

# INTERMEDIATE CARE FACILITIES FOR THE DEVELOPMENTALLY DISABLED (ICF/DD) CARVE-IN RESOURCE GUIDE

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## About This Guide

Effective January 1, 2024, Medi-Cal Managed Care Plans (MCPs) in all California counties will become responsible for Intermediate Care Facilities for the Developmentally Disabled (ICF/DD) services. This includes the Intermediate Care Facilities for the Developmentally Disabled (ICF/DD) Homes, Intermediate Care Facilities for the Developmentally Disabled-Habilitative (ICF/DD-H) Homes, and Intermediate Care Facilities for the Developmentally Disabled-Nursing (ICF/DD-N) Homes. “Facility” and “Home” are interchangeable terms for an Intermediate Care Facility/Developmentally Disabled (ICF/DD) Home. Home is the preferred language by providers as ICF/DD Homes are a long-term living setting, in which Members may spend months, years, or decades of life.

The Department of Health Care Services (DHCS) developed the ICF/DD Carve-In Resource Guide as a resource for MCPs and ICF/DD Homes to use for the 2024 transition (see Background section below). DHCS has included key topics that the ICF/DD Workgroup has raised in preparation for the Carve-In.

While this Resource Guide highlights DHCS’ requirements for the ICF/DD Long Term Care (LTC) Carve-In, the promising practices within this guide are not requirements. Rather, they are intended to be a resource for stakeholders in the Medi-Cal managed care delivery system. Further information regarding the ICF/DD LTC Carve-In Transition can be found at <https://www.dhcs.ca.gov/provgovpart/Pages/Intermediate-Care-Facility-for-Developmentally-Disabled-ICF-DD-Long-Term-Care-Carve-In.aspx>, which includes the following documents:

- » [All Plan Letter \(APL\) 23-023 Intermediate Care Facilities for Individuals with Developmental Disabilities – Long Term Care Benefit Standardization and Transition of Members to Managed Care](#): DHCS policy guidance to MCPs for the provision of ICF/DD Home services.
- » [ICF/DD Model Contract Language](#): MCPs are required to incorporate these standard model contract terms and conditions, in addition to their own terms and the Network Provider Agreement requirements in [APL 19-001](#), in their contracts with ICF/DD Homes.
- » [ICF/DD Billing and Invoicing Guidance](#): DHCS guidance to standardize invoicing/claiming data elements.
- » [ICF/DD Carve-In Frequently Asked Questions \(FAQ\)](#)

## I. Background

### About California Advancing and Innovating Medi-Cal (CalAIM)

CalAIM is a multi-year Department of Health Care Services (DHCS) initiative to improve the quality of life and health outcomes of Medi-Cal Members by implementing broad delivery system, program, and payment reforms across the Medi-Cal program.

As part of the CalAIM efforts to move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility through benefit standardization, pursuant to Welfare & Institutions Code (W&I) section 14182.201(b)(2), Managed Care Plans (MCPs) will become responsible for ICF/DD Home services effective January 1, 2024, across all counties. There are three types of ICF/DD Homes as follows:

- » **ICF/DD Home:** means a facility that provides 24-hour personal care, habilitation, developmental, and supportive health services to persons with developmental disabilities whose primary need is for developmental services and who have a recurring but intermittent need for skilled nursing services.<sup>1</sup>
- » **ICF/DD-Habilitative Home:** means a Home with a capacity of 4 to 15 beds that provides 24-hour personal care, habilitation, developmental, and supportive services to 15 or fewer persons with developmental disabilities who have intermittent recurring needs for nursing services but have been certified by a physician as not requiring availability of continuous skilled nursing care.<sup>2</sup>
- » **ICF/DD-Nursing Home:** means a Home with a capacity of 4 to 15 beds that provides 24-hour personal care, developmental services, and nursing supervision for persons with developmental disabilities who have intermittent recurring needs for skilled nursing care but have been certified by a physician as not requiring continuous skilled nursing care.<sup>3</sup>

As part of CalAIM's Benefit Standardization initiative. DHCS is implementing the LTC carve-in in two phases:

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<sup>1</sup> Health and Safety Code (H&S) § 1250(g)

<sup>2</sup> H&S § 1250(e)

<sup>3</sup> H&S § 1250(h)

- » Effective January 1, 2023, MCPs became responsible for the full LTC benefit in Skilled Nursing Facilities (SNF), both freestanding and hospital based.
- » Effective January 1, 2024, MCPs became responsible for the LTC benefit in the following settings:
  - Intermediate Care Facility for Developmentally Disabled (ICF/DD)<sup>4</sup>
  - Intermediate Care Facility for Developmentally Disabled-Habilitative (ICF/DD-H)<sup>5</sup>
  - Intermediate Care Facility for Developmentally Disabled-Nursing (ICF/DD-N)<sup>6</sup>
  - Subacute Care Facilities, including adult Subacute Care Facilities and Pediatric Subacute Care Facilities

*Note: ICF/DD-Continuous Nursing Care (ICF/DD-CNC) Homes are not subject to the LTC Carve-In.*

Members who enter an ICF/DD Home after January 1, 2024, will remain enrolled in managed care and will no longer be disenrolled from the MCP after the second month of admission. In addition, all Medi-Cal-only and dual eligible Members in Fee-for-Service (FFS) residing in an ICF/DD Home on January 1, 2024, will be enrolled in an MCP effective January 1, 2024. Medi-Cal Members will be enrolled in the MCP of their choice.<sup>7</sup> However, if Members do not choose an MCP, DHCS will assign a Member to an MCP that works with their current ICF/DD Home if that Home is contracted with a Plan. If their ICF/DD Home does not work with an MCP in the county, the default auto assignment process will be used to enroll Members in an MCP.

## **Transitioning Counties**

Members who reside in an ICF/DD Home in a non-COHS county (listed in Table 1) will be transitioning into managed care.

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<sup>4</sup> 22 CCR § 51343

<sup>5</sup> 22 CCR § 51343.1

<sup>6</sup> 22 CCR § 51343.2

<sup>7</sup> Dual eligible Members that reside in a county subject to the Medi-Cal Matching Plan Policy will be defaulted into a Medi-Cal managed care plan that matches their Medicare Advantage plan. The 17 counties that are subject to the Medi-Cal Matching Plan Policy include: Alameda, Contra Costa, Fresno, Kings, Kern, Madera, Orange, Sacramento, San Francisco, Stanislaus, Los Angeles, Riverside, San Bernardino, San Diego, San Mateo, Santa Clara and Tulare.

**Table 1: COHS Counties and Counties Carving into Managed Care**

<b>COHS Counties (Members Already Receiving ICF/DD Services Through Medi-Cal Managed Care)</b>	<b>Non-COHS Counties Carving-in LTC ICF/DD into Managed Care</b>
Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Merced, Modoc, Monterey, Napa, Orange, San Luis Obispo, San Mateo, Santa Barbara, Santa Cruz, Shasta, Siskiyou, Solano, Sonoma, Trinity, Ventura, and Yolo	Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, El Dorado, Fresno, Glenn, Imperial, Inyo, Kern, Kings, Los Angeles, Madera, Mariposa, Mono, Nevada, Placer, Plumas, Riverside, Sacramento, San Benito, San Bernardino, San Diego, San Francisco, San Joaquin, Santa Clara, Sierra, Stanislaus, Sutter, Tehama, Tulare, Tuolumne, and Yuba

Further information can be found in Appendices C and D of this guide. Appendix C shows a map highlighting all transitioning counties. Appendix G provides a crosswalk of all counties and their corresponding Regional Center(s) and 2024 Managed Care Plans.

## II. ICF/DD Home Carve-in Requirements

### ICF/DD Network Readiness Requirements

DHCS requires MCPs to ensure and monitor an appropriate provider network within its service area, and if necessary, attempt to contract with providers in adjoining counties outside of their service area. To ensure MCPs have a robust network, DHCS has issued ICF/DD Home network readiness requirements guidance separately to the MCPs via email on May 31, 2023, in the document entitled *Intermediate Care Facility for Developmental Disabilities Network Readiness Requirements* along with a reporting template. Further information regarding network readiness can be found in APL 23-023.<sup>8</sup> MCPs must ensure contracted ICF/DD Homes are licensed by the California

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<sup>8</sup> See APL 23-023, at:

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-023.pdf>

Department of Public Health (CDPH) prior to the execution of a Network Provider Agreement for ICF/DD Homes.

MCPs must report the MCPs' contracting status at the time of Network submission. MCPs with contracting efforts in progress or contracts not yet active must provide evidence of such efforts.

MCPs must also make every effort to assess the various provider types currently serving ICF/DD Home residents receiving Medi-Cal covered services and are maintaining an adequate network with them. For example, prior to January 1, 2024, ICF/DD Homes may be contracted with occupational therapists specialized in serving individuals with developmental disabilities who bill Medi-Cal FFS directly. In this case, DHCS expects MCPs to make every effort to contract with these therapists to ensure care is not disrupted.

## **Continuity of Care (CoC) Requirements**

### **CoC: ICF/DD Homes**

In addition to the CoC protections described in APL 23-023, ICF/DD Members also have additional protections. All Members required to transition to MCPs on January 1, 2024, have continuity of care (CoC) protections, but some Members – Special Populations – will have enhanced protections to minimize the risk of harm during the 2024 MCP transition. ICF/DD Homes are a long-term living setting in which Members may spend months, years, or decades of life. The residents of ICF/DD Homes are considered a Special Population under the 2024 MCP CoC Policy.<sup>9</sup> In addition to the CoC protections described in the ICF/DD APL 23-023, enhanced protections require that transitioning Members be identified using DHCS data or the previous MCP data, including program enrollment, pharmacy claims, durable medical equipment (DME) claims, screening and diagnostic codes, procedure codes, or aid codes. The receiving MCP will receive this data in advance of the 2024 Transition.

MCPs will be required to take proactive steps to implement CoC for Members of "Special Populations" through MCP outreach to Members' providers and data transfer between MCPs.

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<sup>9</sup> See the 2024 Medi-Cal Managed Care Plan Transition Policy Guide, Figure 2, at: [https://www.dhcs.ca.gov/Documents/Managed\\_Care\\_Plan\\_Transition\\_Policy\\_Guide.pdf](https://www.dhcs.ca.gov/Documents/Managed_Care_Plan_Transition_Policy_Guide.pdf)

DHCS will monitor CoC for Special Populations as part of the monitoring that will happen for all Members experiencing a Transition. DHCS will direct MCPs to focus attention and resources on transitioning Members in Special Populations to minimize disruptions for individuals who are living in ICF/DD Homes.

### **CoC: Other Providers**

Under CoC, Members newly enrolled in an MCP may continue seeing their Out-of-Network Medi-Cal Provider if the Member, authorized representative, or Provider contacts the new MCP to make the request. MCPs must provide CoC for all medically necessary ICF/DD Home services for Members residing in an ICF/DD Home at the time of enrollment in an MCP, including professional services, ancillary services, and transportation services not already provided in the ICF/DD Home per diem rate. MCPs must also provide the appropriate level of care coordination, as outlined in APL 23-023 and in adherence to contractual requirements.

Members may continue seeing their existing Out-of-Network Medi-Cal Provider for up to 12 months after enrollment when the following conditions are met:

- » The Member has a pre-existing relationship with the Provider, defined as having seen the Provider for at least one non-emergency visit in the prior 12 months.
- » The Provider meets the MCP's professional standards and has no disqualifying quality of care issues.
- » The Provider is willing to work with the MCP (i.e., agree on payment and/or rates).

The MCP must accept requests made over the telephone, electronically, or in writing, according to the requester's preference. The MCP must ensure that transitioning Members are able to access assistance from the MCP's call center starting November 1, 2023, prior to their enrollment with the MCP beginning on January 1, 2024. The MCP must contact the eligible provider and make a good faith effort to either enter into a Network Provider Agreement with the eligible provider or enter into a CoC for Providers agreement for the Member's care.

As part of coordination of care and care transition efforts, DHCS strongly encourages MCPs to allow non-contracted providers to continue a Member's treatment plan. Members with conditions specified in H&S section 1372.96 may request to continue care with any provider type. To access CoC for providers, a request may be made to the MCP prior to the date of service. CoC also provides continued access to the following services but may require a switch to in-Network Providers: Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT), professional services,

and select ancillary services. Note that the MCP must make every effort to ensure continued access to care to those providers that have experience and expertise in working with Members with developmental disabilities.

If a Member is unable to access CoC as requested, the MCP must provide the Member with written notice of action of an adverse benefit determination in accordance with [APL 21-011](#), Grievance and Appeals Requirements, Notice and "Your Rights" Templates, or any superseding APL.

### **CoC: Authorizations**

Effective January 1, 2024, MCPs are responsible for authorization requests (known as Treatment Authorization Requests [TARs] in the FFS system) approved by DHCS for ICF/DD Home services provided under the ICF/DD Home per diem rate for the duration of the treatment authorization for existing authorization requests and for of up to two years for any new requests. Reauthorizations may also be granted for up to two years.

MCPs are responsible for all other approved authorization requests for services in an ICF/DD Home, exclusive of the ICF/DD Home per diem rate, for a period of 90 days after enrollment in the MCP, or until the MCP can reassess the Member and authorize and connect the Member to Medically Necessary services.

### **CoC: Data Sharing**

Successful data sharing between DHCS and MCPs is an important aspect to ensuring CoC. As such, the MCPs must have access to complete, accurate, and timely data. MCPs must have processes in place for receiving, storing, using, or transmitting Protected Health Information (PHI) and sharing data in accordance with applicable laws, MCP contract requirements, the Health Insurance Portability and Accountability Act (HIPAA), and DHCS data privacy and security standards. DHCS released data guidance to MCPs in March 2023 regarding the transition population. There will also be ongoing data sharing after the transition is in effect.

- » Planning data: a limited data set for historical utilization claims was shared with MCPs for the estimated transitioning population.
- » DHCS shared a second round of data with MCPs in November 2023.

### III. Support with Eligibility

Individuals who are competent can either use form [MC 382](#) or the single streamlined Medi-Cal application (at the point they are applying for Medi-Cal) to appoint an authorized representative.

