



ICF/DD Workgroup: Preparing for Managed Care Carve-In Transition

Session 1: October 7, 2022

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Roll Call: ICF/DD Workgroup Members

Name	Organization	Name	Organization
Amy Westling	Association of Regional Center Agencies	Stacy Sullivan	Mountain Shadows Support Group
Beau Hennemann	Anthem	Larry Landauer	Regional Center of Orange County
Ysobel Smith	Blue Shield of California	Mark Klaus	San Diego Regional Center
Karen Widerynski	California Association of Health Facilities	Olivia Funaro	San Gabriel/Pomona Regional Center
Craig Cornett	California Association of Health Facilities	Deb Donovan	Valley Village
Kathy Mossburg	Developmental Services Network	Elizabeth Zirker	Disability Rights Ca
Diane Van Maren	Developmental Services Network	Sylvia Yee	Consumer Voice
Janet Davidson	Health Plan of San Mateo	Martha Santana-Chin	HealthNet
Dennis Mattson	Independent Options	Tami Reid	CenCal
Brian Tremain	Inland Regional Center	Kim Mills	A Better Life
Becky Joseph	JonBec Care Inc.	Lori Anderson	Momentum 4 all
Linnea Koopmans	Local Health Plans of California	Matt Mourer	The Arc of SD
Jenn Lopez	Association of Regional Center Agencies	Tiffany Whiten	Service Employees International Union

Agenda

- » Welcome and Introductions
- » Review of ICF/DD Workgroup Guiding Principles and Guardrails
- » Review of ICF/DD Landscape
- » Discuss Subgroup Topics
- » Next Steps and Closing

Introductions: DHCS, DDS, and Facilitators

DHCS

- » **Susan Philip**, Deputy Director, Health Care Delivery and Systems (HCDS)
- » **Bambi Cisneros**, Assistant Deputy Director, Managed Care, HCDS
- » **Beau Bouchard**, Branch Chief, Capitated Rates Development Division (CRDD)
- » **Stephanie Conde**, Branch Chief, Managed Care Operations Division (MCOB)
- » **Rafael Davtian**, Chief, CRDD
- » **Anastasia Dodson**, Deputy Director of the Office of Medicare Innovation and Integration (OMII)
- » **Tyra Taylor**, Assistant Chief, CAD
- » **Becky See**, Clinical Assurance Division (CAD) (A&I)
- » **Dana Durham**, Division Chief, Managed Care Quality and Monitoring Division (MCQMD)
- » **Connie Florez**, Chief, Fee-For-Service Rates Development Division (FFSRDD)
- » **Lindy Harrington**, Deputy Director, Health Care Financing (HCF)
- » **Rene Mollow**, Deputy Director, Health Care Benefits & Eligibility
- » **Michelle Retke**, Chief, MCOB
- » **Aaron Toyama**, Senior Advisor for Health Care Programs, Director's Office
- » **Cortney Maslyn**, Branch Chief, Program Monitoring and Compliance Branch
- » **Jesse Delis**, Assistant Division Chief, CRDD
- » **Michelle Tamai**, Staff Services Manager, FFSRDD
- » **Phi Long (Phil) Nguyen**, FFSRDD

Partner State Agencies

- » **Maricris Acon**, California Department of Developmental Services
- » **January Crane**, California Department of Developmental Services
- » **Jim Knight**, California Department of Developmental Services
- » **Jane Ogle**, Consultant for California Department of Developmental Services

Consultants

- » **Jason Vogler**, Mercer
- » **Kayla Whaley**, Mercer
- » **Michael Hough**, Mercer
- » **Branch McNeal**, Mercer
- » **Timothy Washkowiak**, Mercer
- » **Katharina Katterman**, Mercer
- » **Kristal Vardaman**, Aurrera Health Group
- » **Lori Houston-Floyd**, Manatt

Introductions

- » Round-robin: Name, Organization, and Role

ICF/DD Carve-In Workgroup Guiding Principles and Guardrails

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ICF/DD Carve-In Workgroup Purpose

