

# Intermediate Care Facility for the Developmentally Disabled (ICF/DD) 101 For MCPs



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- » All Participants are currently muted. During Q&A, please use the "Raise Hand" feature and wait to be called on before unmuting yourself.
- » Please also use the "chat feature" to submit any questions you have for the presenters.
- » This webinar will include several Q&A opportunities.

# ICF/DD 101 for MCPs: Presenters

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# Agenda

Topics	Time
Welcome and Introductions What is the ICF/DD Carve-In?	10:00 – 10:05 AM
Overview of the ICF/DD Home Provider Network and Services and Q&A	10:05 – 10:35 AM
ICF/DD Carve-In Readiness Review: What does the ICF/DD Carve-In entail? and Q&A	10:35 – 10:50 AM
DHCS ICF/DD Policy Guidance Update and Q&A	10:50 – 11:00 AM
Closing & Next Steps	11:00 AM

# **California Advancing and Innovating Medi-Cal (CalAIM): What is the ICF/DD Carve-In?**

# 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)
- » 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-CNC) Homes are **not** included in the LTC Carve-In.*

# CalAIM ICF/DD Carve-In: What is Changing?

## Current State

- » All residents in ICF/DD Homes in non-County Organized Health System (COHS) counties are covered by Medi-Cal Fee-For-Service (FFS).
- » ICF/DD, ICF/DD-H, and ICF/DD-N services are carved-into Medi-Cal managed care only in COHS Counties.

## Future State: January 1, 2024

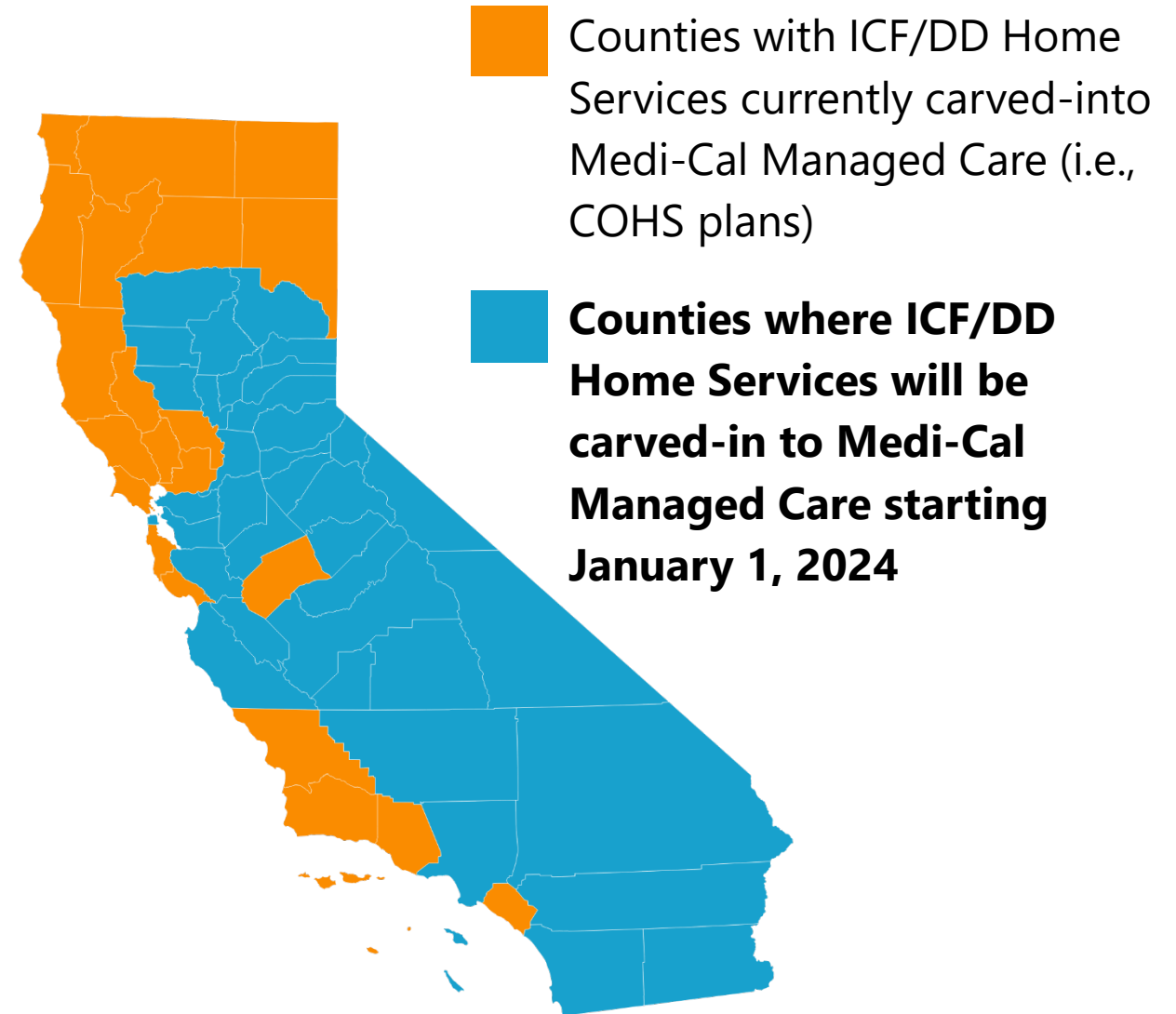
- » Effective **January 1, 2024**, All Medi-Cal eligible beneficiaries residing in an ICF/DD, ICF/DD-H, or ICF/DD-N Home will be enrolled in a Medi-Cal MCP and will receive their LTC ICF/DD benefit from their MCP.



