**ICF-DD Carve-In Stakeholder Workgroup #4**

**January 20, 2023**

| **Slide Number** | **Slide Content** |
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| 1 | **ICF/DD Carve-In Stakeholder Workgroup Fourth Session**Welcome to the fourth meeting of the ICF/DD Carve-In Stakeholder Workgroup. |
| 2 | **How to Add Your Organization to Your Zoom Name**We would ask that you take a minute now to add your organization’s name to your Zoom name, so that it appears Your Name - Organization. * 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.
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| 3 | **Agenda**Welcome everyone to the fourth meeting of the ICF/DD Carve-In Stakeholder Workgroup. We know everyone is very busy – Jim and I appreciate everyone's attendance and participation in this important work.Now I will turn it over to Jason to walk us through the agenda for today's meeting. |
| 4 | **ICF/DD Carve-In Workgroup*** Our Stakeholder Workgroup meetings are now open to the public.
* Non-members can join the meetings in listen-only mode by clicking the links from the ICF/DD Carve-In web page.
* Workgroup members should have joined via a separate link so they can actively participate in the Workgroup Meeting.
* Anyone can submit comments or questions regarding the ICF/DD Carve-In by using the email address provided on screen and linked from the ICF/DD web page.
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| 5 | **Roll Call: ICF/DD Workgroup Members**This table shows the list of Workgroup members. I will do a quick roll-call by calling your name. Please respond with here or present. ​If you are attending on behalf of a Workgroup member, please let us know in the chat so that we can capture your attendance for that person/agency.

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| **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 |
| Karen Widerysnki | California Association of Health Facilities |
| Scott Robinson | CalOptima |
|  Tami Reid | CenCal |
| Sylvia Yee | Consumer Voice  |
| Kathy Mossburg | Developmental Services Network |
| Diane Van Maren | Developmental Services Network |
| Elizabeth Zirker | Disability Rights California |
| Martha Santana-Chin | HealthNet |
| 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 |

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| 6 | **Introductions: DHCS, DDS, and Contractors**I would like to would more like to take some time for members of the DHCS and DDS teams to introduce themselves. Members should please say their name, their title/division, and their role with the ICF/DD Carve-In.​* ​**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 (MCOD)
	+ **Rafael Davtian**, Division Chief, CRDD
	+ **Tyra Taylor,** Assistant Chief, Clinical Assurance Division (CAD)
	+ **Shanell White,** Branch Chief, Clinical Assurance Division (CAD)
	+ **Dana Durham**, Division Chief, Managed Care Quality and Monitoring Division (MCQMD)
	+ **Stacy Nguyen**, Monitoring Branch Chief, MCQMD
	+ **Alek Klimek**, Chief, Fee-For-Service Rates Development Division (FFSRDD)
	+ **Lindy Harrington**, Deputy Director, Health Care Financing (HCF)
	+ **Michelle Retke**, Division Chief, MCOD
	+ **Jesse Delis,** Assistant Division Chief, CRDD
	+ **Michelle Tamai,** Staff Services Manager, FFSRDD
	+ **Phi Long (Phil) Nguyen**, Research Data Supervisor, FFSRDD
	+ **Tracy Meeker**,  Consultant, Managed Care Quality and Monitoring Division (MCQMD)
	+ **Jalal Haddad**, Project Manager, Health Care Delivery and Systems (HCDS)
* **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**
	+ **Jason Vogler,** Mercer
	+ **Brittany van der Salm**, Mercer
	+ **Michael Hough,** Mercer
	+ **Kayla Whaley**, Mercer
	+ **Branch McNeal,**Mercer
	+ **Kristal Vardaman,** Aurrera Health Group
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| 7 | **Workgroup Charge and Goals**This slide serves as a reminder of the Workgroup's 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 All Plan Letter (APL) focused on the ICF/DD carve-in.
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| 8 | **Policy Questions/Issues Timeline**This table shows the specific policy questions and issues that were covered in the December 2022 meeting.​

