

ICF/DD Carve-In Stakeholder Workgroup

Ninth Session

Friday June 23, 2023

Planning and Policy Committee Meeting Agenda

- » Introductions
- » Review of June 23, 2023 Workgroup Agenda and Materials
- » Deliverable Updates
- » Communication and Outreach Update
- » Pharmacy (Medi-Cal Rx)
- » Transportation
- » Data and Quality Reporting
- » Monitoring
- » Next steps for Policy and Planning Committee and Workgroup Efforts

How to Add Your Organization to Your Zoom Name

- » Click on the **Participants** icon at the bottom of the window.
- » Hover over your name in the **Participants** list on the right side of the Zoom window.
- » Select **Rename** from the drop-down menu.
- » Enter your **name** and add your **organization** as you would like it to appear.
- » For example: Kevin Tolmich – Mercer

ICF/DD Carve-In Workgroup

- » Meetings are open to the public using the link from the LTC ICF/DD web page: [Intermediate-Care-Facility-for-Developmentally-Disabled-ICF-DD-Long-Term-Care-Carve-In](#)
- » Presentations and discussion are welcome from all Workgroup members and all other attendees.
- » Members of the public will remain in listen-only mode. Any member of the public may send an email regarding questions or comments they may wish to share for DHCS/DDS consideration: ICFDDworkgroup@dhcs.ca.gov
- » Workgroup meetings will be a solution-focused, collegial environment for respectfully expressing different points of view.
- » Workgroup is for direct communication and problem solving with the DHCS for the ICF/DD carve-in to Medi-Cal managed care.

Roll Call: ICF/DD Workgroup Members

Name	Organization
Janet Davidson	Health Plan of San Mateo
Dennis Mattson	Independent Options
Brian Tremain	Inland Regional Center
Becky Joseph	JonBec Care Inc.
Linnea Koopmans	Local Health Plans of California
Jenn Lopez	Local Health Plans of California
Lori Anderson	Momentum
Stacy Sullivan	Mountain Shadows Support Group
Larry Landauer	Regional Center of Orange County
Mark Klaus	San Diego Regional Center
Olivia Funaro	San Gabriel/Pomona Regional Center
Tiffany Whiten	Service Employees International Union
Matt Mourer	The Arc of SD
Deb Donovan	Valley Village

Roll Call: ICF/DD Workgroup Members

Name	Organization
Kim Mills	A Better Life
Beau Hennemann	Anthem
Amy Westling	Association of Regional Center Agencies
Susan Mahonga	Blue Shield of California
Ysobel Smith	Blue Shield of California
Craig Cornett	California Association of Health Facilities
Jennifer Breen	California Association of Health Facilities
Scott Robinson	CalOptima
Tami Reid	CenCal
Sylvia Yee	Consumer Voice
Kathy Mossburg	Developmental Services Network
Diane VanMaren	Developmental Services Network
Elizabeth Zirker	Disability Rights California
Edward Mariscal	HealthNet

