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

CalAIM: Long-Term Care Carve-In

January 24, 2023

How to Add Your Organization to Your Zoom Name

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

Meeting Management

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

Agenda

Topics	Time
Welcome and Introductions	11:00 – 11:05 AM
Overview of ICF/DD Carve-In, Key Policy Requirements and Promising Practices	11:05 – 11:30 AM
Discussion of Stakeholder Questions	11:30 – 11:55 AM
Next Steps & Closing	11:55 AM – 12:00 PM

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

DHCS

CalAIM ICF/DD Carve-In Overview

Effective January 1, 2024, all managed care plans are responsible for the full LTC benefit at the following Intermediate Care Facility (Home) Types:

- Intermediate Care Facility for the Developmentally Disabled (ICF/DD)
- Intermediate Care Facility for the Developmentally Disabled – Habilitative (ICF/DD-H)
- Intermediate Care Facility for the Developmentally Disabled – Nursing (ICF/DD-N)

This also means:

- All Medi-Cal beneficiaries residing in ICF/DD, ICF/DD-H, and ICF/DD-N Homes are mandatorily enrolled into a Medi-Cal MCP for their Medi-Cal covered services.

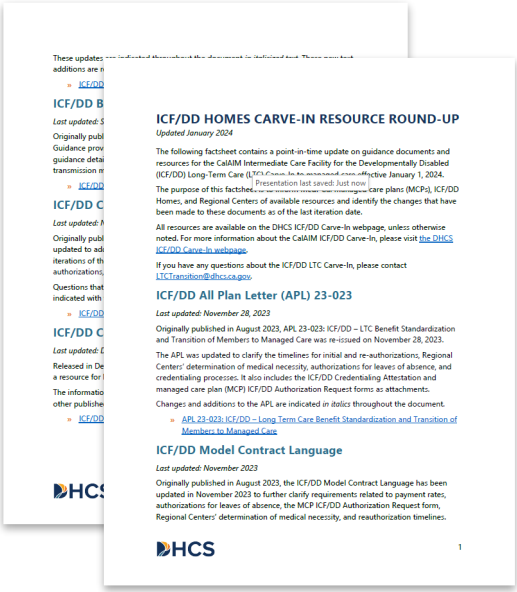
*Note: ICF/DD-Continuous Nursing Care (ICF/DD-CN) Homes are **not** included in the LTC Carve-In.*

ICF/DD Policy Guidance and Resources

- The following policy guidance documents and resources can be found on the DHCS ICF/DD Carve-In webpage:
  - **ICF/DD All Plan Letter (APL) 23-023** (updated November 28, 2023)
  - **Model Contract Language** (updated November 2023)
  - **ICF/DD Carve-In FAQs** (updated December 22, 2023)
  - **Billing and Invoicing Guide** (released September 2023)
  - **ICF/DD Carve-In Resource Guide** (updated January 2024)
    - Includes additional details on member eligibility and MCP enrollment support, billing and payment, and a crosswalk of Fee-for-Service vs. managed care ICF/DD policies.

Resource Round-up

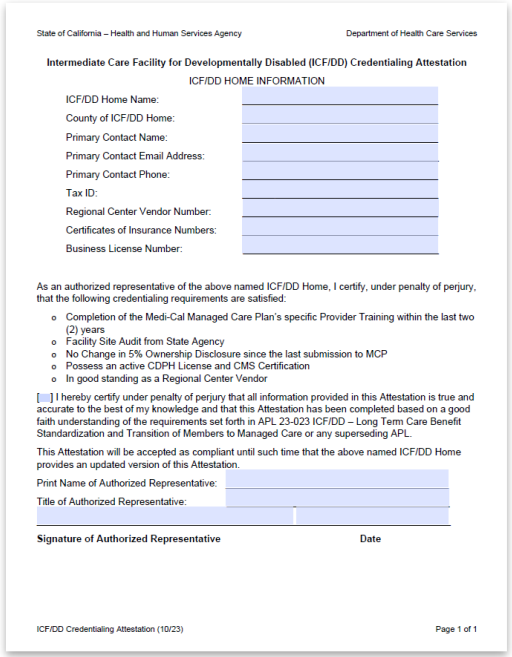
For an overview of the resources and any changes that have been made, check out the ICF/DD Carve-In Resource Round-up:



ICF/DD Policy Guidance and Resources (continued)

» The forms referenced in APL 23-023 will soon be available on the DHCS APL website:

ICF/DD Credentialing Attestation



State of California – Health and Human Services Agency Department of Health Care Services

Intermediate Care Facility for Developmentally Disabled (ICF/DD) Credentialing Attestation

ICF/DD HOME INFORMATION

ICF/DD Home Name:
County of ICF/DD Home:
Primary Contact Name:
Primary Contact Email Address:
Primary Contact Phone:
Tax ID:
Regional Center Vendor Number:
Certificates of Insurance Numbers:
Business License Number:

As an authorized representative of the above named ICF/DD Home, I certify, under penalty of perjury, that the following credentialing requirements are satisfied:

- Completion of the Medi-Cal Managed Care Plan's specific Provider Training within the last two (2) years
- Facility Site Audit from State Agency
- No Change in 5% Ownership Disclosure since the last submission to MCP
- Possess an active CDPH License and CMS Certification
- In good standing as a Regional Center Vendor

[ ] I hereby certify under penalty of perjury that all information provided in this Attestation is true and accurate to the best of my knowledge and that this Attestation has been completed based on a good faith understanding of the requirements set forth in APL 23-023 ICF/DD – Long Term Care Benefit Standardization and Transition of Members to Managed Care or any superseding APL.

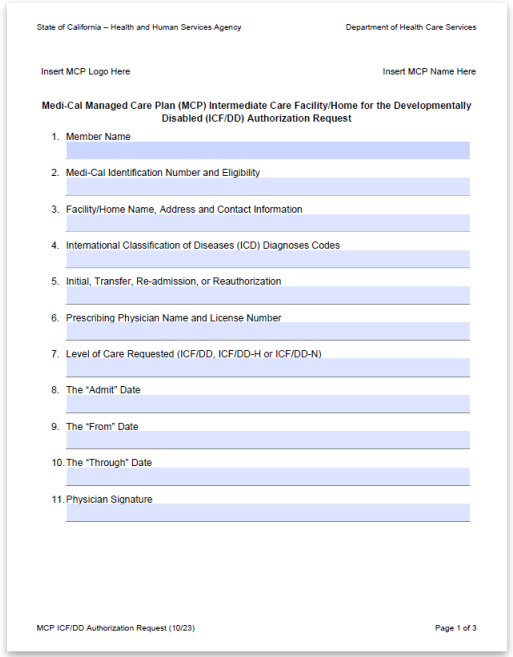
This Attestation will be accepted as compliant until such time that the above named ICF/DD Home provides an updated version of this Attestation.

Print Name of Authorized Representative:
Title of Authorized Representative:

Signature of Authorized Representative **Date**

ICF/DD Credentialing Attestation (10/23) Page 1 of 1

MCP ICF/DD Authorization Request



State of California – Health and Human Services Agency Department of Health Care Services

