CalOptima Health

Policy:	GG.1832
Title:	**Multipurpose Senior Services Program (MSSP) – MSSP Identification, Referral, and Coordination of Care Process**
Department:	Medical Management
Section:	Long Term Services and Supports

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

Effective Date: 07/01/2015
Revised Date: 10/01/2024

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

I.   PURPOSE

This policy defines how to systemically identify and refer CalOptima Health Members who may meet the eligibility criteria for the Multipurpose Senior Services Program (MSSP), such as Seniors and Persons with Disabilities (SPD) or nursing care facility certifiable Members residing in the catchment area, and to ensure at-risk CalOptima Health Members will receive Home and Community-Based Services (HCBS) to maintain quality of care and delay institutionalization.

II.   POLICY

A.   MSSP is designed to prevent premature institutionalization through provision of comprehensive health care management to assist frail elderly persons, who are certifiable for placement in a nursing home facility, to remain safely at home at a cost lower than nursing facility care. CalOptima Health shall keep Members, whenever appropriate, safely at home in the least restrictive living environment.

B.   CalOptima Health or a Health Network shall work with the CalOptima Health MSSP Provider to provide case management and coordination of care for eligible CalOptima Health Members who are sixty-five (65) years of age or older, in accordance with the Federal Medicaid Home and Community-Based Long-Term Care Services 1915(c) Waiver.

C.   With the consent of a Member or Authorized Representative, CalOptima Health's MSSP Case Management team shall participate in the Member's ICT as appropriate and needed.

D.   CalOptima Health shall inform its Members about the CalOptima Health MSSP Program and establish a mechanism to refer Members who are enrolled in Medi-Cal for Managed Long-Term Services and Supports (MLTSS) and are potentially eligible for the MSSP Program to the MSSP Provider for eligibility determination.

E.   CalOptima Health and the CalOptima Health MSSP Provider will coordinate and work collaboratively on care coordination activities surrounding the MSSP Waiver Participant including, but not limited to, coordination of benefits between CalOptima Health and CalOptima Health MSSP Provider to avoid duplication of services and coordinate case management activities particularly at

the point of discharge of the MSSP Waiver Participant from an acute care hospital or an MSSP program.

F. A Member shall not be eligible for CalAIM Enhanced Care Management (ECM) services while enrolled in MSSP.

G. CalOptima Health shall notify the CalOptima Health MSSP Provider within five (5) business days of a CalOptima Health Member's disenrollment from the health plan.

H. The CalOptima Health MSSP Provider shall accept referrals from any source including, but not limited to:

1. CalOptima Health case manager;

2. Health Networks;

3. Members;

4. Member's Authorized Representative;

5. Member's caregiver;

6. Acute hospital case managers;

7. Nursing facilities; or

8. Community-based organizations.

I. CalOptima Health shall ensure continuity of care for Medi-Cal Members receiving MSSP in accordance with CalOptima Health Policy GG.1325: Continuity of Care for Members Transitioning into CalOptima Health Services.

J. CalOptima Health shall retain and compile a copy of each assessment conducted on the Member's behalf through the MSSP care manager and review the completed MSSP assessments to determine if any further coordination of services for the Member is needed. CalOptima Health and its Health Networks will review the completed MSSP assessments to identify:

1. Referrals to other community resources and other agencies for services outside the scope of CalOptima Health's responsibility that meets Member's social needs such as transportation needs and preferences, mental and behavioral health, personal care, housing, home-delivered meals, energy assistance programs, and services for individuals with intellectual and developmental disabilities, including HCBS waiver programs.

    a. If a referral to an HCBS waiver program is appropriate, the MSSP Provider will provide the Member with the information for three (3) contracted agencies providing the waiver program. The MSSP Provider will obtain Member's written consent and assist Member in contacting the agencies if needed.

    b. MSSP Care Managers will track MSSP Members' services and referrals to ensure services are not duplicated.

2. A need for including involvement of caregivers, identify participant and caregiver preferences and having back-up plans in place for situations when caregivers are unavailable.

3. Member's current health status and treatment needs and the need for facilitating communication among the Member's LTSS and other Providers, including mental health and substance abuse Providers when appropriate.

