

# Intermediate Care Facility for the Developmentally Disabled (ICF/DD) Carve-In Promising Practices



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- » This webinar will include several Q&A opportunities.

# Agenda

Topics	Time
Welcome and Introductions	9:30 – 9:35 AM
What is the ICF/DD Carve-In?	9:35 – 9:45 AM
Promising Practices: Communications & Outreach, Contracting, LTSS Liaison, Panel Discussion and Q&A	9:45 – 10:20 AM
Promising Practices: Authorizations, Leave of Absence, Bed Holds, Billing and Payment, Panel Discussion and Q&A	10:20 – 10:55 AM
Next Steps & Closing	10:55 – 11:00 AM

# California Advancing and Innovating Medi-Cal (CalAIM): What is the ICF/DD Carve-In?

# CalAIM ICF/DD Carve-In Overview

Effective January 1, 2024, all managed care plans will become 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 Carve-In Goals

- » Standardize LTC services coverage under managed care statewide.
- » Advance a more consistent, seamless, and integrated system of managed care that reduces complexity and increases flexibility.
- » Increase access to comprehensive care coordination, care management, and a broad array of services for Medi-Cal members in ICF/DD Homes.
- » Facilitate a seamless transition for ICF/DD Home residents with no disruptions in access to care or services.
- » Maintain the existing infrastructure of ICF/DD Homes and Regional Centers, which includes Lanterman Act protections and the roles and responsibilities of Regional Centers.

# Statewide ICF/DD Carve-In

■ Counties with ICF/DD Home Services currently carved-into Medi-Cal Managed Care (i.e., counties with County Organized Health System [COHS] plans)

■ **Counties where ICF/DD Home Services will transition from Medi-Cal Fee-For-Service (FFS) to Medi-Cal Managed Care starting January 1, 2024**



ICF/DD services for an estimated ~4,500 members residing in ICF/DD Homes will be carved into Medi-Cal managed care on January 1, 2024.

# Regional Centers' ICF/DD Carve-In Role

- » Regional Centers were established by the Lanterman Act to provide lifelong services and supports to assist those served to lead the most independent and productive lives in their chosen communities.
- » The Regional Centers will continue to serve members in the following ways under the ICF/DD Carve-In, as required by the Lanterman Act:



Enrollment into a MCP will not change a Member's relationship with their Regional Center. Access to Regional Center services and to the current IPP process will remain the same.

# ICF/DD Carve-In: Overview of Key APL Policies

# ICF/DD Policy Guidance and Resources

- » DHCS has developed the following policy guidance documents and resources that can be found on the [DHCS ICF/DD Carve-In webpage](#):
  - ICF/DD All Plan Letter (APL) 23-023
  - Model Contract Language
  - ICF/DD Carve-In FAQs
  - Billing and Invoicing Guide
- » DHCS has created [the ICF/DD Member Information webpage](#) that includes Member Enrollment Notices and Notice of Additional Information (NOAI).

Today's webinar builds on Promising Practices that are detailed in the forthcoming **ICF/DD Carve-In Policy Guide** to help inform implementation of key APL policies.

# 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.

# 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.

- » This protection is **automatic** – Members do not need to request to stay in their facility.
- » Following the initial continuity of care period, Members or their representatives may request an **additional 12 months** 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

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.

- » Effective January 1, 2024:
  - MCPs are responsible for **honoring existing authorization requests** for ICF/DD Home services provided under the ICF/DD Home per diem rate for the duration of the treatment authorization.
  - MCPs are responsible for approving any **new treatment authorization and reauthorization** requests for ICF/DD Home services for **up to two years**.
- » MCPs are responsible for all other approved authorization requests for services, outside of the ICF/DD Home per diem rate, for 90 days after enrollment in the MCP, or until the MCP is able to reassess the Member.
- » MCPs must turnaround routine authorizations in five days and expedited authorizations in 72 hours if the standard timeframe could seriously jeopardize the member's life or health or ability to attain, maintain, or regain maximum function.

# Leave of Absence and Bed Holds

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

## » Bed Holds

- MCPs must authorize up to **7 days per hospitalization** for a bed hold.
- Bed holds are used when a member is admitted to an acute care hospital.

## » Leaves of Absence

- MCPs must authorize up to **73 days per calendar year** for a LOA.
  - LOAs may include visits with relatives/friends and participation in organized summer camps.
- » The Member may return to the same ICF/DD Home where the Member previously resided following a leave of absence or bed hold, if it is the Member's preference.
- If a Member does not wish to return to the same ICF/DD Home, the MCP must provide care coordination and transition support and work with the Regional Center to assist the Member in identifying another in-network ICF/DD Home.