Insert MCP Logo Here Insert MCP Name Here

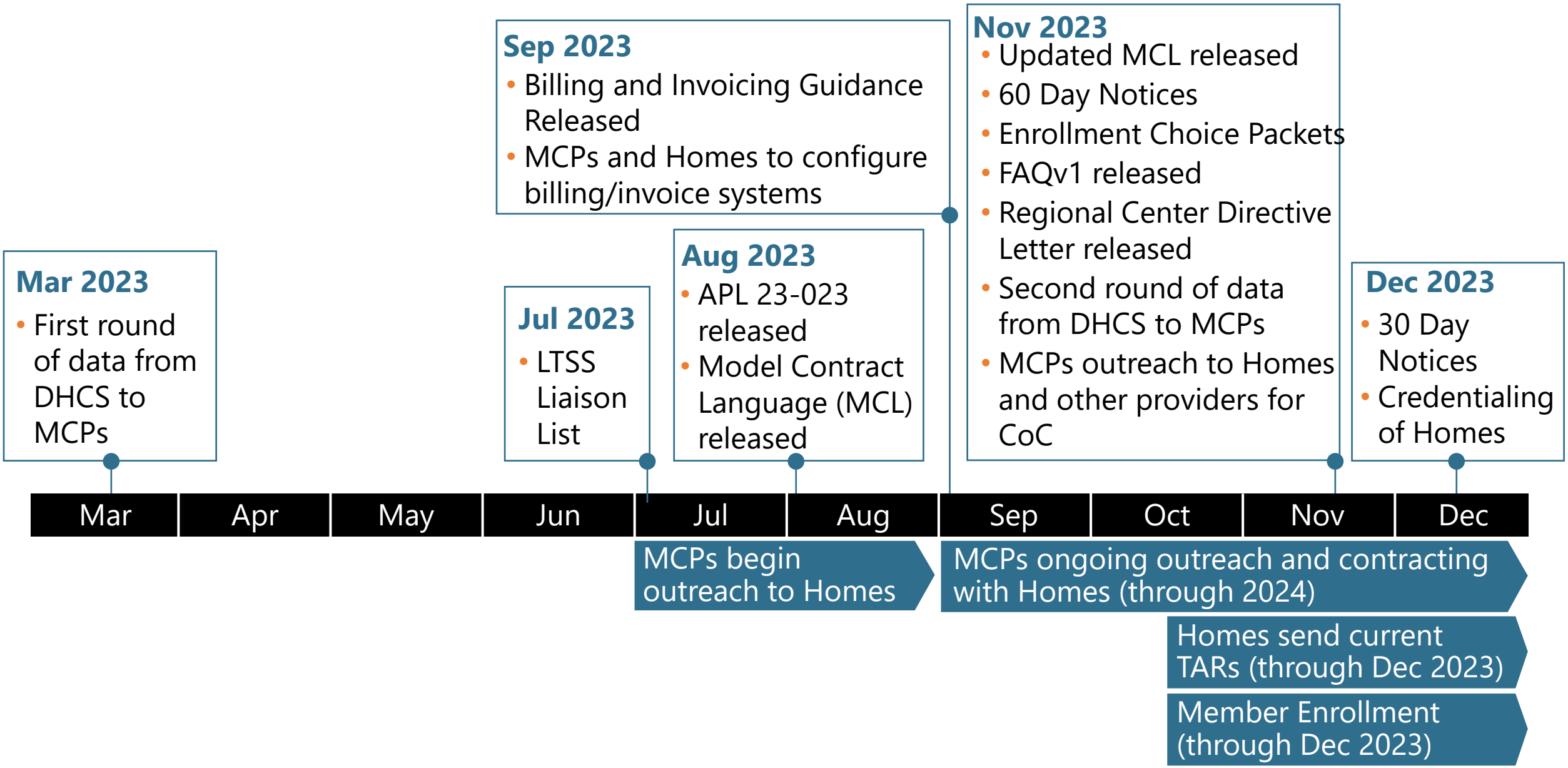
Medi-Cal Managed Care Plan (MCP) Intermediate Care Facility/Home for the Developmentally Disabled (ICF/DD) Authorization Request

1. Member Name
2. Medi-Cal Identification Number and Eligibility
3. Facility/Home Name, Address and Contact Information
4. International Classification of Diseases (ICD) Diagnoses Codes
5. Initial, Transfer, Re-admission, or Reauthorization
6. Prescribing Physician Name and License Number
7. Level of Care Requested (ICF/DD, ICF/DD-H or ICF/DD-N)
8. The "Admit" Date
9. The "From" Date
10. The "Through" Date
11. Physician Signature

MCP ICF/DD Authorization Request (10/23) Page 1 of 3

No changes have been made to these forms since they were originally distributed to ICF/DD Homes and MCPs in December 2023.

ICF/DD Home Transition Timeline



ICF/DD Home Transition Timeline

Jan 1, 2024
GO LIVE

Jan 2024
- CoC in effect for Homes and other providers for 12 months
- Homes begin submitting authorization requests to MCPs

Jan 31, 2024
- Credentialing of Homes should be complete

Dec 2024
- Members can request second 12 months of CoC for Homes

Jan 2025
- Second 12 months of CoC in effect

Dec 31, 2025
- Unless otherwise noted, CoC discontinued at 24 months. DHCS expects MCPs to turn CoC agreements into network agreements

Jan 2026
- Begin recredentialing of Homes

Quality Monitoring build out

Continue contracting of Homes

First Quality Monitoring report due (date TBD)

Contracting

MCPs are required to maintain an adequate network of ICF/DD, ICF/DD-H, ICF/DD-N Homes licensed and certified by the California Department of Public Health (CDPH).

