- Registered nurse (RN)
- Licensed practical nurse (LPN)
- Social worker (SW)
- Case manager (RN or SW)
- Mental health counselor
- Community health worker
 - Refer to [Community Health Worker Enrollment Criteria and Forms](#).
 - Community health worker as defined under section [Minnesota Statutes, 256B.0625](#), subdivision 49.

or

- If the recuperative care facility partners with a licensed, MHCP-enrolled health services group provider, the health services should be provided by the group of caregivers listed on the [Recuperative Care Provider Assurance Statement \(DHS-8486\) \(PDF\)](#).

- 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. The affiliated health services group provider will have an established advanced practice provider.

Health care professionals can only provide services they are licensed for. RNs, LPNs, social workers and case managers do not need to enroll with MHCP to provide recuperative care services.

Eligible Members

To be eligible for recuperative care services, an MHCP member must meet all the following criteria.

- 21 years or older if they have Medical Assistance and eligible for at least one of the major programs:
 - MA
 - NM
 - RM
- An MHCP member must have a referral for recuperative care services from an enrolled MHCP hospital, clinic or provider office
- Experiencing homelessness or are unhoused.
- In need of short-term medical care for fewer than 60 days.
- In need of assistance with the following covered services.

or

- 19 years or older if they have MinnesotaCare and eligible for at least one of the major programs.
 - LL
 - KK
 - BB
 - FF
 - XX
- An MHCP member must have a referral for recuperative care services from an enrolled MHCP hospital, clinic or provider office
- Experiencing homelessness or are unhoused.
- In need of short-term medical care for fewer than 60 days.
- In need of assistance with the following covered services.

Refer to [Verify Eligibility for MHCP Members](#) in the MHCP MN-ITS User Manual for step-by-step instructions for using the MN-ITS DDE Eligibility Request (270) feature and reading the Eligibility Response (271).

Covered Services

MHCP covers the recuperative care health services rate and recuperative care facility rate.

Facilities and providers must ensure they are providing services only within their scope of practice. Providers can start offering recuperative care health services only after their MHCP enrollment has been approved.

MHCP covers the following recuperative care health services at a bundled rate. Services provided within the bundled payment may include but are not limited to:

- Basic nursing care including monitoring physical health and pain level
- Wound care

- Medication support
- Patient education
- Immunization review and update
- Clinical goals development for the recuperative care period and discharge plan
- Care coordination including initial assessment of medical, behavioral and social needs
- Care plan development
- Support and referral assistance for legal, housing, transportation, case management and community social services
- Support and referral assistance for health care benefits, health and other eligible benefits
- Care plan implementation follow-up and monitoring
- Medical, social and behavioral (counseling and peer support) services that can be provided in the recuperative care setting
- Community health worker services (Minnesota Statutes, 256B.0625, 43.25 subdivision 49.43.26)

The recuperative care facility covers costs for all items listed in [Recuperative Care Facility Services Requirements](#) including the room and board daily rate.

Note: Recuperative care is focused on the member's physical medical condition. The member must receive services for the physical medical condition listed in the referral for recuperative care services. Additionally, services must occur on consecutive days.

Noncovered Services

- Behavioral services that are greater than what can be managed within the enrolled MHCP recuperative care facility.
- Services for a member who is not independent with activities of daily living. For example, the member would not be covered for recuperative care services if they are unable to stand or independently use the bathroom.
- Any recuperative care health services that are provided in a facility that is not enrolled with MHCP as a recuperative care facility.

Authorization

Recuperative Care Extended Stay

If the member is close to the 21-day stay limit, providers may request an extension if a member requires recuperative care services for **more than 21 days**. Providers must submit the [Recuperative Care: Extended Stay Request \(DHS-8513\) \(PDF\)](#) along with the required medical information for extended stays. Refer to [Authorization](#) under Provider Basics in the MHCP Provider Manual to submit a prior authorization request. Extended stays are not expected to go past 60 days.

Readmissions

Any consecutive readmission to recuperative care services for the same diagnosis will continue the same 21-day limit. Any readmission to recuperative care services for a new diagnosis starts a new 21-day coverage limit.

Discharge From Recuperative Care Services

Providers must ensure either one of the following before discharging a member from recuperative care services:

- The member's medical condition has improved.
- The member is being discharged to another setting that can meet their needs.

Note: The member can choose to be discharged with no housing option if that is their choice.

