Appendix 21 ▪ Level of Care (LOC) Reference Guide for MSSP Sites

Table of Contents

LOC Forms 2
LOC Documents 2
1. (Overview) Level of Care (LOC) Determinations 2
Predetermination LOC: 2
Finalized LOC: 2
A. Types of LOC Cases 3
I. Initial Enrollment LOCs: 3
II. Annual Recertification LOCs: 3
2. LOC Form Components 3
3. Predetermination LOC Form Writing 3
4. LOC Package Requirements 4
A. Initial Enrollment – Package Requirements 4
B. Recertification – Package Requirements 5
5. Recertification – Submission Types 5
A. On-time submissions 6
B. Reset Submission Requests 6
C. Late Submissions 7
6. Recertifications – Assessment Methods 7
7. CDA LOC Date Classifications 8
8. CDA Timeframe for Review 8
9. Approved LOC 9
10. Denied LOC 9
11. Billing 9
12. FNAG (Appendix 30) Requirements 10
13. Additional Documentation Timing Requirements 11
14. Quarterly Home Visit/Reassessment Alignment 11
15. Staff Signature Requirements 12
16. Reenrollment LOCs 12
17. Telehealth Prior to In-Home Assessment 13
18. Urgent/High-Need Cases for LOC Processing 15
19. E-mail Notifications 15
20. Email Contact 16

LOC Forms

Appendix 18 – Title 22 LOC Criteria
Appendix 19 – LOC Predetermination
Appendix 20 – LOC Predetermination with FNAG
Appendix 25 – Initial Health Assessment
Appendix 26 – Initial Psychosocial Assessment
Appendix 27 – Reassessment
Appendix 28 – Nurse Alternate Discipline Visit (ADV) Assessment
Appendix 29 – Social Worker ADV Assessment
Appendix 30 – Functional Needs Assessment Grid

LOC Documents

Appendices 19A and 20A – LOC Samples
Appendix 30A – Functional Needs Assessment Grid Instructions
Recertification LOC Flowchart

1. (Overview) Level of Care (LOC) Determinations

Site Manual Reference: Sections 3.110, 3.110.1, 3.110.2, 3.110.4, 3.410

LOC determination is a clinical judgment made by the Nurse Care Manager (NCM) and CDA MSSP nurse in accordance with the California Code of Regulations, Title 22, Sections 51118, 51124, 51334 and 51335.

The submission of the initial LOC predetermination must be completed within 60 days of MSSP application. The CDA finalized LOC is a requirement for enrollment.

Predetermination LOC: The LOC completed by the site's NCM based on an in-home assessment

Finalized LOC: The LOC reviewed and approved by a CDA State nurse

LOC predeterminations are based on the nurse's professional assessment and observations and/or information gathered through the screening tool and other sources such as care management staff, the participant, the attending physician and others involved in caring for the participant. The information required for this analysis must be obtained by conducting an in-home assessment and must be completed on the Level of Care form (See #4 LOC Package Requirements).

Site NCMs should use their clinical judgment to determine if an applicant meets level of care prior to submitting to CDA. If a site is unsure if an individual meets level of care criteria, sites can email MSSPLOC@aging.ca.gov to request a consultation, but do not include any participant Protected Health Information (PHI). A CDA nurse will contact the site via phone to discuss details.

A. Types of LOC Cases

I. **Initial Enrollment LOCs:** The initial predetermination LOC is completed by the site NCM prior to participant enrollment. The enrollment effective date is the date that the completed LOC packet is submitted to CDA.

II. **Annual Recertification LOCs:** A recertification LOC is required annually. Completed recertification LOC packages must be submitted to CDA within 30 days before the annual due date (365 days from the previous LOC).

2. LOC Form Components

Site Manual Reference: 3.110.3

The LOC determination can be completed on either the Level of Care Predetermination Form (Appendix 19) or LOC Predetermination with FNAG form (Appendix 20). The nurse may complete the LOC Predetermination with FNAG form (Appendix 20) when the nurse is the one completing the assessment. Both forms must be completed by the NCM.

