

ICMS Billing Rate Designations and Multifactorial Analysis



HSH's Intensive Case Management Services (ICMS) program for Permanent Supportive Housing (PSH) and Time-Limited Subsidies (TLS) operates within a **capped budget**. ICMS is funded and tracked through CHAMP "slots," with each slot representing a funded placement to serve a household. ICMS billing rate designations are applied through a consistent, **data-driven distribution** of limited resources across slots with varying levels of case management need.

ICMS Billing Rates

ICMS includes four billing rates across **two service intensity tiers** (low and high), based on household type and expected level of service. Each billing rate is associated with a corresponding caseload weight, which indicates how many slots of that type make up a full caseload for a case manager. Caseloads may include slots with varying billing rates, but total caseload weight must not exceed 100% of a full caseload (1.0 FTE) for each case manager.

LOW SERVICE INTENSITY TIER

Single Adult: \$258.75/month **Family:** \$345/month
Caseload Weight: 1:40 **Caseload Weight:** 1:30
Minimum Requirements/Month: 1 In-Person Encounter; 2 Services

HIGH SERVICE INTENSITY TIER

Single Adult: \$517.50/month **Family:** \$690/month
Caseload Weight: 1:20 **Caseload Weight:** 1:15
Minimum Requirements/Month: 2 In-Person Encounters; 2 Services

Family Billing Rate Requirements

- Household includes **at least one dependent**
- Household composition is **accurate in CHAMP**
- Record is **confirmed within the past year**

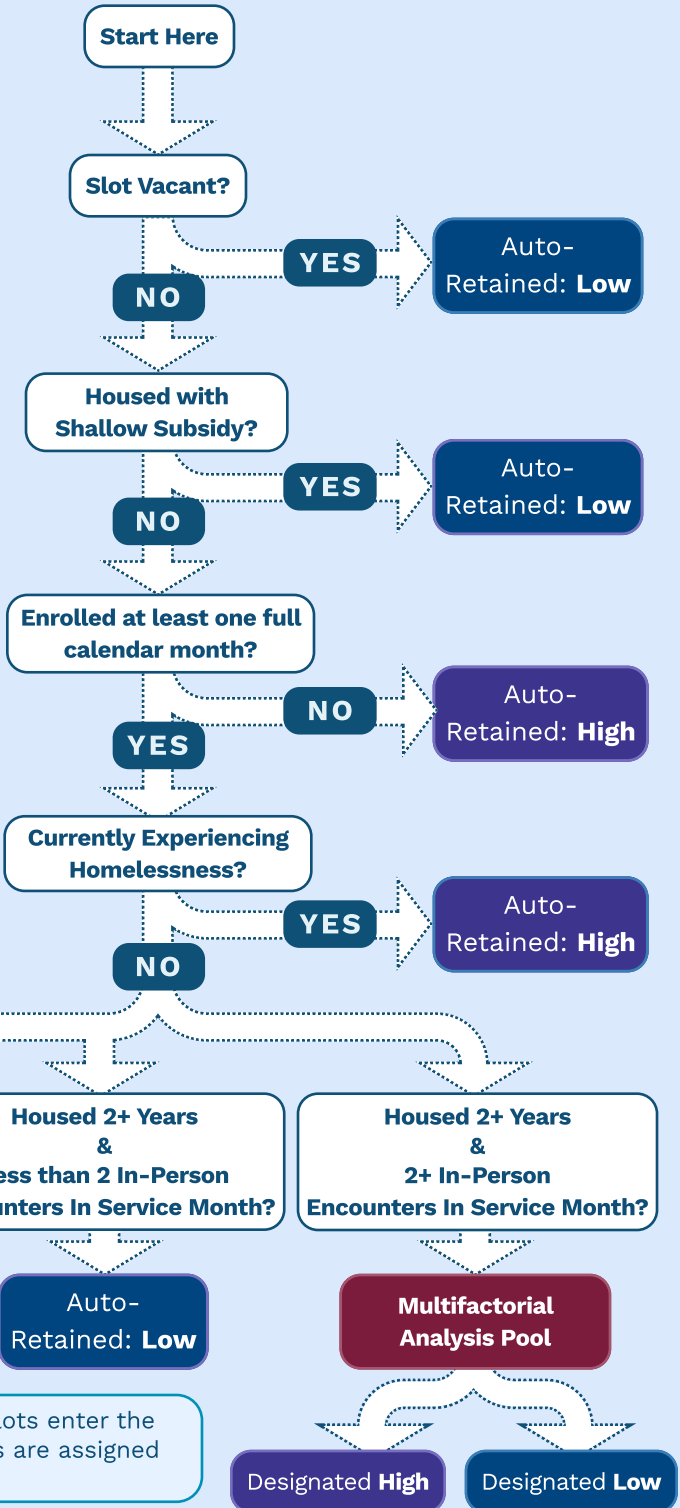
⚠ Billing rates are reviewed monthly and adjusted based on program-wide designation logic. Because the number of high-tier designations are limited by budget caps, increasing one slot from low to high requires a corresponding decrease elsewhere in the program, which may occur inside or outside of a provider's own caseload.