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| **Category** | **Policy Questions** | **Workgroup Review Timeline** |
| **Authorizations and Continuity of Care** | * What continuity of care protections will be in place for ICF/DD residents? (homes)
 | December 2022 |
| * What continuity of care protections will be in place for ICF/DD residents? (providers)
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| * What continuity of care protections will be in place for active authorizations?
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| * What are the hospice policies for ICF/DD homes?
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| * What are the bed hold policies?\*
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| * What will be the process and timeframes for ICF/DD home service authorizations?
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| * What will be the process and timeframes for service authorizations?
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| * Will there be any changes to services provided by the ICF/DD homes or Regional Centers?
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\* We recognize that there are additional details that need further discussion regarding the bed hold policies and procedures. That will be shared in the February workgroup meeting.​Additional details will be in draft policies that will be available for review in the draft APL and policy guidance documents. |
| 9 | **Policy Questions/Issues Timeline**This table shows the specific policy questions and issues that are covered in more detail in the slides that follow.

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| **Category** | **Policy Questions** | **Workgroup Review Timeline** |
| **ICF/DD Home Placement Process** | * How will ICF/DD Home placements occur after the carve-in?
 | January 2023 |
| **Payments and Rates** | * Will there be any changes to how services provided by the ICF/DD homes or Regional Centers are paid?
 | January 2023 |
| * What is the process by which ICF/DD homes will be paid?
 |
| * How will rates be set for ICF/DD homes?
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| **Leaves of Absence (LOA)** | * What are the leave of absence policies?
 | January 2023 |
| **Member & Provider****Communication** | * How will individuals be notified of the ICF/DD carve-in (member noticing)?
* How will providers (homes) be notified of the ICF/DD carve in?
 | January 2023 |
| **Data Sharing** | * What basic data sharing is needed among MCPs/RC/and Homes?
 | January 2023 |
| * What data will DHCS need to share with MCPs to affect a smooth member transition?
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| **Credentialing and Networks** | * How can MCPs engage with ICF/DD homes for contracting?
 | January 2023 |
| * How will ICF/DD homes and contracted/consulting providers be enrolled and credentialed with the MCPs?
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| * What are DHCS’ network adequacy requirements for MCPs pertaining to ICF/DD homes?
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| 10 | **Policy Questions/Issues Timeline**This table shows the specific policy questions and issues that are planned to be covered in more detail in the February Workgroup meeting.

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| **Category** | **Policy Questions** | **Workgroup Review Timeline** |
| **Care Coordination/ Management** | * What role will MCPs have in the care management of Regional Center clients, including those in ICF/DD homes?
 | February 2023 |
| * What roles will ICF/DD homes, Regional Centers, and MCPs have in development of the IPP and ensuring individuals’ needs are being met?
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| * What is the MCP’s role when working with RCs and CDPH on necessary transfers?
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| * What is the MCP’s role when it comes to referrals for ICF/DD placement?
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| * How MCPs will be notified of a member’s address change/change in ICF/DD home?
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| **Service Provision** | * Will individuals residing in ICF/DD homes be eligible for Enhanced Care Management (ECM)?
 | February 2023 |
| **Complaint Resolution** | * What is the member complaint resolution process (appeals and grievances)?
* What is the process for complaint resolution (resolution of disagreements among MCPs, ICF/DD homes, and Regional Centers)?
 | February 2023 |
| **Bed Holds** | * What are the bed hold policies?
 | February 2023 |

