

# Provider Bulletin

Molina Healthcare of California

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November 18, 2024

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## Intermediate Care Facilities for Individuals with Developmental Disabilities – Long Term Care Benefit Standardization and Transition of Members to Managed Care APL 24-011

This is an advisory notification to Molina Healthcare of California (MHC) network providers applicable to the Medi-Cal line of business.

### **What you need to know:**

All Plan Letter (APL) 24-011 supersedes APL 23-023. This communication provides updated language focused on the revisions made to sections III. Leave of Absence and Bed Hold Requirements, VII. Payment Process Including Timely Payment of Claims and VIII. Share of Cost.

### **BACKGROUND**

California Department of Health Care Services (DHCS) APL 24-011 outlines key changes related to the management of Long-Term Care (LTC) and Intermediate Care Facilities for Individuals with Developmental Disabilities (ICF/DD) Home services within Medi-Cal Managed Care Plans (MCPs). MHC is required to provide a full range of medically necessary services, including home, professional, ancillary, and transportation services, and coordinate care with other health coverage providers. Additionally, the APL establishes guidance for service coordination and billing, ensuring that these new requirements align with both Medi-Cal and Medicare coverage.

### **When is this happening?**

Effective January 1, 2024.

## Provider Action

This notification is based on APL 24-011, which can be found in full on the DHCS website at:

[dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL%202024/APL24-011.pdf](https://dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL%202024/APL24-011.pdf)



## **What you need to know CONT:**

### **III. LEAVE OF ABSENCE AND BED HOLD REQUIREMENTS**

- Leave of Absence (LOA) and Bed Hold Policies:
  - MHC will cover stays for members who transfer from an ICF/DD Home to hospitals, skilled nursing facilities (SNFs), or rehabilitation centers, with the requirement for return to an ICF/DD Home.
- LOA Authorization:
  - MHC will authorize up to 73 days per calendar year for LOA.
  - A physician's signature is required for LOA only for summer camp participation by members with developmental disabilities.
- Bed Hold Authorization:
  - MHC will authorize 7 days of bed hold per hospitalization.
  - The ICF/DD Home is required to hold the bed for up to 7 days, unless notified by the physician that a longer hold is needed.
- Return to Original ICF/DD Home:
  - MHC will allow members to return to the same ICF/DD Home, if preferred, after a LOA or bed hold.
  - If the member prefers not to return, MHC will assist with care coordination and help the member find another ICF/DD Home within MHC's network.
- Regional Center Role in Transition:
  - If transitioning to a non-Medi-Cal funded living situation, the Regional Center leads the discharge and transition planning.
  - If transitioning to another Medi-Cal level of care, MHC takes the lead, collaborating with the Regional Center.
- Member's Choice and Protection:
  - A member's request to switch ICF/DD Homes should not lead to expulsion from the original facility.

### **VII. PAYMENTS PROCESSES INCLUDING TIMELY PAYMENT OF CLAIMS**

- Electronic Claims and Payments:
  - MHC will provide a process for Network Providers to submit electronic claims and receive electronic payments upon request, including automatic crossover payments for dually eligible Medicare-Medi-Cal members.
  - For ICF/DD Homes unable to submit electronic claims, MHC will provide an invoicing process using agreed-upon data elements.
- Timely Payment Standards:
  - MHC will adhere to prompt payment standards as outlined in the contract and APL 23-020, or any superseding APL.
  - Claims must be paid as soon as practicable but no later than 30 calendar days after receipt, and interest payments will apply for any delays.

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Please include the provider's name, NPI, county, and fax number, and you will be removed within 30 days.

- Retroactive adjustments resulting from changes in the Medi-Cal FFS per diem rates must be processed within 45 working days after DHCS notifies MHC of rate updates.
- Per Diem Rate Adjustments:
  - Updated Medi-Cal FFS per diem rates may apply for specified dates of service and must be implemented prospectively for claims received on or after 30 working days after DHCS notification.
  - Retroactive adjustments for claims processed before the new rates are applied must be made automatically without requiring manual reprocessing or resubmission by providers.
- Out-of-Network Providers:
  - Timely payment requirements now apply to Out-of-Network Providers when services are part of continuity of care arrangements.

