ICF/DD Carve-In Stakeholder Workgroup

Sixteenth Session

Friday, January 26, 2024

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

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: Kristal Vardaman – Aurrera Health Group

Workgroup Agenda

- Introductions
- Status and Implementation Updates
- Post-Transitional Monitoring
- Payment Requirements and Guidance

ICF/DD Carve-In Workgroup

- Meetings are open to the public using the link from the DHCS LTC ICF/DD Carve-In web page: https://www.dhcs.ca.gov/provgovpart/Pages/Intermediate-Care-Facility-for-Developmentally-Disabled-ICF-DD-Long-Term-Care-Carve-In.aspx
- Presentations and discussion are welcome from all Workgroup members.
- 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 DHCS for the ICF/DD Carve-In to Medi-Cal managed care.

Roll Call: ICF/DD Workgroup Members

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

Roll Call: ICF/DD Workgroup Members

Name	Organization
Olivia Funaro	San Gabriel/Pomona Regional Center
Robert Harris	Service Employees International Union
Matt Mourer	The Arc of SD
Deb Donovan	Valley Village
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

Roll Call: ICF/DD Workgroup Members

Name	Organization
Lorraine Espitallier	California Association of Health Facilities
Scott Robinson	CalOptima
Sylvia Yee	Consumer Voice
Kathy Mossburg	Developmental Services Network
Diane VanMaren	Developmental Services Network
Sabrina Epstein	Disability Rights California
Edward Mariscal	Health Net
David Tran	Health Net
Sydney Turner	Health Net

Introductions: DHCS

DHCS

Susan Philip, Deputy Director, HCDS

Bambi Cisneros, Assistant Deputy Director, Managed Care, HCDS

Beau Bouchard, Assistant Division Chief, CRDD

Stephanie Conde, Branch Chief, MCOD

Tyra Taylor, Assistant Chief, CAD

Shanell White, Branch Chief, CAD

Dana Durham, Division Chief, MCQMD

Stacy Nguyen, Branch Chief, MCQMD

Alek Klimek, Chief, FFSRDD

Rafael Davtian, Deputy Director, 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, MCQMD

Introductions: DHCS

DDS

Jim Knight, Deputy Director, Administration Division

Caroline Castaneda, Deputy Director, Waiver and Rates Division

Emily Woolford, Chief, Clinical Services Branch

Barbara Smith, Community Program Specialist II, Office of Statewide Clinical Services

Mai Moua, Nurse Consultant

Jalal Haddad, Project Manager

Jane Ogle, Consultant

Consultants

Kristal Vardaman, Aurrera Health Group

Kristin Mendoza-Nguyen, Aurrera Health Group

Becky Normile, Aurrera Health Group

Vimbai Madzura, Aurrera Health Group

Winter Koifman, Aurrera Health Group

Brendan Finn, Aurrera Health Group

Kathy Nichols, Mercer

Eva Velez, Mercer

Workgroup Charge and Goals

Year	Workgroup Charge and Goals
2022-2023	• 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 APL focused on the ICF/DD carve-in.
2024	• The ICF/DD Workgroup will focus on implementation support, technical assistance, and post-transitional monitoring.

Status and Implementation Updates

DHCS

CalAIM ICF/DD Long-Term Care Carve-In

- Effective January 1, 2024, Medi-Cal managed care plans (MCPs) are responsible for the full LTC benefit at the following facility types and Homes:
  - Intermediate Care Facility for Developmentally Disabled (ICF/DD) Home;
  - Intermediate Care Facility for the Developmentally Disabled – Habilitative (ICF/DD-H) Home;
  - Intermediate Care Facility for the Developmentally Disabled – Nursing (ICF/DD-N) Home;
- Note: ICF/DD-Continuous Nursing Care (ICF/DD-CN) Homes are not subject to the LTC Carve-In policy.

Guidance and Resources Update

Document(s)	Update
APL and MCL	• The MCP ICF/DD Authorization Request and ICF/DD Credentialing Attestation forms will be posted on the DHCS APL website. • The MCL (updated in November 2023) was posted to the ICF/DD Carve-In Webpage Key Documents.
ICF/DD Resource Guide (Policy Guide)	Updated sections include: • Eligibility Support • MCP Enrollment Support • Billing and Timely Payment • Carve-In Timeline (added as appendix) • ICF/DD Carve-In Changes Table (added as appendix)
FAQs v.3	• Updated and published to the ICF/DD Carve-In Webpage on 12/22/2023 .

