



Policy: GG.1831
Title: **Multipurpose Senior Services Program (MSSP)**
Department: Medical Management
Section: Long Term Services and Supports

CEO Approval: /s/ Michael Hunn 10/31/2024

Effective Date: 02/01/2016

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Applicable to: ☒ Medi-Cal
☒ OneCare
☐ PACE
☐ Administrative

I. PURPOSE

This policy defines how CalOptima Health ensures access to and provision of Multipurpose Senior Services Program (MSSP) services.

II. POLICY

- A. The CalOptima Health Multipurpose Senior Services Program (MSSP) provides social and health care management for frail elderly Members who are certified for placement in a nursing facility, but desire to remain in the community. MSSP provides services to eligible Members enabling them to remain in or return safely to their homes. Services must be provided at a cost lower than that for nursing home placement.
- B. The MSSP services include, but are not limited to, the following:
1. Adult day care/support center;
 2. Care management;
 3. Chore and personal care assistance;
 4. Minor home repairs and maintenance;
 5. Protective supervision;
 6. Respite care; and
 7. Transportation, meals services, and communication services.
- C. The MSSP is a Medi-Cal waiver program authorized pursuant to Section 1915(c) of Title XIX of the Social Security Act. CalOptima Health, as a County Organized Health System, serves as the MSSP site and is responsible for management and ensuring access to the MSSP in Orange County.

- D. CalOptima Health MSSP shall have available, either electronically or in hard copy, the MSSP Site Manual to provide MSSP site staff with requirements relevant to the program's federal Home and Community-Based Waiver authority and the California Department of Aging (CDA) Interagency Agreement (IA) with the Department of Health Care Services (DHCS). The Manual is designed to provide information in a usable, accessible format to assist MSSP staff in carrying out local program operations on behalf of the MSSP Members.
- E. Site staffing for MSSP shall include a Site Director (Manager, MSSP), Supervising Care Manager (Supervisor, MSSP), Social Work Care Managers (Social Workers), Nurse Care Managers (Medical Case Managers), and Care Manager Aides (Medical Authorization Assistants).
- F. Components of MSSP Program include:
 - 1. Outreach;
 - 2. Eligibility determination;
 - 3. Pre-screening;
 - 4. Screening;
 - 5. Completion of application for services;
 - 6. Enrollment in MSSP;
 - 7. Care management services including:
 - a. Initial assessment;
 - b. Reassessment; and
 - c. Care planning, implementation, monitoring and follow-up.
 - 8. Provision and monitoring of services; and
 - 9. Termination of participation in MSSP.
- G. The CalOptima Health MSSP site shall operate within the quality framework of CDA requirements as well as CalOptima Health policies and procedures. The CalOptima Health MSSP site also shall operate within the CDA Utilization Review and Fiscal Audit guidelines.
- H. The CalOptima Health MSSP site shall adhere to the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Federal and State Privacy and Security rules, and applicable CalOptima Health HIPAA Privacy policies regarding MSSP Member records and information.
- I. The CalOptima Health MSSP site shall adhere to CalOptima Health Policy ITS.1000: Information Security Program regarding information systems data entry and security for MSSP Member information.

- J. MSSP Members shall have the right to express complaints and/or dissatisfaction with any adverse decision of the program in accordance with CalOptima Health Policy GG.1834: Multipurpose Senior Services Program (MSSP) Appeals, Grievances and Complaints Process. Members shall be informed in writing upon enrollment into MSSP, and have available to them upon request, all complaint, grievance, appeals and State Hearing rights.
- K. The CalOptima Health MSSP site shall be responsible for arranging for the provision of Member services. The MSSP Site Manual, current MSSP Waiver and the CDA Standard Agreement include requirements which MSSP sites must follow in structuring the terms and conditions of agreements with local service providers.
- L. The CalOptima Health MSSP site shall follow the contract with CDA for funding, budgets, and billing. The CalOptima Health MSSP site shall submit claims to capture the allocated funds by category each year. CalOptima Health shall administer the claims processing services and invoice reconciliation for the MSSP program.
- M. The site is required to follow State procedures regarding acquisition, inventory, control and disposition of equipment, and payment for administrative services.
- N. CalOptima Health shall require MSSP in-home service providers to utilize the Electronic Visit Verification (EVV) System for Medicaid-funded Personal Care Services (PCS) and Home Health Care Services (HHCS) for in-home visits by a provider by January 1, 2023. This includes visits that begin in the community and end in the home (or vice versa). CalOptima Health shall verify and monitor providers and caregivers to ensure they are using an EVV system for logging their EVV visit data which includes capturing and transmitting the following six (6) mandatory data components: verifying each type of service performed, the individual receiving the service, the date of the service, the location of service delivery, the individual providing the service, and the time the service begins and ends.
- O. CalOptima Health shall monitor MSSP providers to ensure compliance with EVV requirements in accordance with the established guidelines below. CalOptima Health shall:
 - 1. Monitor MSSP providers for compliance with the EVV requirements and CalEVV information Notice(s), and alert DHCS to any compliance issues;
 - 2. Supply MSSP providers with technical assistance and training on EVV compliance, in accordance with CalOptima Health Policy EE.1103: Provider Network Training;
 - 3. Require out-of-compliance MSSP providers to comply with an approved corrective action plan, in accordance with CalOptima Health Policy GG.1615: Corrective Action Plan for Practitioners and Organizational Providers; and
 - 4. Deny payment if the MSSP provider is not complying with EVV requirements and arrange for the Members to receive services from a provider who does comply.