For individuals who are unable to act for themselves, counties have a process to determine if there is someone who can act for them for the purposes of Medi-Cal eligibility based on hierarchy, such as a spouse, guardian, conservator, or person with legal authority like a Power of Attorney (POA). Per [All County Welfare Directors Letter \(ACWDL\) 94-62](#), anyone who knows of an applicant's need to apply can submit an application for the purpose of preserving the date of application for Medi-Cal. However, only certain individuals/entities can provide the necessary information to determine eligibility and act on behalf of an individual who cannot act for themselves. An ICF/DD Home can act on the resident's behalf if there is no spouse, conservator, guardian, or executor and the applicant is not considered competent. In order to assist a resident with Medi-Cal applications or renewals, an ICF/DD Home would need to contact their local county office. They can inform the county office of the applicant's known circumstances and that the Home is willing to act on behalf of the applicant who is not competent if there is no spouse, conservator, guardian, or executor, per the guidance in ACWDL 94-62. Contact information for county offices is available on the [DHCS County Offices webpage](#).

Additionally, [Medi-Cal Eligibility Procedures Manual \(MEPM\) 19](#) provides that Regional Centers may act on an applicant's behalf if they cannot act for themselves, or the individual's financially responsible family member can act on their behalf. It also allows counties to share ongoing eligibility information with the Regional Centers regardless of who acts on the client's behalf. There is no requirement that Regional Centers provide a form such as the MC 382 to collaborate with counties or act for a Member who can't act for themselves. DDS has corresponding guidance, as documented in the [Home and Community-Based Services \(HCBS\) Waiver Primer and Policy Manual](#), stating Regional Centers are authorized to apply for Medi-Cal on behalf of their adult consumers who do not have a legal guardian or conservator.

Applicants/Members who cannot act for themselves shall **not** be denied or discontinued solely for the reason that there is no entity assigned to act for them.

## IV. Enrollment into Managed Care

ICF/DD Home Members, or their representatives, can enroll in a managed care plan online, by mailing in a Choice Form, over the phone by talking to a Customer Service Representative, or in-person by visiting a Field Operations site.

- » Members can enroll online on the Healthcare Options (HCO) website, found at: <https://www.healthcareoptions.dhcs.ca.gov/en/enroll>.
- » Members can mail their Choice Forms to:
  - CA Department of Health Care Services
  - Health Care Options
  - P.O. Box 989009
  - West Sacramento, CA 95798-9850
- » Members can call the HCO Customer Service, Monday through Friday, 8am to 6pm PT, at 1-800-430-4263 (TTY 1-80-430-7077).
- » Members can search their local Field Operations site at: <https://www.healthcareoptions.dhcs.ca.gov/en/download-forms>.

Members are able receive assistance with their enrollment into a managed care plan. While the Choice Form indicates that the enrollment can be signed by the “Head of Household or Authorized Representative,” this does not have to be a legally determined Authorized Representative as indicated in the DHCS Medi-Cal Eligibility Data System (MEDS). For the purpose of the Choice Form, the authorized representative may include:

- » An ICF/DD Home Administrator;
- » A family member;
- » A case manager; and
- » Other supports as determined by the Member.

Additionally, HCO can provide enrollment assistance to Members or their representatives over the phone. Medi-Cal HCO has a process in place whereby someone who is not a Member’s legal representative can still assist a Member in enrolled in an MCP. This process will allow an Enrollment Assistant to make an enrollment choice on behalf of a Member.

## V. ICF/DD Home Payment Rate

### Payment Rates and Directed Payment

In counties where ICF/DD Home services are *newly transitioning* to managed care (non-COHS counties), MCPs must reimburse ICF/DD Home providers at **exactly** the Medi-Cal FFS per diem rates.

In counties where ICF/DD Home services are *already MCP covered services* (COHS counties), MCPs must reimburse ICF/DD Home providers at **no less than** the Medi-Cal FFS per diem rates.

ICF/DD Homes who are contracted with an MCP are subject to the State-directed payment arrangement. Services provided to Members *outside of the per diem* are payable by MCPs based on the MCPs' agreement with the provider. Those ICF/DD Homes who are not yet contracted with MCPs are still subject to CoC requirements per [APL 23-022](#). MCPs must reimburse non-contracted providers at **no less than** the Medi-Cal FFS per diem rates.

Further information regarding ICF/DD Home rates can be found in the [Medi-Cal Provider Manual](#).

### Timely Payment of Claims

MCPs must provide a process for Network Providers to submit electronic claims and to receive payment electronically if a Network Provider requests electronic processing including, but not limited to, processing automatic crossover payments for Members who are dually eligible for Medicare and Medi-Cal. MCPs must allow an invoicing process with minimum necessary data elements for ICF/DD Homes unable to submit electronic claims. See the [Billing and Invoicing Guidance](#) for agreed-upon data elements that MCPs and ICF/DD Homes must use for the invoicing process.

MCPs must pay timely in accordance with the prompt payment standards within their MCP Contract. MCPs must pay claims, or any portion of any claim, as soon as practicable but no later than 30 calendar days after receipt of the claim, and are subject to interest payments if failing to meet the standards.<sup>10</sup> MCPs must pay 90 percent of all clean claims from practitioners, who are in individual or group practice or who practice in

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<sup>10</sup> H&S § 1371

shared health facilities, within 30 calendar days of receipt, and 99 percent of all clean claims from such practitioners' claims within 90 days of the date of receipt.<sup>11</sup> Please refer to [APL 23-020](#), Requirements for Timely Payments of Claims, regarding requirements for MCPs related to timely payment of claims including Network Provider training requirements.

MCPs are highly encouraged to pay claims and invoices in the same frequency in which they are received, whether electronic or paper claims. If, as the result of retroactive adjustments to the Medi-Cal FFS per diem rates by DHCS, additional amounts are owed in accordance with APL 23-023 to a Network Provider of ICF/DD Home services, then MCPs must make such adjustments in a timely manner, but no later than 30 working days after the receipt of the claim by the health care service plan.

MCPs must ensure that the Network Providers of ICF/DD Home services receive reimbursement in accordance with these requirements for all qualifying services regardless of any Subcontractor arrangements.

While these are the minimum requirements, MCPs are not precluded from advancing payments to ICF/DD Homes and reconciling to the paid amounts based on what the providers have appropriately billed, particularly at the start of the transition so that ICF/DD Homes can get accustomed to the MCPs' claims payment processes and MCPs can ensure timely payment and cash flow to ICF/DD Homes.

## **Included Services and Supplies**

In addition to the information below, a list of included and excluded services can be found in Appendix A of APL 23-023.

Per CCR 51510.1,<sup>12</sup> each provider of intermediate care services for the developmentally disabled shall furnish all equipment, drugs<sup>13</sup>, services, and supplies necessary to provide intermediate care services. Such equipment, drugs, supplies, and services are, at a minimum, those which are required by law, including those required by federal Medicaid regulations and state licensing regulations. Included services and support may differ based on ICF/DD Home type and are noted as such below. A list of included and excluded services and supplies can be found in APL 23-023.

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<sup>11</sup> 42 CFR § 447.45(d)(2) and (d)(3)

<sup>12</sup> 22 CCR § 51510.1

<sup>13</sup> Physician Administered Drugs are not part of the per diem rate.

Also included in their daily rate is any Active Treatment Programming, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services, and related services per Title 42 CFR section 483.400.<sup>14</sup>

- » Active treatment, health support, food and nutrition, recreational and pharmaceutical services;
- » Clients shall be provided those services as recommended by the interdisciplinary professional staff/team in accordance with each Member's Individual Service Plan (ISP) including:
  - Case conference review of Member's developmental needs;
  - Joint development of ISPs;
  - In-service training of direct care staff and follow up to ensure proper implementation of ISPs; and
  - Advising on the need for provision of various types of intervention or specialized equipment beyond the capabilities of the Home or staff;
- » Provision shall be made for social services as determined by the interdisciplinary professional staff/team and in accordance with each Member's ISP;
- » If diagnostic and therapeutic services are not provided in the Home, written arrangements shall be made for obtaining all diagnostic and therapeutic services prescribed by the attending physician, podiatrist, dentist, licensed psychologist, or interdisciplinary professional staff/team subject to the scope of their practice and the policies of the Home. If the services cannot be brought into the Home, the Home shall assist the Member, if necessary, in arranging for transportation to and from the service location; and
- » Arrangements shall be made for one or more physicians to be called in a medical emergency and their telephone numbers shall be prominently displayed near the Home's telephone, per 22 CCR section 76853.<sup>15</sup>

Furthermore, per 22 CCR 51510.3,<sup>16</sup> ICF/DD-N Homes are also required to provide:

- » Administrative services in accordance with 22 CCR sections 73908 through 73932;
- » Health, support, food, and nutritional and pharmaceutical services as required in 22 CCR sections 73875 through 73097;

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<sup>14</sup> 42 CFR § 483.400

<sup>15</sup> 22 CCR § 76853

<sup>16</sup> 22 CCR § 51510.3

- » Transportation services when necessary for round trips to attending physicians in accordance with 22 CCR section 51343.2(i), (j), and (o)<sup>17</sup>;
- » Development, training, and habilitative program services that can be expected to result in a higher level of Member functioning and a lessening dependence on others in conducting daily living activities or in the prevention of regression<sup>18</sup>; and
- » “Specific equipment and supplies” which refers to equipment and supplies that can be used by more than one person that are necessary to provide Level of Care for this type of Home. Equipment that is specific to an individual and cannot be used by others is excluded from per diem (i.e., custom wheelchair).

## VI. Service Authorizations

### Service Authorization Criteria

In addition to the Certification for Special Treatment Program Services form (HS 231)<sup>19</sup> and Medical Review/Prolonged Care Assessment (PCA) form (DHCS 6013A)<sup>20</sup> documents needed for authorization, DHCS requires the MCP ICF/DD Authorization Request form which can be found as an attachment in APL 23-023. This form takes the place of the Treatment Authorization Request (TAR) Form 20-1, which is used in FFS. MCPs have a choice of using the DHCS created document or creating a document of their own that contains the following fields. The MCP cannot add any additional fields for treatment authorization.

- » Member name
- » Medi-Cal Identification Number and Eligibility
- » Facility/Home Name, Address and Contact Information

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<sup>17</sup> 22 CCR § 51343.2

<sup>18</sup> 22 CCR § 51343.1(e)

<sup>19</sup> Form HS 231 can be found at: [https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/7F3DBDBF-4A2D-4779-AAEA-9EBA2873CBC6/hs\\_231.pdf?access\\_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO](https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/7F3DBDBF-4A2D-4779-AAEA-9EBA2873CBC6/hs_231.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO)

<sup>20</sup> Form 6013A can be found at: [https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/39FFA4DB-4B59-433F-B5C9-05B94C298B4A/6013a\\_prolonged\\_care\\_assessment.pdf?access\\_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO](https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/39FFA4DB-4B59-433F-B5C9-05B94C298B4A/6013a_prolonged_care_assessment.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO)

- » International Classification of Disease (ICD) Diagnoses Code
- » Initial, Transfer, or Re-admission or Re-authorization
- » Prescribing Physician Name and License Number
- » Level of Care Requested (ICF/DD, ICF/DD-H, or ICF/DD-N)
- » The Admit Date
- » The From Date
- » The Through Date
- » Physician Signature

*Note: The authorization request is initiated by the ICF/DD Home. Per 22 CCR section 51343(a), the Home's attending physician must sign the authorization request and certify to the Department that the Member requires this level of care. The signature page should be uploaded as an attachment via provider portal, email, or fax, dependent on the MCP.*

## **VII. Billing and Invoicing**

### **Approved Formats and Data Elements**

MCPs must train ICF/DD Homes on their billing protocols, including how to submit claims. ICF/DD Homes will have the option to submit claims digitally, via electronic data interchange (EDI). This option will be implemented using ANSI ASC x12N 837P/I 837I claim transactions using the same HIPAA compliant code sets. ICF/DD Homes will also have the option to submit claims via other nationally accepted electronic file format standards (e.g., CMS 1500, CMS 1450, UB-04). MCPs must train ICF/DD Homes on their billing protocols including how to submit claims.

If an ICF/DD Home is unable to submit compliant claims digitally, the ICF/DD Home may instead submit invoices to MCPs on the paper form of the UB-04. These forms are readily available through office supply stores and pre-printed in a logical layout. The ICF/DD Homes that elect to use this manual option will fill the forms out using the "necessary data elements defined by DHCS." These elements are defined in Appendix E of this guide.

MCPs will work closely with ICF/DD Homes to facilitate efficient and effective implementation of this alternative approach to billing and invoicing when needed. This cooperative approach will ensure responsibilities outlined in this guidance are satisfied by all delegated entities.

## File Format and Transmission Methods

MCPs must accept these Billing and Invoice Guidance data elements as a properly payable claim. As stated above, both the ICF/DD Homes and the MCPs have advocated for standardization and simplified uniform processes. Many stakeholders explicitly prefer the national standardized forms, including the paper version of the UB-04.

At the same time, DHCS is allowing flexibility when an MCP and an ICF/DD Home voluntary agree to share invoice information using a different method. Should the parties elect to pursue such an alternative, then DHCS stipulates that the invoicing template needs to be user-friendly, such as a fillable PDF. MCPs and ICF/DD Homes may mutually agree to complete and submit files by another format (e.g., standard CSV files).

MCPs' invoice templates should be user-friendly, including features such as:

- » Include clear instruction for submission.
- » Use "locked" fields to minimize submission errors, including drop-down selection options.
- » Provide data fields which auto-populate based on previous data element submissions, where feasible.
- » Allow options to check when Rendering Provider and Billing Provider Information are the same (e.g., address, phone number, etc.).
- » Perform automatic error checks prior to submission.
- » Be consistent — request data in the same sequence and using the same language as presented in "Data Elements."
- » Allow invoices to include multiple services rendered on a single day by a single ICF/DD Home for a single Member.

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

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

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

## Reporting Frequency

MCPs shall allow ICF/DD Homes to submit electronic claims, or non-electronic service invoices, in the same frequency as billing is submitted.

## Adjudication Processes and Return Transmissions

MCPs must process invoices and provide feedback to submitters in alignment with standard health care service plan reimbursements regulations<sup>21</sup> and in adherence to its Contract with DHCS and to correspond to APL 23-023, including:

- » Receipt of submission: The receipt of submission transaction is intended to confirm that the transaction was received, not that it is complete or approved.
- » Error files with actionable guidance for invoice error resolution, if needed.

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

## Secure Transaction Protocols

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

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

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<sup>21</sup> Regulations include, but are not limited to, California Health and Safety Code sections 1371 through 1371.39, available [here](#).