Required LOC components include:

1. Cognitive and Sensory
2. Diagnoses
3. Safe Functional Status of Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs)
4. Nurse name, title, signature, and date.

CDA does not require any specific format as long as the above criteria are met. While official diagnoses from the participant's provider are preferred, receiving diagnoses from the participant, family member, or caregiver is acceptable.

3. Predetermination LOC Form Writing

Site Manual Reference: 3.110.3, 3.620.2, Appendix 33

The following are useful tips to consider when writing the Predetermination LOC.

- CDA utilizes "Participant" when referring to persons enrolled in the program to align with State and waiver program terminology.
- Copying and pasting documentation from previous assessments/LOCs without updating for changes is discouraged and may result in a finding during a Utilization Review (UR) if the file is randomly selected for review.
- **Cognitive and Sensory**: The participant's mental status must be described – whether the participant is alert and oriented to person, place, time (X3), oriented to person only, or has specific cognitive deficits. It is helpful to describe any cognitive deficits related to attention, working memory, judgment, reasoning, problem solving, decision making, and comprehension, the production of

language and/or hearing, vision, or other sensory loss. It is useful to incorporate information from the cognitive screening tool.

Cognitive Assessment Screening Tools:

- When reporting the Short Portable Mental Status Questionnaire (SPMSQ) score in the LOC, sites should include the number of errors. It is helpful to include the description of mental functioning. For example, if an individual has four errors the LOC should state, “Applicant/participant had four errors on the SPMSQ, indicating mild cognitive impairment”.
- If the Participant is unable to complete the standard assessment questions, the site should attempt the Functional Assessment Staging Tool for Dementia (FAST) or the Dementia Severity Rating Scale (DSRS). These tools are able to be completed with a care giver or family member. If either are unable to be completed successfully, the reason must be documented on the assessment or in the progress notes.
- **Additional information that could help support the determination:**
    a. Participant lives alone
    b. Participant is monolingual needing translation services
    c. Participant is bedbound or wheelchair bound
    d. Participant is high needs and caregiver is at risk for caregiver burnout
    e. Number of IHSS hours, if known
    f. Nutritional Risk Score, if applicable or if participant is on Oral Nutritional Supplements (ONS)
- **ADLs/IADLs:** The functional status must be based on the *safest* level of functioning. Adding comments help support the determination.

4. LOC Package Requirements

Site Manual Reference: 3.110.5, 3.110.10, 3.110.11, 3.110.13

Below are the minimum requirements to be included in each LOC case package submission. The site should ensure all relevant documentation for case review is provided. Cases with incomplete information are subject to processing delays. The site has the option to include additional supporting documentation as necessary. Examples include, but are not limited to: cognitive assessment screening tool, relevant progress notes, fall risk assessment, nutritional assessment, medication list, etc. Any site staff can submit the LOC package to the software system. LOC submissions will be reviewed by CDA on a first come, first served basis.