Member Enrollment Update

- Members in counties with more than one plan option were able to make an active MCP choice.
- If a member did not make an active choice by the cut-off date, they were enrolled into the default MCP indicated in their “60-day” and “30-day” notices, effective January 1, 2024.
  - DHCS completed provider linkage to ensure the member is assigned to the Managed Care Plan that works with the member’s existing provider if that provider works with the managed care plan, to avoid any disruption to care.
- If a members plan choice was received after the cut-off date indicated in the *My Medi-Cal Choice* packet (December 22, 2023), the members’ plan choice will be effective February 1, 2024. Until this time, the member will remain in FFS and ICF/DD Home providers should continue to bill FFS.
- Members or their representative may change their plan enrollment on a monthly basis by calling Health Care Options (HCO) at 1 (800) 430-4263.

Member Enrollment Update (continued)

- In the following scenario's, a member or their representative should call the Prime Plan (applicable only to Los Angeles County members since in LA both Prime Plans delegate to a subcontracted managed care plan):
  - Member is assigned to a Prime Plan and would like to be re-assigned to the Delegated Subcontractor.
  - Member is assigned to a Delegated Subcontractor and would like to be re-assigned to the Prime Plan.
  - Member is assigned to a Delegated Subcontractor and would like to be re-assigned to another Delegated Subcontractor.

Checking Member Enrollment

- Providers can determine which MCP their members are enrolled in by checking the members' eligibility record via Automated Eligibility Verification System (AEVS).
  - Providers are also able to check if a member is assigned to a Delegated Subcontractor by checking the members' eligibility in the Prime Plan Contractor's provider portal.
    - Example: In Los Angeles county, providers can check HealthNet's provider portal to see if the member is enrolled in Molina.
  - Providers can also check if a member is assigned to a Delegated Subcontractor by viewing the member's health plan ID card.

Supporting ICF/DD Home Members with Medi-Cal Plan Enrollment

- If an ICF/DD member is not able to enroll into an MCP due to a mis-match in their address and county code in the DHCS Medi-Cal Eligibility Database System (MEDS), the member or their authorized representative needs to contact their Local County Office to update their address.
  - For Medi-Cal eligibility matters, Regional Centers may also act on the individual's behalf if they cannot act for themselves, and a Home may be able to act on the individual's behalf if there is no spouse, conservator, guardian or executor and the member is not considered competent.
- DHCS will hold the Plan choice for 90 days to allow for the member/authorized representative to work with the county to make the update. Once the update is completed, DHCS will process the Plan choice as appropriate.
- The member will remain in Medi-Cal Fee-for-Service until the update is made.
- DHCS is reviewing similar cases and determining opportunities to assist members and authorized representatives understand this issue and how to update their case to allow Plan enrollment.

Continuity of Care: Existing Authorizations

- DHCS continues to reinforce continuity of care policy requirements via ongoing outreach and education (e.g., Office Hours, weekly MCP calls).
- DHCS provided data to MCPs included FFS treatment authorization requests (TARs) approved by DHCS for the transitioning population on November 7, 2023.
- Ongoing Plan Data Feed
  - The standard Plan Data Feed (PDF) provides 12 months of historical utilization data to the MCPs on a monthly basis.
  - PDF includes historical claims data and a new file with 12 months of medical FFS TAR data for all plan members.
- ICF/DD Homes are encouraged to share a member's existing TAR with the member's MCP to ensure a seamless transition.

Network Readiness

- Readiness includes, but is not limited to, requiring MCPs to submit data and information to DHCS to confirm there is an adequate Network in place to meet anticipated utilization for their Members.
- The Network must include at minimum one (1) ICF/DD Home in California, prioritizing ICF/DD Homes in the MCP's county when available.
- The Network must also include one (1) ICF/DD-H Home and one (1) ICF/DD-N Home within each county the MCP operates. If no Homes are available in the county, MCPs must contract with Homes within the MCP's state region.
- MCPs must attempt to contract with all ICF/DD-Hs and ICF/DD-Ns Homes in the MCP's county where members reside.

Network Readiness

- MCPs must make every effort to assess the various provider types currently providing Medi-Cal covered services to ICF/DD Home members and maintain an adequate Network with them.
- MCPs must ensure that timely access to the ICF/DD Home benefit is available within five to no more than 14 calendar days of receiving the authorization request from the ICF/DD Home.
- MCPs must assess Member utilization needs and use a data-driven approach to periodically monitor their Networks to ramp up Network adequacy.
- LTSS Liaisons are available to assist ICF/DD Homes with questions or concerns.

