DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES
Michelle Baass | Director

Department of Health Care Services
California Advancing and Innovating Medi-Cal (CalAIM)

TITLE: CalAIM Intermediate Care Facility for Developmentally Disabled (ICF/DD) Carve-In Promising Practices

DATE: Friday, October 6, 2023, 9:30AM to 11:00AM

NUMBER OF SPEAKERS: 9

FILE DURATION: 1 hour 28 minutes

SPEAKERS

Kristal Vardaman
Bambi Cisneros
Jim Knight
Kathy Nichols
David Tran
Ed Mariscal
Jerri Ollett
Rich Ruiz
Janet Davidson

Kristal Vardaman:

Okay, good morning everyone. My name's Kristal Vardaman with Aurrera Health Group and I want to thank you for joining today's webinar, Intermediate Care Facilities for the Developmentally Disabled, or ICF/DD, Carve-In Promising Practices. This webinar today is the third in a series about the carve-in. A recording of today's webinar, the PowerPoint slides, and the meeting materials will be available on the DHCS ICF/DD Carve-In webpage and you'll find a link to that webpage will be dropped in the Zoom chat. In order to add your organization to your Zoom name, we'd ask you to do that now by taking a moment to do that so that it will help us track any questions that come in. In order to do that, please click on the participant's icon at the bottom of the window, hover over your name in the participant's list on the right side of the Zoom window, select Rename, and then enter your name and add your organization as you would like it to appear. Next slide please.

Kristal Vardaman:

A few things to note before we begin the webinar. Again, this webinar is being recorded. The webinar recording and slides will be posted to the DHCS ICF/DD LTC Carve-In webpage. Participants are currently in listen-only mode but can be unmuted during the Q&A discussion. We encourage you to use the chat feature to submit any questions. Feel free to type any questions into the chat during the presentation, and our team will be monitoring them. If you'd like to provide clarification or ask additional follow-up questions during the Q&A period, you can use the "Raise Hand" feature and our team will unmute you. Next slide please.

Kristal Vardaman:

Here's the agenda for today's webinar. First, we're going to provide a brief overview of the ICF/DD Carve-In and key policy requirements. Following that, we'll review promising practices which will be divided into two parts. We'll start with communications, contracting, and LTSS liaisons, and then you'll hear from guest speakers from a managed care plan and ICF/DD before having time for Q&A. We'll then discuss promising practices related to the authorizations and leaves of absence. We'll also introduce billing and payment policies. There'll be then another panel discussion with our guest speakers and more time for Q&A. And finally we'll wrap up with next steps. Next slide please. And before I move forward, I do see one hand raised. Cecilia, if you could drop any questions in the chat. If you have any technical difficulties or anything, a member of the team will assist. Next slide please.

Kristal Vardaman:

We're going to start off with an overview of the ICF/DD Carve-In. Effective January 1st, 2024, all managed care plans will be responsible for the full LTC benefit at the following home types: ICF/DD, ICF/DD-Habilitative, and ICF/DD-Nursing. ICF/DD-Continuous Nursing Care Homes are not included in the LTC carve-in. This means that all Fee-for-Service Medi-Cal beneficiaries residing in an ICF/DD, ICF/DD-H and ICF/DD-N Homes

will be mandatorily enrolled into a Medi-Cal MCP for their Medi-Cal covered services. Next slide please.

Kristal Vardaman:

The ICF/DD Carve-In is intended to standardize benefits and coverage under managed care across the state. In standardizing benefits, the Carve-Ins are able to advance a more consistent, seamless, and integrated system of managed care that reduces complexity and increases flexibility. The utmost goal of the transition to managed care is that it should be seamless. This means that members should not experience any disruptions in access to care or services. Managed care plans are also expected to conduct timely reviews in authorization of services and support the member's care planning and will maintain the existing infrastructure. For example, the Regional Centers and ICF/DD Home model for individuals with developmental disabilities. This includes Lanterman Act protections and the roles and responsibilities of Regional Centers. Next slide please.

Kristal Vardaman:

Starting on January 1st, 2024, an estimated 4,500 individuals residing in ICF/DD Homes will be carved into managed care. Prior to January 1st, ICF/DD Homes were a carved-in service only in the COHS counties, which are shown here in blue. All residents of ICF/DD, ICF/DD-H, and ICF/DD-N Homes in non-COHS counties were members of Medi-Cal Fee-for-Service, which are the counties shown in orange. And on January 1st, 2024, all Medi-Cal eligible beneficiaries residing in an ICF/DD, ICF/DD-H, or an ICF/DD-N, with few exceptions, will be enrolled into a Medi-Cal managed care plan. And now I'd like to hand it over to Jim Knight from the Department of Developmental Services to talk about the Regional Center role.

Jim Knight:

Thank you, Kristal. So on the next slide, just kind of a brief overview of the Regional Centers and their role in the Carve-In. So at a high level, Regional Centers provide a variety of services and supports to individuals with intellectual and developmental disabilities, and that includes those who have chosen to live in ICF Homes. And as you can see there in the boxes, those are, again, a summary of some of the services and supports that Regional Centers provide. But really the overall message here is that all those services and the supports that Regional Centers provide now will not change and will continue with this Carve-In. So although members are going to be moving into managed care, the role of the Regional Center does not change including the development and identifying of services and supports through the individual's Individual Program Plan development process. And so with that, I'm going to turn it over to Bambi.

Bambi Cisneros:

Great, thank you so much Jim. Good morning everyone. Thank you for your time this morning. I am happy to highlight the key policies of the ICF/DD Carve-In, which are memorialized in some of the policy documents that we'll walk through in the next few

slides. We can go to the next slide please. So DHCS has released several policy guidance documents to support the implementation of the Carve-In and this includes the bulleted list here, which is the ICF/DD All Plan Letter 23-023. We also developed Model Contract Language, which provides standardized terms and conditions that managed care plans must incorporate into their provider agreements when contracting with ICF/DD Homes. And we've also recently released a set of FAQs on the Carve-In, which really ties more to the operational questions that we have received, as well as the Billing and Invoicing Guide that provides the standardized elements needed for claims and invoicing processes.

Bambi Cisneros:

And so we put a link here on the webpage which takes you to the ICF/DD Carve-In webpage, which is where we house all of these resources and information. And we also want to share with you that we have created a Member Information webpage where you can find copies of the notices that will be sent to members regarding the transition to managed care as well as the Notice of Additional Information. And then lastly, we have another resource that we're working to finalize, which is the Policy Guide, which will be a culmination of all the various policies here and things as we learn as we go along as well. And today's webinar will really build on the promising practices that will be further detailed in the Policy Guide. And these promising practices are based on lessons learned from counties where Long-Term Care is already carved into managed care for managed care plans. And ICF/DD Homes related to outreach and communications, payment and authorization terms, and care management. Before diving into the promising practices, we did want to provide a brief refresher on these key APL policy requirements. So we can go on to the next slide.

Bambi Cisneros:

In terms of contracting, managed care plans are required by the Department to maintain an adequate network of ICF/DD Homes comprised of the ICF/DD, ICF/DD-H and ICF/DD-N Homes that are licensed and certified by the California Department of Public Health, and managed care plans are to report the contracting status at the time of network submission. And so we are working with the managed care plans separately on network readiness and we did issue network readiness guidance to the managed care plans specific to those requirements. Managed care plans are then required to incorporate the standard terms and conditions from the Model Contract Language when contracting with the ICF/DD Homes. And this model contract really just helps to ensure that there's a consistent delivery of ICF/DD Home services within the Medi-Cal managed care program. So Homes would know what to expect when contracting with managed care plans because these should be the same standard terms across the board regardless of which plan they work with.

