

DEPARTMENT OF HEALTH SERVICES

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October 20, 1999

MMCD All-Plan Letter 99013

TO: Prepaid Health Plans
 Two-Plan Model Plans
 Geographic Managed Care Plans

SUBJECT: **CONCURRENT PARTICIPATION IN THE MEDI-CAL MANAGED CARE PROGRAM AND THE MULTIPURPOSE SENIOR SERVICES PROGRAM**

The purpose of this letter is to inform Medi-Cal managed care plan contractors, including commercial plans and local initiative plans, that a decision has been made to allow individuals that participate in the Multipurpose Senior Services Program (MSSP) to also voluntarily enroll in managed care plans. It is the intent of the Department of Health Services to amend all existing contracts at the next opportunity. Capitation rates for applicable aid codes of affected persons are already established, therefore, no rate change is expected to result from this amendment. The applicable aid codes are: 10, 20, 60, 16, 26, 66, 18, 28, 68, 14, 24, and 64.

The Department and the Health Care Financing Administration has determined that the services provided by the MSSP and those provided by a prepaid health plan are distinct and nonduplicative. MSSP participants, by definition, are frail elderly, Medi-Cal eligible persons, age 65 and over who are certified or certifiable for nursing facility placement but who wish to remain at home. With MSSP services providing comprehensive case management to prevent or delay premature institutional placement, frail elderly persons are assisted in remaining at home. The medical care costs for this population may be greater than average due to their fragile condition; however, it may also be that MSSP services reduce the need for medical services.

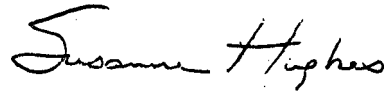
Currently, MSSP has 35 sites statewide with a total of 9,000 client slots. Legislation has been introduced this session to assure this population full access to social and health services through information and outreach activities in the community and expansion of MSSP service sites statewide. It is the Department's intent to offer managed care membership to all interested individuals wherever managed care is a Medi-Cal service delivery option. The number of MSSP participants who concurrently enroll in managed care plans statewide may be relatively low. A description of MSSP is enclosed for your information.

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If you have any questions about the proposed change, or wish to comment on this matter, please contact your contract manager.



Susanne M. Hughes
Acting Chief
Medi-Cal Managed Care Division

Enclosure

MULTIPURPOSE SENIOR SERVICES PROGRAM

Administered by the Department of Aging, the Multipurpose Senior Services Program (MSSP) serves frail elderly, Medi-Cal eligible persons age 65 and older who are certified or certifiable as eligible for nursing facility placement based on Medi-Cal criteria. The MSSP provides comprehensive social and health case management to prevent or delay premature institutional placement and assist clients who wish to remain at home. Operating under a federal Medicaid Home and Community-Based, Long Term Care Services Waiver, the program was established in 1977 with 8 sites. Currently, there are 35 MSSP sites statewide, with a total of 9,000 client slots.

Each MSSP site provides both social and health case management and arranges for and monitors the use of community services at a cost below that of nursing facility care.

MSSP services include:

Case Management	Transportation
Adult Social Day Care	Meal Services
Housing Assistance	Protective Services
Chore and Personal Care Assistance	Communication Service
	Respite Care

For further information, contact the Department of Aging at (916) 322-7200, visit the Department's website at <http://www.aging.state.ca.us>.

Multipurpose Senior Services Program (MSSP)

The California Department of Aging (CDA), Medi-Cal Services Branch, has received a waiver of certain Medi-Cal state plan requirements, enabling the Medi-Cal program to offer home and community-based services to enable frail, elderly clients to remain at home as an alternative to institutionalized care. These services must be provided at a cost less than nursing facility care.

