

Multipurpose Senior Services Program (MSSP) Site Manual Revision – November 2021

Purpose The revised Multipurpose Senior Services Program (MSSP) Site Manual reflects changes in policy. Content has been reorganized for clarity and the terminology has been updated.

- General**
- “MSSP Branch” has been updated to “MSSP Bureau”
 - “CDA Audits” has been updated to “CDA Audits and Risk Management”
 - The term “client” has been replaced by “participant”
 - The term “State Hearing” was updated to “State Fair Hearing”
 - The term “Personal/Legal representative” was updated to “Authorized representative”
 - The term “problem statements” has been replaced by “participant need statements”
 - The term “elderly” has been replaced by “frail older adults”

The following constitutes a summary of substantive changes:

Chapter 1 Introduction

1.200 The Waiver and Program History

- Updated to include Waiver renewal dates
- Added rate increase and slot restoration
- Included CCI update

1.300 Program Operations

- Long Term Care Division (LTCD) updated to Integrated Systems of Care Division (ISCD)
- CDA Audits and Risk Management Branch name updated

1.400 Organization of the Manual

- Appendix and Forms editing rights clarified

Chapter 2 Site Staffing

2.000 MSSP Staff

- Updated language for clarity of minimum qualifications and preferred experience

2.020.5 Care Manager Aide (CMA)

- Updated language to allow site determination of CMA duties

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2.100.1 Student Interns

- Added reference: Chapter 7, Section 7.110, CDA Privacy & Information Security Awareness Training

2.300 Ratio

- Added language that CDA will consider site-specific circumstances for allowing operating outside the approved ratio

Chapter 3 Program Components

Purpose

- Added reference: CDA Standard Agreement, Exhibit D, Article II Assurances, Section L and Article XVIII Information Integrity and Security, Section D
- Removed the State Fair Hearing process and Level of Care (LOC) re-certification from this section since not a part of the Waiver assurances
- Added clarifying information about Critical Incident Reporting

3.000 Outreach

- Removed 2nd paragraph

3.010 Ongoing Outreach Efforts

- Section retired and portion of paragraph moved to section 3.000

3.020 Wait List

- Clarifying language in regard to deferring enrollment

3.030 Standards

- Added more home visit guidance

3.100 Eligibility

- Added non-duplication of care management services to eligibility criteria with reference: Section 3.1110, Non-Duplication of Care Management Services

3.110.5 Completion of LOC Certification Sheet (Appendix 20)

- Updated LOC examples

3.110.6 Recertification (Reevaluation) for LOC

- Added clarifying language about the timeframe for the recertification LOC, as well as an example of a late LOC

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3.120 Age 65 or Older

- Added a link to the Medi-Cal eligibility website

3.130 Receiving Medi-Cal under an Appropriate Aid Code

- Added clarifying language about allowing participants the opportunity to meet their share of cost before initiating termination procedures
- Added a link to the Medi-Cal eligibility website

3.130.1 Institutional Deeming (MSSP Aid Codes 1X and 1Y)

- Removed outdated information
- Added “Spousal Impoverishment” language, including the requirement to apply provisions upon the applicant’s request to participate in MSSP and throughout time on wait list
- Added “Doctor’s Verification form” language and link to form

3.140 Residence within the Site’s Contracted Service Area as Defined in the Site’s Contract

- Added reference: Section 3.320, Freedom of Choice

3.160 Appropriate for Care Management Services

- Added clarification that participants must be willing to participate in monthly care management, quarterly home visits and reassessments

3.200 Pre-Screening

- The term “participant” has been replaced by “applicant” for clarity

3.310 Non-enrolled Applicants

- Section renamed, was previously “Non-enrolled Persons”

3.420 Notification of Rights

- Updated links to forms
- Removed section about health plan members

3.530 Requests for Participant Information

- Added “authorized representative” language

3.610 General Guidelines

- Revised terminology of “Problem List” to “Participant Needs List”
- Added “Interdisciplinary collaboration and crisis intervention as needed” to care management process involvement
- Specified that sites must document when home visits are missed due to extenuating circumstances

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3.620 Initial Health Assessment / Initial Psychosocial Assessment

- IHA and IPSA Summary pages were made optional

3.630 Reassessment

- Added requirement to cover the current status of and any changes to participant need statements on the care plan
- Added guidance about grace periods and quarterly home visit requirement

