



ICF/DD Carve-In Stakeholder Workgroup

Sixth Session
March 22, 2023

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 - For example: Michael Hough – 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.

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
Karen Widerynski	California Association of Health Facilities
Scott Robinson	CalOptima
Tami Reid	CenCal
Sylvia Yee	Consumer Voice
Kathy Mossburg	Developmental Services Network
Diane VanMaren	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, DDS, and Contractors

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)
- » **Rafael Davtian**, Division Chief, CRDD
- » **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
- » **Alek Klimek**, Chief, Fee-For-Service Rates Development Division (FFSRDD)
- » **Lindy Harrington**, 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)

DDS

- » **Jim Knight**, California Department of Developmental Services
- » **Jane Ogle**, Consultant for California Department of Developmental Services
- » **Caroline Castaneda**, California Department of Developmental Services

Consultants

- » **Kathy Nichols**, Mercer
- » **Branch McNeal**, Mercer
- » **Brittany van der Salm**, Mercer
- » **Kristal Vardaman**, Aurrera Health Group
- » **Kayla Whaley**, Mercer
- » **Kristin Mendoza-Nguyen**, Aurrera Health Group
- » **Kevin Tolmich**, Mercer
- » **Winter Koifman**, Aurrera Health Group

Agenda

» Workgroup charge, goals, and status update

» Discussion Topics for Today

- » Complaint Resolution
- » Bed Holds
- » Draft APL updates
- » Upcoming meeting topics

» 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.

Policy Questions/Issues Timeline

Category	Policy Questions	Workgroup Review Timeline
Complaint Resolution	• What is the member complaint resolution process (appeals and grievances)?	March 2023
	• What is the process for complaint resolution (resolution of disagreements among MCPs, ICF/DD homes, and Regional Centers)?	
Bed Holds	• What are the bed hold policies?	March 2023

*Following your review of the draft APL, and any other materials provided before our next meeting, we will plan to circle back on any outstanding or new questions related to the topics on this slide.

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What is the member complaint resolution process (grievances and appeals)?

- Current Practices: All MCPs have an appeals and grievances process related to service authorization denials for which the MCP is responsible.

Current COHS Plans Process

COHS plans have existing appeals and grievances processes related to service authorizations for which the COHS plan is responsible.

- Recommendation: Recommendation: All MCPs will be required to maintain an appeals and grievances process that is accessible to Members and provide a Notice of Action (NOA) any time a requested service is denied, modified, or reduced.

What is the member complaint resolution process (appeals and grievances)?

- Established policy: A member who has received, or is currently receiving, services from an MCP can file a grievance. A member can also file an appeal if they disagree with an MCP's decision to deny, modify, or reduce a requested service. Members may request a state fair hearing after exhausting the MCP's appeal process.
 - The following website provides information on the fair hearing procedures and options: <https://www.dhcs.ca.gov/services/medi-cal/Pages/Medi-CalFairHearing.aspx>
 - MCPs must inform members of their right to an appeal and state fair hearing in the Notice of Action (NOA).
 - The Medi-Cal Managed Care and Mental Health Office of the Ombudsman helps solve problems from a neutral standpoint to ensure that our members receive all medically necessary covered services for which plans are contractually responsible. <https://www.dhcs.ca.gov/services/medi-cal/Pages/MMCDOfficeoftheOmbudsman.aspx>
 - Members also have rights to an independent medical review if the MCP is Knox-Keene Act licensed.

What is the member complaint resolution process (appeals and grievances)?

Feedback Incorporated: Per the contractual requirements with Medi-Cal, all MCPs are required to have a written and published appeals and grievance process for member appeals. This happens any time there is an adverse benefit determination (e.g., denial, reduction in service). These appeal and grievance procedures would apply only to those services for which the MCP has management responsibility. Any service managed or funded by the Regional Centers would remain under the fair hearing procedures and options applicable to the Department of Developmental Services (DDS) and Regional Centers.

What is the process for complaint resolution (resolution of disagreements among MCPs, ICF/DD homes, and Regional Centers)?

- Current Practices: All MCPs have a Provider appeal process related to any action the MCP may take that is not favorable to the provider. See [Two Plan Non-CCI Boilerplate \(ca.gov\)](#) page 25:

"Contractor shall implement and maintain a system for the reporting of serious quality deficiencies that result in suspension or termination of a practitioner to the appropriate authorities. Contractor shall implement and maintain policies and procedures for disciplinary actions including, reducing, suspending, or terminating a practitioner's privileges. Contractor shall implement and maintain a Provider appeal process."