Background

The Multipurpose Senior Services Program (MSSP) waiver program allows agencies (MSSP providers) contracted with the Department of Health Services (DHS) to provide comprehensive social and health case management. MSSP providers should bill Medi-Cal for the following services:

- Adult day support center
- Adult day care
- Minor home repair and maintenance
- Non-medical home equipment
- Emergency move
- Chore
- Personal care
- Health care
- Protective supervision
- Professional Care Assistance
- Purchased case management
- Respite in-home care
- Respite out-of-home care
- Transportation – regular
- Transportation – medical
- Transportation – escort
- Congregate meals
- Home-delivered meals
- Food
- Social reassurance
- Therapeutic counseling
- Money management
- Communication – translation
- Communication – device
- Case management expenses
- Administrative expenses

Client Information

Client Eligibility

To qualify for enrollment in MSSP, recipients must meet the following criteria:

- Be a Medi-Cal recipient on the date of enrollment with an aid code of 10, 14, 16, 18, 20, 24, 26, 28, 60, 64, 66 or 68
- Be 65 years of age or older
- Be certifiable for placement in a nursing facility (MSSP site staff determines this certification based upon Medi-Cal criteria for placement)
- Reside within the service area of one of the MSSP provider sites (this is not a statewide program)

Client Enrollment Limits

The state enrollment limit at any given time is 9,300 clients. Each MSSP provider site has an individual limit of 130 – 610 clients.

Provider Information

Waiver Providers

CDA has procured contracts with providers around the state to provide MSSP services to frail, elderly clients.

Waiver Agency Payment

Waiver agencies assume full financial risk for administering the program, providing case management services, managing the subcontractor billing process and disbursing payments to subcontractors for any authorized waiver services provided to clients.

DHS reimburses waiver providers for administrative and case-management services on the basis of monthly administrative flat fees per eligible-enrolled-waiver-client. All other waiver services are reimbursed at cost but not in excess of the established MSSP waiver rates. All requests for reimbursement of waiver services are submitted by waiver agencies to EDS.

Billing MSSP

For information about how to bill MSSP services using Computer Media Claims (CMC), see *Section 100-70, Computer Media Claims (CMC)*.

For information on how to bill MSSP waiver services on the *UB-92 Claim Form*, see *Section 300-35, UB-92 Claim Form Introduction/Completion – Outpatient*.

Special Billing Instructions

"From-Through" Billing

"From-through" billing allows providers to bill several days of continuous service without having to complete a separate claim line for each date of service. For "from-through" billing instructions, refer to *Section 300-36: UB-92 Claim Form, Outpatient Special Billing Instructions* or to the end of this section for a claim form example.

Note: Procedure codes with a unit type of "Month" must be billed using the "from-through" method. (See claim form example on a following page.)

Waiver Services

<u>HCPCS Code</u>	<u>CDA Code</u>	<u>Description</u>
Z8552	1.0-Day	Adult day support center – Provides social, psychosocial and related support care in a licensed community care facility to functionally impaired clients in accordance with therapeutic goals in the client's care plan.
Or Z8553	1.0-Hour	
Z8554	1.1-Day	Adult day care – Provided to functionally impaired clients in a social setting
Or		

Z8555

1.1-Hour

through community-based programs that provide non-medical care in accordance with therapeutic goals in the client's care plan.

<u>HCPCS Code</u>	<u>CDA Code</u>	<u>Description</u>
Z8556	2.2-One-time-only	Minor home repair/maintenance – Repairs or maintenance necessary for accessibility, safety or security of clients whose health and/or safety or independence are jeopardized because of deficiencies in their place of residence.
Z8557	2.3-One-time-only	Non-medical home equipment – Includes assistive devices, appliances and supplies necessary to assure the client's health, safety and independence.
Z8558	2.4-One-time-only	Emergency move – Facilitates a smooth transition from one living situation to another.
Z8559 Or Z8560	3.1-Day 3.1-Hour	Chore – Household support and completion of household tasks (rather than care of the client).
Z8561 Or Z8562	3.2-Day 3.2-Hour	Personal care – This service provides assistance to maintain bodily hygiene, personal safety, and activities of daily living.
Z8563 Or Z8590	3.2-Visit 3.2-Item	
Z8564 Or Z8565	3.3-Day 3.3-Hour	
Z8566	3.3-Visit	
Z8567 Or Z8568	3.7-Day 3.7-Hour	Protective supervision – Insures provision of 24-hour supervision to persons in their own homes who are very frail or otherwise may suffer a medical emergency.