# Statewide ICF/DD Carve-In

## ICF/DD Carve-In Goals

- » Reducing the complexity and implementing benefit standardization across MCPs statewide and ensuring consistency in benefits delivered by Medi-Cal managed care and FFS.
- » Seamless transition for ICF/DD Home residents with no disruptions in access to care or services.
- » Maintain the existing infrastructure of ICF/DD Homes and Regional Centers, which includes Lanterman Act protections and the roles and responsibilities of Regional Centers.
- » MCPs to conduct a timely review and authorization of services in order to support the member's care planning.



# **ICF/DD Home Provider Network and Services: ICF/DD Home & Regional Center 101**

# ICF/DD Home 101



# What is an ICF/DD?

- Community home that provides 24-hour care, licensed by CDPH and certified by the Centers for Medicare & Medicaid Services (CMS)
- Serves people with a developmental disability
- Most individuals also receive services outside the home
- Requirements for all ICF/DDs
  - Governed by State and Federal regulations
  - Service plan
  - Active treatment

# DDS & Regional Centers Overview

- DDS oversees the coordination and delivery of services for Californians with developmental disabilities through a statewide network of 21 community-based, non-profit agencies known as Regional Centers
- Regional Centers provide assessments, determine eligibility for services, and offer case management services
- Regional Centers also develop, purchase, and coordinate the services in each person's Individual Program Plan (IPP)

# What is the Lanterman Act?

- Requires the establishment of an array of services & supports to sufficiently and completely meet the needs and choices of persons with developmental disabilities, regardless of age or degree of disability, at each stage of life, and to support their integration into the mainstream life of the community
- Prevent dislocation of persons with developmental disabilities from their home communities
- Empower persons with developmental disabilities to make choices in all life areas

# Types of ICF/DD Homes

## **Intermediate Care Facility: Developmentally Disabled (ICF/DD)**

15 to 59 beds

Intermittent  
recurring needs for  
nursing services

## **Intermediate Care Facility: Developmentally Disabled – Habilitative (ICF/DD-H)**

4 to 15 beds

Does not require  
availability of  
continuous skilled  
nursing care

## **Intermediate Care Facility: Developmentally Disabled – Nursing (ICF/DD-N)**

4 to 15 beds

Intermittent  
recurring needs for  
skilled nursing care

# Approximate Number of Consumers & Homes

Type	Consumers	Facilities
ICF-DD	461	8
ICF-DD/H	3,442	654
ICF-DD/N	2,053	404
Total	5,956	1,066