- The Network must include at minimum one of each ICF/DD Home type within California, prioritizing ICF/DD Homes in the MCP's county when available.
  - Detailed guidance on the ICF/DD network readiness requirements was distributed separately to MCPs in May 2023.
- MCPs are required to incorporate the standard terms and conditions from the Model Contract Language when contracting with ICF/DD Homes.
  - The ICF/DD Home Model Contract Language helps ensure a consistent delivery of the ICF/DD Home services within Medi-Cal managed care.
- MCPs must also make every effort to assess the various provider types currently serving ICF/DD Home residents receiving Medi-Cal covered services and maintain an adequate Network with them.

Credentialing

DHCS allows MCPs to deem ICF/DD Homes credentialed via attestation if the ICF/DD Homes' state regulatory processes are current.

ICF/DD Homes must submit the ICF/DD Attestation for initial and re-credentialing (every two years):

- Completion of MCP's specific Provider Training within last 2 years
- Facility Site Audit from State Agency
- No Change in 5% Ownership Disclosure
- Possession of an Active CDPH License and Certification
- Good Standing as a Regional Center Vendor

For the initial credentialing ICF/DD Homes must also submit*:

- W-9 Request for Taxpayer ID Number and Certification
- MCP Ancillary Facility Network Provider Application
- Certificates of Insurance (Professional and General Liability)
- City/County Business License (excludes ICF/DD-H and -N Homes with 6 or less residents)

**ICF/DD Homes can still be reimbursed by MCPs while undergoing credentialing as long as they submit this Initial Documentation.*

Continuity of Care

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

- Continuity of care for ICF/DD members is **automatic -** Members do not need to request to stay in their facility.
  - MCPs must determine if Members are eligible for automatic continuity of care using data provided by DHCS prior to the transition.
- Following their initial 12-month continuity of care period, Members, their authorized representatives, or their provider may request an additional 12 months of continuity of care.
- Continuity of care also provides continued access to the following services but may require a switch to in-network providers:
  - Facility, Professional, and Select Ancillary Services
  - Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT)
  - Appropriate Level of Care Coordination

Authorizations

Effective January 1, 2024, MCPs **must utilize the determination** and recommendation from the coordinating Regional Center and attending physician for a Member's admission to or continued residency in an ICF/DD Home.

- MCPs are responsible for **fulfilling existing authorization requests** for ICF/DD Home services for the duration of the treatment authorization.
  - DHCS provided data to MCPs on existing FFS treatment authorization requests (TARs) for the transitioning population on November 7, 2023.
- MCPs are responsible for approving any **new treatment authorization and reauthorization** requests for ICF/DD Home services for **up to two years**.
- ICF/DD Homes will need to submit the following forms to the MCP for new authorization requests:
  - Certificate for Special Treatment Program Services form (HS-231)
  - MCP ICF/DD Authorization Request form*, or a plan specific form with the same data elements
  - Medical Review/Prolonged Care Assessment (6013A) form

**The MCP ICF/DD Authorization Request form is used instead of the LTC TAR form 20-1 form for MCP members.*

Promising Practices: Continuity of Care and Authorizations

Continuity of Care

- ICF/DD Homes are encouraged to share existing treatment authorization requests (TARs) with members' MCPs to ensure a seamless transition.

Authorizations

- If additional information is needed for service authorization, MCPs should communicate requests for supporting documentation in a timely manner.
- MCPs and ICF/DD Homes may use contracts or policies/procedures to ensure clarity and smooth authorization processes, including establishing MCP escalation contacts for Homes if authorization delays occur and creating retroactive authorization policies.
- MCPs are encouraged to approve authorizations for two years, unless an individual member's needs or circumstances warrant more frequent reauthorization timelines.

ICF/DD Home Payment Rates

MCPs must reimburse Network Providers furnishing ICF/DD Home services to a Member, and each Network Provider of ICF/DD Home services must accept, the payment amount the Network Provider would be paid for those services in the FFS delivery system.

