

ICF/DD Carve-In Stakeholder Workgroup

Seventh Session

Monday April 17, 2023

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** from the drop-down menu.
- » Enter your **name** and add your **organization** as you would like it to appear.
- » For example: Kevin Tolmich – Mercer

ICF/DD Carve-in Workgroup

- » Meetings are open to the public using the link from the LTC ICF/DD web page: [Intermediate-Care-Facility-for-Developmentally-Disabled-ICF-DD-Long-Term-Care-Carve-In](#)
- » Presentations and discussion are welcome from all Workgroup members and all other attendees.
- » Members of the public will remain in listen-only mode. Any member of the public may send an email regarding questions or comments they may wish to share for DHCS/DDS consideration: ICFDDworkgroup@dhcs.ca.gov
- » Workgroup meetings will be a solution-focused, collegial environment for respectfully expressing different points of view.
- » Workgroup is for direct communication and problem solving with the Department of Health Care Services (DHCS) for the ICF/DD carve-in to Medi-Cal managed care.

Roll Call: ICF/DD Workgroup Members

Name	Organization
Kim Mills	A Better Life
Beau Hennemann	Anthem
Amy Westling	Association of Regional Center Agencies
Susan Mahonga	Blue Shield of California
Ysobel Smith	Blue Shield of California
Craig Cornett	California Association of Health Facilities
Jennifer Breen	California Association of Health Facilities
Scott Robinson	CalOptima
Tami Reid	CenCal
Sylvia Yee	Consumer Voice
Kathy Mossburg	Developmental Services Network
Diane Van Maren	Developmental Services Network
Elizabeth Zirker	Disability Rights California
Edward Mariscal	HealthNet

Name	Organization
Janet Davidson	Health Plan of San Mateo
Dennis Mattson	Independent Options
Brian Tremain	Inland Regional Center
Becky Joseph	JonBec Care Inc.
Linnea Koopmans	Local Health Plans of California
Jenn Lopez	Local Health Plans of California
Lori Anderson	Momentum
Stacy Sullivan	Mountain Shadows Support Group
Larry Landauer	Regional Center of Orange County
Mark Klaus	San Diego Regional Center
Olivia Funaro	San Gabriel/Pomona Regional Center
Tiffany Whiten	Service Employees International Union
Matt Mourer	The Arc of SD
Deb Donovan	Valley Village

Introductions: DHCS

DHCS

Susan Philip, Deputy Director, Health Care Delivery and Systems (HCDS)
Bambi Cisneros, Assistant Deputy Director, Managed Care, HCDS
Beau Bouchard, Branch Chief, Capitated Rates Development Division (CRDD)
Stephanie Conde, Branch Chief, Managed Care Operations Division (MCOD)
Tyra Taylor, Assistant Chief, Clinical Assurance Division (CAD)
Shanell White, Branch Chief, Clinical Assurance Division (CAD)
Dana Durham, Division Chief, Managed Care Quality and Monitoring Division (MCQMD)
Stacy Nguyen, Branch Chief, MCQMD

DDS

Jim Knight, California Department of Developmental Services
Caroline Castaneda, California Department of Developmental Services

Consultants

Kathy Nichols, Mercer
Brittany van der Salm, Mercer
Kayla Whaley, Mercer
Kevin Tolmich, Mercer

Alek Klimek, Chief, Fee-For-Service Rates Development Division (FFSRDD)
Rafael Davitan, Deputy Director, Health Care Financing (HCF)
Michelle Retke, Division Chief, MCOD
Jesse Delis, Assistant Division Chief, CRDD
Christie Hansen, LTC Rates Section Chief (FFSRDD)
Phi Long (Phil) Nguyen, Research Data Supervisor, (FFSRDD)
Tracy Meeker, Consultant, Managed Care Quality and Monitoring Division (MCQMD)
Jalal Haddad, Project Manager, Health Care Delivery and Systems (HCDS)