# Agencies Involved

**DDS Reviews and Approves Program Plans**



**CDPH Grants Licenses and Certification. Main Agency responsible for surveys and monitoring compliance with regulations**



**Regional Centers Determine Service Need, Refer Consumers, Monitoring of Consumer Service Delivery**



**DHCS - Medi-Cal Billing**

# ICF/DD Referral Process

- Regional Centers assess if an individual could benefit from ICF/DD services
- With agreement from the individual, the Regional Center submits referral information to the ICF/DD provider
- Provider submits information for review of eligibility to Medi-Cal

# ICF/DD Service Delivery Monitoring: Regional Centers

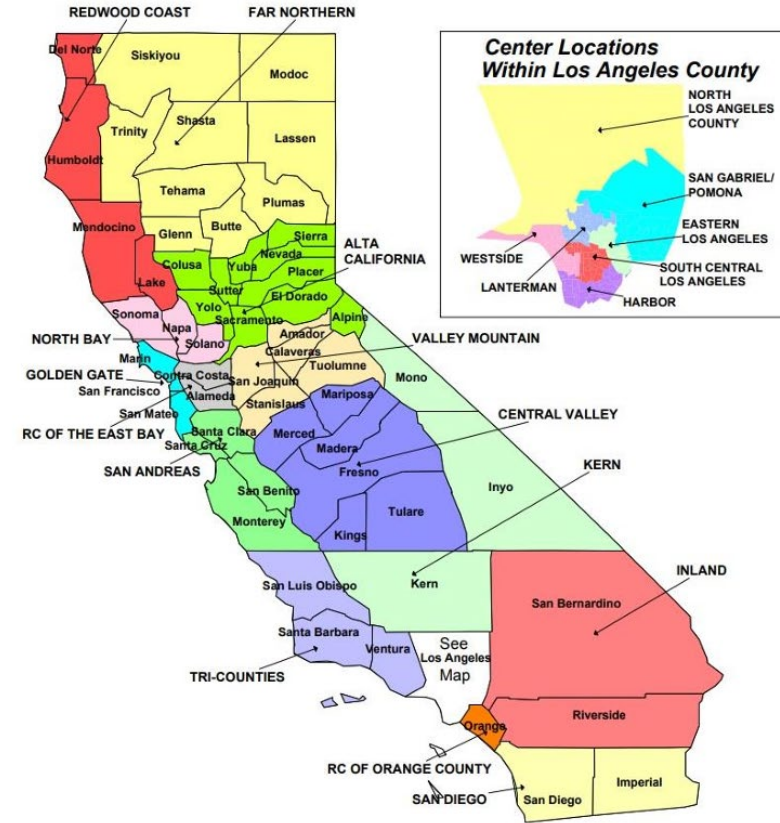
- Meets with the consumer quarterly to review progress toward achieving IPP objectives
- May review records and accounts of the consumer's cash resources, personal property, and valuables
- If the Regional Center representative finds any evidence of suspected violations, they are required to report immediately to the California Department of Public Health's (CDPH) Licensing and Certification district office

# **Regional Center 101**



# Regional Centers in a Nutshell

- » 21 regional centers with distinct geographic regions
- » 400,000 individuals with developmental disabilities
- » Supporting people to:
  - Make developmental progress
  - Maintain children at home
  - Enhance independence



# Regional Center Roles

- » Assessment, diagnosis, and referrals
- » Lifelong individualized planning and service coordination
- » Assistance in finding and accessing community and other resources
- » Payment for services for which other funds are not available
- » Development of new services to better meet individual needs