- Payment rates for ICF/DD Home services (i.e., those included in the ICF/DD per diem) are subject to the State-directed payment arrangement:
  - In counties where ICF/DD Home services benefit coverage is **newly transitioned** to managed care on January 1, 2024, MCPs must reimburse Network Providers of ICF/DD Home services for those services at **exactly** the Medi-Cal FFS per diem rates.
  - In counties where ICF/DD Home services were **already carved into** managed care, MCPs must reimburse Network Providers of ICF/DD Home services for those services at **no less than** the Medi-Cal FFS per diem rates.
- Services provided to members **outside of the per diem** (i.e., those excluded from the ICF/DD Home per diem) are payable by MCPs based on the MCPs' agreement with the provider.

A summary of included and excluded services in the ICF/DD per diem rate can be found in Attachment A of APL 23-023.

Billing and Payment Processes

Payment Processes

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

Submission Method	Form/Format
Digitally via electronic data interchange (EDI)	ANSI ASC x12N 837P/I 837I
Digitally via other nationally accepted electronic file format standards	CMS 1500, CMS 1450, UB-04
Manually via invoicing	Paper form of the UB-04, or other invoicing template if agreed upon by MCP and Home

Payment Timeliness

- MCPs are highly encouraged to pay claims in the same frequency in which they are received.
- MCPs must pay claims as soon as practicable but no later than 30 calendar days after receipt of claim.
- MCPs must provide training on how to submit claims and provide sufficient detail if additional information is needed to process the claim.

Regional Center Lag Funding Agreement

Per DDS' ICF/DD Transition to Managed Care directive letter, Regional Centers will provide temporary reimbursement of ICF/DD services using purchase of service funds.

- ICF/DD Homes may request temporary reimbursement from Regional Centers if:
  - The ICF/DD Home attests that it has submitted claims to an MCP and has not been reimbursed after 30 days.
  - The ICF/DD Home agrees to reimburse the Regional Center within 15 days of receipt of payment from the MCP.
- Regional Center Funding is a temporary safety net if payment delays occur during the initial Carve-In period as MCPs and ICF/DD Homes set up billing and invoicing protocols.
- More details can be found at the following links:
  - Payment Assistance for Intermediate Care Facilities During the Transition to Managed Care
  - Enclosure A - Lag Funding Agreement
  - Enclosure B - Lag Payment Attestation Form

Tips for Clean Claim Submissions

"Clean Claims" refers to claims that can be processed without obtaining additional information from the service provider or from a third party. They do not include claims from a provider under investigation for fraud or abuse, or claims under review for medical necessity.

Tips for Submitting Clean Claims

- Validate billing codes with MCPs to ensure the appropriate codes are being utilized to ensure a clean claim.
- Verify that dates of service on the claim reflect only the dates for services rendered and verify that the dates of service on the claim match the approved dates within the authorization.
  - If the dates do not match, a reauthorization may be required.
- Confirm that the patient status code agrees with the accommodation code. For example, if the status code indicates leave days, the accommodation code must also indicate leave days.
- For Bed Holds, check regularly for residents on leave, at an acute hospital, or transferred to another LTC facility.
  - Verify that the facility to which the resident was transferred is billed correctly.

Promising Practices: Prompt Claims and Payments

- ICF/DD Home providers are new to billing MCPs and rely on prompt payments since they often do not have the financial reserves or as diverse a payer mix as other types of providers.
- MCPs should continue to work collaboratively with ICF/DD Homes to ensure an alignment in understanding claims requirements and the submission process.

Promising Practices:

- ICF/DD Homes should leverage available MCP resources, including provider manual, training materials, and connecting with LTSS Liaisons.
- ICF/DD Homes should confirm which clearinghouse(s) MCPs may use for electronic claims submission and if they cover the costs associated with those clearinghouses.
- MCPs may offer office hours and open-door outreach approaches if claims issues arise.
- MCPs and ICF/DD Homes should discuss error resolution processes as part of education/training.
- Shorter payment timeframes for clean claims can support operations in ICF/DD Homes.
  - MCPs are not precluded from advancing payments to Homes and reconcile paid amounts based on providers' appropriate billing to support providers during the Carve-In transition.

Long-Term Services and Supports Liaison

MCPs must identify an individual, or individuals, to serve as the liaison to the Long-Term Services and Supports (LTSS) community.