# Care Coordination

MCPs are required to coordinate and work with Regional Centers in the identification of services that will be provided to the Members by the plans.

- » Members living in ICF/DD Homes will continue to have a Regional Center Service Coordinator, who will be a Member's primary source for accessing services and resources identified in the IPP.
- » MCPs must implement a Population Health Management (PHM) Program ensuring ICF/DD Home Residents have access to a comprehensive set of services across the continuum of care, including:
  - Basic Population Health Management
  - Transitional Care Services
  - Care Management

# **ICF/DD Carve-In Promising Practices: Communication & Outreach, Contracting, Credentialing, LTSS Liaison**

# Communications & Outreach

- » Internal Knowledge Building by MCPs
  - Build internal capacity and familiarity ahead of the transition.
- » Relationship Building
  - Develop communication channels between MCPs and ICF/DD Homes and Regional Centers.
  - On October 11, 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.

## **Promising Practices:**

- » Ensure key MCP staff (call center, billing, care management, etc.) understand the ICF/DD benefit and the ICF/DD population, including the role of the Regional Center and core policies pertaining to authorizations and continuity of care.
- » Participate in “goodwill tours” to help develop relationships and initiate lines of communications.
- » Create and participate in learning collaboratives to better understand the ICF/DD model, address authorization and billing issues if they arise, and coordinate on quality improvement.

# Communications & Outreach (continued)

- » Proactive Integrated Carve-In Transition Planning
  - MCPs and ICF/DD Homes must meet ahead of the transition to conduct joint planning for the transition.

## **Promising Practices:**

- » Share ICF/DD members' IPP and/or ISP to support a smooth transition of services and supports.
- » Discuss any known member needs that fall outside of the ICF/DD Home service sphere, such as planned medical procedures or anticipated transitions to other living settings
- » Identify any potential continuity of care issues for Medi-Cal benefits not included in the per-diem rate, including essential supplies and transportation, to ensure members have day-one coverage.
- » Provide the member's existing TAR to the appropriate MCP after a member has selected their plan to ensure a seamless transition.

# Contracting

- » Many ICF/DD Homes are new to negotiating contractual agreements with health plans.
- » MCPs are continuing to build their knowledge of the needs of the ICF/DD community and how to tailor their contracts accordingly.
- » MCPs are required to incorporate the standard terms and conditions from the Model Contract Language, in addition to their own terms, when contracting with ICF/DD Homes.

## **Promising Practices:**

- » For MCPs: Orient ICF/DD Homes to the terms and conditions in the contract that come from the Model Contract Language vs. those that are MCP-specific.
- » For ICF/DD Homes: Share information on other service providers currently serving ICF/DD members with MCPs so MCPs can work to bring those providers in-network, if they are not already.
- » Integrate policies and processes pertaining to authorizations, leaves of absence, and bed holds, among others, into ICF/DD Home/MCP contracts, as detailed in this presentation.

# Credentialing Process Overview

DHCS will allow MCPs to deem ICF/DD Homes **credentialed via attestation** if the Homes' state regulatory processes are current (e.g., licensing and certifications).

## Initial Documentation Submission

- » ICF-DD Homes to submit the following to MCPs:
  - W-9 Request for Taxpayer Identification Number and Certification
  - MCP Ancillary Facility Network Provider Application
  - Certificates of Insurance (Professional and General Liability)
  - City or County Business License (excludes ICF/DD-H and -N Homes with 6 or less residents)
  - Attestation (form is forthcoming)

## Annual ICF/DD Attestation

- » Annual attestation to include:
  - Completion of MCP's specific Provider Training within the 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

# Credentialing

- » How ICF/DD Homes can prepare for credentialing:
  - Organize and prepare to submit the required credentialing documents, as detailed on the previous slide.
  - Verify that the documentations included in the attestation are completed and on file with the appropriate entities.
  - Discuss provider training requirements with the MCPs that the Home is contracting with to determine whether further training is needed.
- » ICF/DD Homes can still be reimbursed beginning January 1, 2024, while undergoing credentialing with the MCP as long as Homes submit the Initial Documentation detailed on the previous slide prior to January 1, 2024.
- » The Initial Documentation provides MCPs with the relevant business information they need to create their claims payment profile for ICF/DD Homes.