 - Please see [CFR Reference](#) for Appeal Rights
 - Please see [Appeal Process Overview](#) for further information

Current COHS Plans Process

COHS plans have existing Provider appeals processes in their contract with DHCS.

What is the process for complaint resolution (resolution of disagreements among MCPs, ICF/DD homes, and Regional Centers)?

- Recommendation: All MCPs are contractually required to maintain a Provider appeals process that is accessible to Providers and included in any Provider handbooks and/or MCP-provider contracts. See [Two Plan Non-CCI Boilerplate \(ca.gov\)](#) pages 25 and 44.
- ICF/DD homes will have a single point of contact at MCPs to allow for communication ("LTSS Liaison").
- Additionally, there is ongoing work to update the MOU with Regional Centers.
- Established policy: Existing policy and language in the [Two Plan Non-CCI Boilerplate \(ca.gov\)](#) page 31 states, "There shall be a well-publicized Appeals procedure for both Providers and patients."
- The Department of Developmental Services (DDS) has listed multiple options that consumers, family members, vendors and providers have for filing appeals and complaints.. These can be found here: <https://www.dds.ca.gov/general/appeals-complaints-comments/>
 - Vendorization Appeals: <https://www.dds.ca.gov/general/appeals-complaints-comments/vendorization-appeals/>

What is the process for complaint resolution (resolution of disagreements among MCPs, ICF/DD homes, and Regional Centers)?

- It is expected that MCPs, Regional Centers, and ICF/DD homes will work collaboratively to ensure the needs of their members/residents are met in the most person-centered, effective, and expeditious manner. In general, the MCP will serve in a de-conflicting role to address the members' needs. However, there are services which are authorized and funded by the Regional Centers, and outside of the MCPs' scope, which would not require approval by the MCP. Any existing complaint resolution processes pertaining to the Regional Centers would not change as a result of the ICF/DD carve-in from FFS to managed care.
- **Feedback Incorporated:** Per the contractual requirements with Medi-Cal, all MCPs are required to have a written and published appeals and grievance process for member appeals. This happens any time there is an adverse benefit determination (e.g., denial, reduction in service). These appeal and grievance procedures would apply only to those services for which the MCP has management responsibility. Any service managed or funded by the Regional Centers would remain under the fair hearing procedures and options applicable to the Department of Developmental Services (DDS) and Regional Centers.

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What are the bed hold policies for ICF/DD homes?

- Current Practices: For people living in an ICF/DD home, a bed hold is allowed for up to 7 days for each episode of acute hospitalization (22 CCR section 51535.1, *Bed Hold for Acute Hospitalization*). Upon transfer to a general acute care hospital, the client or the client's representative notifies the ICF/DD home if the client desires the bed hold.

Current COHS Plans Process

Once admitted to an acute care hospital, the ICF/DD home notifies the COHS plan that the member is hospitalized and if a bed hold is needed.

- Established policy ([LOA, Bed Hold, and Room and Board](#)): Bed holds will be honored per existing law. In order to minimize any disruption in the individual's life, they will be permitted to return to their home, provided that the ICF/DD home continues to meet the individual's level of care and services and supports needs.
- Requirements regarding leave of absence, bed hold, and continuity of care policies apply.

What are the bed hold policies for ICF/DD homes?

- The MCP must have processes in place for monitoring the member's bed hold usage and communicating those days with the ICF/DD homes, including tracking of payments accordingly.
- DHCS has asked the MCPs and ICF/DD homes to identify points-of-contact to help create communication channels to address needs such as payment questions, contracting, claims processes, etc.
- **Feedback Incorporated:** DHCS will make clear in the APL that the MCP's are responsible for monitoring each member's bed holds and communicating clearly with the ICF/DD homes. Specifically, that the MCP must have processes in place for monitoring the member's bed hold usage and communicating those days with the homes, including tracking of payments accordingly.

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All Plan Letter Development Process

- » Feedback provided by the Planning and Policy workgroup and Stakeholder workgroup members following previous meetings was incorporated into the draft APL. Slides 21-33 provide a review of how feedback was incorporated into the APL, or will otherwise be addressed.
- » DHCS and DDS reviewed the draft APL.
- » The APL was sent for early preview to the Planning and Policy group. 181 comments from 6 groups were received. These will be reviewed and addressed as appropriate in the APL or Policy Guide documents.
- » DHCS will send out the draft APL for public comment in the coming weeks.