## VIII. MCP Credentialing Process

Each ICF/DD Home, regardless of Home type, will be required to go through a credentialing process with each of the MCPs that the Home is contracted with. This will require an initial documentation submission at or around the time of contracting, as well as an attestation every two years thereafter. DHCS will allow MCPs to deem ICF/DD Homes credentialed via attestation if the ICF/DD Homes' state regulatory processes are current. Per APL 23-023, to meet MCP credentialing requirements, ICF/DD Homes must submit:

- » An ICF/DD Attestation under penalty of perjury that the following credentialing requirements are satisfied:
  - Completion of the Medi-Cal Managed Care Plan's specific Provider Training within the last two (2) years
  - Facility Site Audit from State Agency
  - No Change in 5% Ownership Disclosure since the last submission to MCP
  - Possess an active CDPH License and CMS Certification<sup>22</sup>
  - In good standing as a Regional Center Vendor
- » For the initial credentialing, ICF/DD Homes must submit the below items in addition to the ICF/DD Attestation:
  - W-9 Request for Taxpayer Identification Number and Certification
  - MCP Ancillary Facility Network Provider Application
  - Certificates of Insurance (Professional and General Liability)
  - City or County Business License (excludes ICF/DD-H and -N Homes with six or less residents)
  - 5% Ownership Disclosure

This streamlined credentialing policy will be in effect until DHCS reassesses the risk level for ICF/DD Homes. At such time, DHCS may require MCPs to complete full credentialing with ICF/DD Homes.

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<sup>22</sup> The CMS Certificate is the same as Medi-Cal Certification.

## **IX. Medi-Cal Managed Care Plan Outreach and Engagement with ICF/DD Homes**

DHCS will continue to communicate with stakeholders in a variety of methods. The communication strategy has several target audiences including Members, providers (ICF/DD Homes), Regional Centers, managed care plans (MCPs), trusted advisors, and the public.

### **Members**

DHCS will be mailing 60-day and 30-day Member notices directly to Members and their authorized representative(s), no later than November 1, 2023, and December 1, 2023. DHCS will also mail My Medi-Cal Choice Packets to eligible Members that are not part of the Medi-Cal matching plan policy on November 3, 2023. The 60-day and 30-day notices explain LTC benefit changes, transition to mandatory managed care, information on MCPs, information on health plan options, information on CoC, and includes the Member's assigned health plan if a Member does not make a choice. The Member notices are posted on the [ICF/DD Carve-In Member Information webpage](#).

The Notice of Additional Information (NOAI) is also available on the ICF/DD Carve-In Member Information webpage and is accessible through a Quick Reference (QR) code in the notices. Members can request to receive the NOAI in print or alternative format.

Health Care Options, DHCS' enrollment broker, will also conduct a call campaign to Members from November 2023 through January 2024 to ensure Members are aware of the transition.

DHCS also published a plain language version of the Member notice on [the ICF/DD Carve-In Member Information webpage](#).

### **ICF/DD Homes and Regional Centers**

DHCS will be communicating to the ICD/DD Homes through various channels:

- » DHCS emailed the ICF/DD Carve-In Transition Notification Letter to ICF/DD Homes to ensure providers are informed of the transition and is posting information about the Carve-In via the Provider Bulletin and Newsflash on <http://www.medi-cal.ca.gov/>.
- » DHCS has also issued policy guidance through FAQs, which is posted to [the DHCS ICF/DD Carve-In webpage](#) and is regularly updated.

- » DHCS began hosting an educational webinar series in July 2023 that is targeted to ICF/DD Homes, Regional Centers, and MCPs but is open to the public. Topics include: ICF/DD Carve-In 101s, Promising Practices, Billing and Payment, etc. Materials from webinars, including the recording and presentation slide deck, are posted on [the DHCS ICF/DD Carve-In webpage](#).
- » DHCS is hosting several Office Hour sessions to serve as an opportunity for ICF/DD Homes, Regional Centers, and MCPs to receive on going technical assistance from DHCS and DDS in between educational webinars.
- » DDS has released a directive to Regional Centers, titled "[Intermediate Care Facility for Developmentally Disabled Transition to Managed Care](#)," which is available on the [DDS Regional Center Directives webpage](#).

## Managed Care Plans

- » DHCS emailed the ICF/DD Carve-In Transition Notice to MCPs, in addition to ICF/DD Homes, to ensure MCPs are informed of the upcoming transition.
- » DHCS is hosting an educational webinar series, beginning in July 2023, that is targeted to ICF/DD Homes, Regional Centers, and MCPs but will be open to the public. Topics include: ICF/DD Carve-In 101s, Promising Practices, Billing and Payment, etc. Materials from webinars, including the recording and presentation slide deck, are posted on [the ICF/DD Carve-In webpage](#).
- » DHCS is hosting several Office Hour sessions to serve as an opportunity for ICF/DD Homes, Regional Centers, and MCPs to receive on going technical assistance from DHCS and DDS in between educational webinars.
- » DHCS distributed an ICF/DD Homes Key Contact list to MCPs. This point-in-time list was intended to support communication, outreach, and partnership development among MCPs and ICF/DD Homes and overall readiness for the January 1, 2024, go-live of the CalAIM ICF/DD transition to Managed Care.
- » DHCS leverages existing weekly All-Plan calls to provide a forum for MCPs to ask questions and receive policy guidance/clarification.

## Trusted Advisors

Trainings for trusted advisors occurred in advance of the ICF/DD transition on January 1, 2024, to support a seamless transition into Medi-Cal managed care.

These trainings are intended to support trusted advisors, such as Health Care Options (HCO), Medi-Cal Help Line (CA-MMIS) Training, LTC Ombudsman, and Medicare Medi-

Cal Ombudsman, that engage directly with Members and require accurate information on the transition policies in order to effectively support Members.

## **General Public and Other Stakeholders**

Fact Sheets, FAQs, and handouts will be developed as needed to support the general understanding of the ICF/DD transition. All materials will be available on [the ICF/DD Carve-In webpage](#).

## **X. ICF/DD Promising Practices**

The following promising practices are not required policy, however, DHCS encourages Regional Centers, MCPs, and ICF/DD Homes to follow the below practices to ensure the highest quality of care and coordination for ICF/DD Home Members.

### **Internal Knowledge Building by MCPs**

For MCPs new to the ICF/DD LTC benefit, it will be important to build internal capacity and familiarity ahead of the transition. This will include ensuring that all staff, including call center staff, understand the ICF/DD benefit and have ICF/DD-specific knowledge including the ways ICF/DD Home claims and payments may differ from other providers. Additionally, ensuring care management staff are familiar with this new population joining the MCP as well as the range of Home and Community-Based Services (HCBS) and Community Supports available to Members.

### **Building Relationships**

MCPs and ICF/DD Homes have reported that it is important to invest in developing communications channels between MCPs and ICF/DD Homes. This may include “goodwill tours” to the Homes conducted by the MCPs to help foster relationships. This also encourages MCPs to have a better understanding of the Homes and the Members who reside there.

### **Learning Collaboratives**

MCPs and ICF/DD Homes have reported the need to better understand the operations of each agency type. Given the role of the Regional Centers with ICF/DD Home services, it is recommended that MCPs, Regional Centers, and ICF/DD Homes create and participate in learning collaboratives that may be specific to local relationships, regional,

or statewide. The learning collaborative model may provide opportunities for all partners to better:

- » Understand person-centered thinking and planning which is a critical component of ICF/DD services and supports;
- » Understand the ICF/DD model and federal requirements;
- » Problem-solve authorization and billing issues;
- » Problem-solve provider workforce development; and
- » Plan for the quality improvement of services and supports.

## **Proactive Transition Planning**

MCPs and ICF/DD Homes should meet ahead of the transition to conduct some joint planning for the transition. This may include:

- » Sharing of the Individual Program Plan (IPP) and ISP. Although not required, sharing all planning documents could be instrumental in ensuring a smooth transition and continuation of all services and supports.
- » MCPs and ICF/DD Homes may elect to use the pre-transition period to discuss any known Member needs that fall outside of the ICF/DD Home service delivery, and which MCPs may wish to be aware of. Such services may include planned medical procedures or anticipated transitions to other living settings.

ICF/DD Homes are encouraged to collaborate with their Members and Members' authorized representatives to make their plan selections early. Once plan selections are made, ICF/DD Homes are encouraged to promptly communicate and provide the individuals' Treatment Authorization Request (TAR) information to the appropriate MCP. While DHCS will be providing all MCPs with TAR data for current ICF/DD Home residents as part of a data exchange prior to January 1, 2024, further direct coordination between the Homes and MCPs may be helpful to ensure a seamless transition. A copy of the TAR form can be sent to the MCP through their LTSS Liaison.

MCPs are encouraged to promptly enter each Member into their system to further ensure efficient payment processing. MCPs are also encouraged to promptly enter each Home into their claims system to ensure prompt payment processes.

For medical supplies, transportation, or other Medi-Cal benefits not included in the per diem rate, ICF/DD Homes and MCPs should work together to proactively identify where Homes may be using providers or vendors not in the MCP's existing network, so that all Members have coverage of essential supplies and benefits on the first day of transition

to managed care. To support this, MCP's will have access to claims data to help identify those providers.

While Homes are typically providing transportation to/from visits to a Member's attending physician and Day Programs, MCPs should be available to help support the ICF/DD Homes should the Home's vehicle(s) not be able to support the Non-Emergency Medical Transportation (NEMT) and/or Non-Medical Transportation (NMT) needs of their Members residing in the Home. MCP's should educate Homes on the process of requesting the transportation benefit for their Members.

## **Contracting**

MCPs are encouraged to meet with ICF/DD Homes to review the terms and conditions of their contract. This includes discussing what terms and conditions come from the Model Contract Language provided by DHCS and those that are MCP specific.

ICF/DD Homes are encouraged to share information with MCPs about the other service providers currently serving Members residing in their Home to support in the MCP's efforts to bring providers in-network if they are not already.

## **LTSS Liaison Roles and Responsibilities**

ICF/DD Homes have reported challenges in identifying MCP staff who understand and are specifically trained in LTC issues, including those related to ICF/DD services and supports. To address this challenge and support the overall transition of ICF/DD services within Medi-Cal managed care, DHCS required all MCPs to identify an LTSS Liaison. MCPs are encouraged to ensure ICF/DD Homes understand who their LTSS liaison is and how to communicate and partner with them. The LTSS liaison is intended to serve as an MCP single point-of-contact for ICF/DD Homes and serve in both a provider representative and care coordination representative role. This individual or set of individuals can assist ICF/DD Homes in addressing claims and payment inquiries and assist with care transitions among the LTSS provider community to best support a Member's needs and their individualized care plans. To request the MCP specific LTSS Liaison in the county, please contact [LTCTransition@dhcs.ca.gov](mailto:LTCTransition@dhcs.ca.gov).

## **MCP's Engagement with the Regional Centers**

MCPs will need to work with the Regional Centers in California as part of the process of admitting an individual into an ICF/DD Home. The Regional Center will assess if an individual meets ICF/DD level of care requirements per CCR Title 22 Sections 51343.1 –

51343.3. The Regional Center will then submit a referral packet, which includes all relevant diagnostic information, to the ICF/DD Home for review. The ICF/DD Home will then confirm bed availability and the capacity to serve the individual and will in turn notify the Regional Center.

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 MCP ICF/DD Authorization Request form (shows Level of Care met);
- » MCP ICF/DD Authorization Request form (known as the TAR form in FFS);
- » 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 reauthorization is submitted for an individual; and
- » ISP submissions are required as part of the periodic review of ICF/DD-N Homes as mandated by CCR Title 22, Section 51343.2(k).

The MCP reviews the submitted MCP ICF/DD Authorization Request form, HS 231 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, modification, or denial). The decision is then communicated to the ICF/DD Home. As noted in APL 23-023, the Regional Center's decision of Medical Necessity stands for both initial authorizations and reauthorizations.

## **Service Authorizations**

MCPs must ensure timely access to ICF/DD Home services. Requests for service authorization review must be provided within 5-14 calendar days of the request.<sup>23</sup>

There may also be instances in which an expedited authorization is needed. Per 42 CFR section 438.10 and H&S section 1367.01, an expedited authorization decision may be needed in cases in which following the standard timeframe for Prior Authorizations could seriously jeopardize the Member's life, health, or ability to maintain or regain maximum function. MCPs must provide its authorization decision as expeditiously as the

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<sup>23</sup> W&I §14197

Member's health condition requires but no longer than 72 hours after the MCP's receipt of the request for services.

MCPs should communicate requests for supporting documentation in a timely manner – this may also include requesting documents from Homes as well as the Regional Centers.

MCPs should facilitate regular communication among the Regional Center and Home regarding a change in the Member's status and work together to ensure a Member's needs are met, especially before, during, and after a Leave of Absence or Bed Hold.

MCPs and ICF/DD Homes may use contracts or policies and procedure to ensure clarity and smooth authorization processes, including:

- » Providing easily understandable and readily available descriptions of the authorization request process and timeframe for ICF/DD services;
- » Ensuring staff at Homes understand timing and processes to request a reauthorization for a resident whose existing authorization is nearing the end date;
- » Reminding ICF/DD Homes that Members can request an additional 12 months of CoC following the initial CoC period;
- » Developing clear, specific, and available MCP escalation contacts for Homes and/or Members to escalate concern when there are authorization delays; and
- » Creating and sharing retroactive authorization policies that allow providers more time to submit authorization requests.

MCPs new to covering ICF/DD services or who are not experienced with ICF/DD authorization criteria are required to build existing requirements into the utilization management policies and procedures.

## **Billing and Payment**

To prepare for the MCP billing and payment process, ICF/DD Homes can:

- » Determine whether the ICF/DD Home plans to submit electronic claims or invoices and share that information with MCPs during the contracting process;
- » If the Home plans to submit invoices, review the [Billing and Invoice Guidance](#) and verify the Home can capture all required data elements;
- » Attend MCP-led trainings to understand their claims processes, particularly their clean claims requirements;

- » Discuss payment timeframes with the MCPs should the Home anticipate cash flow challenges; and
- » ICF/DD Homes are also encouraged to subscribe to the [Medi-Cal Subscription Service](#) (MCSS). The MCSS notifies subscribers of content updates to the site relative to the communities and topics pertinent to them.

As ICF/DD Homes get accustomed to the MCP claims processes, MCPs can:

- » Allow for electronic claims submission testing for ICF/DD Homes;
- » Handle ICF/DD Homes' claim types as high priority; and
- » Provide one-on-one support to ICF/DD Homes to address any challenges or issues that may arise.

## XI. Appendices

### Appendix A: Definitions

Subsequent terms used in this guide are defined as follows.

**Claim** means:

- » A bill for services
- » A line item of service
- » All services for one Member within a bill

**Clean Claim** means one that can be processed without obtaining additional information from the provider of the service or from a third party. It includes a claim with errors originating in a State's claims system. It does not include a claim from a provider who is under investigation for fraud or abuse, or a claim under review for medical necessity.

