PARTNERSHIP HEALTHPLAN OF CALIFORNIA

GUIDELINE / PROCEDURE

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<tr><td colspan="4">Guideline/Procedure Number: MCUG3058 (previously UG100358)</td><td colspan="3">Lead Department: Health Services
Business Unit: Utilization Management</td></tr>
<tr><td colspan="4">Guideline/Procedure Title: Utilization Review Guidelines ICF/DD, ICF/DD-H, ICF/DD-N Facilities</td><td colspan="3">☒External Policy
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<tr><td colspan="3">Original Date: 03/19/2003</td><td colspan="4">Next Review Date: 10/14/2027
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<tr><td rowspan="2">Reviewing Entities:</td><td colspan="2">☒ IQI</td><td colspan="2">☐ P & T</td><td colspan="2">☒ QUAC</td></tr>
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<tr><td>☐ CEO</td><td>☐ COO</td><td colspan="2">☐ CREDENTIALS</td><td colspan="2">☐ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="4">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="3">Approval Date: 10/14/2026</td></tr>
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I. RELATED POLICIES:

A. MCUG3038 - Review Guidelines for Member Placement in Extended Care (Custodial/Long Term Care, Subacute or Skilled) Facilities
B. MCUP3041 - Treatment Authorization Request (TAR) Review Process
C. MPTP2501 - Transportation Policy for Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT)
D. CLPM15 - Claims Processing and Payment Standards for Partnership

II. IMPACTED DEPTS:

A. Care Coordination
B. Claims
C. Member Services

III. DEFINITIONS:

A. BH: Bed Hold
B. Developmentally Disabled (DD): Throughout this document, the term "developmentally disabled" is used to match current California Code of Regulations (CCR) language. However, it is acknowledged that this terminology is not person-centered and does not align with more contemporary language such as "people with intellectual and other developmental disabilities."
C. Intermediate Care Facilities (ICF): A health facility/home that provides inpatient care to ambulatory or non-ambulatory patients who have recurring need for skilled nursing supervision and need supportive care.
D. ICF/DD: Intermediate Care Facilities for the Developmentally Disabled. The ICF/DD Home living arrangement is a Medi-Cal Covered Service offered to individuals with intellectual and developmental disabilities who are eligible for services and supports through the Regional Center service system.
E. ICF/DD-H: Intermediate Care Facilities for the Developmentally Disabled/Habilitative
F. ICF/DD-N: Intermediate Care Facilities for the Developmentally Disabled/Nursing
G. Form HS 231: State of California Department of Health Care Services form entitled "Certification for Special Treatment Program Services"
H. LOA: Leave of Absence
I. Managed Care Plan (MCP): Partnership HealthPlan of California is contracted as a Department of Health Care Services (DHCS) Managed Care Plan (MCP). MCPs are required to provide and cover all medically necessary physical health and non-specialty mental health services.
J. Regional Centers: Nonprofit private corporations that contract with the Department of Developmental Services to provide or coordinate services and supports for individuals with developmental disabilities throughout California. Partnership Members with intellectual and developmental disabilities are

identified through coordination with the Regional Centers and in the course of utilization and case management services. Regional Centers providing services in Partnership's service area are as follows:

1. Alta California Regional Center provides services in Alpine, Colusa, El Dorado, Nevada, Placer, Sacramento, Sierra, Sutter, Yolo, and Yuba counties.
2. Far Northern Regional Center provides services in Butte, Glenn, Lassen, Modoc, Plumas, Shasta, Siskiyou, Tehama and Trinity counties
3. Golden Gate Regional Center provides services in Marin county
4. North Bay Regional Center provides services in Solano, Napa, and Sonoma counties
5. Redwood Coast Regional Center provides services in Del Norte, Humboldt, Lake, and Mendocino counties

IV. ATTACHMENTS:

A. Bed hold/TAR Process
B. Bed Hold & Change of Status Report

V. PURPOSE:

To delineate the medically necessary criteria for admission and continuing care in an ICF/DD for Partnership HealthPlan of California Members.