Introductions: DHCS

DHCS

Susan Philip, Deputy Director, HCDS

Bambi Cisneros, Assistant Deputy Director, Managed Care, HCDS

Beau Bouchard, Assistant Division Chief, CRDD

Stephanie Conde, Branch Chief, MCODE

Tyra Taylor, Assistant Chief, CAD

Shanell White, Branch Chief, CAD

Dana Durham, Division Chief, MCQMD

Stacy Nguyen, Branch Chief, MCQMD

Alek Klimek, Chief, FFSRDD

Rafael Davtian, Deputy Director, HCF

Michelle Retke, Division Chief, MCODE

Jesse Delis, Assistant Division Chief, CRDD

Christie Hansen, LTC Rates Section Chief FFSRDD

Phi Long (Phil) Nguyen, Research Data Supervisor, FFSRDD

Tracy Meeker, Consultant, MCQMD

Jalal Haddad, Project Manager, HCDS

Introductions: DHCS

DDS

Jim Knight, California Department of Developmental Services

Caroline Castaneda, California Department of Developmental Services

Jane Ogle, Consultant for California Department of Developmental Services

Consultants

Kathy Nichols, Mercer

Brittany van der Salm, Mercer

Kayla Whaley, Mercer

Kevin Tolmich, Mercer

Branch McNeal, Mercer

Kristal Vardaman, Aurrera Health Group

Kristin Mendoza-Nguyen, Aurrera Health Group

Winter Koifman, Aurrera Health Group

Workgroup Charge and Goals

- » To provide an opportunity for stakeholders to collaborate and provide advisory feedback on DHCS' policy and operational efforts in carving in ICF/DD homes from FFS into Medi-Cal managed care.
- » The ICF/DD Workgroup will focus on issues specific to Medi-Cal beneficiaries with developmental disabilities, and the ICF/DD homes and providers who serve this population.
- » The goal of the workgroup will be to create an ICF/DD Promising Practices/FAQ document, which DHCS may use to inform development of an APL focused on the ICF/DD carve-in.

Deliverable Updates

- » APL
 - Sent out for public comment on June 12. Comments are due on June 23
- » Model Contract Language
 - P&P and ICF/DD Workgroup comments have been incorporated
 - Sent out for public comment on June 12. Comments are due on June 23
- » Billing and Invoice Guidance
 - Sent out for public comment on May 22. Comments were due on June 2
 - Comments are being incorporated for final posting

Communication & Outreach Update

- » Member facing Fact Sheet on the ICF/DD transition
 - P&P to submit comments/feedback by Friday, June 23, 2023
- » ICF/DD Home Key Contact List
 - Represents roughly 850+ ICF/DD Homes submitted via SurveyMonkey
 - Aiming to send DHCS and DDS notification letter to MCPs and ICF/DD Homes by the end of June
- » Educational Webinar Series:
 - "ICF/DD Home 101" for MCPs (closed session) on July 12
 - Additional webinars and office hours with DHCS will occur from August through December
- » Provider Communications
 - Newsflash will be sent November and December prior to the ICF/DD transition go-live
- » Stakeholder Trainings
 - Stakeholder trainings will begin in September and continue through early 2024

Pharmacy Coverage and Payment

- » The ICF/DD Carve-In policy does not make any changes to the coverage policies for pharmacy benefit coverage nor make any changes to Medi-Cal Rx. The financial responsibility for outpatient prescription drugs is determined by the claim type of which they are billed.
 - If drugs are dispensed by a pharmacy and billed on a pharmacy claim (outside of drugs covered in the per diem rate), they are carved out of the managed care benefit and covered by Medi-Cal Rx.
 - If the drugs are provided by the ICF/DD Home and are billed on a medical or institutional claim, the MCP is responsible.
- » Physician administered drugs (PADs) are always a medical benefit when administered outside of a pharmacy setting. Therefore, PADs administered to managed care Members are primarily the responsibility of the MCP for claims processing and reimbursement. PADs are only a Medi-Cal Rx benefit when they are specifically listed on the Contract Drug List or when there is a pharmacy prior authorization justifying the medical necessity as to why the medically administered drug needs to be billed as a pharmacy claim.
- » Additional information can be found at:
 - [Medi-Cal Rx Website](#)
 - [Medi-Cal Rx FAQs](#)

Pharmacy Coordination Between Medi-Cal Rx and MCPs

- » **Prescription Drugs**
- » Maintenance of current drug therapy, including non-formulary drugs, will continue until the member is evaluated or re-evaluated by a Network Provider.
- » Claim type determines the financial responsibility for prescription drugs outside of those included in the per diem rate.
- » MCPs may choose to cover drugs not covered by Medi-Cal Rx, inclusive of over-the-counter drugs and other therapies otherwise not covered independent of the claim type.

Transportation

- » Transportation is generally excluded from the per diem rate and is typically billed separately by the transportation provider per [Cal. Code Regs. Tit. 22, § 51510.1](#)
- » NEMT and NMT services are included in the per diem for ICF/DD-N and ICF/DD-H:
 - Both ICF/DD-N and ICF/DD-H Homes can provide transportation services when necessary for round trips to attending physicians per [Cal. Code Regs. Tit. 22, § 51510.2 and 51510.3](#)
- » MCPs are responsible for the provision of NEMT and NMT for all managed care members as outlined in [APL 22-008](#), including NMT for non-covered services.
- » MCPs must coordinate the member's transportation needs with the ICF/DD Homes, particularly ICF/DD-N and ICF/DD-H Homes to ensure no duplication in services.