3.640.1 General Guidelines

- Added guidance to the SPUS paragraph about the use of the notes section to clearly describe the service/item when not clearly indicated by the code
- Provided guidance about electronic record keeping

3.640.3 Care Plan Components

- Added examples of language for participant need statements
- Encouraged sites to include the participant's strengths, abilities, and other supports

3.640.6 Care Plan Monitoring

- Added guidance to include the status of each goal while care plan monitoring
- Added the flexibility of covering participant need statements and any changes to the care plan, in either the reassessment summary *or* the progress note

3. 640.8 Changes to the Care Plan

- Merged the second paragraph into the first
- Added information about vendor changes and NOA requirements

3.720.1 Critical Incident Reporting (CIR)

- Moved this section to 3.760

3.740 Monitoring of Negotiated Risk Agreements

- Section renamed, was previously "Monitoring of Risk"
- Updated language for clarity

3.750 Mandated Reporting

- Added new section about mandated reporting requirements

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3.760 Critical Incident Reporting

- Added new section about the Critical Incident Reporting process and guidelines

3.770 Restrictive Interventions, Restraints, and Seclusion

- Added new section that includes CMS definitions of restraints and seclusion

3.810 General Requirements

- Added option to address need statements in reassessment summary as an alternative to documenting in the progress notes

3.820 What Progress Notes Include

- Provided updates to progress note requirements versus other care management activity that may be included if applicable
- Provided updates to Quarterly Home Visit progress notes requirements, including a description of the participant and home environment

3.920 The Benchmark and Calculation of Costs

- Updated language for clarity

3.930 Authorization and Utilization of Services

- Added the statement that, “Purchased Waiver Services should consider the most cost-effective items/services that meet the participant’s assessed needs and choices”

3.1100 Other Care Management Programs

- Section renamed, was previously “Hospice”

3.1110 Non-Duplication of Care Management Services

- Added new section to previously retired section

3.1120 Coordinating MSSP and Other Care Management Services

- Section renamed, was previously “Coordinating MSSP and Hospice Services”
- Updated language from “hospice” to “other care management services”

3.1210 No Waiver Services Provided During Institutionalization

- Added Homemaker Services (3.1) as allowable for seven days while institutionalized for preparing a home for arrival

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3.1370 Plan for Deinstitutional Services

- “Deinstitutional” was removed from the care plan title, as there is now no separate care plan template for deinstitutionalization

3.1430 Purchased Waiver Services

- Updated guidance for continuous documentation and later identified needs
- Updates to definitions and clarification added for allowable Waiver Services codes based on Waiver renewal changes
- Removed paragraphs:
 - Housing Assistance
 - Temporary Lodging
 - Purchased Care Management
- Added paragraphs:
 - Assistive Technology
 - Supplemental Services
 - Consultative Clinical Services
- Updated titles of service categories and codes to match Waiver renewal changes
 - “Minor Home Repairs and Adaptive Equipment” is now “Minor Home Repairs and Maintenance”
 - Service description updated
 - Non-Medical Home Equipment was updated to include:
 - Allowable categories of items, including personal care items
 - Examples of items that can be billed to Assistive Technology 2.6
 - “Emergency Move” is now “Community Transition Services-Moving Services” and is only allowable when a participant is transitioning from a facility to the community
 - “Emergency Utility Service” is now “Community Transition Services-Housing and Utility Set-up” and is only allowable when a participant is transitioning from a facility to the community
 - All household chores were removed from the Supplemental Personal Care services definition
 - “Supplemental Health Care” is now “Therapeutic Services” and includes foot care, massage therapy and swim therapy
 - “Purchased Care Management” is now “Consultative Clinical Services”
 - Deinstitutional Care Management had language clarified for when a participant does not transition into the Waiver
 - Transportation was updated to include ride-sharing services and the purchase of fuel cards
 - “Food” is now “Oral Nutritional Supplements”. Language was added to allow another three-month period of purchases upon annual assessment
 - “Protective Services” is now “Counseling & Therapeutic Services”

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- Social Support was updated to clarify that supplies should be purchased under 2.3 Non-Medical Home Equipment
- Communication: Device and Supplemental Protective Supervision were updated to clarify purchases of room monitors and ERS
- Federal Home and Community-Based Settings (HCBS) requirements language was added to Adult Day Care and Congregate Meal services

