



## **Coordinated Care Initiative**

Multipurpose Senior Services Program (MSSP)  
Stakeholder and Transition Plan Approach

**May 2015**

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### **Executive Summary**

The Legislature, through the passage of Welfare and Institutions (W&I) Code Section 14186.3(b), requires the California Department of Health Care Services (DHCS) to collaborate with the California Department of Aging (CDA), Medi-Cal managed care health plans (MCP), Multipurpose Senior Services Program (MSSP) Providers and stakeholders to develop an integrated, person-centered care management and care coordination model that works within the context of managed care under the Coordinated Care Initiative (CCI). In addition, DHCS must develop and submit a transition plan (MSSP Transition Plan) to the Legislature describing how MSSP services will transition from a federal 1915(c) home and community-based services (HCBS) waiver to a fully integrated MCP benefit.

W&I Code Section 14186.3 require the DHCS to submit two reports to the Legislature on the MSSP Transition to an MCP benefit:

- (1) W&I Code 14186.3 (b)(4)(B) require the DHCS to provide the Legislature with a plan for how DHCS will transition MSSP from an HCBS waiver to a Medi-Cal managed health care plan benefit in CCI counties.
- (2) W&I Code Section 14186.3 (b)(4)(C) require the DHCS, no later than 90 days prior to implementation of the MSSP transition, to submit an MSSP Transition Plan that includes steps to address concerns, if any, raised by stakeholders subsequent to the plan submitted to the Legislature in (1) above.

To achieve the reporting goals, the State will fulfill the initial reporting requirement in W&I Code 14186.3 (b)(4)(B) by outlining the process that the State will use to develop the final MSSP Transition Plan with MCPs, MSSP Providers and other interested stakeholders. As outlined in this report, the State will facilitate and oversee a series of stakeholder meetings, in collaboration with CDA, MCPs, MSSP Providers and Stakeholders, to develop seamless integration of a person-centered care coordination model that serves the MSSP population into a managed care delivery system. The stakeholder process will result in a State MSSP Transition Framework which the State will post on the DHCS and CDA websites and provide notification to the Legislature of its availability. Upon release of the State MSSP Transition Framework, local MCPs and MSSP Providers will develop their county or regional level MSSP Transition Plan to the State for review and approval. The State will submit a final report to the Legislature 90 days prior to each county that transitions MSSP to a Medi-Cal managed care plan benefit. These reports will include a transition plan that includes steps to address

concerns, if any, raised by stakeholders regarding the transition, which will fulfill the requirement in W&I Code Section 14186.3(b)(4)(C).

Key milestones to developing a State MSSP Transition Plan and subsequent individualized local MSSP Transition plans are as follows:

<b>MSSP Transition Planning and Stakeholder Engagement Timeline</b>	
Development and Finalization of Statewide Framework	1. Planning Committee
	2. Two-Day Facilitated Retreat
	3. State-Level Kick-Off
	4. Public Comment Period
	5. Finalized Statewide Framework
Local MSSP Transition and Transition Plan	1. MCP and MSSP Provider Collaboration for Local Draft Transition Plan
	2. Local Stakeholder Engagement Planning
	3. Local Regional or County Level Stakeholder Engagement
	4. Submission of Final Transition Plan
	5. State-Level Wrap-Up
	6. State Notification of Approved Local Transitions and Transition Plans

### **DEVELOPMENT AND FINALIZATION OF STATEWIDE FRAMEWORK**

**Planning Committee:** To establish a clear agenda, goals and objectives for a Two-Day Facilitated Retreat.

**Two-Day Facilitated Retreat:** To achieve an understanding of MCPs and MSSP Providers care coordination standards, models and processes as well as develop readiness criteria to assist in the MSSP transition.

**State-Level Kick-Off:** To engage stakeholders at the state level and present the outcomes from the Two-Day Facilitated Retreat, discuss how to meet the needs of MSSP participants, and identify the next steps to continuing the MSSP transition.