- » To provide an opportunity for stakeholders to collaborate and provide advisory feedback on DHCS' policy and operational efforts in carving in ICF/DD services from FFS into Medi-Cal managed care.
- » The ICF/DD Workgroup will focus on issues specific to Medi-Cal beneficiaries with developmental disabilities, and homes and providers who serve this population.
- » The goal of the workgroup will be to create an ICF/DD Best Practices document for DHCS by December, 2022, which DHCS may use to inform development of an All Plan Letter (APL) focused on the ICF/DD carve-in.
- » DHCS will provide regular report-outs on the Workgroup and Subgroup conversations at public stakeholder meetings.

ICF/DD Workgroup Structure

- » Meetings are closed to the public and include invited health plan, regional center, provider, and advocacy stakeholders.
- » The subgroup will be a solution-focused, collegial environment for respectfully expressing different points of view.
- » The subgroup meetings will be a mechanism for direct communication and problem solving with DHCS.

Guiding Principles & Guardrails

- » The transition should be seamless for members. This means no disruption in access to care or services, and that managed care plans (MCPs) conduct timely review and authorization of services.
- » Also, the existing infrastructure for individuals with developmental disabilities will stay the same. This includes:
 - Lanterman Act protections
 - Establish array of services and supports sufficiently complete to meet the needs and choices of persons with developmental disabilities, regardless of age or degree of disability, at each stage of life, and to support their integration into the mainstream life of the community
 - Prevent dislocation of persons with developmental disabilities from their home communities
 - Empower persons with developmental disabilities to make choices in all life areas

Guiding Principles & Guardrails

- » Roles and responsibilities of Regional Centers:
 - Regional Centers will work with MCPs to send MCP referral/authorization requests for Medi-Cal covered services and engage the MCP in care planning for the Individual Program Plan.
- » The roles/responsibilities of ICF/DD homes will remain the same, but homes will work with MCPs to:
 - Submit authorization and claims to MCPs for Medi-Cal covered services and
 - Engage MCPs in care planning and execution of Individual Program Plans (IPP).
- » The MCP's role will be to facilitate access to services in the member's IPP, and to limit service duplication.

Guiding Principles & Guardrails

- » When a member is Medi-Cal only:
 - The MCP is expected to be actively engaged in care planning and care plan execution for covered services, informed by the IPP person-centered model.
 - Where possible, the ICF/DD Individual Service Plan serves as care plan for both the MCP and the ICF/DD home, minimizing duplication of effort and emphasizing coordination.

Guiding Principles & Guardrails

- » When a member has Medicare or other health care coverage:
 - MCP and liaison to Regional Centers to support care planning and facilitate bidirectional referrals.
 - Long-term services and supports liaison to ICF/DD homes should support care planning and authorizations/claims/payments.
 - The MCP will provide timely member access to needed health care services and timely authorization and payment for covered services.

ICF/DD Landscape and Information

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ICF/DD Landscape

Types of ICF-DD members by Dual Status ¹	Month of Enrollment						
	2021/01	2021/02	2021/03	2021/04	2021/05	2021/06	1H 2021
Transitioning ICF-DD Beneficiaries²	4,544	4,457	4,432	4,439	4,435	4,423	26,730
Medi-Cal Only	1,528	1,509	1,489	1,492	1,495	1,490	9,003
Partial-Dual (Part A)	7	7	6	6	6	6	38
Partial-Dual (Part B)	131	127	132	134	136	135	795
Full-Dual	2,878	2,814	2,805	2,807	2,798	2,792	16,894
Members remaining in FFS³	55	56	59	50	54	49	323
Medi-Cal Only	38	38	40	37	37	35	225
Partial-Dual (Part A)	2	2	2	1	1	1	9
Partial-Dual (Part B)	1	1	1	1	1	1	6
Full-Dual	14	15	16	11	15	12	83
Total ICF-DD Members	4,599	4,513	4,491	4,489	4,489	4,472	27,053
Medi-Cal Only	1,566	1,547	1,529	1,529	1,532	1,525	9,228
Partial-Dual (Part A)	9	9	8	7	7	7	47
Partial-Dual (Part B)	132	128	133	135	137	136	801
Full-Dual	2,892	2,829	2,821	2,818	2,813	2,804	16,977