4. Member's needs for providing other activities or services needed to assist Members in optimizing their health status, including assistance with self-management skills or techniques, health education, and other modalities to improve health status and meet personal goals.

5. Appropriate timeframes for re-contact such as follow up calls or reassessment, if necessary, as the circumstances or conditions change in accordance with CalOptima Health Policy GG.1323: Seniors and Persons with Disabilities and Health Risk Assessment.

K. CalOptima Health shall verify, on a monthly basis, eligibility and plan enrollment status of each MSSP Waiver Participant.

L. CalOptima Health or a Health Network shall identify, refer, and provide care coordination for MSSP-eligible Members which may include but is not limited to the following: Member and/or the Member's Authorized Representative; a family Member; if applicable, designated IHSS Social Worker; CalOptima Health MSSP Care Manager team, Health Networks, Primary Care Providers, behavioral health or other specialist, and other case managers as appropriate.

M. CalOptima Health shall utilize a MSSP Member's assessment data, in accordance with CalOptima Health Policy GG.1323: Seniors and Persons with Disabilities and Health Risk Assessment, to stratify Member risks and develop Individual Care Plans (ICP) based on Member's risk, co-morbidity, complexity of medical condition and functional status.

N. CalOptima Health shall provide its staff and Health Networks initial and on-going training with the implementation of MSSP as managed care health plan benefit.

O. CalOptima Health and the CalOptima Health MSSP site shall maintain confidentiality of all records and information about Members pursuant to all applicable federal and/or State Law or regulations, the Health Insurance Portability and Accountability Act (HIPAA) on protected health information (PHI).

P. Appeals, Grievances and Complaints Process

1. The CalOptima Health MSSP Provider shall retain the responsibility to receive, acknowledge, respond, and track MSSP appeals, grievances, and complaints and manage the State Hearing process for MSSP Waiver Participants and CalOptima Health Member receiving MSSP services in accordance with CalOptima Health Policy GG.1834 Multipurpose Senior Services Program (MSSP) Appeals, Grievances and Complaints Process.

2. CalOptima Health Grievances and Appeals Resolution Services (GARS) Department shall manage appeals, grievances, and complaints for non-related MSSP services for MSSP Waiver Participants, in accordance with CalOptima Health Policies HH.1102: Member Grievance, and MA.9002: Enrollee Grievance Process.

III. **PROCEDURE**

A. CalOptima Health could identify potential MSSP eligible Members as follows:

1. Initial risk stratification: Based on available data, CalOptima Health shall utilize historical data to stratify Members as high or low risk. The data shall include, but not be limited to:

    a. CalOptima Health's utilization data or data identified through the health risk assessment (HRA) tool;

    b. Behavioral health data;

    c. Pharmacy data; and

    d. Claims and encounter data.

2. CalOptima Health shall identify and refer high risk Members who meet MSSP eligibility criteria as appropriate.

B. CalOptima Health MSSP Referral, Determination, and Notification Process

1. CalOptima Health or a Health Network shall identify and refer eligible CalOptima Health Members to the CalOptima Health MSSP Program within five (5) business days of identification.

3. Upon receipt of an MSSP referral, the CalOptima Health MSSP Provider will apply MSSP eligibility and medical necessity criteria in accordance with the CDA MSSP Site Manual, and in accordance with CalOptima Health Policy GG.1831: Multipurpose Senior Service Program. Additionally, MSSP Provider will review all of Member's current services and ensure MSSP does not duplicate any current services or refer Member to a duplicative service.

4. For Members that may qualify for MSSP, but are on the waiting list, CalOptima Health shall assess appropriateness for referral to Case Management services as an alternative service or referrals to other community-based services.

C. Assessment, ICP, and Case Management

1. CalOptima Health shall provide a Member's MSSP assessment to the Member's Health Network.

2. CalOptima Health or Health Network Providers shall be involved in the coordination of the shared Member's clinical information with the CalOptima Health MSSP care management staff. The clinical information shall include health risk assessment results, hospital or skilled nursing facility admissions, emergency room visits and the Member's ICP.

3. CalOptima Health or Health Network case managers shall review and incorporate MSSP assessments into Member's ICP and determine if any further coordination or delivery of services for the Member is appropriate.