**Public Comment Period:** To allow for effective stakeholder engagement by providing the public an opportunity to review all proposals and changes to the MSSP in CCI counties and afford the public a chance to provide recommendations and input for consideration.

**Release of Finalized Statewide Framework:** To publicly provide the final benchmarks, demonstrating incorporation of public input, finalizing the statewide MSSP Transition Plan Framework to the MCPs and MSSP Providers initiating the local stakeholder planning process.

## **LOCAL MSSP TRANSITION AND TRANSITION PLAN**

**MCP and MSSP Provider Collaboration for Local Draft Transition Plan:** To allow for a period of time when the MCPs will develop their own county/region-specific transition plan which will be vetted through a local stakeholder process and then submitted to the State for approval.

**Local Stakeholder Engagement Planning:** To allow MCPs and MSSP Providers to jointly develop and agree to the steps necessary in order to facilitate a smooth transition of MSSP.

**Local Regional or County Level Workgroups/Stakeholder Engagement:** To engage local stakeholders who will assist in identifying, at a county or regional level, how MCPs will meet the readiness benchmarks, developing the county or regional MSSP transition plan and jointly preparing with the MSSP Providers the appropriate timeframe for transition.

**Submission of Final Transition Plan:**

To allow MCPs and MSSP Providers to submit their collaborated final Transition Plan to the State for approval and consolidation into the State's Transition Plan.

**A State-Level Wrap-Up:** To engage stakeholders at the state level and present the outcomes from the local stakeholder outreach, as well as identify and present a consolidated State Transition Plan consisting of MCPs local MSSP transition plans for public comment.

**State Notification of Approved Local Transitions and Transition Plans:**

To provide notification to the Legislature of State approved local MCP MSSP Transition Plan and further determination of MCPs and MSSP Providers meeting readiness criteria prior to transition, which fulfills the reporting requirement in W&I Code Section 14186.3 (b)(4)(C).

The final local MSSP Transition Plans will ensure that MCPs are ready to fully integrate the MSSP benefit/MSSP model of long-term care coordination in their county or region to support the smooth transition of all MSSP participants whether they remain in Fee-For-Service (FFS), remain with their MSSP Provider or experience a change in care managers under the MCP. The State will also ensure that all entities involved are in agreement with the final local MSSP Transition Plan before notifying the Legislature of any county or regional transition.

### Introduction

In January 2012, Governor Brown announced the Coordinated Care Initiative (CCI) with the goals of enhancing health outcomes and beneficiary satisfaction for low-income seniors and persons with disabilities (SPDs), including dual eligible beneficiaries (individuals eligible for Medicare and Medicaid) while achieving substantial savings from rebalancing service delivery away from institutional care and into the home and community. Working in partnership with the Legislature and stakeholders, the Governor enacted the CCI through (SB) 1008 (Committee on Budget and Fiscal Review, Chapter 33, Statutes of 2012), SB 1036 (Committee on Budget and Fiscal Review, Chapter 45, Statutes of 2012), and SB 94 (Committee on Budget and Fiscal Review, Chapter 37, Statutes of 2013).

The three major components of the CCI are:

1. A three-year Duals Demonstration Project, called Cal MediConnect, for dual eligible beneficiaries that combines the full continuum of acute, primary, institutional, and home and community-based services (HCBS) into a single benefit package, delivered through an organized service delivery system;
2. Mandatory Medi-Cal managed care enrollment for dual eligible beneficiaries; and
3. The inclusion of the Long-Term Services and Supports (LTSS) as a Medi-Cal managed care benefit for SPD beneficiaries who are eligible for Medi-Cal only, and for beneficiaries dually eligible.

As part of this demonstration, the Multipurpose Senior Services Program (MSSP), a 1915(c) Home and Community-Based Services (HCBS) Waiver, is included as a managed care benefit under Medi-Cal managed care plans (MCPs) and is a component of the integration, coordination and delivery of Managed Long-Term Services and Supports (MLTSS) for Medi-Cal beneficiaries.

