

CalAIM Intermediate Care Facility for the Developmentally Disabled (ICF/DD) Carve-In Office Hours



How to Add Your Organization to Your Zoom Name

- » Click on the "Participants" icon at the bottom of the window.
- » Hover over your name in the "Participants" list on the right side of the Zoom window.
- » Select "Rename."
- » Enter your name and add your organization as you would like it to appear.
 - For example: Kristal Vardaman – Aurrera Health Group

Meeting Management

- » This session is being recorded.
- » Participants are in listen-only mode but can be unmuted during the Q&A discussion.
 - Please use the "Raise Hand" feature and our team will unmute you.
- » Please also use the "chat feature" to submit any questions you have for the presenters.

Agenda

Topics	Time
Welcome and Introductions	1:00 – 1:05 PM
Overview of Key ICF/DD Carve-In Requirements and Member Outreach	1:05 – 1:20 PM
Discussion of Stakeholder Questions	1:20 – 1:55 PM
Next Steps & Closing	1:55 – 2:00 PM

Overview of ICF/DD Carve-In Key Policy Requirements

CalAIM ICF/DD Carve-In Overview

Effective January 1, 2024, all managed care plans will become responsible for the full LTC benefit at the following Intermediate Care Facility (Home) Types:

- » Intermediate Care Facility for the Developmentally Disabled (ICF/DD)
- » Intermediate Care Facility for the Developmentally Disabled – Habilitative (ICF/DD-H)
- » Intermediate Care Facility for the Developmentally Disabled – Nursing (ICF/DD-N)

This also means:

- » All Medi-Cal beneficiaries residing in ICF/DD, ICF/DD-H, and ICF/DD-N Homes are mandatorily enrolled into a Medi-Cal MCP for their Medi-Cal covered services.

*Note: ICF/DD-Continuous Nursing Care (ICF/DD-CN) Homes are **not** included in the LTC Carve-In.*

ICF/DD Policy Guidance and Resources

- » The following policy guidance documents and resources can be found on the [DHCS ICF/DD Carve-In webpage](#):
 - ICF/DD All Plan Letter (APL) 23-023 (updated November 28, 2023)
 - Model Contract Language (updated November 2023)
 - ICF/DD Carve-In FAQs (updated November 13, 2023)
 - Billing and Invoicing Guide (released September 2023)
 - ICF/DD Carve-In Resource Guide (releasing in early December 2023)
- » The MCP LTSS Liaison List and Regional Center Liaison List are being distributed to ICF/DD Homes, Regional Centers, and MCPs.

Overview of Key ICF/DD APL and MCL Updates

- » Two-year authorization and reauthorization timelines
- » Regional Center medical necessity determination
- » Physician signature only required for summer camp LOA
- » Credentialing process and attestation form
- » MCP ICF/DD Authorization Request form

Contracting and Credentialing

MCPs are required to maintain an adequate network of ICF/DD, ICF/DD-H, ICF/DD-N Homes licensed and certified by the California Department of Public Health (CDPH).

» Contracting

- The Network must include at minimum one of each ICF/DD Home type within California, prioritizing ICF/DD Homes in the MCP's county when available.
- MCPs are required to incorporate the standard terms and conditions from the Model Contract Language when contracting with ICF/DD Homes.
 - The ICF/DD Home Model Contract Language helps ensure a consistent delivery of the ICF/DD Home services within Medi-Cal managed care.

» Credentialing

- DHCS will allow MCPs to deem ICF/DD Homes credentialed via attestation if the Homes' state regulatory processes are current (e.g., licensing and certifications).

Credentialing Process Overview

Initial Documentation Submission

- » W-9 Request for Taxpayer ID Number and Certification
- » MCP Ancillary Facility Network Provider Application
- » Certificates of Insurance (Professional and General Liability)
- » City/County Business License (excludes ICF/DD-H and -N Homes with 6 or less residents)
- » Attestation

Attestation for Initial and Re-Credentialing (every two years)

- » Completion of MCP's specific Provider Training within last 2 years
- » Facility Site Audit from State Agency
- » No Change in 5% Ownership Disclosure
- » Possession of an Active CDPH License and Certification
- » Good Standing as a Regional Center Vendor

State of California – Health and Human Services Agency Department of Health Care Services