Bambi Cisneros:

In addition to contracting with ICF/DD Homes, managed care plans must also look at the various providers that may be currently involved in providing care for ICF/DD

members and are delivering those Medi-Cal covered services in order to bring those providers in network. And so it's important for plans to know what services and what providers members are using so that they can really ensure that they have a robust network that can meet those needs. The department will be sending transition data to managed care plans in November and that will include data including Fee-for-Service utilization and claims data from the past 12 months. And what this data does is it will help plans identify other providers that are providing services to members. The next slide please.

Bambi Cisneros:

For continuity of care, this is a really important policy to highlight because members have the right to choose their living arrangement and that is mandated by the Lanterman Act. And as Kristal had mentioned earlier, one of the goals of the carve-in is to really maintain the member's current ICF/DD Home living arrangement as chosen by the member. And so we have established continuity of care requirements for managed care plans to ensure that the members ICF/DD Homes for at least 12 months while the managed care plans work to bring the ICF/DD Home in network. And this protection is automatic, which means that it requires no action from the member or their Authorized Representative to ask for this protection. And so by virtue of the Department sharing data with the managed care plans, managed care plans will know these members and then the Homes that they reside in to begin to initiate this continuity of care.

Bambi Cisneros:

If the ICF/DD Home still does not have a contract with the member's managed care plan after this initial 12 month continuity of care period, members and/or their Authorized Representative can also request an additional 12 months, but it would be upon request, so they would need to raise their hand for this additional 12 month provision. Continuity of care also provides continued access to covered services, so not just continuity of care to the Home but also continued access to covered services listed here. So these services include transportation, facility, professional, and select ancillary services, as well as levels of care coordination. So members will still have continued access to these services, but it may require that they switch to the plan’s In-Network provider in order to continue receiving these services. Go to next slide please.

Bambi Cisneros:

So in Medi-Cal managed care, managed care plans are required to do utilization management, which means that it is in their purview to review service authorizations to determine approvals or denials. In the case of ICF/DD Home services, managed care plans must accept the determination made by the Regional Centers and their attending physician to then authorize a member's admission to or continued residence in an ICF/DD Home. And that's because the Regional Center is, as Jim had mentioned in the previous slide, that one of the core functions of the Regional Center is to work with members or individuals to determine member choice and where they should live and

then the services that they need, that's in the IPP. And so we want to make sure that we are preserving that kind of relationship. And so in the case of ICF/DD Home services, managed care plans must accept that determination by the Regional Center.

Bambi Cisneros:

And so for any new treatment authorization requests received starting on January 1, managed care plans are responsible for approving them for up to two years, and that's in alignment with state regulations currently. Plans are also responsible for all other approved authorization requests for services that are outside that per diem for 90 days after enrollment in the plan or until the plan can reassess the member. And then finally, when it comes to turnaround times for authorizations, managed care plans must turn around routine authorizations in five days once a member is enrolled or 72 hours if that authorization must be expedited.

Bambi Cisneros:

So next we will turn to leaves of absence and bed holds policy. In here, managed care plans are required to cover any leaves of absence or bed holds that an ICF/DD Home provides and that is to be in compliance with state regulations on leaves of absence and bed hold policies. A leave of absence and bed holds really are periods of time when a member may leave their home while retaining the ability to return and then that home will continue to receive some payment. And so bed holds are used when a member is admitted to an acute care hospital and managed care plans are required to authorize up to seven days per hospitalization for a bed hold. Managed care plans are also required to authorize up to 73 days per calendar year for a leave of absence, and the leaves of absence can include visits with relatives or friends as well as participation in organized summer camps for individuals with developmental disabilities.

Bambi Cisneros:

This policy means that members can return to the same ICF/DD Home following that leave of absence or bed hold if that is the member's preference. But if a member does not wish to return to that same Home following the leave of absence or bed hold, then the managed care plan is then required to provide care coordination and transition support and then work with the Regional Center to assist the member in finding another in-network ICF/DD Home.

Bambi Cisneros:

Okay, and then the last piece I'll touch on is one of the key policies has to do with care coordination. And managed care plans are required to coordinate and work with Regional Centers when identifying services provided to members by the plans. The Regional Center Service Coordinator will continue to be the ICF/DD member's primary source for accessing services and resources identified in the IPP. And as part of the carve-in, managed care plans are required to implement a Population Health Management Program that ensures that ICF/DD Home residents have access to the full

array of services across the continuum of care. And so care coordination can vary depending on the member's needs and it includes basic Population Health Management, transitional care services, and care management. And so with that I will transition to Kristal.

Kristal Vardaman:

Thanks Bambi. Next slide please. Now we're going to go over some promising practices related to communications, contracting, credentialing, and LTSS liaisons that MCPs, Homes, and Regional Centers can use to support implementation of the carve-in. Next slide please. For MCPs new to the ICF/DD LTC benefit, it'll be important to build internal capacity and familiarity with the ICF/DD population throughout the plan. MCPs will need to ensure that key staff understand the ICF/DD Home benefit and the ICF/DD population including the role of the Regional Center and core policies pertaining to authorizations and continuity of care. This should include plan staff that are working at the call center and staff in billing and utilization management roles. It's also important to invest in communication channels between the MCPs, Homes, and the Regional Center. On October 11th, DHCS will issue an updated Memorandum of Understanding template between the MCPs and Regional Centers to establish data sharing and care coordination protocols and identify key points of contact at the MCPs and Regional Center.

Kristal Vardaman:

A few additional promising practices that MCPs, Homes, and Regional Centers can use to support communications and relationship building are on the slides and this includes participating in goodwill tours. So. for example, during the Coordinated Care Initiative transition, some Cal MediConnect plans conducted goodwill tours and visited all facilities to begin developing relationships and lines of communication. Additionally, MCPs and ICF/DD Homes have reported the need to better understand the operations of each agency type. So given the role of the Regional Centers within ICF/DD Home services, it's recommended that the MCPs, the Regional Centers, and the ICF/DD Homes create and participate in learning collaboratives to promote and provide a forum for better understanding of person-centered thinking and planning for ICF/DD Home residents, problem solving around authorization, billing, and other issues if they arise, and also planning for quality improvement at services and supports. Next slide.

Kristal Vardaman:

MCPs and Homes must also meet ahead of the transition to conduct joint planning for the transition. So this could include a variety of steps such as sharing the members' IPP and ISP with the MCP. So although sharing these documents is not generally required, sharing all planning documents can provide MCPs with a better understanding of the member's whole-person needs and could be instrumental in ensuring a smooth transition and continuation of all services and supports. Plans and the Home may also opt to discuss any known member needs that fall outside of the ICF/DD Home service

sphere and which the plans may wish to be aware of. So such services could include planned medical procedures or anticipated transitions to other living settings. Another promising practice is around identifying any potential continuity of care issues. So for example, for medical supplies, transportation, or other Medi-Cal benefits that are not included in the ICF/DD Home per diem rate.

Kristal Vardaman:

Homes and plans should work together to proactively identify where facilities may be using providers that are not currently in the plans network so that all members have day one coverage of essential supplies and benefits. ICF/DD Homes are also encouraged to share members' treatment authorization requests, or TARs, with the members' MCP once they've made their plan selection. So while DHCS will be providing all MCPs with a copy of the approved Fee-for-Service TARs for current ICF/DD Home residents as part of a data exchange prior to January 1st, further coordination between the Homes and MCPs may be helpful to ensure a seamless transition of services and prompt payments from the MCPs. Next slide.