Jane Ogle, Consultant for California Department of Developmental Services

Branch McNeal, Mercer
Kristal Vardaman, Aurrera Health Group
Kristin Mendoza-Nguyen, Aurrera Health Group
Winter Koifman, Aurrera Health Group

Agenda

- » Workgroup charge, goals, and status update
- » Discussion Topics for Today
 - Billing / Invoicing Guide
 - Credentialing
 - Payments and Rates
 - Draft APL updates
 - Communications and Outreach High-Level Update
- » Wrap up and Next Meeting

Workgroup Charge and Goals

- » To provide an opportunity for stakeholders to collaborate and provide advisory feedback on DHCS' policy and operational efforts in carving in ICF/DD homes from FFS into Medi-Cal managed care.
- » The ICF/DD Workgroup will focus on issues specific to Medi-Cal beneficiaries with developmental disabilities, and the ICF/DD homes and providers who serve this population.
- » The goal of the workgroup will be to create an ICF/DD Promising Practices/FAQ document, which DHCS may use to inform development of an All Plan Letter (APL) focused on the ICF/DD carve-in.

Billing and Invoicing: Overview

Intermediate Care Facilities for the Developmentally Disabled (ICF/DD), Intermediate Care Facilities for the Developmentally Disabled-Habilitative (ICF/DD-H), and Intermediate Care Facilities for the Developmentally Disabled-Nursing (ICF/DD-N) home providers (collectively referred to herein as “ICF/DD home providers”) will be expected to adhere to the provider agreement with their MCP and submit data to support payment.

- » ICF/DD homes that submit claims to managed care plans (MCPs) for payment must use nationally accepted file format standards (e.g., ANSI ASC x12N 837P/I) to the greatest extent possible.
- » Providers who are unable to submit claims through these formats may instead submit invoices to MCPs with *“necessary data elements defined by DHCS.”* This guidance defines these *“elements,”* which include information about the Member, service(s) rendered, and the Provider, as well as standards for file formats, transmission methods, submission timing, and adjudication. The purpose of this guidance is to standardize invoicing/claiming processes, minimize provider and MCP burden, and promote data quality to support accurate and timely payments

Rationale for Standardizing Billing and Invoicing

MCPs should use the standardized billing and invoice data for four purposes:

1. To pay ICF/DD home providers
2. To submit compliant encounters for submission to DHCS
3. Support population health management
4. Support quality of care and monitoring

MCPs must ensure responsibilities outlined in this guidance are satisfied by any delegated entities.

Training, Technical Assistance, and Transmission

- » MCPs are expected to provide contracted ICF/DD home providers with instruction, training, and technical assistance to support billing information transmissions covered in this guidance.
- » DHCS strongly recommends MCPs work collaboratively to develop common templates or centralized billing services (e.g., portals) for the transmission of this information.

This guidance has been developed to address an identified CalAIM need, confirmed by MCP and Provider feedback in public comments. **DHCS will continue to work closely with stakeholders and may revise guidance in response to market experience after launch.**

Claims Submission Guidance for Eligible Providers

- » MCPs must accept invoices from ICF/DD, ICF/DD-H, and ICF/DD-N home providers that do not have the technical capabilities to generate and submit ANSI ASC X12N 837P/I claims.
- » If a MCP and an ICF/DD home provider mutually agree to share invoice information using a different format, standard, or transmission method than what is described in this guidance, they may do so, though MCPs may not exclude ICF/DD home providers from their networks due to an inability to consume, use, or exchange information beyond what is described.

Billing and Invoicing Guidance: Data Elements for Non-Standard Claims

Data Elements

For ICF/DD home providers that cannot submit standard claims, MCPs must require the submission of the following invoice data elements. Data elements are defined by DHCS encounter data reporting standards, unless otherwise specified. Data must be reported in the following sequence, unless otherwise agreed to by MCP and ICF/DD home provider. MCP data requests may not extend beyond what is required in this guidance, unless mutually agreed to with the ICF/DD home provider.

ICF/DD home provider invoice submissions may only include individual ICF/DD home services (stays) rendered on a single day for a single Member.