# Regional Center Determination of Level of Care Criteria

- » Member expresses interest in ICF/DD Home to their Service Coordinator, who will lead subsequent activities
- » Level of Care Assessment is scheduled within two weeks to determine the appropriate level of care per CCR Title 22 Sections 51343, 51343.1, and 51343.2
- » Planning team meets to discuss the process, discuss a tour of the ICF/DD Home and/or a meet and greet
- » Assessment is completed by a nurse, and collateral is sent to the ICF/DD Home for review (Individual Program Plan [IPP], Social Summary, Psychological Evaluation, Individual Support Plan [ISP], etc.)
- » ICF/DD Home agrees to placement and planning team work together on a move in date

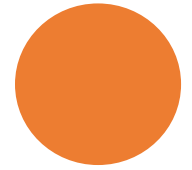
# Regional Center Determination of Level of Care Criteria

- » Only individuals with predictable, intermittent skilled nursing needs, which can be arranged for in advance, are appropriate for ICF/DD, ICF/DD-H and ICF/DD-N placement. Recipients who require skilled nursing procedures “as needed” are not appropriate for ICF/DD-H and ICF/DD-N placement.
- » Federal requirements for monitoring utilization and quality of care include:
  - A review of the recipient’s plan of care every 90 days by the ICF/DD Home’s interdisciplinary team.
  - A comprehensive medical and social evaluation of the member within 12 months prior to admission.
  - Recertification by physician of the level of care at least every 60 days.
  - A requirement that the member be seen by the attending physician at least every 60 days, or 90 days if approved by a Medi-Cal consultant.
  - Reassessment by the Regional Center occurs at least every two years.



# **ICF/DD Resident Member Vignette: Let's Meet Ramona**

# Meet Ramona



- » Ramona is a 53-year-old female diagnosed with Down syndrome. She has moderate intellectual disability as well as a heart defect. She also has arthritis in her knees, for which she is receiving physical therapy.
- » Ramona is on medication for depression and has some short-term memory loss.
- » She enjoys ice cream and singing along to movie musicals.



# Meet Ramona

- » Ramona currently lives in an ICF/DD-H Home and has done so for the past 20 years since her mother passed away. She has no siblings and has had no contact with her father since infancy. Her best friend is her roommate in the ICF/DD-Home.
- » Ramona is currently on Medicare as well as Medi-Cal Fee for Service (FFS). Her ICF/DD-H Home services are about to transition to a Managed Care Plan as part of the Long-Term Care Carve In.



# Ramona's Transition of Services

## Choice of Living Arrangement (Lanterman Act)

Ramona lives in an ICF/DD-H Home which is currently paid for by Medi-Cal FFS. She wants to continue to live in her current Home when the Home transitions into managed care.

## Regional Center Role

The Regional Center will work with the individual/Home to assist them in the transition process. Ramona has already been assessed for diagnosis and ICF/DD level of care requirements per CCR Title 22 Sections 51343, 51343.1, and 51343.2.

## ICF/DD Home Role

The ICF/DD-H Home will contract with the MCP. DHCS will share the pre-existing FFS authorization through a data transfer to the MCP. The Home will work with the LTSS liaison at the MCP as needed. Auth forms include a Certification for Special Treatment Program Services form (HS 231), a Treatment Authorization Request form (LTC TAR, 20-1), and 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)

## MCP's Role

MCP will continue Ramona's authorization and begin payment to the ICF/DD-H Home. The MCP will now pay for Ramona's other Medi-Cal services such as physical therapy.

# Questions?

## Overview of the ICF/DD Home Provider Network and Services



# **ICF/DD Carve-In: MCP Readiness Review**

# ICF/DD Carve-In: MCP Role & Operational Responsibilities

## REFERRALS

Medi-Cal MCPs will be responsible for processing referrals to ICF/DD Homes, including partnering with Regional Centers to find placement options in the appropriate facility type.

## AUTHORIZATIONS

Medi-Cal MCPs will need to honor existing TARs and approve new TARs after January 1, 2024 when ICF/DD LTC Carve-In goes live.

## CLAIMS

Medi-Cal MCPs will be responsible for processing and paying ICF/DD Home claims in a timely manner, and for training ICF/DD Home providers on how to submit clean claims.