**Contract** means the written agreement between a Home and the MCP.

**Facility** and **Home** are interchangeable terms for an Intermediate Care Facility/Developmentally Disabled (ICF/DD) and includes the following types:

- » **ICF/DD-Habilitative** as defined in Health and Safety Code (H&S) section 1250(e)
- » **ICF/DD-Nursing** as defined in H&S section 1250(h)
- » **ICF/DD** as defined in H&S section 1250(g)
- » This transition does not include ICF/DD-Continuous Nursing Care Program

#### **Individual Program Plan**

- » In addition to the assessment for the appropriateness of an individual to reside in a Home, the Regional Center is also responsible for the development of an Individual Program Plan (IPP). An IPP serves as a contract between the Regional Center and an individual, and identifies (1) all services and supports the individual needs and is entitled to receive and (2) whether the Regional Center will provide, supervise, or pay for the services, or another agency will. The IPP includes all services and supports the individual needs, even if a service will be provided by another source, such as Medi-Cal. The IPP process centers on the individual, and if appropriate, the individual's parents, legal guardian or conservator, or authorized representative. The individual may choose whomever they wish to take part in their IPP meeting. The IPP is an ongoing process that is updated regularly, and through the life cycle of the individual. The Member is the director of their IPP and the IPP is the comprehensive plan for all services and supports.

- » The IPP helps identify and plan how a person with an intellectual or other developmental disabilities will choose and receive services and supports, including where to live. The IPP contains approximate scheduled start dates and timeline for actions necessary to begin services and supports, the type and number of services and supports the Regional Center will purchase or that will otherwise be obtained, and a list of parties responsible for providing services and supports. This document is primarily used by the Regional Center in coordination with the individual for all the individual's services and supports. While it is not required of any Regional Center or ICF/DD Home to share their IPP with an MCP, it is encouraged as part of innovative communication promising practices.

### **Individual Support Plan**

- » The Individual Support Plan (ISP) is the document that is used as the service plan for the individual. An ISP is a working plan developed by the individual with the ICF/DD Home that outlines the ways by which a provider, including an ICF/DD Home, assists the person to attain his/her personal goals, as defined in the person's IPP. The written plan can be sent to the MCP, developed jointly with the individual and anyone the individual chooses to include in planning, based on the comprehensive functional assessment. The document includes the active treatment goals, objectives, and methodology, and must be developed within 30 calendar days of admission. The functional assessment must be reviewed annually by the ICF/DD Home and updated as needed.<sup>24</sup> For ICF/DD and ICF/DD-N residents, the ISP is also reviewed by the ICF/DD Home at least annually as well as at any time of notable change. For ICF/DD-H Homes residents, the ISP is required to be reviewed at least every six months.<sup>25</sup> While it is only required for ICF/DD-N Homes to provide a copy of the ISP to the MCP, it is highly encouraged for all Homes to share a Member's ISP as part of innovative communication promising practices.

**MCP** means a Managed Care Plan that contracts with the Department of Health Care Services to provide Medi-Cal services to Members.

**Member** means a Medi-Cal recipient who is enrolled with the MCP.

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<sup>24</sup> See State Operations Manual Appendix J, at: [https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/som107ap\\_j\\_intermcare.pdf](https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/som107ap_j_intermcare.pdf)

<sup>25</sup> 22 CCR § 76857(a)(11)(c)

**Network Provider** means a Provider that subcontracts with Contractor for the delivery of Medi-Cal Covered Services, including a Home that provides Per Diem Services defined above.<sup>26</sup>

**Per Diem Services**

- » For ICF/DD-Nursing, the services described in 22 Code of California Regulations (CCR) sections 76345 through 76355;
- » For ICF/DD-Habilitative, the services described in 22 CCR sections 76853 through 76906; and
- » For ICF/DD Home, the services described in 22 CCR sections 76301 through 76413 and 22 CCR section 51165.

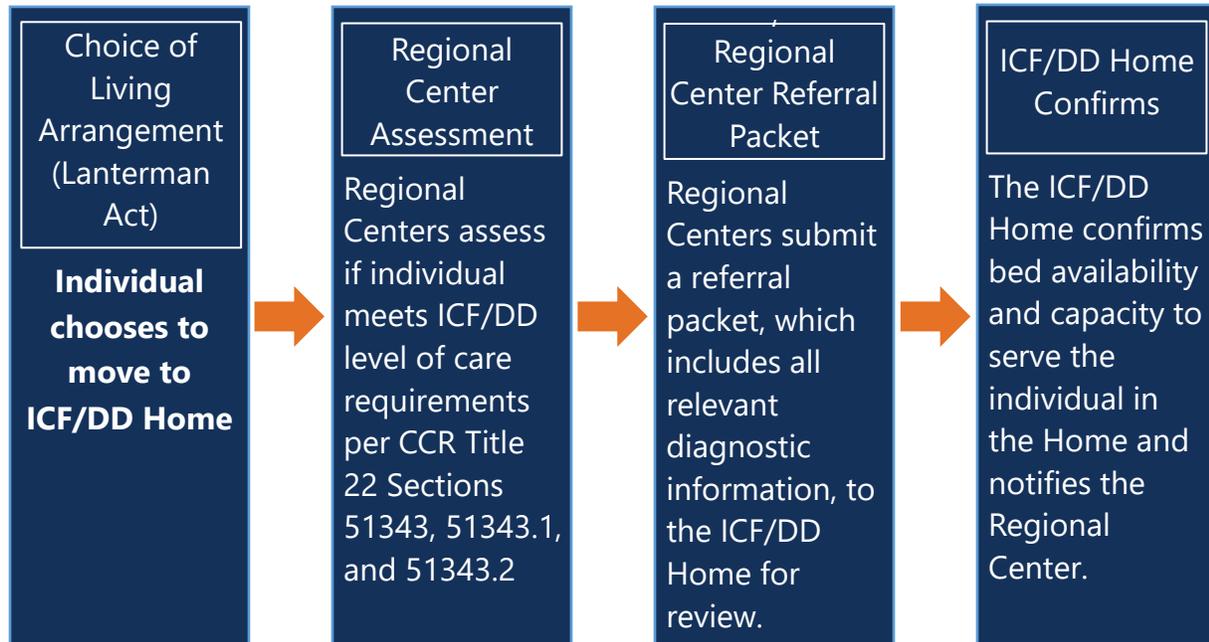
**Regional Center** means one of twenty-one private non-profit organizations that contract with the Department of Developmental Services to provide or coordinate services and supports for individuals with developmental disabilities.

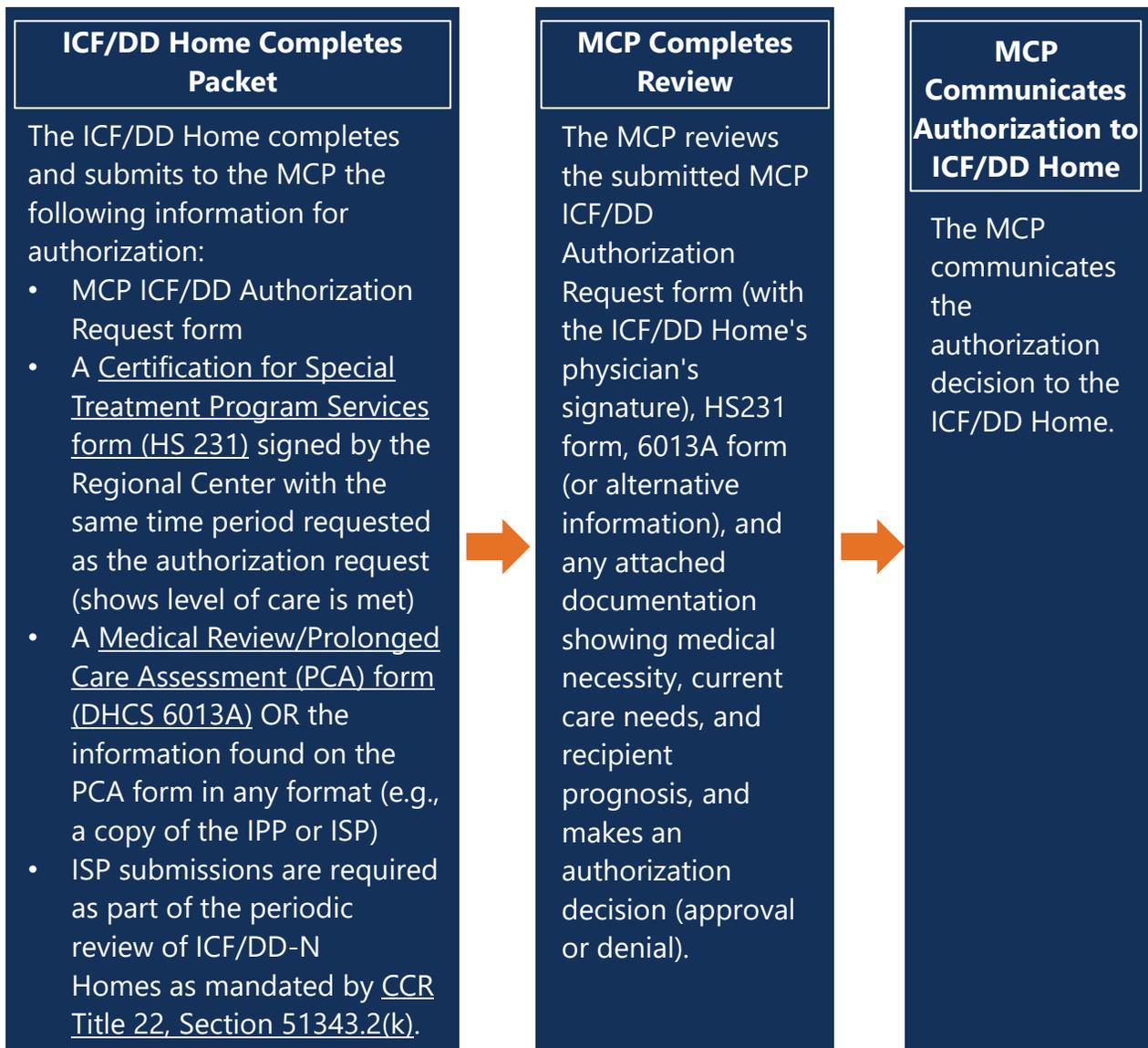
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<sup>26</sup> See The Two-Plan Non-CCI Boilerplate, at: <https://www.dhcs.ca.gov/provgovpart/Documents/2-Plan-Non-CCI-Boilerplate-Final-Rule-Amendment.pdf>

## Appendix B: Authorization Process for ICF/DD Home: Post Carve-In

**What is changing?** Following the ICF/DD Carve-In, MCPs (not DHCS) will receive and process authorization requests (using the MCP ICF/DD Authorization Request, not the TAR 20-1) 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:

- » [TAR Completion for Long Term Care \(tar comp ltc\)](#) section of the Medi-Cal Provider Manual
  - This section of the Medi-Cal Provider Manual is currently being updated.
  - While not part of this flow chart, there will also be an upcoming transition from the Payment Request for Long Term Care 25-1 form to the UB-04 claim form effective February 1, 2024.
- » MCP ICF/DD Authorization Request form; and
- » [Utilization Review: ICF/DD, ICF/DD-H and ICF/DD-N Facilities \(util review\)](#).

## Appendix C: Map of Transitioning Counties for ICF/DD Homes

### Transitioning Counties for Intermediate Care Facilities: Developmentally Disabled

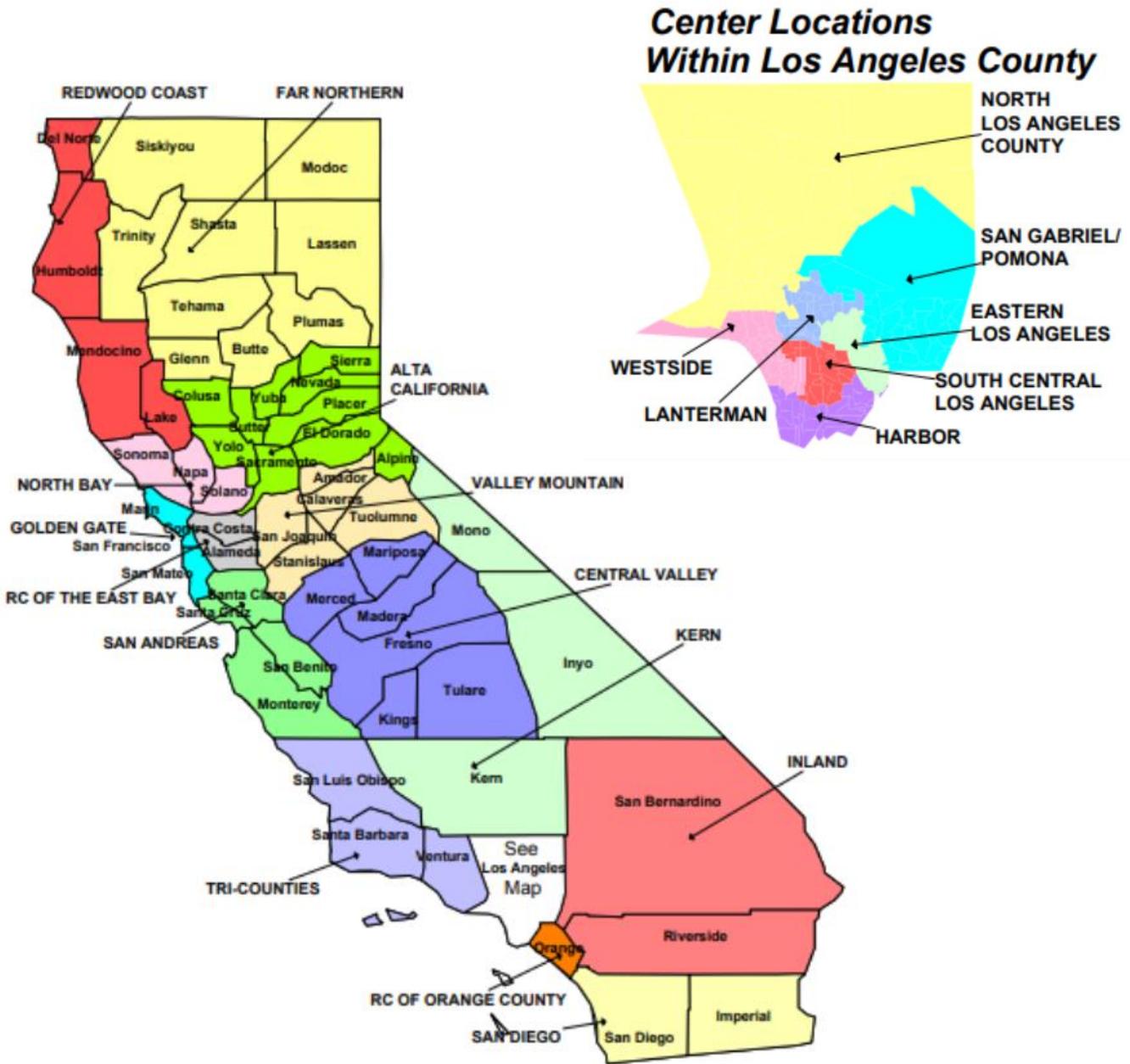
- County Organized Health Systems (COHS) Counties
- Counties Transitioning to Managed Care



See Table 1 in this guide for the corresponding list of transitioning counties.