Intermediate Care Facility for Developmentally Disabled (ICF/DD) Credentialing Attestation

ICF/DD HOME INFORMATION

ICF/DD Home Name:	
County of ICF/DD Home:	
Primary Contact Name:	
Primary Contact Email Address:	
Primary Contact Phone:	
Tax ID:	
Regional Center Vendor Number:	
Certificates of Insurance Numbers:	
Business License Number:	

As an authorized representative of the above named ICF/DD Home, I certify, under penalty of perjury, that the following credentialing requirements are satisfied:

- o Completion of the Medi-Cal Managed Care Plan's specific Provider Training within the last two (2) years
- o Facility Site Audit from State Agency
- o No Change in 5% Ownership Disclosure since the last submission to MCP
- o Possess an active CDPH License and CMS Certification
- o In good standing as a Regional Center Vendor

☐ I hereby certify under penalty of perjury that all information provided in this Attestation is true and accurate to the best of my knowledge and that this Attestation has been completed based on a good faith understanding of the requirements set forth in APL 23-023 ICF/DD – Long Term Care Benefit Standardization and Transition of Members to Managed Care or any superseding APL.

This Attestation will be accepted as compliant until such time that the above named ICF/DD Home provides an updated version of this Attestation.

Print Name of Authorized Representative:

Title of Authorized Representative:

Signature of Authorized Representative Date

ICF/DD Credentialing Attestation (10/23) Page 1 of 1

Authorizations

Effective January 1, 2024, MCPs **must utilize the determination** and recommendation from the coordinating Regional Center and attending physician for a Member's admission to or continued residency in an ICF/DD Home.

- » MCPs are responsible for **fulfilling existing authorization requests** for ICF/DD Home services provided under the ICF/DD Home per diem rate for the duration of the treatment authorization.
 - DHCS provided data to MCPs on existing FFS treatment authorization requests (TARs) approved by DHCS for the transitioning population on November 7, 2023.
 - ICF/DD Homes are also encouraged to share a member's existing TAR with the appropriate MCP after a member has selected their plan to ensure a seamless transition.
- » MCPs are responsible for approving any **new treatment authorization and reauthorization** requests for ICF/DD Home services for **up to two years**.
 - MCPs may conduct reauthorizations on case-by-case basis based on individual member's needs and circumstances.

Authorization Process

- » Regional Centers will continue to submit a referral packet, which includes all relevant diagnostic information, to the ICF/DD Home.
- » After receiving a referral packet, the ICF/DD Home will complete and submit the following forms to the MCP for authorization:
 - Certificate for Special Treatment Program Services form (HS-231)
 - MCP ICF/DD Authorization Request form
 - Medical Review/Prolonged Care Assessment (6013A) form
- » MCPs must utilize HS-231 as evidence of the Regional Center's determination that the Member meets ICF/DD Home level of care.
- » DHCS Clinical Assurance Division (CAD) will notify MCP LTSS Liaisons and Homes of authorization requests improperly submitted to DHCS FFS so MCPs can work with the Home on submission to MCPs.

State of California – Health and Human Services Agency Department of Health Care Services

Insert MCP Logo Here Insert MCP Name Here

Medi-Cal Managed Care Plan (MCP) Intermediate Care Facility/Home for the Developmentally Disabled (ICF/DD) Authorization Request

1. Member Name
2. Medi-Cal Identification Number and Eligibility
3. Facility/Home Name, Address and Contact Information
4. International Classification of Diseases (ICD) Diagnoses Codes
5. Initial, Transfer, Re-admission, or Reauthorization
6. Prescribing Physician Name and License Number
7. Level of Care Requested (ICF/DD, ICF/DD-H or ICF/DD-N)
8. The "Admit" Date
9. The "From" Date
10. The "Through" Date
11. Physician Signature

MCP ICF/DD Authorization Request (10/23) Page 1 of 3

ICF/DD Home Payment Rates

MCPs must reimburse Network Providers furnishing ICF/DD Home services to a Member, and each Network Provider of ICF/DD Home services must accept, the payment amount the Network Provider would be paid for those services in the FFS delivery system.

