

ICF/DD Carve-In Stakeholder Workgroup

Seventeenth Session

Friday, February 23, 2024

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
- » Technical Assistance and Post-Transitional Monitoring
- » Billing and Payment Requirements
- » Quality Monitoring
- » ICF/DD Carve-In Stakeholder Workgroup Summary and Next Steps

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, MCOB

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, MCOB

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

Karina Virreuta Running, Aurrera Health Group

Vimbai Madzura, Aurrera Health Group

Teniola Olafuyi, 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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• The ICF/DD Workgroup will focus on implementation support, technical assistance, and post-transitional monitoring.

Status and Implementation Updates

ICF/DD Homes Transition

- » **Scale:** Approximately 4,000 members were identified to transition from Medi-Cal Fee-for-Service (FFS) to an Medi-Cal Managed Care Plan (MCP) on January 1, 2024
 - Approximately 95% of these members transitioned on January 1, 2024
- » **Complexity:** These transitions took place by county to make the LTC benefit statewide:
 - ICF/DD, ICF/DD-Habilitative, ICF/DD-Nursing Homes – 31 non-County Organized Health System (COHS) counties

ICF/DD Homes Transition

Early Implementation Concerns

- » **Eligibility/Enrollment issues caused confusion for providers who did not know who to bill.**
 - County/address mismatch in MEDS eligibility system prevented the member from being enrolled in a plan.
 - Plan enrollment for members who made a choice after the deadline in their *My Medi-Cal* choice packet was effective February 1, 2024.
- » **Reluctance among providers to sign provider agreements.**
 - Provisions in the MCP/Provider contract irrelevant to the ICF/DD Home care model caused ICF/DD Home providers to be reluctant to sign contracts.
 - Some MCPs requested credentialing documents beyond the streamlined process outlined in the APL [23-023](#).
- » **Additional MCP training for providers needed.**
 - ICF/DD Home providers are requesting additional training or feel that the training offered is insufficient.
- » **Operational details for specific MCPs were not made clear to providers.**
 - MCPs are handling expiring FFS treatment authorization requests (TARs) in different ways which is not clear to providers (e.g., extending the TAR date or creating a new authorization).
 - MCPs have unique provider portals and systems, hence there are specific processes for granting access.
 - MCPs contract with specific clearinghouses to process claims payments, which may vary from MCP to MCP.

Eligibility and Billing

- » ICF/DD Home providers can check a member's Medi-Cal eligibility records via the Automated Eligibility Verification Systems (AEVS).
 - AEVS is accessible through the [DHCS Medi-Cal Provider Portal](#).
- » The member's Medi-Cal eligibility record will identify which MCP the member is enrolled in or indicate that the member is enrolled in FFS.
- » If AEVS lists an MCP, the provider should bill the MCP for services following that plan's billing processes.
 - Providers in Los Angeles County can check if a member is assigned to a **Delegated Subcontractor** by checking the members' eligibility in the Prime Plan Contractor's provider portal or the member's health plan ID card.
- » If AEVS indicates FFS, the provider should bill Medi-Cal FFS for services provided to that member on the dates that the member had FFS.

Support for ICF/DD Home Member Medi-Cal Plan Enrollment

- » For any questions or concerns regarding an ICF/DD Home Resident's MCP enrollment, please follow the instructions below when sending the specific case information to DHCS:
 - Email PCUResearch@dhcs.ca.gov with subject line: LTC Enrollment Concern: "Add Facility Name" [secure]
 - Include a description of the concern or issue specific to the member's enrollment into a managed care plan; and
 - Include the member's Client Index Number (CIN), Date of Birth, First Name and Last Name.
 - **Important Reminder** - Include the word secure in brackets at the end of the subject line exactly as shown above in the first bullet.
- » Providing these details will assist DHCS in researching the member's status. DHCS will provide a response once research has been completed.

DHCS Continuity of Care Letter to all MCPs

- » DHCS issued a letter to all MCPs on February 20, 2024, emphasizing the importance of the continuity of care policies and requirements that must be honored for members residing in ICF/DD Homes that have newly transitioned from Medi-Cal Fee-For-Service to Medi-Cal managed care.
- » Key policies were highlighted in this letter from APL 23-023 and APL 23-022 and reiterated the DHCS expectation that MCPs are to make all efforts to minimize disruptions in care for services authorizes and current providers where the member has an existing relationship to the extent continuity of care conditions are met.