A. Initial Enrollment – Package Requirements

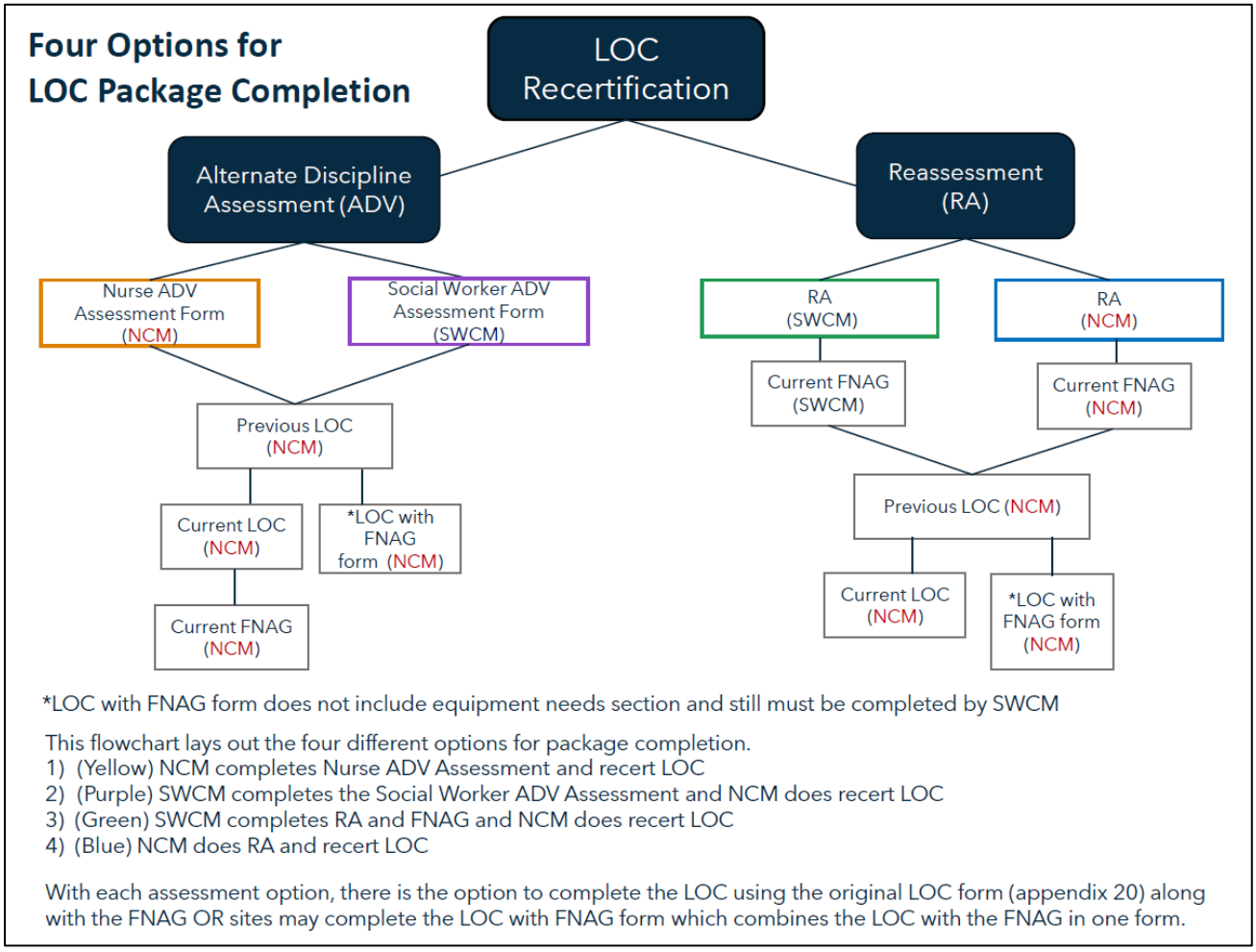
- LOC Predetermination form (Appendix 19) or LOC Predetermination with FNAG form (Appendix 20)
- Initial Health Assessment (IHA: Appendix 25) OR Initial Psychosocial Assessment (IPSA: Appendix 26)

- Functional Needs Assessment Grid (FNAG: Appendix 30) if not submitting LOC Predetermination with FNAG form (Appendix 20). (See #12 FNAG requirements)

The enrollment effective date is the date that the completed LOC packet is *submitted* to CDA. This date becomes the annual recertification due date in subsequent years.

B. Recertification – Package Requirements

The MSSP site must prepare one of the following recertification LOC packages depending on whether the LOC is done at the Alternate Discipline Visit (ADV) or at the Reassessment. The Site director may choose which assessment method their site will use for the LOC recertification process. To maintain program consistency, the site must adhere to that chosen assessment method for all participants. The recertification must be based on an in-home assessment (See #6 Recertifications – Assessment Methods).