Pursuant to California Welfare and Institutions (W&I) Code Section 14186.3(b), the Department of Health Care Services (DHCS), in collaboration with the California Department of Aging (CDA), shall work with the MCPs, MSSP Providers, and stakeholders to develop an integrated, person-centered care management and care coordination model that works within the context of managed care under the CCI. In addition, DHCS must develop and submit a transition plan (MSSP Transition Plan) to the Legislature describing how MSSP services will transition from a federal 1915(c) home and community-based services (HCBS) waiver to a fully integrated MCP benefit.

## **I. MSSP Stakeholder and Transition Plan Approach: Overview**

Pursuant to the W&I Code 14186.3(b)(4)(B), the MSSP Transition Plan must:

- Incorporate the principles of the MSSP Waiver into the managed care benefit;
- Include provisions to ensure seamless transitions and continuity of care for individuals transitioning from the MSSP Waiver to the MCP-administered benefit; and
- Take into account recommendations and address concerns arising from the local stakeholder processes that MCPs shall conduct in partnership with local MSSP Providers.

The State will meet these requirements through the development of an MSSP transition strategy and timeline (MSSP Timeline) to describe its approach to stakeholder engagement to ensure the seamless integration of a person-centered care management and care coordination model into managed care as well as initiate and develop the transition planning process through a series of state and local level stakeholder meetings with MCPs and MSSP Providers.

The MSSP Timeline provides the framework in developing the MSSP Transition Plans described in W&I Code Section 14186.3 (b)(4)(C). By providing the MSSP Timeline, MCPs and MSSP Providers will be able to focus on objectives and required benchmarks during the stakeholder engagement processes. The MSSP Timeline is comprised of six main components:

- Planning Committee;
- Two-Day Facilitated Retreat;
- State-Level Kick-Off;
- Workgroup/Stakeholder Process at the Local Level within each CCI County or Region (facilitated by MCPs and MSSP Providers);
- State-Level Wrap-up; and
- State notification of approved Local Transitions and Transition Plans

## **II. Development and Finalization of Statewide Framework**

This section lists specific objectives and goals that the State requires the MCPs and MSSP Providers to accomplish during the stakeholder process within each component listed in the MSSP Timeline.

### The Planning Committee

In planning for the Two-Day Facilitated Retreat, the State will work with MCP and MSSP Provider representative(s) who will advise the State on developing an agenda that allows full participation from all entities and that defines specific list of goals and objectives in order to facilitate a productive and comprehensive Two-Day Retreat.

### The Two-Day Facilitated Retreat

The retreat will be facilitated by the State and will create a framework for transition benchmarks that the MCPs and MSSP Providers are required to meet in order to be ready for transition.

#### *1. Orientation and Understanding of Care Coordination Models:*

At the Retreat, MCPs and MSSP Providers will identify and discuss shared goals, target populations, models, standards and practices for long-term care coordination including person-centered care planning principles. The State will introduce a “model” of MCPs and MSSP Providers care management structures as case studies for examples and discussion. The MCPs and MSSP Providers will also develop and identify an approach for on-going training of MCP and MSSP Provider staff. At the end of Day One, MCPs and MSSP Providers will be familiar with each other’s care coordination models, processes and target populations and will have established a plan for further orientation and discussion that includes on-site visits and in-service training at MCPs/MSSP Provider sites.

#### *2. Framework for Transition Benchmarks:*

Day Two of the Retreat is a working session that will set the tone for the entire stakeholder engagement series. The MCPs and MSSP Providers will begin to define the benchmarks they must meet in order to be deemed ready for transition. Part of defining the benchmarks will include identifying where both entities’ care management models complement each other as well as accounting for the need to ensure continuity of care for managed care and FFS MSSP beneficiaries.