All Plan Letter Update

- » The ICF/DD APL contains the following elements:
 - Background, including language on the Lanterman Act requirements and choice
 - Policy
 - Benefits Requirement
 - Network Readiness Requirements
 - LTSS Liaison
 - Leave of Absence and Bed Hold Requirements
 - Continuity of Care Requirements
 - Treatment Authorizations
 - Facility Payment
 - Population Health Management (PHM) Requirements
 - Quality Monitoring and Reporting
 - Policies and Procedures

Summary of APL P&P Comments

- » Number of comments received: 188
- » Comment domains:
 - » Footnotes
 - » Word Change Requests
 - » Policy Questions
 - » Alternative Document Questions
 - » Other

Feedback Incorporated

Question Posed	Feedback Incorporated	Addressed in APL	To be Addressed in Policy Guide Materials	Other
How will provider (homes) be notified of the ICF/DD carve-in?	DHCS will work with CAHF, ARCA, DSN, and DDS to conduct outreach. DHCS and DDS are exploring other provider communication vehicles and mechanisms. DHCS will plan to send out regular notifications.			Homes will receive this notification through multiple venues, including email, flash updates, and in standing meetings with DHCS.
How will individuals be notified of the ICF/DD carve-in (member noticing)?	Draft notices will be provided to the Stakeholder Workgroup to review, and, where possible, plain language or a plain language supplement will be provided.			Individuals will be sent 60 and 30 day notices, as well as a Notice of Additional Information on rights and LTC. A plain language supplement is currently being discussed.

Feedback Incorporated

Question Posed	Feedback Incorporated	Addressed in APL	To be Addressed in Policy Guide Materials	Other
How will ICF/DD homes be paid?	DHCS will make clear in its APL guidance the MCPs' responsibility for timely payment and develop promising practices on billing/invoicing guidance for ICF/DD homes that do not have the electronic capability to transmit claims. MCPs will make retroactive rate payments within 30 days of the MCP receipt of notice of changes in the FFS per diem rate.	Draft APL page 11	Billing and Invoicing Guide	
How will rates be set for ICF/DD homes?	DHCS will make clear in its APL guidance inclusion of directed payments.	Draft APL page 12		

Feedback Incorporated

Question Posed	Feedback Incorporated	Addressed in APL	To be Addressed in Policy Guide Materials	Other
What is the process by which ICF/DD homes will be paid?	DHCS will make clear in its APL guidance the MCPs' responsibility for timely payment and develop promising practices on billing/invoicing guidance for ICF/DD homes that do not have the electronic capability to transmit claims. MCPs will make retroactive rate payments within 30 days of the MCP receipt of notice of changes in the FFS per diem rate.	Draft APL page 11		
Will there be any changes to how services provided by the ICF/DD homes or Regional Centers are paid?	DHCS will be sharing planning data with MCPs so MCPs are aware of member utilization needs. The Workgroup has also indicated that it's necessary to clarify what is included in the per diem rate. In addition, DHCS also clarifies that all other Medi-Cal covered services not included in the per diem rate are subject to negotiations and rates agreed-upon by the Medi-Cal provider and the MCP.	Draft APL		

Feedback Incorporated

Question Posed	Feedback Incorporated	Addressed in APL	To be Addressed in Policy Guide Materials	Other
How will ICF/DD home placements occur after the carve-in?	DHCS will include language in the APL indicating that the MCPs should accept the Certification for Special Treatment Program Services form (HS 231) as evidence of the Regional Center's approval of ICF/DD home services.	Draft APL page 3		
How will MCPs submit referrals to RCs when an individual is referred for ICF/DD placement ?	Any ICF/DD placement referrals, inquiries, or requests should be referred to the coordination/assigned Regional Center based on the Member's location for review and processing. This includes any referrals initiated by an MCP.		Policy Guide	

Feedback Incorporated

Question Posed	Feedback Incorporated	Addressed in APL	To be Addressed in Policy Guide Materials	Other
How will ICF/DD homes and providers be enrolled and credentialed with the MCPs?	DHCS will work with MCPs, RCs, and homes to streamline and standardize the credentialing process. DHCS will survey the MCPs on barriers, then form small workgroup to create streamlined processes and include DDS, MCPs, Regional Centers, providers.	Draft APL page 6	Credentialing will likely be discussed in the Model Contract Language	A group focused on credentialing has begun meeting, and will meet again on 4/6
How can MCPs engage with ICF/DD homes for contracting?	DHCS will share the contact list with MCPs and ICF/DD homes.			ICF/DD home and MCP contact list.

