

## INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES (ICF/IID)

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ND Medicaid covers services provided by Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) that are certified, licensed, and enrolled with ND Medicaid.

### LEVEL OF CARE

ND Medicaid will not cover ICF/IID services unless the member meets ICF/IID level of care criteria.

*ICF/IID services* mean those items and services provided in an ICF for individuals with intellectual disability or individuals with related conditions. The primary purpose of an ICF is to furnish health or rehabilitative services.

See [42 CFR §440.150](#).

*Individual with related conditions* means someone who has a severe, chronic disability that meets all the following conditions:

- It is attributable to—
  - a. Cerebral palsy or epilepsy; or
  - b. Any other condition, other than mental illness, found to be closely related to Intellectual Disability because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of mentally retarded persons, and requires treatment or services similar to those required for these persons.
- It is manifested before the person reaches age 22.
- It is likely to continue indefinitely.
- It results in substantial functional limitations in three or more of the following areas of major life activity:
  - a. Self-care.
  - b. Understanding and use of language.
  - c. Learning.
  - d. Mobility.
  - e. Self-direction.
  - f. Capacity for independent living.

See [42 CFR §435.1010](#).

### LIMITS ON LEAVE DAYS

ND Medicaid will cover a maximum of 15 days per occurrence for hospital leave. The purpose of the hospital leave policy is to ensure that a bed is available when a member returns to the facility. A facility may not bill for hospital leave days when it is known that the member will not return to the facility.

Once the facility accepts payment for hospital leave on behalf of a member, then the facility must still bill ND Medicaid for hospital leave days beyond the 15<sup>th</sup> day that the resident's bed was held. Any days exceeding the 15-day limit are noncovered days.

ND Medicaid will cover a maximum of 30 therapeutic leave days per member per calendar year.

Once the facility accepts payment for therapeutic leave on behalf of a member, then the facility must still bill ND Medicaid for therapeutic leave days beyond the beyond the 30<sup>th</sup> day that the resident's bed was held. Any days exceeding the 30-day limit are noncovered days.

### **BILLING GUIDELINES**

A member on medical or therapeutic leave on the last day of the month whose bed is being held by the facility is "Still a Patient".

The number of billed units must include the date of discharge or death.

ICF/IID claims must be submitted to ND Medicaid using the following Revenue Codes when billing for:

|                          |                        |
|--------------------------|------------------------|
| Revenue Code <b>0110</b> | In-House Medicaid Days |
| Revenue Code <b>0180</b> | Therapeutic Leave Days |
| Revenue Code <b>0185</b> | Hospital Leave Days    |

A facility must submit a claim for every month a member is in the facility, even if insurance has paid for the services. This allows the system to apply recipient liability towards other claims. The claim should be submitted immediately after the month is over. Do not bill more than one calendar month per claim.

ND Medicaid cannot make any payment for ICF/IID services to the ICF/IID provider if a member has elected hospice care. The hospice is paid the rate applicable to the member and is responsible for paying the facility for services provided to the member. Once a member has elected hospice benefits, the ICF/IID provider may not submit a claim for services provided while the member is on hospice.