By the end of Day Two, the expectation is for the MCPs and MSSP Providers to have developed a first draft of a set of statewide benchmarks (that will also include common agreement on which benchmarks allow for local flexibility) to be further

refined through a stakeholder process. The State also expects some benchmarks to be consistent across the State and potentially allow flexibility in areas where different counties would take a different approach. The State will draft benchmarks based on the MCPs' and MSSP Providers' recommendations provided during Day Two to create the State's MSSP transition Plan Framework, focusing on areas such as:

- Benchmarks that ensure readiness to transition;
- Statewide care coordination and service delivery standards;
- Areas of a care coordination model where county or regional flexibilities can vary due to the nature of the MCPs membership and/or experience;
- Areas where there are differences in the MCPs long-term care management model and how MSSP Providers can assist in addressing any differences;
- Steps to ensure continuity of care for MSSP participants who are managed care plan members; and
- Processes for notifying and communicating with MSSP beneficiaries and their families to ensure smooth transition.

### The State-Level Kick-Off

The statewide stakeholder meeting will be facilitated by the State, to present a brief overview of the outcomes from the Two-Day Retreat, including a discussion of the draft Transition Plan, and kick-off a public comment period. The State will also provide guidance in preparation for the series of stakeholder meetings that the MCPs (in collaboration with MSSP Providers) will facilitate.

#### *1. Retreat Overview and Present Draft Framework and Benchmarks:*

During the Retreat, MCPs and MSSP Providers will work collaboratively to establish common language related to care coordination and identify the framework and benchmarks for the transition. The following includes the State's intended accomplishments for the MCPs and MSSP Providers to be shared with stakeholders:

- Identified common language, target populations and the needs of high cost, high-risk MCP members;
- Identified protocols of each entity's person-centered planning;
- Compared care coordination models to see if there are similar standards of care planning and coordination;

- Identified long- and short-term goals of care planning and coordination;
- Defined person-centered care and care planning;
- Identified gaps or misalignment in each entity's person-centered care planning model;
- Developed curriculum and approach to cross-orientation to the MCPs and MSSP Providers care coordination requirements and models; and
- Established an on-going training for the MCPs and MSSP Provider staff as part of the cross-orientation.

### *2. Identification of Statewide Standards and Local Flexibilities:*

The state level framework will identify the core approach of local stakeholder process, objectives and outcomes facilitated by MCPs, in collaboration with the MSSP Providers. These processes will be used to collect feedback on the recommended benchmarks and provide input on how the benchmarks allow for local flexibility and may be structured in each county/region. This includes developing a readiness review criteria to ensure MCPs integrate and adopt long-term care management standards and practices.

### *3. Continuity of Care for CCI MSSP Participants*

The State will discuss the proposed approach to ensure Continuity of Care to Medi-Cal MSSP Participants in CCI Counties by monitoring and reporting on beneficiary satisfaction, service delivery and outcomes during and following the MSSP transition.

### Public Comment Period

The State will release the draft Transition Plan Framework that includes the draft benchmarks and other objectives to ensure effective stakeholder engagement by providing the public (MSSP participants, family members, direct service providers, advocates and other stakeholders) an opportunity to review all components of the MSSP Transition Plan Framework and review the proposed approach to local stakeholder engagement and methods to ensure Continuity of Care for all MSSP participants in CCI counties, regardless of managed care enrollment, as well as afford the public a chance to provide recommendations and input for further consideration. Based on public comments and draft benchmarks, MCPs will take the final framework and benchmarks and begin to develop their draft MSSP transition plans.

### Finalized Statewide Framework

Following public input, the State will revise the MSSP Transition Plan Framework; inclusive of a summary of stakeholder comments, identification in the framework incorporating public comments, and release of the final statewide framework to the MCPs and MSSP Providers to begin local transition planning.

### **III. Local MSSP Transition and Regional or County Transition Plan**

#### MCP and MSSP Provider Collaboration for Local Draft Transition Plan

The State's expectation is to set benchmarks and standards within the final transition framework to which all MCPs must adhere to with some allowance for local or regional flexibility. MCPs, in collaboration with the MSSP Providers, will be required to develop a local transition plan based on the state's MSSP Transition Plan Framework and then engage in a local stakeholder process. The stakeholder process will be used to collect feedback on the timeline and processes including, recommended areas within the framework that allow for local flexibility within in each county or region. In addition, the statewide standards will be that beneficiaries must be notified on transition planning and continuity of care, tracking of beneficiaries post-transition and setting components of care coordination.

