Utilization Review: ICF/DD, ICF/DD-H and ICF/DD-N Facilities

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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.

Records Retention

Although the review is conducted primarily by the State Medical Review Staff, facilities are required to take part in corrective action and maintain certain information on file. The following items are to be kept on file and easily accessible:

- A copy of medical, psychological and social evaluations for each patient;

- A copy of individual written plans of care for each patient, with current physician certifications of level of care;

- A designation of administrative staff responsible for taking corrective action and the procedures to be used by these staff; and,

- Any records and reports or findings sent to the facility by the State Medical Review Staff.

Patient Placement Requirements

Placement of individuals in these facilities are subject to certification by the regional center and the attending physician. Prior authorization is also required by the Department of Health Care Services (DHCS).

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.

Federal Requirements

Federal requirements for monitoring utilization and quality of care include:

- A review of the recipient's plan of care every 90 days by the facility's interdisciplinary team.

- A comprehensive medical and social evaluation of the recipient within 12 months prior to admission.

- Recertification by physician of the level of care at least every 60 days.

- A requirement that the recipient be seen by the attending physician at least every 60 days, or 90 days if approved by a Medi-Cal consultant.

Per Diem Services

Services covered under the daily rate of an ICF/DD, ICF/DD-H and ICF/DD-N include:

- Services of the direct care staff.

- Services of the facility's interdisciplinary team.

- Qualified mental retardation specialist.

- Case conference reviews.

- Development of service plans.

- In-service training of direct care staff and consulting on individual recipient needs.

- Transportation services other than transportation necessary to obtain medical services are subject to the limitations as outlined in the *Medical Transportation – Ground* section of the Part 2 provider manual.

- Equipment and supplies necessary to provide appropriate care.

Separately-Billable Services

Medical, dental and allied health services are separately billable, subject to existing Medi-Cal utilization controls. Medical transportation as outlined in *California Code of Regulations* (CCR) Title 22, Section 51120, is a separately-billable service. An approved *Treatment Authorization Request* (TAR) is necessary for reimbursement of Non-Emergency Medical Transportation (NEMT) services. Providers are encouraged to review the *Medical Transportation – Ground* section of the Part 2 provider manual for guidelines.

Transportation services necessary for round trips to attending physicians are part of the daily rate and not separately-billable, as outlined in CCR Title 22, section 51510.2.

‹‹Legend››

‹‹Symbols used in the document above are explained in the following table.››

Symbol	Description
‹‹	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
››	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.