## Appendix D: Regional Center Areas

An interactive version of this map is available at: <https://www.dds.ca.gov/rc/lookup-rcs-by-county/>.



## Appendix E: Billing and Guidance Data Elements

**Table 1. ICF/DD Home Provider Information**

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

**Table 2. Member Information**

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

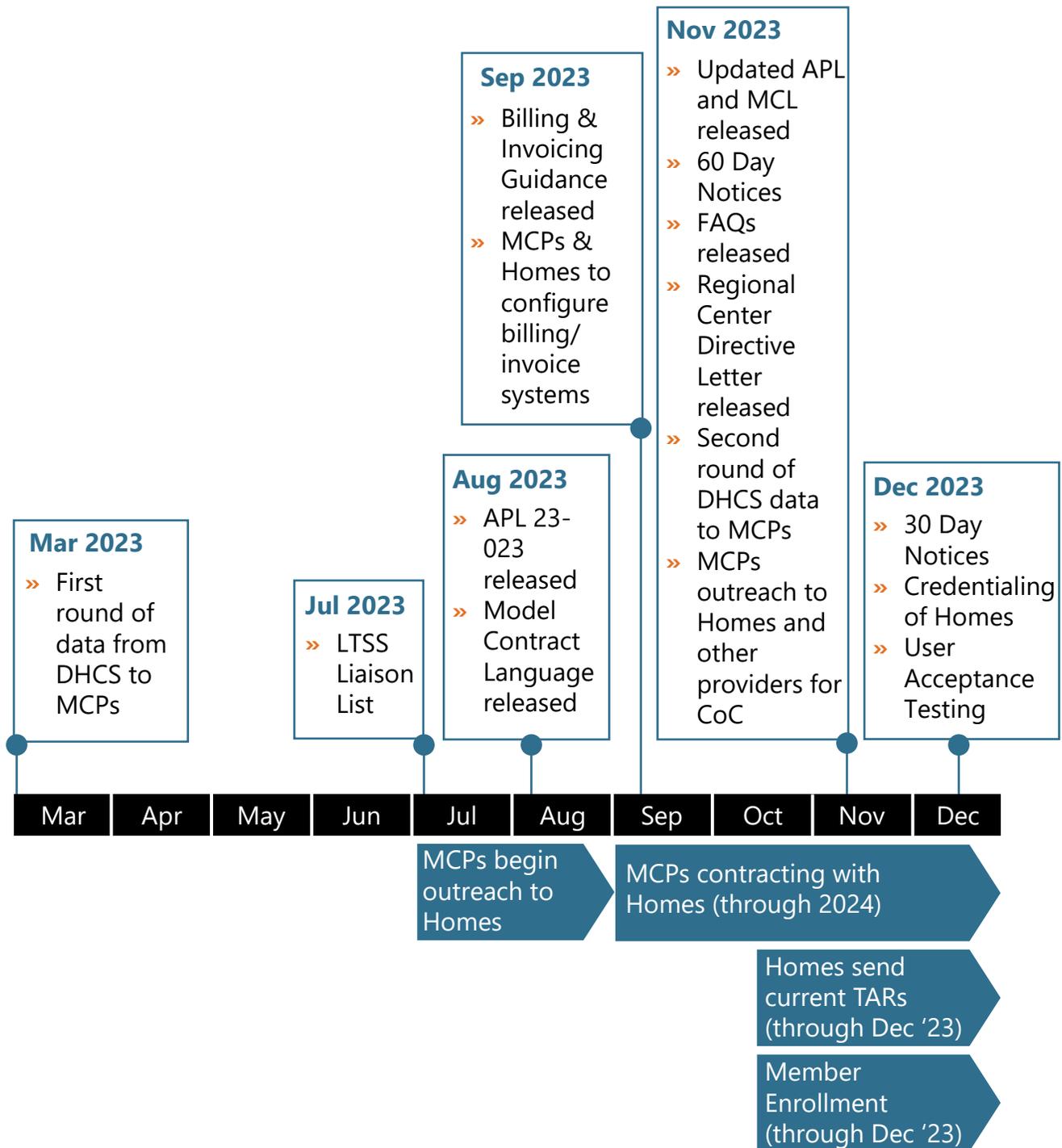
**Table 3. Service and Billing Information**

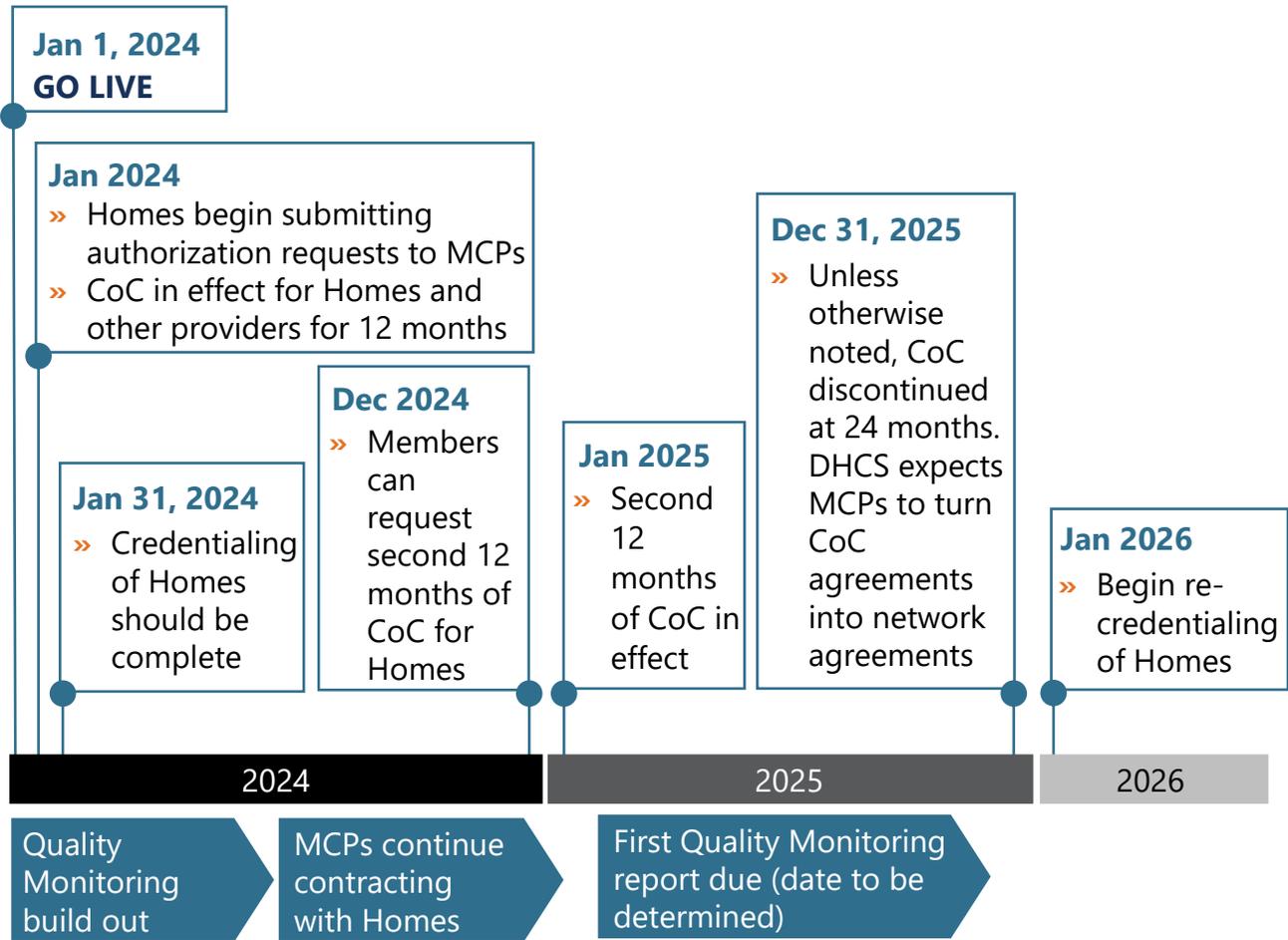
<b>Data Element</b>	<b>Required/Optional</b>
Primary Payer Identifier	Required
Payer Name	Required
Procedure Code	Optional
Revenue Codes	Required
Value (Accommodation) Codes	Required
Service Start Date	Required
Service End Date	Required
Service Name	Optional
Service Unit Count (days)	Required
Place of Service	Optional
Member Diagnosis Code(s) <sup>3</sup>	Required
Service Unit Cost(s)/Per Diem	Required
Number of Units Billed	Required
Total Gross Amount	Required
Share of Cost	Required
Total Net Amount	Required

**Table 4. Administrative Information**

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

## Appendix F: ICF/DD Home Transition Timeline





## Appendix G: 2024 MCP by County and Corresponding Regional Center

Regional Center	County/Area	2024 Plans
Alta California Regional Center	Alpine	Anthem Blue Cross Partnership Plan, Mountain Valley Health Plan (MVHP)
	Colusa	Partnership Health Plan of California
	El Dorado	Anthem Blue Cross Partnership Plan, Mountain Valley Health Plan (MVHP), Kaiser Permanente
	Nevada	Partnership Health Plan of California
	Placer	Partnership Health Plan of California; Kaiser Permanente
	Sacramento	Molina Healthcare of California; Anthem Blue Cross Partnership Plan; Kaiser Permanente; Health Net Community Solutions, Inc.
	Sierra	Partnership Health Plan of California
	Sutter	Partnership Health Plan of California; Kaiser Permanente
	Yolo	
	Yuba	
Central Valley Regional Center	Fresno	CalViva Health; Anthem Blue Cross of California Partnership Plan, Kaiser Permanente
	Kings	
	Madera	
	Mariposa	Central California Alliance for Health; Kaiser Permanente
	Merced	Central California Alliance for Health
	Tulare	Anthem Blue Cross Partnership Plan; Health Net Community Solutions, Inc.; Kaiser Permanente
Eastern Los Angeles Regional Center	Alhambra	LA Care Health Plan; Health Net Community Solutions, Inc.; Kaiser Permanente
	East Los Angeles	
	Northeast Los Angeles	
	Whittier	
Far North Regional Center	Butte	Partnership Health Plan of California
	Glenn	
	Lassen	

Regional Center	County/Area	2024 Plans
	Modoc	
	Plumas	
	Shasta	
	Siskiyou	
	Tehama	
	Trinity	
Lanterman Regional Center	Central Los Angeles	LA Care Health Plan; Health Net Community Solutions, Inc.; Kaiser Permanente
	Glendale	
	Hollywood — Wilshire	
	Pasadena	
Golden Gate Regional Center	Marin	Partnership Health Plan of California; Kaiser Permanente
	San Francisco	San Francisco Health Plan; Anthem Blue Cross Partnership Plan, Kaiser Permanente
	San Mateo	Health Plan of San Mateo; Kaiser Permanente
Harbor Regional Center	Bellflower	LA Care Health Plan; Health Net Community Solutions, Inc.; Kaiser Permanente
	Harbor	
	Long Beach	
	Torrance	
Inland Regional Center	Riverside	Inland Empire Health Plan; Molina Healthcare of California; Kaiser Permanente
	San Bernardino	
Kern Regional Center	Inyo	Anthem Blue Cross Partnership Plan; Health Net Community Solutions, Inc.
	Kern	Kern Family Health Care; Kaiser Permanente, Anthem Blue Cross Partnership Plan,
	Mono	Anthem Blue Cross Partnership Plan, Health Net Community Solutions, Inc.
North Bay Regional Center	Napa	Partnership Health Plan of California; Kaiser Permanente
	Solano	
	Sonoma	
North Los Angeles County Regional Center	East Valley Los Angeles	LA Care Health Plan; Health Net Community Solutions, Inc.; Kaiser Permanente
	San Fernando	

Regional Center	County/Area	2024 Plans
	West Valley Los Angeles	
Redwood Coast Regional Center	Del Norte	Partnership Health Plan of California
	Humboldt	
	Mendocino	
	Lake	
Regional Center of the East Bay	Alameda	Alameda Alliance for Health; Kaiser Permanente
	Contra Costa	Contra Costa Health Plan; Kaiser Permanente
Regional Center of Orange County	Orange	CalOptima Health; Kaiser Permanente
San Andreas Regional Center	Monterey	Central California Alliance for Health
	San Benito	
	Santa Clara	Santa Clara Family Health Plan; Anthem Blue Cross Partnership Plan, Kaiser Permanente
	Santa Cruz	Central California Alliance for Health; Kaiser Permanente
San Diego Regional Center	Imperial	Community Health Plan of Imperial Valley; Kaiser Permanente
	San Diego	Community Health Group Partnership Plan; Molina Healthcare of California; Blue Shield of California Promise Health Plan; Kaiser Permanente
San Gabriel/Pomona Regional Center	El Monte	LA Care Health Plan; Health Net Community Solutions, Inc.; Kaiser Permanente
	Monrovia	
	Pomona	
	Glendora	
South Central Los Angeles Regional Center	Compton	LA Care Health Plan; Health Net Community Solutions, Inc.; Kaiser Permanente
	San Antonio	
	South Los Angeles	
	Southeast Los Angeles	
	Southwest Los Angeles	
Tri Counties Regional Center	San Luis Obispo	CenCal Health
	Santa Barbara	

Regional Center	County/Area	2024 Plans
	Ventura	Gold Coast Health Plan; Kaiser Permanente
Valley Mountain Regional Center	Amador	Anthem Blue Cross Partnership Plan, Inc.; Kaiser Permanente, Health Net Community Solutions, Inc.
	Calaveras	Anthem Blue Cross Partnership Plan, Inc.; Health Net Community Solutions, Inc.
	San Joaquin	Health Plan of San Joaquin; Health Net Community Solutions, Inc.; Kaiser Permanente
	Stanislaus	
Tuolumne	Anthem Blue Cross Partnership Plan; Health Net Community Solutions, Inc.	
Westside Regional Center	Inglewood	LA Care Health Plan; Health Net Community Solutions, Inc.; Kaiser Permanente
	Santa Monica — West	

## Appendix H: 2024 MCP Subcontractor Entity by County

The following table lists MCPs' subcontractor entities by county as of Reporting Year 2022, in accordance with the Annual Subcontractor Network Certification.