Required Data Elements

Table 1: ICF/DD Home Provider Information

Data Element	Required/Optional
Billing provider National Provider Identifier (NPI)	Required
Billing provider Tax Identification Number (TIN)	Required
Billing Provider Name	Required
Billing Provider First Name	Optional
Billing Provider Last Name	Optional
Billing Provider Phone Number	Required
Billing Provider Address	Required
Billing Provider City	Required
Billing Provider State	Required
Billing Provider Zip code	Required

Required Data Elements

Table 1: ICF/DD Home Provider Information (cont.)

Data Element	Required/Optional
Rendering Provider NPI	Optional
Rendering Provider TIN	Optional
Rendering Provider Name	Required
Rendering Provider First Name	Optional
Rendering Provider Last Name	Optional
Rendering Provider Phone Number	Required
Rendering Provider Address	Required
Rendering Provider City	Required
Rendering Provider State	Required
Rendering Provider Zip code	Required

Required Data Elements

Member Information

Table 2. Member Information

Data Element	Required/Optional
Member Client Identification Number (CIN)	Required
Medical Record Number (MRN)	Optional
Member First Name	Required
Member Last Name	Required
Member Homelessness Indicator	Optional
Member Residential Address	Required
Member Residential City	Required
Member Residential Zip code	Required
Member Date of Birth (format MM/DD/YYYY)	Required

Required Data Elements

Service and Billing Information

Table 3. Service and Billing Information

Data Element	Required/Optional
Primary Payer Identifier	Required
Payer Name	Required
Procedure Code	Required
Accommodation Code	Required
Service Start Date	Required
Service End Date	Required
Service Name	Required
Service Unit Count (days)	Required
Place of Service (POS)	Required
Member Diagnosis Code(s)	Required
Service Unit Cost(s)	Required
Invoice Total Amount	Required

Required Data Elements: Administrative Information

Table 4. Administrative Information

Data Element	Required/Optional
Invoice Date (format MM/DD/YYYY)	Required
Invoice Number	Required
Control Number	Optional
Authorization Number	Required

Billing and Invoicing File Format

3. File Format

MCPs must allow ICF/DD home providers to submit invoices as an Excel-based workbook or Web-based form or portal (e.g., provider payment portal) using a MCP-provided template. MCPs and ICF/DD home providers may mutually agree to complete and submit files by another format (e.g., standard CSV files).

MCPs invoice templates must:

- Be user-friendly, including:
 - Clear instruction for submission
 - “Locked” fields to minimize submission errors, including drop-down selection options
 - Data fields which auto-populate based on previous data element submissions, where feasible
 - Automatic error checks prior to submission
- Be consistent — Request data in the same sequence and in same sequence/language presented in **2. Data Elements**
- Allow invoices to include multiple services rendered on a single day by a single Provider for a single Member

Billing and Invoicing Transmission Methods

4. Transmission Methods

MCPs must allow ICF/DD home providers to submit invoices through **one** of the following methods:

- Web-based portal (**strongly preferred**)
- Secure File Transfer Protocol (SFTP) upload
- Secure email (*least preferred*)

MCPs must establish invoice transmission methods and processes that allow ICF/DD home providers to easily submit invoices in batches (i.e., simultaneous submission of multiple invoices for multiple Members). ICF/DD home providers may mutually agree to transmit files via another method.

Billing and Invoicing Frequency, Adjudication, and Return Transmissions

5. Reporting Frequency

MCPs must require ICF/DD home providers to submit service invoices in the same frequency as billing is submitted.

6. Adjudication Processes and Return Transmissions

MCPs must process invoices and provide feedback to submitters in alignment with standard health care service plan reimbursements regulations, including:

- Receipt of submission
- Error files with actionable guidance for invoice error resolution, if needed

Where resubmissions are required, MCPs must provide ICF/DD home providers with clear instruction and training on the processes to do so. MCPs must have rigorous processes in place to ensure billing information they receive is accurate and complete. MCPs must translate invoices into compliant encounters for regular submission as part of the regular DHCS encounter file collection process.