Exhibit Notes:

1. Dual Status is defined as follows: Medi-Cal Only members have no Medicare coverage; Partial-Dual members either have Medicare part A or part B coverage, but not both; and Full-Dual members have both Medicare part A and part B coverage.
2. These ICF-DD members will transition to Managed Care on July 1, 2023 in Two-Plan/GMC counties.
3. These ICF-DD members will remain in FFS due to the following reasons:
 - a. being in a mandatory FFS population (e.g. Restricted Scope, Parolee/Incarcerated)
 - b. being in a voluntary MC population (e.g. Veteran's Home Center, Foster Care)

What is an ICF/DD?

- Community home that provides 24-hour care, licensed by CDPH and certified by the Centers for Medicare & Medicaid Services (CMS)
- Serves people with a developmental disability
- Most individuals also receive services outside the home
- Requirements for all ICF/DDs
 - Governed by State and Federal regulations
 - Service plan
 - Active treatment

DDS & Regional Centers Overview

- DDS oversees the coordination and delivery of services for Californians with developmental disabilities through a statewide network of 21 community-based, non-profit agencies known as Regional Centers
- Regional Centers provide assessments, determine eligibility for services, and offer case management services
- Regional Centers also develop, purchase, and coordinate the services in each person's Individual Program Plan (IPP)

What is the Lanterman Act?

- Requires the establishment of an array of services & supports to sufficiently and completely meet the needs and choices of persons with developmental disabilities, regardless of age or degree of disability, at each stage of life, and to support their integration into the mainstream life of the community
- Prevent dislocation of persons with developmental disabilities from their home communities
- Empower persons with developmental disabilities to make choices in all life areas

Approximate Number of Consumers & Homes

as of November 2021

Type	Consumers	Facilities
ICF-DD	475	8
ICF-DD/H	3,530	654
ICF-DD/N	2,077	404

Types of ICF/DD Homes

Intermediate Care Facility: Developmentally Disabled (ICF-DD)

15 or more beds

Intermittent recurring
needs for nursing
services

Intermediate Care Facility: Developmentally Disabled/Habilitative (ICF-DD/H)

7 to 15 beds

Does not require
availability of
continuous skilled
nursing care

Intermediate Care Facility: Developmental Disabled/Nursing (ICF-DD/N)

4 to 15 beds

Intermittent recurring
needs for skilled
nursing care

Agencies Involved

DDS Reviews and Approves Program Plans

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graph TD; A[DDS Reviews and Approves Program Plans] --> B[CDPH Grants Licenses and Certification. Main Agency responsible for surveys and monitoring compliance with regulations]; B --> C[Regional Centers Determine Service Need, Refer Consumers, Monitoring of Consumer Service Delivery]; C --> D[DHCS - Medi-Cal Billing];
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CDPH Grants Licenses and Certification. Main Agency responsible for surveys and monitoring compliance with regulations

Regional Centers Determine Service Need, Refer Consumers, Monitoring of Consumer Service Delivery

DHCS - Medi-Cal Billing

ICF/DD Referral Process

- Regional Centers assess if an individual could benefit from ICF/DD services
- With agreement from the individual, the Regional Center submits referral information to the ICF/DD provider
- Provider submits information for review of eligibility to Medi-Cal

ICF/DD Service Delivery Monitoring: Regional Centers

- Meets with the consumer quarterly to review progress toward achieving IPP objectives
- May review records and accounts of the consumer's cash resources, personal property, and valuables
- If the Regional Center representative finds any evidence of suspected violations, they are required to report immediately to the California Department of Public Health's (CDPH) Licensing and Certification district office