3.1520 Monitoring Activities

- Monthly contact was updated to include electronic methods and a reference to HIPAA guidelines (Chapter 5, Section 5.120, HIPAA Security Rule)
- Language was added to clarify missed home visit documentation
- Duplicative language was removed

3.1700 Termination

- Added paragraphs from retired sections and referenced updated appendices
- Recission of Termination section was updated to add language, “If the termination was done in error or there was no change in the participant’s condition, no assessment is required”

3.1710 Termination Reason Codes

- Section retired due to duplication with Chapter 6

3.1720 Notice of Action

- Section retired due to duplication with Chapter 6

3.1730 Re-enrollment

- Updated language for clarity

3.1800 Transfer of Participants Between Sites

- Updated language to include consideration of transferred participants as a priority for waitlist placement

3.1820 Responsibilities of the Receiving Site

- Added a recommendation to improve the transfer process

3.1900 Emergencies and Disasters

- Added new section to provide guidance in preparation of and during emergencies and disasters

3.1910 Alternate Remote Enrollment Process

- Added new section to provide guidance about remote enrollment

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Chapter 4 Quality Assurance and Program Review

4.120 Levels of UR

- Updated on-site visit count for new sites

4.130.1 Elements of the CDA UR

- Added updated language about UR process

4.130.3 Areas of Site Operation to Be Reviewed

- Updated language and added phone interview option for remote URs

4.140 CDA Fiscal Audits

- Updated the time frame for fiscal audits from two to three years

4.150 Recovery of Funds

- Clarified recovery processes by MSSP and Audits and Risk Management Branch

Chapter 5 Participant Records and Information

5.110 HIPAA Privacy Rule

- Added guidance about Security Awareness Training requirement

5.200 Security

- Provided link to the SFT site

5.300 Maintenance and Storage

- Updated requirements on records retention to include screening forms for ineligible participants as well as terminated participant records.

5.820 Timing Intervals Required for Case Documentation

- Section renamed, was previously “Timing Intervals Required for Case Recording”

Chapter 6 Participant Rights

References

- Added reference: Section 1557 of the Patient Protection and Affordable Care Act. U.S. Department of Health and Human Services, Office of the Secretary, 45 CFR Part 92.

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6.500 Final Rule Section 1557 Requirements

- Added new section to provide guidance on CMS Final Rule
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Chapter 7 Information System Components

7.020 Components of the CDA MSSP Information System

- Removed outdated paragraph about Ongoing Software Coordination

7.110 CDA Privacy & Information Security Awareness Training

- Added new section about the Security Awareness Training requirement

7.210 Participant Enrollment/Termination Information Form (PETIF)

- Renamed form and section from “Client” to “Participant”

7.220 Service Planning and Utilization Summary (SPUS)

- Provided clarification that all referred services do not need to be tracked on the SPUS

7.310 IHSS Import File

- Section retired

7.320 Transmission of Data to CDA

- Updated Secure File Transfer site link to current URL address

7.400 Provider Index

- Section retired

7.410 Provider Index Input Reports

- Section retired

7.510 Service Codes

- Updated chart of Waiver Service Codes based off Waiver renewal changes
 - “Emergency Move” is now “Community Transition Services- Moving Services”
 - “Emergency Utility Service” is now “Community Transition Services- Housing and Utility Set-up”
 - “Temporary Lodging” is now “Assistive Technology”
 - “Supplemental Chore” is now “Homemaker Services”
 - “Supplemental Health Care” is now “Therapeutic Services”
 - “Purchased Care Management” is now “Consultative Clinical Services”

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- “Food” is now “Oral Nutritional Supplements”

7.510.1 Unit Type

- Updated unit types to match Waiver renewal changes
- Provided more “OTO” (one time only) guidance

7.540 Site Codes

- Removed defunct sites
- Updated site names

7.550 Site Staff Codes

- Added requirement to include all care management staff codes on the MSSP Quarterly Report

Chapter 8 Service Vendors

8.100 Vendor Contracts/Agreements

- Updated required vendor contract provisions

8.510 Vendor Training Requirements

- Added new section about the requirement for vendors to take CDA Privacy and Information Security Awareness Training
- Added reference: Chapter 7, Section 7.110, CDA Privacy and Information Security Awareness Training

