**Recovery Care Scope of Services**

1. **Recovery Care Coordination and Facilitation** - PROVIDER will coordinate and

facilitate Member's recovery care after hospital discharge. It is understood that PROVIDER

does not provide direct medical services nor have employees or associated volunteers acting

in a professional medical capacity. PROVIDER will accept or deny the Member within 2

business hours of receiving the completed referral application from IEHP. PROVIDER

agrees to exit each Member from the program as soon as he/she is determined to no longer

require the program's recuperative care services. The actual length of stay will be determined

on a case-by-case basis after consultation with and prior to approval by the IEHP Transition

of Care (TOC) Team. If an extension beyond the initially approved length of stay is deemed

necessary due to a medical need or change of condition related to the acute admitting

diagnosis, PROVIDER will submit a request for a length of stay extension to IEHP at least

2 days before the exit date. An extension will be allowed only upon approval of IEHP.

**2. Case Management** - PROVIDER will case manage each Member to determine his/her

eligibility for social services and temporary/permanent housing programs. Case management

services will include assisting Member in replacing missing or necessary documents, such

as birth certificate, photo ID, immigration papers, and Social Security cards. Members will

also receive assistance with applying for income related benefits, such as General Relief,

food stamps, SSDI, SSI, Medicare, Medi-Cal, unemployment benefits, etc. Upon exit from

the program, PROVIDER shall make all reasonable efforts to connect each Member to an

alternative facility, shelter, or permanent housing.

**3. Transportation** - PROVIDER will provide and/or arrange for the transportation of

Members to and from any follow up appointments scheduled during the Members' approved

length of stay with PROVIDER. The initial transportation from the discharging hospital to

the program will be provided by the hospital.

4. **Responsible Party** - PROVIDER agrees that it is administratively and financially

responsible for items 1 through 5 above.

5. **Safe and Quality Accommodations-** PROVIDER agrees to:

* Provide Members a clean and safe place to sleep, daily meals, hygiene supplies, and

access to laundry.

* Ensure a bed is available to each Member admitted 24 hours a day.
* Confirm that on-site showering and laundering facilities are available to IEHP Members.
* Ensure that clean linens are provided upon admission.
* Confirm that facility provides access to secured storage for personal belongings and

medications.

* Guarantee that food services meet applicable public health guidelines for food handling.
* Provide at least three meals a day to IEHP Member.
* Ensure that meals accommodate medical diet restrictions.
* Ensure that facility maintains 24-hour staff presence. On-site staff is trained at a

minimum to provide first aid and basic life support services.

* Ensure that facility has a full time, but not 24 hours a day, licensed clinical staff to

perform assessments, supervision, and medication reconciliation. Clinical staff must be

a Registered Nurse, Nurse Practitioner or higher degree.

* Provide 24-hour on call medical support when clinical staff is not on site.
* Maintain written policies and procedures for responding to life threatening

emergencies.

* Comply with all local fire safety standards governing its facility.
* Maintain a written Code of Resident Conduct or Behavioral Agreement that describes

program policies including potential causes for early discharge.

* Maintain policies and ensure staff trainings related to:
* Handling of alcohol, illegal drugs and unauthorized prescriptions drugs found on site.
* The handling of weapons brought into the facility, including strategies to maximize
* Member and staff safety and appropriate staff response to violence
* Establish a process to notify IEHP about a Member that is being considered for possible

discharge due to behavior issues prior to discharging.

**6.** **Quality Environmental Services-** PROVIDER agrees to:

* Maintain written policy and procedure for safe storage, disposal and handling of

biomedical and pharmaceutical waste, including expired or unused medications and

needles.

* Maintain written protocol for managing exposure to bodily fluids and other biohazards.
* Provide safe storage/handling and security of IEHP Members medications.
* Maintain written protocols in-place to promote infection control and the management

of communicable diseases (i.e.: scabies, lice etc.).

* Ensure that facility and equipment are cleaned and disinfected to control illness or

infection.

**7. Transitions of Care** - PROVIDER agrees to:

• Confirm that facility maintains clear policies and procedures for the screening and

management of referrals into the program including the following criteria:

o Written admission criteria

o Review for clinical appropriateness

o Point of contact or phone number for referrals

o Ability to admit 24 hours a day 7 days a week

o Clinical Summary

o Referral decision time and communication back

o HIP AA compliant communication

• Ensure that the program maintains standards of admitting practices by the following

measures:

o Each Member admitted to program has a designated case manager or provider

of record.

o The facility performs medication reconciliation within 12 hours of admission.

o The facility screens for and honors existing advanced directives.

o The facility identifies the IEHP Members current Primary Care Provider (PCP)

and notifies them about the IEHP Members transition into the program.

o The facility works collaboratively with IEHPs housing team during the

transition. This includes telephonic case management, attending on-site

interdisciplinary care team meetings and providing reports/files as needed for

oversight.

**8. Post-Acute Care-** PROVIDER agrees to:

• Ensure that the medical record is maintained for each IEHP Member and its content,

maintenance and confidentiality meet the requirements set forth in federal and state laws

and regulations.

• Confirm that appropriate clinical staff conduct a baseline assessment of each Member

to determine factors that will influence care, treatment and services. This assessment

includes:

o Current diagnosis, pertinent history, medication history (including allergies),

current medication and treatments.

o Physical and mental health status (PHQ 9 assessment)

o Behavioral health needs, including substance abuse

o Pain Status, as needed

o Fall Risk

o Immunization Status (at a minimum influenza)

• Ensure that an individualized care plan is developed for each IEHP Member specifying

treatments, desired outcomes and/or goals. PROVIDER must share plan with IEHP

Housing team within 48 hours of admission.