Existing ICF/DD Rates & Payments

- » FFS LTC per diem rates are developed based on their respective facility specific methodology as outlined in the California State Plan.
- » The Fiscal Intermediary (FI) processes FFS claims via a weekly check write process.
- » FFS providers submit electronic or manual claims to the FI and providers are paid directly through a weekly check write process.
- » Program provides the FI any rate changes, such as an annual rate update, so they can install the changes into the payment system.
 - Once updated rates are installed, the FI can begin to pay FFS providers at the updated rates on a prospective basis. This process typically takes 60-90 days before provider's will see the updated rates in their weekly check write.
 - There is typically a lag between the beginning of the Rate Year and when the system is updated with the updated rates. During this time providers will continue to be paid at their prior rate.
 - Approximately 90-days following the prospective rate update, the FI will retroactively reprocess claims paid at the prior rate through an Erroneous Payment Correction process (EPC).
 - The EPC process will adjust retroactively adjust payments to the effective date of the rate change so that providers will receive the difference up to the updated rate amount. This retroactive payment will be included in their usual weekly check write.

ICF/DD Inventory of Requirements

- » DHCS and DDS have been working on completing an inventory of the regulatory and programmatic requirements for ICF/DD homes.
- » This inventory is designed to:
 - Ensure there is full operational understanding of the requirements to which ICF/DD homes are subject
 - Ensure that future-state policy development does not create conflict among requirements
 - Minimize unnecessary administrative burdens
 - Support the ongoing service delivery to individuals

ICF/DD Inventory of Requirements

- » Review of the inventory process
- » Description of findings from inventory review and analysis
- » Anticipated opportunities to provide clarification:
 1. Regional Center-MCP MOUs
 2. MCP-Provider contracts
 3. FAQ
 4. Provider, MCP, and Regional Center communication and education materials
 5. The ICF/DD Carve-In All Plan Letter (APL)
- » Next steps

Meeting Topics

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ICF/DD Workgroup Proposed Topics and Meeting Schedule

Date	ICF/DD Carve-In Workgroup Topics
October 2022	Refreshed Workgroup Kick-off / Landscape and Orientation of ICF/DDs in California
November 2022	Inventory of Requirements; Focus on Transition: Contractual Requirements
December 2022	Emerging topics from ICF/DD, ICF/DD-N, and ICF/DD-H homes
January 2023	Plan Readiness Continuity of Care Data Sharing
February 2023	Communication / Outreach/ Education Strategy

Other ICF/DD Carve-In Topics

DHCS is also developing policy on the following topics:

1. Payment and billing
2. Network adequacy
3. Rates and payment
4. DHCS oversight of plans
5. Quality and reporting
6. Delegate entity
7. Eligibility/enrollment/ credentialing
8. Automated crossover process
9. Strategies to build rapport between plans and facilities
10. Consumer support through Ombudsman programs

There may be opportunities for public comment on these topics as part of APL development.

ICF/DD Workgroup Follow-up

- » ICF/DD Providers to get MCPs a list of all consulting providers
- » Regional Center IPP and Service Approvals
- » Communication to providers about transition

Discussion Questions

1. Are there any clarifying questions about how policies and requirements for ICF/DDs are currently established?
2. Are there any questions about the process for the inventory of requirements?
3. What questions do members have about the next steps?

Upcoming Meetings Schedule

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Date/Time*	Topic
Friday, October 7, 2022 3:00–4:00 PM	Refreshed Workgroup Kick-off / Landscape and Orientation of ICF/DDs in California
November 2022	Inventory of Requirements; Focus on Transition: Contractual Requirements
December 2022	Emerging topics from ICF/DD, ICF/DD-N, and ICF/DD-H homes
January 2023	Plan Readiness Continuity of Care Data Sharing
February 2023	Communication / Outreach/ Education Strategy

Upcoming

Next ICF/DD Carve-In Workgroup Meeting: **November (Calendar Invitation to Follow)**

Thank you!

* Additional subgroup meetings may be added as needed.