Billing and Invoicing Secure Transaction Protocols

7. Secure Transaction Protocols

MCPs and ICF/DD home providers receiving, storing, using, or transmitting personal identifiable information (PII) and protected health information (PHI) must have processes for doing so in accordance with federal and state laws, and agency data privacy and security standards, including but not limited to Health Insurance Portability and Accountability Act (HIPAA), 42 CFR Part II, Confidentiality of Medical Information Act (CMIA), and state law.

MCPs must have alternative, legally compliant submission processes in-place for when standard secure transmission protocols are not available, and must provide ICF/DD home providers with contact information for staff who can provide timely and responsive technical support.

Credentialing

- » A crosswalk template of the elements required by the health plans, of the Department of Developmental Services, and of the California Department of Public Health's Licensure and Certification Program that is the centralized branch for all medical and nursing facilities has been created to identify where there is overlap.
- » DHCS' goal is to streamline the credentialing process by leveraging existing Regional Center's vendorization process and/or established CDPH licensure process to the extent possible.

Payments and Rates

- » What is the agreed upon timeline for timely payment and how will MCPs be held accountable?
 - MCPs must pay on-time, in accordance with the prompt payment standards within their Contract.
 - DHCS is working on MCPs to identify best practices for shorter remittance time.
 - In current sample boilerplate contract language, which draws on federal regulation^{*,**} it is specified that Contractor shall pay 90% of all clean claims from practitioners who are in individual or group practices or who practice in shared health facilities, within 30 calendar days of the date of receipt and 99% of all clean claims within 90 days. The date of receipt shall be the date Contractor receives the claim, as indicated by its date stamp on the claim. The date of payment shall be the date of the check or other form of payment.
 - MCPs are required to train their Subcontractors and downstream providers. In addition, MCPs may host training on best practices to expedite payments, including clean claims.
 - LTSS liaisons at MCPs should also assist with payment issues.

*<https://www.dhcs.ca.gov/provgovpart/Documents/Two-Plan-CCI-Final-Rule-Boilerplate.pdf> page 54

** Title 42 CFR § 447.45

Draft APL Updates

- » Internal feedback is still being processed through Divisions of DHCS
- » DHCS has received 188 comments that are under review and consideration.
- » The APL is expected to be released for public comment in April

ICF/DD Communications and Outreach Strategy High-Level Overview

See separate attachment ICF/DD Comms Outreach Overview for Workgroup

Upcoming Meeting Topics by Month

Month	Category	Topic(s)
May	Model Contract Language ICF/DD Processes	<ul style="list-style-type: none">• Model Contract Language• Presentation on Regional Center MOU• What is the final decision regarding the Bed Hold process for extensions? Is it possible to use LOA for extended outpatient care stays?
June	ICF/DD Processes	<ul style="list-style-type: none">• Pharmacy• Transportation• Data and Quality Reporting

Next Meeting Date, Time, Link

- » **Additional meetings have been scheduled for May through August and invitations have been sent out through the ICFDDWorkgroup@dhcs.ca.gov inbox.**
- » Future topics to be addressed:
 - Model Contract language document
 - ICF/DD Processes
 - Second review of specific topics such as credentialing, bed holds, and leaves of absence
- » Information related to the ICF/DD Carve-In and links to the Stakeholder Workgroups can be found at:
- » [Intermediate-Care-Facility-for-Developmentally-Disabled-ICF-DD-Long-Term-Care-Carve-In](#)

Next Meeting Date and Time

- » The next workgroup meeting will be held on 5/19 at 1 PM Pacific.
- » This meeting will cover model contract language and bed hold policies

Appendix



ICF/DD Communications and Outreach: Update

Member Communications and Outreach

- » DHCS will be mailing member notices directly to the affected beneficiaries
 - 60-day and 30-day notices before January 1, 2024
 - Includes Notice of Additional Information (NOAI)
 - DDS working to include plain language version of member notice
- » Member notices will also be mailed to authorized representatives documented within the Medi-Cal Eligibility Data Systems (MEDS).
- » Draft Notices were sent to the Planning and Policy Group for review on April 12
- » Notices will be sent to the ICF/DD Workgroup in May after any updates made by the Policy and Planning Group

