

Multipurpose Senior Services Program (MSSP) Site Manual Revision – December 2015

Purpose:

The revised Multipurpose Senior Services Program (MSSP) Site Manual reflects changes in policy. Content has been reorganized for clarity and the term “client” has been replaced by “participant”.

The following constitutes a summary of substantive changes:

Chapter 1

1.200 Extension of Waiver

- Updated to encompass Waiver renewal dates

1.300 Program Operations

- Included CCI demonstration project reference

Chapter 2

2.030 Requesting an Exemption (2.030.1-2.030.4)

- Process streamlined

2.100 Unpaid Staff

- Student Interns (2.100.1) and Volunteers (2.100.2) must be provided with Security Awareness Training
- Documentation in participant record by Student Interns
- Volunteers do not need to be under electronic code identity of the care manager but does need to be counter signed

2.200 Administrative Staff

- Section removed

Chapter 3

Chapter 3 Purpose

- Added California Code of Regulations Title 22 Sections 51118 and 51124 in reference to Level of Care definition Referenced in other LOC Sections and in the Appendix

3.010 Outreach

- Included reference to Health Plans

3.020 Wait List

- Updated to incorporate Centers for Medicare and Medicaid Systems (CMS) guidelines

3.110.3 Application of Title 22 Criteria

- Section updated

Chapter 3 (Continued)

3.110.5 Completion of LOC Certification Sheet (Appendix 16)

- Rephrased criteria for clarity
- Two examples of complete LOCs were added.

3.130 Receiving Medi-Cal under Appropriate Aid Code

- Aid Codes 1D, 2D, and 6D were eliminated

3.130.1 Institutional Deeming

- Added Community First Choice Options

3.140 Residence Within the Site's Contracted Service Area

- Removed requirement for written approval from CDA to accommodate participant's freedom of choice

3.420 Notification of Rights

- Added Health Plan reference

3.620 Assessment/Initial Assessments

- Section updated
- Cover Sheet "Optional" – language added to emphasize need for clear identification of date of assessment; staff member completing assessment; and signature requirements
- Problem List included as part of the IHA and IPSA summaries

3.620.1 Cognitive Assessment Tools

- New section

3.630 Reassessment

- Section updated
- Cover Sheet "Optional" – language added to emphasize need for clear identification of date of assessment; staff member completing assessment; and signature requirements
- Problem List included as part of the IHA and IPSA summaries

3.630.1 Alternate Discipline Visit

- New section

3.640.1 General Guidelines

- Section Updated

3.640.4 Care Plan Activation: Signatures and Review Process

- Clarification for participant signature to correlate with first quarterly home visit

3.640.5 Care Plan Implementation

- Incorporated reference to Health Plan

3.820 What Progress Notes Include

- Added cautionary language regarding potential recovery of fees for care management if documentation is inadequate
- Criteria for quarterly home visit documentation

3.920 Benchmark and Calculation of Costs

- Moved information from 3.930 into this section

Chapter 3 (Continued)

3.930 Authorization and Utilization of Services

- Moved information to section 3.920
- Included Health Plan as resource for payment

3.1000 Residential Care Facilities for the Elderly (RCFE's)

- Section retired including sub sections 3.1010 – 1.1030

3.1110 Hospice Services

- Section retired

3.1330 Outreach and Case Finding

- Section retired

3.1420 Referred Services

- Added reference to Health Plans

3.1430 Waiver Services

- 1.0 Adult Day Support Center: Eliminated
- 1.1 Adult Day Care: Reworded
- 2.3 Non-medical Home Equipment: Added "no clothing or shoes"
- 2.4 Emergency Move: Added "no rent or deposit"
- 2.6 Temporary Lodging: Expanded to include emergency lodging
- 3.2 Supplemental Personal Care: Added "no over the counter medications or ointments with the exception of creams for incontinence"
- 3.9 Supplemental Professional Care Assistance: Eliminated
- 7.3 Food: Oral Nutritional Supplement (ONS) criteria updated

3.1730 Re-Enrollment

- Criteria added to reflect two levels or re-enrollment

Chapter 4

4.130.3 Areas of Site Operation to be reviewed

- #3 Level of Care – added California Code of Regulations 51118 and 51124.
- #4 Care Plan - participant signature requirements changed from "90 Days" to "on or before the first Quarterly Home Visit"

Chapter 5

5.610 Electronic Record Keeping

- Electronic record criteria clarified

5.810 Staff Signatures and Signature Requirements

- Title must be included with the signature component for all staff making entries in the participant record

5.820 Timing Intervals Required for Case Recording

- Added "Shortage of staff is not an acceptable reason for delay"

Chapter 7

7.100 Confidentiality and Information Systems

- Removed "Article XX" reference

7.320 Transmission of Data to CDA

- Added SFT link
- Removed "15th" as due by date

7.510 Service Codes

- Removed 1.0
- Removed 3.9

7.530 Vendor Codes

- Removed numerical assignment ranges

7.540 Site Codes

- 13 Updated to "Not in use"

Chapter 9

9.030 Reimbursement Process

- Added CCI Reference

Appendices

Appendix 5 and 5-Spanish: Your Right to Appeal

- Address and fax # updated

Appendix 7: Medi-Cal Aid Codes

- Removed codes 1D, 2D, 6D

Appendix 8: CDA Waiver Referral

- Link Updated

Appendix 11 and 11-Spanish: Request for Deinstitutional Services

- Address updated

Appendix 11B: Deinstitutional Services Assessment Cover Sheet

- Added "Optional" to cover sheet

Appendix 11D, 19C, 20B: (Deinstitutional Services, Initial Psychosocial Assessment and Reassessment) - Functional Needs Assessment Grid Instructions

- Revised language to describe levels and type of assistance needed to align with corresponding Functional Needs Assessment Grid

Appendix 11g: Deinstitutional Care Plan Sample

- Removed

Appendix 12 and 12-Spanish: Client Rights

- Address updated

Appendices (Continued)

Appendix 14 and 14-Span: Authorization for Use and Disclosure of PHI

- When "Other" box is selected, added "If checked, must describe"

Appendix 15: Title 22 LOC Criteria

- Section 51118 added

Appendix 18, 19, and 20: Initial Health Assessment, Initial Psychosocial Assessment, and Reassessment Cover Sheets

- Added "Optional" to cover sheet

Appendix 19F and 20C: Cognitive Screening Tools

- Links updated

Appendix 22A: Care Plan Instructions

- Changed to align with changes in Chapter 3

Appendix 26: Licensure & Certification – Provider Qualifications

- 1.0 and 3.9 removed
- 2.2: \$500 limited increased to \$1,000

Appendix 34A: Property Purchased Form

- New link to access form electronically

Appendix 34B: Property Purchased Form Instructions

- Updated

Appendix 34C: Request to Dispose of Property Form

- Provided email address to access current form and submission procedure

Appendix 41A: NCM Criteria

- Language changed to align with Chapter 2

Appendix 41C: Supervising Care Manager Exemption Criteria Rating Sheet

- Replaced with statement of criteria

Appendix 47 – Medical Abbreviations

- Removed

Forms

- Form 11, 18, 19, & 20 Assessment Cover: added "Cover Sheet Optional"
- Form 31 Site Rate Sheet: removed Service Codes 1.0 and 3.9

Appendices are not to be used as forms. Forms are available electronically.