• Confirm that each IEHP Member receives at least one wellness check every 24 hours

by staff and that any changes in the IEHP Member's condition or concerns are

communicated to the designated clinical provider.

• Ensure that all IEHP Members that have transitioned into recuperative care will be

presented at the IEHP interdisciplinary care team meeting by the recuperative staff.

**9. Coordination & Wrap-around Support Services-** PROVIDER agrees to:

• Ensure that the facility will support the IEHP Member in developing self-management

goals.

• Assist in navigating the health system and building a relationship with the IEHP

Member's PCP.

• Coordinate and provide transportation to and from medical and behavioral health

appointments.

• Ensure communication occurs between the recuperative care staff and outside providers

to follow up on any changes in the Member care plan.

• Make referrals to behavioral health services (substance use, mental health services as

needed).

• Facilitate access to housing, including supportive housing services when appropriate.

• Identify and refer to community resources as needed.

• Submit applications for SSI/SSDI and other benefit programs as needed.

**10. Coordinating Discharges-** PROVIDER agrees to:

• Maintain written discharge policy. The policy will specify the personnel authorized to

make discharge decisions.

• Ensure that IEHP Member is informed of the discharge policy and procedure.

• Contact IEHP in case of an authorization expiration and have a conference call to verify

the authorization expiration before determining further action.

• Ensure that IEHP Members are given a minimum of 24 hours' notice prior to being

discharged from the program (exceptions for some administrative discharges).

• Provide a discharge summary available to the IEHP Member with the following

discharge instructions:

o Written medication list

o List of follow up appointments and contact information

o Instructions for accessing relevant community resources

• Provide a summary of the discharging IEHP Members at the IEHP ICT meeting.

• Ensure that care plan is updated with the discharge plan and any recommendations from

the ICT will be shared with IEHP and the IEHP Members PCP upon Members discharge.

**11. Quality and Reporting -** PROVIDER agrees to:

* Provide access to IEHP staff to do on-site audits and file reviews.
* Maintain a quality improvement plan in place that will audit staff and IEHP Member

files to ensure that the appropriate standards are maintained.

* Ensure that the program has a policy for managing and reporting incidents such as falls.
* Require that staff employed by the PROVIDER have written job descriptions and meet

the qualifications required by such job descriptions.

* Ensure that licensing and credentials are initially verified and reviewed, at minimum,

on an annual basis.

**12. Billing and Employee requirements -** PROVIDER agrees to:

* Provide IEHP a Daily Census that will include, but not limited to: IEHP Member name,
* Authorization Number, Medical Number, Status (Admit, Pending), Admit Date, Exit
* Date, Length of Stay, Housing Interview (Yes, No), Prior Facility, Departure Notes, and
* Other Notes as applicable
* Ensure that at least one (1) RN or higher medical services provider to provide

evaluations and reporting as required by IEHP, these requirements include, but are not

limited to measures in Exhibit 1.

* Capture encounter data in accordance with the Inbound 837 Implementation File and
* Companion Guide. PROVIDER will coordinate with IEHP to become compliant,

trained and tested to ensure that it can successfully implement the Inbound 837 by June

1, 2019.

* Include their encounter data using the applicable CPT codes including, but not limited

to, the CPT codes referenced in Exhibit 1, in their Inbound 83 7.

* Communicate with IEHP regularly to update status on Members quarterly and biannually

to update HEDIS reporting measures required by housing and any other

important reporting requirements deemed necessary by IEHP for the health and welfare

**13. Tiered Care -** PROVIDER agrees to:

• Provide care in Two Tiers: Recuperative Care Bed/Night and Transitional Housing

Bed/Night. Care is all inclusive of all fees.

o Tier 1: Transitional Housing Bed Night is intended as a step-up for IEHP

members experiencing homelessness. May be used to provide transitional care

for IEHP housing initiative prospective candidates. This tier will also be used

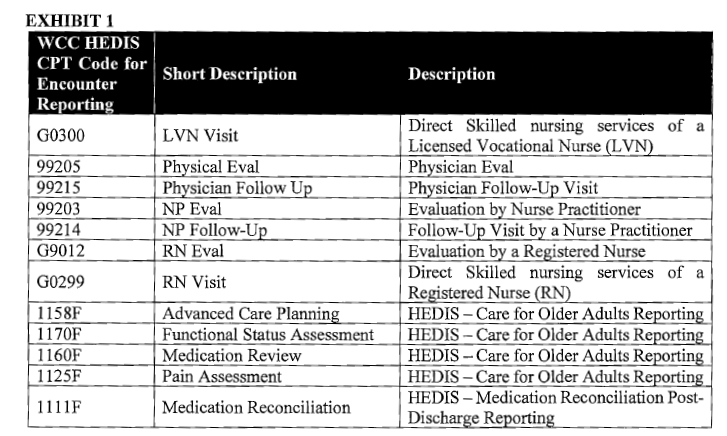
for members that require additional care beyond an initial 3 0-day authorization

o Tier 2: Recuperative Care Bed Night is intended as a step-down from hospital

for members with more intensive care needs. Provided for initial 30-day

authorization only, unless otherwise approved by IEHP.

**14. PROVIDER shall utilize WCC HEDIS CPT Codes for Encounter Reporting as reflected in Exhibit 1**

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