5. Recertification – Submission Types

Site Manual Reference: 3.110.10, 3.110.12

A. On-time submissions

On-time recertification packages must follow this timeline:

- The recertification LOC package must be submitted to CDA within 365 days of the previous LOC.
- The assessment and FNAG (Appendix 30) must be completed within the 30-day window before the LOC is due.
- The predetermination LOC must be written by the NCM no later than 14 days after the assessment.
- The annual LOC due date will remain unchanged when the recertification package is submitted within the 30-day window.
- The recertification LOC package is considered late if submitted to CDA one year plus one day after the LOC annual due date.

Note: The site should not bill for any services without an active LOC approved by CDA. Billing would be subject to recovery of funds. (See #11 Billing)

B. Reset Submission Requests

Requirements for resetting a case:

- Reset date request must be before 365 days of the previous LOC
- The current assessment must be completed within 30 days of the reset date request
- The package must be submitted to CDA within 30 days of the LOC assessment
- The current predetermination LOC must be written within 14 days of the assessment
- Reset date should not be before the recertification assessment or LOC

Note: When resetting a case, sites may choose the reset date as long as the timing requirements above are met. CDA suggests considering resetting the date towards the end of the month to allow more time during subsequent years to complete the LOC package requirements within the same month. Resetting the LOC date is intended to be a one-time change. Additional resets are generally not permitted, except in rare, justified circumstances.

Example of resetting a recertification date:

- Initial LOC: July 10, 2025
- Original annual recertification LOC due date: July 10, 2026
- Predetermination LOC/assessment: January 31, 2026
- Reset LOC: January 31, 2026
- New annual recertification LOC due date: January 31, 2027

On February 1, 2027, the recertification LOC would be considered late.

Below are the reset reason descriptions.

a. **Companion Case:** For aligning a home visit assessment with a companion or spouse who resides in the same household, allowing both participants to be seen in one visit.
b. **Assessment method:** For sites that are changing from their current assessment method for LOCs (from ADV to RA or vice versa; or those doing six-month LOCs who are changing to their elected annual method).
c. **Restore annual due date after late submission:** For previous cases that were completed late, this option will allow reverting to the original LOC due date interval (for submission in the year following the late case).
d. **Reenrollment:** For participants who have been terminated and are being reenrolled into the program with a new LOC date.
e. **Prior CDA Approval:** Situational. Must email CDA regarding your reason and must be approved by CDA. This may be case-by-case or an approval for a determined amount of time.
f. **Care Manager Caseload:** For cases that are moved to help spread out or balance a care manager's caseload. An LOC may be reset to support a manageable schedule of recertification assessments.

C. Late Submissions

Case submissions that are 365 days + one day past the most recent previous LOC are considered late. Sites should make all reasonable attempts to complete the assessment and LOC within the 30-day window prior to the due date. These attempts should be documented in the progress notes.

If an LOC recertification package is submitted late, the LOC date will be considered the ***date of submission*** which will reset the annual due date of future LOCs. A late submission reason is required in the Unfoxer case journal.

Sites should not bill from the 365th day of the last active LOC to the day of the recertification package submission to CDA.

Potential acceptable reasons a case may be submitted late may include, but are not limited to, unforeseen circumstances such as participant illness, hospitalization or placement in a long-term care facility. In cases where the participant is available, but it is not safe to conduct a home visit, a telehealth visit may be considered to conduct the assessment to ensure timeliness of the LOC (See #17 Telehealth).