Network Readiness

- Due to DHCS guidance and expectations that MCPs have an adequate network composition, including ICF/DD Homes, MCPs are continuing to make outreach contracting efforts.
- DHCS expects MCPs to turn the Continuity of Care agreements into network agreements.
- DHCS is working directly with MCPs to determine the status of their contracting efforts and take corrective action, as needed.

Questions?

Post-Transitional Monitoring

DHCS

Post-Transitional Monitoring

- Components:
  - Member counts
  - Provider network
  - Grievances and appeals
  - Timely payment of claims
  - System issues
- DHCS is actively monitoring these components to support a smooth transition with no disruption in access to care or services.
  - DHCS will use also this information to support additional communications and technical assistance.
- MCPs will be working closely with contracted providers to resolve any issues or concerns.

ICF/DD Carve-In Stakeholder Technical Assistance

- DHCS' Strike Team continues monitor, triage, research, and resolve stakeholder issues related to the ICF/DD Carve-In transition as they are identified.
  - DHCS has worked one-on-one with ICF/DD Home providers and MCPs on concerns related to contracting, credentialing, and member MCP enrollment.
  - DHCS is using information gathered through the Strike Team monitoring process to inform education and technical assistance on topics such as billing and payment readiness and credentialing requirements.
- DHCS continues to actively address stakeholder inquiries related to ICF/DD Carve-In policies and requirements via the LTC Transition and ICF/DD Workgroup inboxes.
  - Prior to go-live, inquiries focused on stakeholder readiness and resource sharing. Post go-live, DHCS has been supporting stakeholders with clarifying policy related to credentialing, authorizations, member enrollment, billing/claims and payment, and contracting.
  - Since January 2023, DHCS has resolved 340 inquiries of the 344 inquiries received.

Questions?

ICF/DD Carve-In: Payment Requirements and Guidance

DHCS

Billing and Payment Requirements

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

- **Payment Processes**
  - MCPs must have a process for ICF/DD Homes to submit electronic claims and receive payments electronically.
  - Contracted providers have full access to MCP provider portals, contact the MCP for any issues with accessing a provider portal.
  - MCPs must also allow an invoicing process for ICF/DD Homes unable to submit electronic claims.
  - The Billing and Invoicing Guide outlines the minimum required fields that MCPs must accept for proper payment.
- **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 days after receipt of the claim.

Supporting ICF/DD Providers with Billing and Payment

Requirements related to billing and payment processes can be found in APL 23-020 (Requirements for Timely Payment) and APL 23-023 (ICF/DD LTC Benefit Standardization).

- **Trainings**
  - MCPs must ensure that ICF/DD Homes are afforded education and training on their billing, invoicing, and clean claims submission protocols, including non-contracted ICF/DD Home providers.
- **Dispute Resolution**
  - MCPs must have a formal procedure to accept, acknowledge and resolve ICF/DD Home provider disputes, including disputes related to provider claims and payments.
- **Other Health Care Coverage (OHC)**
  - MCPs must coordinate benefits with OHC programs or entitlements.
  - This coordination must recognize the OHC as the primary payer, while Medi-Cal serves as the payer of last resort.

Payments While Contracting and Credentialing

- As part of Continuity of Care, ICF/DD Homes can bill MCPs and receive the ICF/DD Home payment rates while the MCP works to bring the Home into its network.
- ICF/DD Homes and MCPs should continue work to establish contracts, which will ensure that ICF/DD Home receives timely payments.
- ICF/DD Homes can still be reimbursed beginning January 1, 2024, while undergoing credentialing with the MCP as long as Homes submit the Initial Credentialing Documentation.
  - This documentation provides MCPs with the business information they need to create their claims payment profile for ICF/DD Homes.
- ICF/DD Homes will also need to submit the ICF/DD Attestation form to MCPs for credentialing, but that is not needed for payment purposes.