Credentialing

- » A smaller workgroup was convened to review documentation required by the MCPs, the RCs, and CDPH
- » A crosswalk was developed to determine the documentation required from the ICF/DD Homes currently
- » MCPs have contractual responsibility to credential their Network Providers. DHCS' goal is to alleviate administrative burden while meeting necessary requirements for oversight. DHCS seeks to leverage existing processes that ICF/DD Homes undergo, such as licensure, site reviews, and required documentation that are already submitted to other departments/entities to meet MCP requirements for credentialing.
- » ICF/DD homes to be credentialed by Managed Care Plans, would need to submit:
 - An application for enrollment into the MCP
 - A network (274 data element) form
 - Copy of Documentation:
 - A finalized list is being created, see proposed list in Appendix

Data and Quality Reporting

» MCP Quality Monitoring

- MCPs are responsible for maintaining a comprehensive Quality Assurance Performance Improvement (QAPI) program for long term care services provided
- MCPs should establish a mechanism to receive ICF/DD Homes oversight and compliance findings and data from Regional Centers, through the MCPs and Regional Centers Memoranda of Understanding so that information can be included in the quality assurance program
- There will be no change in reporting from Regional Centers that will impact homes

» MCP Monitoring and Reporting

- Upon DHCS request, MCPs must submit quality assurance reports with outcome and trending data

» Quality Assurance Performance Improvement Program

- MCPs must maintain a comprehensive Quality Assurance Performance Improvement (QAPI) program for long term care services provided
- QAPI takes a systematic, comprehensive, and data-driven approach to maintaining and improving safety and quality in ICF/DD homes while involving all ICF/DD homes in practical and creative problem solving

Data and Quality Reporting

- » The MCP's comprehensive QAPI program must incorporate the following:
 - Five key elements identified by CMS:
 - Design and Scope
 - Government and Leadership
 - Feedback, Data Systems, and Monitoring
 - Performance Improvement Projects
 - Systematic Analysis and Systemic Action
 - Mechanisms to assess the quality and appropriateness of care furnished to enrollees using LTSS, including assessment of care between care settings and a comparison of services and supports received with those set forth in the Member's treatment/service plan.
 - Efforts supporting Member community integration

DHCS Monitoring for Managed Care Plans: Transitional Monitoring

Types of Components

- » Continuity of Care;
- » Grievances and Appeals;
- » Approval timeframes;
- » System issues;
- » Provider/Payment issues;
- » Network/Contracting efforts;
- » Member concerns;
- » Critical instances; and
- » Available outcome data

Duration

- » Daily for first two weeks; weekly through the end of March;
- » Quarterly reports will be due until the transition has been solidified no less than a 12-month timeframe

Ongoing Monitoring

- » Ongoing monitoring includes in-network vs. out-of-network updates, member statistics, grievances, CoC, utilization data, transportation and outcomes
- » ICF/DD Homes should work directly with the MCP's LTSS Liaison to resolve issues with the MCP, including any payment issues.
- » Regional Centers will be conducting ongoing monitoring of members after transition from FFS to Managed Care.