6. Recertifications – Assessment Methods

Site Manual Reference: 3.110.11, 3.110.13

LOC recertifications are based on an in-home assessment (either the RA or ADV). Site Directors have the ability to choose which assessment method their site will adhere to for all recertification cases. Below are possible options for meeting the assessment requirements across the available disciplines when tied to recertifying LOC:

NCM Completed Reassessment
If the Nurse completes the RA and serves as the alternate discipline (with the SWCM as the primary CM), this will fulfill the ADV requirement, and no separate ADV will be needed. The Social Worker would still be required to complete one in-home visit annually, which can be conducted during a quarterly or monthly contact.

SWCM Completed Reassessment
The Social Worker completes the RA. The Nurse completes the LOC based on the Social Worker's RA. The Nurse may complete the ADV at any point within the year and would not need to submit for the recertification process.

Alternate Discipline Visit Assessment
The alternate discipline may complete the ADV at the six-month mark, and then annually thereafter. This approach allows the site to reset the LOC date to the end of the month as long as all reset requirements are met. The primary care manager would still complete the RA annually (within the one-month-before/one-month-after window), but it would not be tied to the LOC process or require submission.

If a Site Director elects to use a different assessment method than is currently using, a written request must be submitted via email to CDA at MSSPLOC@aging.ca.gov at least 30 days prior to implementation. To maintain program consistency, the site must adhere to that chosen assessment method for all participants. The change in assessment method will allow for a one-time LOC date reset.

7. CDA LOC Date Classifications

Site Manual Reference: 3.110.10, 3.110.12

- **Initial Enrollment:** LOC determinations will be the case *submission date* to CDA. This will be the "LOC Date" at the top of the final CDA approved LOC and the annual due date in subsequent years.
- **On-time recertification:** LOC determinations will use the *previous LOC date* as their effective annual due date. LOC dates will remain the same in subsequent years when the recertification package is submitted anytime within the 30 day submission window.
- **Reset Recertification:** Sites choose the reset LOC date; however, they must meet the pre-approved reasons and timing requirements. The reset date will become the new annual LOC due date in subsequent years.
- **Late Recertification:** LOC determinations will be based on the case *submission date* to CDA.

8. CDA Timeframe for Review

Site Manual Reference: 3.110.11, 3.110.5

CDA will review submitted initial LOC packages within 30 days of submission and recertification LOC packages within 14 days of submission.

If additional information is required from the site, the maximum timeframe for review and determination by CDA is 60 days from the date of case submission. When additional information is required, CDA will contact the site via a journal entry within Unfoxer with the request for additional information. The site will receive an automated email to notify them of a new journal entry with the Unfoxer ID to reference. Cases older than 60 days of submission are subject to denial if all requested information has not been provided.

9. Approved LOC

Site Manual Reference: 3.110.9

After approval, the site will download the final approved LOC for their records and will proceed with Care Management and Waiver Services delivery and billing. Sites are expected to maintain copies of all submitted supporting documentation for as long as the case is open and active, then for seven years following case termination, as required by the CDA Standard Agreement. Effective Fiscal Year 2026-2027, the retention period will be ten years from the date of termination. Unfoxer will retain LOC information for a minimum of 120 days after a final determination is made. CDA will retain a copy of the finalized LOC for ten years.

10. Denied LOC

Site Manual Reference: 3.110.8

Reasons for Denial:

1. **Denied, participant does not meet eligibility:** The site can ask CDA to reconsider the denial decision if they disagree. If the site agrees, they will proceed with the denial process.
2. **Denied, insufficient information to approve:** The site can ask CDA to reconsider the denial decision. The site will have to comply with and submit the requested additional information. The enrollment date may be altered based on delay of information. It is the site's responsibility to send and maintain a copy of the denial Notice of Action (NOA). If a hearing is filed, CDA will be responsible for drafting the position statement.

If the site disagrees with a denied LOC, they may use the journal entry feature within Unfoxer to ask questions, get clarification, or ask that CDA reconsider the decision. Sites may also email MSSPLOC@aging.ca.gov to discuss alternative solutions; however, do not include any PHI in an email.

