

**CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES (DHCS)
CLINICAL ASSURANCE DIVISION (CAD)
PUBLIC HOSPITAL PROJECT**

**Technical Workgroup Teleconference
June 7, 2021 Teleconference Minutes**

Teleconference Attendees on Behalf of the Department:

<u>Name</u>	<u>Organization</u>
1. Dr. Van Natta	DHCS CAD
2. Dr. Mahoney	DHCS CAD
3. Dr. Do	DHCS CAD
4. Becky See	DHCS CAD
5. Paul Miller	DHCS CAD
6. Jillian Hart	DHCS CAD
7. Cynthia Hicks	DHCS CAD
8. Richard Luu	DHCS CAD
9. Janelle Jones	DHCS CAD
10. Kelli Mendenhall	DHCS CAD
11. Lauren Palmer	DHCS CAD
12. Monique Doduc	DHCS CAD
13. Laura Watkins	DHCS CAD
14. Cherease Baker	DHCS CAD
15. Angela Carlos	DHCS CAD
16. Stephan Fukasawa	DHCS A&I
17. Delia Valencia	DHCS A&I
18. Kao L Saetern	DHCS A&I
19. Tamara Carter	DHCS OLS

Handouts

Each participant was e-mailed an agenda. In addition, a link to the Designated Public Hospitals (DPH) website for minutes from previous meetings was also provided.

Agenda Item I: Introductions

Agenda Item II: LTC/Restricted Aid Codes and Admin Days

Discussion: DHCS provided a document clarifying allowable services for Medi-Cal fee-for-service beneficiaries with restricted aid codes. For beneficiaries with restricted aid codes that include Long Term Care (LTC) benefits, acute administrative days will be permissible when the level of care and associated call lists (SNF placement only) meet current acute administrative day requirements.

These codes also allow for OB admin days with no call lists. Furthermore, restricted aid codes with emergency services qualify for TB Admin days.

Please see document for full list of aid codes.

Agenda Item III: New Rehab Requirements

Discussion: DHCS sought to better align with Centers for Medicare & Medicaid Services (CMS) in regards to Acute Inpatient Intensive Rehab (AIIR) services. DHCS provided a presentation summarizing new required criteria for facilities providing AIIR services.

Effective with dates of service on or after July 1, 2021, three major adjustments will be required. These include a pre-admission screening replacing the two week trial period, rehabilitation time per week reduced from 18 hours to 15 hours, and the Functional Independence Measure (FIM) for admission criteria and patient progress replaced by the Inpatient Rehabilitation Facility Patient Assessment (IRF-PAI).

Furthermore, DHCS shared AIIR medical necessity criteria to be reviewed by DHCS nurse evaluators. This includes multiple disciplines, intensive rehab therapy program of 15 hours/week, active (cognitive and physical) patient participation, rehab physician supervision of at least three face-to-face sessions per week, and weekly interdisciplinary team (IDT) meetings to continue patient assessments.

Following results from a pilot program, DHCS recommends that the pre-admission screening and IRF-PAI have a centralized location for ease of review.

Agenda Item V: Next Meeting Date – Monday, September 13, 2021 at 11:00 am