

CalAIM Intermediate Care Facility for the Developmentally Disabled (ICF/DD) Carve-In Office Hours



How to Add Your Organization to Your Zoom Name

- » Click on the “Participants” icon at the bottom of the window.
- » Hover over your name in the “Participants” list on the right side of the Zoom window.
- » Select “Rename.”
- » Enter your name and add your organization as you would like it to appear.
 - For example: Kristin Mendoza-Nguyen – Aurrera Health Group

Meeting Management

- » This session is being recorded.
- » Participants are in listen-only mode but can be unmuted during the Q&A discussion.
 - Please use the "Raise Hand" feature and our team will unmute you.
- » Please also use the "chat feature" to submit any questions you have for the presenters.

Agenda

Topics	Time
Welcome and Introductions	3:00 – 3:05 PM
Overview of ICF/DD Carve-In, Key Policy Requirements and Promising Practices	3:05 – 3:20 PM
Discussion of Stakeholder Questions	3:20 – 3:55 PM
Next Steps & Closing	3:55 – 4:00 PM

Overview of ICF/DD Carve-In Key Policy Requirements and Promising Practices

ICF/DD Homes Transition to Managed Care

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

ICF/DD Policy Guidance and Resources

- » The following policy guidance documents and resources can be found on the [DHCS ICF/DD Carve-In webpage](#):
 - **ICF/DD All Plan Letter (APL) 23-023** (updated November 2023)
 - **ICF/DD Credentialing Attestation**
 - **MCP ICF/DD Authorization Request**
 - **Model Contract Language** (updated November 2023)
 - **Billing and Invoicing Guide** (released September 2023)
 - **ICF/DD Carve-In Resource Guide** (updated January 2024)
 - **ICF/DD Carve-In FAQs** (updated version forthcoming)
 - **MCP Letter on Continuity of Care for Members Residing in ICF/DD Homes** (released February 2024)
- » For an overview of available resources and updates that have been made, check-out the [ICF/DD Carve-In Resource Round-Up](#).

Continuity of Care

MCPs must **automatically** provide 12 months of continuity of care (CoC) for the ICF/DD Home placement of any Member residing in an ICF/DD Home that undergoes a mandatory transition into an MCP after January 1, 2024.

- » MCPs must determine if Members are eligible for automatic CoC for ICF/DD Home services using data provided by DHCS prior to the transition.
- » CoC protections also extend to the following, as detailed in [APL 23-022](#):
 - Primary Care Providers, Specialists, and select ancillary Providers (e.g., physical therapy, occupational therapy, etc.)
 - Members may request up to 12 months of CoC with a Provider if they have a pre-existing relationship.
 - Durable Medical Equipment (DME) and medical supplies
 - CoC applies for a minimum of 90 days following a member's enrollment in an MCP.
- » Continuity of care provides continued access to the following services but may require a switch to in-network providers: Facility Services, Professional Services, Other Select Ancillary Services, Non-Emergency Medical Transportation and Non-Medical Transportation, and Care Coordination.

Promising Practices: Continuity of Care

ICF/DD Home Services:

- » ICF/DD Homes are encouraged to share existing treatment authorization requests (TARs) with members' MCPs to ensure a seamless transition.
 - The data DHCS shares with MCPs may experience a data lag and MCPs may request additional information on members with existing TARs if there is incomplete information to ensure they can process and approve an authorization for members.

Other Services:

- » ICF/DD Home providers can share information on other service providers currently serving ICF/DD members with MCPs so MCPs can work to bring those providers in-network, if they are not already.
- » To help facilitate continued member access to services and supplies, MCPs should share their in-network providers with all ICF/DD Homes where their members reside.

Leave of Absence and Bed Holds

MCPs must include as a covered benefit any leaves of absence (LOA) or bed holds that an ICF/DD Home provides, in compliance with state regulations on LOA and bed hold policies.