- The LTSS Liaison must serve as a single point of contact for service providers in both a Provider representative role and to support care transitions.
- The Liaison is intended to assist service providers with:
  - Addressing claims and payment inquiries.
  - Care transitions among the LTSS provider community to support Members' needs.
- MCPs will share their LTSS Liaisons' contact information to their Network Providers and update Providers regarding any changes to LTSS Liaison assignments.
- If ICF/DD Home providers need the LTSS Liaisons for the MCPs serving the counties they operate in, they can reach out to LTCTransition@dhcs.ca.gov.

Enrollment Updates

Member Enrollment

- Current ICF/DD Home members were enrolled into an MCP, based on the member's selection or auto-assignment, effective January 1, 2024.
- What members can expect next:
  - Members will receive a Welcome Packet from their MCP in January 2024.
  - Members will also receive a health plan identification (ID) card from their MCP.
    - Members will need to show their Medi-Cal benefits identification card (BIC) and health plan ID card when receiving services.
- If there is more than one plan option in the county, members may change their plan enrollment on a monthly basis by calling Medi-Cal Health Care Options (HCO) at 1 (800) 430-4263.

Member Enrollment (continued)

- Verifying a member's MCP:
  - To determine which MCP to bill, providers can check the members' eligibility record via Automated Eligibility Verification System (AEVS).
  - Providers can check if a member is assigned to a Delegated Subcontractor by checking the members' eligibility in the prime Contractor's provider portal.
    - Example: In Los Angeles county, providers can check HealthNet's provider portal to see if the member is enrolled in Molina.
  - Providers can check if a member is assigned to a Delegated Subcontractor by viewing the member's health plan ID card.
- A list of MCP subcontractor entities by county can be found in Appendix H of the ICF/DD Carve-In Resource Guide.

Eligibility and MCP Enrollment Support

- **For Medi-Cal eligibility-related matters:**
  - If members have questions about their Medi-Cal eligibility or need to update their information (e.g., address), they should contact their Local County Office.
  - If an ICF/DD member is not able to enroll into an MCP due to a mis-match in their address and county code in the DHCS Medi-Cal Eligibility Database System (MEDS), the member needs to contact their Local County Office to update their address.
    - These members will remain in Medi-Cal FFS until their address is updated.
  - In addition to an Authorized Representative or other legal representative, these entities may act on an applicant or member's behalf for eligibility-related matters:
    - Regional Centers may act on the individual's behalf if they cannot act for themselves.
    - A Home may be able to act on the individual's behalf if there is no spouse, conservator, guardian or executor and the applicant is not considered competent.
- **For MCP enrollment assistance:**
  - Medi-Cal members or their representatives, including Regional Centers and ICF/DD Homes, may contact Medi-Cal HCO for plan enrollment assistance.

Discussion of Stakeholder Questions

Question Logistics

- Q&A will begin with questions previously submitted via the Zoom Registration form or other forums.
- DHCS and DDS will then provide time for open Q&A with today's Office Hours stakeholder audience.

To ensure DHCS and DDS cover as many questions as possible, please follow the guidelines below:

- Please submit your questions via the Zoom Chat function.
- If your question is chosen and you would like to provide more context or clarification, please use the "raise hand" function and a team member will unmute your line.

Next Steps

ICF/DD Carve-In Resources

- DHCS policy guidance documents and resources are available on the DHCS ICF/DD LTC Carve-In webpage, including:
  - ICF/DD All Plan Letter (APL) 23-023 (updated November 28, 2023)
  - Model Contract Language (updated November 2023)
  - ICF/DD Carve-In FAQs (updated December 22, 2023)
  - Billing and Invoicing Guide (released September 2023)
  - ICF/DD Carve-In Resource Guide (updated January 2024)
  - Materials from past webinars
- Member Notices and Notice of Additional Information (NOAI) are available on the DHCS ICF/DD Member Information webpage.

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

DHCS

Appendix A:
ICF/DD Carve-In Changes Table

This is an abbreviated version of the table that can be found in the ICF/DD Carve-In Resource Guide – Appendix I.

