

CHAPTER 7: Information System Components

Policy: The MSSP information system is dependent upon timely entering of accurate and complete data. Sites must establish and maintain policies and procedures that provide for quality control of data entry and ensure security of all elements of the system.

Purpose: Information regarding demographics, services, and fiscal data are critical to the successful administration, quality assurance, and oversight of the program. These data are used to establish and adjust standards, and to provide assurance to the State and federal oversight agencies that the Waiver is being implemented as approved.

References:

- CDA Standard Agreement (Site Contract).
- Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191.

7.000 MSSP Information System

7.010 Background

Sites are required to make their own arrangements to procure and maintain software for purposes of billing.

Sites must collect and transmit to CDA required participant and services data.

7.020 Components of the CDA MSSP Information System

The basic components of the CDA MSSP information system are:

- Case management documentation
- Billing
- Participant and services data

Automating the case management documentation component is optional from CDA's perspective, although many sites utilize software that can support all three functions.

The ability to bill and continue to report accurate and timely data is imperative. All sites must be able to bill and transmit data electronically. Billing and data submissions must comply with processes and procedures specified by CDA and the State's Medi-Cal Fiscal Intermediary.

Care management software, if utilized, must yield products such as forms and reports that comply with this MSSP Site Manual or as approved by CDA. While a

site may decide to utilize any available vendor based on their needs, the vendor they select must be able to maintain the integrity of data collection at a statewide level in order to appropriately administer the program.

Software systems meet program requirements:

Software specifications:

- Products of a software system must comply with CDA policies as stated in this Site Manual. Changes to software specifications by CDA will be documented through CDA's MSSP Advisory Guidance Letter (MAGL) process.

The requirements in this manual regarding information systems and data reflect the minimum standards and formats that must be met and do not prohibit the collection of additional data or information deemed necessary for site operations. Sites must establish and maintain policies and procedures that provide for quality control of data entry and ensure security of all elements of the system. All data must be backed-up regularly.

A users' manual for a site's information system must be available.

Timelines, requirements, and information on billing procedures are found in the [Medi-Cal Provider Manual](#).

7.100 Confidentiality and Information Systems

Each MSSP site is responsible for complying with all privacy, confidentiality and security requirements as outlined in the CDA Standard Agreement and must have policies and procedures in place to ensure that privacy is maintained for all records containing participant-specific information.

7.110 CDA Privacy & Information Security Awareness Training

All MSSP site staff, volunteers, and vendors handling confidential, sensitive and/or personal identifying information must complete the required CDA Privacy and Information Security Awareness Training module located at https://www.aging.ca.gov/Information_security/ within thirty (30) days of the start date of the Contract/Agreement or the start date of any new employee/volunteer's employment and annually thereafter.

The MSSP site must maintain certificates of completion on file for all staff, volunteers, and vendors and provide them to CDA upon request.

7.200 Participant Data Forms

The Participant Enrollment/Termination Information Form (PETIF, Appendix 21) records participant demographic information.

The Service Planning and Utilization Summary (SPUS, Appendix 36), records data on all services purchased with MSSP Waiver Service funds, and is a part of the participant's care plan.

7.210 Participant Enrollment/Termination Information Form (PETIF)

The top section of this form (above the double lines) is completed at the time a person is enrolled as a participant in MSSP. Once the data has been entered into the computer system, a hard copy of the form is printed out and retained in the participant's case record. As data is changed or updated, a new hard copy must be printed and filed.

The bottom section of the form (below the double lines) is completed at the time a participant is terminated from MSSP. Once the data has been entered into the computer system, a hard copy of the form is printed out and filed in the participant's case record.

7.220 Service Planning and Utilization Summary (SPUS)

The SPUS (Appendix 36) is an element of the participant's care plan. The SPUS sets forth specific service information: the source of payment; the provider; the cost; the service code; and the description (Notes) of the service/items provided if not included by linkage to service code.

The form is to be completed for each participant for each month they are on the program. The services tracked via the SPUS are those purchased with Waiver Services funds.

Purchased: Waiver Services (Fund Code 10)

Referred: Title XX (Fund Code 3)
Title III (Fund Code 4)
Personal Care Services Program (PCSP) and the IHSS received through the State Plan (Fund Code 6).

Referred services do not need to be tracked on the SPUS.

Waiver Services must be verified monthly and must include the following information:

- Provider/Vendor
- Service Type
- Units Delivered
- Costs
- Service Description/Notes (if applicable)

A question mark (?) in the right hand column titled "CV" indicates a discrepancy between what was authorized and what was reported as delivered. An asterisk (*) in the far-right column titled "V" indicates that a service has been verified.

7.300 Participant and Services Data

Data on MSSP participants and services is collected via forms described in this chapter and submitted in electronic file format to CDA monthly. Site data systems must accommodate the minimum data set and file specifications described in Appendix 40.

7.310 (Section Retired)

7.320 Transmission of Data to CDA

Verified data on participant services, monthly enrollment, and termination information is regularly transmitted by each site to CDA. This information is to be formatted in two files, .dbf and .fpt, to be correctly read by and updated to the CDA participant master file. These files are submitted to CDA via the Secure File Transfer (SFT) site: <https://fifo.aging.ca.gov>

All data for purchased services must be (100%) verified within ninety (90) calendar days of the date the service was delivered. The data is then submitted to CDA by the required due date.

Transmission of Data Protocol:

- Each year CDA provides sites with the **Reporting Due Dates** schedule identifying each calendar date for the deadline for submission of the data.
- Reports that **do not** contain participant identifiers should be submitted to the MSSP Service Box at:
MSSPService@aging.ca.gov

7.400 (Section Retired)

7.410 (Section Retired)

7.500 Coding Systems

7.510 Service Codes

The specific participant services utilized by MSSP are defined in Section 3.1430, Waiver Services, of this Manual.