This is the second part of the stakeholder process and follows the statewide review of the draft benchmarks developed by the MCPs and MSSP Providers. Allowing for collaboration and debriefing period between MCPs and MSSP Providers on the draft MSSP transition plans will assist with preparation and planning prior to local regional or county level workgroups / stakeholder engagement.

#### Local Stakeholder Engagement Planning

The MCPs will lead a stakeholder process, in collaboration with the MSSP Providers, at the local county or regional level to solicit feedback on their draft MSSP transition plans to 1) ensure each MCP's transition plan fully addresses benchmarks; 2) ensure each MCP's Transition plan reflects local needs; and 3) develop transition timeline for each county / region. Stakeholder engagements at the county or regional levels will include all MCPs, all MSSP Providers, MSSP participants, family members, legal representatives within the county or regions and other key players knowledgeable of MSSP and Medi-Cal managed care. Most stakeholder engagement activities will occur at the county level including all

MCPs and MSSP Providers in that specific county. However, some MCPs that span over several counties who have built regional relationships may partake in a regional stakeholder process.

### Local Regional or County Level Stakeholder Engagement

The local stakeholder process must have, at a minimum, one in-person and one phone / webinar meeting following release of the MCPs' draft transition plan followed by a 30-day public comment period for submission of written comments. MCPs must send to their local community notification of the public comment period in electronic and non-electronic format.

Through the stakeholder process, the MCPs and MSSP Providers should receive input on the following:

- Eligibility and target population with greatest impact who could benefit from long-term care management;
- Integrated person-centered care management and care coordination model with specific components, consisting of identifying eligible persons, assessing for need, developing a comprehensive care plan, appropriately implementing the care plan and timeframe for reassessment;
- Criteria and process for ensuring continuity of care; and
- MSSP Phase-Out strategies for Managed Care, including evaluating benchmarks and criteria met for readiness for how MCPs will continue care management and coordination as well as tracking MSSP participants' service utilization and health status after the MSSP transition.

Engaging in local county or regional stakeholder processes ensures that the MCPs, in their transition plan:

- Fully addresses consumer protections and rights;
- Fully addresses benchmarks;
- Reflects local needs; and
- Development of a transition timeline for each county or region.

### Submission of Final Transition Plan

MCPs, in collaboration with the MSSP Providers, will combine the information and feedback they received from local stakeholder engagements and from the local public

comment period to refine their individualized draft MSSP Transition Plan. MCPs will then finalize their draft and submit their county or regional level MSSP Transition Plan to the State for review and approval.

### The State-Level Wrap-up Meeting

#### *Developing the State Final Transition Plan:*

The State will facilitate a meeting to summarize key components of each county or regional MCP transition plan. The State's final MSSP Transition Plan will integrate standard statewide components, identify outcomes of local flexibilities and ensure a smooth transition for all MSSP participants into Managed Care, whether remaining with their MSSP Provider or experience a change in care managers under the MCP as a result of the local / regional transition plans.

Primary focus of the State-Level Wrap-Up meeting will include:

- Summarizing the recommendations that ensure MSSP participants needs are addressed and met;
- Reviewing input and identified incorporation of feedback that provides enhanced protections and continuity of care for MSSP participants; and
- Summarizing stakeholder feedback that identifies standards of care coordination and ways that MSSP Providers can provide ongoing support to MCPs.

The State will ensure that during the drafting of the State's final MSSP Transition Plan, all entities involved have their concerns taken into account, are in agreement and the State has allowed for public comment on the State's final MSSP Transition Plan before submitting notification to the Legislature.