ICF/DD Carve-In Changes Table

Policy Area	Medi-Cal FFS	Medi-Cal Managed Care	Highlights
Medical Necessity Criteria	Consistent with definitions in 22 California Code of Regulations (CCR) sections 51343, 51343.1, and 51343.2 and Welfare and Institutions Code (W&I) section 4512.		No change.
Initial Service Authorization	The ICF/DD Home completes and submits to **DHCS** the following information for authorization: • Certification for Special Treatment Program Services form (HS 231) • Long Term Care Treatment Authorization Request form (LTC TAR 20-1) • Medical Review/Prolonged Care Assessment (PCA) form (DHCS 6013A) DHCS may approve initial authorization requests for up to two years.	The ICF/DD Home completes and submits to the **MCP** the following information for authorization: • HS 231 • MCP ICF/DD Authorization Request Form • DHCS 6013A MCPs are responsible for existing authorizations for the duration of the treatment authorization and for up to two years for any new requests.	After 1/1/24, authorization forms will be submitted to the MCPs instead of DHCS. The MCP ICF/DD Authorization Request Form will replace LTC TAR 20-1.

ICF/DD Carve-In Changes Table

Policy Area	Medi-Cal FFS	Medi-Cal Managed Care	Highlights
Service Re-authorization	The ICF/DD Home completes and submits to **DHCS** the following information for reauthorization: • HS 231 • LTC TAR 20-1 • DHCS 6013A • **For ICF/DD-N Homes:** ISP DHCS may approve reauthorization requests for up to two years.	The ICF/DD Home completes and submits to the **MCP** the following information for reauthorization: • HS 231 • MCP ICF/DD Authorization Request Form • DHCS 6013A • **For ICF/DD-N Homes:** ISP MCPs may approve reauthorization requests for up to two years.	After 1/1/24, authorization forms will be submitted to the MCPs. The MCP ICF/DD Authorization Request Form will replace LTC TAR 20-1.
Authorization Request Approval	DHCS Clinical Assurance Division (CAD) reviews and approves treatment authorization requests for Members entering ICF/DD Homes.	The MCPs will review authorization requests and will notify the ICF/DD Homes of approvals.	Authorization requests will be approved by the MCPs after 1/1/24.

ICF/DD Carve-In Changes Table

Policy Area	Medi-Cal FFS	Medi-Cal Managed Care	Highlights
Authorization Request Denial	CAD notifies the ICF/DD Homes in real time of any denials or modifications to treatment authorization requests.	MCPs will notify ICF/DD Homes of any denials as soon as possible. MCPs must accept the determination of the Regional Center – they cannot contest a Regional Center's determination of eligibility for ICF/DD level of care.	MCPs will work with Homes on denials or modifications starting 1/1/24.
Leaves of Absence (LOA) and Bed Holds	In accordance with 22 CCR sections 51535 and 51535.1, Medi-Cal or MCP (the payer) must include as a covered benefit any LOA or bed hold that an ICF/DD Home provides. The payer must authorize up to 73 days per calendar year for a LOA. For a bed hold, the payer must authorize up to a total of 7 days per hospitalization. A physician's signature is required for an overnight summer camp LOA, in accordance with the Medi-Cal Provider Manual.		No change.

ICF/DD Carve-In Changes Table

Policy Area	Medi-Cal FFS	Medi-Cal Managed Care	Highlights
Credentialing	CDPH licenses and certifies the ICF/DD Homes, and ICF/DD Homes are vendored by the Regional Center.	DHCS will allow MCPs to deem ICF/DD Homes credentialed via attestation if the Homes' state regulatory processes are current. To meet MCP credentialing requirements, ICF-DD Homes must submit an ICF/DD Attestation for initial and re-credentialing (every two years). For initial credentialing, ICF/DD Homes must submit Initial Documentation, as detailed in APL 23-023.	Homes will continue to be licensed and certified by CDPH and vendored by Regional Centers. MCPs will credential Homes via attestation.
Service Codes & Billing Form	ICF/DD Homes submit invoices or claims to Medi-Cal FFS. Some ICF/DD Homes do so electronically, and some do so manually.	ICF/DD Homes will submit claims to MCPs using National Uniform Billing Committee (NUBC) compliant code sets. ICF/DD Homes can submit claims or invoices. MCPs must train ICF/DD Homes on their billing protocols.	Claims or invoices will be submitted to the MCPs instead of Medi-Cal FFS.