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| 11 | **Agenda** Now we will discuss the topics of the ICF/DD Home Placement Process.* Workgroup charge, goals, and status update
* Discussion Topics for Today
	+ ICF/DD Home Placement Process
	+ Payments & Rates
	+ Leave of Absence (LOA)
	+ Member & Provider Communication
	+ Data Sharing
	+ Credentialing and Networks
* Wrap-up and Next Meeting
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| 12 | **How will ICF/DD home placements occur after the carve-in?** * Current Practices:  Regional Centers asses if individuals meet ICF/DD level of care requirements consistent with 22 CCR Sections 51343.1 -51343.3 Subsequently, Regional Centers submit a referral packet, which includes all relevant diagnostic information, to the ICF along with form HS 231.​
	+ In the current FFS environment, the *Certification for Special Treatment Program Services* form (HS 231) must be submitted with the initial and reauthorization Treatment Authorization Request (TAR) form [[*Long Term Care Treatment Authorization Request (LTC TAR, 20-1)*](https://filessysdev.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/Part2/tarcompltc.pdf)], showing that the Regional Center has certified that the individual meets the ICF/DD level of care. Approval depends on attached documentation showing medical necessity, current care needs and recipient prognosis. ICF/DD, ICF/DD-H and ICF/DD-N facilities are required to submit an HS 231 signed by the regional center with the same time period requested as the TAR. A Medical Review/Prolonged Care Assessment (PCA) form (DHCS 6013A), or the information found on the PCA form in any format is required.​
* **Current COHS Plans Process**​
	+ ICF/DD homes submit the HS 231 form and supplemental detail from the IPP, along with the TAR, for initial and reauthorizations (matches Medi-Cal FFS process).​
* Recommendations: Effective at ICF/DD carve-in, ICF/DD homes will continue to submit *Certification for Special Treatment Program Services* form (HS 231) to the MCPs with any initial or reauthorization requests. ​
	+ Since this is an established process with which all ICF/DD homes are accustomed, there will be less of a training need and will prevent MCPs from having to develop a new process to ensure the ICF/DD home placement has been approved by the Regional Centers.​
	+ 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)](https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/tarcompltc.pdf); [TAR for Long Term Care: 20-1 Form (tar ltc)](https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/tarltc.pdf); and [Utilization Review: ICF/DD, ICF/DD-H and ICF/DD-N Facilities (util review) (ca.gov)](https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/utilreview.pdf). ​
* **Feedback Incorporated:**DHCS will include language in the All Plan Letter (APL) indicating that the MCPs should accept the *Certification for Special Treatment Program Services* form (HS 231) as evidence of the Regional Center's approval of ICF/DD home services.​
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| 13 | **Agenda**Now we will discuss the topics of Payments and Rates. |
| 14 | **Will there be any changes to how services provided by the ICF/DD homes or Regional Centers are paid?** * Current Practices: Some services are provided to members living in ICF/DD homes by the ICF/DD home as part of the ICF/DD rate/service model, other Medi-Cal health care services are provided by consulting/contracted providers and paid for by COHS plans or through Medi-Cal FFS and some services are provided by the Regional Centers.​
	+ Reference Title 22 codes for Medi-Cal Services included in the ICF/DD per diem and those to be billed separately: [ICF/DD](https://govt.westlaw.com/calregs/Document/I606A09435B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)), [ICF/DD-H](https://govt.westlaw.com/calregs/Document/I60899F335B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)), [ICF/DD-N](https://govt.westlaw.com/calregs/Document/I60AA46935B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))​
* **Current COHS Plans Process**​