Questions?

The image features the word "Questions?" in a bold, dark blue font, centered in the upper half of the frame. Below the text, there are two thick, wavy lines that span the width of the image. The top line is a teal color, and the bottom line is a darker blue. Both lines have a slight curve, with the top line being higher in the center and the bottom line being lower in the center, creating a layered, wave-like effect.

Technical Assistance and Post-Transition Monitoring

Oversight & Technical Assistance Activities

- » In addition to analyzing Post-Transition monitoring data, DHCS is conducting the following oversight activities to identify and resolve provider concerns:
 - Extended Office Hours to April 2024 for MCPs, ICF/DD Home providers, and other stakeholders/advocates to discuss operational issues and share promising practices.
 - Established weekly meetings with key ICF/DD Home providers and provider associations to troubleshoot and escalate concerns.
 - Performing targeted MCP outreach to conduct further deep dives into the MCP's processes and identify where any corrective action is necessary.
- » Evolving MCP and ICF/DD Home Provider needs will help drive priority technical assistance areas.
 - DHCS will continue to develop additional resources to provide continued post-transition support.

Monitoring Approach

DHCS is monitoring the ICF/DD Homes carve-in to ensure MCPs are taking appropriate actions to carry out their contract obligations pertaining to timely claims payments, member grievances, and access for potential oversight actions.

Dates	Frequency
<i>Post-Transition Monitoring (2024)</i>	
January 1 – February 29	Bi-Weekly
March 1 – June 30	Monthly
<i>Regular Quarterly Monitoring (2024)</i>	
July 1 – December 31	Quarterly

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ICF/DD Carve-In: Billing and Payment

Billing and Payment Requirements

MCP LTSS Liaisons should work closely with ICF/DD Homes on billing and payment needs.

» **Payment Processes**

- MCPs must have a process for ICF/DD Homes to submit claims, or invoices, and receive payments.
- Contracted providers have full access to MCP provider portals. DHCS is working with MCPs to identify, address concerns and better understand how MCPs are supporting visibility into claims status for non-contracted providers.
- DHCS is working on obtaining additional information from MCPs on low or no cost clearinghouse options.
- For technical issues or questions related to the UB-04 claim form, ICF/DD Homes should work with their MCP LTSS Liaisons.

» **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.

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.
 - ICF/DD Homes may need to provide MCPs with the business information they need to create their claims payment profile for ICF/DD Homes.
 - Some MCPs may require a Letter of Agreement to be in place in order for non-contracted providers to receive payment.
- » 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.

FFS LTC Code and Claim Form Conversion

Effective February 1, 2024, DHCS transitioned to a HIPAA-compliant code set and national claim form for Medi-Cal FFS to provide administrative simplification and ease of use.

- » What changed for FFS claims submitted to the State?
 - DHCS replaced 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 replaced 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 was replaced with **NUBC Patient Discharge Status Codes.**

Conversion Resources and Support

- » [LTC Claim Form and Code Conversion webpage](#)
- » [FFS Provider Billing Support](#)
- » For MCP billing support, please contact the MCP LTSS Liaison.

Regional Centers and Payment Assistance

- » DDS issued updated guidance for the [Regional Center directive letter](#) on 1/30/2024 to accelerate the availability of temporary payment assistance from Regional Centers.
- » To receive lag funding, the provider must attest to either of the following:
 - Claims have been submitted to the MCP and have not been reimbursed within 30 days (this is unchanged) OR,
 - Due to factors beyond the ICF/DD Home provider's control, the provider has been unable to submit, or been delayed in the submission of, claims to the MCP for services provided at least 30 days prior to the request for lag funding (this is newly added).
- » Regional Centers will issue payment within 10 working days.
- » The updated guidance and enclosures are available at the following links:
 - [1/30/24 Email Update](#)
 - [Enclosure A - Lag Funding Agreement](#)
 - [Enclosure B - Lag Payment Attestation Form](#)
- » For questions about the roles of Regional Centers in the ICF/DD Carve-In or general questions about the lag funding, please contact HealthFacilities@dds.ca.gov.

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ICF/DD Carve-In: Quality Monitoring

Quality Monitoring

- » MCPs must develop and implement a Long-Term Care (LTC) quality assessment and performance improvement (QAPI) program, inclusive of services provided by ICF/DD Homes.
- » 2024 will be used as a transition year for DHCS to work with MCPs, Regional Centers (RCs), and ICF/DD Homes to select meaningful quality measures for ICF/DD Home services.
 - Focus on building relationships and understanding what will be the most meaningful.
- » DHCS anticipates releasing more guidance in early fall of 2024 for public comment.
 - Engage with external partners for feedback.