Regional Centers and Payment Assistance

- Claims for ICF/DD services are to be paid by MCPs within 30 days of receipt.
- To prevent potential disruption in services due to delays in payments, DDS has issued a directive letter to Regional Centers clarifying that they are required to provide temporary payment assistance if terms outlined in the letter and accompanying agreement are met including:
  - The ICF/DD Home has submitted claims to an MCP and has not been reimbursed after 30 days.
  - The ICF/DD Home agrees to reimburse the regional center within 15 days of receipt of payments from the MCP.
- The directive letter and corresponding enclosures are available at the following links:
  - Payment Assistance for Intermediate Care Facilities During the Transition to Managed Care
  - Enclosure A - Lag Funding Agreement
  - Enclosure B - Lag Payment Attestation Form

Questions?

Outreach and Education Updates

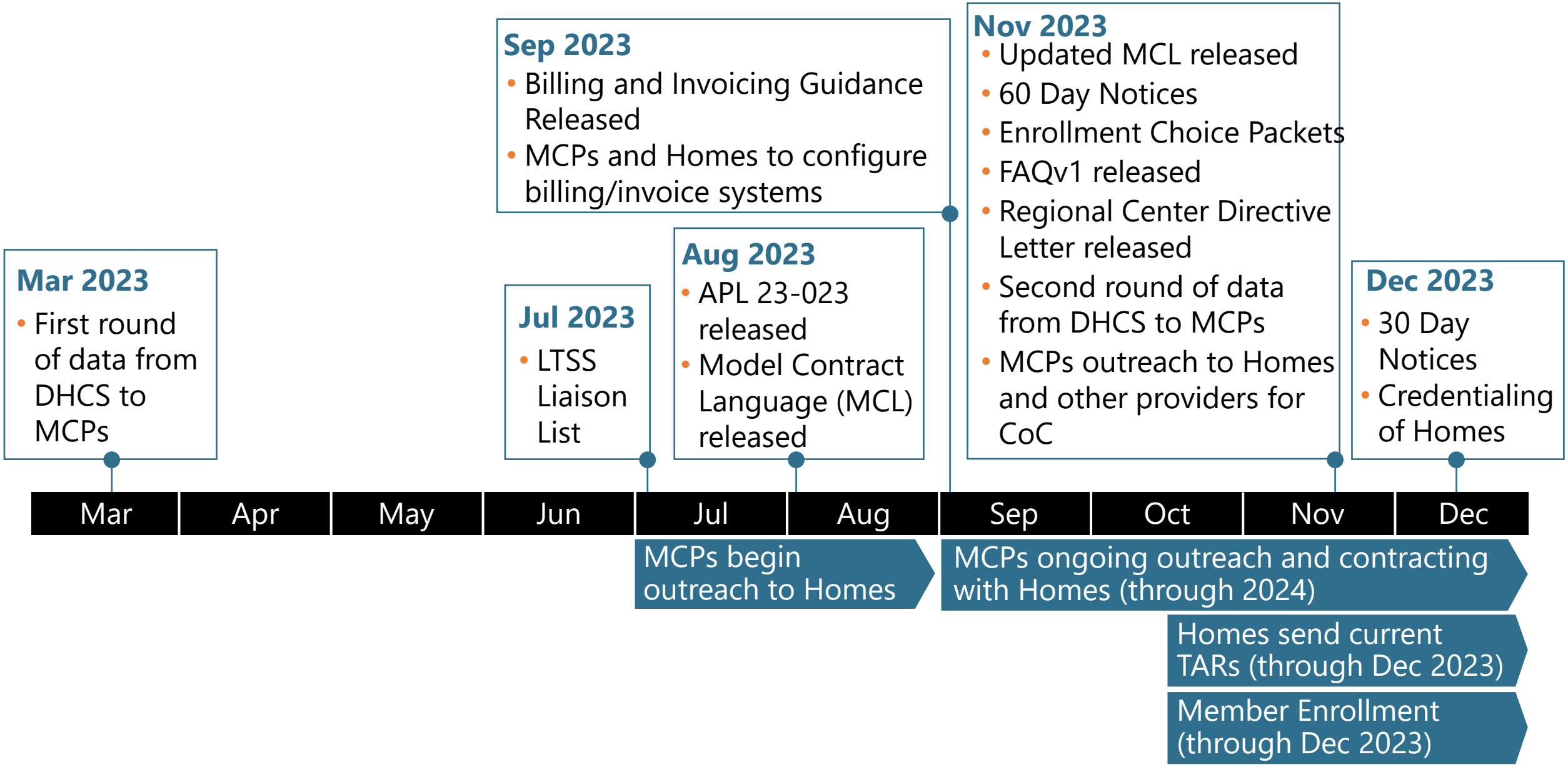
- DHCS and DDS have extended the educational webinar series to provide ongoing education and post-implementation support to ICF/DD Homes, Regional Centers, and MCPs; all sessions are open to the public.
  - **January 24, 2024:** ICF/DD Carve-In Office Hours
    - Topics included credentialing, authorizations, and billing and payment requirements and best practices.
  - **February/March 2024:** ICF/DD Carve-In Webinar
    - Topic(s) to be determined based on needs identified through post-implementation monitoring
- More information about previous and upcoming webinars can be found on the ICF/DD LTC Carve-In Webpage.