- » Payment rates for ICF/DD Home services (i.e., those included in the per diem as specified in APL 23-023) are subject to the State-directed payment arrangement:
 - In counties where ICF/DD Home services benefit coverage is **newly transitioning** to managed care effective January 1, 2024, MCPs must reimburse Network Providers of ICF/DD Home services for those services at **exactly** the Medi-Cal FFS per-diem rates.
 - In counties where ICF/DD Home services are **already carved into** managed care, MCPs must reimburse Network Providers of ICF/DD Home services for those services at **no less than** the Medi-Cal FFS per-diem rates.
- » Services provided to members **outside of the per diem** are payable by MCPs based on the MCPs' agreement with the provider.

ICF/DD Home Per Diem: Included and Excluded Services

- » **Included Services** are all services, equipment, and supplies necessary for the administration of the treatment procedures **listed in the patient care criteria** and are included in the ICF/DD per diem rate, such as:
 - Active Treatment Programming
 - Administrative Services
 - Health Supports, Food and Nutritional, and Pharmaceutical Services
 - Social Services
 - » There are some differences in inclusive services by ICF/DD Home type.
- » **Excluded Services** are paid by MCPs based on the rates **negotiated** between the MCP and ICF/DD Home, such as:
 - Durable medical equipment
 - Allied health services ordered by an attending physician
 - Laboratory services
 - Dental services
 - » Services and supplies **billed separately** are subject to the general provisions and billing limitations in 22 CCR § 51303 and 51304.

A summary of included and excluded services in the ICF/DD per diem rate can be found in Attachment A of APL 23-023.

Billing and Payment Processes

MCPs must provide payment processes for ICF/DD Homes to be able to bill claims/invoices and pay timely.

Payment Processes

- MCPs must have a process for ICF/DD Homes to submit electronic claims and receive payments electronically.
- MCPs must also allow an invoicing process for ICF/DD Homes unable to submit electronic claims.

Payment Timeliness

- MCPs are highly encouraged to pay claims and invoices in the same frequency in which they are received, whether electronic or paper claims.
- MCPs must pay claims as soon as practicable but no later than 30 calendar days after receipt of the claim.
- MCPs must provide training on how to submit claims and provide sufficient detail if additional information is needed to process the claim.

Billing and Invoicing Guidance

- » Billing and Invoicing Guidance details the necessary data elements required for invoicing, including:
 - **Member** (e.g., Member Client Identification Number, Address)
 - **Service(s) rendered**
 - **ICF/DD Home information** (e.g., National Provider Identifier (NPI), Tax Identification Number (TIN), Address, etc.)
 - **Administrative Information** (e.g., invoice date, authorization number)
- » The guidance also provides standards for file formats, transmission methods, submission timing, and adjudication.

Submission Method	Form/Format
Digitally via electronic data interchange (EDI)	ANSI ASC x12N 837P/I 837I
Digitally via other nationally accepted electronic file format standards	CMS 1500, CMS 1450, UB-04
Manually via invoicing	Paper form of the UB-04, or other invoicing template if agreed upon by MCP and Home

Member Outreach and Communications

Member Notices

- » DHCS is mailing notices directly to members and their authorized representatives, if an authorized representative is documented within the Medi-Cal Eligibility Data System (MEDS).
 - 60-day notice was mailed at the end of October 2023 (in hand by November 1, 2023) and the 30-day notice was mailed at the end of November 2023 (in-hand by December 1, 2023).
 - The notice includes a Quick Reference (QR) code that links to a Notice of Additional Information (NOAI) that is posted on the DHCS website.
- » *My Medi-Cal Choice Packets* were mailed to members in Geographic Managed Care, Two Plan, or Regional Counties that are not part of the [Medi-Cal Matching Plan Policy](#) in November.
- » DHCS (Medi-Cal Health Care Options) is conducting a member call campaign in November 2023 through January 2024.

Member Information Webpage

- » [ICF/DD Carve-In Member Information webpage](#) includes:
 - Member Notices
 - NOAI
 - ICF/DD Member Transition Factsheet

Supporting ICF/DD Home Members with Medi-Cal Eligibility and Enrollment

» For Medi-Cal eligibility-related matters:

- An Authorized Representative or other legal representative may act on behalf of the Medi-Cal applicant or member.
- Regional Centers may act on the individual's behalf if they cannot act for themselves.
- A Home may be able to act on the individual's behalf if there is no spouse, conservator, guardian or executor and the applicant is not considered competent.
 - To assist a resident with Medi-Cal applications or renewals, an ICF/DD Home should contact the local county Medi-Cal office.