# ICF/DD Home Model Contract Language

**MCPs are required to incorporate standard terms and conditions provided by DHCS, in addition to their own terms, to develop their contracts with ICF/DD Home Providers.**

- » The ICF/DD Home Model Contract Language is intended to ensure that MCPs are using standardized contract language that accurately reflects operations and service delivery.
- » The ICF/DD Home Model Contract Language helps ensure a consistent delivery of the ICF/DD Home services within Medi-Cal managed care.
- » DHCS is currently working on finalizing the Model Contract Language based on stakeholder public comment and anticipates a final release in August 2023.



# ICF/DD Billing & Invoicing Guidance

**MCPs must allow ICF/DD Homes to submit invoices if the ICF/DD Home is unable to submit claims electronically. DHCS will be issuing ICF/DD Billing and Invoicing Guidance that provides standard “minimum necessary” data elements that MCPs will need to collect from ICF/DD Homes unable to submit ANSI ASC X12N 837P claims to MCPs.**

- » This guidance is intended to support ICF/DD Homes in submitting clean claims and therefore in receiving timely payment.
- » MCPs are required to provide billing and cleans claims training to ICF/DD Homes, including invoices. This guidance is intended to supplement existing ICF/DD Home trainings and should be integrated into MCP trainings for ICF/DD Homes that do not have system capabilities to submit claims.
- » This guidance includes an overview of eligible providers, necessary data elements, file format, transmission methods, reporting frequency, adjudication process and return transmissions, and secure transaction protocols.
- » Once finalized, DHCS will publish the ICF/DD Billing & Invoicing Guidance on the DHCS ICF/DD webpage. DHCS anticipates to finalize these requirements in August.

# MCP Roles & Responsibilities: ICF/DD Home Provider Network Development



## MCP Communications to ICF/DD Homes Best Practices & Considerations

- » Acknowledging how different ICF/DD Homes and Regional Centers are from other LTC providers such as Skilled Nursing Facilities and tailoring and customizing communications and outreach to ICF/DD Homes and/or Regional Centers, as applicable.
- » Understanding how ICF/DD Homes and Regional Centers currently operate and providing tailored technical assistance via MCP LTSS Liaisons in order to support the transition of their operations from FFS to Medi-Cal managed care.
- » Leveraging lessons learned from other CalAIM initiatives, such as Enhanced Care Management (ECM) and Community Supports, when considering the unique needs of the ICF/DD Home Provider Network support and capacity building to best inform the MCP provider education and support before go-live and post January 1, 2024.

# Questions?

## ICF/DD Carve-In MCP Readiness



# ICF/DD Policy Guidance Update

# Regional Center & Medi-Cal Managed Care MOU Template

- » DHCS released a new APL on MOUs July 3, 2023 for comment. This APL includes an attachment of the MOU for MCPs and Regional Centers.
- » DHCS engaged stakeholders for input on the draft Regional Center MOU template in May 2023.
- » DHCS plans to host a series of webinars in the middle/end of July to gather additional feedback from the MCPs/Stakeholders.

## Execution Timeline

- » As of 1/1/24 - Requirement for Executed MOUs Goes Live
  - MCPs submit Executed MOUs on a rolling basis
- » As of 3/31/24 - First Quarterly Report Due
  - In addition to submitting Executed MOUs on a rolling basis, MCPs submit "best efforts" to execute MOUs for any not yet executed
- » As of 6/30/24 - Second Quarterly Report Due (same submission)
  - MCPs follow the same submission and review process
- » As of 9/30/24 - Third Quarterly Report Due (same submission)
  - MCPs follow the same submission and review process

# ICF/DD APL, FAQs, & Policy Guide

- » The Draft ICF/DD APL was released for stakeholder public comment in June.
- » DHCS is currently working on finalizing the ICF/DD APL and FAQs based on stakeholder public comment and anticipates a final release in August 2023.
- » The ICF/DD Policy Guide will include finalized materials developed with the input of the ICF/DD Stakeholder Workgroup and the ICF/DD Planning & Policy Workgroup, including:
  - Model Contract Language
  - FAQs
  - Billing & Invoicing Guide
- » These materials will be publicly available on [the DHCS ICF/DD LTC Carve-In webpage](#).