	+ ICF/DD homes provide services as part of the required ICF model, Regional Centers provide services required in the Lanterman Act, and the COHS plans authorize and pay for other Medi-Cal health care services.​
* Recommendation: Any health care service currently paid for via Medi-Cal FFS will be authorized and paid for by the MCP. There will be no changes to the required services provided by ICF/DD homes and included in their per diem rate. There will be no changes to regional center services available to Members residing in ICF/DD homes outside of the Individual Program Plan (IPP).​
* **Feedback Incorporated:**DHCS will be sharing planning data with MCPs so MCPs are aware of member utilization needs. The Workgroup has indicated that it's necessary to clarify what is included in the per diem rate to ICF/DDs that will be passed through from DHCS to the MCPs subject to the carve-in. This is presented in the following slides. In addition, DHCS also clarifies that all other Medi-Cal covered services are subject to negotiations and rates agreed-upon by the Medi-Cal provider and the managed care plan.
 |
| 15 | **Services included/excluded in the ICF/DD per diem** The next three slides show those services which are included and excluded from the ICF/DD per diem, excluded from Med-Cal reimbursement, and transportation-related information.​Additional information can be found in the linked documents related to the DHCS rate setting process and/or Title 22.​* Included in the ICF/DD per diem:
	+ All equipment, supplies, and services necessary to provide intermediate care for the developmentally disabled. Such equipment, drugs, supplies, and services are, at a minimum, those which are required by law, including those required by federal Medicaid regulations and state licensing regulations.
	+ For ICF/DD-H and ICF/DD-N *only*:
		- Transportation services when necessary for round trips to attending physicians in accordance with Section 51343.1(f), (g), and (*l*).
* Excluded from the ICF/DD per diem:
	+ Those items listed as separately payable, including ancillary services.
	+ All services and supplies billed separately are subject to the general provisions and billing limitations set forth in Sections 51303 and 51304, Title 22, California Code of Regulations.
* Excluded from Medi-Cal reimbursement:
	+ Personal items such as cosmetics, tobacco products and accessories, dry cleaning, beauty shop services (other than shaves or shampoos performed by the facility as part of patient care and periodic hair cuts), and television rental.
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| 16 | **Services excluded in the ICF/DD per diem​ from the** [**State Plan Attachment 4.19-D (ca.gov)​**](http://dhcsgovstaging:88/formsandpubs/laws/Documents/Att4-19D.pdf)This is a list of services excluded from the ICF/DD per diem.​Additional information can be found in the linked documents related to the DHCS rate setting process and/or Title 22.1. Allied health services ordered by the attending physician, excluding respiratory therapy.
2. Alternating pressure mattresses/pads with motor.
3. Atmospheric oxygen concentrators and enrichers and accessories.
4. Blood, plasma and substitutes.
5. Dental services.
6. Durable medical equipment as specified in Section 51321 (g).\*
7. Insulin.
8. Intermittent positive pressure breathing equipment.
9. Intravenous trays, tubing and blood infusion sets.
10. Laboratory services.
11. Legend drugs.
12. Liquid oxygen system.
13. Maclaren or Pagon Buggy.
14. Medical supplies.
15. Nasal cannula.
16. Osteogenesis stimulator device.
17. Oxygen (except emergency).
18. Parts and labor for repairs of durable medical equipment (DME) if originally separately payable or owned by beneficiary.
19. Physician services.
20. Portable aspirator.
21. Portable gas oxygen system and accessories.
22. Precontoured structures (VASCO-PASS, cut out foam).
23. Prescribed prosthetic and orthotic devices for exclusive use of patient.
24. Reagent testing sets.
25. Therapeutic aid fluid support system/beds.
26. Traction equipment and accessories.
27. Variable height beds.
28. X-rays.