### State Notification of Approved Local Transitions and Transition Plans

The State will provide notification to the Legislature of each approved local MCP MSSP Transition Plans, at least 90 days prior to the transition of MSSP to an MCP benefit in a county or region, in fulfillment of W&I Code Section 14186.3 (b)(4)(C). Approvals of local MCP MSSP Transition Plans will include identifying and determining the ability of MCPs and MSSP Providers to fulfill readiness criteria prior to transition to ensure MCPs are ready to fully integrate the principles of MSSP as a managed care benefit for the smooth transition and to ensure continuity of care to all MSSP participants whether they remain in FFS, remain with their MSSP Provider or experience a change in care managers under the MCP. The State will take into account and consider the

recommendations provided by all entities involved regarding the final MSSP Transition Plan prior to approval of a county or regional transition.

#### **IV. Continuity of Care to Fee-For-Service Participants in CCI Counties**

During the CCI integration, there were MSSP Participants who did not qualify for or were exempt from managed care enrollment and they were not enrolled into Medi-Cal Managed Care. To ensure that continuity of care continues for these individuals that will remain under FFS, the State will take necessary measures and steps to ensure that MSSP is still available through Medi-Cal FFS in any CCI county for existing MSSP beneficiaries.

In addition, the State will actively request proposals and will contract with an entity (care management agency) or an MSSP Provider that focuses solely in providing services to the entire FFS population in the CCI Counties. The State will ensure that the contracting agency (or agencies) will adhere to MSSP waiver requirements pertaining to determination of eligibility, provision of care coordination, person-centered care planning, continuity of care and purchased services (if applicable). The new contracting agency (or agencies) will be required to go through a readiness review, transition planning and continuity of care that align with the MCPs' transition planning requirements and adhere to MSSP waiver requirements.

#### **V. Recommendations**

The State does not intend to prematurely transition the MSSP benefit and cause disruption of services to the MSSP participants. The State believes ample time should be provided to ensure the readiness of MCPs and development of a seamless process when integrating MSSP participants into MCPs' care management structure. If there is a need for a county or region to delay MSSP transition, then flexibilities should be afforded for the State, in consultation with MCPs and MSSP Providers, to reconsider the transition timeframe until MCPs and MSSP Providers jointly agree on the MSSP Transition Plan. In response to concerns regarding the MSSP transition timeframe, the State submitted in the May revision trailer bill language a delay to any mandatory MSSP transition up to the 36-month as a provision in W&I Code Sections 14186.3(b)(2), 14186(b)(7) and 14186.3(b)(4). The State shall determine MSSP transition based upon MCPs and MSSP Providers meeting readiness criteria which was developed in consultation with MCPs and MSSP Providers, who, in addition, jointly agree on the MSSP Transition plan. At least thirty (30) days before MSSP transitions in any county or region, the State shall notify the Legislature of its intent to transition MSSP.

**Table 1** below shows the MSSP timeline of integration.

**TABLE 1.**

**MSSP Benefit Coverage and MSSP Client Enrollment**

		CAL MEDICONNECT	MLTSS
		MSSP Clients cutover and Benefit into CMC	MSSP Clients enrollment into Medi-Cal managed care and Benefit in Medi-Cal managed care
County	Plan Name	Start Date (all in one month)	Start Date (all in one month)
<b>Los Angeles</b>	<b>Healthnet</b>	10/01/14	10/01/14
	<b>LA Care</b>	10/01/14	10/01/14
	<b>Care 1st</b>	10/01/14	N/A
	<b>Care More</b>	10/01/14	N/A
	<b>Molina</b>	10/01/14	N/A
<b>Orange</b>	<b>Cal Optima</b>	08/01/15	08/01/15
<b>Riverside</b>	<b>IEHP</b>	10/01/14	10/01/14
	<b>Molina</b>	10/01/14	10/01/14
<b>San Bernardino</b>	<b>IEHP</b>	10/01/14	10/01/14
	<b>Molina</b>	10/01/14	10/01/14
<b>San Diego</b>	<b>Care 1st</b>	10/01/14	10/01/14
	<b>CHGP</b>	10/01/14	10/01/14
	<b>Healthnet</b>	10/01/14	10/01/14
	<b>Molina</b>	10/01/14	10/01/14
	<b>Kaiser</b>	N/A	10/01/14
<b>San Mateo</b>	<b>HPSM</b>	04/01/14	07/1/2014**
<b>Santa Clara</b>	<b>Anthem Blue</b>	01/01/15	10/01/14
	<b>SCFP</b>	01/01/15	10/01/14