Quality Monitoring

- » Is there interest in creating a subgroup for Quality Measure Workgroup?
 - Potentially comprised of MCP, RC, and ICF/DD stakeholders
- » DHCS could present multiple quality measures for discussion.
- » Workgroup members could provide more direct input to inform the measure selection.
- » If interested in participating as a member of the ICF/DD Quality Measure selection workgroup, please send your contact information and affiliation to: QHETransformation@dhcs.ca.gov.

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Next Steps and Workgroup Close Out

Guidance and Resource Update

- » DHCS and DDS sent a communication to ICF/DD Home Key Contacts and Regional Centers on February 2nd highlighting the following items:
 - Information on ICF/DD Home Payment Assistance from Regional Centers
 - Guidance on when to bill Medi-Cal Fee-For-Service
 - Support for Member Enrollment Related-Matters
 - ICF/DD Credentialing Form and Authorization Request Form Online
- » FAQ version 4 will be updated in February.

ICF/DD Stakeholder Workgroup Summary

- » Between October 2022 through February 2024, the workgroup met 17 times. The workgroup discussions were critical in finalizing key policies and DHCS operational requirements for executing the CalAIM ICF/DD Carve-In.
- » The workgroup provided invaluable feedback on a variety of topics, including:
 - Network Readiness
 - Model Contract Language
 - Billing and Invoicing Guidance
 - Continuity of Care
 - Service Authorizations
 - ICF/DD Home Payment Rate
 - Credentialing
 - Member Communications
 - Promising Practices
 - MCP and ICF/DD Home Communication & Education

Final Workgroup Updates

Thank you for joining the ICF/DD Stakeholder Workgroup meetings. Your partnership and commitment to this CalAIM initiative has been vital.

- » DHCS will continue stakeholder engagement through the following:
 - Monthly Office Hours through April
 - February 28, 3-4pm
 - March 22, 2-3pm
 - April 25, 10:30-11:30am
 - Meetings with ICF/DD Home Providers, as needed
 - Weekly DHCS Managed Care Plan Calls
- » LTC Carve-In peer learning sessions for MCPs and SNFs, Subacute Facilities, and ICF/DD Homes will take place in Summer/Fall 2024.

The ICFDDWorkgroup@dhcs.ca.gov inbox will sunset.
Stakeholders should contact DHCS via email at LTCTransition@dhcs.ca.gov.
Policy guidance and information on office hours and webinars will continue
to be posted on the [ICF/DD Carve-In Webpage](#).



Appendix



ICF/DD Home Transition Timeline

Mar 2023

- First round of data from DHCS to MCPs

Sep 2023

- Billing and Invoicing Guidance Released
- MCPs and Homes to configure billing/invoice systems

Jul 2023

- LTSS Liaison List

Aug 2023

- APL 23-023 released
- Model Contract Language (MCL) released

Nov 2023

- Updated MCL released
- 60 Day Notices
- Enrollment Choice Packets
- FAQv1 released
- Regional Center Directive Letter released
- Second round of data from DHCS to MCPs
- MCPs outreach to Homes and other providers for CoC