» For MCP enrollment assistance:

- Enrollment can be done over the phone when talking to a Customer Services Representative, online, by mailing in a Choice Form or in-person by visiting a Field Operations site.
- Medi-Cal members or their representatives, including Regional Centers and ICF/DD Homes, may contact Medi-Cal Health Care Options (HCO) for plan enrollment assistance.
- Medi-Cal HCO can be contacted at 1 (800) 430-4263.

Discussion of Stakeholder Questions

Question Logistics

- » Q&A will begin with questions previously submitted via the Zoom Registration form or other forums.
- » DHCS and DDS will then provide time for open Q&A with today's Office Hours stakeholder audience.

To ensure DHCS and DDS cover as many questions as possible, please follow the guidelines below:

- » Please submit your questions via the Zoom Chat function.
- » If your question is chosen and you would like to provide more context or clarification, please use the "raise hand" function and a team member will unmute your line.

Next Steps

ICF/DD Carve-In Resources

- » DHCS policy guidance documents and resources are available on [the DHCS ICF/DD LTC Carve-In webpage](#), including:
 - ICF/DD All Plan Letter (APL) 23-023 (updated November 28, 2023)
 - Model Contract Language (updated November 2023)
 - ICF/DD Carve-In FAQs (adapted November 13, 2023)
 - Billing and Invoice Guide (released September 2023)
 - ICF/DD Carve-In Resource Guide (releasing in early December 2023)
- » Member Notices and Notice of Additional Information (NOAI) are available on [the DHCS ICF/DD Member Information webpage](#).

Descriptions of the ICF/DD Carve-In resources and any changes that have been made since their release are available in the Appendix.

ICF/DD Upcoming Webinars

Topic	Audience	Date and Time
ICF/DD Carve-In 101 for ICF/DD Homes	ICF/DD Homes and Regional Centers (RCs)	August 21, 2023 2:30-4:00pm
Office Hours	ICF/DD Homes, RCs, and MCPs	September 8, 2023 10:00-11:00am
Promising Practices	ICF/DD Homes, RCs, and MCPs	October 6, 2023 9:30-11:00am
Billing and Payment	ICF/DD Homes, RCs, and MCPs	November 17, 2023 1:00-2:00pm
Office Hours	ICF/DD Homes, RCs, and MCPs	December 1, 2023 1:00-2:00pm
How Medi-Cal Supports ICF/DD & Subacute Residents	ICF/DD Homes, RCs, Subacute Facilities and MCPs	December 15, 2023 9:00-10:00am

Information about past and upcoming webinars and available ICF/DD Carve-In resources can be found on the [DHCS ICF/DD Carve-In webpage](#).

If you have additional questions that were not addressed during this webinar, please email: LTCtransition@dhcs.ca.gov



Appendix A: ICF/DD Homes Carve-In Resource Round-Up

Two decorative wavy lines, one in a medium blue color and one in a darker blue color, flowing horizontally across the page below the title.

ICF/DD Homes Carve-In Resource Round-Up

Resource	Description
<u>ICF/DD All Plan Letter (APL) 23-023</u> <i>Last Updated: November 28, 2023</i>	<p>Originally published in August 2023, APL 23-023: ICF/DD – LTC Benefit Standardization and Transition of Members to Managed Care was re-issued on November 28, 2023. The APL was updated to clarify the timelines for initial and re-authorizations, Regional Centers' determination of medical necessity, authorizations for leaves of absence, and credentialing processes. It also includes the ICF/DD Attestation and MCP ICF/DD Authorization Request forms as attachments.</p> <p>Changes and additions to the APL are indicated in <i>italics</i> throughout the document.</p>
<u>Model Contract Language</u> <i>Last Updated: November 2023</i>	<p>Originally published in August 2023, the ICF/DD Model Contract Language has been updated in November 2023 to further clarify requirements related to payment rates, authorizations for leaves of absence, MCP ICF/DD Authorization Request form, Regional Centers' determination of medical necessity, and reauthorization timelines.</p> <p>These updates are indicated throughout the document in <i>italicized text</i>. These new text additions are required to be included in all contracts between MCPs and ICF/DD Homes.</p>