Footnotes

\*\* - Full Duals will receive MLTSS benefits 4/1/14

**Table 1.** This table provides information on MSSP benefit coverage and client enrollment by CCI County.

**Table 2** shows the number of MSSP slots by CCI County.

**TABLE 2.**

**MSSP Slots in CCI Counties**

County	MSSP Provider Name	MSSP Beneficiary Slots
Los Angeles	JFS	588
	SCAN	755
	Pasadena	371
	Human Services Association	137
	AltaMed	483
	Partners in Care	165
	Partners in Care - South	453
		<b>2,952</b>
Orange		<b>455</b>
Riverside		<b>248</b>
San Bernardino		<b>276</b>
San Diego		<b>550</b>
San Mateo		<b>160</b>
Santa Clara		<b>375</b>

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**Table 2.** This table shows the number of MSSP slots by CCI County.

**Table 3** provides information of the average monthly enrollment counts from October 2014 through February 2015.

**TABLE 3.**

**Average Monthly Enrollment Counts from October 2014 - February 2015**

TOTAL BY PLAN	Average Waiver Participant PER MONTH	% OF TOTAL
Care 1st	107	2.56%
Care More	20	0.48%
HealthNet	1,016	24.32%
Kaiser	34	0.81%
LA Care	955	22.86%
Molina	120	2.87%
CHGP	70	1.68%
Health Plan of San Mateo	158	3.78%
IEHP	246	5.89%
Anthem Blue	32	0.77%
SCFP	120	2.87%
Fee-For Service	1,299	31.10%
<b>TOTAL</b>	<b>4,177</b>	<b>100.00%</b>

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**Table 3.** This table shows the MSSP average percentage of monthly enrollment from the period of October 2014 through February 2015.

## **Exhibit A: San Mateo MSSP Final Transition Plan**

The following Exhibit is San Mateo's MSSP Transition Plan fulfilling requirement of W&I Code Section 14186.3 (b)(4)(C) and it serves as the 90-day notification to the Legislature that State approves the San Mateo MSSP Transition with an effective date of November 1, 2015.

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### **Transition of MSSP from Federal Waiver to Managed Care Benefit**

#### **San Mateo County**

This document outlines the transition of Multi-Purpose Senior Services Program (MSSP) in San Mateo County from a federal waiver program to a managed care benefit through the Health Plan of San Mateo (HPSM).

#### **Background**

The MSSP site in San Mateo County is operated by the County of San Mateo's Aging and Adult Services (AAS). HPSM and AAS have a long history of working together and coordinating care for the members of HPSM, dating back at least to the elimination of the Adult Day Health Care (ADHC) benefit and the implementation of Community-Based Adult Services (CBAS).

The leadership of MSSP was part of the planning team prior to and throughout the implementation of the Coordinated Care Initiative (CCI) in San Mateo County, including participation in monthly meeting from 2012 through 2014. A Memorandum of Understanding (MOU) was developed in 2013 as part of the readiness process for HPSM's implementation of Cal MediConnect and CCI.

HPSM began enrollment into Cal MediConnect in April 1, 2014. At the same time, CCI and MSSP through HPSM began enrollment for full dual eligible beneficiaries. On July 1, 2014, MSSP through HPSM expanded to include partial dual eligibles and Medi-Cal Only beneficiaries. At this time, the MSSP site has 160 slots.

Prior to the April 1 implementation, a claims payment process was developed. The process went through a few minor revisions initially and has now been in place for over a year, ensuring that the MSSP site is paid in an accurate and timely manner.