III. PROCEDURE

A. Enrollment Process

- 1. To be eligible for MSSP, recipients must meet eligibility and medical necessity criteria in accordance with the CDA MSSP Site Manual, as specified below:
 - a. Certifiable for placement in a nursing facility or Level of Care (LOC) determination;

- b. Age 65 or older;
 - c. Receiving Medi-Cal under an appropriate aid code;
 - d. Residence within the site's contracted service area as defined in the site's contract;
 - e. Able to be served within MSSP cost limitations; and
 - f. Appropriate for care management services.
2. Referrals to MSSP shall be accepted from internal and external sources through the completion and submission of the intake form in accordance with CalOptima Health Policy GG.1832: Multipurpose Senior Services Program (MSSP) Identification, Referral and Coordination of Care Process. Referrals can be sent by mail or through all electronic sources, including email, facsimile, and/or a Protected Health Information (PHI)-secured shared Member database.
 3. The MSSP Site shall receive potential Members based upon the initial risk stratification and the results from a health risk assessment (HRA) in accordance with CalOptima Health Policies MA.6022: Initial and Annual Health Risk Assessment and GG.1323: Seniors and Persons with Disabilities and Health Risk Assessment Policy.
 4. An MSSP clinical staff person shall pre-screen potential Members by phone to determine eligibility and appropriateness for participation in the MSSP.
 5. A potential Member that is pre-screened is placed on MSSP Wait List and stratified by priority based upon frailty, complexity, and prescribed needs. CalOptima Health MSSP shall prioritize transferred Members from other MSSP Sites and former MSSP Members on the wait list for enrollment.
 6. After the telephonic pre-screening, an MSSP social worker or registered nurse shall complete the initial screening in person, at a community agency, at the Member's place of residence, or in an acute care hospital or nursing facility, as appropriate.
 7. If the Member meets the screening criteria, the Member shall complete the MSSP Application to apply for MSSP.
 8. If enrolled, the MSSP Site shall notify, by email or by the PHI secured shared Member database, the following entities: CalOptima Health, the Member's primary care physician, the referral source, and the Member's Health Network.
 9. Within thirty (30) calendar days of the application for participation in MSSP, an MSSP Nurse Care Manager must complete the Level of Care (LOC) determination. Enrollment occurs after the Member has completed and signed the MSSP Application, and the Nurse Care Manager has completed the initial LOC certification.
- B. Once the Member is enrolled in MSSP, as detailed by the MSSP Site Manual, the care management process shall include participation of the MSSP Primary Care Manager (PCM) in the following:
1. Understanding the Medi-Cal Waiver program authorized pursuant to Section 1915(c) of Title XIX of the Social Security Act and other resources (for example, including but not limited to community, Medicare, Medi-Cal, etc.);
 2. Conducting and documenting timely and comprehensive assessments and reassessments;