# Questions?

## ICF/DD Policy Guidance Update



# Next Steps





# Resources and Contact Information

- » DHCS policy guidance documents will be finalized and published on [the DHCS ICF/DD LTC Carve-In webpage](#), including:
  - Model Contract Language
  - Billing & Invoicing Guide
  - ICF/DD Carve-In Policy Guide
- » This webinar is the first in the DHCS ICF/DD Carve-In Educational Webinar series.

# ICF/DD Upcoming Webinars

Topic*	Audience	Date and Time
<b>CalAIM ICF/DD Home 101 for MCPs</b>	MCPs only	July 12, 2023 10-11am
<b>Managed Care 101 for ICF/DD Homes</b>	ICF/DD Homes & Regional Centers	August 21, 2023 2:30-3:30pm
<b>Promising Practices or Care Management</b>	ICF/DD Homes, Regional Centers, and MCPs	October 6, 2023 10-11am
<b>Billing and Payment</b>	ICF/DD Homes, Regional Centers, and MCPs	November 17, 2023 1-2pm
<b>How Medi-Cal Supports ICF/DD &amp; Subacute Residents</b>	ICF/DD Homes, Regional Centers, Subacute Facilities and MCPs	December 15, 2023 2-3pm

*\*These topics are tentative and may be subject to change.*

**If you have additional questions that were not addressed during this webinar, please email: [ICFDDWorkgroup@dhcs.ca.gov](mailto:ICFDDWorkgroup@dhcs.ca.gov)**



# Appendix

# **Appendix A: ICF/DD Carve-In Communications & Outreach**

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# Member Communications and Outreach

- » DHCS will be mailing member notices directly to the affected beneficiaries and a link to a Notice of Additional Information (NOAI) that will be posted on the DHCS and HCO website and accessible through a Quick Reference (QR) code will be included in the notices.
  - 60-day and 30-day notices will be mailed before January 1, 2024
  - Member notices will also be mailed to authorized representatives documented within the Medi-Cal Eligibility Data Systems (MEDS).
- » DHCS is working to finalize and publish a member facing plain language version of the member notice online.
- » Member call campaign will begin in November 2023 and continue through January 2024.

# MCP Communications and Outreach

- » MCP ICF/DD Carve-In Notification Letter in July 2023.
- » Educational Webinar Series to start in Summer
  - 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
- » DHCS to continue leveraging existing weekly Managed Care Plan Calls to provide regular updates regarding the ICF/DD Carve-In
- » DHCS anticipates the finalization and release of the APL and FAQs in August 2023.

# General Public and Other Key Stakeholders

- » DHCS will send providers information and updates about the ICF/DD Carve-in via newsflashes in November and December 2023.
- » DDS will send Regional Centers a letter about the ICF/DD Carve-in.
- » DHCS and DDS will develop fact sheets, FAQs, or handouts as needed for different audiences. Additional details are forthcoming.



# Trainings for Trusted Advisors

- » Trainings for Trusted Advisors will occur for the following groups in Fall 2023:
  - Health Care Options
  - Medi-Cal Managed Care Ombudsman
  - Medi-Cal Help Line (CA-MMIS)
  - LTC Ombudsman
  - Medicare Medi-Cal Ombudsman
  - California Hospital Association
  - Regional Centers
  - California Association of Health Facilities
  - Developmental Services Network
- » These groups are included and listed as resources in the DHCS ICF/DD member notices. Representatives of these groups will be assisting members with the transition to Medi-Cal managed care.