Kristal Vardaman:

Contracting efforts between MCPs and Homes are well underway, and recognizing that contracting is an ongoing process, we wanted to offer some lessons and insights into contracting. So many Homes are new to working to establish relationships with health plans and for some of the MCPs this is the first time they'll be caring for ICF/DD Home residents and they're continuing to learn about how they need to tailor traditional provider agreements to meet the needs of this community. So there may be a learning curve for both groups that are involved in this contracting process. And as we previously mentioned, MCPs are required to use terms and conditions in the published Model Contract Language. This is intended to help Homes who are new to contracting by creating some standardized terms and conditions that will appear across all contracts. It's also intended to help the plans who are still building their knowledge around working with ICF/DD Home providers. And here are a few tips that MCPs and Homes can consider as they work through the remaining contracts and new contracts.

Kristal Vardaman:

So while the MCPs are required to integrate the terms and conditions from the Model Contract Language into their provider agreements, the agreements will still include some additional plan specific terms. So plans should orient the ICF/DD Homes to the terms and conditions in the contract that come from the Model Contract Language versus those that are plan-specific. During the contracting process, ICF/DD Homes should also share information on other service providers that are currently serving ICF/DD residents with the plans and this will allow the plans to verify whether other service providers are in their networks, and if they're not, the plans can then work to bring them into their network to mitigate any potential continuity of care issues. As plans and Homes discuss policies and procedures for care management and leaves of absences and other policies or processes, additional details on these policies and

processes can be integrated into the contracts and we'll highlight a few such areas to consider, including contracts, throughout this presentation. Next slide.

Kristal Vardaman:

Also, today I wanted to give an update on the credentialing process. So DHCS has been working in coordination with ICF/DD Home representatives and MCPs to create a streamlined credentialing process to minimize burden on providers and plans. Because of the extensive regulation by various state departments, DHCS is allowing plans to deem ICF/DD Homes credentialed via attestation. For the initial credentialing process, Homes will need to submit the documents listed on the left-hand side of the slide to the plans and plans will need this information to enter Homes into their systems and to be able to provide payments to Homes. Homes will also need to complete an attestation form that DHCS is currently developing and working to release in the coming weeks. That form will allow Homes to attest that the documents listed on the right-hand side are completed and are on file with the appropriate entities. After ICF/DD Homes complete the initial credentialing process, they will then only need to complete the attestation on an annual basis. Next slide.

Kristal Vardaman:

While DHCS is working to finalize the attestation form, there are a few steps that Homes can undertake now for the credentialing process. So first, Homes should organize the required documents and information that is required for the initial submission as detailed on the prior slide. They should also verify that the documents included in the attestation are completed and on file with the appropriate entities. And as you work to contract with the managed care plans, please check in about their provider training requirements to determine whether further training is needed. We also wanted to note that ICF/DD Homes will still be able to be reimbursed beginning January 1st, 2024 while undergoing credentialing with the MCP as long as Homes submit that initial documentation detailed on the previous slide prior to January 1st, 2024. The initial documentation provides the plans with the relevant business information that they will need to create their claims payment profile for ICF/DD Homes. Next slide please.

Kristal Vardaman:

And now we're going to talk about the role of the LTSS liaison. LTC facilities have broadly had reported challenges finding plan staff who understand and are especially trained in long-term care issues, including those related to ICF/DD Homes. And to meet this need, DHCS has implemented a requirement that plans are to have an LTSS liaison. This could be plan staff or a delegated entity staff that serve as liaisons for the LTSS provider community, including the ICF/DD Homes. These staff should be trained by the plan to identify and understand the full spectrum of Medi-Cal LTSS, including Home and Community-Based Services and long-term institutional care including payment and coverage rules.

Kristal Vardaman:

The liaison could serve in both a provider representative and care coordination representative role. The role should be fulfilled by an MCP representative that works closely with ICF/DD Homes on a variety of different topics or issues. This role could also be called or referred to in a variety of ways such as the Provider Relations Specialist, the LTC Specialist, LTSS or LTC Care or Case Managers. The intent is to highlight the importance of having a dedicated individual or individuals that may serve as a liaison between the MCPs and Homes. Next slide.

Kristal Vardaman:

And now we're going to move on to our first panel. We're really excited to introduce several guest speakers who are going to share some insights on their experiences with the contracting process and the role of the LTSS liaison. So we have with us today, first I will introduce from Health Net, David Tran, who's the Senior Manager of Contracting and Network Development, and Ed Mariscal who is the Director of Public Programs and LTSS. We also have Rich Ruiz who is an Operator for Unified Care Services, which manages a network of ICF/DD Homes. And we also have Jerri Ollett who is a Consulting and Training Lead supporting Unified Care Services.

Kristal Vardaman:

So we have a couple of questions that we're going to pose to our speakers. The panel will then be followed by a Q&A where the attendees will have an opportunity to ask our guest speakers as well as some subject matter experts from DHCS and DDS questions related again to contracting, credentialing, and LTSS liaisons in this first segment. And please again drop questions in the chat. We'll be monitoring them to be ready for the Q&A in a few minutes. But first I'd like to kick this off by asking some questions of our Health Net representatives related to contracting. So first, David or Ed, how have you approached relationship building between ICF/DD Homes leading up to the contracting process?

David Tran:

This is David Tran, I can take that one. Since the original announcement of the ICF/DD Carve-In, Health Net has done several outreaches going as far back as 2022. We initially did mailing out to the ICF/DD networks of the targeted providers introducing ourselves, giving a quick overview of the intended ICF/DD Carve-In that was supposed to be implemented last year but was delayed. We also did some outreach to some larger providers that we found that had multiple Homes. We did a couple site visits last year. When the ICF/DD Carve-In was moved to 2023, we did a second round of mailings to all ICF/DDs in our licensed counties, introducing ourselves again with key contacts, credentialing information to try to start that process.

David Tran:

As we did not get a high volume of responses that we were expecting after two mailings, we also partnered with a consulting group that we worked very closely with, ATTAC Consulting Group. And both Health Net and ATTAC started doing outbound

emails and calls to all of the ICF/DD facilities to try to promote that contracting process so that we can aid the state in building out that network and getting it ready. Ed and I have hosted a few meet and greet sessions with various counties throughout this process. We regularly participate in DHCS' stakeholder work group calls trying to make ourselves available to answer any questions for ICF/DDs. We've shared our contact information, we do attend the CAHF conferences. For those Homes that are members of ICF/DDs, we try to make ourselves as available as possible. Ed, anything to add?

Ed Mariscal:

Thanks David and thanks for the question and good morning everyone. One additional item that I would add is that we at the health plan, and I think this is probably true for all the health plans up and down the state, we have regular meetings with Regional Centers already. And what we've done over the last year or so is add a specific ICF/DD standing agenda item where we would not only share updates on what this looks like, but also introduce the various resources within the health plan that are going to be working in this space. So we bring in the social workers, we bring in the clinical team, we bring in the teams that support the authorizations, and we've also brought in all of the designated liaisons per region so that everyone can start getting to know each other, sharing contact information, but also building that relationship that's going to be really important in ensuring that all of the great work that the ICF/DDs are already doing for their consumers, clients, continues as uninterrupted as possible.

Kristal Vardaman:

Thank you both. I think that covers our first couple questions there and then I'd just like to turn to Jerri and Rich to give us some information on what's really helped to facilitate the contracting process. How are providers experiencing from their perspective and what are providers and what have you all been doing to prepare for the Carve-In?