3. Developing and updating a care plan and tracking outcomes;
 - a. The care plan must include the Member's goals, preferences, choices, and abilities; measurable objectives and timetables to meet medical, behavioral health, and long term support needs, as determined through the HRA, MSSP, behavioral health utilization, other data, self and provider referrals, and input from members of the ICT, as appropriate; and coordination of carved-out and linked services, and referral to appropriate community resources and other agencies, when appropriate.
 4. Sharing the MSSP care plan and outcomes with CalOptima Health which will be incorporated in the development of the Member's Individualized Care Plan (ICP);
 5. Coordinating services and/or purchases using waiver funds only for approved expenditures after other resources have been exhausted or are not available;
 6. Monitoring interventions and the impact on the Member's functional abilities and goals;
 7. Documenting and HIPAA-compliant record keeping;
 8. Terminating participation in the program, if appropriate;
 9. Timely submission of a mailed written Notice of Action (NOA) to the applicant/Member regarding rights to a State Hearing as deemed appropriate for dissatisfaction with termination/ an action/change in services/or denial of entry into MSSP in accordance with CalOptima Health Policy GG.1834: Multipurpose Senior Services Program (MSSP) Appeals, Grievances and Complaints Process; and
 10. Upon request from CalOptima Health an MSSP care manager shall attend the Interdisciplinary Care Team (ICT) meeting to participate in the Member's overall care management process. Additional Members of the ICT may include but are not limited to the following: the Member and/or his or her Authorized Representative; a family member; the PCP; the designated In-Home Supportive Services (IHSS) care provider; IHSS social worker; behavior health or other specialist; and a physical therapist.
- C. The CalOptima Health MSSP will notify CalOptima Health or a Health Network when a Member is terminated from the MSSP program for the following reasons:
1. Ineligibility under the terms of the Medi-Cal Waiver;
 2. Cost of providing MSSP Waiver Services to an MSSP Waiver Member are beyond the cost parameters established for the MSSP;
 3. Extended institutionalization; or
 4. An unwillingness to participate in the care management process described on the mutually agreed upon MSSP care plan.
- D. The CalOptima Health MSSP will provide ten (10) calendar days prior written notice to CalOptima Health or a Health Network of the following:
1. Termination of a MSSP Waiver Member from MSSP due to death, relocation, exceeding costs, or voluntary termination;

2. Enrollment in the MSSP Waiver of a Health Network member who was not referred by the Health Network;
 3. Determination by MSSP provider that an MSSP Waiver applicant is ineligible for enrollment in MSSP;
 4. Transition of MSSP Waiver Members to another MSSP site;
 5. A notification of a State Hearing; and
 6. Denial or discontinuation of MSSP services.
- E. The CalOptima Health MSSP will report the following to the CalOptima Health Long Term Services and Supports (LTSS) Department on a mutually agreed upon schedule:
1. Total number of CalOptima Health Members enrolled in MSSP;
 2. MSSP encounter data; and
 3. MSSP quarterly report.

IV. ATTACHMENT(S)

- A. Multipurpose Senior Services Program (MSSP) Referral
- B. MSSP Level of Care Criteria (ICF/SNF) (Intake Screening Tool)

V. REFERENCE(S)

- A. California Department of Aging (CDA) MSSP Site Manual
- B. California Department of Aging (CDA) Standard Agreement (MSSP Site Contract)
- C. CalOptima Health Contract with the Department of Health Care Services
- D. CalOptima Health Policy EE.1103: Provider Network Training
- E. CalOptima Health Policy GG.1323: Seniors and Persons with Disabilities and Health Risk Assessment
- F. CalOptima Health Policy GG.1615: Corrective Action Plan for Practitioners and Organizational Providers
- G. CalOptima Health Policy GG.1832: Multipurpose Senior Services Program (MSSP) - MSSP Identification, Referral and Coordination of Care Process
- H. CalOptima Health Policy GG.1834: Multipurpose Senior Services Program (MSSP) Appeals, Grievances and Complaints Process
- I. CalOptima Health Policy ITS.1000: Information Security Program
- J. CalOptima Health Policy MA.6022: Initial and Annual Health Risk Assessment
- K. Department of Health Care Services All Plan Letter (APL) 15-002: Multipurpose Senior Services Program, Complaint, Grievance, and State Hearing Responsibilities in CCI Counties
- L. Department of Health Care Services All Plan Letter (APL) 22-014: Electronic Visit Verification Implementation Requirements
- M. Health Insurance Portability and Accountability Act (HIPAA) of 1996, as amended
- N. MSSP Home and Community Based Services Waiver Amendment, Control Number 0141.R06.08
- O. Interagency Agreement between DHCS and CDA
- P. Social Security Act, Title XIX, § 1915(c).
- Q. Title 22, California Code of Regulations (C.C.R.), § 51346
- R. Title 42, Code of Federal Regulations (C.F.R.), § 440.180

S. Welfare and Institutions Code, §§ 14132(t) and 14186.3(b)(4)(A)

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
05/26/2016	Department of Health Care Services (DHCS)	Approved as Submitted
01/21/2020	Department of Health Care Services (DHCS)	Approved as Submitted
12/29/2022	Department of Health Care Services (DHCS)	Approved as Submitted