Questions

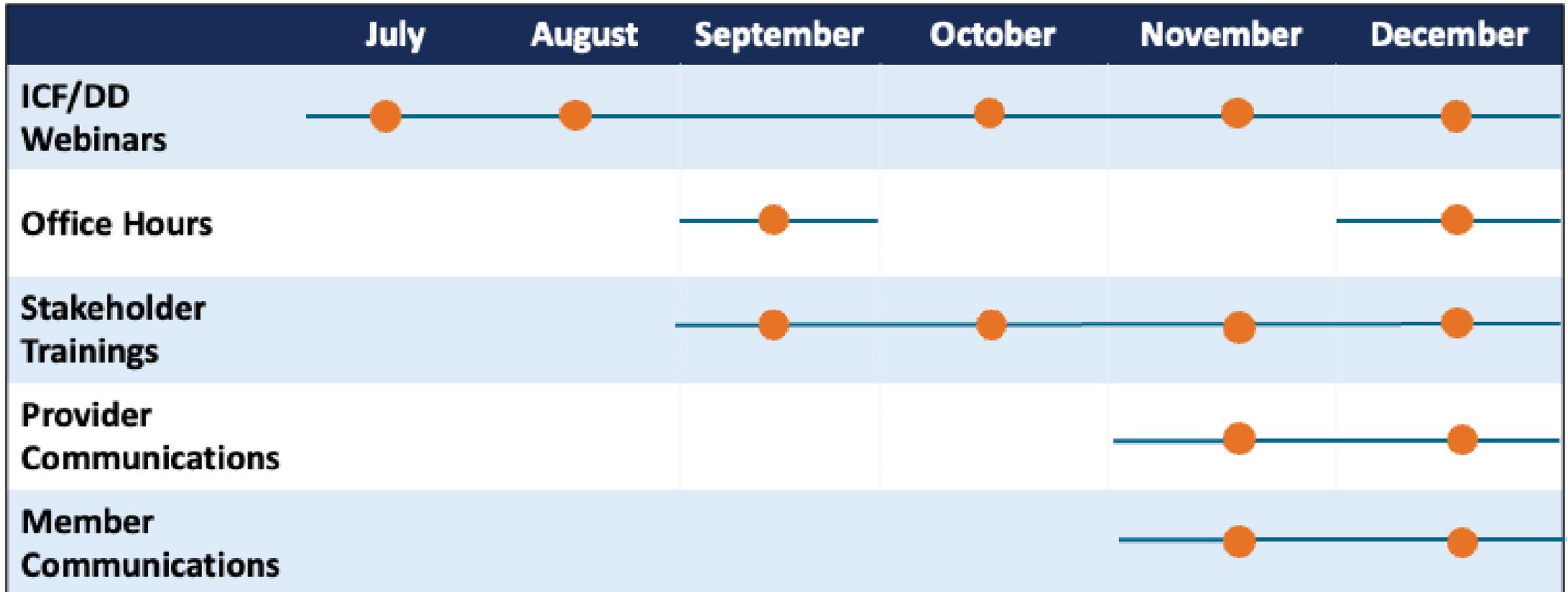


Upcoming Meeting Topics by Month

Month	Category	Topic(s)
July 24	ICF/DD and MCP Communication	<ul style="list-style-type: none">• ICF/DD and MCP Roundtable Discussion• APL Policy Updates
August 25	Policy Manual <i>Capstone Meeting</i>	<ul style="list-style-type: none">• Billing and Invoicing Guidance• FAQs• Promising Practices• Model Contract Language <hr/>

- Information related to the ICF/DD Carve-In and links to the Stakeholder Workgroups can be found at: [Intermediate-Care-Facility-for-Developmentally-Disabled-ICF-DD-Long-Term-Care-Carve-In](#)