MCP Name	County	Subcontractor Entity Name
Aetna Better Health of California	Sacramento County	Hill Physicians Medical Group;
Aetna Better Health of California	Sacramento County	River City Medical Group
Aetna Better Health of California	Sacramento County	Nivano Physicians
Aetna Better Health of California	San Diego County	Rady Childrens Health Network
Aetna Better Health of California	San Diego County	Prospect IPA
Aetna Better Health of California	San Diego County	Community Care IPA
Alameda Alliance for Health	Alameda County	Children's First Medical Group (CFMG)
Alameda Alliance for Health	Alameda County	Kaiser (KHP)
Alameda Alliance for Health	Alameda County	Community Health Center Network (CHCN)
Anthem Blue Cross Partnership Plan	Alameda County	Children First Medical Group Inc.
Anthem Blue Cross Partnership Plan	Alameda County	Community Health Center Network
Anthem Blue Cross Partnership Plan	Butte County	Nivano Physicians
Anthem Blue Cross Partnership Plan	Contra Costa County	Children First Medical Group Inc.
Anthem Blue Cross Partnership Plan	Contra Costa County	Community Health Center Network
Anthem Blue Cross Partnership Plan	El Dorado County	Nivano Physicians Inc.
Anthem Blue Cross Partnership Plan	Fresno County	Imperial Health Holdings Medical Group

MCP Name	County	Subcontractor Entity Name
Anthem Blue Cross Partnership Plan	Fresno County	Sante Community Physicians IPA Medical Group
Anthem Blue Cross Partnership Plan	Fresno County	La Salle Associates Inc.
Anthem Blue Cross Partnership Plan	Glenn County	Nivano Physicians Inc.
Anthem Blue Cross Partnership Plan	Kings County	Imperial Health Holdings
Anthem Blue Cross Partnership Plan	Kings County	Sante Community Physicians IPA Medical Group
Anthem Blue Cross Partnership Plan	Kings County	La Salle Medical Associates
Anthem Blue Cross Partnership Plan	Madera County	Sante Community Physicians IPA Medical Group
Anthem Blue Cross Partnership Plan	Madera County	Imperial Health Holdings Medical Group
Anthem Blue Cross Partnership Plan	Madera County	La Salle Associates Inc.
Anthem Blue Cross Partnership Plan	Madera County	Community Care IPA
Anthem Blue Cross Partnership Plan	Nevada County	Nivano Physicians
Anthem Blue Cross Partnership Plan	Placer County	Imperial Health Holdings Medical Group
Anthem Blue Cross Partnership Plan	Placer County	Nivano Physicians Inc.
Anthem Blue Cross Partnership Plan	Sacramento County	Imperial Health Holdings Medical Group
Anthem Blue Cross Partnership Plan	Sacramento County	Nivano Physicians Inc.
Anthem Blue Cross Partnership Plan	Sacramento County	River City Medical Group Inc.
Anthem Blue Cross Partnership Plan	San Benito County	San Benito Medical Associates Inc.

<b>MCP Name</b>	<b>County</b>	<b>Subcontractor Entity Name</b>
Anthem Blue Cross Partnership Plan	San Francisco County	All American Medical Group
Anthem Blue Cross Partnership Plan	Santa Clara County	Nivano Physicians
Anthem Blue Cross Partnership Plan	Santa Clara County	Premier Care of Northern California Medical Group Inc
Anthem Blue Cross Partnership Plan	Santa Clara County	Physicians Medical Group of San Jose
Anthem Blue Cross Partnership Plan	Sierra County	Nivano Physicians Inc.
Anthem Blue Cross Partnership Plan	Sutter County	Nivano Physicians Inc.
Anthem Blue Cross Partnership Plan	Tulare County	Community Care IPA
Anthem Blue Cross Partnership Plan	Tulare County	Dignity Health Medical Network
Anthem Blue Cross Partnership Plan	Tulare County	La Salle Associates Inc.
Anthem Blue Cross Partnership Plan	Yuba County	Nivano Physicians
Blue Shield Promise Health Plan	San Diego County	Community Care IPA LLC
Blue Shield Promise Health Plan	San Diego County	Imperial Health Holdings
Blue Shield Promise Health Plan	San Diego County	Rady Childrens Health Network
Blue Shield Promise Health Plan	San Diego County	Prospect Medical Group
California Health and Wellness	Imperial County	Community Care IPA
CalOptima	Orange County	Heritage Provider Network, Inc.
CalOptima	Orange County	Noble Mid Orange County
CalOptima	Orange County	Amvi Care Health Network
CalOptima	Orange County	Talbert Medical Group, P.C.

<b>MCP Name</b>	<b>County</b>	<b>Subcontractor Entity Name</b>
CalOptima	Orange County	Prospect Health Plan
CalOptima	Orange County	United Care Medical Group
CalOptima	Orange County	Family Choice Health Services
CalOptima	Orange County	Kaiser Foundation Health Plan
CalOptima	Orange County	Arta Western California, Inc.
CalOptima	Orange County	AltaMed Health Services Corporation
CalOptima	Orange County	Monarch Health Plan, Inc.
CalOptima	Orange County	Choc Physicians Network
CalViva Health	Fresno County	Independence Medical Group
CalViva Health	Fresno County	Central Valley Medical Providers
CalViva Health	Fresno County	Sante Community Physicians
CalViva Health	Fresno County	Meritage
CalViva Health	Fresno County	Lasalle Medical Associates
CalViva Health	Kings County	Adventist Health
CalViva Health	Madera County	Central Valley Medical Providers
CalViva Health	Madera County	Lasalle Medical Associates
CalViva Health	Madera County	Meritage
Community Health Group Partnership Plan	San Diego County	Vision Service Plan
Community Health Group Partnership Plan	San Diego County	Rady Children
Contra Costa Health Plan	Contra Costa County	Kaiser Foundation Health Plan
Contra Costa Health Plan	Contra Costa County	Community Provider Network
Contra Costa Health Plan	Contra Costa County	Regional Medical Center Network
Gold Coast Health Plan	Ventura County	Kaiser
Health Net Community Solutions, Inc.	Kern County	Dignity Health Medical Network-Central California
Health Net Community Solutions, Inc.	Kern County	Universal Healthcare IPA, Inc.

<b>MCP Name</b>	<b>County</b>	<b>Subcontractor Entity Name</b>
Health Net Community Solutions, Inc.	Kern County	Independence Medical Group
Health Net Community Solutions, Inc.	Los Angeles County	Molina - Alpha Care Medical Group
Health Net Community Solutions, Inc.	Los Angeles County	AppleCare Med Group - St. Francis Region
Health Net Community Solutions, Inc.	Los Angeles County	Crown City Medical Group - PAS - 1
Health Net Community Solutions, Inc.	Los Angeles County	Molina - Crown City Medical Group
Health Net Community Solutions, Inc.	Los Angeles County	Molina - HPN Lakeside and Regal Medical Group
Health Net Community Solutions, Inc.	Los Angeles County	Molina - Impact California
Health Net Community Solutions, Inc.	Los Angeles County	Molina Healthcare of California
Health Net Community Solutions, Inc.	Los Angeles County	Molina - Lasalle Medical Associates IPA
Health Net Community Solutions, Inc.	Los Angeles County	Molina - ECMG Exceptional Care Medical Group
Health Net Community Solutions, Inc.	Los Angeles County	Molina - Southern California Children's Healthcare Network
Health Net Community Solutions, Inc.	Los Angeles County	Molina - Alliance Health Systems
Health Net Community Solutions, Inc.	Los Angeles County	Molina - California Pacific Physicians Medical Group
Health Net Community Solutions, Inc.	Los Angeles County	Molina - Associated Dignity Medical Group Inc
Health Net Community Solutions, Inc.	Los Angeles County	Molina - Southland Advantage Medical Group, Inc
Health Net Community Solutions, Inc.	Los Angeles County	Empire Healthcare IPA - Pomona
Health Net Community Solutions, Inc.	Los Angeles County	Molina - Serra Community Medical Clinic

MCP Name	County	Subcontractor Entity Name
Health Net Community Solutions, Inc.	Los Angeles County	Serendib Healthways, Inc.
Health Net Community Solutions, Inc.	Los Angeles County	Molina - Noble Community Medical Associates
Health Net Community Solutions, Inc.	Los Angeles County	Molina - Bella Vista Medical Group
Health Net Community Solutions, Inc.	Los Angeles County	Molina - Regent Medical Group, Inc
Health Net Community Solutions, Inc.	Los Angeles County	Molina - Los Angeles Medical Center IPA Dba Prospect Medical Group
Health Net Community Solutions, Inc.	Los Angeles County	Molina - Southland San Gabriel Valley Medical Group, Inc.
Health Net Community Solutions, Inc.	Los Angeles County	All Care Medical Group, Inc.
Health Net Community Solutions, Inc.	Los Angeles County	Molina - Associated Hispanic Physicians IPA
Health Net Community Solutions, Inc.	Los Angeles County	Mission Comm IPA Med Grp
Health Net Community Solutions, Inc.	Los Angeles County	Associated Dignity Medical Group, Inc.
Health Net Community Solutions, Inc.	Los Angeles County	Advantage Health Network
Health Net Community Solutions, Inc.	Los Angeles County	Lasalle Medical Associates
Health Net Community Solutions, Inc.	Los Angeles County	Access IPA
Health Net Community Solutions, Inc.	Los Angeles County	Molina - Superior Choice Medical Group
Health Net Community Solutions, Inc.	Los Angeles County	Molina - Healthy New Life Medical Corporation
Health Net Community Solutions, Inc.	Los Angeles County	Mid Cities IPA
Health Net Community Solutions, Inc.	Los Angeles County	Molina - Cal Care IPA, Inc Dba Prospect Medical Group

MCP Name	County	Subcontractor Entity Name
Health Net Community Solutions, Inc.	Los Angeles County	Los Angeles Medical Center IPA
Health Net Community Solutions, Inc.	Los Angeles County	Molina - Global Care Medical Group
Health Net Community Solutions, Inc.	Los Angeles County	San Judas Medical Group
Health Net Community Solutions, Inc.	Los Angeles County	Molina - Allied Pacific Physicians Of California
Health Net Community Solutions, Inc.	Los Angeles County	Karing Physicians Medical Group
Health Net Community Solutions, Inc.	Los Angeles County	Molina - Angeles IPA
Health Net Community Solutions, Inc.	Los Angeles County	Molina - El Proyecto Del Barrio
Health Net Community Solutions, Inc.	Los Angeles County	South Atlantic Medical Group IPA
Health Net Community Solutions, Inc.	Los Angeles County	Molina - AltaMed Health Services
Health Net Community Solutions, Inc.	Los Angeles County	Regent Medical Group, Inc.
Health Net Community Solutions, Inc.	Los Angeles County	Serra Community Medical Clinic
Health Net Community Solutions, Inc.	Los Angeles County	Citrus Valley Physician Group
Health Net Community Solutions, Inc.	Los Angeles County	Cal Care IPA, Inc.
Health Net Community Solutions, Inc.	Los Angeles County	Molina - South Atlantic Medical Group
Health Net Community Solutions, Inc.	Los Angeles County	Adventist Health Physician Network - LA
Health Net Community Solutions, Inc.	Los Angeles County	Molina - Serendib Healthways
Health Net Community Solutions, Inc.	Los Angeles County	Family Health Alliance Medical Group

MCP Name	County	Subcontractor Entity Name
Health Net Community Solutions, Inc.	Los Angeles County	Associated Hispanic Physicians of Southern California IPA
Health Net Community Solutions, Inc.	Los Angeles County	Exceptional Care/Avalon Medical
Health Net Community Solutions, Inc.	Los Angeles County	Southland San Gabriel Valley Medical Group, Inc.
Health Net Community Solutions, Inc.	Los Angeles County	Molina - Preferred IPA Of California
Health Net Community Solutions, Inc.	Los Angeles County	Bella Vista Medical Group
Health Net Community Solutions, Inc.	Los Angeles County	Molina - Healthcare La IPA
Health Net Community Solutions, Inc.	Los Angeles County	Omnicare Medical Group Assoc Inc.
Health Net Community Solutions, Inc.	Los Angeles County	Noble Community Med Associates
Health Net Community Solutions, Inc.	Los Angeles County	Angeles IPA, A Medical Corporation
Health Net Community Solutions, Inc.	Los Angeles County	Global Care Medical Group IPA
Health Net Community Solutions, Inc.	Los Angeles County	PIH Health Physicians- Affiliated Providers
Health Net Community Solutions, Inc.	Los Angeles County	Memorial care Select Health Plan
Health Net Community Solutions, Inc.	Los Angeles County	Allied Pacific of California IPA
Health Net Community Solutions, Inc.	Los Angeles County	Community Family Care IPA
Health Net Community Solutions, Inc.	Los Angeles County	AltaMed Health Services
Health Net Community Solutions, Inc.	Los Angeles County	Preferred IPA Of California
Health Net Community Solutions, Inc.	Los Angeles County	DHS

MCP Name	County	Subcontractor Entity Name
Health Net Community Solutions, Inc.	Los Angeles County	Health Care L.A., IPA
Health Net Community Solutions, Inc.	Los Angeles County	Heritage Provider Network
Health Net Community Solutions, Inc.	Sacramento County	UC Davis Health
Health Net Community Solutions, Inc.	Sacramento County	Hill Physicians Medical Group
Health Net Community Solutions, Inc.	Sacramento County	River City Medical Group
Health Net Community Solutions, Inc.	San Diego County	Vantage Medical Group - San Diego
Health Net Community Solutions, Inc.	San Diego County	Community Care IPA - Medi-Cal
Health Net Community Solutions, Inc.	San Diego County	Rady Children's Health Network
Health Net Community Solutions, Inc.	San Joaquin County	Hill Physicians Medical Group
Health Net Community Solutions, Inc.	San Joaquin County	Prime Community Care of Central Valley, Inc.
Health Net Community Solutions, Inc.	Stanislaus County	Valley Oak Pediatric Associates
Health Net Community Solutions, Inc.	Stanislaus County	Hill Physicians Medical Group
Health Net Community Solutions, Inc.	Stanislaus County	Prime Community Care of Central Valley, Inc.
Health Net Community Solutions, Inc.	Stanislaus County	Sequoia Health IPA Inc.
Health Net Community Solutions, Inc.	Tulare County	Dignity Health Medical Network-Central California
Health Net Community Solutions, Inc.	Tulare County	Independence Medical Group
Health Net Community Solutions, Inc.	Tulare County	Lasalle Medical Associates

