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102 Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)

An Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) is an institution that primarily provides the diagnosis, treatment or rehabilitation of individuals with Intellectual Disabilities or persons with related conditions. ICF-IIDs provides a protected residential setting, ongoing evaluations, planning, 24-hour supervision, and coordination and integration of health or rehabilitative services to help each individual function at their greatest ability.

The policy provisions for ICF-IID facilities can be found in the *Alabama Medicaid Agency Administrative Code,* Chapter 10.

102.1 Enrollment

Gainwell enrolls ICF-IID facilities and issues provider contracts to applicants who meet the licensure and/or certification requirements of the state of Alabama, the Code of Federal Regulations, the *Alabama Medicaid Agency Administrative Code* and the *Alabama Medicaid Provider Manual.*

Refer to Chapter 2, Becoming a Medicaid Provider, for general enrollment instructions and information. Failure to provide accurate and truthful information or intentional misrepresentation might result in action ranging from denial of application to permanent exclusion.

National Provider Identifier, Type, and Specialty

A provider who contracts with Alabama Medicaid as an ICF-IID provider is added to the Medicaid system with the National Provider Identifiers provided at the time application is made. The appropriate provider specialty code is assigned to enable the provider to submit requests and receive reimbursements for ICF-IID related claims.

NOTE:
The 10-digit NPI is required when filing a claim.

ICF-IID facilities are assigned a provider type of 3 (Intermediate Care Facility for Individuals with Intellectual Disabilities). The valid specialty for ICF-IID facilities is Intermediate Care Facility (030).

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Enrollment Policy for ICF-IID Facilities

To participate in the Alabama Medicaid Program, ICF-IID facilities must meet the following requirements:

- Possess certification through the Department of Public Health for Medicare Title XVIII and Medicaid XIX
- Submit a letter to the Long Term Care Division requesting enrollment
- Submit a budget to the Provider Audit Division for the purpose of establishing a per diem rate
- Execute a Provider Agreement and a Nursing Facility/Patient Agreement with Medicaid

The Provider Agreement presents in detail the requirements imposed on each party to the agreement.

Change of Ownership (CHOW) and Closures

Medicaid will mirror Medicare's Change of Ownership (CHOW) policy. Refer to Chapter 19, Hospital for additional information on Change of Ownership.

102.2 Benefits and Limitations

This section describes program-specific benefits and limitations. Providers should refer to Chapter 3, Verifying Recipient Eligibility, for general benefit information and limitations. Refer to Chapter 7, Understanding Your Rights and Responsibilities as a Provider, for general criteria on Medical Necessity/ Medically Necessary Care.

ICF-IID must be administered in a manner that enables them to use their resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

102.2.1 Therapeutic Visits

Payments to ICF-IID facilities for therapeutic visits are limited to 14 days per calendar month.

Medicaid will track the use of therapeutic leave through the claims processing system.

An ICF-IID must provide written notice to the resident and a family member or legal representative of the resident specifying the Medicaid policy upon a resident taking therapeutic leave and at the time of transfer of a resident to a hospital.

An ICF-IID must establish and follow a written policy under which a resident who has been hospitalized or who exceeds therapeutic leave policy is readmitted to the facility.

102.2.2 Review of Medicaid Residents

The Alabama Medicaid Agency or its designated agent will perform a retrospective review of ICF/IID facility records to determine appropriateness of admission on a monthly basis.

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102.2.3 Utilization Review

The Utilization Review function in the ICF-IID facilities is a facility-based review and will be performed by Medicaid or its designee every six months.

The facility staff must provide necessary administrative support to the review team during the review.

102.2.3 Resident Medical Evaluation

The admitting and attending physician must certify the necessity for admission of a resident to an intermediate care facility and make a comprehensive medical evaluation. The facility maintains this evaluation as part of the resident's permanent record.

Each Medicaid resident in an intermediate care facility must have a written medical plan of care established by his physician. The plan of care must be periodically reviewed and evaluated by the physician and other personnel involved in the individual's care.