Jerri Ollett:

Good morning, this is Jerri, I'll go ahead and take that one. Thank you for having me. What has really helped the facilitation is the general understanding of the ICF/DD grouping of individuals. I believe when this first started coming out and people were talking about it and it was known that it was going to be carved-in, I believe most ICF/DD facilities thought that it was going to be an elective and not a mandatory carve-in. As I work with both skilled nursing and intermediate care, that was the case in skilled nursing many years ago when Medicare managed care was introduced. Then Medi-Cal managed care was introduced, and again, it was somewhat elective depending on the county that you lived in. So what has helped greatly is to have the state and the health plans, the managed healthcare plans, to have them reaching out to notify people that this is a mandatory process, you cannot bypass it.

Jerri Ollett:

Once that is understood, then very much what you read in the earlier highlights, Kristal, is important. Be organized and have everything in an electronic format so you can

submit it easily in that way. The more you can do electronically, the easier it's going to be. And for the ICF buildings, when you find somebody at a health plan, write down all their contact information. When you contact them, be as efficient as possible. I think I speak for everybody that I've talked to so far at the plans, this process is overwhelming for them too. I had the good fortune of consulting to an organization that owns six ICF/DDs and early on we started offering tours to plans and we have a large one and several small ones, but those are two very different product lines and they feel very different when you're in them. And I think that has really helped the plans crystallize how to best approach assisting ICF/DD buildings. Thank you.

Kristal Vardaman:

Thanks. Rich, anything to add?

Rich Ruiz:

Yeah, hi everyone, Rich Ruiz here. Thank you for having me. I would just touch on what Jerri said. Yeah, you can't emphasize enough, invite the meet and greets with the healthcare providers, healthcare networks, and really just put things in motion. The sooner you do that, the better you're going to feel. Well, you're going to feel less overwhelmed with the process, and like Jerri touched on, take notes of everyone you talk to, keep numbers nearby, and they're very helpful, but like Jerri said, you got to really be efficient in the coordination of that. But get the carve-in process started like Jerri touched, it's mandatory, so it's not something that you can put to the side and wait on. And it seems overwhelming at first, but I think once the providers start putting things in motion, it really is not a difficult process. It just, you have to start it though.

Kristal Vardaman:

Thank you. Now we're going to turn to talking a bit about the role of the LTSS liaison. Again, I'll start with Health Net. How are staff identified for the LTSS liaison role, what department do they reside in, and could you talk about how you've prepped your LTSS liaisons for their role in supporting ICF/DD Homes?

Ed Mariscal:

Thanks, Kristal, I'll go ahead and start with this one. So early on we realized that, well, one, there was a big learning curve on the health plan side, right? So this is going to be completely new for us and although we do long-term care, we do nursing homes, we do a lot of community-based organizations and supports, we knew that the relationship and the role of the liaison specific to the ICF/DD Homes was going to be special. It had to be unique and it had to be personal. And so what we decided was rather than loop in liaisons supporting other programs internally that require a liaison, we decided to create a team of liaisons that would be specific to the ICF/DD Homes. And we looked internally at team members who already had relationships with Regional Centers through our service coordination team and we also looked internally at our social workers who may have had relationships or previous experience working in this space with Regional Centers with IDD populations.

Ed Mariscal:

And so that's how our liaisons were identified and they've been part of our meet and greets, they've been part of our tours, they've been part of our work in building this network since almost the beginning. While we might think as the contracting work separate from the authorization work and the liaison work, really we're one. And the liaisons partner with the contracting and the contracting partners with the liaisons and they partner with utilization management and they partner with the authorization teams to ensure that the liaison is not only kept up to speed on what is happening internally, but that they are prepared to answer questions and support, hopefully within the first call with the ICF/DDs, as necessary.

Ed Mariscal:

Additionally, because of their new skillset, because of this relationship, because of this partnership with the ICF/DD Homes, the liaisons now have this opportunity to not only be reactive in supporting the ICF/DD Homes, but really be proactive whenever there are anticipated issues coming up. Health Net is in multiple counties statewide and we've identified our liaisons regionally so that maybe the liaison supporting in Imperial County won't be the same liaison supporting in Sacramento County. Those will be two separate regions, two separate liaisons to ensure a little bit more of that personalized attention to the ICF/DD Home and the Regional Center.

Kristal Vardaman:

Great, thanks Ed. I think you maybe highlighted a lot of the work that you all have done into preparing your liaisons, any particular challenges that you'd call out and how did you all approach overcoming those challenges?

Ed Mariscal:

So the challenge would really be, and forgive me for using an incredibly overused expression, building the plane while you're flying it, really. This isn't a benefit yet. This goes into effect three months from now, but we've started building this as information is made available, as we work through our stakeholder workgroups, as we meet with ICF/DD Homes and other stakeholders, and we pivot. And we've had to pivot quite a bit just depending on the guidance that's coming out and pivoting based on what the ICF/DD Home needs are. The ICF/DDs are really dictating how we're going to be designing this program. And I call this a challenge, but it really is a great opportunity where, yes, we are pivoting a lot and every time we meet and chat and collaborate with an ICF/DD and a Regional Center, we have to pivot, but that's good. It's getting us in the right direction and it's helping us stand up a program that we hope will be incredibly effective and supportive of the ICF/DD Homes.

Kristal Vardaman:

Great, thank you. And to Jerri and Rich, how has the LTSS liaison been most helpful and critical for you all as you prepare for the Carve-In?

Jerri Ollett:

Thank you, this is Jerri Ollett, and I have found absolutely the managed care plans, talking with one person, if that's not the correct person, they will find the correct person for you and they will connect you. It takes some diligence, it sincerely takes some diligence and I would recommend that you get a big glass of water and relax as you are waiting online or waiting for a response. But the liaisons have been, I'm going to say sort of like the glue, as Ed was explaining earlier, they're sort of like the glue that holds things together. They broker all the services and assistance and I have found that to be extremely helpful. Thank you.

Kristal Vardaman:

Thank you. Rich, did you have anything to add?

Rich Ruiz:

Yeah, I would say the same thing. Just be patient and diligent in reaching out and the person on the other side, the brokers of services and what have you, they will call you back or they will research any questions you have. So just once again, Jerri's doing a good job of covering that. Just be patient and don't give up.

Kristal Vardaman:

Great, thank you. Thank you all. We've got a few questions. We've got 10 minutes for Q&A before we move to the next segment. Some of these questions are going to be for the panelists, some maybe for some DHCS staff that are on the line as well. I'm going to start off with some questions that were submitted in advance in our registration form that I think are worth underlining. First question, some of the related questions are related to contracting. When should ICF/DD Homes start executing contracts and should ICF/DD Homes be contracting with more than one MCP for the same facility? Bambi or someone from DHCS want to take that?

Jerri Ollett:

I would be.

Kristal Vardaman:

I see Stacy's come on.

Stacy Nguyen:

Thanks, Kristal. I don't see that message in the chat, I must have missed it, but yes, ICF/DD Homes can and should contract with multiple managed care plans.

Kristal Vardaman:

Great. And there's a number of attendees in the chat who've had some variation of a question around they haven't received any outreach from the plans in their county, are wondering when they can expect that to happen. We've dropped in the chat a list of the

plans by county, but Stacy or Bambi, any other suggestions or advice for people who haven't heard from plans in their area and want to be proactive about that?

Bambi Cisneros:

Yeah, and thank you for dropping the plan contact list in the chat as well. So if you have not heard from the managed care plan, we do encourage that you please do reach out to them. We'll also send just a reminder to all the plans that they should start engaging if they haven't already, so we'll do that on our end. But in the meantime, if you have not heard from them, we do encourage you to reach out and start those conversations.