# LTSS Liaison

- » LTC Facilities/Homes have reported challenges finding plan staff who understand long-term care issues.
- » MCPs are required to establish and formalize an LTSS Liaison role (single point of contact at the MCP for ICF/DD Homes and other LTC Facilities).

## **Promising Practices:**

- » Potential roles and responsibilities of the LTSS Liaison:
  - Trained by MCP to understand the spectrum of Medi-Cal LTSS, including home and community-based services and long-term institutional care, including payment and coverage rules.
  - Serve in both a provider representative and care coordination representative role.
  - Address ICF/DD Homes' claims and payment inquiries.
  - Support the facilitation of member care transitions.

# Contracting and LTSS Liaison Panel Discussion

- » **David Tran**, HealthNet
- » **Ed Mariscal**, HealthNet
- » **Jerri Ollett**, Unified Care Services ICF/DD Home Network
- » **Rich Ruiz**, Unified Care Services ICF/DD Home Network



# Panel Discussion: Contracting and LTSS Liaison

## Contracting

### » MCP:

- How have you approached relationship building with ICF/DD Homes leading up to the contracting process?
- How do you support ICF/DD Homes during the contracting process?

### » ICF/DD Home:

- What was helped to facilitate the contracting process?
- What other steps have you taken to prepare for the Carve-In?

## LTSS Liaison

### » MCP:

- How were staff identified for the LTSS liaison role, and how have you prepared your LTSS liaison role for their role in supporting ICF/DD Homes?
- What has been the most challenging in operationalizing the LTSS liaison role? How have you overcome that?

### » ICF/DD Home:

- How has the LTSS liaison been the most critical and helpful for you?

# Questions?



# **ICF/DD Carve-In Promising Practices: Authorizations, Leaves of Absence/Bed Holds, Billing & Payment**

# Service Authorizations

- » MCPs 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 ICF/DD level of care and consumer choice must be respected barring any quality-of-care issues regarding the ICF/DD Home.
- » DHCS requires MCPs to accept existing authorization forms used in FFS, including Certification for Special Treatment Program Services (HS 231) form and DHCS 6013 A, and developed a standard ICF/DD Authorization Form.

## **Promising Practices:**

- » 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.
- » Communicate requests for supporting documentation in a timely manner – this may include requesting documents from Homes as well as requesting documents from Regional Centers.

# Service Authorization Timelines

- » Transitions to an appropriate level of care without delay is important for optimal Member outcomes and avoiding unnecessary healthcare costs.

## **Promising Practices:**

- » MCPs and ICF/DD Homes may use 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 and timeframe for ICF/DD services.
  - Ensuring staff at Homes understand timing and processes to request a reauthorization for a resident whose existing authorization is nearing the end date.
  - Reminding ICF/DD Homes that members are able to request an additional 12 months of Continuity of Care following the initial Continuity of Care period.
  - Developing clear, specific, and available MCP escalation contacts for Homes and and/or members to escalate concerns when there are authorization delays.
  - Creating and sharing retroactive authorization policies that allow providers more time to submit authorization requests.

# LOAs and Bed Holds

- » MCPs may have Utilization Management (UM) policies and procedures in place to support the receipt, review, and approval or denial of authorizations for LOAs and Bed Holds.
  - MCPs may require prior authorization for LOAs and Bed Holds.
- » ICF/DD Homes should work closely with the MCP's UM staff and/or LTSS liaisons at the MCP to ensure the appropriate documentation is provided to obtain approvals for LOAs and Bed Hold authorizations, as needed.
- » MCP must ensure that their staff, including provider relations staff and Claims and billing staff, have specific knowledge regarding the leave of absence and bed hold ICF/DD-specific benefit.

## **Promising Practices:**

- » Include MCP authorization policies for bed holds and leave of absences in the Home/MCP contract.
- » Communicate often about how to timely and accurately request authorizations or documentation needed for reimbursement when prior authorization is not needed.

# LOAs and Bed Holds (continued)

- » Following an LOA or bed hold period:
  - The Regional Center will take the lead on discharge and transition planning if the Member wishes to transition to a non-Medi-Cal funded living situation with input from other stakeholder such as the hospital, the original ICF/DD Home, and the MCP.
  - The MCP will take the lead on discharge and transition planning if the Member chooses to transition to a different Medi-Cal level of care, in collaboration with the Regional Center.

## **Promising Practice:**

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

# ICF/DD Home Payment Rates

Payment rates for ICF/DD Home services (i.e., those included in the per diem as specified in APL 23-023) are subject to the State-directed payment arrangement.

