

## The Multipurpose Senior Services Program 1915(c) Waiver Amendment Public Comment Summary

#	Public Comment/Question	CDA/DHCS Response
1	<p>What is the purpose of the bullet:</p> <ul style="list-style-type: none"> <li>• <i>Remove language in the Appendix C service definitions of Deinstitutional Care Management (DCM) and Community Transitions: Moving Services and Community Transitions: Housing &amp; Utility Set-up. The option to, “bill Medicaid as an administrative cost” when there is no transition/enrollment in the Waiver will be removed, as there is no method to bill Medi-Cal without incurring Federal Financial Participation (FFP).</i></li> </ul>	<p>During the Waiver renewal in 2019, language was erroneously added to the services Deinstitutional Care Management, Community Transitions: Moving Services and Housing &amp; Utility Set-up. In the case that a participant begins to receive these services in an institution and then ultimately cannot enroll/rejoin the Waiver and remains permanently institutionalized, those services cannot be billed and incur FFP. The MSSP Waiver currently has language that states that in these cases where there is no transition to the Waiver, that these services can be “billed to Medi-Cal as an administrative cost”. There is currently no mechanism for the MSSP sites to bill Medi-Cal without incurring FFP, so this language will be removed.</p>
2	<p>Hi, I work for the City of Oakland as a Case Manager and I fully support the MSSP waiver amendment. Working with older adults, I value them and I will continue to work to my best ability to assist seniors in social, physical, health, mental, and provide community resources and programs for my clients. Thank you for your dedication and support on this agenda.</p>	<p>Thank you for providing comments on the Waiver Amendment.</p>
3	<p>At this time, our Waiver Agency does not have any comments to submit. We have attended all if the stakeholder meetings and have addressed comments there.</p>	<p>Thank you for providing comments on the Waiver Amendment.</p>
4	<p>I reviewed the Waiver Amendment and wanted to comment on two items.</p> <p>On page 8 that lists the Sites and the counties they serve, our Site only has Butte and Glenn counties listed. We also serve Tehama County since our inception back in the 1980’s.</p> <p>On page 39 to 40 that describes the Level of Care, the box is checked that recertifications will take place every 12 months, but in the comment box 365 days is listed. 12 months recertification is preferable to 365 days as 12 months allows the recertification to take place any time during the month. With 365 days, each year the recertification is pushed earlier and earlier sometimes moving to the previous month and making tracking difficult.</p>	<p>Thank you for providing comments on the Waiver Amendment. Tehama County has never been listed in the Waiver, but the State can add it as part of this amendment, as it is required to be listed in the Waiver if being served.</p> <p>As for the Level of Care comment, the 365-day language is required by CMS. It is written in statute that the re-evaluation of LOC must be completed prior to the <i>end date</i> of the previous evaluation to prevent a break in the continuity of services.</p>