VII. BOARD ACTION(S)

None to Date

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program
Effective	02/01/2016	GG.1831	Multipurpose Senior Services Program (MSSP)	Medi-Cal OneCare Connect
Revised	02/01/2017	GG.1831	Multipurpose Senior Services Program (MSSP)	Medi-Cal OneCare Connect
Revised	09/01/2018	GG.1831	Multipurpose Senior Services Program (MSSP)	Medi-Cal OneCare Connect
Revised	10/01/2019	GG.1831	Multipurpose Senior Services Program (MSSP)	Medi-Cal OneCare Connect
Revised	10/01/2020	GG.1831	Multipurpose Senior Services Program (MSSP)	Medi-Cal OneCare Connect
Revised	07/01/2021	GG.1831	Multipurpose Senior Services Program (MSSP)	Medi-Cal OneCare Connect
Revised	12/31/2022	GG.1831	Multipurpose Senior Services Program (MSSP)	Medi-Cal OneCare
Revised	07/01/2023	GG.1831	Multipurpose Senior Services Program (MSSP)	Medi-Cal OneCare
Revised	10/01/2024	GG.1831	Multipurpose Senior Services Program (MSSP)	Medi-Cal OneCare

IX. GLOSSARY

Term	Definition
Authorized Representative	<p><u>Medi-Cal</u>: A person who has the authority under applicable law to make health care decisions on behalf of adults or emancipated minors, as well as parents, guardians or other persons acting <i>in loco parentis</i> who have the authority under applicable law to make health care decisions on behalf of unemancipated minors.</p> <p><u>OneCare</u>: An individual who is the legal representative or otherwise legally able to act on behalf of an enrollee, as the law of the State in which the beneficiary resides may allow, in order to execute an enrollment or disenrollment request; e.g., court appointed legal guardians, persons having durable power of attorney for health care decisions, or individuals authorized to make health care decisions under state surrogate consent laws, provided they have the authority to act for the beneficiary in this capacity (see §40.2.1). Form CMS-1696 may not be used to appoint an authorized representative for the purposes of enrollment and disenrollment. This form is solely for use in the claims adjudication or claim appeals process, and does not provide broad legal authority to make another individual's healthcare decisions.</p>
Care Management	A systematic approach to coordination of care for a Member with special needs and/or complex medical conditions that includes the elements of assessment, care planning, intervention monitoring, and documentation.
Department of Health Care Services (DHCS)	The single State Department responsible for administration of the Medi-Cal program, California Children's Services (CCS), Genetically Handicapped Persons Program (GHPP), Child Health and Disabilities Prevention (CHDP), and other health related programs.
Electronic Visit Verification	Federally mandated telephone and computer-based application program that electronically verifies in-home service visits.
Health Network	A Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide Covered Services to Members assigned to that Health Network.
Individual Care Plan (ICP)	<p><u>Medi-Cal</u>: A plan of care developed after an assessment of the Member's social and health care needs that reflects the Member's resources, understanding of his or her disease process, and lifestyle choices.</p> <p><u>OneCare</u>: A written plan of care developed after an assessment of a Member's social and health care needs that reflects what services the Member will receive to reach and keep his or her best physical, mental, and social well-being.</p>
In-Home Supportive Services (IHSS)	Services provided to Members by the County in accordance with the requirements set forth in Welfare & Institutions Code Section 14186.1(c)(1), and Article 7 of the Welfare & Institutions Code, commencing with Section 12300 of Chapter 3, and Sections 14132.95, 14132.952, and 14132.956.
Interdisciplinary Care Team (ICT)	A team comprised of the primary care provider and care coordinator, and other providers at the discretion of the Member, that works with the Member to develop, implement, and maintain the Individual Care Plan (ICP).
Level of Care (LOC)	Criteria for determining admission to a LTC facility contained in Title 22, CCR, Sections 51334 and 51335 and applicable CalOptima Health policies.

Term	Definition
Multipurpose Senior Services Program (MSSP)	The Waiver program that provides social and health care management to a Member who is 65 years or older and meets a nursing facility level of care as an alternative to nursing facility placement in order to allow the Member to remain in their home, pursuant to the Medi-Cal 2020 Waiver.
Nurse Care Manager	<p>The Nurse Care Manager (NCM) is a licensed Register Nurse (RN) responsible for the following activities:</p> <ol style="list-style-type: none"> 1. Certifying level of care; 2. Conducting assessments and/or reassessments; 3. Collaborating and consulting with the SWCM in the development of the participant's individualized care plan; 4. Implementing the services detailed in the care plan; 5. Monitoring of participant's needs and provisions in the care plan; 6. Identifying and developing support systems for the participant; 7. Collaborating with physicians and other health professionals; 8. Ensuring participant record documentation meets program requirements and 9. Ensuring that prior to purchasing and authorizing Waiver Services, all other resources have been exhausted.