Kristal Vardaman:

Great, thank you. Another question that's come in, I think this one is for our plan partners and Health Net. Can you speak to about how long it'll take for the plans to credential ICF/DD Homes once they receive that initial documentation information?

David Tran:

Sure. Credentialing is fairly quick for Health Net. Typically, our credentialing committee meets once every 30 days, so once a month, to review the credentialing docs. But with the new proposed changes to the credentialing requirements for ICF/DD Homes and working with our credentialing department, we've asked them to increase that cadence, and specifically for ICF/DD Homes, they have agreed to do it ad hoc as quick as once a week if needed. So typically within 30 days is the short answer.

Kristal Vardaman:

Great, thank you. We have another question that might be best suited for DHCS or DDS. It's a question around, again, we've talked about the role of the Regional Centers. Could you talk about whether or not the Regional Centers will have some individuals that are dedicated to supporting this transition or some of the work that's being done to prepare the Regional Centers to be a resource to Homes? Jim, I see you coming on.

Jim Knight:

Yeah, hi. So we have been working with Regional Centers in variety of ways, they're going to have some point folks that are going to assist in this in different areas, whether it be helping individuals with when they get notices of potential enrollment in managed care and also the Homes as well. So we will very shortly get out the list of who those key contacts are at each Regional Center to assist with that.

Kristal Vardaman:

Great, thank you Jim. Next question we've got, I think this is again maybe best suited for DHCS. Looking at people, particularly who are people with disabilities, many who may not have family to help them, could you talk about who exactly is the designated as the Authorized Representative to help someone enroll in a managed care plan, to request

continuity of care, et cetera. DHCS or Jim maybe can hop in with a little information on how that will work.

Bambi Cisneros:

Sorry, Kristal, this was about the Authorized Representative?

Kristal Vardaman:

Authorized Representative to help people enroll in plans. How is that person identified?

Bambi Cisneros:

Yeah, so what we know is that Authorized Representatives are, they can be various individuals, conservators, Powers of Attorney, et cetera. Typically, this is handled at the county Medi-Cal office. And so what we understand is that there is an Authorized Representative kind of field in MEDS and that is what kind of alerts the department that this would be an Authorized Representative. We are kind of trying to get a little bit more detail on what that process looks like and the rules around it, and so I would say for this one, that is what we know and understand at this point in time and as we learn more about how operationally that works, we do intend on issuing an additional question on this in our FAQs. So more to come on that piece, but it is according to the county Medi-Cal office and how that application is set up there. I don't know if others, if you have eligibility partners or others if they want to add or correct me if I'm wrong.

Kristal Vardaman:

Bambi, on this note of enrollment issues, another question came in around how will Homes know what members are going to be enrolled in which plan? During the plan outreach, what will drive Home decisions on which plan to contract with if they don't have information yet on member selection?

Bambi Cisneros:

I don't know if we have our MCOD partners on the line?

Kristal Vardaman:

I believe Michelle's on, if she wants to jump in. The question is around when Homes might have information on what plans members are enrolled in so that they can have that information to help inform some of their contracting efforts?

Michelle Retke:

Yes, I've been trying to jump in, but it wasn't letting me unmute myself. Yes, so Michelle Retke with the Managed Care Operations Division. So plans will know who their members are by an indicator on a specific file that the plan receives. So without getting into the technical details, a plan that is receiving members through this transition will receive these members with an indicator on an enrollment file that they have already received. And all of that information has been communicated to the plans with all the

necessary specifics and is documented to the plans as well through a weekly call that we have with the plans. So they will know who these members are.

Kristal Vardaman:

Thanks so much, Michelle.

Michelle Retke:

Yeah, and then I did want to just add one thing on the Authorized Rep. Just to add, I just want to make sure because I don't think this was touched on, but if there is an Authorized Rep indicated for a member in the Medi-Cal Eligibility System, or MEDS, that information is utilized to also send a notice too. So if a member has an Authorized Rep on file in the Eligibility System, then the member and the Authorized Rep will receive the necessary notices.

Kristal Vardaman:

Okay, great, thank you. With that, we're about out of time for this Q&A segment. I know we'll hear from Ed and David in a bit, but Jerri, Rich, any final words of wisdom for ICF/DD Homes as they prepare for contracting before we move to our next segment?

Jerri Ollett:

Actually, I do have a suggestion. Having gone down this path for many years in skilled nursing in all 14 counties that had the Cal MediConnect, I would suggest that each Home get contracted with every plan in your county. You will then guarantee that you'll get your payments on time and you'll guarantee complete service for all of the members that you have in your Home. If you miss one, there will be a scramble to get everybody added to the plan that they're supposed to be added to or if there's a mismatch. It should not be on the plan itself to notify every single person. It's like when you get a driver's license. If you're going to turn 16, the DMV does not reach out and say, your birthday's coming up, do you want to schedule a driving test? They don't. I would suggest that in each county, each Home have a contract with each managed care plan.

Ed Mariscal:

Hey, Kristal, my apologies. May I jump in for just a quick note to follow up on what Jerri just said?

Kristal Vardaman:

Sure.

Ed Mariscal:

There are a lot of managed care plan changes happening in 2024. Health plans in your counties today may not be there in January, so it'll be important for the ICF/DD Homes to know and understand who the health plan will be in 2024 because they may not be there right now.

Kristal Vardaman:

Thanks, Ed.

Jerri Ollett:

Perfectly said. Thank you so much.

Ed Mariscal:

I got you Jerri.

Michelle Retke:

Maybe, Kristal, to piggyback off of what Ed was saying, there's a really good resource online. It's a chart that basically shows what plans are operating today, 2023, and what plans would be operating for January 1, 2024. And so, Kristal, maybe that could be a takeaway if someone wants to put it in the chat now or after the call. That's a really good resource.

Kristal Vardaman:

Sure will do. I think Bambi may have dropped that in the chat and I will point that to everyone in other forms too. Thank you.

Michelle Retke:

Thank you for the plug, very helpful.

Kristal Vardaman:

And Rich, I think you were going to say something?

Rich Ruiz:

Yeah, no, I don't have anything to add. I think we've touched on just about everything that I need to touch on at this point.

Kristal Vardaman:

Okay, great. Well thanks to our panelists again and I'm going to turn it to Kathy Nichols to walk us through the next segment around some other promising practices.

Kathy Nichols:

Thank you, Kristal. My name is Kathy Nichols and I'm with Mercer. And we have also been assisting on this ICF/DD Carve-In process and I'm going to go over some promising practices related to authorizations, leaves of absence and bed holds, as well as an overview of billing and payment policies. If we can go to the next slide please. MCPs that are new to covering ICF/DD services are not experienced with the ICF/DD authorization criteria and are required to build existing requirements into their utilization management policies and procedures. A Regional Center's determination for the

ICF/DD level of care and consumer choice must be respected barring any quality of care issues regarding the ICF/DD Home. The DHCS requires the MCPs to accept existing authorization forms used in Fee-for-Service, including the certification for special treatment program services, which is the HS 231 form and the DHCS 6013A form.

Kathy Nichols:

DHCS is also developing a standard ICF/DD Prior Authorization Form that managed care plans may use in lieu of an LTC TAR form 20-1, which is what is currently used by Fee-for-Service Medi-Cal. So promising practice would be to include references to the guiding statutes and regulations in the MCP Home-Provider contract, including the IPP process used by the Regional Center to offer residential living options. Additionally, the MCPs, the ICF/DD Homes, and the Regional Centers will all play a critical role in caring for ICF/DD members and coordination among all three entities will be critical to ensuring members will receive necessary services and support. So I think we've talked a lot about that communication already, but it's very important just to double down on that. Any requests for supporting documentations related to a member's care needs should be communicated in a timely manner. And this may include requests for documents from the Home as well as from the Regional Center. So if we move to the next slide for service authorization timelines.