11. Billing

Site Manual Reference: 3.110.7, 3.110.10

Initial Enrollments:

- Services cannot be authorized and provided until after the applicant is enrolled in the Waiver, LOC approval has been granted by the State, care plan conferencing has occurred, and the care plan is signed by the primary care manager and SCM. Any services authorized prior to LOC approval by the State are subject to recovery.
- Sites are encouraged to complete care management activities in the same month as LOC submission to CDA. Since care management services are billed using a monthly rate, all enrollment activity that took place in the same month as the LOC package submission date would be reimbursed for all approved LOC cases. Any site workload prior to LOC case upload is at risk of not being reimbursed if done in the month(s) prior to LOC submission and approval.
- Sites can refer services while waiting for LOC approval. No Waiver Service funds should be used until final LOC approval is received from CDA.
- If there are emergency care needs identified during the assessment and care plan processes, the site must wait until they receive CDA LOC approval before authorizing any additional Waiver Services (See # 18 Urgent/High-Need Cases for LOC Processing).

Recertifications:

- Sites should not bill for Waiver Services/items provided during any period in which a participant's level of care determination has lapsed, and waiver eligibility has not yet been restored.
- In situations where a service or purchase is necessary to address an immediate health or safety concern during this period, the site must ensure thorough documentation in the progress notes. Documentation must include the health or safety concern, the rationale for the purchase, and confirmation that the purchase occurred within 30 days of the LOC lapse.
- If the LOC is ultimately denied, the site would be responsible for any Care Management, administrative services and Waiver Service purchases incurred. The site is at risk of recovery if these services have been billed in the system.

Once completed LOC packets have been submitted to CDA, those participants/applicants should be included in the participant counts for monthly and quarterly reporting.

12. FNAG (Appendix 30) Requirements

Site Manual Reference: 3.110.11, 3.620

- The SWCM or NCM can complete the FNAG (Appendix 30); however, ONLY the NCM can complete the LOC Predetermination with FNAG form (Appendix 20) when the nurse is the one completing the assessment
- If the LOC Predetermination with FNAG form (Appendix 20) is submitted, a separate FNAG (Appendix 30) form is not required

- The FNAG (Appendix 30) can be typed or handwritten
- The comment field is optional; however, comments are encouraged to help provide a clear picture of the participant's needs
- The functional status on the FNAG should match the LOC. If the FNAG and LOC differ because two different disciplines completed the forms, a journal entry should be added to the Unfoxer case, explaining the reason for any significant differences. The NCM should use their best clinical judgment when completing the LOC.

13. Additional Documentation Timing Requirements

Site Manual Reference: 3.110.11

The CDA-Approved Cognitive Screening Tool, FNAG (Appendix 30), and Medication list can be completed with either the Alternate Discipline Visit or Reassessment; however, they must be completed at least every 12 months. The equipment checklist will be required to be completed with the IPSA and at reassessment; it is not required to be submitted with the LOC case.

14. Quarterly Home Visit/Reassessment Alignment

Site Manual Reference: 3.630

In some instances, the quarterly home visit/reassessment schedule may need to be re-aligned in cases such as LOC recertification reset or a late-case submission. The site may elect to move up its quarterly home visit schedule for the purpose of aligning visits with the newly established assessment and/or LOC date schedule.

Below is a summary of timing requirements for quarterly contact and reassessments.

- **Quarterly contact:** Must be completed within three months of the previous quarterly contact. Quarterly contacts conducted as an in-person home visit should be the default/preferred method of conducting quarterly contact.
- **Reassessment:** The month of initial enrollment is the foundation for future reassessments.
    - A grace period of one month on either side of the anniversary month is only acceptable when the reassessment is **NOT** linked to the LOC redetermination.
    - Sites have the option to reset the reassessment calendar to a month different from the month of initial enrollment as the foundation for scheduling future reassessments. To reset the reassessment calendar, the reassessment must be completed in **less than** 12 months, and the

progress notes must document both the change as being permanent and identify the new reassessment due date.