Feedback Incorporated

Question Posed	Feedback Incorporated	Addressed in APL	To be Addressed in Policy Guide Materials	Other
How will ICF/DD homes, and MCPs when applicable, provide input to the RCs during development of an individual's IPP?	The current IPP process will be retained, meaning that there will not be a requirement that MCPs attend these meetings.	Draft APL page 3	Policy Guide materials will highlight that at minimum, the MCP should have a copy of the IPP and/or ISP on file such that there is sufficient information to support care management and care coordination.	
How will MCPs and RCs coordinate their different care management responsibilities for RC clients, including those in ICF/DD homes?	The current IPP process will be retained, meaning that there will not be a requirement that MCPs attend these meetings.	Draft APL page 3	Policy Guide materials will highlight that at minimum, the MCP should have a copy of the IPP and/or ISP on file such that there is sufficient information to support care management and care coordination.	28

Feedback Incorporated

Question Posed	Feedback Incorporated	Addressed in APL	To be Addressed in Policy Guide Materials	Other
How will the MCP work with RCs and CDPH to raise ICF/DD home concerns?	DHCS will make clear in the APL that any existing laws and policies regarding complaints against ICF/DD homes still apply and are not being changed as a result of the ICF/DD carve-in to managed care.	Draft APL page 6		
What is the process for complaint resolution (resolution of disagreements among MCPs, ICF/DD homes, and Regional Centers)?	Per the contractual requirements with Medi-Cal, all MCPs are required to have a written and published appeals and grievance process for member appeals. This happens any time there is an adverse benefit determination (e.g., denial, reduction in service). These appeal and grievance procedures would apply only to those services for which the MCP has management responsibility. Any service managed or funded by the Regional Centers would remain under the fair hearing procedures and options applicable to the Department of Developmental Services (DDS) and Regional Centers.		Policy Guide	

Feedback Incorporated

Question Posed	Feedback Incorporated	Addressed in APL	To be Addressed in Policy Guide Materials	Other
What will be the process and timeframes for ICF/DD home service authorizations?	The MCPS will need to work with the ICF/DD homes to ensure they can submit TARs and claims, as many homes may not have electronic systems and may need to use more traditional paper-based processes DHCS has asked the MCPs and ICF/DD homes to identify points-of-contact to help create communication channels to address needs such as payment questions, contracting, claims processes, etc. and will share the compiled resource with MCPs and ICF/DD homes. DHCS will also develop billing/invoicing guidance with minimum required data elements for payment.	Draft APL page 10	Billing and Invoicing Guide	The ICF/DD home and MCP point-of-contact list has been created. It is in final stages of confirmation, and it is anticipated that it will be released soon.

Feedback Incorporated

Question Posed	Feedback Incorporated	Addressed in APL	To be Addressed in Policy Guide Materials	Other
What are the bed hold policies for ICF/DD homes?	DHCS will make clear in the APL that the MCP's are responsible for monitoring each member's bed holds and communicating clearly with the ICF/DD homes. Specifically, that the MCP must have processes in place for monitoring the member's bed hold usage and communicating those days with the homes, including tracking of payments accordingly.	Draft APL page 8		
What are the leave of absence (LOA) policies for ICF/DD homes?	DHCS will make the MCP's responsible for monitoring each member's LOA and communicating to the ICF/DD homes clear in the APL. Specifically, that the MCP must have processes in place for monitoring the member's LOA usage and communicating those hours with the homes, including tracking of payments accordingly.	Draft APL Page 8		

Feedback Incorporated

Question Posed	Feedback Incorporated	Addressed in APL	To be Addressed in Policy Guide Materials	Other
What continuity of care protections will be in place for active service authorizations?	Members must be allowed to have continued access to their current drug therapy and other services	Draft APL page 9	Policy Guide	
What continuity of care protections will be in place for ICF/DD residents? (homes)	To prevent disruptions in care, members must be allowed to stay in their current ICF/DD home without any member effort. This will also allow time for the ICF/DD homes and MCPs to complete the necessary credentialing and provider enrollment processes and execute contracts	Draft APL page 6	Policy Guide	