# **Appendix B: Lanterman Act**



# Lanterman Act

- » The Lanterman Developmental Disabilities Services Act (Lanterman Act) provides an entitlement to services and supports for individuals with intellectual and developmental disabilities and their families. It mandates comprehensive services and supports to enable people to live more independent, productive and fulfilled lives.
- » For more information on the Lanterman Act and related laws, see:  
<https://www.dds.ca.gov/transparency/laws-regulations/lanterman-act-and-related-laws/>
- » The Lanterman Act is very specific and detailed as to Regional Centers' responsibilities and the development and implementation of the IPP. The services identified in the individuals' IPPs go beyond those covered by Medi-Cal and MCPs. To the extent that MCPs provide some of the same or similar services to those provided by Regional Centers, the MCP services do not augment or supplant Regional Centers' duties under the Lanterman Act. Regional Centers are required to comply with the provisions of the Lanterman Act, regardless of whether similar services are also provided by MCPs. Regional Centers may purchase services only when no other private or public funding source is available to address the need for services and supports identified in the IPP.

# Lanterman Act

» The Lanterman Act outlines:

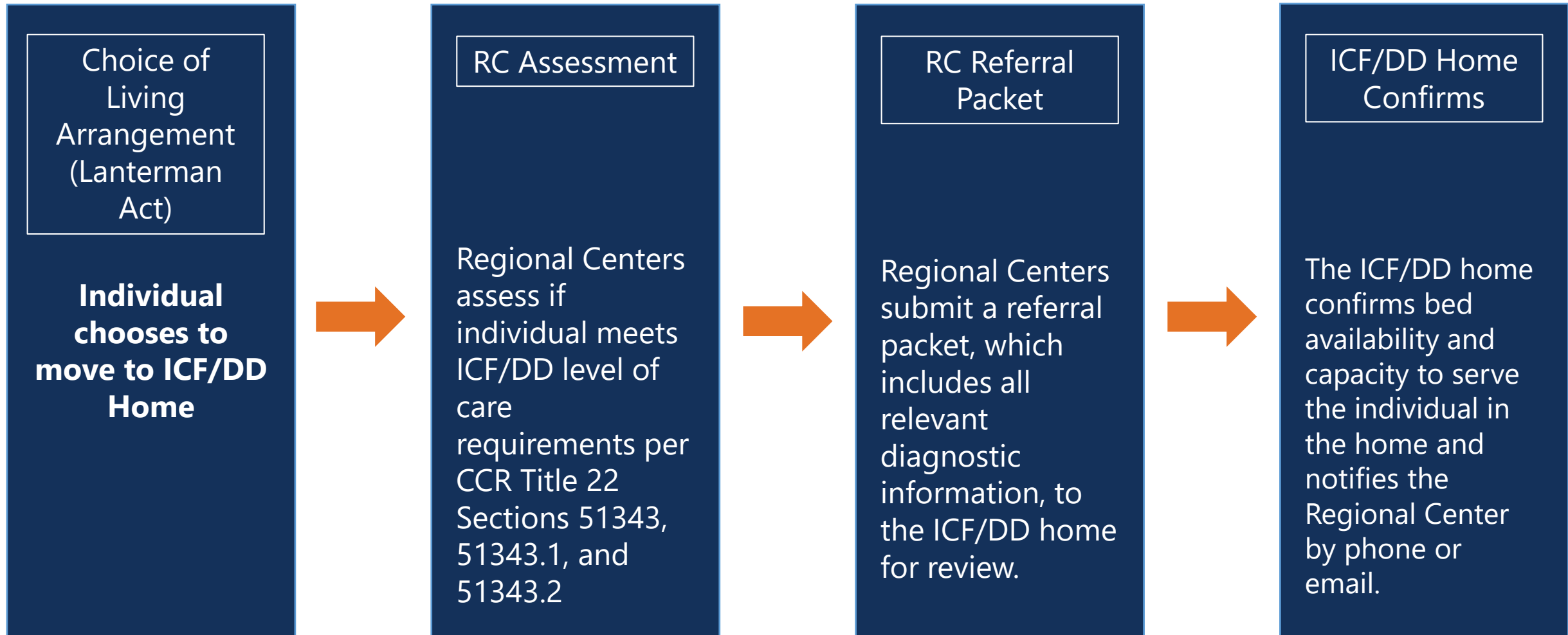
- (1) The rights of individuals with developmental disabilities and their families,
- (2) How the Regional Centers and service Providers can help these individuals,
- (3) What services and supports individuals and family members can obtain,
- (4) How to use the Individualized Program Plan (IPP) to get needed services,
- (5) Additional important information and rights. California's Regional Center delivery system established under the Lanterman Act provides lifelong services and supports to assist those served to lead the most independent and productive lives in their chosen communities. Required functions of the Regional Center system include intake, assessment, eligibility determination, person-centered planning, case management, and the purchase of necessary services and supports for eligible individuals. Regional Centers develop, purchase, and coordinate the services in each person's IPP. Individuals' choices are a primary focus of rights under the Lanterman Act.