#### **Transition**

Preparations are underway to complete the transition of MSSP from a federal waiver program to a managed care benefit. Since the implementation of CCI began in San Mateo County have been successful thus far, HPSM does not anticipate problems

arising with the final transition of MSSP. Leadership of HPSM Health Services/Care Coordination and the MSSP site have been meeting regularly for the past several months for planning purposes specific to the MSSP Transition in addition to the CCI planning meeting referenced above.

The goal of the transition in San Mateo County is for the change to have as little disruption and as seamless as possible to members.

### *Contract*

The current MOU between AAS and HPSM expires on October 31, 2015. A new contract will be developed. At this time, the responsibility for managing administration of the relationship with the MSSP site will shift from CCI Implementation to Provider Services. Our Health Services department will continue to manage the operational aspect of the program as has been the case since inception of the MOU. The suppliers of the Purchased Services will be contracted by AAS and will be considered as “downstream” entities of HPSM.

Key factors of the MOU are expected to remain in the new contract:

- 160 active MSSP clients will be enrolled each month.
- Current per member per month rate will be paid to AAS by HPSM to provide MSSP services inclusive of purchase of services expenses.
- Current MSSP claims process will continue between HPSM and AAS.

### *Target Population*

The purpose of CCI and the transition of MSSP from a waiver program to a managed care benefit is to allow for flexibility in implementation of integrated services. For the MSSP transition, it is anticipated that the current Level of Care requirements will remain in place. However, HPSM will be relaxing the age requirement of 65 years of age or older to allow for those members under the age of 65 years who may benefit from MSSP to be included. HPSM will be leveraging the case management and care planning functions of the MSSP team. Care coordination is a main program component that is needed to address complex psychosocial issues and avoid long-term care facility placement. The MSSP staff will be critical members of the Interdisciplinary Care Team (ICT). The ICT will be the decision-making body regarding the needed Purchased Services to allow the member to safely remain in the community.

### *Claims Payment*

The current claims payment process has been in place since April 2014 and is working successfully. This process will continue:

- HPSM sends the MSSP site a file with the MSSP members identified.
- The MSSP site verifies the members on this file.

- The MSSP site submits the list of active MSSP members for the upcoming month to HPSM via the state-developed claim form.
- The claims are uploaded into HEALTHsuite (HPSM’s claims processing system)
- The payment is made via check to the MSSP site. A Remittance Advice accompanies the payment.

*Staffing*

In order to encourage person-centered care management and strong coordination between HPSM and the MSSP site, some of the MSSP staff will be co-located at the HPSM offices. MSSP services will be conducted within the structure of the HPSM Model of Care. In addition, the MSSP staff will primarily use the HPSM’s care management system (MedHOK) for documentation. MSSP Staff will participate on ICT meetings for care planning; the ICT will also be the body that will review/approve the need for Purchased Services.

**Stakeholder Feedback**

As noted in the Timeline below, four stakeholder meetings were held on May 12, 13, 14, and 15. A total of 192 individuals attended the 4 meetings. Response to the transition plan was positive in all sessions. No additional suggestions were made.

**Timeline**

<b>Date</b>	<b>Activity</b>
2012 - 2014	Monthly CCI / LTCI meetings held between HPMS and representatives from San Mateo County, including the leadership of MSSP
July 2013	MOU signed between HPSM and San Mateo County regarding MSSP as part of CMC/CCI readiness.
April 1, 2014	HPSM began CCI. MSSP was paid for through HPSM for Full Duals.
July 1, 2014	MSSP was paid for through HPSM for Medi-Cal Only and Partial Duals
May 12, 2015	Doelger Senior Center congregate meal site Daly City (Filipino community)
May 13, 2015	Self Help for the Elderly congregate meal site San Mateo (in Chinese)
May 14, 2015	Fair Oaks Senior Center congregate meal site Redwood City (in Spanish)
May 15, 2015	Transition Plan will be presented to the CMC Advisory Committee for HPSM.
November 1, 2015	MSSP will transition from a federal waiver program to a HPSM benefit.