\*See <https://files.medi-cal.ca.gov/pubsdoco/Publications/masters-MTP/Part2/durawheelguide.pdf> for wheelchair guidance.  |
| 17 | **Transportation Services** * **Nonemergency medical transportation (NEMT) and Nonmedical transportation (NMT)**​
	+ Medi-Cal covers transportation to and from appointments for services covered by Medi-Cal. This includes transportation to medical, dental, mental health, or substance use disorder appointments, and to pick up prescriptions and medical supplies.​
		- [https://www.dhcs.ca.gov/services/medi-cal/Pages/Transportation.aspx](http://dhcsgovstaging:88/services/medi-cal/Pages/Transportation.aspx)​
	+ Nonemergency medical transportation (NEMT) is transportation by ambulance, wheelchair van, or litter van for those who cannot use public or private transportation. ​
	+ Nonmedical transportation (NMT) is transportation by private or public vehicle for people who do not have another way to get to their appointment.​
* **Day and Related Transportation Services for Residents of ICF/DD, ICF/DD-H, and ICF/DD-N Homes**​
	+ ICF-DD SPA ([SPA 07-004 / SPA 11-020](http://dhcsgovstaging:88/formsandpubs/laws/Pages/ApprovedSPA2007.aspx))​
	+ The Regional Center authorizes and pays for day and transportation services as reflected on the individual’s IPP and bills the cost of those services to the Department of Developmental Services (DDS), on behalf of the ICF/DD home.​
		- DDS then pays the ICF/DD home the supplemental payment.​
	+ [Frequently Asked Questions from ICF providers about the ICF/DD SPA - CA Department of Developmental Services](https://www.dds.ca.gov/services/icf/faq/)​
	+ [April 1, 2011 Letter to ICF/DD, DD-H and DD-N Providers Regarding the State Plan Amendment (ca.gov)](https://www.dds.ca.gov/wp-content/uploads/2019/02/SPALetter_ICFProviders_4_2011-3.pdf)​
* **Following the ICF/DD carve-in:**​
	+ Most ICF/DD home transportation services will remain unchanged.​
	+ The MCPs will cover NEMT and NMT services.​
	+ MCPs are expected to assist with transportation needs, including covering needed transportation services that are not already included in another service or rate.​
	+ Day and related transportation (referenced in the ICF-DD SPA) will remain unchanged and not the responsibility of the MCPs.
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| 18 | **What is the process by which ICF/DD homes will be paid?** * Current Practices: ICF/DD homes in non-COHS counties are paid via Gainwell (the fiscal intermediary). In COHS counties, the COHS plans pay the ICF/DD homes directly or through a vendor.​
* **Current COHS Plans Process**​
	+ COHS plans pay the ICF/DD homes directly or through a vendor.​
* Recommendation: The major change in reimbursement procedures is that after the carve-in of ICF/DD benefit, the ICF/DD homes will submit claims and treatment authorization requests (TAR) to the MCPs instead of to DHCS.​ Effective at carve-in, ICF/DD, ICF/DD-H, and ICF/DD-N homes will submit their authorization requests to the MCPs and will be paid directly by the MCPs.​
* Each MCP may have different TAR and claims submission processes. Following the carve-in, most ICF/DD homes will work with 1-3 MCPs or more in more densely populated counties (I.e., LA County).​
* The MCPS will need to work with the homes to ensure they can submit TARs and claims, as many homes may not have electronic systems and may need to use more traditional paper-based processes.​
* DHCS has asked the MCPs and ICF/DD homes to identify points-of-contact to help create communication channels to address needs such as payment questions, contracting, claims processes, etc.​
* **Feedback Incorporated:**DHCS will make clear in its APL guidance the MCPs’ responsibility for timely payment and develop promising practices on billing/invoicing guidance for ICF/DD homes that do not have the electronic capability to transmit claims. MCPs will make retroactive rate payments within 30 days of the MCP receipt of notice of changes in the FFS per diem rate.
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| 19 | **How will rates be set for ICF/DD homes?** * Current Practices: Current DHCS policy establishes the rate setting process for ICF/DD, ICF/DD-H, and ICF/DD-N homes.​
	+ [See the linked DHCS web site for ICF/DD Rates](http://dhcsgovstaging:88/services/medi-cal/Pages/LTCRU.ICF_DD.aspx)​
* **Current COHS Plans Process**​
	+ Plans in COHS counties may pay the FFS rate as the reimbursement floor.​
* Established Policy [[Rates: Facility Per Diem](https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/Part2/ratefacildiem.pdf)]: MCPs in transitioning counties will be required to execute the directed payment rate established by DHCS for ICF/DD services and MCPs in counties where ICF/DD services are already carved in to managed care will be required to pay at minimum the directed payment rate established by DHCS for ICF/DD services.​
* This reimbursement requirement only applies to ICF/DD home services as defined in Title 22 ([ICF/DD](https://govt.westlaw.com/calregs/Document/I606A09435B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)), [ICF/DD-H](https://govt.westlaw.com/calregs/Document/I60899F335B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)), [ICF/DD-N](https://govt.westlaw.com/calregs/Document/I60AA46935B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))). Other services outside of the ICF/DD per diem are not subject to the terms of this State directed payment and are payable by MCPs in accordance with the MCP’s agreement with the Network Provider. ​
* **Feedback Incorporated:**DHCS will make clear in its APL guidance inclusion of directed payments.​