## VIII. SHARE OF COST

- Share of Cost (SOC) Processing Requirements:
  - MHC will process claims from ICF/DD Homes according to Medi-Cal guidelines for SOC, as outlined in the Medi-Cal LTC Provider Manual.
  - When a member has an SOC, the ICF/DD Home will deduct the SOC amount from the claim and submit the remaining balance to MHC.
- Member Rights Under Johnson v. Rank:
  - Members, not providers, have the right to apply their SOC funds to necessary, non-covered medical or remedial care services, supplies, equipment, and drugs (medical services) that are prescribed by a physician and included in the care plan.
  - ICF/DD Homes must subtract the amount spent by members on non-covered services from the SOC balance and collect only the remaining SOC amount.
- Record-Keeping for SOC Expenditures:
  - ICF/DD Homes must maintain the physician’s prescriptions for SOC expenditures in the member’s medical record to comply with Johnson v. Rank requirements.
- SOC Certification in Eligibility Verification:
  - ICF/DD Homes collecting SOC payments must certify SOC in the Medi-Cal eligibility verification system to confirm that the member has paid or is obligated to pay the monthly SOC amount.

## **What if you need assistance?**

If you have any questions regarding the notification, please contact your Molina Provider Relations Representative below.

Service County Area	Provider Relations Representative	Contact Number	Email Address
Los Angeles County	Clemente Arias	562-517-1014	<a href="mailto:Clemente.Arias@molinahealthcare.com">Clemente.Arias@molinahealthcare.com</a>
	Christian Diaz	562-549-3550	<a href="mailto:Christian.Diaz@molinahealthcare.com">Christian.Diaz@molinahealthcare.com</a>
	Daniel Amirian	562-549-4809	<a href="mailto:Daniel.Amirian@molinahealthcare.com">Daniel.Amirian@molinahealthcare.com</a>

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Please include the provider’s name, NPI, county, and fax number, and you will be removed within 30 days.

	Anita White Elias Gomez	562-980-3947 562-517-0445	<a href="mailto:Princess.White@molinahealthcare.com">Princess.White@molinahealthcare.com</a> <a href="mailto:Elias.Gomez@molinahealthcare.com">Elias.Gomez@molinahealthcare.com</a>
Los Angeles / Orange County	Maria Guimoye	562-549-4390	<a href="mailto:Maria.Guimoye@molinahealthcare.com">Maria.Guimoye@molinahealthcare.com</a>
Sacramento County	Johonna Eshalomi Marina Higby	279-895-9354 916-561-8550	<a href="mailto:Johonna.Eshalomi@molinahealthcare.com">Johonna.Eshalomi@molinahealthcare.com</a> <a href="mailto:Marina.Higby@molinahealthcare.com">Marina.Higby@molinahealthcare.com</a>
San Bernardino County	Luana McIver	909-501-3314	<a href="mailto:Luana.Mciver@molinahealthcare.com">Luana.Mciver@molinahealthcare.com</a>
San Bernardino / Riverside County	Vanessa Lomeli	909-577-4355	<a href="mailto:Vanessa.Lomeli2@molinahealthcare.com">Vanessa.Lomeli2@molinahealthcare.com</a>
Riverside County	Patricia Melendez	562-549-3957	<a href="mailto:Patricia.Melendez@molinahealthcare.com">Patricia.Melendez@molinahealthcare.com</a>
San Diego / Imperial County	Salvador Perez Lincoln Watkins Toree Johnson	562-549-3825 858-300-7722 858-974-1726	<a href="mailto:Salvador.Perez@molinahealthcare.com">Salvador.Perez@molinahealthcare.com</a> <a href="mailto:Lincoln.Watkins@molinahealthcare.com">Lincoln.Watkins@molinahealthcare.com</a> <a href="mailto:Toree.Johnson@molinahealthcare.com">Toree.Johnson@molinahealthcare.com</a>

<b>California Facilities (Hospitals, SNFs, CBAS, ICF/DD &amp; ASC Providers)</b>	<b>Facility Representative</b>	<b>Contact Number</b>	<b>Email Address</b>
San Diego & Sacramento, California Facilities	Dolores Ramos	562-549-4900	<a href="mailto:Dolores.Ramos@molinahealthcare.com">Dolores.Ramos@molinahealthcare.com</a>
Los Angeles, California Facilities	Laura Gonzalez	562-549-4887	<a href="mailto:Laura.Gonzalez3@molinahealthcare.com">Laura.Gonzalez3@molinahealthcare.com</a>
Riverside & San Bernardino, California Facilities	Mimi Howard	562-549-3532	<a href="mailto:Smimi.Howard@molinahealthcare.com">Smimi.Howard@molinahealthcare.com</a>

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Molina Healthcare of California: 200 Oceangate, Suite 100, Long Beach, CA 90802