MCP Name	County	Subcontractor Entity Name
Health Net Community Solutions, Inc.	Tulare County	Family Healthcare Network
Health Plan of San Joaquin	San Joaquin County	Kaiser
Health Plan of San Mateo	San Mateo County	Kaiser Foundation Health Plan, Inc.
Inland Empire Health Plan	Riverside County	Horizon Valley Medical Group
Inland Empire Health Plan	Riverside County	Dignity Health Medical Group
Inland Empire Health Plan	Riverside County	Lasalle Medical Associates
Inland Empire Health Plan	Riverside County	Physicians Health Network
Inland Empire Health Plan	Riverside County	Alpha Care Medical Group
Inland Empire Health Plan	Riverside County	Kaiser
Inland Empire Health Plan	Riverside County	Optum Care - Inland Faculty Medical Group
Inland Empire Health Plan	San Bernardino County	Dignity Health Medical Group
Inland Empire Health Plan	San Bernardino County	Horizon Valley Medical Group
Inland Empire Health Plan	San Bernardino County	Alpha Care Medical Group
Inland Empire Health Plan	San Bernardino County	Physicians Health Network
Inland Empire Health Plan	San Bernardino County	Lasalle Medical Associates
Inland Empire Health Plan	San Bernardino County	Kaiser
Inland Empire Health Plan	San Bernardino County	Optum Care - Inland Faculty Medical Group
Kern Family Health Services	Kern County	Kaiser Foundation Health Plan
LA Care Health Plan	Los Angeles County	AppleCare Medical Group - Whittier Region
LA Care Health Plan	Los Angeles County	Community Family Care
LA Care Health Plan	Los Angeles County	Optum Care Network - AppleCare Select
LA Care Health Plan	Los Angeles County	Sierra Medical Group

MCP Name	County	Subcontractor Entity Name
LA Care Health Plan	Los Angeles County	High Desert Medical Group
LA Care Health Plan	Los Angeles County	Community Family Care - Memorial Hospital of Gardena
LA Care Health Plan	Los Angeles County	Community Family - East Los Angeles Doctors Hospital
LA Care Health Plan	Los Angeles County	Anthem Blue Cross Partnership Plan
LA Care Health Plan	Los Angeles County	Anthem - Alpha Care Medical Group
LA Care Health Plan	Los Angeles County	Anthem - AltaMed Health Services Corporation
LA Care Health Plan	Los Angeles County	Anthem - California Inc
LA Care Health Plan	Los Angeles County	Anthem - Community Health Center Network
LA Care Health Plan	Los Angeles County	Anthem - Eastland Medical Group
LA Care Health Plan	Los Angeles County	Anthem - La Salle Associates
LA Care Health Plan	Los Angeles County	Anthem - River City Medical Group
LA Care Health Plan	Los Angeles County	Anthem - Superior Choice Medical Group Inc
LA Care Health Plan	Los Angeles County	Blue Shield Promise - AltaMed Children's Hospital Los Angeles
LA Care Health Plan	Los Angeles County	Blue Shield Promise - AltaMed Health Services Corporation
LA Care Health Plan	Los Angeles County	Blue Shield Promise - Cfc - Memorial Hospital of Gardena
LA Care Health Plan	Los Angeles County	Blue Shield Promise - Community Family Care - AV
LA Care Health Plan	Los Angeles County	Blue Shield Promise Health Plan
LA Care Health Plan	Los Angeles County	Allied Physicians Citrus Valley IPA
LA Care Health Plan	Los Angeles County	Anthem - Southern California Children's Healthcare Network
LA Care Health Plan	Los Angeles County	Blue Shield Promise - Southern California Children's Health Care Network
LA Care Health Plan	Los Angeles County	Anthem - Advantage Health Network Inc

MCP Name	County	Subcontractor Entity Name
LA Care Health Plan	Los Angeles County	Anthem - All Care Medical Group Inc
LA Care Health Plan	Los Angeles County	Blue Shield Promise - Southland Advantage Medical Group
LA Care Health Plan	Los Angeles County	Anthem - Premier Physician Network Inc
LA Care Health Plan	Los Angeles County	Blue Shield Promise - Family Health Alliance Medical Group
LA Care Health Plan	Los Angeles County	Blue Shield Promise - Advantage Health Network
LA Care Health Plan	Los Angeles County	Blue Shield Promise - Imperial Health Holdings Medical Group-La
LA Care Health Plan	Los Angeles County	Blue Shield Promise - Mission Community IPA
LA Care Health Plan	Los Angeles County	Blue Shield Promise - South Atlantic Medical Group IPA
LA Care Health Plan	Los Angeles County	Prospect Medical Group
LA Care Health Plan	Los Angeles County	Blue Shield Promise - Associated Dignity Medical Group
LA Care Health Plan	Los Angeles County	Anthem - San Judas Medical Group IPA
LA Care Health Plan	Los Angeles County	Blue Shield Promise - Regent Medical Group
LA Care Health Plan	Los Angeles County	Blue Shield Promise - Southland San Gabriel Valley Medical Group
LA Care Health Plan	Los Angeles County	Anthem - Omnicare Medical Group Inc
LA Care Health Plan	Los Angeles County	Blue Shield Promise - Adventist Health Physicians Network - Glendale
LA Care Health Plan	Los Angeles County	Blue Shield Promise - Healthy New Life Medical Corporation
LA Care Health Plan	Los Angeles County	Anthem - Bella Vista Medical Group
LA Care Health Plan	Los Angeles County	Blue Shield Promise - Los Angeles Medical Center IPA Medi-Cal

MCP Name	County	Subcontractor Entity Name
LA Care Health Plan	Los Angeles County	Blue Shield Promise - Watts Healthcare Corporation
LA Care Health Plan	Los Angeles County	Universal Care Medical Group
LA Care Health Plan	Los Angeles County	Family Care Specialists IPA
LA Care Health Plan	Los Angeles County	Anthem - Regent Medical Group Inc
LA Care Health Plan	Los Angeles County	Blue Shield Promise - Bella Vista Medical Group IPA
LA Care Health Plan	Los Angeles County	Blue Shield Promise - Serra Community Medical Clinic Inc
LA Care Health Plan	Los Angeles County	Blue Shield Promise - Superior Choice Medical Group Inc
LA Care Health Plan	Los Angeles County	Anthem - St. Vincent IPA
LA Care Health Plan	Los Angeles County	Blue Shield Promise - Adventist Health Physicians Network - White Memorial
LA Care Health Plan	Los Angeles County	Blue Shield Promise - Karing Physicians Medical Group
LA Care Health Plan	Los Angeles County	Anthem - South Atlantic Medical Group IPA
LA Care Health Plan	Los Angeles County	Blue Shield Promise - Alliance Health System
LA Care Health Plan	Los Angeles County	Anthem - Access IPA
LA Care Health Plan	Los Angeles County	Anthem - Hispanic Physicians IPA
LA Care Health Plan	Los Angeles County	Blue Shield Promise - Associated Hispanic Physicians of Southern Ca
LA Care Health Plan	Los Angeles County	Anthem - Citrus Valley Physicians Group
LA Care Health Plan	Los Angeles County	PIH Health Physicians
LA Care Health Plan	Los Angeles County	Blue Shield Promise - Cal-Care IPA Medi-Cal
LA Care Health Plan	Los Angeles County	Blue Shield Promise - San Judas Medical Group
LA Care Health Plan	Los Angeles County	Adventist Health Care Network
LA Care Health Plan	Los Angeles County	Blue Shield Promise - Preferred-Garfield

MCP Name	County	Subcontractor Entity Name
LA Care Health Plan	Los Angeles County	Bella Vista PA
LA Care Health Plan	Los Angeles County	Blue Shield Promise - El Proyecto Del Barrio
LA Care Health Plan	Los Angeles County	Anthem - Associated Hispanic Physicians Of Southern California
LA Care Health Plan	Los Angeles County	Anthem - Exceptional Care Medical Group Inc
LA Care Health Plan	Los Angeles County	Anthem - El Proyecto Del Barrio
LA Care Health Plan	Los Angeles County	Blue Shield Promise - Noble Community Medical Assoc. of Mid Orange County
LA Care Health Plan	Los Angeles County	Superior Choice Medical Group
LA Care Health Plan	Los Angeles County	Citrus Valley Physician Group
LA Care Health Plan	Los Angeles County	Community Family Care - Valley Presbyterian
LA Care Health Plan	Los Angeles County	Lakeside Medical Group
LA Care Health Plan	Los Angeles County	Anthem - Imperial Health Holdings Medical Group
LA Care Health Plan	Los Angeles County	Anthem - Noble Community Medical Associates
LA Care Health Plan	Los Angeles County	Blue Shield Promise - Community Family Care - Valley Pres
LA Care Health Plan	Los Angeles County	Exceptional Care Medical Group
LA Care Health Plan	Los Angeles County	Blue Shield Promise - Angeles IPA
LA Care Health Plan	Los Angeles County	Axminster Medical Group
LA Care Health Plan	Los Angeles County	South Atlantic Medical Group
LA Care Health Plan	Los Angeles County	Anthem – Memorial Care Select Health Plan
LA Care Health Plan	Los Angeles County	OmniCare Medical Group (AMHN)
LA Care Health Plan	Los Angeles County	Blue Shield Promise - Accountable Health Care IPA
LA Care Health Plan	Los Angeles County	Pomona Valley Medical Group
LA Care Health Plan	Los Angeles County	Optum Care Network - LA Family Community
LA Care Health Plan	Los Angeles County	Serendib Healthways, IPA

MCP Name	County	Subcontractor Entity Name
LA Care Health Plan	Los Angeles County	El Proyecto Del Barrio
LA Care Health Plan	Los Angeles County	Blue Shield Promise - Allied Physicians IPA of CA dba Allied Pacific IPA
LA Care Health Plan	Los Angeles County	MemorialCare Select Health Plan
LA Care Health Plan	Los Angeles County	Anthem - Global Care Medical Group IPA
LA Care Health Plan	Los Angeles County	Preferred IPA of California - Valley Presbyterian
LA Care Health Plan	Los Angeles County	Regal Medical Group
LA Care Health Plan	Los Angeles County	Blue Shield Promise - Global Care Medical Group
LA Care Health Plan	Los Angeles County	Anthem - Angeles IPA
LA Care Health Plan	Los Angeles County	Angeles IPA
LA Care Health Plan	Los Angeles County	Blue Shield Promise - Preferred-Valley Pres
LA Care Health Plan	Los Angeles County	Anthem - Allied Physicians IPA
LA Care Health Plan	Los Angeles County	Anthem - Accountable Health Plan Medical Group
LA Care Health Plan	Los Angeles County	Global Care IPA
LA Care Health Plan	Los Angeles County	Anthem - Community Family Care Medical Group IPA Inc
LA Care Health Plan	Los Angeles County	Allied Pacific IPA
LA Care Health Plan	Los Angeles County	Health Care LA IPA - Valley Presbyterian
LA Care Health Plan	Los Angeles County	Preferred IPA of California
LA Care Health Plan	Los Angeles County	Blue Shield Promise - Health Care La IPA
LA Care Health Plan	Los Angeles County	Anthem - Preferred IPA of CA
LA Care Health Plan	Los Angeles County	Anthem - Health Care LA
LA Care Health Plan	Los Angeles County	AltaMed Health Network
LA Care Health Plan	Los Angeles County	Kaiser Southern California Permanente Medical Group
LA Care Health Plan	Los Angeles County	Health Care LA IPA

MCP Name	County	Subcontractor Entity Name
LA Care Health Plan	Los Angeles County	County of Los Angeles, Department of Health Services (DHS)
Molina Healthcare of California Partner Plan, Inc.	Imperial County	Community Care IPA
Molina Healthcare of California Partner Plan, Inc.	Riverside County	Southern California Children's Healthcare Network
Molina Healthcare of California Partner Plan, Inc.	Riverside County	Impact IPA
Molina Healthcare of California Partner Plan, Inc.	Riverside County	Health Net - Empire Healthcare
Molina Healthcare of California Partner Plan, Inc.	Riverside County	Health Net - La Salle Medical Associates
Molina Healthcare of California Partner Plan, Inc.	Riverside County	Health Net - Alpha Care Medical Group
Molina Healthcare of California Partner Plan, Inc.	Riverside County	HPN - Lakeside Medical Group
Molina Healthcare of California Partner Plan, Inc.	Riverside County	HPN - Desert Oasis
Molina Healthcare of California Partner Plan, Inc.	Riverside County	Health Net - Prospect Medical Group
Molina Healthcare of California Partner Plan, Inc.	Riverside County	Health Net - Rady Children's Health Network
Molina Healthcare of California Partner Plan, Inc.	Riverside County	Alpha Care Medical Group
Molina Healthcare of California Partner Plan, Inc.	Riverside County	Health Net Community Solutions, Inc.
Molina Healthcare of California Partner Plan, Inc.	Riverside County	La Salle Medical Associates
Molina Healthcare of California Partner Plan, Inc.	Riverside County	HPN - Regal Medical Group
Molina Healthcare of California Partner Plan, Inc.	Riverside County	Heritage Provider Network
Molina Healthcare of California Partner Plan, Inc.	Riverside County	Inland Faculty Medical Group