- No participant shall go more than 12 months without a reassessment to convert to the new schedule. Quarterly contact would then be adjusted to align with the new schedule maintaining compliance for quarterly contact at three-month intervals.

Example: If a quarterly home visit/Reassessment was originally due August 30th, but the LOC date is reset to July 30th, the site may move the entire quarterly schedule up by one month to align with the new LOC cycle.

Original schedule: August, November, February, May

New schedule: July, October, January, April

15. Staff Signature Requirements

Site Manual Reference: 5.810

All required documents contained in the case record must be complete, including name and signature of the person responsible for the completion of the form.

Whenever there is a signature required in the case record, it must include the following:

- The individual's full name or first initial and full last name.
- The person's professional initials: RN (Registered Nurse), or the MSSP job classification title: SWCM for Social Work Care Manager or NCM for Nurse Care Manager.
- The date the document was signed.

The following documents required for LOC submission require staff signature:

- LOC Predetermination Form (Appendix 19) – Nurse Care Manager
- Initial Health Assessment (Appendix 25) – Nurse Care Manager
- Initial Psychosocial Assessment (Appendix 26) – Social Work Care Manager
- Reassessment (Appendix 27) – Nurse Care Manager or the Social Work Care Manager
- Alternative Discipline Visit (Appendix 28 or 29) – Nurse Care Manager or the Social Work Care Manager

Note: Sites may have their own individual requirements for additional signature requirements not required by CDA. For a full list of documents that require signature, see Site Manual Section 5.810 – Staff Signatures and Signature Requirements.

16. Reenrollment LOCs

Site Manual Reference: 3.1710, 3.1720

The NCM must complete reenrollment or change of condition LOCs.

- **Participants reenrolled within 31-90 days:**
  Submitting the revised LOC to CDA is not required; however, a recertification LOC package will still be required to be submitted at the original annual due date. If a site chooses to reset the LOC due date based on the reenrollment date, a complete LOC package must be submitted to CDA for final approval within 30 days of reenrollment.

  The site may choose to submit either an initial enrollment package (See #4A Initial Enrollment – Package Requirements) or a reassessment. The record should support the selection of the reassessment (Appendix 27).

  Note: The site may choose to permanently reset the reassessment month at this time.

- **Participants reenrolled after 90 days:**
  Submitting the revised LOC to CDA is required for final approval. A complete initial LOC package must be submitted to CDA for final approval within 30 days of reenrollment (See #4A Initial Enrollment – Package Requirements). The date that the reenrollment package is submitted to CDA will be the enrollment date as well as the participant's new annual LOC due date for subsequent years.

Please refer to Site Manual Section 3.1720 for additional reenrollment requirements.

17. Telehealth Prior to In-Home Assessment

Site Manual Reference: 3.0230, 3.1530

When an in-home visit cannot be safely completed due to unforeseen circumstances (e.g., participant illness, environmental hazards, or temporary unsafe home conditions such as structural damage or infestation), the in-home visit may be deferred using telehealth to complete the assessment as an interim measure. The home visit must be completed as soon as possible, but no later than 30 days of the telehealth contact. Once the in-home visit is completed, the telehealth recertification LOC package must be resubmitted in Unfoxer within 5 days. *Telehealth is not a record review.* It is important to note that this option only applies to participants that are in their homes, this does not apply when a participant is in the hospital or any other type of institution. Please reach out to MSSPLOC@aging.ca.gov if you are unsure whether a specific situation would be appropriate for completion via telehealth.

LOC Package Submission/CDA Processing

1. The case may be submitted to CDA with a journal note clearly indicating that the LOC determination is based on a telehealth assessment.
2. CDA will accept the submission as of the date received; however, the case will be returned to *In Progress* status and will not be finalized until the in-home assessment is completed and required documentation is uploaded.

