MSSP 2019-2024 Waiver Renewal Draft
Comments and Questions with Responses

Appendix A Waiver Administration A-3

<u>Waiver Narrative</u>
MSSP site staff purchase the Waiver Services through written agreements with local vendors.

<u>Question/Comment</u>
Allow ability to purchase outside of written agreements when appropriate (for example, Amazon).

<u>CDA/DHCS Response</u>
There is general language used for an overview for how the majority of purchases occur; not the only method available for how purchases are made. There is guidance for sites on how to purchase outside of written agreements in the MSSP Site Manual, Chapter 8: 8.300.

Appendix B-3 Number of Individuals Served

<u>Waiver Narrative</u>
Maximum Number of Participants Served at Any Point During the Year.

Question/Comment
The Application lays out the reduction in slots for the MSSP as participants were to be moved into managed care. However, this process was defined prior to the transition date being moved to January 1, 2023. As the transition date has been delayed, will this portion of the application be updated to remove the reduction?

<u>CDA/DHCS Response</u>
Yes, since the extension request has been approved by CMS, the number of slots and associated funding has been updated to reflect the change in transition from occurring in Waiver Year One, to now occurring in Waiver Year Four.

Appendix B-6 Evaluation and Revaluation of Level of Care B-6.f

<u>Waiver Narrative</u>
A LOC determination is completed for each MSSP Waiver Participant upon entry into the program… 6. Coordination of plan of care by the NCM and the Social Work Care Manager (SWCM) Enrolled Participants have face-to-face reevaluations which are performed by a NCM no later than 365 days from the last LOC, or more often where there is a change of condition.

Question/Comment
Allow provision for record review LOC if unable to schedule face-to-face reevaluation.

CDA/DHCS Response
CDA removed the language "face to face" so that revaluations can be either face to face or by record review.

Appendix B-7 Freedom of Choice, B-7.a

Waiver Narrative
The Participant is also provided a copy of two documents, "Client Rights in MSSP" and "Your Rights Under California Welfare Programs".

Question/Comment
Will the state be updating the enrollment application to correspond with this wavier language?

CDA/DHCS Response
Both documents related to Hearing Rights and Client Rights are currently available in the MSSP Site Manual.

Appendix C-1/C-3 Service Specification

Waiver Narrative
Communication: Translation/Interpretation (9.1) The provision of translation and interpretive services for purposes of instruction, linkage with social or medical services, and conduct of business is essential to maintaining independence and carrying out the Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) functions. For non-English speaking Waiver Participant, this service is the link to the entire home- and community-based service delivery system. MSSP resources shall be used to support this service only where family and community resources are unable to meet the need as described in the care plan.

Question/Comment
This wording is inconsistent with federal and state law and unnecessarily restricts a site's ability to comply with law using waiver funds.

CDA/DHCS Response
This language is consistent with waiver requirements that Medi-Cal be the payor of last resort.

Appendix C-1/C-3 Service Specification

Waiver Narrative
RN License Verification - Prior to/at time of employment and every two years thereafter.

Question/Comment
Verification should be tied to license expiration rather than 2 years from employment.

CDA/DHCS Response
Language was added to clarify, "every two years thereafter or before the license expiration date, whichever is sooner."

Appendix C-1/C-3 Service Specification

Waiver Narrative
Vendor Business License and Other Vendor Qualifications and Standards- Prior to/at time of initial contract and every 12 months thereafter

Question/Comment
Requirements should be tied to expiration rather than 12 months from contract.

CDA/DHCS Response
Language was added to clarify, "every twelve months thereafter or before the expiration date, whichever is sooner."

Appendix D Quality Improvement: Service Plan D.b.i.

Waiver Narrative
If errors are identified in the service plan or service delivery during the UR process, a written report of the findings and recommendations is issued to the site from CDA that will include a formal written request for a corrective action plan (CAP) specific to remediating the errors.

Question/Comment
CAP should be limited to errors identified above specified threshold.

CDA/DHCS Response
CDA uses a variety of factors to determine whether a CAP will be required during a Utilization Review. For example, how many records were reviewed, whether the findings were diverse or indicate a trend, whether the findings pertain to a waiver assurance, etc. CDA also uses the CAP remediation process for problems identified with Contract and MSSP Site

Manual requirements. Due to these varying factors, a CAP threshold is not going to be established at this time.

Appendix D Service Plan Development D.1.h.

<u>Waiver Narrative</u>
Care Plan Review and Update: Every twelve months or more frequently when necessary

<u>Question/Comment</u>
This is inconsistent with the reassessment range timeframe (month before/month after anniversary date).

<u>CDA/DHCS Response</u>
The reassessment requirement is separate from the care plan requirements and was established with flexibility for the reassessment process.

Appendix G Quality Improvement: Health and Welfare G.b.i.

<u>Waiver Narrative</u>
If errors are identified in the Waiver Participant's records regarding health and welfare issues during the UR process, a written report of the findings and recommendations is issued to the site from CDA. This report will include a formal written request for a corrective action plan (CAP) specific to remediating the errors.