4. Upon enrollment, annually, and as a Member's medical condition changes, CalOptima Health shall utilize the DHCS-approved health risk assessment tool to assess Member's medical, psychological, cognitive, behavioral, functional status, social/family support system, and community-based services.

D. Interdisciplinary Care Team (ICT)

   1. CalOptima Health or a Health Network shall coordinate with the CalOptima Health MSSP Provider to participate in a Member's ICT conferences, when appropriate and with the approval of the Member or Member's Authorized Representative in accordance with CalOptima Health Policy GG.1301: Comprehensive Case Management Process.

   2. CalOptima Health or a Health Network shall document the ICT's recommendation in the Member's electronic medical record.

E. Continuity of Care Coordination

   1. CalOptima Health or Health Network case management staff shall review MSSP assessments and coordinate medical and case management services with the CalOptima Health MSSP care manager and other healthcare Providers as appropriate.

   2. If a Member is newly enrolled with CalOptima Health and is a recipient of MSSP services with another MSSP Site Provider and all requirements are met, CalOptima Health shall:

      a. Coordinate with the originating MSSP Site Provider for transfer of care with Member agreement;

      b. If Member prefers originating MSSP Site Provider to continue provision of care, then CalOptima Health shall enter into an agreement with originating MSSP Site Provider to ensure continuity of care.

F. Coordination of Services and Resources for Members:

   1. CalOptima Health shall coordinate services and connect Members to resources with Third Party Entities, including but not limited to, local health departments, education agencies, and government agencies.

   2. By January 1, 2024, CalOptima Health shall coordinate with Third Party Entities and develop mutual goals and expectations to serve the needs of our Members, including the facilitation of care coordination, data exchange, and non-duplicative services for Members, which will be documented via a Memorandum of Understanding (MOU) in accordance with the requirements set forth in the CalOptima Health contract with the Department of Health Care Services (DHCS).

IV. ATTACHMENT(S)

A. MSSP Application for the Multipurpose Senior Services Program
B. MSSP Referral Fillable
C. MSSP Referral PDF
D. MSSP Level of Care Criteria (ICF/SNF) (CDA Screening Tool)
E. Withdrawal for Request for State Hearing Form

V. REFERENCE(S)

A. California Department of Aging (CDA) MSSP Site Manual
B. California Department of Aging (CDA) Standard Agreement (Site Contract)
C. CalOptima Health Contract with the Department of Health Care Services
D. CalOptima Health Policy GG.1301: Comprehensive Case Management Process

E. CalOptima Health Policy GG.1323: Seniors and Persons with Disabilities and Health Risk Assessment
F. CalOptima Health Policy GG.1325: Continuity of Care for Members Transitioning into CalOptima Health Services
G. CalOptima Health Policy GG.1831: Multipurpose Senior Services Program (MSSP)
H. CalOptima Health Policy GG.1834: Multipurpose Senior Services Program (MSSP) Appeals, Grievances and Complaints Process
I. CalOptima Health Policy HH.1102: Member Grievance
J. CalOptima Health Policy HH.1108: State Hearing Process & Procedures
K. CalOptima Health Policy MA.9002: Enrollee Grievance Process
L. Department of Health Care Services All Plan Letter (APL) 15-002: Multipurpose Senior Services Program, Complaint, Grievance, and State Hearing Responsibilities in CCI Counties
M. Department of Health Care Services CalAIM Enhanced Care Management (ECM) Policy Guide
N. Health Insurance Portability and Accountability Act (HIPAA)
O. MSSP Home and Community Based Services Waiver Amendment, Control Number 0141.R06.08
P. Interagency Agreement between DHCS and CDA
Q. Social Security Act, Title XXI, § 1915(c)
R. Template Agreement from the CDA between the Plan and the MSSP Provider Code of Regulations
S. Title 42, Code of Federal Regulations (C.F.R.), § 440.180
T. Title 22, California Code of Regulations (C.C.R), § 51346
U. Welfare and Institutions Code, § 14132(t)

VI.   REGULATORY AGENCY APPROVALS

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
10/11/2023	Department of Health Care Services (DHCS)	Approved as Submitted