Kathy Nichols:

Transition to an appropriate level of care without delay is important for optimal patient outcomes and avoiding unnecessary hospital costs. Promising practices have identified areas that the MCPs and the ICF/DD Homes may want to integrate into contracts or policies and procedures to ensure clarity and smooth authorization processes, including providing easily understandable and readily available descriptions of the authorization request process as well as the timeframe for ICF/DD services, ensuring staff at Homes have clear understanding of timing and processes to request reauthorization for a resident whose existing authorization is nearing the end date, reminding ICF/DD Homes that members are able to request that additional 12 months of continuity of care following the initial continuity of care period, and developing clear, specific, and available MCP escalation contacts for Homes and members to escalate concerns when there's delays in pending authorizations. Then finally, creating and sharing retroactive authorization policies so that providers have more time to submit authorization requests.

Kathy Nichols:

If we go to the next slide, just to switch to promising practices for leaves of absence and bed holds, leaves of absence and bed holds are a covered benefit under a member's Medi-Cal benefit. ICF/DD Homes should become familiar with the appropriate utilization management contacts at the MCP to ensure an authorization may be obtained if needed. Some MCPs may require an authorization, while others may not. The ICF/DD Home should work closely with the utilization management and/or the LTSS liaisons at

the MCP to ensure the appropriate documentation is provided to obtain approvals for the leaves of absence and the bed hold authorizations as needed.

Kathy Nichols:

Timely and accurate authorization submissions coupled with an understanding of the MCP timeframe for review of authorizations is critical to ensuring members access to care, and additionally, MCPs must ensure that their staff, including provider relations staff and claims and billing staff, have specific knowledge regarding the leaves of absence and bed holds for the ICF/DD-specific benefit. So a promising practice here is to have the MCP authorization policies for bed holds and leaves of absence stated in the Home-MCP contract and frequent and clean communication about payment and payment timelines for leaves of absence and bed holds to help support the Home's compliance with these requirements and support smooth transition for members.

Kathy Nichols:

If we move to the next slide, again with leaves of absence and bed holds, a careful coordination amongst the Regional Centers, the MCPs, and the ICF/DD Homes will be needed for a member returning from a leave of absence or a bed hold, particularly if their service needs have changed or if they want to transition to a different living arrangement. If a member wishes to transition to a non-Medi-Cal funded living situation with input from other stakeholders such as the hospital, the originating ICF/DD Home, and the MCP, the Regional Center will take the lead on the discharge and transition planning. If the member chooses to transition to a different Medi-Cal level of care, the MCP will take the lead on the discharge and transition planning in coordination with the Regional Center. MCPs, Regional Centers, and ICF/DD Homes should engage in regular communication about any changes in a member's status and work together to ensure that the member's needs are met before, during, and after a leave of absence or bed hold.

Kathy Nichols:

I'm going to switch now to ICF/DD Home payment rates. And if we go the next slide will provide an overview of payment policies and billing guidance. This is intended to serve as an introduction to what's going to be covered more in depth in the next webinar on Billing and Payment in November. Payment rates for the ICF/DD Home services are subject to the state directed payment arrangement. So that means that services that are included in the per diem as detailed in the ICF/DD APL are included in that per diem rate.

Kathy Nichols:

In counties where the ICF/DD Home service benefit coverage is newly transitioning to manage care effective January 1st, 2024, MCPs must reimburse network providers of ICF/DD Home services for those services at exactly the Medi-Cal fee-for-service per diem rates. In counties where the ICF/DD Home services are already carved into managed care, MCPs must reimburse the network providers of ICF/DD Homes for

these services at no less than the Medi-Cal fee-for-service per diem rates. Excluded services or services provided to members that are not included in the per diem rate are not subject to the state directed payment arrangement. Excluded services are payable by the MCPs based on the rates that are negotiated between the MCP and the ICF/DD Home.

Kathy Nichols:

On the next slide, the MCPs must have a process for ICF/DD Homes to submit electronic claims and receive payments electronically. We know that not all of the ICF/DD Homes are able to submit electronic claims, so MCPs are going to also need to allow an invoicing process. We do have an overview of submission options for the Homes, which includes submitting claims digitally using electronic data interchange. Homes can also submit claims using other nationally accepted electronic file format standards such as the CMS 1500, the CMS 1450, or UB-04. The Homes do have the option for submitting manual invoices using a paper form of the UB-04 or an alternative invoicing format as long it has been agreed on between the MCP and the Home.

Kathy Nichols:

If we move to the next slide, again with billing and payment. In terms of payment timelines, the MCPs are highly encouraged to pay claims and invoices in the same frequency in which they are received, whether electronic or paper. However, the MCPs must pay the claims or any portion of the claim as soon as practicable, but no later than 30 days after receipt of the claim. MCPs must also provide training to ICF/DD Homes on how to submit claims and provide sufficient detail if additional information is needed to process the claim. On the next slide, DHCS has also recently released a Billing and Invoicing Guidance, which can be found on the DHCS ICF/DD Carve-In website. And the purpose of this guidance is to standardize the invoicing claiming processes, minimize the administrative burden for both the ICF/DD Homes and the MCPs, and promote data quality to support accurate and timely payments. The guidance document does define the necessary elements required for invoicing, including information about the member, the services rendered, and the ICF/DD Home. It also defines the file formats, the transmission methods, the timing, and the adjudication for the claims and invoicing processes.

Kathy Nichols:

And then on the next page, in terms of preparation, the ICF/DD Homes can prepare by working with the MCPs on claims or invoicing, which will be new for many ICF/DD Homes. So a few tips to help Homes prepare would be to first determine whether your ICF/DD Home is submitting electronic claims or invoices, and be prepared to share that information with the MCPs you're contracting with. If your ICF/DD Home plans to submit invoices, reviewing the Billing and Invoicing Guide and verifying your ICF/DD Home can capture all of the required data elements will be important. MCPs are required to provide education and training to the Homes on their claims process.

Kathy Nichols:

We highly encourage the Homes to attend those trainings to understand the claiming process, particularly clean claim requirements. If your ICF/DD Home anticipates cashflow challenges, you can discuss payment timeframes with the MCPs that you're contracting with. And finally, one key step that providers can focus on now is working to execute the contracts with the MCPs. We've had quite a bit of discussion already about contacts and reaching out and the contracts will ensure the Homes will receive the Fee-for-Service per diem rate that was discussed on earlier slides and help to facilitate timely payments. As Homes get accustomed to the MCP's claims process, a few promising practices that MCPs can use include allowing for electronic claim submission testing for the ICF/DD Homes to help them work through any issues prior to go live, handling ICF/DD Homes claims types as high priority, and providing one-on-one support for ICF/DD Homes to address any challenges or issues that may arise. So I'm going to turn it back over to Kristal now to facilitate another panel discussion on authorization, leaves of absence, and billing and payment issues.

Kristal Vardaman:

Thanks, Kathy. And we're going to bring back Ed and David from Health Net and also joining us will be Janet Davidson who is the Utilization Review Manager for Health Plan of San Mateo. And so similar to the last panel, we're going to start off with a couple of discussion questions that we'll pose to our speakers and then have a Q&A session where attendees can ask guest speakers questions as well as our DHCS and DDS subject matter experts. Next slide. So we're going to start off with a question for anyone on the panel here to talk about authorization. So Kathy just went over some of the policy and promising practices for these topics, and so I want to hear about your organization's approach to processing authorizations and how do you coordinate or plan to coordinate with Regional Centers and the ICF/DD Homes on authorization requests? Janet, we can start with you.