MCP Name	County	Subcontractor Entity Name
Molina Healthcare of California Partner Plan, Inc.	Riverside County	Prospect Medical Group
Molina Healthcare of California Partner Plan, Inc.	Sacramento County	Nivano Physicians
Molina Healthcare of California Partner Plan, Inc.	Sacramento County	River City Medical Group
Molina Healthcare of California Partner Plan, Inc.	San Bernardino County	Impact California
Molina Healthcare of California Partner Plan, Inc.	San Bernardino County	Health Net - Empire Healthcare
Molina Healthcare of California Partner Plan, Inc.	San Bernardino County	Southern California Children’s Healthcare Network
Molina Healthcare of California Partner Plan, Inc.	San Bernardino County	Health Net - Horizon Valley Medical Group
Molina Healthcare of California Partner Plan, Inc.	San Bernardino County	Health Net - Alpha Care Medical Group
Molina Healthcare of California Partner Plan, Inc.	San Bernardino County	Health Net - La Salle Medical Associates
Molina Healthcare of California Partner Plan, Inc.	San Bernardino County	Health Net - Prospect Medical Group
Molina Healthcare of California Partner Plan, Inc.	San Bernardino County	HPN - Lakeside Medical Group
Molina Healthcare of California Partner Plan, Inc.	San Bernardino County	HPN - Heritage Victor Valley Medical Group
Molina Healthcare of California Partner Plan, Inc.	San Bernardino County	Health Net Community Solutions, Inc.
Molina Healthcare of California Partner Plan, Inc.	San Bernardino County	Alpha Care Medical Group
Molina Healthcare of California Partner Plan, Inc.	San Bernardino County	La Salle Medical Associates
Molina Healthcare of California Partner Plan, Inc.	San Bernardino County	HPN - Regal Medical Group
Molina Healthcare of California Partner Plan, Inc.	San Bernardino County	Heritage Provider Network

MCP Name	County	Subcontractor Entity Name
Molina Healthcare of California Partner Plan, Inc.	San Bernardino County	Prospect Medical Group
Molina Healthcare of California Partner Plan, Inc.	San Bernardino County	Inland Faculty Medical Group
Molina Healthcare of California Partner Plan, Inc.	San Diego County	Community Care IPA
Molina Healthcare of California Partner Plan, Inc.	San Diego County	Prospect Medical Group
Partnership Health Plan of California	Marin County	Kaiser Permanente
Partnership Health Plan of California	Napa County	Kaiser Permanente
Partnership Health Plan of California	Solano County	Kaiser Permanente
Partnership Health Plan of California	Sonoma County	Kaiser Permanente
Partnership Health Plan of California	Yolo County	Kaiser
Partnership Health Plan of California	Yolo County	Woodland Medical Group
San Francisco Health Plan	San Francisco County	Kaiser Permanente
Santa Clara Family Health Plan	Santa Clara County	North East Medical Services
Santa Clara Family Health Plan	Santa Clara County	Premier Care of Northern California
Santa Clara Family Health Plan	Santa Clara County	Kaiser Foundation Health Plan, Inc.
Santa Clara Family Health Plan	Santa Clara County	Physicians Medical Group of San Jose, Inc.
Santa Clara Family Health Plan	Santa Clara County	Valley Health Plan

## Appendix I: ICF/DD Carve-In Changes Table

The following table provides a high-level overview of the changes between coverage of ICF/DD services in Medi-Cal Fee-For-Service (FFS) and Medi-Cal Managed Care, including medical necessity, authorizations, leaves of absence and bed holds, credentialing, and billing.

Policy Area	Medi-Cal FFS	Medi-Cal Managed Care	Key Highlights
Medical Necessity Criteria	Consistent with definitions in 22 Code of California Regulations (CCR) section 51343, 51343.1, and 51343.2 and Welfare and Institutions Code (W&I) section 4512.	Consistent with definitions in 22 Code of California Regulations (CCR) section 51343, 51343.1, and 51343.2 and Welfare and Institutions Code (W&I) section 4512.	No change.
Initial Service Authorization	<p>The ICF/DD Home completes and submits to DHCS the following information for authorization:</p> <ul style="list-style-type: none"> <li>• <a href="#">Certification for Special Treatment Program Services form (HS 231)</a> signed by the Regional Center with the same time period requested as the TAR, which shows ICF/DD Home level of care is met.</li> <li>• <a href="#">Long Term Care Treatment Authorization Request form (LTC TAR 20-1)</a></li> <li>• <a href="#">Medical Review/Prolonged Care Assessment (PCA) form (DHCS 6013A)</a>, or the information found on the PCA form in any format (e.g., a copy of IPP or ISP).</li> </ul>	<p>The ICF/DD Home completes and submits to the MCP the following information for authorization:</p> <ul style="list-style-type: none"> <li>• <a href="#">Certification for Special Treatment Program Services form (HS 231)</a> signed by the Regional Center with the same time period requested as the MCP ICF/DD Authorization Request Form. MCPs must accept HS 231 as evidence of the Regional Center’s determination that the Member meets the ICF/DD Home level of care.</li> <li>• MCP ICF/DD Authorization Request Form or an alternative authorization request form developed by the MCP</li> </ul>	Beginning on January 1, 2024, the authorization forms will be submitted to the MCPs instead of DHCS. The MCP ICF/DD Authorization Request Form, or an MCP-created authorization request form using the

Policy Area	Medi-Cal FFS	Medi-Cal Managed Care	Key Highlights
	<p>DHCS may approve initial authorization requests for up to two years, per <a href="#">the Medi-Cal Provider Manual</a>.</p>	<p>with the minimum necessary data elements.</p> <ul style="list-style-type: none"> <li>• <a href="#">Medical Review/Prolonged Care Assessment (PCA) form (DHCS 6013A)</a>, or the information found on the PCA form in any format (e.g., a copy of IPP or ISP).</li> </ul> <p>MCPs are responsible for authorizations approved by DHCS for ICF/DD Home services provided under the ICF/DD Home per diem rate for the duration of the treatment authorization for existing authorization requests and for up to two years for any new requests, in accordance with <a href="#">APL 23-023</a>.</p>	<p>minimum necessary data elements as captured in the MCP ICF/DD Authorization Request form, will replace LTC TAR 20-1.</p>
<p>Service Reauthorization</p>	<p>The ICF/DD Home completes and submits to DHCS the following information for reauthorization:</p> <ul style="list-style-type: none"> <li>• <a href="#">Certification for Special Treatment Program Services form (HS 231)</a> signed by the Regional Center with the same time period requested as the TAR, which shows ICF/DD Home level of care is met.</li> </ul>	<p>ICF/DD Homes will continue to submit the following to MCPs for a reauthorization:</p> <ul style="list-style-type: none"> <li>• <a href="#">Certification for Special Treatment Program Services form (HS 231)</a> signed by the Regional Center. MCPs must accept HS 231 as evidence of the Regional Center's determination that the Member meets the ICF/DD Home level of care.</li> </ul>	<p>Beginning on January 1, 2024, the authorization forms will be submitted to the MCPs instead of DHCS. The MCP ICF/DD Authorization Request Form,</p>

Policy Area	Medi-Cal FFS	Medi-Cal Managed Care	Key Highlights
	<ul style="list-style-type: none"> <li>• <a href="#">Long Term Care Treatment Authorization Request form (LTC TAR 20-1)</a></li> <li>• <a href="#">Medical Review/Prolonged Care Assessment (PCA) form (DHCS 6013A)</a>, or the information found on the PCA form in any format (e.g., a copy of IPP or ISP).</li> <li>• ICF/DD-N Homes are required to include an ISP whenever a reauthorization is submitted, as mandated in <a href="#">the Medi-Cal Provider Manual</a>.                             <ul style="list-style-type: none"> <li>○ ISP submissions are required as part of the periodic review of ICF/DD-N homes as mandated by <a href="#">CCR Title 22, Section 51343.2(k)</a>.</li> </ul> </li> </ul> <p>DHCS plans may approve reauthorization requests for up to two years, per <a href="#">the Medi-Cal Provider Manual</a>.</p>	<ul style="list-style-type: none"> <li>• An MCP ICF/DD Authorization Request Form or an alternative authorization request form developed by the MCP with the minimum necessary data elements.</li> <li>• <a href="#">Medical Review/Prolonged Care Assessment (PCA) form (DHCS 6013A)</a>, or the information found on the PCA form in any format (e.g., a copy of IPP or ISP).</li> <li>• ICF/DD-N Homes are required to include an ISP whenever a reauthorization is submitted, as mandated in <a href="#">the Medi-Cal Provider Manual</a>.                             <ul style="list-style-type: none"> <li>○ ISP submissions are required as part of the periodic review of ICF/DD-N homes as mandated by <a href="#">CCR Title 22, Section 51343.2(k)</a>.</li> </ul> </li> </ul> <p>MCPs may approve reauthorization requests for up to two years.</p>	<p>or an MCP-created authorization request form using the minimum necessary data elements as captured in the MCP ICF/DD Authorization Request form, will replace LTC TAR 20-1.</p>
<p>Authorization Request Approval</p>	<p>DHCS Clinical Assurance Division (CAD) reviews and approves treatment authorization requests for Members entering ICF/DD Homes.</p>	<p>The MCPs will review authorization requests and will notify the ICF/DD Homes of approvals.</p>	<p>Authorization requests will be approved by the MCPs beginning on</p>

Policy Area	Medi-Cal FFS	Medi-Cal Managed Care	Key Highlights
			January 1, 2024.
Authorization Request Denial	CAD notifies the ICF/DD Homes in real time of any denials or modifications to treatment authorization requests.	<p>For MCP denials of authorizations requests, MCPs will notify ICF/DD Homes of any denials as soon as possible. The LTSS liaisons should work with the ICF/DD Homes as indicated. However, MCPs must accept the determination of the Regional Center – they cannot contest a Regional Center’s determination of eligibility for ICF/DD Home level of care.</p> <p>If CAD receives ICF/DD treatment authorization requests for Members enrolled in an MCP after January 1, 2024, CAD will deny the TAR and notify the MCP liaison of the ICF/DD denial so they can work with the ICF/DD Home provider to submit the TAR to the MCP. ICF/DD Homes will receive a notification of the denial via the e-TAR system.</p>	MCPs will work with the ICF/DD Homes on denials or modifications beginning on January 1, 2024.
Leaves of Absence (LOA) and Bed Holds	In accordance with 22 CCR sections <a href="#">51535</a> and <a href="#">51535.1</a> , Medi-Cal must include as a covered benefit any LOA or bed hold that an ICF/DD Home provides. Medi-Cal must authorize up to 73 days per calendar year for a LOA. For a bed	In accordance with 22 CCR sections <a href="#">51535</a> and <a href="#">51535.1</a> , MCPs must include as a covered benefit any LOA or bed hold that an ICF/DD Home provides. MCPs must authorize up to 73 days per calendar year for a LOA. For a bed hold,	No change.

Policy Area	Medi-Cal FFS	Medi-Cal Managed Care	Key Highlights
	<p>hold, Medi-Cal must authorize up to a total of 7 days per hospitalization. Medi-Cal must allow the Member to return to the same ICF/DD Home where the Member previously resided if it is the Member’s preference. Medi-Cal must ensure the ICF/DD Home notifies the Member or the Member’s authorized representative in writing of the right to exercise the bed hold provision.</p> <p>If an overnight LOA is for summer camp participation by an ICF/DD Home resident, the resident’s attendance must be prescribed by a licensed physician and approved by the appropriate Regional Center, in accordance with <a href="#">the Medi-Cal Provider Manual</a>.</p>	<p>MCPs must authorize up to a total of 7 days per hospitalization. MCPs must allow the Member to return to the same ICF/DD Home where the Member previously resided if it is the Member’s preference. MCPs must ensure the ICF/DD Home notifies the Member or the Member’s authorized representative in writing of the right to exercise the bed hold provision.</p> <p>A physician’s signature is required for an overnight summer camp LOA, in accordance with <a href="#">the Medi-Cal Provider Manual</a>.</p>	
Credentiaing	CDPH licenses and certifies the ICF/DD Homes, and ICF/DD Homes are vended by the Regional Center.	DHCS will allow MCPs to deem ICF/DD Homes credentialed via attestation if the ICF/DD Homes’ state regulatory processes are current. To meet MCP credentialing requirements, ICF-DD Homes must submit an ICF/DD Attestation under penalty of perjury that the following credentialing requirements are satisfied:	CDPH will continue to license and certify ICF/DD Homes. The Regional Centers’ role in the vendorization process will

Policy Area	Medi-Cal FFS	Medi-Cal Managed Care	Key Highlights
		<ul style="list-style-type: none"> <li>• Completion of the MCP’s specific Provider Training within the last two (2) years</li> <li>• Facility Site Audit from State Agency</li> <li>• No Change in 5% Ownership Disclosure since the last submission to MCP</li> <li>• Possess an active CDPH License and CMS Certification</li> <li>• In good standing as a Regional Center Vendor</li> </ul> <p>For the initial credentialing, ICF/DD Homes must submit the below items in addition to the ICF/DD Attestation:</p> <ul style="list-style-type: none"> <li>• W-9 Request for Taxpayer Identification Number and Certification</li> <li>• MCP Ancillary Facility Network Provider Application</li> <li>• Certificates of Insurance (Professional and General Liability)</li> <li>• City or County Business License (excludes ICF/DD-H and -N homes with six or less residents)</li> <li>• 5% Ownership Disclosure</li> </ul>	<p>remain the same. MCPs will credential ICF/DD Homes via a streamlined document submission and attestation process.</p>

Policy Area	Medi-Cal FFS	Medi-Cal Managed Care	Key Highlights
		<p>Re-credentialing is to occur every two years through re-submission of the ICF/DD Attestation.</p> <p>This policy will be in effect until DHCS reassesses the risk level for ICF/DD Homes. At such time, DHCS may require MCPs to complete full credentialing with ICF/DD Homes.</p>	
<p>Service Codes and Billing Form</p>	<p>ICF/DD Homes submit invoices or claims to Medi-Cal FFS. Some ICF/DD Homes do so electronically, and some do so manually. Currently local accommodation codes are used.</p> <p>Note: These codes will transition to national codes and claim forms in February of 2024. See <a href="#">the DHCS LTC Claim Form and Code Conversion webpage</a> for more information.</p>	<p>ICF/DD Homes will submit claims to MCPs for payment using National Uniform Billing Committee (NUBC)/Health Insurance Portability and Accountability Act (HIPAA) compliant code sets. ICF/DD Homes will have the option to submit claims digitally via electronic data interchange (EDI). This option will be implemented using ANSI ASC x12N 837P/I 837I claim transactions using the same HIPAA compliant code sets. ICF/DD Homes will also have the option to submit claims via other nationally accepted electronic file format standards (e.g., CMS 1500, CMS 1450, UB-04). MCPs must train ICF/DD Homes on their billing protocols including how to submit claims.</p>	<p>Claims/invoices will be submitted to the MCPs instead of Medi-Cal FFS.</p>

Policy Area	Medi-Cal FFS	Medi-Cal Managed Care	Key Highlights
		Some ICF/DD Homes are unable to submit compliant claims digitally. To accommodate this need, these ICF/DD Homes may submit invoices to MCPs on the paper form of the UB-04, or using an alternative format as long as it is agreed upon by the MCP and ICF/DD Home.	