​​Learnings from LTC SNF carve-in have resulting in need to discuss the bundled rate/per diem, directed payment, and services subject to negotiation.​ See Slides 15 through 17. |
| 20 | **Agenda**Now we will discuss the topic of Leave of Absence (LOA). |
| 21 | **What are the leave of absence (LOA) policies for ICF/DD homes?** * Current Practices: Title 22 allows for leave of absence for developmentally disabled patients residing in Intermediate Care Services for up to 73 days per calendar year for things such as family visits, visits with friends, and participation in summer camp (§ 51535 - Leave of Absence). In FFS, LOA days are ordered by the attending physician, included in the Member’s Individual Program Plan (IPP), and reimbursed using the necessary claims modifier/accommodation code.​
* **Current COHS Plans Process**​
	+ LOA days are ordered by the attending physician, included in the Member’s Individual Program Plan (IPP), and reimbursed by the COHS plan with the necessary claims modifier/accommodation code.​
* Established policy ([LOA, Bed Hold, and Room and Board](https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/Part2/leave.pdf)): LOAs should be honored per existing law. In order to minimize any disruption in the individual's life, they should be permitted to return to their home, provided that the ICF/DD home continues to meet their level of care and services and supports needs.​
	+ Requirements regarding leave of absence, bed hold, and continuity of care policies apply. ​
* MCPs and ICF/DD homes must have processes in place for monitoring the member’s LOA usage and communicating those hours with the homes, including tracking of payments accordingly.​
* DHCS has asked the MCPs and ICF/DD homes to identify points-of-contact to help create communication channels to address needs such as payment questions, contracting, claims processes, etc.​
* **Feedback Incorporated:**DHCS will make the MCP’s responsible for monitoring each member’s LOA and communicating to the ICF/DD homes clear in the APL.  Specifically, that the MCP must have processes in place for monitoring the member’s LOA usage and communicating those hours with the homes, including tracking of payments accordingly.
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| 22 | **Agenda**Now we will discuss the topic of Member and Provider Communication. |
| 23 | **What are the leave of absence (LOA) policies for ICF/DD homes?*** Current Practices: This will be a new required process as part of the ICF/DD carve-in transition and conducted similarly to other managed care transitions.
* **Current COHS Plans Process**
	+ Not applicable as this will be a new process for the carve-in transition.
* Recommendation: Members living in ICF/DD homes will receive mailed letters 60 and 30 days prior to the transition of services from FFS Medi-Cal to Medi-Cal managed care. They will also receive an Enrollment Choice Packet approximately 45 days ahead of the transition.
* The mailings provided will include important news about the beneficiaries Medi-Cal coverage as well as the "Notice of Additional Information about Your Rights" (NOAI) document, both of which serve as official member notifications of the changes and how members can ask questions, continue to receive services and supports, and any exceptions processes.
* **Feedback Incorporated:**Drafts of these notices will be provided to the Stakeholder Workgroup to review and, where possible, plain language or a plain language supplement will be provided.
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| 24 | **How will provider (homes) be notified of the ICF/DD carve-in?*** Current Practices: This will be a new required process as part of the ICF/DD carve-in transition and conducted similarly to other managed care transitions.​
* **Current COHS Plans Process**​
	+ Not applicable as this will be a new process for the carve-in transition.​
* Recommendation: Communication to providers (homes) as already begun, and will continue throughout lead-up to and execution of ICF/DD carve-in. DHCS is triangulating available provider contact lists to ensure maximum outreach. DHCS will also work with trade organizations to disseminate information. ​
* DHCS will utilize a multi-prong approach to provider communication, including provider bulletins, updates, and outreach through FFS rate division.​
* **Feedback Incorporated:**DHCS will work with CAHF and DSN to conduct outreach. DHCS will plan to send out notifications to ICF/DD homes by early February, and monthly thereafter.​
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| 25 | **Provider Communication Strategies** Here is a general list of communication strategies.​* ​ICF/DD point-of-contact lists
* Claims and/or payment alerts
* Physical mailings
* Association contacts
* Website
* Provider bulletins
* RCs
* MCPs