- MCPs must authorize up to **7 days per hospitalization** for a bed hold.
 - Bed holds are used when a member is admitted to an acute care hospital.
- » MCPs must authorize up to **73 days per calendar year** for a LOA.
 - LOAs may include visits with relatives/friends and participation in organized summer camps.
- » The member may return to the same ICF/DD Home where the member previously resided following a leave of absence or bed hold, if it is the member's preference.

Promising Practice:

- » Facilitate regular communication among the Regional Center, ICF/DD Home, and MCP regarding a change in a member's status and work together to ensure a member's needs are met before, during, and after an LOA or bed hold.

Billing and Payment Processes

Payment Processes

- » MCPs must have a process for ICF/DD Homes to submit claims and receive payments electronically.
- » MCPs must also allow an invoicing process for ICF/DD Homes unable to submit electronic claims.

Payment Timeliness

- » MCPs are highly encouraged to pay claims in the same frequency in which they are received.
- » MCPs must pay claims as soon as practicable but no later than **30 calendar days** after receipt of claim.

Promising Practices:

- » Check which, if any, clearinghouse(s) MCPs may use for electronic claims submission and if they cover the costs associated with those clearinghouses.
- » Shorter payment timeframes for clean claims can support operations in ICF/DD Homes.
- » If a Home is experiencing cash flow challenges, reach out to the MCP – MCPs will work with the Home to mitigate the impact on their operations.

LTC Code and Claim Form Conversion

- » Effective February 1, 2024, DHCS transitioned to a HIPAA-compliant code set and national claim form for Medi-Cal FFS to provide administrative simplification and ease of use:
 - The LTC local Accommodation Codes was replaced with a combination of **National Uniform Billing Committee (NUBC) Revenue Codes, Value Codes, and Value Code Amounts.**
 - The local Payment Request for Long Term Care (LTC) 25-1 claim form was replaced with the **NUBC UB-04 claim form.**
 - The Long-Term Care (LTC) local California state-only Patient Status Codes was replaced with **NUBC Patient Discharge Status Codes.**

Conversion Resources and Support

- » [LTC Claim Form and Code Conversion webpage](#)
- » [Provider Support Contact Information](#)

Promising Practice:

- » The code conversion applies to Medi-Cal FFS – ICF/DD Homes should validate billing codes with MCPs to ensure the appropriate codes are being utilized when billing for services provided to members enrolled in an MCP.

Provider Training and Support

LTSS Liaisons

- » MCPs are required to have an **LTSS Liaison** who serves as an MCP single point-of-contact for ICF/DD Homes to assist service providers with:
 - Claims and payment inquiries; and
 - Care transitions.
- » In their role, LTSS Liaisons may provide warm handoffs to connect ICF/DD Home providers with MCP staff who can address their specific questions or needs across the MCP.

Additional Support

- » MCPs must provide **training** to providers on their billing protocols, including how to submit claims/invoices.
- » MCPs must ensure that providers have **access to the information** they need to support the appropriate access to care under CoC.
 - MCPs may use provider portals to share the status on claims, referrals, and authorization with contracted providers.
 - If non-contracted providers are not granted portal access, MCPs must ensure they have access to this information through other mechanisms.

Regional Centers and Payment Assistance

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

Discussion of Stakeholder Questions

Stakeholder Question (1/5)

Some MCPs ask ICF/DD Home providers to sign Letters of Agreement while they work to establish a contract. What is a Letter of Agreement?

- » A Letter of Agreement (also referred to as a Continuity of Care Agreement or Single Case Agreement) may be used by some plans to establish a continuity of care relationship with a non-contracted provider.
- » MCPs use the Letter of Agreement to demonstrate that the plan is delegating a member's services to the ICF/DD Home provider, or other service providers, while they work to establish a contract with the provider.
- » While all MCPs and ICF/DD Homes should be working to establish a contract, a Letter of Agreement can help facilitate billing and payment while the contracting process is underway.
- » Depending on the MCP, a Letter of Agreement may or may not be required for non-contracted providers to receive payment.