Upcoming Workgroup Meetings

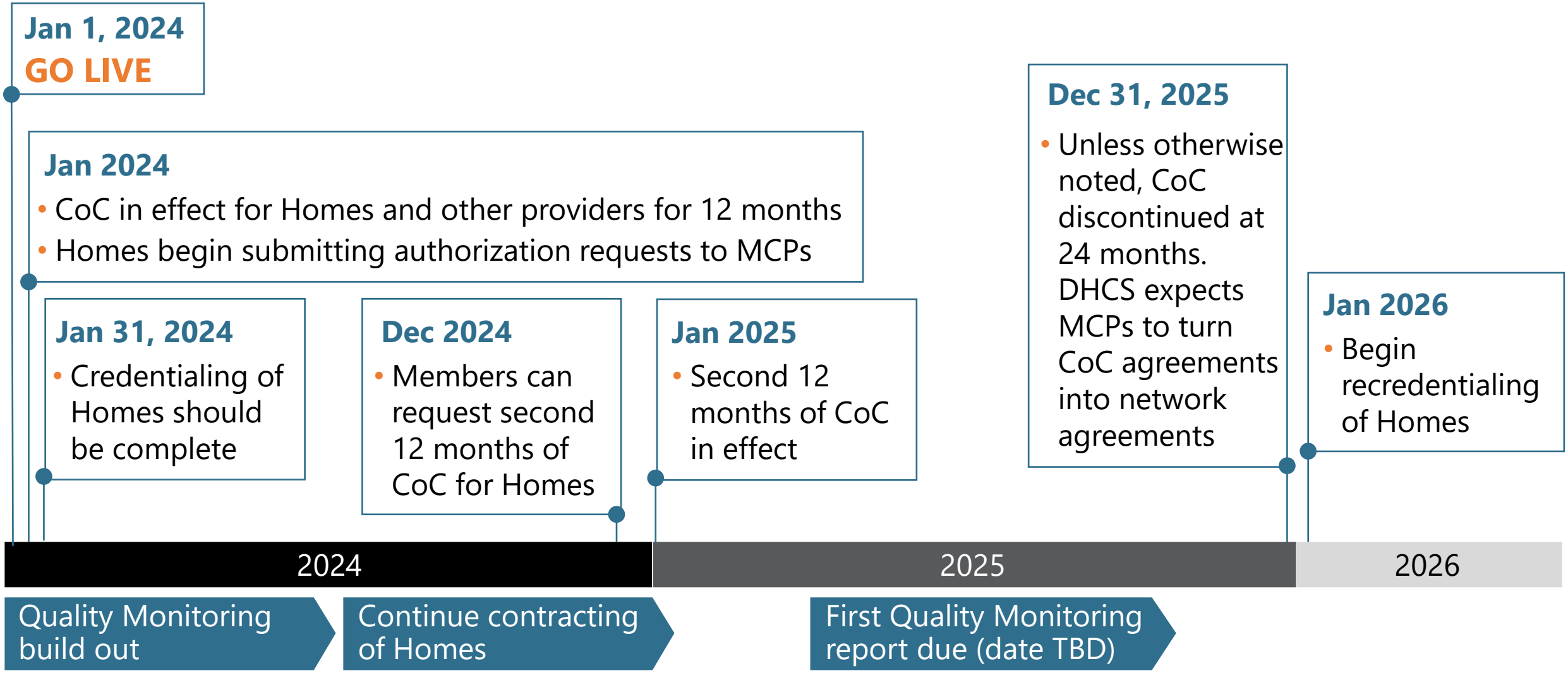
- February 23, 2024 from 1:00 pm – 2:00pm
  - Post-Transitional Monitoring
  - Workgroup Feedback and Concerns
  - Quality Monitoring
- ICF/DD LTC Carve-In Transition Email
  - DHCS has set-up an inbox for stakeholders to contact with questions about the ICF/DD Carve-In: LTCtransition@dhcs.ca.gov.
  - ICF/DD Stakeholder Workgroup Members should continue to use the ICFDDworkgroup@dhcs.ca.gov through March for questions or feedback related to Workgroup activities.