Janet Davidson:

Oh, Okay. HPSM applies the standard prior authorization practice to request for the ICF/DD Home level of care. Once the referral packet from the Regional Center has been sent to a Home and that Home acknowledges that they can accept the member, then the home will submit a Prior Authorization Form along with the clinical packet of information. And then that is reviewed and approved and that decision is provided to all involved. The decision letter will go back out to the Home and to anyone else that does need that information. So that's our standard process for that.

Ed Mariscal:

Excuse me. Thank you Janet. And we at Health Net plan to follow a very similar process. We don’t want to disrupt the current process of the flow of information between the Regional Center and the ICF/DD Home. We will request a copy of the HS 231, probably an admission face sheet, and then we will issue the authorization to the Home. And someone can probably tell me if this is true or not, if the referrals are coming in sort

of at the end of the day and some of the paperwork isn't yet completed, we will of course provide the authorization retro to the date of admission so that the admission isn't delayed or there is a fear of a particular day not being covered. If it takes more than a few days to get the paperwork to us, we do ask that you not delay. Send us what you can as quickly as possible so that we can provide you an authorization.

Ed Mariscal:

Maybe if you are only able to provide us the HS 231 on the day of admission, but maybe the face sheet and other information that we require much later, we will give you the authorization for a shorter period of time pending receipt of the additional information and then we will issue an authorization for up to one year. We are currently looking at the length of our authorizations, but for initial launch on January 1st, of course we will honor all existing TARs, but when we begin to authorize, we are looking at providing authorizations for up to one year.

Kristal Vardaman:

Thank you both. We're going to go to the middle section here looking at leaves of absence and bed holds. And we'll start again with you, Janet. Could you talk about what's been the most challenging in ensuring members can appropriately exercise their leave of absence and bed hold rights and how have you overcome that? And then also if you have any promising practices to highlight around LOAs and bed holds that you've experienced at your health plan.

Janet Davidson:

Okay. In San Mateo County, we have 33 Homes, and of the 33, we are contracted with 30. So we have not had any issues really with the LOAs. For those homes that are not contracted, then we enter into an LOA agreement with them as we need to. So we haven't seen any challenges with that to date, I think because we're fortunate enough to have that many contracted Homes. And as far as for the bed holds, we do review the individual need for the bed hold and the length. So if that needs to be for a longer period of time, then that's agreed upon if that's what that member's condition needs or the circumstances are such that they do need a longer bed hold than just the seven days.

Kristal Vardaman:

Okay, thank you. And Ed or David, how is Health Net preparing around these issues and anything you'd like to raise here?

Ed Mariscal:

Sure. So for the bed hold and the leave of absence, we do not require an authorization. We will track and monitor the bed hold and leave of absence on the backend through claims. Just submit your claim for the bed hold, submit your claim for the leave of absence, and it'll be paid. No authorization is required.

Janet Davidson:

And that's the same with HPSM, thanks. And yeah, we don't require prior auth for either of those.

Kristal Vardaman:

Thank you. Our next question, and this one's for Janet, as a plan with experience with ICF/DD Homes being carved-in already, how do you support providers with billing and what should Homes know about billing managed care plans?

Janet Davidson:

Well we have a lot of that information is on our website through our Provider Manual. There are specific chapters within that that outline the claims process. As well as for any Home that would be new to HPSM, contracted or non-contracted, we have staff within provider services that would orient them to that process. And that would be a liaison that would be assigned to them through provider services. And we also have designated staff within Claims Department that could also provide that information as needed to them.

Kristal Vardaman:

Great, thank you. So we've gone through all our questions here, but we'll transition to questions from the audience and wanted to start off on a similar theme around billing and payment, and this one is for Ed. Thinking about as you're helping providers prepare for January and being able to bill, what are you all doing to support them in that? And particularly there was a question submitted in advance asking if providers are going to have the opportunity to test billing processes prior to January 1st?

Ed Mariscal:

Thanks, Kristal. So a couple of things here. We at Health Net will be having a very specific Health Net webinar for all of our ICF/DD Homes in our 2024 counties where we will walk through all of the processes around authorizations, submitting claims, getting set up in our systems, so that everything goes as smoothly as possible. It'll also be a reintroduction to all of the various team members that will be supporting all of the ICF/DD Homes in our regions. We have some dates scheduled and we anticipate sending save the date notifications probably in the coming weeks. One of our lessons learned from the Long-Term Care Carve-In almost a year ago was not to have these education training sessions too early. So we will be doing them in December versus November. Now of course the other challenges are that everyone's on PTO in December, everyone's on vacation in December, but that's why we're picking more than one date.

Ed Mariscal:

So that's the first thing I wanted to call out. The second thing I wanted to call out is that regionally, the health plans are really working together and trying to build our processes together and then hosting joint meetings with ICF/DD Homes and Regional Centers in our counties. There’s a network in LA County that we’ve been meeting a few times.

There are meetings coming up with Health Plan of San Joaquin where we're going to be doing something in those areas. So it's really important for us to make sure that we partner with other health plans, that we present together to the Regional Centers and the ICF/DD Homes, and that we build our processes together to align as much as possible. Now there may not be 100% alignment in everything we do, but we will certainly work together to try to be as helpful as possible to you.

Kristal Vardaman:

Thank you. We've had a number of questions come in through the chat. A couple of them are for our panelists here, some may be better suited for our DHCS and DDS subject matter experts. But I'm going to start with a couple that I think are suited for our panelists. We had a question around the authorization processing and wanted to know how long does it take? What is the timeline for some of these things as providers prepare?

Janet Davidson:

Standard turnaround time for routines is the five business days and then for urgents, it's 72 hours and so all will be processed within those required turnaround times, if not sooner.

Ed Mariscal:

Same.

Kristal Vardaman:

Great, thank you both for clarifying that. Another question, it's related. Could you talk about sort of how, like the process of submitting authorizations? So will there be online portals provided by the plans to submit authorizations? Will it need to be done manually through mail? What kind of processes are in place to support ease of submitting authorizations?

Janet Davidson:

HPSM does have a provider portal for submission. They can also be done via fax. They can be submitted through the mail if that's the option for that particular home. But electronic submission via fax is available for that.

Ed Mariscal:

And we will accept them through our provider portal. There will be training on that in December, but we will also accept them via fax.

Kristal Vardaman:

Great. Follow up question for Health Net around the authorization timeline. After the first initial authorization the first year, what's the process to extend authorization and are they done for one year at a time annually?

Ed Mariscal:

One year at a time annually. We are looking at our processes and our systems to maybe do it for longer, but at least for initial we're looking annually. As the authorization expiration date approaches, we do proactively outreach to the Home, follow up, get whatever information is needed to extend the authorization for another year.

Kristal Vardaman:

Ok. Let's see. I have a couple questions, maybe Bambi can join us and I think there's a few things that have been answered in the chat but might be worth repeating, underscoring. First around TARs and what happens if the member's TAR info does not get to the health plan. We talked a little bit about some best practices here.

Bambi Cisneros:

So we think we did share that DHCS will be sharing TAR data with the managed care plans, but we know that the most efficient and accurate way of sharing data is just that direct connection, which is why we were encouraging that direct sharing between the Home and the managed care plan because we do have a data lag on our side and I think that's one of the lessons learned that we've seen from the Skilled Nursing Facility transition. And so we would encourage Homes to share their TAR data directly with the plans if that's possible at all.