<u>Question/Comment</u>
CAP should be limited to errors identified above specified severity.

<u>CDA/DHCS Response</u>
CDA uses a variety of factors to determine whether a CAP will be required during a Utilization Review. For example, how many records were reviewed, whether the findings were diverse or indicate a trend, whether the findings pertain to a waiver assurance, etc. CDA also uses the CAP remediation process for problems identified with Contract and MSSP Site Manual requirements. Due to these varying factors, a CAP threshold is not going to be established at this time.

Appendix G Quality Improvement: Health and Welfare G.d

<u>Waiver Narrative</u>
Percent of participants who report that their health and safety needs are being met by the waiver. Numerator: Number of participants who report

that their health and safety needs are being met by the waiver. Denominator: A representative sample of participants.

Question/Comment
What's the mechanism for surveying participants?

CDA/DHCS Response
CDA has added a question to its Client Satisfaction Survey and will collect this data during the Home Visit component of the Utilization Review.

Appendix H-1 Quality Improvement Strategy H-1.a.i.

Waiver Narrative
When an individual problem is identified during the UR process, a written report of the findings and recommendations is issued to the site from CDA that will include a formal written request for a corrective action plan (CAP) specific to remediating the problem.

Question/Comment
CAP should be limited to problems identified above specified threshold.

CDA/DHCS Response
CDA uses a variety of factors to determine whether a CAP will be required during a Utilization Review. For example, how many records were reviewed, whether the findings were diverse or indicate a trend, whether the findings pertain to a waiver assurance, etc. CDA also uses the CAP remediation process for problems identified with Contract and MSSP Site Manual requirements. Due to these varying factors, a CAP threshold is not going to be established at this time.

General Appendix I

Waiver Narrative
"The state refuses entrance to the waiver to any otherwise qualified individual when the state reasonably expects that the cost of home and community- based services furnished to that individual would exceed the following amount specified by the state that is less than the cost of a level of care specified for the waiver." Individual Cost Limit, Pg. 24

$4,285 per MSSP Participant slot annually; Pg. 153

Question/Comment
KP requests clarification as to how services under the MSSP will be reimbursed, such as the "Purchased Services" that are proposed in the

Findings from Model of Care Workgroup from January 2019. Significant benefits are being added to the MSSP without the naming of any additional compensation.

CDA/DHCS Response
The method for purchasing services has not changed; it still remains the same as previous waiver periods. "Purchased Services" benefits are not being added to the MSSP Waiver and the funding remains the same, as it is set by the State Legislature.

If this question/comment is related to the CCI transition process, then the appropriate arena would be the public comment process for the CCI transition. Budget allocation will be adjusted once the transition occurs.

Appendix I-2 Rates, Billing, and Claims I-2.a.
Waiver Narrative
MSSP Sites will coordinate care planning and service delivery with the Managed Care Plan for the Plan covered benefit.

Question/Comment
What is the site's responsibility in care planning and service delivery of plan covered benefits?

CDA/DHCS Response
The site has a responsibility to discuss and coordinate care and service plan efforts with the managed care plan.

Appendix I-2 Rates, Billing, and Claims I-2.d.
Waiver Narrative
The MSSP Site Director and Managed Care Plan utilization manager perform routine eligibility reviews (the first through fifth of each month) through the Medi-Cal Eligibility Data System (MEDS) to assure that a capitated payment is made only when the individual is an MSSP Waiver Participant and a Plan Member.

Question/Comment
Allow provision for site director to delegate performance of eligibility reviews to qualified staff.

CDA/DHCS Response
The words "Director" and "Utilization Manager" were deleted to allow flexibility with whom completes this task.

Appendix I-5 Exclusion of Medicaid Payment for Room and Board

Waiver Narrative

a. Services Furnished in Residential Settings:

No services under this waiver are furnished in residential settings other than the private residence of the individual.

Question/Comment

KP also would like to comment on the decision to disallow Residential Care Facilities for the Elderly (RCFEs) as a location for participants to reside in and be eligible for the MSSP. Many elderly individuals who would be ideal participants for the MSSP, especially those who are low-income and reside in areas where affordable housing is scarce, reside in RCFEs as an alternative to a private home setting. RCFEs are also a more cost-effective housing solution for elderly people who would otherwise have to be placed into a long-term care facility. Finally, the State also has oversight of RCFEs through the licensing and auditing processes that they must adhere to. We are not clear as to why this change was made as it would disallow many low-income elderly people with a high level of care from being able to participate in the program and is not aligned with the need to address affordable housing options for this population.

CDA/DHCS Response

Currently, the Assisted Living Waiver with DHCS assists people living in RCFEs. The focus of the MSSP Waiver is to provide services for people in the least restrictive environment, so that they may remain in the community, in their own homes. Transitions to/from RCFEs are still allowed; however, since people in RCFEs already have assistance meeting many of their needs, MSSP's primary focus is for those who do not have those resources available to them.