Feedback Incorporated

Question Posed	Feedback Incorporated	Addressed in APL	To be Addressed in Policy Guide Materials	Other
What continuity of care protections will be in place for ICF/DD residents? (providers)	Members must be allowed to continue seeing their existing Medi-Cal provider out-of-network if they have a pre-existing relationship for up to 12 months.	Draft APL page 9	Policy Guide	

Feedback Incorporated

Question Posed	Feedback Incorporated	Addressed in APL	To be Addressed in Policy Guide Materials	Other
What should be DHCS' network adequacy requirements for MCPs pertaining to ICF/DD homes?	DHCS has received feedback that there are not current contracts among ICF/DD homes in all COHS plan counties and there is concern among ICF/DD homes that without contracts with the MCPs it could put the sustainability of ICF/DD services in jeopardy. Therefore, DHCS will require MCPs to offer a contract to all ICF/DD homes within their service area as stated above. DHCS intends to include language in an All Plan Letter and an ICF/DD Promising Practices/FAQ, regarding suggested standard terms and conditions.	Draft APL pages 6-7	Policy Guide	

Feedback Incorporated

Question Posed	Feedback Incorporated	Addressed in APL	To be Addressed in Policy Guide Materials	Other
Will individuals residing in ICF/DD homes be eligible for Enhanced Care Management (ECM)?	To prevent duplication of services, MCPs will be required to provide Basic Population Health Management (BPHM) services, transitional care services (TCS), and Complex Care Management (CCM) services to people living in ICF/DD homes. This will include filling in any additional care need gaps the member has that are not already met or expected to be met by the ICF/DD home or Regional Center.	Draft APL pages 14-15 Addressed, and provides reference link for ECM Policy Guide	Policy Guide	

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Upcoming Meeting Topics

- » Upcoming P&P and Workgroup meetings will be held to:
 - » Review guidance materials: Billing and Invoicing Guide (April), Model Contract Language (targeting May), Policy Guide (targeting August)
 - » Review parking lot materials from prior meetings that need additional time and discussion, such as TARs, LOAs/Bed Holds, Timely Payment expectations, etc. (See next slides)

Upcoming Meeting Topics

Category	Questions/Requests	Outcome
Payments and Rates	<ul style="list-style-type: none"> Concerns have been expressed that Medi-Cal pays faster than the MCPs 	For future discussion in April
	<ul style="list-style-type: none"> What is the agreed upon timeline for timely payment and how will MCPs be held accountable? 	<p>-Addressed in APL: "MCPs must pay on-time, in accordance with the prompt payment standards within their Contract. " (pg. 12)</p> <p>-In contract 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 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.</p>

Upcoming Meeting Topics

Category	Questions/Requests	Outcome
Payments and Rates	<ul style="list-style-type: none"> How long will the CoC process take in that plans will have to work to onboard providers who are not under contract? And how can they be assured that this will not delay payment? 	<p>Addressed in APL: "MCPs must automatically provide 12 months of continuity of care for the ICF/DD home placement of any Member residing in an ICF/DD home that undergoes a mandatory transition into an MCP before January 1, 2024. MCPs must allow Members to stay in the same ICF/DD home under continuity of care only if the Member chooses to continue living in the ICF/DD home AND all of the following applies: The ICF/DD home is enrolled and licensed by CDPH; The ICF/DD home is enrolled as a Provider in Medi-Cal; The MCP will pay the ICF/DD home payment rates that meet state statutory requirements; and The ICF/DD home meets the MCP's applicable professional standards and has no disqualifying quality-of-care issues." (pg. 8-9)</p> <p><i>*This applies to facilities, services, and providers.</i></p>

Upcoming Meeting Topics

Category	Questions/Requests	Outcome
Payments and Rates	<ul style="list-style-type: none"> More clarification is needed for the ongoing cost reporting to support directed payment methodology as well as confirmation that directed payments will be in effect through 2025. 	Information on cost reporting is for future discussion. More information will be provided through the Billing/Invoicing Guidance.
	<ul style="list-style-type: none"> More clarity is needed for how rates will be set for ICF/DD homes 	<p>Appendix A of the APL covers services that are included in the daily rate. This daily rate will not change. Rates for services that are excluded from this rate will be negotiated between providers and MCPs.</p> <p>*The rate setting process will not change.</p>