VII.   BOARD ACTION

None to Date

VIII.   REVISION HISTORY

Action	Date	Policy	Policy Title	Programs
Effective	07/01/2015	CMC.8011	Multipurpose Senior Services Program (MSSP) – MSSP Identification, Referral and Coordination of Care Process	OneCare Connect
Revised	02/01/2016	GG.1832	Multipurpose Senior Services Program (MSSP) – MSSP Identification, Referral and Coordination of Care Process	Medi-Cal OneCare Connect
Revised	02/01/2017	GG.1832	Multipurpose Senior Services Program (MSSP) – MSSP Identification, Referral, and Coordination of Care Process	Medi-Cal OneCare Connect
Revised	09/01/2018	GG.1832	Multipurpose Senior Services Program (MSSP) – MSSP Identification, Referral, and Coordination of Care Process	Medi-Cal OneCare Connect

Action	Date	Policy	Policy Title	Programs
Revised	10/01/2019	GG.1832	Multipurpose Senior Services Program (MSSP) – MSSP Identification, Referral, and Coordination of Care Process	Medi-Cal OneCare Connect
Revised	10/01/2020	GG.1832	Multipurpose Senior Services Program (MSSP) – MSSP Identification, Referral, and Coordination of Care Process	Medi-Cal OneCare Connect
Revised	07/01/2021	GG.1832	Multipurpose Senior Services Program (MSSP) – MSSP Identification, Referral, and Coordination of Care Process	Medi-Cal OneCare Connect
Revised	12/31/2022	GG.1832	Multipurpose Senior Services Program (MSSP) – MSSP Identification, Referral, and Coordination of Care Process	Medi-Cal
Revised	07/01/2023	GG.1832	Multipurpose Senior Services Program (MSSP) – MSSP Identification, Referral, and Coordination of Care Process	Medi-Cal OneCare
Revised	10/01/2024	GG.1832	Multipurpose Senior Services Program (MSSP) – MSSP Identification, Referral, and Coordination of Care Process	Medi-Cal OneCare

IX. GLOSSARY

Term	Definition
Authorized Representative	Medi-Cal: 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 *in loco parentis* who have the authority under applicable law to make health care decisions on behalf of unemancipated minors. OneCare: 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.
CalOptima Health	For purposes of this policy, CalOptima Health shall include CalOptima Health Direct-Administrative and CalOptima Health Community Network.
Health Network	For purposes of this policy, 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.
Home and Community-Based Services (HCBS)	Home and Community- Based Services (HCBS) benefit is defined by the services listed in Title 42, Code of Federal Regulations, Section 440.182(c).
Individual Care Plan (ICP)	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.
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).
Member	A beneficiary enrolled in a CalOptima Health program.
Memorandum of Understanding (MOU)	An agreement between CalOptima Health and an external agency, which delineates responsibilities for coordinating care for Members.
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.
Multipurpose Senior Services Program (MSSP) Provider	An entity contracted with CDA to participate in the MSSP Waiver program and provide MSSP Waiver Services.
Multipurpose Senior Services Program (MSSP) Waiver Participant	Any Member who has met MSSP eligibility requirements and has been enrolled in the MSSP.

Term	Definition
Provider	Medi-Cal: A physician, nurse, nurse mid-wife, nurse practitioner, medical technician, physician assistant, hospital, laboratory, ancillary provider, or other person or institution that furnishes Covered Services. OneCare: Any Medicare provider (e.g., hospital, skilled nursing facility, home health agency, outpatient physical therapy, comprehensive outpatient rehabilitation facility, end-stage renal disease facility, hospice, physician, non-physician provider, laboratory, supplier, etc.) providing Covered Services under Medicare Part B. Any organization, institution, or individual that provides Covered Services to Medicare members. Physicians, ambulatory surgical centers, and outpatient clinics are some of the providers of Covered Services under Medicare Part B.
Seniors and Persons with Disabilities (SPD)	Medi-Cal beneficiaries who fall under specific Aged and Disabled Aid Codes as defined by the DHCS.
Third Party Entities	Local health departments, local educational and governmental agencies, such as county behavioral health departments for specialty mental health care and SUD services, and other local programs and services.