Stakeholder Question (2/5)

If an ICF/DD Home member's treatment authorization request (TAR) is expiring soon, what is the process for reauthorizing ICF/DD Home services?

- » MCPs are responsible for approving reauthorization requests for their members.
- » ICF/DD Homes will need to submit the following forms to the MCP for reauthorization requests:
 - Certificate for Special Treatment Program Services form (HS-231)
 - MCP ICF/DD Authorization Request form, or a plan specific form with the same data elements
 - Medical Review/Prolonged Care Assessment (6013A) form
 - For ICF/DD-N Homes only: Individual Service Plan (ISP)
- » During the initial transition, some MCPs have opted to extend existing TARs.
 - Extending existing TARs should not affect a provider's claim submission or timely payments.
- » ICF/DD Homes should contact their members' MCPs to verify their processes for handling expiring TARs.

Stakeholder Question (3/5)

Are MCPs required to have the same process for requesting LOA or Bed Holds? Do all MCPs require Prior Authorization?

- » MCPs must have Utilization Management (UM) policies and procedures in place to support the receipt, review, and approval or denial of authorizations for LOAs and Bed Holds.
 - Some MCPs may require prior authorization for LOAs and Bed Holds. DHCS is reviewing how MCPs are operationalizing LOA days as it is not DHCS' or the MCPs' intent to make this a burdensome process for providers.
- » ICF/DD Homes should work closely with the MCP's UM staff and/or LTSS liaisons at the MCP to ensure the appropriate notification is provided.
 - MCPs need awareness the member's situation since they are responsible for coordinating and working with the Regional Center and the ICF/DD Home to facilitate a change in a living arrangement upon member choice.

Stakeholder Question (4/5)

How can an ICF/DD Home provider determine who to bill for ICF/DD Home services?

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

Stakeholder Question (5/5)

Can ICF/DD Home members receive services from existing providers, even if they are not in the MCPs' network?

- » Yes, The Member, their Authorized Representative, or provider may request up to 12 months of Continuity of Care (CoC) with a provider if a verifiable pre-existing relationship exists with that provider.
 - These CoC protections extend to Primary Care Providers, Specialists, and select ancillary providers, including physical therapy, occupational therapy, respiratory therapy, behavioral health treatment, and speech therapy providers.
- » Other services are covered under CoC, but may require members **to switch to in-network providers**, including:
 - Facility Services, Professional Services, Other Select Ancillary Services, Non-Emergency Medical Transportation and Non-Medical Transportation, and Care Coordination.
- » If ICF/DD Home providers have questions about a member's existing providers or need support in finding in-network providers, they can contact the **MCP's LTSS Liaison**.

Question Logistics

- » We now have time for open Q&A with today's Office Hours stakeholder audience.
- » To ensure DHCS and DDS cover as many questions as possible, please follow the guidelines below:
 - Please submit your questions via the Zoom Chat function.
 - If your question is chosen and you would like to provide more context or clarification, please use the "raise hand" function and a team member will unmute your line.

For some questions, DHCS may need additional member level details to respond. In this case, DHCS will ask that you submit the necessary details via a secured email to PCUResearch@dhcs.ca.gov.

Next Steps

ICF/DD Carve-In Resources

- » DHCS policy guidance documents and resources are available on [the DHCS ICF/DD LTC Carve-In webpage](#).
- » Member Notices and Notice of Additional Information (NOAI) are available on [the DHCS ICF/DD Member Information webpage](#).
- » Upcoming ICF/DD Carve-In Office Hours: **March 22, 2024, at 2:00pm**
 - More details about upcoming office hours and materials from past webinars can be found on [the DHCS ICF/DD Carve-In webpage](#).

If you have additional questions that were not addressed during this webinar, please email: LTTransition@dhcs.ca.gov