***DISCUSSION***: Does the group have any other suggestions for communicating with the ICF/DD homes and the larger community of providers who serve those people? |
| 26 | **Agenda**Now we will discuss the topic of Data Sharing with Michelle Retke.​Michelle reported that there are no new data sharing elements beyond those discussed in the December ICF/DD Carve-In Stakeholder Workgroup meeting. |
| 27 | **Agenda**Now we will discuss the topics of Credentialing and Networks. |
| 28 | **How can MCPs engage with ICF/DD homes for contracting?*** Current Practices: Currently only applies in COHS counties. In COHS counties, the ICF/DD homes and COHS plans have designated contracts and various points-of-contact.​
* **Current COHS Plans Process**​
	+ In COHS counties, the ICF/DD homes and COHS plans have established working relationships and various points-of-contact.​
* Recommendation: DHCS has requested that MCPs and ICF/DD homes identify point-of-contact that it will share with both groups so that the MCPs and ICF/DD homes can begin communicating and contracting.​
* While there will be continuity of care provisions that will allow additional time for contracting, it is critically important that MCPs and ICF/DD homes work together and execute any needed contracts to ensure Member care is not disrupted and to ensure the ICF/DD homes are able to receive payment for services.  ​
* **Feedback Incorporated:**DHCS will share the contact list with MCPs and ICF/DD homes by mid-February. DHCS intends to include language in an All Plan Letter and an ICF/DD Promising Practices/FAQ, regarding suggested standard terms and conditions.
 |
| 29 | **How will ICF/DD homes and providers be enrolled and credentialed with the MCPs?*** Current Practices: Currently only applies in COHS counties. In COHS counties, the ICF/DD homes and COHS plans have designated contracts and other health care providers are contracted with the COHS plans and are part of their networks.​
* **Current COHS Plans Process**​
	+ In COHS counties, the ICF/DD homes and COHS plans have designated contracts and other health care providers are contracted with the COHS plans and are part of their networks.​
* Recommendation: The general credentialing, enrollment, and contracting process with MCPs begins with the ICF/DD home provider and any other health care provider completing a credentialing packet. Once reviewed and approved by the MCP, the enrollment and contracting process follows and concludes with the execution of the contract.​
* [APL 22-013 PROVIDER CREDENTIALING / RE-CREDENTIALING AND  SCREENING / ENROLLMENT](http://dhcsgovstaging:88/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-013.pdf) provides some guidance from DHCS on MCP network provider requirements.  ​
* DHCS intends to include language in an All Plan Letter and an ICF/DD Promising Practices/FAQ, regarding suggested standard terms and conditions and language showing that MCPs are required to offer a contract to all ICF/DD homes within the MCP’s service area that meet the licensing, enrollment, and credentialing requirements, in addition to continuity of care provisions. MCPs will also be encouraged to work and contract with other health care providers that are currently serving the members living in ICF/DD homes to maintain members' services and care needs.​
* To meet the July 1, 2023, carve-in date, MCPs would be looking for the ICF/DD homes to meet general criteria of a) being licensed by CDPH, b) being a provider in good standing, and c) being Medi-Cal enrolled. ***For credentialing purposes, this is the floor. Anything additional would require collaborative work with stakeholders.***​
* **Feedback Incorporated:**DHCS will work with MCPs, RCs, and homes to streamline and standardize the credentialing process. Also add as next step that DHCS will survey the MCPs on barriers, then form small workgroup to create streamlined processes and include DDS, MCPs (HealthNet, Blue/Promise, and Partnership), a Regional Center, and a provider.
 |
| 30 | **What should be DHCS’ network adequacy requirements for MCPs pertaining to ICF/DD homes?** * Current Practices: There will be a new set of requirements as part of the ICF/DD carve-in.​
* **Current COHS Plans Process**​
	+ Feedback so far has indicated the COHS plans work with most ICF/DD homes in their counties, but many do not have formal contractual relationships.​
* Recommendation: As part of readiness, all MCPs will be encouraged to offer a contract to all ICF/DD, ICF/DD-H, and ICF/DD-N homes within the MCP’s service area that meet the licensing, enrollment, and credentialing requirements. ​
* DHCS will issue the MCPs an ICF/DD Network Readiness Requirements guidance and a reporting template with a list of approved and active ICF/DD homes to assist with network readiness and provide contracting options for MCPs to develop ICF/DD networks. ​
* MCPs must work to contract with ICF/DD homes that are enrolled in Medi-Cal and licensed by the California Department of Public Health (CDPH). ​
* The Welfare & Institutions Code 14197 availability standards for ICF/DD homes will be preserved as written, and availability depends on the county in which the MCP is operating.​
* MCPs must supply the Regional Center with a list of all contracted ICF/DD homes in their network. If there is no contracted ICF/DD home available when member requires ICF/DD home placement, the MCP must establish with an available ICF/DD home a Single Case Agreement consistent with the WIC timeframes.​
* MCPs will be required to comply with requirements relating to CDPH-initiated facility de-certifications and suspensions and to work collaboratively with the Regional Centers to ensure that impacted Members are transitioned appropriately and do not experience disruption in access to care.​
* **Feedback Incorporated:**DHCS has received feedback that there are not current contracts among ICF/DD homes in all COHS plan counties and there is concern among ICF/DD homes that without contracts with the MCPs it could put the sustainability of ICF/DD services in jeopardy. Therefore, DHCS will require MCPs to offer a contract to all ICF/DD homes within their service area as stated above. DHCS intends to include language in an All Plan Letter and an ICF/DD Promising Practices/FAQ, regarding suggested standard terms and conditions.​
 |
| 31 | **Agenda**This brings us to the end of today's topics. I will turn it over to Susan for the next steps and concluding discussion.​ |
| 32 | **Next meeting date, time, and link**​* Our next Stakeholder Workgroup meeting will be February 10 from 1:00-3:00 PST.​
* As a reminder, previous meeting materials can be found on the ICF/DD Long Term Care Carve-In web page.​
* I would like to thank everyone for their participation in today's Workgroup meeting.​