8.400 Vendor Rates

- Added reference: Chapter 9, Section 9.030.1, Threshold Rate Change Requests

8.600 Vendor Performance

- Added language about the requirement to include vendor issues on the Quarterly Report and any critical incidents involving a vendor on the Critical Incident Report
- Added reference: Chapter 3, Section 3.7501.1, Critical Incident Reporting

Chapter 9 Site Budget and Claims Reimbursement

9.030.1 Threshold Rate Change Request

- Added a reference to HCPCS codes to be used in place of Z-codes once implemented with code conversion

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9.110 Billing Process

- Updated Medi-Cal billing guidance on timely billing for reimbursement
- Removed last paragraph for those who do not qualify for MSSP

9.120 Reimbursement & Remittance Advice Details (RADs)

- Updated language on how RADs can be received
 - Provided link to more information about accessing the online PDF format
- Provided links for more information on the Medi-Cal Claims Inquiry Form (CIF) process

Chapter 10 Equipment

10.000 Ownership of Equipment

- Updated language due to recent contract changes of equipment purchases and budget template

10.300 Equipment Inventory

- Updated form information and references
- “CDA Business Services” updated to “Business Management Bureau (BMB)”

Appendices

General

- Appendices and Forms were combined into a single list of appendices which includes fillable forms
- All appendices were renumbered
- Appendices that contained an image of a form were deleted
- Appendices were reformatted and simplified to meet accessibility standards

Additional Languages available:

- Arabic
- Armenian
- Chinese (Simplified and Traditional)
- Farsi
- Korean
- Russian
- Tagalog
- Vietnamese

New Appendices Added:

- Appendix 7: Participant Non-Discrimination Notice
- Appendix 8: Language Assistance Taglines

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- Appendix 42: HCPCS Billing Codes
 - Currently a placeholder, once implemented will be sent out and updated at a later date
- Appendix 46: PACE Policy Letter 17-01
- Appendix 47: SCAN Policy Letter 17-01
- Appendix 48: HCBS Settings Requirements 42 CFR 441.301(c)(4)

Appendix 15: Deinstitutional Services Data Tracking

- Added instructions to include a copy with the Quarterly Report
- Removed some options under “Not Discharged to Waiver”

Appendix 16: Participant Rights

- List of services updated
- Language clarified
- Address updated

Appendix 17: Your Rights Under California Public Benefits Programs Brochure

- Renamed, was previously “Your Rights Under California Welfare Programs Brochure”
- Updated language for clarity

Appendix 18: Authorization for Use and Disclosure of Protected Health Information (AUDPHI)

- Updated the format to allow multiple providers and individuals on one form, as long as the description of the protected health information to be used or disclosed is the same
- Added instruction on how to revoke permission before the expiration date

Appendix 20: Level of Care Certification (LOC)

- Removed optional check boxes: NF-A(ICF) and NF-B(SNF)

Appendix 21: Participant Enrollment/Termination Information Form (PETIF)

- LOC checkbox options removed

Appendix 22: MSSP Assessment Cover Sheet (Optional)

- Removed previous appendices for cover sheets separated by each type and combined into one cover sheet that can be used for all types of assessments

Appendix 24: Initial Health Assessment

- Added clarifying instructions
- Added optional pain level section under “Vital Signs”

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- New options added under “Review of Systems”
- Added section for participant needs list
- Added section for staff signature

Appendix 24A: MSSP Initial Health Assessment Summary (Optional)

- Form made optional

Appendix 25: Initial Psychosocial Assessment

- Added clarifying instructions
- Removed telephone number field
- Financial section questions clarified, and comments section added
- “Family and Social Network” section updated with narrative questions combined into a table/checkbox format
- “Environmental Safety” checklist updated to:
 - Include more equipment options
 - Add optional “Does Participant Use?” column
 - Allow flexibility of completing on either FNAG **or** IPSA
- Added “History of falls” as an option under environmental problems
- Added language to include “any care management programs” to check for potential duplication
- Added section for participant needs list
- Added section for staff signature

Appendix 25A: Initial Psychosocial Assessment Summary (Optional)

