

THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:**COUNTIES:**

- Imperial
- Riverside/San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

LINES OF BUSINESS:

- Molina Medi-Cal Managed Care
- Molina Medicare
- Molina Marketplace (Covered CA)

PROVIDER TYPES:

- Medical Group/ IPA/MSO**
 - Primary Care**
 - IPA/MSO
 - Directs
- Specialists**
 - Directs
 - IPA
- Hospitals**
 - Ancillary**
 - CBAS
 - SNF/LTC
 - DME
 - Home Health
 - Other

Intermediate Care Facilities for Individuals with Developmental Disabilities APL 23-023

This is an advisory notification to Molina Healthcare of California (MHC) network providers with requirements related to Intermediate Care Facilities for the Developmentally Disabled (ICF/DD) Homes, Intermediate Care Facilities for the Developmentally Disabled-Habilitative (ICF/DD-H) Homes, and Intermediate Care Facilities for the Developmentally Disabled-Nursing (ICF/DD-N) Homes.

This notification is based on All-Plan Letter (APL) 23-023, which can be found in full on the Department of Health Care Services (DHCS) website at:

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-023.pdf>.

BACKGROUND

CalAIM seeks to move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility through benefit standardization. To further these goals, the DHCS is implementing benefit standardization, or carve-in, of the ICF/DD Home benefit statewide.

Currently, only County Organized Health System (COHS) Managed Care Plans (MCP) cover ICF/DD benefits under the institutional Long-Term Care (LTC) services benefit. At present, Members receiving ICF/DD services in non-COHS counties are served through Medi-Cal Fee-for-Service (FFS). Pursuant to Medi-Cal's benefit standardization policy, beginning January 1, 2024, Members who reside in an ICF/DD Home will be transferred from FFS Medi-Cal to Medi-Cal managed care.

POLICY

Effective January 1, 2024, DHCS will require Non-Dual and Dual LTC Members (including those with Medi-Cal Share of Cost coverage) to enroll with an MCP and receive their LTC ICF/DD Home benefit through their MCP. Enrollment with an MCP does not change a Member's relationship with their Regional Center. Access to Regional Center services and to their current Individualized Program Plan (IPP) will remain the same.

1. Benefits Requirements

ICF/DD Home Services Benefit Requirements

Effective January 1, 2024, MHC will provide all Medically Necessary Covered Services for Members residing in or obtaining care in an ICF/DD Home, including home services, professional services, ancillary services, and transportation services in all counties.

Included and Excluded Services for ICF/DD Homes

MHC will coordinate benefits with other health care coverage (OHC) programs or entitlements. Members may still utilize their OHC after enrollment with MHC.

OHC providers do not have to be in the MHC Network to continue providing services or billing MHC for copays.

If a Member has both Medicare and Medi-Cal coverage, there will be no changes to the Member's Medicare coverage as a result of the ICF/DD Homes benefit standardization. For Members who are dually Medicare and Medi-Cal covered, or who have OHC, MHC will coordinate care and address coverage needs, regardless of payer source. Medicare does not cover LTC ICF/DD Home benefits. Medi-Cal exclusively covers LTC ICF/DD Home benefits. Members may, however, receive other benefits from Medicare in addition to the ICF/DD Home benefits MHC coordinates.

As of January 1, 2024, Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) services will be coordinated between MHC and the ICF/DD Home and covered by MHC.

The financial responsibility for prescription drugs is determined by the claim type on which they are billed. If certain drugs are dispensed by a pharmacy and billed on a pharmacy claim, they are carved out and paid for by Medi-Cal Rx. If the drugs are provided by the ICF/DD Home and billed on a medical or institutional claim, MHC is responsible.

2. Leave of Absence (LOA) and Bed Hold Requirements

MHC will cover the stay when Members transfer between an ICF/DD Home to any acute care hospital setting or post-acute care setting such as a skilled nursing facility (SNF) or a rehabilitation facility. MHC will cover any LOA or bed hold that an ICF/DD Home provides. MHC will authorize up to 73 days per calendar year for a LOA. For a bed hold, MHC will authorize up to a total of 7 days per hospitalization.

MHC will allow the Member to return to the same ICF/DD Home where the Member previously resided if it is the Member's preference. MHC will ensure the ICF/DD Home notifies the Member or the Member's authorized representative in writing of the right to exercise the bed hold provision. If a Member does not wish to return to the same ICF/DD Home following a LOA or approved bed hold period, MHC will provide care coordination and transition support, including working with the assigned Regional Center, in order to assist the Member in identifying another ICF/DD Home within MHC's Network that can serve the Member. The Regional Center will take the lead on discharge and transition planning if the Member wishes to transition to a Regional Center-funded living situation with input from other stakeholders such as the hospital, the original ICF/DD Home, and MHC. MHC will take the lead on discharge and transition planning if the Member chooses to transition to a different Medi-Cal level of care.

3. Continuity of Care Requirements: ICF/DD Home Living Arrangement

Continuity of care ensures that a Member's ICF/DD Home will not change for at least 12 months while MHC works to bring the ICF/DD Homes into their Network. During the continuity of care period, MHC will automatically provide 12 months of continuity of care for the ICF/DD Home placement of any Member residing in an ICF/DD Home who is mandatorily enrolled with MHC after January 1, 2024. Automatic continuity of care means that Members currently residing in an ICF/DD Home do not have to request continuity of care to continue to reside in the ICF/DD Home. Instead, MHC will automatically initiate the continuity of care process prior to the Member's transition to MHC. MHC will determine if Members are eligible for automatic continuity of care before the transition.