Appendix

ICF/DD Home Transition Timeline



ICF/DD Home Transition Timeline



Authorization Process Flowchart: *Pre-Carve-In*

Choice of Living Arrangement (Lanterman Act)

Individual chooses to move to ICF/DD Home

→

RC Assessment

Regional Centers assess if individual meets ICF/DD level of care requirements per CCR Title 22 Sections 51343, 51343.1, and 51343.2

→

RC Referral Packet

Regional Centers submit a referral packet, which includes all relevant diagnostic information, to the ICF/DD Home for review.

→

ICF/DD Home Confirms

The ICF/DD Home confirms bed availability and capacity to serve the individual in the Home and notifies the Regional Center by phone or email.

Authorization Process Flowchart: *Pre-Carve-In*

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, per CCR Title 22, Section 51343.2(k).

DHCS or COHS Plan Completes Review

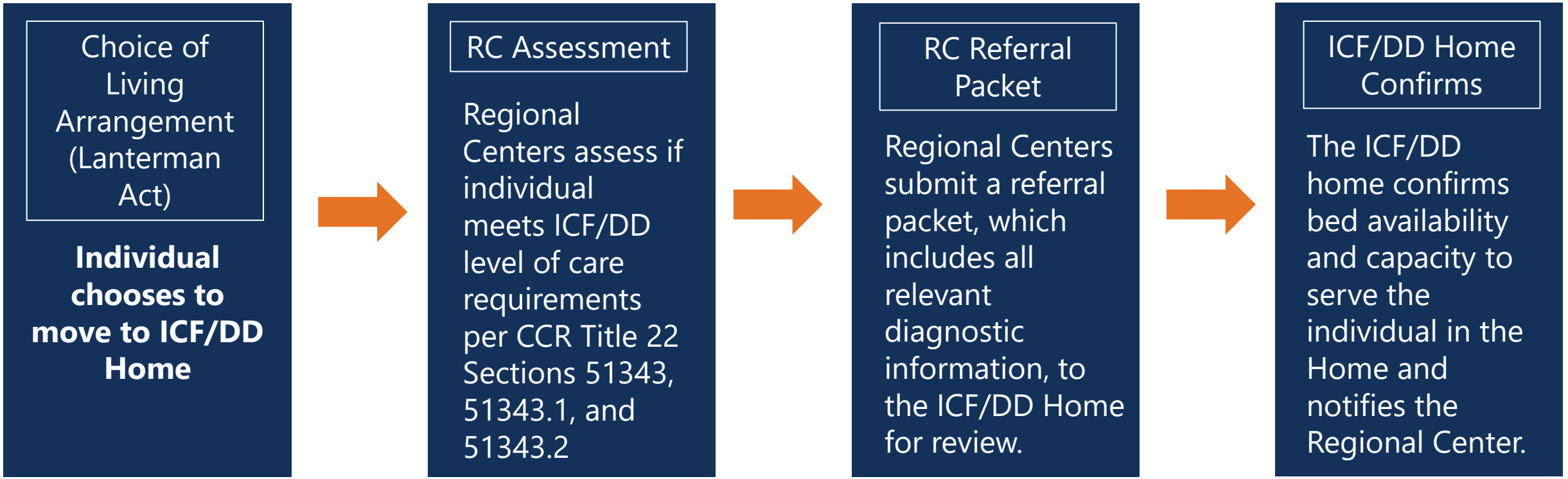
DHCS or COHS Plan reviews the submitted TAR form, HS231 form, 6013A form (or alternative information) and any attached documentation showing medical necessity, current care needs, and recipient prognosis, and makes a medical necessity determination and authorization decision (approval or denial).

Authorization Communicated to ICF/DD Home

DHCS or COHS Plan communicates the authorization decision to the ICF/DD Home.

Authorization Process Flowchart — *Post-Carve-In*

- **What is changing?** Following the ICF/DD Carve-In. MCPs (not DHCS) will receive and process authorization requests for ICF/DD Home services based on Regional Center determinations of Medical Necessity.



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: MCP ICF/DD Home Prior Authorization Form and Utilization Review: ICF/DD, ICF/DD-H and ICF/DD-N Facilities (util review) (ca.gov) (list of services).