102.2.4 Periods of Entitlement

The earliest date of entitlement for Medicaid is the first day of the month of application for assistance when the applicant meets all requirements for medical and financial eligibility.

102.3 ICF-IID Applications

The medical determination for admission or continued care in an ICF-IID is made by the facility designated Qualified Intellectual Disabilities Professional (QIDP).

The facility must maintain the following documents for the retrospective review:

- A fully completed written application form 361 (Formerly XIX-LTC-18)
- The resident's physical history
- The resident's psychological history
- The resident's interim rehabilitation plan
- A social evaluation of the resident

Before the ICF-IID may admit an individual, it must determine that his or her needs can be met. The interdisciplinary professional team must do the following:

- Conduct a comprehensive evaluation of the individual, covering physical, emotional, social and cognitive factors.
- Define the individual's need for service without regard to the availability of these services.
- Review all available and applicable programs of care, treatment, and training and record its findings.

If the ICF-IID determines that admission is not the best plan but that the individual must be admitted, it must clearly acknowledge that admission is inappropriate and actively explore alternatives for the individual. An otherwise

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eligible recipient or the recipient's sponsor cannot be billed when the ICF-IID fails to submit all forms in a timely manner.

102.4 Cost Sharing (Copayment)

Copayment does not apply to services provided by ICF-IID facilities.

102.5 Completing the Claim Form

To enhance the effectiveness and efficiency of Medicaid processing, providers should bill Medicaid claims electronically.

Providers who bill Medicaid claims electronically receive the following benefits:

- Quicker claims processing turnaround
- Ability to immediately correct claim errors
- Online adjustments capability
- Enhanced access to eligibility information

Refer to Appendix B, Electronic Media Claims Guidelines, for more information about electronic filing.

NOTE:

When an attachment is required, a hard copy UB-04 claim form must be submitted.

This section describes program-specific claims information. Refer to Chapter 5, Filing Claims for general claims filing information and instructions.

102.5.1 Time Limit for Filing Claims

Medicaid requires all claims for ICF-IID facilities to be filed within one year of the date of service. Refer to Section 5.1.5, Filing Limits and Approved Exceptions, for more information regarding timely filing limits and exceptions.

102.5.2 Diagnosis Codes

The *International Classification of Diseases - 10th Revision -Clinical Modification (ICD-10-CM)* manual lists required diagnosis codes. These manuals may be obtained by contacting the
American Medical Association, AMA Plaza 330 North Wabash Ave, Suite 39300 Chicago, IL 60611-5885, or 1-800-621-8335.

NOTE:

ICD-9 codes should be used for claims submitted with dates of service prior to or equal to 09/30/2015.

ICD-10 codes should be used for claims submitted with dates of service on/after 10/01/2015.

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NOTE:

ICD-9 or ICD-10 diagnosis codes must be listed to the highest number of digits possible (3, 4, or 5 digits). Do not use decimal points in the diagnosis code field.

102.5.3 Covered Revenue Codes

Claims for ICF-IID facilities are limited to the following revenue codes:

Code	*Description*
101	All inclusive room & board
184	Leave of Absence/ICF/IID

102.5.4 Place of Service Codes

Place of service codes do not apply when filing the UB-04 claim form.

102.5.5 Required Attachments

To enhance the effectiveness and efficiency of Medicaid processing, your attachments should be limited to Claims with Third Party Denials.

Refer to Chapter 5, Section 5.8, Required Attachments, for more information on attachments.

102.6 For More Information

This section contains a cross-reference to other relevant sections in the manual.

Resource	Where to Find It
UB-04 Claim Filing Instructions	Chapter 5
Medical Necessity/Medically Necessary Care	Chapter 7
EPSDT	Appendix A
Electronic Media Claims (EMC) Guidelines	Appendix B
Outpatient Hospital/ASC Procedure List	Appendix I
AVRS Quick Reference Guide	Appendix L
Alabama Medicaid Contact Information	Appendix N

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