It is the recuperative care facility's responsibility to have an established policy for when members may be unwilling to discharge from the facility.

Billing

Recuperative care providers may get reimbursed for the recuperative care health services rate and the recuperative care facility rate. Providers can bill for services only after their MHCP enrollment has been approved.

Refer to the following information for definitions and payment rates.

Recuperative Care Health Services Rate

- The recuperative care health services rate is a bundled per diem payment of \$300.00 per day for the covered services provided to the member. Services provided within the bundled payment may include, but are not limited to, the [covered services](#).
- Legislative increase and decrease rates for certain services may be applied to the per diem payment of \$300.00 per day. This may result in a reimbursement that is less than the per diem payment of \$300.00 per day. Refer to [Payment Methodology - Non-Hospital](#) under Provider Basics in the MHCP Provider Manual for more information.

Note: If the member has both Medicare and Medical Assistance coverage, bill directly to MHCP. Medicare does not cover the recuperative care health services rate (bundled payment).

Recuperative Care Health Services Claim (Professional Claim)

- Bill on 837P claim format. Refer to the [MN-ITS 837P Professional User Guides](#).
- Bill CPT code T2033 for the recuperative care bundled payment per date of service (DOS).
- **Additionally, you are required to bill for all the applicable CPT or HCPCS codes for every recuperative care health service that is rendered for the T2033 bundle rate per date of service.**
 - Bill per service line, per date of service (do not bill one service line with a span or multiple dates of services)
 - Bill each recuperative care health services rendered with a \$0.00 charge (these will be zero pay).
 - Bill all CPT or HCPCS codes on the same claim as T2033 according to the DOS.
- Report the enrolled MHCP MD, PA or APRN NPI as the rendering provider who is supervising health services. This provider must be reported on the [Recuperative Care – Health Services Provider Acknowledgment \(DHS-8562\)](#)
 - **If the recuperative care facility affiliates with an advance practice professional:** The recuperative care facility can bill for the recuperative care health services claim (professional claim) for providing the services. The recuperative care facility would report their supervising MHCP enrolled advance practice provider on the claim as the rendering provider.

or

- **If the recuperative care facility affiliates with health services group provider:** The health services group providers will bill the recuperative care health services (professional claim) for providing the services. The health service group would report their supervising

MHCP enrolled advance practice provider on the claim as the rendering provider. The recuperative care facility will not be able to bill for the health services rate because they did not provide the service.

- One of the ICD-10 diagnosis codes for homelessness.
- At least one ICD-10 diagnosis code for the member medical condition.
- It is the provider's responsibility to determine the appropriate diagnosis code for the service that was provided.

Recuperative Care Facility Rate

The recuperative care facility rate is approximately \$34.00 per day. This includes the room and board daily rate.

Recuperative Care Facility Claim

- Bill on 837I claim format on 86X type of bill for residential facility. Refer to the [MN-ITS 837I Institutional User Guides](#).
- One ICD-10 diagnosis code for homelessness.
- At least one ICD-10 diagnosis code for the member's medical condition.
- It is the provider's responsibility to determine the appropriate diagnosis code for the service that was provided.
- Revenue code 0169
- Condition code 17

Note: The recuperative care health services (professional) claim must be submitted and paid before submitting the recuperative care facility claim. We reimburse the recuperative care facility rate only when the recuperative care health services rate is reimbursed to a provider. Providers may opt to only receive the recuperative care health services rate. The eligibility standards in chapter 256I do not apply to the recuperative care facility rate.

Documentation

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

Managed Care Members

If a member is enrolled with a [Managed Care Organization \(MCO\)](#), the recuperative care health services claim must be submitted to the member's MCO. Recuperative care providers must contact the MCO for enrollment requirements, billing and coverage policies when providing services to MCO enrollees. [Contact the MCO](#) with provider questions about coverage or contract issues.

The recuperative care facility (room and board) rate is a [carve-out service not covered through MCO](#). The recuperative care facility claims are covered through MHCP fee-for-service and should be billed directly to MHCP. It will be paid from state funds in an amount that equals the medical assistance room and board rate at the time the recuperative care services were provided.

Legal References

[Minnesota Statutes, 256B.0701](#) (Recuperative Care Services)

[Minnesota Session Laws - 2025, chapter 9, section 19](#), subdivision 10 (Pre-enrollment risk assessment)