Authorization 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:

- *MCP ICF/DD Authorization Request form*
- A Certification for Special Treatment Program Services form (HS 231) signed by the Regional Center with the same time period requested as the authorization request (shows LoC met).
- 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)
- 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)

**Italicized font indicates a change from the process prior to the Carve-In.*

MCP Completes Review

The MCP reviews the submitted MCP ICF/DD Authorization Request form (with the ICF/DD Home' physician's signature), HS231 form, 6013A form (or alternative information) and any attached documentation showing medical necessity, current care needs, and recipient prognosis, and makes an authorization decision (approval or denial).

MCP Communicates Authorization to ICF/DD Home

The MCP communicates the authorization decision to the ICF/DD Home.

Authorization 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)
    - *Currently being updated. While not part of this flow chart, there will be an upcoming transition from the TAR 25-1 form to the UB-04 form in February 2024.
- MCP ICF/DD Authorization Request form; and
- Utilization Review: ICF/DD, ICF/DD-H and ICF/DD-N Facilities (util review) (ca.gov) (list of services).

Educational Webinars and Office Hours

Information about past and upcoming webinars can be found on the ICF/DD LTC Carve-In Webpage.

Topic	Audience	Date
ICF/DD Carve-In 101 for MCPs	MCPs	July 12, 2023
ICF/DD Carve-In 101 for ICF/DD Homes	ICF/DD Homes and RCs	August 21, 2023
Office Hours	ICF/DD Homes, RCs, and MCPs	September 8, 2023
Promising Practices	ICF/DD Homes, RCs, and MCPs	October 6, 2023
Billing and Payment	ICF/DD Homes, RCs, and MCPs	November 17, 2023
Office Hours	ICF/DD Homes, RCs, and MCPs	December 1, 2023
How Medi-Cal Supports ICF/DD & Subacute Residents	ICF/DD Homes, RCs, Subacute Facilities and MCPs	December 15, 2023
Office Hours	ICF/DD Homes, RCs, and MCPs	January 24, 2024
ICF/DD Carve-In Webinar (topics to be determined)	ICF/DD Homes, RCs, and MCPs	February/March 2024

Contacts on Member Notices and NOAI

- For Medi-Cal questions:
  - **DHCS Medi-Cal Helpline** (1-800-541-5555): Helps people and providers with questions or to report a problem.
- For questions about why Medi-Cal is changing:
  - **DHCS Ombudsman Office** (1-888-452-8609, TTY State Relay 771; MMCDOmbudsmanOffice@dhcs.ca.gov): Helps people with Medi-Cal use their benefits and know their rights and responsibilities
  - **Medicare Medi-Cal Ombudsman Program** (1-855-501-3077): The Medicare Medi-Cal Ombudsman helps people with complaints and issues.
  - **Long-Term Care Ombudsman** (1-800-231-4024): Helps people who reside in a LTC facility with complaints and with knowing their rights and responsibilities.
- To learn more about health plan and provider choices:
  - **Health Care Options** (1-800-430-4263 [TTY 1-800-430-7077]): Helps people learn about managed care options and make a managed care plan choice.
- To Find Your Local Regional Center:
  - Visit the Department of Development Services website or call 1-833-421-0061.

Glossary

Term	Definition
APL	All Plan Letter
CAD	Clinical Assurance Division
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
CRDD	Capitated Rates Development Division

Glossary

Term	Definition
DDS	Department of Developmental Services
DHCS	Department of Health Care Services
DSN	Developmental Services Network - An association of community-based ICF/DD Home providers (mainly 4-6 beds)
ECM	Enhanced Care Management
FFS	Fee-for-Service
FFSRDD	Fee-for-Service Rate Development Division
HCDS	Health Care Delivery and Systems
HCF	Health Care Financing
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

Glossary

Term	Definition
ISP	Individual Service Plan
LHPC	Local Health Plans of California
LOA	Leave of Absence
LTC	Long Term Care
MCP	Managed Care Plan
MCOD	Managed Care Operations Division
MCQMD	Managed Care Quality and Monitoring Division
Medi-Cal	California's Medicaid Program
MOU	Memoranda of Understanding
NOAI	Notice of Additional Information (in the context of member noticing)
P&P	Planning & Policy
QI	Quality Improvement
RC(s)	Regional Center(s)
TAR	Treatment Authorization Request