ICF/DD Transition: Communications and Outreach



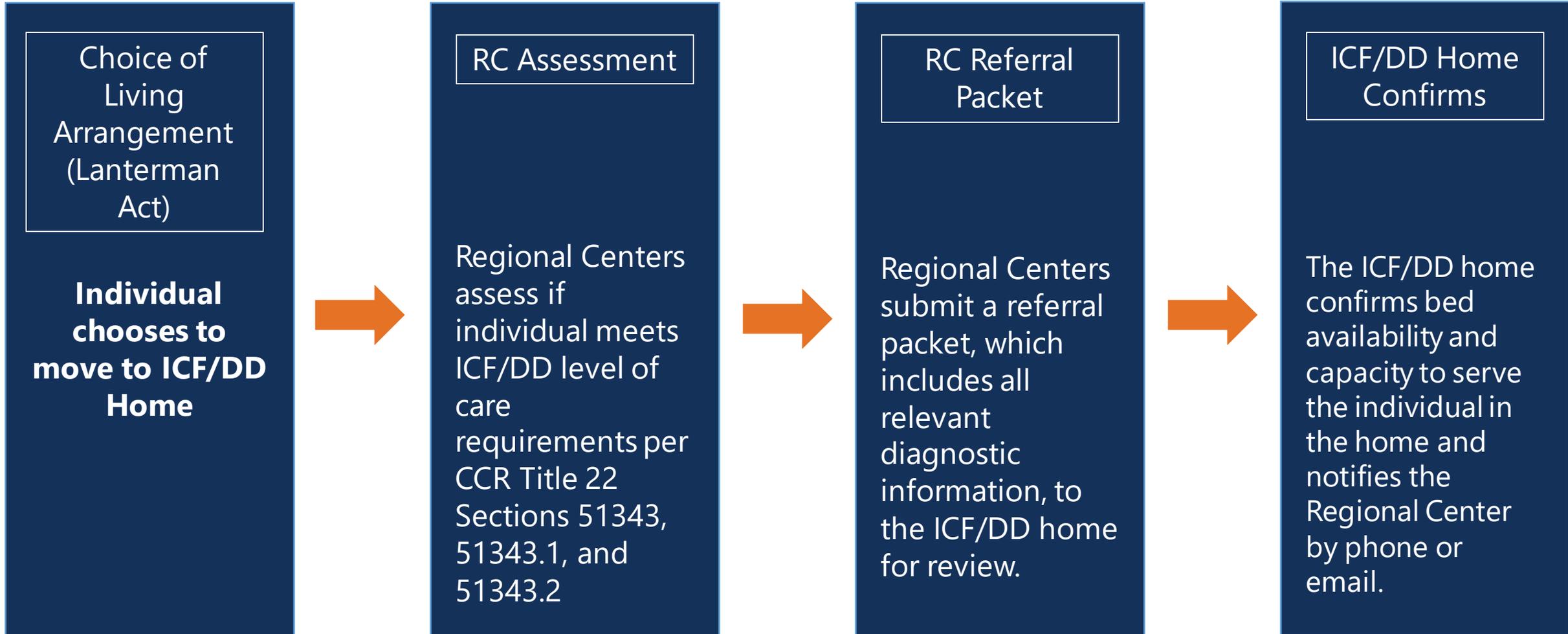
** All content and timing is subject to change*

Appendix



TAR Process for ICF/DD Homes

TAR Process Flowchart — *Current*



TAR Process Flowchart — *Current*

ICF/DD Home Completes Packet

The ICF/DD home completes and submits to DHCS or COHS plan, the following information for authorization:

- A Certification for Special Treatment Program Services form (HS 231) signed by the Regional Center with the same time period requested as the TAR (shows LoC met).
- A Treatment Authorization Request (TAR) form [Long Term Care Treatment Authorization Request (LTC TAR, 20-1)]
- A Medical Review/Prolonged Care Assessment (PCA) form (DHCS 6013A) OR the information found on the PCA form in any format (e.g., a copy of the Individual Program Plan (IPP) or Individual Service Plan (ISP)).
- ICF/DD-N homes are required to include an ISP whenever a TAR reauthorization is submitted as mandated in the Medi-Cal Provider Manual (TAR for Long Term Care: 20-1 Form (tar ltc) page 3).
- ISP submissions are required as part of the periodic review of ICF/DD-N homes as mandated by CCR Title 22, Section 51343.2(k).