3. **IF** the telehealth LOC package is submitted within 30 days prior to the annual due date, the finalized LOC will be considered timely, and the annual due date will remain unchanged.
4. **IF** the telehealth LOC package is submitted after the annual due date, the finalized LOC date will reflect the telehealth submission date.

In-Home Visit Requirements and Documentation

1. The in-home visit must be completed as soon as possible, but no later than 30 days of the telehealth contact. In the case a home visit is not able to be completed within 30 days, CDA reserves the right to request a new LOC.
2. The reason for deferring the in-home visit and the anticipated timeframe for completion must be documented in the progress notes.
3. The telehealth and in-home assessment may be completed by either discipline. Alternate discipline requirements would still need to be met to ensure each discipline conducts a home visit at least once every 12 months.

Post In-Home Visit Requirements and Documentation

After completion of the in-home visit, staff must upload a detailed progress note (with Attachment Type “Nursing notes/Misc. information”) to the Unfoxer case file which includes:

1. The date of the in-home visit
2. A clear description of the participant and observations by the care manager specifically to the participant’s home environment, including any health and safety concerns
3. Any differences identified between the telehealth assessment and the in-home assessment (if applicable); and
4. Any changes impacting the Level of Care, (if applicable).

Upon completion of the above steps, the case must be resubmitted in Unfoxer within 5 days for CDA review and final determination.

When site staff cannot complete a home visit for a recertification due to various reasons such as being sick or on vacation, the following are some options to consider:

- The alternate discipline could conduct the assessment, provided both disciplines meet the annual home visit requirement.
- A temporary contracted registered nurse could be used to conduct the reassessment.

As a reminder, sites should begin planning the weeks or month leading up to the 30-day timeframe to schedule the LOC assessment in the participant’s home. Conducting the assessment in-home should remain the default and preferred method for completing the assessment. Telehealth guidance is provided to support consideration of telehealth as a

rare or infrequent alternative when participant-related, environmental or other unforeseen non-staffing-related circumstances arise.

18. Urgent/High-Need Cases for LOC Processing

Site Manual Reference: 3.110.6

In the event MSSP staff identifies a situation or need of such a critical nature that must be dealt with immediately rather than waiting for the standard LOC review and approval process, the site can request an emergency review of the LOC. The site should enter a "Journal Entry" within Unfoxer with journal topic "Case Review" which includes any pertinent information describing the need for an emergency review. After the case has been submitted to Unfoxer, the site should email CDA at MSSPLOC@aging.ca.gov to request an emergency LOC review. The email must include the following information: Emergency LOC review request, site number and Unfoxer ID. Do not include any participant PHI in the email request. CDA staff will review requests and determine if a case can be expedited within five business days. CDA will prioritize and move expedited cases to the top of the list for review and approval.

19. E-mail Notifications

Site Manual Reference: 3.110.8

Sites may check Unfoxer for the status of all cases. MSSP sites will be notified via automated emails for the following statuses within a case:

- **Under Review:** CDA has received the case and will begin the review process.
- **Additional Information Needed:** More information is needed to complete the review process. Case will return to the "In Progress" status for site edits.
- **Journal Entry/Journal Chat:** CDA has entered a message for your review.
- **Approved:** LOC is approved. Download Final LOC for participant record.
- **Approved But Requires Participant ID:** A participant ID must be entered to complete the process.
- **LOC Date Updated:** A correction was made to a final LOC date. New version is ready for download.
- **Denied, participant does not meet eligibility:** Participant does not meet eligibility criteria.
- **Denied, insufficient information to approve:** After multiple attempts to gather information, the case does not contain sufficient information to approve.

*Within each notification email there is a link that will open the specific case when clicked.

20. Email Contact

- **Nursing and LOC:** MSSPLOC@aging.ca.gov
- **General MSSP:** MSSPService@aging.ca.gov