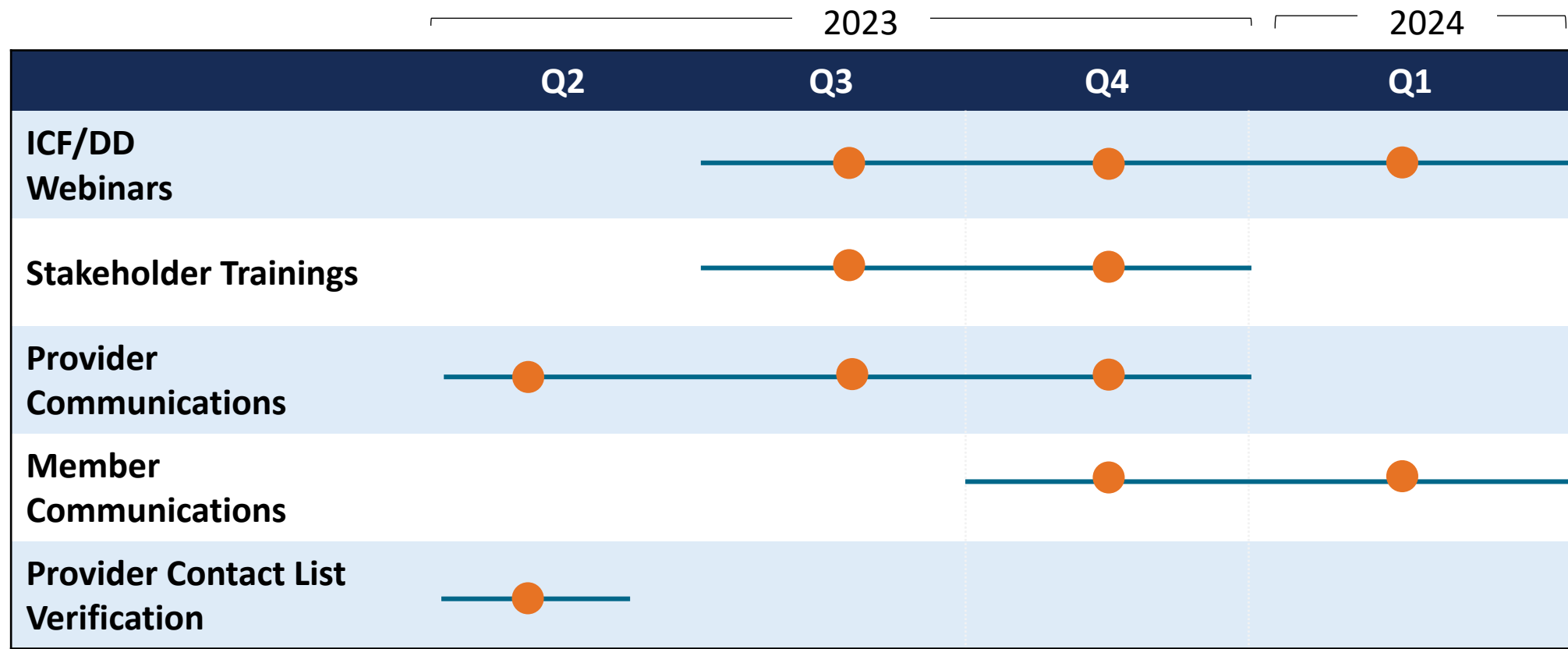
MCP Communications and Outreach

- » MCP ICF/DD Carve-In Notification Letter in Spring/Summer 2023
- » Educational Webinar Series estimated to start in Summer/Fall 2023
 - To leverage policy guidance including: finalized All Plan Letter, ICF/DD Carve-In Policy Guide (including Billing and Invoice Guidance, Model Contract Language, and Promising Practices)
 - Topics will include, but not limited to: ICF/DD 101 for MCPs, Managed Care 101s for ICF/DD homes, promising practices, billing and payment, etc. More details are forthcoming to the workgroup on webinar topics.
- » DHCS to continue leveraging existing weekly Managed Care Plan Calls to provide regular updates regarding the ICF/DD Carve-In
- » FAQs will be developed that will be informed by general stakeholder questions and Q&A during webinar series. FAQs are also intended to provide additional clarity on topics, as needed, that are outlined within the APL.