DHCS or COHS Plan Completes Review

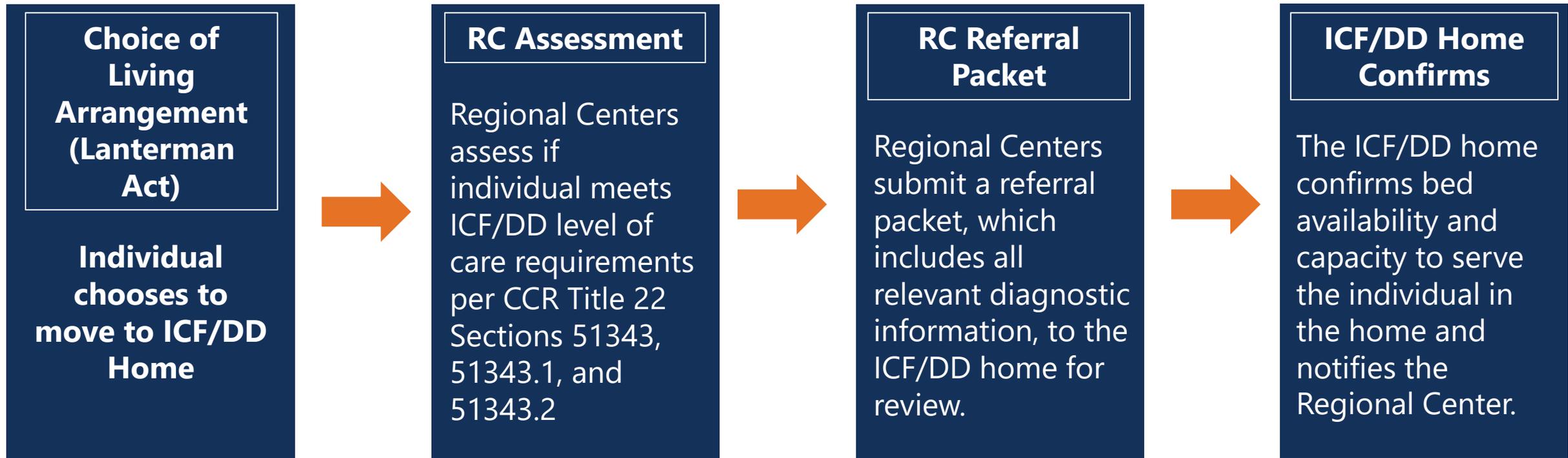
DHCS or COHS Plan reviews the submitted TAR form, HS231 form, 6013A form (or alternative information) and any attached documentation showing medical necessity, current care needs, and recipient prognosis, and makes a medical necessity determination and authorization decision (approval or denial).

Authorization Communicated to ICF/DD Home

DHCS or COHS Plan communicates the authorization decision to the ICF/DD home.

TAR Process Flowchart — *Post-Carve-In*

What is changing? Following the ICF/DD Carve-In MCPs (not DHCS) will receive, process, and render medical necessity decisions for ICF/DD services.



MCPs and ICF/DD homes will be required to follow the Medi-Cal Provider Manual requirements related to long-term care services for ICF/DD services: [TAR Completion for Long Term Care \(tar comp ltc\)](#) (pp. 4–6); [TAR for Long Term Care: 20-1 Form \(tar ltc\)](#); (pp. 3, 8) and [Utilization Review: ICF/DD, ICF/DD-H and ICF/DD-N Facilities \(util review\) \(ca.gov\)](#) (list of services).

TAR Process Flowchart — *Post-Carve-In*

ICF/DD Home Completes Packet

The ICF/DD home completes and submits to the **MCP** the following information for authorization:

- A Certification for Special Treatment Program Services form (HS 231) signed by the Regional Center with the same time period requested as the TAR (shows LoC met).
- A Treatment Authorization Request (TAR) form [Long Term Care Treatment Authorization Request (LTC TAR, 20-1)].
- A Medical Review/Prolonged Care Assessment (PCA) form (DHCS 6013A) OR the information found on the PCA form in any format (e.g., a copy of the IPP or ISP).
- ICF/DD-N homes are required to include an ISP whenever a TAR reauthorization is submitted for an individual as mandated in the Medi-Cal Provider Manual (TAR for Long Term Care: 20-1 Form (tar ltc) page 3)
- ISP submissions are required as part of the periodic review of ICF/DD-N homes as mandated by CCR Title 22, Section 51343.2(k).

The same forms will be used post carve-in.

MCP Completes Review

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

MCP Communicates Authorization to ICF/DD Home

The MCP communicates the authorization decision to the ICF/DD home.

TAR Process Flowchart — *Post-Carve-In*

MCPs and ICF/DD homes will be required to follow the Medi-Cal Provider Manual requirements related to long-term care services for ICF/DD services:

- [TAR Completion for Long Term Care \(tar comp ltc\)](#) (pp. 4-6)
- [TAR for Long Term Care: 20-1 Form \(tar ltc\)](#) (pp 3, 8); and
- [Utilization Review: ICF/DD, ICF/DD-H and ICF/DD-N Facilities \(util review\) \(ca.gov\)](#) (list of services).