Upcoming Meeting Topics

Category	Questions/Requests	Outcome
Communications	<ul style="list-style-type: none"> What is the finalized communication method for providing support to providers, members, and plans during transition and post-carve in? (live chat, call campaign, etc.) Different groups will have specified questions and needs 	<ul style="list-style-type: none"> DHCS will be communicating with providers and members through several channels. For Providers and Plans: Email, flash bulletins, APL, B/I, Model Contract language, regular plan calls, and "Policy Guide" guide For Members: 60- and 30-day notices, member handbook. The APL stipulates that MCPs "must identify an individual, or set of individuals...to serve as liaisons for the LTSS Provider community" (pg. 6)
	<ul style="list-style-type: none"> An update is desired for the status of the finalized list of ICF/DD homes with their single points of contacts that was supposed to be secured from the regional center 	<p>The ICF contacts list has been created, which will assist DHCS with contacting ICF/DD homes. DHCS will share with ICF/DD homes, Regional Centers, and MCPs.</p>

Upcoming Meeting Topics

Category	Questions/Requests	Outcome
ICF/DD Processes	<ul style="list-style-type: none"> Final clarity is needed on the agreed upon credentialing process 	Ongoing/future discussion targeting April
	<ul style="list-style-type: none"> How many homes will need to be credentialed by 2024? 	Ongoing/future discussion targeting April
	<ul style="list-style-type: none"> Whose credentialing standards will need to be met? (MCPs, DHCS/DDS, etc.)? 	Ongoing/future discussion targeting April
	<ul style="list-style-type: none"> What is the final decision regarding the Bed Hold process for extensions? Is it possible to use LOA days for extended outpatient care stays? 	Ongoing/future discussion targeting April
	<ul style="list-style-type: none"> What is the final list of excluded and included services per diem as related to transportation/ travel services? 	See APL Attachment A
	<ul style="list-style-type: none"> How will ICF/DD process changes affect individuals with an undocumented status? 	Future discussion targeting June

Upcoming Meeting Topics

Category	Questions/Requests	Outcome
ICF/DD Processes	<ul style="list-style-type: none"> More explanation is needed for the TAR process and timeline. 	<p>Addressed in APL: "Effective January 1, 2024, MCPs are responsible for approved treatment authorization requests (TAR) for ICF/DD home services provided under the ICF/DD per diem rate for a period of 24 months[1] after enrollment in the MCP or for the duration of the treatment authorization, whichever is shorter.</p> <p>MCPs are responsible for all other approved TARs for services in an ICF/DD, exclusive of the ICF/DD per diem rate for a period of 90 days after enrollment in the MCP, or until the MCP is able to reassess the Member and authorize and connect the Member to Medically Necessary services." (pg. 10)</p>
	<ul style="list-style-type: none"> Review definitions and populations served by case management versus care management. 	<p>Discussed in APL, in PHM Guide (https://www.dhcs.ca.gov/CalAIM/Documents/2023-PHM-Policy-Guide.pdf) (begins pg. 13) , and flagged for ongoing/future discussion</p>
	<ul style="list-style-type: none"> Confirm that directed payments for ICFs are effective through 2025. 	<p>Confirmed.</p>

Upcoming Meeting Topics

Category	Questions/Requests	Outcome
ICF/DD Processes	<ul style="list-style-type: none">Request for knowledge sharing between ICF/DDs and MCPs	Future Workgroup meetings will have space for MCPs, ICF/DD homes, and RCs to present what they do (ICF/DD homes and RCs) and how they work with ICF/DD homes today (COHS MCPs). This will allow a platform for these entities to engage in this important dialogue.

Upcoming Meeting Topics by Month

Month	Category	Topic(s)
April	<ul style="list-style-type: none"> • Payments and rate • ICF/DD Processes • Billing and Invoicing Guide 	<ul style="list-style-type: none"> • Concerns have been expressed that Medi-Cal pays faster than the MCPs • Final clarity is needed on the agreed upon credentialing process • How many homes will need to be credentialed by 2024? • Whose credentialing standards will need to be met? (MCPs, DHCS/DDS, etc.)? • What is the final decision regarding the Bed Hold process for extensions? Is it possible to use LOA days for extended outpatient care stays? • Billing and Invoicing Guide
May	Model Contract Language	<ul style="list-style-type: none"> • Model Contract Language
June	ICF/DD Processes	<ul style="list-style-type: none"> • How will ICF/DD process changes affect individuals with an undocumented status?