Dec 2023

- 30 Day Notices
- Credentialing of Homes



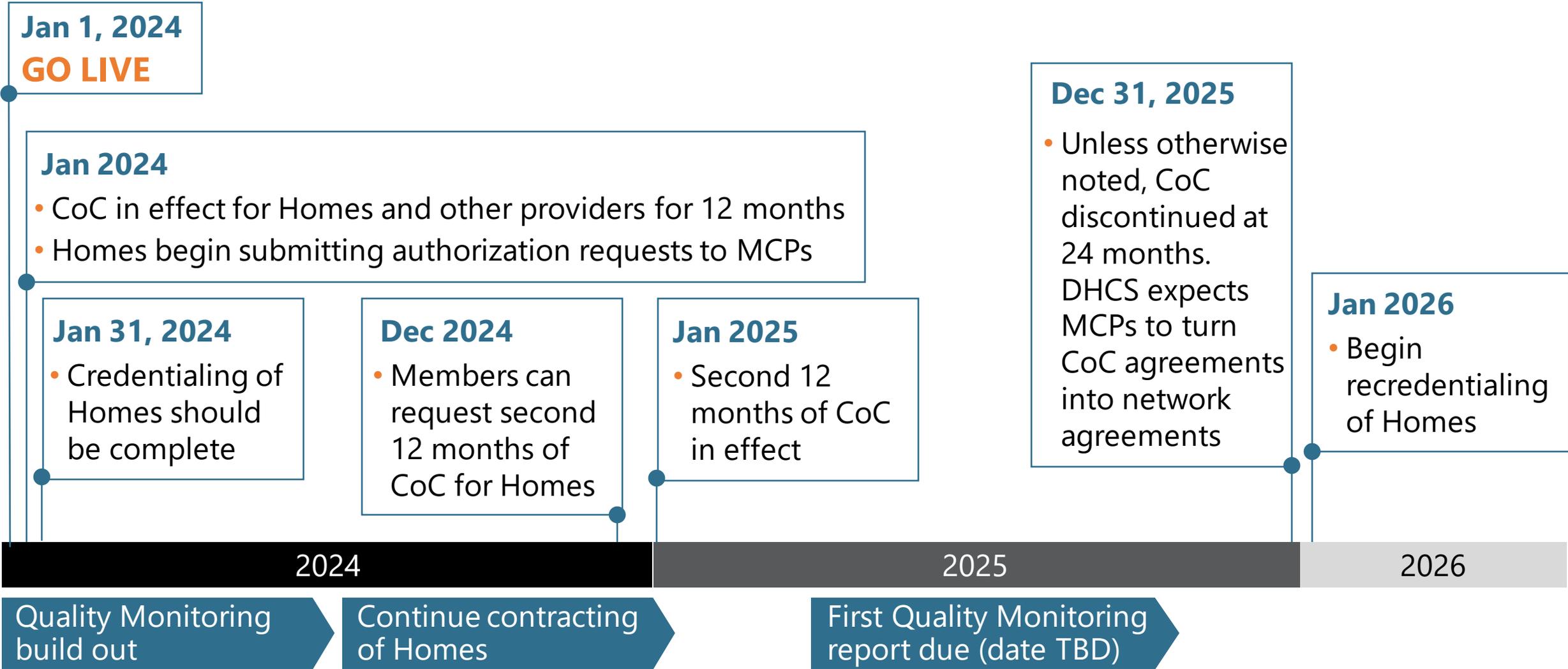
MCPs begin outreach to Homes

MCPs ongoing outreach and contracting with Homes (through 2024)

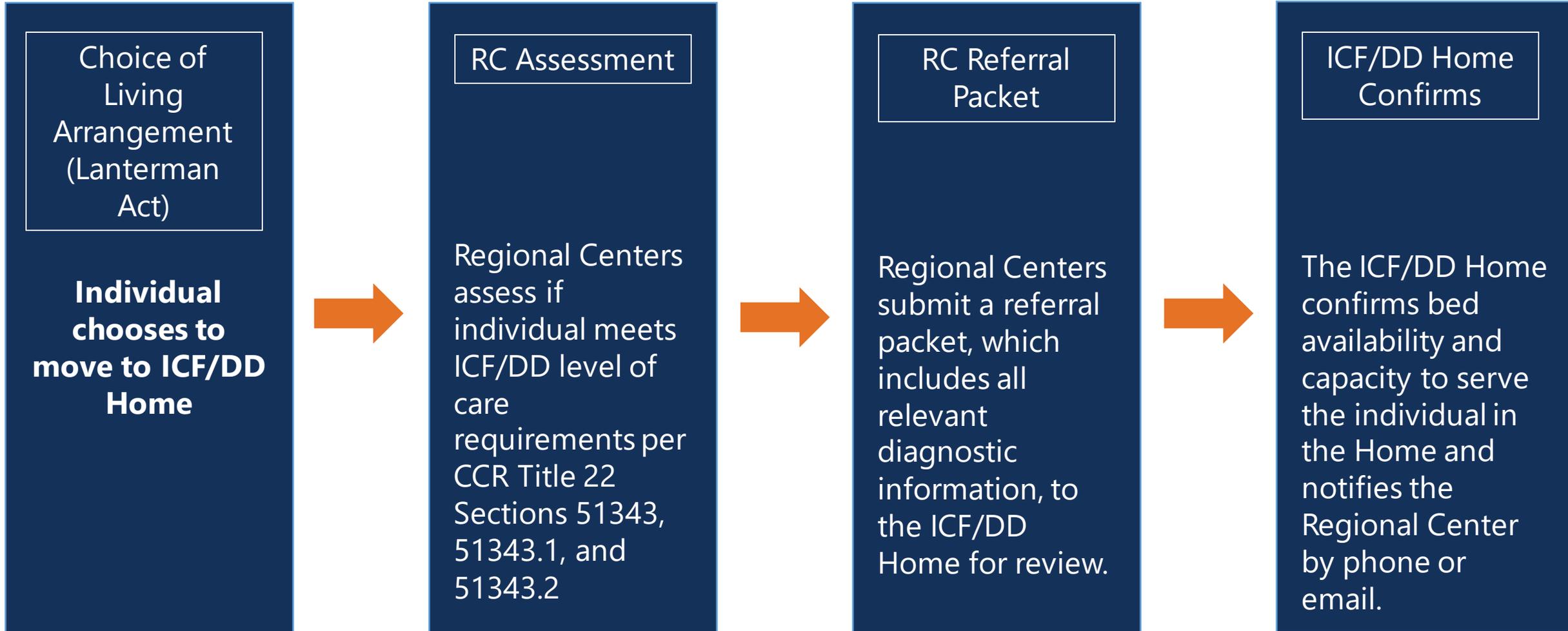
Homes send current TARs (through Dec 2023)