- Form made optional

Appendix 26: Psychological Functioning

- “Self-Neglect” added

Appendix 27: MSSP Reassessment Summary

- Instructions updated to “Focus on significant changes since the last assessment and addressing the current status of participant needs statements”
- Removed telephone field
- “Physical activity” added to the “Health” section
- Under “Caregiver” section financial problems clarified
- Description of the home environment added to “Environmental Safety” section
- Added “Care Plan” section to capture the status of any participant need statements not already covered in the assessment

Appendix 28: Functional Needs Assessment Grid

- Combined with Deinstitutionalization version to make one form

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- Added “Deinstitutionalization Only- Check Evaluation Needed” section
- “Equipment Needs” section updated to mirror the “Environmental Safety Special Equipment Checklist” on the IPSA. Only required in one place for the initial assessments (either IPSA or FNAG). Required for Reassessments
- Added “Environmental Safety Special Equipment Checklist”

Appendix 28A: Functional Needs Assessment Grid Instructions

- Instructions added
- Updated to reflect changes and align with Appendix 28

Appendix 30: Cognitive Screening Tools Approved by CDA

- Updated SLUMS link

Appendix 34A: Care Plan Instructions

- Updated dates in “Duration of Care Plan” example
- Under “Signatures” section reference updated: Section 3.640.4, Care Plan Activation: Signatures and Review Process

Appendix 37: Provider Qualifications: Licensure and Certification

- Information updated in Provider Type, License, and Certification columns
- Updated service names and codes to match Waiver renewal changes
 - 2.4 “Emergency Move” is now “Community Transition Services- Moving Services”
 - 2.5 “Emergency Utility Service” is now “Community Transition Services- Housing and Utility Set-up”
 - 2.6 “Temporary Lodging” is now “Assistive Technology”
 - 3.1-3.2 “Supplemental Chore and Supplemental Personal Care” is now “Supplemental Homemaker and Supplemental Personal Care”
 - 3.3 “Supplemental Health Care” is now “Therapeutic Services”
 - California massage therapist certification language was updated
 - 4.3 “Purchased Care Management” is now “Consultative Clinical Services”
 - 7.3 “Food” is now “Oral Nutritional Supplements”

Appendix 41: Site Rate Sheet Sorted by Procedure Code

- “OTO” changed to “Event”
- Removed Z-codes from chart
 - Z8594 - Purchase Care Management
 - Z8601 - DCM No Transition to Wavier
- Updated service names and codes to match Waiver renewal changes
 - 2.4 “Emergency Move” is now “Community Transition Services- Moving Services”

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- 2.5 “Restoration of Utility Service” is now “Community Transition Services – Housing and Utility Set-up”
- 2.6 “Temporary Lodging” is now “Assistive Technology”
- 3.1 “Supplemental Chore Services” is now “Supplemental Homemaker Services”
- 3.3 “Supplemental Health Care” is now “Therapeutic Services”
- 4.3 “Purchased Care Management” is now “Consultative Clinical Services”
- 6.4 “Transportation” is now “Transportation – One Way Trip”
- 7.3 “Food” is now “Oral Nutritional Supplements”

Appendix 43: Equipment and Property

- Combined previous Equipment and Property appendices into one appendix

Appendix 44: Title III Services of the Older Americans Act

- Removed first sentence about tracking on the SPUS
- Intro updated to include COVID-19 pandemic information
- List of Title III B, C, D, and E moved to intro
- Title III-C paragraphs updated for clarity
- Added section for Title III-D about Disease Prevention and Health Promotion Program
- Updated link for definitions of services

Appendix 49: Requesting an Exemption to Minimum Qualifications for Care Management Staff

- Combined criteria for Nurse Care Manager (NCM), Social Worker Care Manager (SWCM), and Supervising Care Manager (SCM) into one appendix
- Nurse care manager exception requirements updated to include preference of experience with frail older adults or one year of case management

Appendix 52: SWCM – NCM Orientation Checklist

- Timing of recertification of LOC for participant clarified under NCM
- Indicated the IHA/IPSA Summary was now optional
- Specific language added to detail requirements of participant signing the care plan “at or before the first quarterly home visit following the care plan activation.”

Appendix 57: Utilization Review (UR) Tools

- Combined previous appendices on UR tools into one appendix for reference