VI. GUIDELINE / PROCEDURE:

A. As a Managed Care Plan (MCP), Partnership provides all medically necessary covered services for Members residing in or obtaining care in an ICF/DD facility/home, including home services, professional services, ancillary services, and transportation services. Partnership also provides the appropriate level of care coordination, as outlined in DHCS All Plan Letter (APL) 26-012 and in adherence to DHCS contract requirements and the DHCS Population Health Management (PHM) Policy Guide.
B. Utilization Review: ICF/DD, ICF/DD-H and ICF/DD-N Facilities
    1. Federal regulations require California to provide a program of independent professional review of Intermediate Care Facilities for the Developmentally Disabled (ICF/DD), Intermediate Care Facilities for the Developmentally Disabled/Habilitative (ICF/DD-H), and Intermediate Care Facilities for the Developmentally Disabled/Nursing (ICF/DD-N) that provide services to Medi-Cal recipients. This process is referred to as utilization review. Its purpose is to control unnecessary utilization of services by evaluating patient needs and the appropriateness, quality and timeliness of service delivery.
    2. Patient Placement Requirements
        a. Only individuals with predictable, intermittent skilled nursing needs, which can be arranged for in advance, are appropriate for ICF/DD-H and ICF/DD-N placement. Recipients who require skilled nursing procedures "as needed" are not appropriate for ICF/DD-H and ICF/DD-N placement.
        b. Please refer to policy MCUG3038 Review Guidelines for Member Placement in Extended Care (Custodial/Long-Term Care, Subacute or Skilled) Facilities.
    3. Per Diem Services
        a. Services covered under the daily rate of an ICF/DD, ICF/DD-H and ICF/DD-N include:
            1) Services of the direct care staff
            2) Services of the facility's interdisciplinary team
            3) Services of qualified intellectual disabilities professional
            4) Case conference reviews
            5) Development of service plans
            6) In-service training of direct care staff and consultation on individual recipient needs

7) Transportation services (see policy MPTP2501- Transportation Policy for Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT)
8) Equipment and supplies necessary to provide appropriate care
9) Room and Board

4. ICF/DD-H/DD-N TAR Submission
   a. Submitting with a Treatment Authorization Request (TAR):
      1) Completed new TAR form 20-1
      2) Submit form HS 231 with initial and reauthorization TARs within 15 business days from date of service.
   b. Certification Period:
      1) For the ICF/DD-H or ICF/DD-N level of care, form HS 231 must be certified by the Regional Center director or designee.
      2) Certification may be granted for a period of twelve months at a time.
      3) The Regional Center director or designee assesses new patients within a reasonable amount of time.
      4) When the certified period expires, the Member must be re-assessed and a new form HS 231 must be filled out and signed by the Regional Center director or designee.
5. Readmission and New Certification:
   a. ICF/DD-H or ICF/DD-N Member who is discharged and subsequently readmitted must be re-assessed. A new form HS 231 must be filled out and submitted with a new TAR.

C. Leave of Absence
1. Leave of Absence Qualifications
   a. A leave of absence (LOA) may be granted to a recipient in an ICF/DD-N or ICF/DD-H in accordance with the recipient's individual plan of care and for the specific reasons outlined below:
      1) A visit with relatives or friends
      2) Participation by developmentally disabled recipients in an organized summer camp for developmentally disabled persons
2. Leave of Absence Maximum Time Period
   a. If the LOA is an overnight visit (or longer) to the home of relatives or friends, the time period is restricted as follows:
      1) Developmentally disabled recipients can receive a leave of absence for relatives/friend visits or summer camp for up to seventy-three (73) days per calendar year.
         a) A physician signature is required for an LOA only when a Member is participating in a summer camp for the developmentally disabled.
      3) These limits are in addition to bed hold days ordered by the attending physician for each period of acute hospitalization for which the facility is reimbursed for reserving the patient's bed (bed hold) as described below.