Agenda

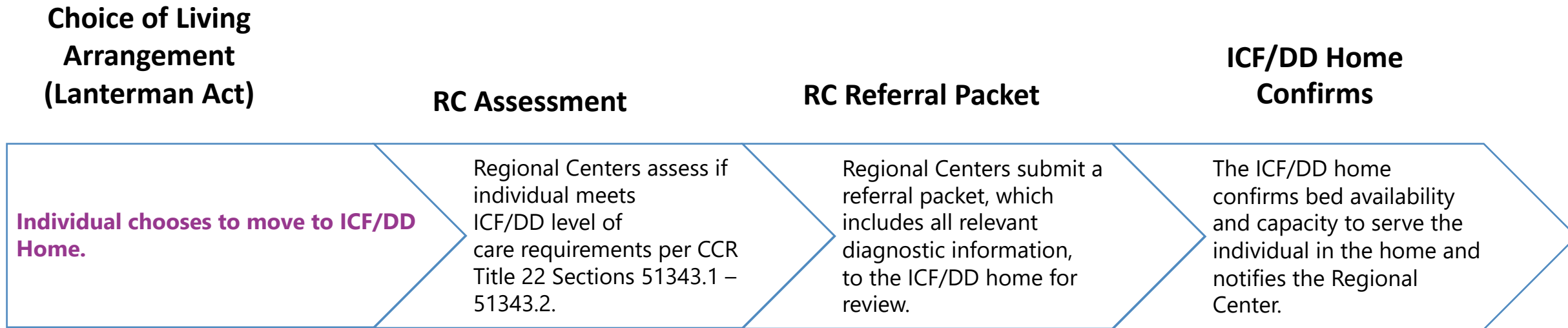
- » Workgroup charge, goals, and status update
- » Discussion Topics for Today
 - » Complaint Resolution
 - » Bed Holds
 - » APL updates
 - » Upcoming meeting topics
- » Wrap-up and Next Meeting

Next meeting date, time, link

- » **Additional meetings for April and beyond will be scheduled soon.**
- » Future topics to be addressed:
 - » APL
 - » Model Contract language document
 - » Billing and Invoicing Guide
 - » Second review of specific topics
- » 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](#)

Appendix

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.
- 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

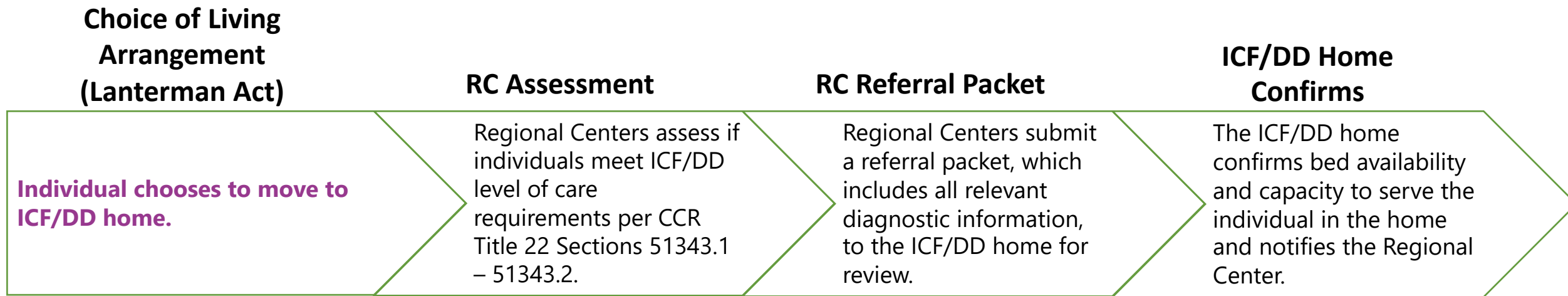
DHCS or COHS Plan reviews the submitted TAR form, HS231 form, 6013A form (or alternative information) and any attached documentation showing medical necessity, current care needs, and recipient prognosis, and makes a medical necessity determination and authorization decision (approval or denial).

Authorization Communicated to ICF/DD Home

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 and 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
Karen Widerynski	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