

# Medical Respite Care

## Frequently asked questions (FAQs)

This document answers frequently asked questions about the Medical Respite Care (MRC) service under the Medicaid Transformation Project (MTP 2.0).

### General

#### 1. What is Medical Respite Care (MRC)?

MRC is one of the [health-related social needs \(HRSN\) services](#) under MTP 2.0, and implemented by HCA on July 1, 2025. MRC, also known as recuperative care and short-term post-hospitalization housing, provides a safe and stable place for eligible clients to receive treatment on a short-term basis. MRC provides post-acute care for clients experiencing homelessness who are too ill or frail to recover from a physical illness or injury while living on the streets, but who no longer require a hospital stay.

#### 2. Do MRC patients have to be referred from an inpatient setting?

If all other listed eligibility criteria are met, individuals can be referred for MRC services from the following provider types:

- Inpatient or institutional setting, such as nursing facilities or Institutions for Mental Diseases (IMDs);
- Correctional facilities;
- Acute care hospitals;
- Community providers, such as a primary care clinic, federally qualified health center, urgent care facility, mobile medical clinic, or street medicine provider.

MRC eligibility criteria can be found in the [Health-related social needs services billing guide](#).

#### 3. Where can MRC providers find the HRSN Services Billing Guide?

Information on eligibility criteria and service components of MRC can be found in the [Health-related social needs services billing guide](#). Information previously found in the Physician-Related Services/Health Care Professional Services Billing Guide has been updated and moved to the HRSN services billing guide.

#### 4. Is there any delineation between Recuperative Care and Short-Term Post-Hospitalization Housing (STPHH) as separate services from MRC?

No, Recuperative Care and STPHH are considered one service that is also known as Medical Respite Care.

### Providers

#### 5. Is there a set of diagnosis codes for MRC?

There is not a set of diagnosis codes for MRC. Use service procedure code T2033 for all MRC claims.

#### 6. What's the billing taxonomy for MRC?

The billing taxonomy for MRC is 251B00000X.

#### 7. How would billing occur for dual eligible individuals?

For MRC clients with Medicare or who are dually eligible, a claim needs to **first** be submitted to Medicare. A denial will be received from Medicare. Next, the denied claim needs to be submitted to HCA **Apple Health**.

**(Medicaid) as fee-for-service**, along with the denial from Medicare. The claim should then be approved through Medicaid.

**8. For Apple Health clients who are not enrolled with an MCO, how would providers bill for MRC services?**

MRC providers will bill HCA on an FFS basis.

## Accountable Communities of Health and Community Care Hubs

**9. What is the role of the Accountable Communities of Health (ACHs) and Community Care Hubs (CCHs) in MRC?**

ACHs can support MRC providers through HRSN infrastructure investments, outreach and education, and community engagement. ACHs and their regional CCHs do not deliver MRC services or manage referrals directly. Eligible Apple Health clients who are referred to CCHs can be connected to other available HRSN services in their community, or other community support services.

**10. Can ACHs fund the operations of MRC providers?**

ACHs can provide HRSN infrastructure funding to support infrastructure or capacity building of MRC providers in the community. This support must be related to the four allowable categories: technology; business/operational practice development; workforce development; outreach, education and stakeholder convening. Distribution of the HRSN infrastructure funds does not cover ongoing operational costs such as staffing or day-to-day expenses for MRC providers. Interested MRC providers should contact their regional ACH.

**11. How can ACHs raise awareness about MRC?**

ACHs can organize workshops, provide educational materials, or host community forums to inform stakeholders, interested HRSN providers, and community members about the importance and availability of the MRC service.

**12. Are there guidelines for partnership agreements between ACHs and MRC providers?**

ACHs can refer to the internal ACH-facing document *HRSN Phase 1b and Phase 2 Infrastructure Payment Guidance for ACHs* for information on the release of HRSN infrastructure funding. HCA recommends that partnership agreements between ACHs and MRC providers clearly delineate roles and responsibilities between ACHs – as entities providing HRSN infrastructure funding to MRC providers – and MRC providers – the providers of the MRC service.

**13. Can individuals receiving MRC service be referred to CCHs for the Social Care Support service?**

Yes, eligible Apple Health clients can be referred to CCHs to receive the Social Care Support service, which is a community-based care coordination service to connect individuals to HRSN services and/or community resources. Individuals can visit the [HRSN screening and referrals website](#) for CCH contact details.