# **Appendix C: TAR Process for ICF/DD Homes**

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# TAR Process for ICF/DD Homes

# TAR Process Flowchart — *Current*



# TAR Process Flowchart — *Current*

## ICF/DD Home Completes Packet

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 as mandated in the Medi-Cal Provider Manual (TAR for Long Term Care: 20-1 Form (tar ltc) page 3).
- 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 Completes Review

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).



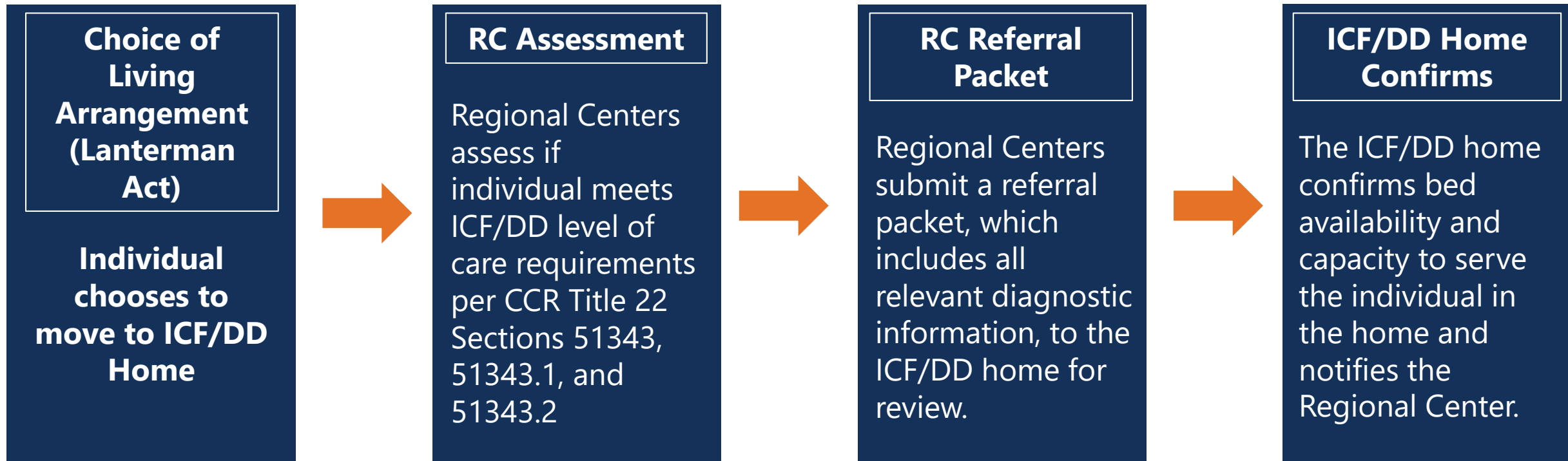
## Authorization Communicated to ICF/DD Home

DHCS or COHS Plan communicates the authorization decision 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 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 as mandated in the Medi-Cal Provider Manual (TAR for Long Term Care: 20-1 Form (tar ltc) page 3)
- 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).

*The same forms will be used post carve-in.*

## 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 MCP communicates the authorization decision to the ICF/DD home.

# TAR Process Flowchart — *Post-Carve-In*

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).