

Provider Bulletin

Molina Healthcare of California

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August 20, 2026

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Intermediate care facilities for individuals with developmental disabilities – long-term care benefit under managed care APL 26-012

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

This notification is based on [All-Plan Letter \(APL\) 26-012](#), which can be found in full on the [Department of Health Care Services \(DHCS\) website](#).

What you need to know:

BACKGROUND

DHCS issued APL 26-012 to update requirements for Intermediate Care Facilities for Individuals with Developmental Disabilities (ICF/DD) long-term care services under Medi-Cal managed care, replacing APL 24-011.

The APL supports California Advancing and Innovating Medi-Cal (CalAIM) by standardizing ICF/DD long-term care benefits and clarifying managed care plan responsibilities for members receiving these services.

POLICY

MHC is responsible for ensuring medically necessary ICF/DD long-term care services, including authorization, care coordination, continuity of care, network adequacy, provider credentialing, transportation, reimbursement, and compliance with applicable long-term care requirements.

MHC will coordinate with Regional Centers and ICF/DD Homes to support the Member's Individual Program Plan (IPP) and ensure access to medically necessary services without interruption. MHC will also comply with applicable requirements for prior authorization, leave of absence and bed holds, transitions, and continuity of care, including coordination when a Member is admitted to or discharged from an ICF/DD Home.

In addition, MHC will maintain processes to support timely placement, credentialing, claims processing, and reimbursement in accordance with DHCS requirements.

When this is happening:

The APL was issued on **June 10, 2026**, and supersedes APL 24-011. It reflects ongoing CalAIM long-term care benefit requirements and extends applicable ICF/DD reimbursement provisions through **December 31, 2026**.

Provider Action

Providers should continue to follow MHC processes for authorization, care coordination, billing, and reimbursement of ICF/DD long-term care services.

Please ensure compliance with applicable DHCS requirements, including credentialing and documentation requirements, and coordinate with MHC to support timely access to medically necessary care for our members. Providers should submit the required HS 231 form and other supporting clinical documentation with initial and reauthorization requests, as applicable, and provide updated documentation when a Member's placement or level of care changes.

Providers should also promptly notify MHC of admissions, discharges, hospitalizations, transfers, or other changes that may affect the Member's care and coordinate with MHC and the Regional Center to support continuity of care and timely transitions.

What if you need assistance?

If you have any questions regarding the notification, please contact your [Molina Provider Relations Representative](#).