D. Bed Hold (BH) Qualifications
1. Partnership covers the stay when a recipient residing in a ICF/DD facility/ home is admitted to an acute care hospital setting, a post-acute care setting such as a skilled nursing facility (SNF), or a rehabilitation facility, and then requires a return to an ICF/DD Home. Providers must bill bed hold (BH) days (see Attachment B). Reimbursement for bed hold days is limited to a maximum of seven (7) days per hospitalization, subject to the following:
   a. The attending physician must order the acute hospitalization.
   b. The ICF/DD facility/home must hold a bed vacant when requested during the entire hold period, maximum of 7 days for each bed hold period, except when notified in writing by the attending physician that the patient requires more than seven days of hospital care. The facility is then no longer required to hold a bed and may not bill Medi-Cal for any remaining bed hold days.

2. General Leave of Absence and Bed Hold Requirements
   a. General requirements for LOA and BH are outlined below:
      1) Day of departure is counted as one day of LOA/BH, and the day of return is counted as one day of inpatient care.
      2) Facility holds the bed vacant during LOA/BH
      3) LOA or BH (hospitalization) is ordered by a licensed physician
      4) Recipient's return from LOA/BH must not be followed by discharge within 24 hours
      5) LOA/BH must terminate on a recipient's day of death
      6) Facility claims must identify the inclusive dates of leave
3. Additional Leave of Absence Requirements
   a. Requirements specific to LOA are listed below:
      1) Provisions for LOAs are part of the individual program plan for recipients in an ICF/DD, ICF/DD-H, or ICF/DD-N.
      2) Re-admission TAR's are not necessary for recipients returning from a leave of absence if a valid TAR covering the return date exists.
      3) Payment will not be made for the last day of leave if a recipient fails to return from leave within the authorized leave period.
      4) Recipient's records maintained in an ICF/DD, ICF/DD-H, or ICF/DD-N must show the address of the intended leave destination and inclusive dates of leave.
   b. Payment will not be made for any LOA days exceeding the maximum number of leave days allotted by these regulations per calendar year.
   c. At the time of admission, if a recipient has not been an inpatient in any custodial/long term care facility for the previous two months or longer, the recipient is eligible for the full complement of leave days as specified by these regulations.
4. Patient Failure to Return from Leave of Absence
   a. If recipients have used their total leave days, they may still be allowed a leave of absence during the same calendar year. However, the facility will not receive reimbursement for those authorized leave days.

VII. REFERENCES:

A. Title 42 Code of Federal Regulations (CFR) Sections 483.400 – 483.480
B. Title 22 California Code of Regulations (CCR) Section 51535
C. California Department of Developmental Services (DDS) Guidelines
D. Medi-Cal Provider Manual/Guidelines: Utilization Review: ICF/DD, ICF/DD-H and ICF/DD-N Facilities *(util review)*; Leave of Absence, Bed Hold, and Room and Board *(leave)*; TAR for Long Term Care: 20-1 Form *(tar ltc)*
E. Lanterman Developmental Disabilities Services Act
F. DHCS APL 26-012 Intermediate Care Facilities for Individuals with Developmental Disabilities - Long Term Care Benefit Under Managed Care (06/10/2026)
G. DHCS Population Health Management Guide
H. DHCS form HS 231 Certification for Special Treatment Program Services

VIII. DISTRIBUTION:

A. Partnership Department Directors
B. Partnership Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Health Services Officer

X. REVISION DATES: 10/20/04; 10/19/05, 08/20/08; 11/18/09; 01/18/12; 02/18/15; 03/16/16; 03/15/17;

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Applies to:	☒ **Medi-Cal**	☐ **Employees**

*06/13/18; 09/12/18; 09/11/19; 08/12/20; 08/11/21; 08/10/22; 09/13/23; 10/09/24; 11/13/24; 01/14/26; 10/14/26

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO: N/A

REGULATOR APPROVAL:
DHCS – last approved on 2/14/2025 for APL 24-011
DHCS – approved on 9/23/2024 for APL 23-023

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In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by Partnership to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under Partnership.

Partnership's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.