General Public and Other Key Stakeholders

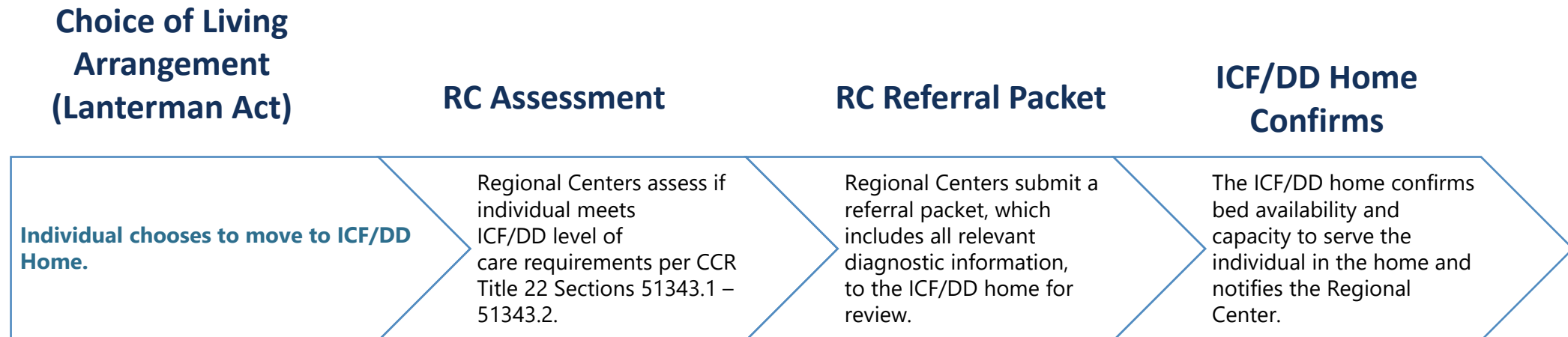
- » Trainings for Trusted Advisors will occur for the following stakeholder groups in Fall 2023:
 - Health Care Options (HCO)
 - Medi-Cal Managed Care Ombudsman (DHCS OMB)
 - Medi-Cal Help Line (CA-MMIS) Training
 - LTC Ombudsman
 - Medicare Medi-Cal Ombudsman
 - California Hospital Association
 - Regional Centers
 - California Association of Health Facilities
 - Developmental Services Network
- » These stakeholders are included and listed as resource in the DHCS ICF/DD member notices. Representatives at these stakeholder groups will be assisting members with the transition to Medi-Cal managed care.
- » Development of fact sheets, FAQs, or handouts as needed for different audiences. Additional details are forthcoming.

ICF/DD Carve-in Communications and Outreach: Estimated Timeline



** All content and timing is subject to change*

TAR Process Flowchart – *Current*



TAR Process Flowchart – *Current*

ICF/DD Home Completes Packet

DHCS or COHS Plan Completes Review

Authorization Communicated to ICF/DD Home

The ICF/DD home completes and submits to DHCS or COHS plan, the following information for authorization:

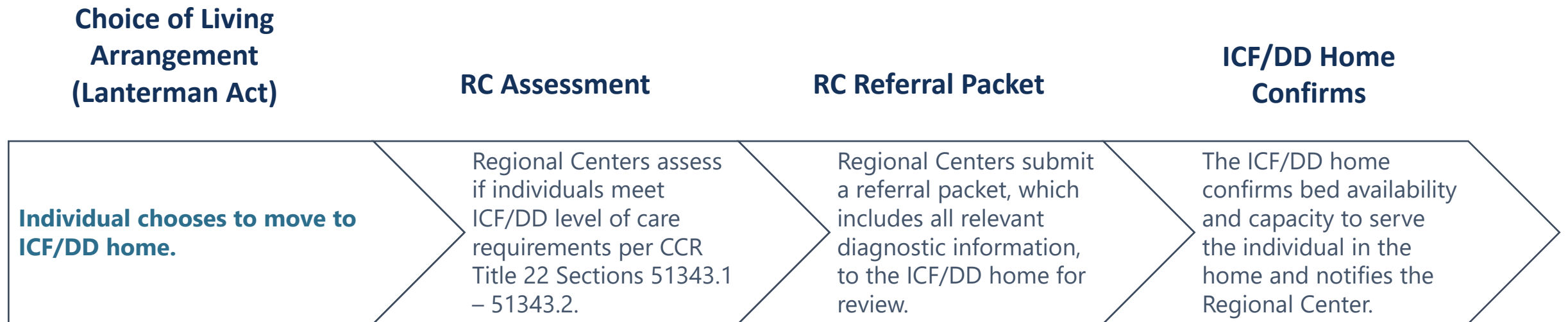
- A [Certification for Special Treatment Program Services form \(HS 231\)](#) signed by the Regional Center with the same time period requested as the TAR (shows LoC met).
- A Treatment Authorization Request (TAR) form [[Long Term Care Treatment Authorization Request \(LTC TAR, 20-1\)](#)]
- A [Medical Review/Prolonged Care Assessment \(PCA\) form \(DHCS 6013A\)](#) OR the information found on the PCA form in any format (e.g., a copy of the Individual Program Plan (IPP) or Individual Service Plan (ISP)).
- ICF/DD-N homes are required to include an ISP whenever a TAR reauthorization is submitted.
- ISP submissions are required as part of the periodic review of ICF/DD-N homes as mandated by CCR Title 22, Section 51343.2(k).

DHCS or COHS Plan reviews the submitted TAR form, HS231 form, 6013A form (or alternative information) and any attached documentation showing medical necessity, current care needs, and recipient prognosis, and makes a medical necessity determination and authorization decision (approval or denial).

The authorization decision is communicated to the ICF/DD home.

TAR Process Flowchart – *Post-Carve-In*

- » ****What is changing?** Following the ICF/DD Carve-In MCPs (not DHCS) will receive, process, and render medical necessity decisions for ICF/DD services.



MCPs and ICF/DD homes will be required to follow the Medi-Cal Provider Manual requirements related to long-term care services for ICF/DD services: [TAR Completion for Long Term Care \(tar comp ltc\)](#) (pp. 4-6); [TAR for Long Term Care: 20-1 Form \(tar ltc\)](#); (pp. 3, 8) and [Utilization Review: ICF/DD, ICF/DD-H and ICF/DD-N Facilities \(util review\) \(ca.gov\)](#) (list of services).

TAR Process Flowchart – *Post-Carve-In*

ICF/DD Home Completes Packet

The same forms will be used post carve-in.

The ICF/DD home completes and submits to the **MCP** the following information for authorization:

- A [Certification for Special Treatment Program Services form \(HS 231\)](#) signed by the Regional Center with the same time period requested as the TAR (shows LoC met).
- A Treatment Authorization Request (TAR) form [\[Long Term Care Treatment Authorization Request \(LTC TAR, 20-1\)\]](#).
- A [Medical Review/Prolonged Care Assessment \(PCA\) form \(DHCS 6013A\)](#) OR the information found on the PCA form in any format (e.g., a copy of the IPP or ISP).
- ICF/DD-N homes are required to include an ISP whenever a TAR reauthorization is submitted for an individual.
- ISP submissions are required as part of the periodic review of ICF/DD-N homes as mandated by CCR Title 22, Section 51343.2(k).

MCP Completes Review

The **MCP** reviews the submitted TAR form, HS231 form, 6013A form (or alternative information) and any attached documentation showing medical necessity, current care needs, and recipient prognosis, and makes a medical necessity determination and authorization decision (approval or denial).