ICF/DD Homes Carve-In Resource Round-Up

Resource	Description
<u>ICF/DD Billing and Invoice Guidance</u> <i>Last Updated: September 2023</i>	Originally published in September 2023, the ICF/DD Carve-In Billing & Invoicing Guidance provides standardized processes for claims submission and invoicing. This guidance details the required data elements, acceptable file formats, and preferred transmission methods for ICF/DD Homes to submit invoices to Medi-Cal MCPs.
<u>ICF/DD Carve-In FAQ</u> <i>Last Updated: November 13, 2023</i>	<p>Originally published in September 2023, the ICF/DD Carve-In FAQ document has been updated to add new questions and answers and to clarify information in previous iterations of the document on topics such as ICF/DD LTC Carve-In implementation, authorizations, contracting, LTSS liaisons, leaves of absence and bed holds, and billing and payment.</p> <p>Questions that have been added or updated after its original publication date are indicated with the date updated as an italicized parenthetical.</p>

ICF/DD Homes Carve-In Resource Round-Up

Resource	Description
ICF/DD Carve-In Resource Guide <i>Releasing in early December 2023</i>	<p>To be released in early December 2023, the ICF/DD Carve-In Resource Guide is intended to serve as a resource for MCPs and ICF/DD Homes to use for the 2024 transition to managed care.</p> <p>The information and guidance provided in the ICF/DD Resource Guide aligns with all other published materials related to the ICF/DD Carve-In.</p>
<u>Regional Center Directive Letter</u> <i>Last Updated: November 28, 2023</i>	<p>Issued by DDS, this Directive Letter to all 21 Regional Centers in California provides information on the ICF/DD transition to managed care, with a focus on how Regional Centers can assist individuals who live in ICF/DD Homes and ICF/DD Home providers. In addition, this document provides an overview of the ICF/DD Carve-In and links to the DHCS resources included in this document.</p>

ICF/DD Homes Carve-In Resource Round-Up

Resource	Description
LTSS Liaison List <i>Last Updated: November 30, 2023</i>	<p>Medi-Cal MCPs are required to identify an LTSS Liaison who serves as a single point of contact for service providers in both a provider representative role and to support care transitions. This is a list compiled by DHCS that provides contact information for designated LTSS Liaison staff at all MCPs that are available to assist ICF/DD Home providers.</p> <p>A copy of this list has been distributed to ICF/DD Homes, Regional Centers, and MCPs via email. MCPs are required to notify ICF/DD Homes of changes to their liaisons. ICF/DD Homes should work with the MCPs to ensure they have up-to-date contact information for the Liaisons and receive timely support as needs arise.</p>
Regional Center Liaison List <i>Last Updated: November 17, 2023</i>	<p>This is a list compiled by DDS that provides contacts for all twenty-one Regional Centers in California that can assist ICF/DD Homes and MCPs with questions related to the ICF/DD Carve-In to managed care.</p> <p>A copy of this list has been distributed to ICF/DD Homes, Regional Centers, and MCPs via email.</p>

Appendix B: LTC Code and Claim Form Conversion



LTC Code and Claim Form Conversion

- » Effective February 1, 2024, DHCS will transition to a HIPAA-compliant code set and national claim form for Medi-Cal FFS to provide administrative simplification and ease of use.
- » What is changing?
 - DHCS is replacing the use of LTC local Accommodation Codes with a combination of **National Uniform Billing Committee (NUBC) Revenue Codes, Value Codes, and Value Code Amounts**.
 - DHCS is replacing the local Payment Request for Long Term Care (LTC) 25-1 claim form with the **NUBC UB-04 claim form**.
 - The use of Long Term Care (LTC) local California state-only Patient Status Codes will be replaced with **NUBC Patient Discharge Status Codes**.

Conversion Resources and Support

- » [LTC Claim Form and Code Conversion webpage](#)
- » Trainings will be held via the [Medi-Cal Learning Portal](#) on:
 - December 14, 2023
 - January 4, 2024
 - January 9, 2024
 - January 11, 2024
- » [Provider Support Contact Information](#)