- » In counties where ICF/DD Home services benefit coverage is **newly transitioning** to managed care effect 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 are **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.
- » **Excluded services** (i.e., 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 MCPs based on the rates negotiated between the MCP and ICF/DD Home.

# Billing and Payment

MCPs must provide payment processes for ICF/DD Homes to be able to bill claims/invoices and pay timely.

## » Payment Processes:

- MCPs must have a process for ICF/DD Homes to submit electronic 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

# Billing and Payment (continued)

## » **Payment Timeliness**

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

# Billing and Invoicing Guidance

- » The Billing and Invoicing Guidance document is now available on [the DHCS ICF/DD Carve-In website](#).
- » The guidance is intended to standardize invoicing/claiming processes, minimize ICF/DD Home and MCP burden, and promote data quality to support accurate and timely payments.
- » Billing and Invoicing Guidance details the following:
  - Necessary data elements required for invoicing, including information about:
    - **Member** (e.g., Member Client Identification Number, Date of Birth, Address)
    - **Service(s) rendered**
    - **ICF/DD Home information** (e.g., National Provider Identifier (NPI), Tax Identification Number (TIN), Address, etc.)
  - Standards for file formats, transmission methods, submission timing, and adjudication.

# Billing and Payment: How ICF/DD Homes can Prepare

- » Determine whether your ICF/DD Home will submit electronic claims or invoices, and be prepared to share that information with MCPs you are contracting with.
- » If your ICF/DD Home plans to submit invoices, review the Billing and Invoice Guidance and verify your ICF/DD Home can capture all required data elements.
- » Attend MCP-led trainings to understand their claims processes, particularly their clean claims requirements.
- » If your ICF/DD Home anticipates cash flow challenges, discuss payment timeframes with the MCPs.
- » Work with MCPs to establish contracts to ensure the Home receives the FFS per diem rate and facilitate timely payments.

**Promising Practices:** As ICF/DD Homes get accustomed to MCP claims processes, MCPs can:

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

# Authorization, Leave of Absence & Bed Holds, Billing and Payment Panel Discussion

- » **Janet Davidson**, Health Plan of San Mateo
- » **Ed Mariscal**, Health Net
- » **David Tran**, HealthNet



# Panel Discussion: Authorizations, LOAs and Bed Holds

## Authorizations

- » What is your approach to processing authorizations?
- » How do you coordinate with RCs and ICF/DD Homes on authorization requests?

## LOAs and Bed Holds

- » What has been the most challenging in ensuring members may appropriately exercise their LOAs and Bed Hold rights? How have you overcome that?
- » What are the promising practices to highlight around LOAs and Bed Holds?

## Billing and Payment

- » How do you support providers with billing?
- » What should Homes know about billing MCPs?

# Questions?



# 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:
  - APL 23-023
  - Model Contract Language
  - FAQ
  - Billing and Invoice Guide
  - ICF/DD Carve-In Policy Guide (*forthcoming*)
- » Member Notices and Notice of Additional Information (NOAI) are available on [the DHCS ICF/DD Member Information webpage](#).

# ICF/DD Upcoming Webinars

Topic	Audience	Date and Time
<b>ICF/DD Carve-In 101 for MCPs</b>	MCPs	July 12, 2023, 10:00-11:00am
<b>ICF/DD Carve-In 101 for ICF/DD Homes</b>	ICF/DD Homes & Regional Centers (RCs)	Aug. 21, 2023, 2:30-3:30pm
<b>Office Hours</b>	ICF/DD Homes, RCs, and MCPs	Sept. 8, 2023, 10:00-11:00am
<b>Promising Practices</b>	ICF/DD Homes, RCs, and MCPs	Oct. 6, 2023, 9:30-11:00am
<b>Billing and Payment</b>	ICF/DD Homes, RCs, and MCPs	Nov. 17, 2023, 1:00-2:00pm
<b>Office Hours</b>	ICF/DD Homes, RCs, and MCPs	Dec. 1, 2023, 1:00-2:00pm
<b>How Medi-Cal Supports ICF/DD &amp; Subacute Residents</b>	ICF/DD Homes, RCs, Subacute Facilities and MCPs	Dec. 15, 2023, 2:00-3:00pm

*For information about upcoming webinars and materials from past webinars, visit [the DHCS ICF/DD LTC Carve-In webpage](#).*

**If you have additional questions that were not addressed during this webinar, please email: [LTCTransition@dhcs.ca.gov](mailto:LTCTransition@dhcs.ca.gov)**

