

State of California—Health and Human Services Agency



Department of Health Care Services



JENNIFER KENT
Director

EDMUND G. BROWN JR.
Governor

NPI:

September 20, 2016

INTERMEDIATE CARE FACILITY/DEVELOPMENTALLY DISABLED QUALITY ASSURANCE FEE PROGRAM

The California *Health and Safety Code*, Sections 1324 – 1324.14 and California Code of Regulations, Title 22, Sections 52100 – 52104 require the California Department of Health Care Services (DHCS) to implement a Medi-Cal Quality Assurance Fee (QAF) Program for all Intermediate Care Facility/Developmentally Disabled (ICF/DD), ICF/DD-Habilitative and ICF/DD-Nursing facilities (including those ICF/DD facilities participating in the continuous Nursing Waiver). The QAF Program, which became effective on July 1, 2003, imposes a fee of six percent on a facility's gross receipts during each calendar quarter.

Enclosed are the four (4) QAF quarterly payment invoices and the Annual Report for the 16/17 Fiscal Year to be completed by the ICF/DD facility.

ICF/DD Quality Assurance Fee Quarterly Payment Invoices are used to calculate the quality assurance fee for the following periods:

- 1st Quarter – July 1, 2016 through September 30, 2016
- 2nd Quarter - October 1, 2016 through December 31, 2016
- 3rd Quarter – January 1, 2017 through March 31, 2017
- 4th Quarter – April 1, 2017 through June 30, 2017
- Annual Report

If you need additional forms please go to

<http://www.dhcs.ca.gov/provgovpart/Pages/DesignatedIntermediateCareFacility.aspx>

For purposes of this program, the term “gross receipts” is defined as compensation for services provided to all residents in the facility. In accordance with federal rules, “gross receipts” does not include any amounts the facility may receive as a result of the following:

- Return of overpayments;
- Write-off of bad debts;
- Vendor rebates; or
- Charitable contributions

As a condition for facilities to participate in the Medi-Cal program, the QAF must be paid to DHCS on or before the due date printed on each quarterly form.

Please submit the quarterly payment form with your payment, and the QAF Annual Report to the following address by the due date indicated on the forms. Write your provider number on the front of your check or money order to ensure the payment is properly credited to the correct facility and to help expedite the payment process.

Department of Health Care Services
Accounting Section/Cashiers Unit
MS 1101
P.O. Box 997415
Sacramento, CA 95899-7415

If you have questions regarding the QAF Program and/or the completion of the enclosed forms, please contact the ICF/DD QAF Program Coordinator at (916) 650-0583.

Sincerely,

John Beshara

John Beshara, Chief
Quality Assurance Fee Unit