<u>HCPCS Code</u>	<u>CDA Code</u>	<u>Description</u>
Z8569 Or Z8570 Or Z8571	3.9-Day 3.9-Hour 3.9-Visit	Professional Care Assistance (PCA) – Provided to those clients who are also receiving services under the Personal Care Services Program (PCSP). PCA is a comprehensive skilled service delivered by a Certified Nursing Assistant (CNA) or Home Health Aide (HHA). The special needs and circumstances of clients require a provider who skillfully observes and exercises judgement regarding the execution of specific tasks and the overall provision of care.
Z8572 Or Z8573 Or Z8592 Or Z8594	4.3-Visit 4.3-Hour 4.3-One-time only 4.3-Month	Purchased case management – Under special circumstances, purchased case management and/or additional case-specific resources may be purchased from social, legal and health specialists in the community to substitute for and/or augment resources and skills of site-staffed case management.
Z8574 Or Z8575	5.1-Day 5.1-Hour	Respite in-home care – Relieves the client's caretaker and therefore prevents breakdown in the informal support system.
Z8591 Or Z8576	5.2-Day 5.2-Hour	Respite out-of-home care – Relieves the client's caretaker and therefore prevents breakdown in the informal support system.
Z8577	6.1-One-way-trip	Transportation (regular) – Provides access to the community (for example, non-emergency medical transportation to health and social service providers) and special events for clients who do not have means for transportation or whose mobility is limited, or who have functional disabilities requiring specialized vehicles and/or an escort.

<u>HCPCS Code</u>	<u>CDA Code</u>	<u>Description</u>
Z8578	6.2-One-way-trip	Transportation (medical) – Provides non-emergency transportation to assist clients in keeping critical appointments. Provides transit to medical resources and appointments (for example, non-emergency physician visits) only when the client's medical and physical condition is such that transport by other means of public or private conveyance is medically contraindicated and transportation is required to obtain necessary medical care.
Z8579 Or Z8593	6.3-One-way-trip 6.3-Hour	Transportation (escort) – Provides assistance for clients who require personal care or support while being transported. This service is provided by trained paraprofessionals or professionals, depending on the client's condition and care plan requirements.
Z8580	7.1-Meal	Meals (congregate) – Meals served in congregate meal settings for clients who are able to leave their homes or require the social stimulation of a group environment in order to maintain a balanced diet.
Z8581	7.2-Meal	Meals (home-delivered) – Provides meals for clients who are homebound, unable to prepare their own meals and have no caretaker at home to prepare meals for them.
Z8582	7.3-One-time-only	Food – Provision of food staples is limited to purchase of food to facilitate and support a client's return home following institutionalization, and to food purchases medically required.
Z8583	8.3-Hour	Social reassurance – Periodic telephone contact, home visits or other social and reassurance services to verify that the individual is not in medical, psychological, or social crises, or to offset isolation.
Z8584	8.4-Hour	Therapeutic counseling – Individual or group counseling to assist with social, psychological or medical problems.
Z8585 Or Z8586	8.5-Visit 8.5-Hour	Money management – Assists the client with activities related to managing money and the effective handling of personal finances.

<u>HCPCS Code</u>	<u>CDA Code</u>	<u>Description</u>
Z8587	9.1-Hour	Communication (translation) – Provides translation and interpretive services for purposes of instruction, linkage with social or medical services and conduct of business essential to maintaining independence and carrying out the Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) functions.
Z8588 Or	9.2-One-time-only	Communication (device) – The rental/purchase of mechanical/electronic
Z8589	9.2-Month	devices, or installation of a telephone, to assist in communication for clients who are at risk of institutionalization due to physical conditions likely to result in a medical emergency.
Z8550	50.0-Month	Case management expenses – Site-provided case management with the responsibility for assessing, care planning, authorizing, locating, coordinating and monitoring a package of long term care services for clients.
Z8551	60.0-Month	Administrative expenses – General miscellaneous costs incurred while administering the waiver program. These include administrative salaries, office supplies, communications, travel, rent and indirect costs.