MCP Communicates Authorization to ICF/DD Home

The authorization decision is communicated to the ICF/DD home.

MCPs and ICF/DD homes will be required to follow the Medi-Cal Provider Manual requirements related to long-term care services for ICF/DD services: [TAR Completion for Long Term Care \(tar comp ltc\)](#) (pp. 4-6); [TAR for Long Term Care: 20-1 Form \(tar ltc\)](#) (pp 3, 8); and [Utilization Review: ICF/DD, ICF/DD-H and ICF/DD-N Facilities \(util review\) \(ca.gov\)](#) (list of services).

Project Timeline

Milestones	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24
Conduct Interviews with key ICF/DD facilities and stakeholders.													
Review, research, and create an Inventory of Requirements for ICF/DD.													
ICF/DD Workgroup Meetings <i>*Others may be added as needed*</i>	1/20	2/10	TBD	TBD									
Identify key themes to address in APL and in other policy guidance as needed.													
Research and work with internal and external stakeholders to draft, vet, and revise the APL.													
Conduct and complete Network Readiness by October 2023.													
Research and work with internal and external stakeholders to draft, vet, and revise billing/invoicing guidance, sample provider contract language, and Promising Practices by mid-February.													
Member noticing													
Data sharing													
Target date to issue Draft APL for public comment.													
Educational Webinars (Provider-facing trainings; MCP-facing trainings)													
Issue final APL.													

Previous Meeting Materials

- » As a reminder, previous ICF/DD Carve-in Workgroup meeting materials are linked from the LTC ICF/DD web page.
- » [Intermediate-Care-Facility-for-Developmentally-Disabled-ICF-DD-Long-Term-Care-Carve-In](#)

ICF/DD Planning and Policy Committee

Name	Organization	Name	Organization
Amy Westling	Association of Regional Center Agencies	Linnea Koopmans	Local Health Plans of CA
Jennifer Breen	CA Association of Health Facilities	Stacy Sullivan	Mountain Shadows Support Group
Kate Ross	CA Association of Health Plans	Lori Anderson	Momentum
Martha Santana-Chin Edward Mariscal	HealthNet	Larry Landauer	Regional Center of Orange County
Helen Bayerian	Health Plan of San Joaquin	Olivia Funaro	San Gabriel/Pomona Regional Center
Brian Tremain	Inland Regional Center	Mark Klaus	San Diego Regional Center
Becky Joseph	JonBec Care Inc.	Deb Donovan	Valley Village
		Diane Van Maren	Developmental Services Network

Glossary

Term	Definition
APL	All Plan Letter
CAHF	California Association of Health Facilities, a professional organization of providers of long-term care services
CAHP	California Association of Health Plans
CalAIM	California Advancing and Innovating Medi-Cal (CalAIM) is a long-term commitment to transform and strengthen Medi-Cal, offering Californians a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory.
CCR	California Code of Regulations
CDPH	California Department of Public Health
Choice Packets	Packets of information mailed to members notifying them of their rights and responsibilities pertaining to ICF/DD carve-in.
COHS	County Organized Health System
DDS	Department of Developmental Services
DHCS	Department of Health Care Services
DSN	Developmental Services Network - An ICF services trade association

Glossary (cont.)

Term	Definition
FFS	Fee for Service
ICF	Intermediate Care Facility
ICF/DD	Intermediate Care Facility for Developmentally Disabled
ICF/DD-H	Intermediate Care Facility for Developmentally Disabled-Habilitative
ICF/DD-N	Intermediate Care Facility for Developmentally Disabled-Nursing
IPP	Individual Program Plan
ISP	Individual Service Plan
LHPC	Local Health Plans of California
LOA	Leave of Absence
LTC	Long Term Care
MCP	Managed Care Plan
Medi-Cal	California's Medicaid Program
NOAI	Notice of Additional Information (in the context of member noticing)
RC(s)	Regional Center(s)
TAR	Treatment Authorization Request