



# ICF DD Reimbursement

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# Agenda



- 17/18 ICF DD Rates Update
- ICF DDH/N Excel Cost Report (DHCS 3076)
- Survey - SB 3 Minimum Wage Increase
- Survey - SB 63 Unpaid Family Leave (20 – 50 Employees)

# Developmental Services 2016-2017 Rates



Facility Type	LTC Accommodation Code	16-17 Rate with Add-on and QAF	Bedhold Accommodation Code	Rate Minus Bedhold (\$7.35)
ICF/DD	41 (1-59 beds)	\$196.46	43	\$189.11
ICF/DD	41 (60+ beds)	\$182.67	43	\$175.32
ICF/DD-H	61 (4-6 beds)	\$217.22	63	\$209.87
ICF/DD-H	65 (7-15 beds)	\$234.17	68	\$226.82
ICF/DD-N	62 (4-6 beds)	\$242.97	64	\$235.62
ICF/DD-N	66 (7-15 beds)	\$251.46	69	\$244.11

# Developmental Services 2017-2018 Add-Ons



CATEGORY	FUTA	AB 10	SB 3	TOTAL
DD 1-59 & 60 PLUS	\$.010	\$1.83	\$3.09	\$5.02
DDH 4-6	\$.012	\$3.22	\$5.05	\$8.39
DDH 7-15	\$.012	\$3.22	\$4.88	\$8.22
DDN 4-6	\$.012	\$3.09	\$4.88	\$8.09
DDN 7-15	\$.012	\$3.09	\$4.44	\$7.65



# Developmental Services Rates 2017-2018



- Proposition 56 allocated 27 million in GF money redirected from the tobacco tax revenues to supplement DD rates. This 27 million can be matched with federal funds so the total pot is 54 million.
  - DHCS terms this as a supplemental payment so they have bifurcated the rate setting process. First they set the rate based on the frozen RY 2008-2009 65<sup>th</sup> percentile increased by 3.7%, then they calculate the supplemental payment.
  - The Proposition 56 ICF/DD supplemental payment is calculated based on the difference between the current rate methodology (the frozen RY 2008-09 65<sup>th</sup> percentile increased by 3.7%) and the unfrozen RY 2017-18 65<sup>th</sup> percentile rate. Furthermore, the supplemental payment amount will be computed using total Medi-Cal days reported on fiscal periods ending in calendar year 2015. Facilities in peer groups where the unfrozen RY 2017-18 65<sup>th</sup> percentile rate is lower than current rate will not receive a supplemental payment.

# Extend Tar Approval



- CAHF submitted a proposal to the Department to extend the Treatment Authorization Request (TAR) approval period from two to five years for adults who have resided in an ICF/DD, ICF/DD-H, or ICF/DD-N for more than two years.
- New admission and children maintain the two year TAR review.



# Excel Cost Report



## Benefits of using the Excel Cost Report:

- Improve CAHF's ability to advocate for ICF members
- Increase accessibility and quality of Cost Report Data
- Industry trend analysis

**Data Drives Decisions!**

# Excel Cost Report Submission Process



Input Cost Report in Excel



Print Excel Cost Report



Sign Cost Report

Scan Cost Report



Send Cost Report





# Excel Cost Report



- <http://www.dhcs.ca.gov/formsandpubs/forms/Pages/AuditsInvestigationsForms.aspx>