All services have been assigned a numeric code, an abbreviated listing of which follows:

Waiver Services Codes

Code	Title
1.1	Adult Day Care
2.2	Minor Home Repairs and Maintenance
2.3	Non-Medical Home Equipment
2.4	Community Transition- Moving Services
2.5	Community Transition- Housing & Utility Set-up Services
2.6	Assistive Technology
3.1	Supplemental Homemaker Services
3.2	Supplemental Personal Care
3.3	Therapeutic Services
3.7	Supplemental Protective Supervision
4.3	Consultative Clinical Services
4.6	Deinstitutional Care Management
5.1	Respite/In-Home
5.2	Respite/Out-of-Home
6.3	Transportation/Hour
6.4	Transportation/OWT
7.1	Congregate Meals
7.2	Home-Delivered Meals
7.3	Oral Nutritional Supplements
8.3	Social Support
8.4	Therapeutic Counseling
8.5	Money Management
9.1	Communication/Translation
9.2	Communication/Device

7.510.1 Unit Type

Consistent terminology for units of service has been devised to facilitate collection of the data. Each service (personal care, transportation, respite) is associated with a specific unit or set of units: hour, day, visit, event, one time only, one way trip, meal, and month. The number of units is recorded as well.

Most of the unit type designations are self-explanatory. Those that require some clarification are:

- "Visit" refers to an event rather than a particular thing.
- "OTO" (one time only) is only used for Deinstitutional Care Management, to be billed one time only upon discharge of the facility (Section 3.1380, Conclusion of DCM Services).

- "OWT" (one way trip) is defined as travel from point A to point B and is recorded as one unit of transportation (1 OWT). A round trip, travel from point A to point B and back to A, is recorded as two one-way trips (2 OWT).

7.520 Fund Codes

Each service provided for a participant is defined in terms of the source of funding. The codes used to differentiate the funding sources are:

- 3 (REFERRED): Title XX (Social Services Block Grant).
- 4 (REFERRED): Title III (Older Americans Act).
- 6 (REFERRED): Personal Care Services Program (PCSP) and the IHSS received through the State Plan.
- 10 (PURCHASED): Waiver Services (Title XIX).

Referred services do not need to be tracked on the SPUS.

7.530 Vendor Codes

Sites are required to identify resources for the full array of services to the extent they exist within the community.

Sites may contract with vendors or access services/items through the Purchase of Service (POS) process. In either instance, it is the site's responsibility to ensure that all providers meet the minimum qualifications and are able to deliver the services appropriate to meet the needs of the participants (CDA Standard Agreement; Chapter 8 MSSP Site Manual).

Most participant services are arranged through specific vendors under contract or another formal agreement (Memo of Understanding). For purchases of goods, a generic provider may be used. In the absence of a contract, an abbreviated agreement or purchase order is used to authorize the provision of participant services.

All vendors, including those accessed through the POS process should be assigned a vendor number.

7.540 Site Codes

Each site is identified by a numeric code as follows:

#	Name	#	Name
1	City of Oakland	30	Not in use
2	Not in use	31	Not in use
3	Not in use	32	Area 12 AAA
4	Jewish Family Services of LA	33	Kings-Tulare
5	SCAN Health Plan, Inc.	34	Ventura County AAA
6	Institute on Aging	35	Not in use
7	San Diego County	36	Not in use
8	Community Care Mgt. Corp.	37	City of Fremont
9	Humboldt Senior Resource Center	38	Not in use
10	California State University-Chico	39	Human Services Association.
11	Sonoma County	40	Partners in Care Foundation (PIC)
12	Not in Use	41	CalOptima
13	Not in Use	42	Not in use
14	Stanislaus County	43	Partners in Care – South
15	Not in use	44	Not in use
16	Huntington Hospital	45	Not in use
17	County of San Bernardino	46	Not in use
18	Not in use	47	Choice in Aging
19	Not in use	48	Health Projects Center (HPC)
20	Sourcewise	49	Catholic Charities – Stockton
21	Fresno-Madera AAA	50	Not in use
22	Not in use	51	Partners in Care – Kern
23	Imperial-Work Training Center	52	HPC – Monterey
24	County of Riverside	53	California Health Collaborative (CHC)
25	Dignity Health Connected Living	54	PIC – Santa Barbara
26	Jewish Family & Children’s Svcs.	55	CHC – Yuba
27	Not in use	56	Choice in Aging – Napa/Solano
28	Merced County	57	CHC – El Dorado
29	Not in use	Total	37 Sites in Operation

7.550 Site Staff Codes

A number of no more than three digits will be assigned to each staff person who has a direct role in the delivery of care management.

The code is unique to each individual regardless of position title. The specific positions for which codes must be assigned are: Supervising Care Manager (SCM), Social Work Care Manager (SWCM), Nurse Care Manager (NCM) and Care Manager Aide (CMA). The code for the primary care manager must be entered on

the PETIF. All care management staff codes also need to be included on the MSSP Quarterly Report.

7.560 MSSP Participant Codes

Each site assigns a unique code number to each new participant. If a person terminates their participation in MSSP and then subsequently re-enrolls, their original MSSP number is reactivated and reassigned to them.

7.600 E-mail

CDA uses e-mail to quickly disseminate information to sites. Sites must maintain an effective system to monitor and respond to e-mail communications.

All communication that contains identifiable participant data must be transmitted via the [Secure File Transfer \(SFT\) site](#).