Copies of Documentation Needed from CDPH Approval (Draft List)

Administrative Application (with CV)	Financial Resources: Bank Statements, Line of Credit, etc.	List of persons who have 5% or more interest in Ownership of home
Articles of Incorporation	Fire Safety Inspection Request	Management Agreement
Business Summary	ICF Management Company Application	Medi-Cal Certified Provider Letter (If Applicable)
By-Laws	ICF Program Plan	Organizational Chart
Certificate from 16-hour Orientation Training (For ICF/DD-N and ICF/DD-H)	ICF Survey Report	Subcontractor information
Certificate of Occupancy from City	Letter stating current Claims/Billing address and phone number	Tax ID number
City of County Business License	Letter stating Remittance address and phone number	
Copy of Deed/Rental or Lease Agreement	Licensure and Certificate Application	

Project Timeline

Milestones	Quarter 1 2023	Quarter 2 2023	Quarter 3 2023	Quarter 4 2023	Q1 2024
Conduct Interviews with key ICF/DD facilities and stakeholders.					
Review, research, and create an Inventory of Requirements for ICF/DD.					
ICF/DD Workgroup Meetings <i>*Others may be added as needed*</i>					
Identify key themes to address in APL and in other policy guidance as needed.					
Research and work with internal and external stakeholders to draft, vet, and revise the APL.					
Conduct and complete Network Readiness by October 2023.					

Project Timeline

Milestones	Quarter 1 2023	Quarter 2 2023	Quarter 3 2023	Quarter 4 2023	Q1 2024
Research and work with internal and external stakeholders to draft, vet, and revise billing/invoicing guidance, sample provider contract language, and Promising Practices by mid-February.					
Member noticing					
Data sharing					
Target date to issue Draft APL for public comment.		★			
Educational Webinars (Provider-facing trainings; MCP-facing trainings)			★		
Issue final APL.					

Previous Meeting Materials

- » As a reminder, previous ICF/DD Carve-in Workgroup meeting materials are linked from the LTC ICF/DD web page.
- » [Intermediate-Care-Facility-for-Developmentally-Disabled-ICF-DD-Long-Term-Care-Carve-In](#)

Glossary

Term	Definition
APL	All Plan Letter
CAD	Clinical Assurance Division
CAHF	California Association of Health Facilities, a professional organization of providers of long-term care services
CAHP	California Association of Health Plans
CalAIM	California Advancing and Innovating Medi-Cal (CalAIM) is a long-term commitment to transform and strengthen Medi-Cal, offering Californians a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory.
CCR	California Code of Regulations
CDPH	California Department of Public Health
Choice Packets	Packets of information mailed to members notifying them of their rights and responsibilities pertaining to ICF/DD carve-in.
COHS	County Organized Health System
CRDD	Capitated Rates Development Division
DDS	Department of Developmental Services
DHCS	Department of Health Care Services

Glossary

Term	Definition
DSN	Developmental Services Network - An ICF services trade association
ECM	Enhanced Care Management
FFS	Fee-for-Service
FFSRDD	Fee-for-Service Rate Development Division
HCDS	Health Care Delivery and Systems
HCF	Health Care Financing
ICF	Intermediate Care Facility
ICF/DD	Intermediate Care Facility for Developmentally Disabled
ICF/DD-H	Intermediate Care Facility for Developmentally Disabled-Habilitative
ICF/DD-N	Intermediate Care Facility for Developmentally Disabled-Nursing
IPP	Individual Program Plan
ISP	Individual Service Plan

Glossary

Term	Definition
LHPC	Local Health Plans of California
LOA	Leave of Absence
LTC	Long Term Care
MCP	Managed Care Plan
MCOD	Managed Care Operations Division
MCQMD	Managed Care Quality and Monitoring Division
Medi-Cal	California's Medicaid Program
MOU	Memoranda of Understanding
NOAI	Notice of Additional Information (in the context of member noticing)
P&P	Planning & Policy
QI	Quality Improvement
RC(s)	Regional Center(s)
TAR	Treatment Authorization Request