MHC will allow Members to stay in the same ICF/DD Home under continuity of care if the Member chooses to continue living in the ICF/DD Home and all of the following apply:

- The ICF/DD Home is licensed by the California Department of Public Health (CDPH)
- The ICF/DD Home is enrolled as a Medi-Cal Provider
- MHC will pay the ICF/DD Home payment rates that meet state statutory requirements

*If you are not contracted with Molina and wish to opt out of the Just the Fax, email: mhcproviderjustthefax@molinahealthcare.com
Please include provider name, NPI, county, and fax number and you will be removed within 30 days.*

- The ICF/DD Home meets MHC’s applicable professional standards and has no disqualifying quality-of-care issues

Following their initial 12-month continuity of care period, Members or their authorized representatives may request an additional 12 months of continuity of care. Under continuity of care, Members may continue seeing their Out-of-Network Medi-Cal Provider if the Member, authorized representative, or Provider contacts MHC to make the request. MHC will provide continuity of care for all Medically Necessary ICF/DD Home services for Members residing in an ICF/DD Home at the time of enrollment with MHC, including professional services, ancillary services, and transportation services not already provided in the ICF/DD Home per diem rate.

Members may continue seeing their existing Out-of-Network Medi-Cal Provider for up to 12 months after enrollment when the following conditions are met:

- The Member has a pre-existing relationship with the Provider, defined as having seen the Provider for at least one non-emergency visit in the prior 12 months;
- The Provider meets MHC’s professional standards and has no disqualifying quality of care issues; and
- The Provider is willing to work with MHC (i.e., agree on payment and/or rates).

A Member may not simply attest to a preexisting relationship and, instead, must provide actual documentation, which may be provided by the ICF/DD Home, meaning the Member has resided in an ICF/DD Home at some point during the 12 months prior to the date of the Member’s enrollment with MHC.

MHC will also allow Members to maintain current drug therapy, including nonformulary drugs, until the Member is evaluated or re-evaluated by a Network Provider. Continuity of care also provides continued access to the following services but may require a switch to Network Providers: NEMT and NMT, Facility Services, Professional Services, select Ancillary Services, and appropriate Level of Care Coordination. MHC will make every effort to ensure continued access to care to providers who have experience and expertise in working with Members with developmental disabilities.

4. Continuity of Care Requirements: Medi-Cal Covered Services for ICF/DD Home Residents with Existing Treatment Authorization Requests

Effective January 1, 2024, MHC is responsible for authorization requests approved by DHCS for ICF/DD Home services provided under the ICF/DD Home per diem rate for the duration of the existing authorization requests and for up to two years of any new requests. MHC is responsible for all other approved authorization requests for services in an ICF/DD Home, exclusive of the ICF/DD Home per diem rate for a period of 90 days after enrollment with MHC, or until MHC can reassess the Member and authorize and connect the Member to Medically Necessary services. Routine authorizations are subject to a turnaround time of five days. In instances where the Member is being discharged from or transferred out of an ICF/DD Home, the new ICF/DD Home must submit an updated authorization request that includes the changed dates of service.

5. ICF/DD Home Payment Rate

In counties where ICF/DD Home services benefit coverage is newly transitioning from the Medi-Cal FFS delivery system to the Medi-Cal managed care delivery system on January 1, 2024, MHC will reimburse Network Providers of ICF/DD Home services for those services at **exactly** the Medi-Cal FFS per-diem rates applicable to the particular type of ICF/DD Home for dates of service from January 1, 2024, through December 31, 2025.

In counties where ICF/DD Home services are already Medi-Cal managed care Covered Services prior to January 1, 2024, MHC will reimburse Network Providers of ICF/DD Home services for those services at **no less than** the Medi-Cal FFS per-diem rates applicable to that particular type of

ICF/DD Home services Provider for dates of service from January 1, 2024, through December 31, 2025.

FFS per diem rates are available at: https://www.dhcs.ca.gov/services/medi-cal/Pages/LTCRU.ICF_DD.aspx.

6. Long-Term Services and Supports (LTSS) Liaison

LTSS liaisons serve as a single point of contact for service providers in both a Provider representative role and to support care transitions, as needed. LTSS liaisons assist service providers in addressing claims and payment inquiries in a responsive manner and assist with care transitions among the LTSS Provider community to best support a Member's needs.

Please reach out to the following MHC LTSS liaisons for assistance with Medi-Cal LTC policies:

LTSS Liaison	Email Address
Blanca Martinez	Blanca.Martinez@molinahealthcare.com
Trista Friemoth	Trista.Friemoth@molinahealthcare.com
Janelyn Martin	Janelyn.Martin@molinahealthcare.com
Teresa Suarez	Teresa.Suarez2@molinahealthcare.com
Laura Gonzalez	Laura.Gonzalez3@molinahealthcare.com
Deletha Foster	Deletha.Foster@molinahealthcare.com

7. Resources

- For a summary of LTC/DD Carve-In services, please refer to Attachment A in APL 23-023 at: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-023.pdf>.
- A list of Regional Centers can be found at: <https://www.dds.ca.gov/rc/listings/>.
- Access the CalAIM ICF/DD LTC Carve-In page on the DHCS' website at: <https://www.dhcs.ca.gov/provgovpart/Pages/Intermediate-Care-Facility-for-Developmentally-Disabled-ICF-DD-Long-Term-Care-Carve-In.aspx>.