⚠ The ICMS Snapshot is a daily report that provides a comprehensive view of case-level information and key indicators used to monitor billing rates and service delivery.

💡 Use the ICMS Snapshot to monitor caseload weights and distributions.

Billing Rate Designation Logic Flow

Auto-Retained High/Low: Automatic billing rate designation based on clearly defined criteria



⚠ After auto-retaining eligible slots at high or low rates, remaining slots enter the multifactorial analysis pool, where available high-rate designations are assigned based on prioritization; all other slots are assigned the low rate.

Multifactorial Analysis

The multifactorial analysis is a **structured, automated review of factors across multiple case dimensions** — participant need, service delivery, documentation, and outcomes — considered together to help prioritize high billing rate designations within program budget caps. **The relative importance of factors may vary month to month** based on available program data and budget.

⚠ All slots that make it into the multifactorial analysis pool compete for a finite number of high billing rate designations available. Not all slots with high needs or service intensity will be designated with a high billing rate in a given month.

Key Dimensions *Example Factors** *Only represents an example portion of relevant factors

Acuity & Case Management Needs *Assessment content* *Recent hospitalization* *Complex health condition*

Service Intensity *In-person encounters* *Number of services provided* *Care Plan / needs alignment*

Documentation Completeness & Quality *Timely assessment completion* *Care Plan updates* *Required consents*

Outcomes *Housing retention* *Increased income* *Reduced crisis system utilization*

Program Budget Cap *Number of high billing rate designations available in a given month*

💡 The multifactorial analysis is distinct from disallowed cost reviews, however, it can be possible that the factors leading to disallowed costs also lead to lower prioritization for a high billing rate in the multifactorial analysis pool.

Common Considerations for Billing Rate Designations

📱 **No single factor determines the rate in the multifactorial analysis pool.** It is always based on a combination of factors and available program information — not one data point alone.

📊 **Higher acuity and service intensity increase prioritization** for the high billing rate in the multifactorial analysis — but do not guarantee it, given the program-wide cap on high-rate designations.

👤 **In-person encounters outweigh unsuccessful outreach** when service intensity is evaluated in the multifactorial analysis.

📅 **Strong, complete documentation** in CHAMP ensures participant needs and services are correctly reflected — and directly supports billing rate designation.

📄 **Billing rate designations are reviewed monthly** and may be adjusted based on updated information.

⚖ **Billing rate designations are not arbitrary and not punitive.**

📄 **Designations are applied prospectively** - not retroactively.

💡 The key case dimensions used in the multifactorial analysis can be monitored in the ICMS Snapshot.

Monthly Billing Rate Review Cycle

- 1 Service month closes (**documentation deadline**)
- 2 Automated **program-wide review** and designations
- 3 **Adjustments applied by HSH** and reflected in following service month invoice

⚠ ICMS billing rate **designations and adjustments are standardized program-wide** and applied consistently across all providers and slots. However, not all providers will have an equal proportion of slots designated with a high billing rate.

CHAMP & FUNDING

"If your work is not documented in CHAMP, it cannot be used to support billing."

HSH relies on CHAMP documentation to:

- Understand participant needs and acuity to coordinate appropriate care
- Support accurate Medi-Cal claims and program billing
- Evaluate and report on the performance of LA County's homelessness response system over time, which impacts overall program funding and sustainability

Documentation quality and completeness directly impacts how participant case management needs and service intensity are reflected in the billing rate review.

Where to View Billing Rate Designations

The ICMS Program Summary Report (PSR) shows:

- Which slots will **retain their current billing rate**
- Which slots are **flagged for adjustment**
- Which slots are **vacant**
- Each slot's **projected billing rate** for the next invoice
- Trends for the fiscal year

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