​***STAKEHOLDER WORKGROUP MEETING ENDS*** |
| 33 | **Appendix** [*not to be covered in the meeting, but provided for reference*] |
| 34 | **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](http://dhcsgovstaging:88/provgovpart/Pages/Intermediate-Care-Facility-for-Developmentally-Disabled-ICF-DD-Long-Term-Care-Carve-In.aspx) |
| 35 | **Policy Questions/Issues Timeline**

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| --- | --- | --- |
| **Category** | **Policy Questions** | **Workgroup Review Timeline** |
| **Care Coordination/ Management** | * What role will MCPs have in the care management of Regional Center clients, including those in ICF/DD homes?
 | February 2023 |
| * What roles will ICF/DD homes, Regional Centers, and MCPs have in development of the IPP and ensuring individuals’ needs are being met?
 |
| * What is the MCP’s role when working with RCs and CDPH on necessary transfers?
 |
| * What is the MCP’s role when it comes to referrals for ICF/DD placement?
 |
| * How MCPs will be notified of a member’s address change/change in ICF/DD home?
 |
| **Service Provision** | * Will individuals residing in ICF/DD homes be eligible for Enhanced Care Management (ECM)?
 | February 2023 |
| **Complaint Resolution** | * What is the process for complaint resolution or resolution of disagreements among MCPs, ICF/DD homes, and Regional Centers?
 | February 2023 |
| **Bed Holds** | * What are the bed hold policies?
 | February 2023 |

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| 36 | **ICF/DD Planning and Policy Committee**

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| --- | --- |
| **Name** | **Organization** |
| Amy Westling | Association of Regional Center Agencies  |
| Karen Widerynski | CA Association of Health Facilities |
| Kate Ross | CA Association of Health Plans |
| Martha Santana-ChinEdward Mariscal | HealthNet |
| Helen Bayerian | Health Plan of San Joaquin |
| Brian Tremain | Inland Regional Center |
| Becky Joseph | JonBec Care Inc. |
| Linnea Koopmans | Local Health Plans of CA |
| Stacy Sullivan | Mountain Shadows Support Group |
| Lori Anderson  | Momentum 4 All |
| Larry Landauer | Regional Center of Orange County |
| Olivia Funaro | San Gabriel/Pomona Regional Center |
| Mark Klaus | San Diego Regional Center |
| Deb Donovan | Valley Village |

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| 37 | **Glossary**

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| **Term** | **Definition** |
| APL | All Plan Letter |
| 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 |
| DDS | Department of Developmental Services |
| DHCS | Department of Health Care Services |
| DSN | Developmental Services Network - An ICF services trade association |

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| 38 | **Glossary Cont’d**

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| **Term** | **Definition** |
| FFS | Fee for Service |
| ICF |  Intermediate Care Facility |
| ICF/DD | Intermediate Care Facility for Developmentally Disabled |
| ICF/DD- N | Intermediate Care Facility for Developmentally Disabled-Nursing |
| ICF/DD-H | Intermediate Care Facility for Developmentally Disabled-Habilitative |
| LHPC | Local Health Plans of California |
| LOA | Leave of Absence |
| LTC | Long Term Care |
| MCP | Managed Care Plan |
| Medi-Cal | California’s Medicaid Program |
| NOAI | Notice of Additional Information (in the context of member noticing) |
| RC(s) | Regional Center(s) |
| TAR | Treatment Authorization Request |

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