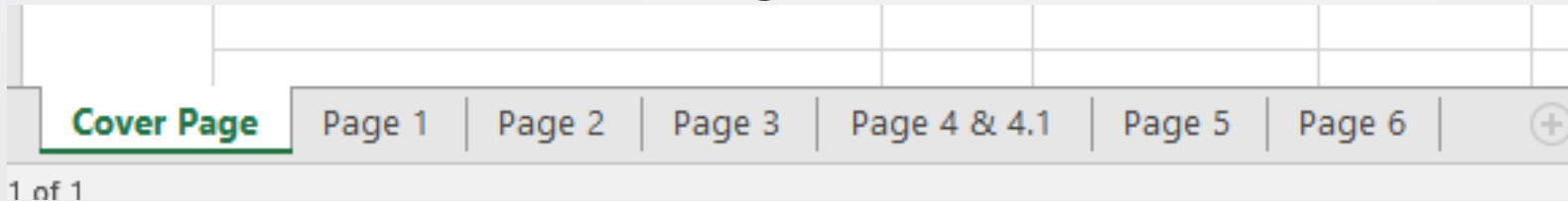
Long Term Care Forms	Form Title	Description
<a href="#">DHCS 3076 (05/2016) Available as fill in PDF Document</a>	Intermediate Care Facility for the Developmentally Disabled	Cost Report is to be completed by individual ICF-DDH/N providers on an annual basis. The cost report requires certain disclosure information and financial operating cost to the facility and the Medi-Cal Program.
<a href="#">DHCS 3076 (04/2017) Available as Excel Workbook</a>	Habilitative/Nursing (ICF-DDH/N) Cost Report	<b>Do not use an old version of the Medi-Cal cost report schedule. Use only the current version DHCS 3076 (05/2016) or DHCS 3076 (04/2017). Submission of outdated Medi-Cal cost report schedules will be rejected. Click here to download the instructions for completing the ICF-DDH/N Cost Report.</b>

- \* Will Open as a "Winzip" File
- \* Save a copy of the Cost Report Excel to your computer

# Input Cost Report Data



- Use Excel Tabs to navigate between Schedules



- Use "Tab" to navigate to next cells for input
- Cover Page: Only input "Service Level" (select **Nursing** or **Habilitative**)
  - Facility Name, provider numbers, and FYE flow from Page 1

# Input Cost Report Data



- All Financial Records supporting the report should follow:
  - **Generally Accepted Accounting Principles (GAAP)**
  - CMS Publication 15-1
  - California Administrative Code, Title 22 requirements
  - Medi-Cal Provider Manual for Long-Term Care

# Input Cost Report Data

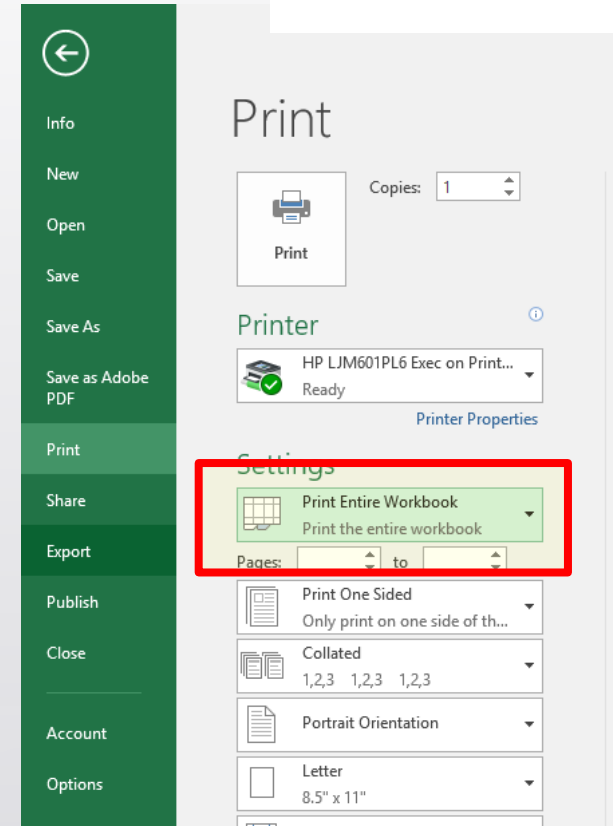


Excel Tab	Schedules	
Cover	N/A	Facility Name, Reporting Period, Service Level, and Provider Numbers
Page 1	N/A	General Info and Certification
Page 2	A, B, C	Request for Information, Licensee Description, Facility Census
Page 3	D, E, F, G	Statements of: Related Org, Home Office Cost, Compensation to Owners, and Compensation paid to Administrators
Page 4 & 4.1	H	Statement of Income and Expense (with Adj & Reclassifications)
Page 5	I	Reclassification and Adjustments of Revenues and Expenses
Page 6	J	Labor Report