Bambi Cisneros:

And if I can just, I'm seeing a lot of questions about the authorizations. So really we are following what's in regulations, and regs do a lot. So the language says “up to two years”, so I think that's where the flexibility comes in. We are aware that currently today in Fee-for-Service Medi-Cal, that there are some authorizations that are going up to one year. And so I think what you were hearing Ed say, I'm just trying to just make that connection, is that they will look at that to see what the members' needs are and kind of duration all of those things in totality and then working with the Homes on it. So I think what we're saying is it is up to two years in regulations and the managed care plans are committed to looking at that and not just doing a hard cutoff single, one year. But we have seen the one year in Fee-for-Service as well, so hopefully that clarifies.

Kristal Vardaman:

Great, thanks Bambi. A couple other questions. I think we've had a number of questions answered in the chat, so wanted to underline a couple of other things. So another one you responded to, can authorizations come directly from ICF/DD Homes or only from the Regional Centers?

Ed Mariscal:

Let me think about this one for a moment. Probably from the ICF/DD Homes because we will, of course the Regional Center will complete the HS 231, but we would like the face sheet to have more information on the member that may not necessarily be

included in the HS 231. So we wouldn't necessarily deny it if it just came from the Regional Center. We'll want to confirm that they actually are in the ICF/DD Home and the way we confirm that is through the face sheet.

Kristal Vardaman:

Okay, great, thank you. Another question, I will move to some other questions around billing and payment issues. A question around whether plans are going to be required to be able to accept an invoice for facility services or Home services only, or are they required to accept invoices for professional services? I think here Bambi in the chat answered that the plans would accept the invoices for all services that ICF/DD Homes provide if there's an electronic means to send those. So just to underline that there.

Kristal Vardaman:

And then another question also previously answered in the chat regarding continuity of care. The question said I understood you say that there's an automatic 12 months and if your contracts and enrollment have not been done, you can request an additional 12 months. Who are we billing when the contract is not completed? Medi-Cal? And this is a posted question and Bambi's response was that Homes would still be working with the plans.

Kristal Vardaman:

So we have a couple more minutes before we close, so wanted to return to our panelists and as we continue to monitor the chat to see if there's any that we have both plans and Homes on the call today. So anything in the presentation that we've missed in terms of promising practices you'd like to raise up or ways again to help support the coordination between Homes and plans?

Ed Mariscal:

Hey Kristal, I just want to underscore what Bambi said earlier regarding the TARs. We will of course honor all of the TARs, the length of time for the TARs, all the existing TARs. And we will be, once the ICF/DD Homes know if they know in advance who their consumer's clients are enrolled with, that they prepare to share those TARs with the health plan so that we can input that information into our systems. We will need those TARs in order to ensure that those claims are paid. DHCS is going to send us TARs and that'll be great, but we just not really knowing when someone is going to proactively enroll or when someone is going to be auto-assigned into a plan, I think it'll just be really important for that constant communication between the health plan and the ICF/DD Home to ensure that we do in fact have those TARs and the ICF/DD Home has confirmed that we have that TAR information on January 1st to ensure that we can pay those claims when those claims are received.

Kristal Vardaman:

Ed, quick follow up. Someone just asked is there a process in terms of sharing the TARs with Health Net?

Ed Mariscal:

You can share it directly with your liaison. They will get it, we have teams in place that'll start working extended hours at the end of December and early January to ensure that all of those TARs are inputted into our systems as quickly as possible.

Kristal Vardaman:

Great, thank you. And Janet.

Janet Davidson:

Just to say, to help build those relationships with the utilization review nurses that are assigned to review for your Home, how important that is. And if you do run into any bumps along the way, that can go a long way to solve that. That could be really the first person that you outreach to just to make sure that everybody has all the information that they need about a member and any changes in their condition, so forth. So just a plug for that.

Kristal Vardaman:

Thank you. Bambi, I see you're off mute.

Bambi Cisneros:

Oh yeah, I just was seeing some of the questions in the chat because I think we have made clear what the required documentation is to travel with that authorization, right? Which is like the Regional Center's medical necessity determination, the Authorization Form and the other CAD form. And so I think maybe the face sheet is kind of maybe adding a little bit of confusion, but that's just really just a cover sheet just to say this is the contents that's contained within and it's not like a separate form per se. Maybe if you can say a little bit more about that?

Ed Mariscal:

Sure. Well, we need to know where the member is and where the information is coming from. So yeah, you're right Bambi, thank you.

Kristal Vardaman:

Okay, we've got just a couple more minutes before we close. Rick, I see your hand is raised. We're going to take this one question from the line and then we'll close out. Rick?

Rick:

I'm here, yeah. For those you with Alta California Regional Center, I am the only self-advocate on the MLT- at the CalAIM MLTSS Stakeholder Workgroup. And Mike, you answered one question and in a separate webinar I'll follow up with another question and comment, but my questions are what follows. I know about care homes, also known as group homes, and that there are four, maybe five levels. This is definitely not going

to be a level one, two, or three, but maybe will it be considered under a level four or five, because someone told me that there is a fifth level? Also, that who is going to pay for the fellow IDD clients to stay in the Home? Will it be the DDS, the Regional Center, or the MCPs? I'm not in a Home, I live on my own, but I join these because I'm concerned. Thank you.

Kristal Vardaman:

Thanks, Rick. I'm not sure if anyone's on. Bambi, you look like you're jumping in.

Bambi Cisneros:

Yeah, Rick, I'm not sure. We don't designate the ICF/DD Homes, like the DD Homes, the Nursing and Habilitative as those types of levels. So I'm not sure I quite understand what you're... that is part of the Carve-In. But if it were part of the Carve-In because it is those ICF/DD Home types that we had mentioned during this webinar, then they would be the responsibility of the managed care plan to pay after January 1st, 2024. But maybe we can, Kristal, go to the page where we have our inbox. If you can submit that in writing, I'm happy to take a look. We don't typically identify these Homes as those levels, but we're happy to look into it Rick, so just want to make you aware.

Bambi Cisneros:

And also the questions that came into this webinar that we will be compiling that and we'll be working to incorporate that into our next iteration of FAQs that we will post on our webpage. So just making you aware. I think we tried to answer most of the questions. We got a lot of questions today. We may have missed some, but just want to let you know that we're capturing it all and we'll provide responses.

Kristal Vardaman:

Yes, thanks Bambi. And with that, we could go back a couple of slides to the Carve-In resources slide. Again, if anyone has questions that they would like to submit and receive written answers to, again, you can use the inbox that'll be dropped in the chat as well. There is also a number of resources available on the ICF/DD Carve-In Webpage, including the APL, the Model Contract Language, the FAQs, Frequently Asked Questions we've referenced, and the Billing and Invoice Guide, as well as a forthcoming Policy Guide. You can also find there a Member Information page that has copies of the Member Notices and the Notice of Additional Information. Next slide please.

Kristal Vardaman:

And then here we'll have a list of the upcoming webinars for the ICF/DD Carve-In. Again, we'll just note and highlight that the next webinar will be on November 17th and that will focus on billing and payment policies. And again, please feel free to visit the webpage for additional updates and resources that are forthcoming, including the materials from previous webinars, information on upcoming webinars, and the slides and recording for this webinar will also be available within about the next week or so for your reference. With that, we'll go ahead and close. So thank you again for attending

today's webinar. Again, submit any follow-up questions into the inbox and we hope you have a great day. Thank you.