Member Enrollment (through Dec 2023)

ICF/DD Home Transition Timeline



Authorization Process Flowchart: *Pre-Carve-In*



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).

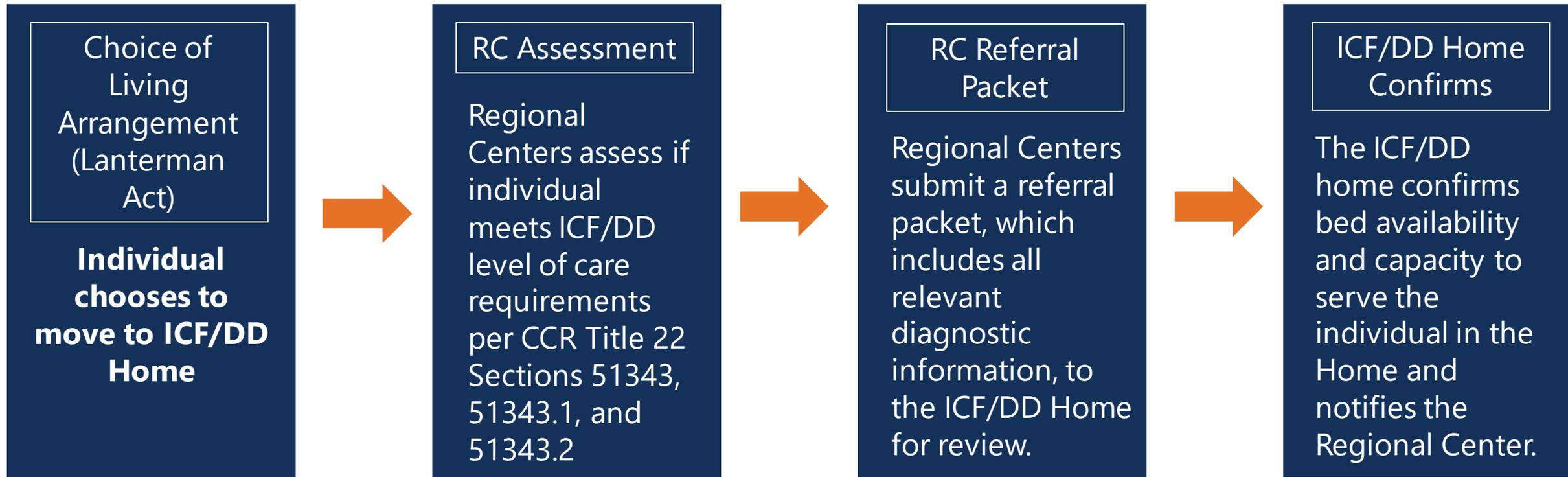


Authorization Communicated to ICF/DD Home

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
Office Hours	ICF/DD Homes, RCs, and MCPs	February 28, 2024
Office Hours	ICF/DD Homes, RCs, and MCPs	March 22, 2024
Office Hours	ICF/DD Homes, RCs, and MCPs	April 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