# Print and Sign Cost Report



- Print **Entire Workbook**
- Should be **8** pages
- After printing **sign** Certification Statement
- E-Signatures are **NOT** acceptable





# Scan and Submit Cost Report



- Scan complete (8-paged) signed cost report (Save as .PDF file type)
- Create Submissions e-mail. Address to: [ICFDDHN.Submissions@dhcs.ca.gov](mailto:ICFDDHN.Submissions@dhcs.ca.gov)
- Attach BOTH signed PDF copy of Cost Report as well as Excel Workbook
- Use same naming convention for both files:
  - Provider Name\_NPI\_FYE\_CR\_Submission Date
    - Example: **ABCXYZ Care\_123457890\_123116\_CR\_053017**
  - Home Office Name\_FYE\_HO\_Submission Date
    - Example: **ABCXYZ Home Office\_123116\_HO\_053017**



# Submit Cost Report



- Submit a separate submission e-mail for EACH Facility you are filing a cost report for. **Do NOT submit multiple facilities in the same e-mail.**
- Use same naming convention for E-mail Submission Subject Line as for the documents.
- If you do not receive a receipt acknowledgement e-mail within a few days, follow up with the ICF Questions inbox:  
[ICFDDHN.Questions@dhcs.ca.gov](mailto:ICFDDHN.Questions@dhcs.ca.gov) or call DHCS Audit Review and Analysis Section at 916-650-6696

# Submit Cost Report



ABC Facility\_1234567890\_06302017\_CR\_11302017 - Message (HTML)

File Message Insert Options Format Text Review ADOBE PDF Tell me what you want to do...

Paste Basic Text Names Include Attach File Attach Item Signature Attach File via Adobe Send & Track Assign Policy Tags Office Add-ins

Send

To... [ICFDDHN.Submissions@dhcs.ca.gov](mailto:ICFDDHN.Submissions@dhcs.ca.gov)

Cc...

Subject ABC Facility\_1234567890\_06302017\_CR\_11302017

Attached

ABC Facility\_1234567890\_06302017\_CR\_11302017.pdf 386 KB

ABC Facility\_1234567890\_06302017\_CR\_11302017.xlsx 49 KB

Use Adobe Send & Track Yes No

Please find attached submission for ABC Facility, NPI: 1234567890. If you have any questions please contact [Jane.Smith@ABCFacility.com](mailto:Jane.Smith@ABCFacility.com).

# Home Office Cost Report



- Excel Version also available
- Same procedures for filling out, printing, signing, and submitting.
- Submit Home Office Cost Report in SEPARATE e-mail
- More then 10 Facilities?
  - Request Expanded Home Office Cost Report from DHCS:
    - [ICFDDHN.Questions@dhcs.ca.gov](mailto:ICFDDHN.Questions@dhcs.ca.gov)

# Upcoming Surveys

- SB 3 – Minimum Wage Increase (DHCS)
- SB 63 – Unpaid Family Leave
- Surveys provide needed data, and
- **Data Drives Decisions!**



# Survey – SB 3 – Minimum Wage Increase



- DHCS will send out another Survey related to SB 3 Minimum Wage Increase
- Data Needed to complete Survey:
  - Basic Facility Data, including count of people who work at facility and count of people who earn under \$13/hr
  - Contracted employee data: Count of Housekeeping and Dietary Contracted employees who earn under \$13/hr, and average hourly wage for contracted Dietary and Housekeeping employees
  - Facility Employees, under \$13/hr: Initials, Job Title, Base Hourly Pay, # regular hours worked, # Hours Overtime (1.5X), # Hours Overtime (2x)



# Survey – SB 63 – Unpaid Family Leave



- CAHF will be sending out a survey to estimate the impact of SB 63 – Unpaid Family Leave on ICF Facilities
- SB 63 required employers with more than 20 employees to allow staff to take up to 12 weeks unpaid family leave for the addition of a new child to the family (by birth, adoption, or foster)
- Facilities with more than 50 employees are already mandated to comply





# Questions?

