April 25, 2003

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL COUNTY MEDI-CAL LIAISONS

SUBJECT: NEW MULTIPURPOSE SENIOR SERVICES PROGRAM WAIVER AID CODES

The purpose of this letter is to inform counties of a change in eligibility rules for certain persons 65 years and older who are certifiable for placement in a nursing facility, but wish to live at home with a spouse. These persons are currently not eligible for Medi-Cal or would have a share-of-cost (SOC).

Background

The Department of Aging Multipurpose Senior Services Program Waiver (MSSP) has been in existence since 1983 and has provided non-traditional Medi-Cal community-based services to persons 65 years and older who meet the Medi-Cal criteria for inpatient care in a nursing facility. Program eligibility requirements are:

- Be age 65 or older;
- Receive full-scope Medi-Cal under an acceptable aid code;
- Are certifiable for placement in a nursing facility;
- Live within a site’s service area;
- Able to be served within the program’s cost limitations; and
- Be appropriate for care management services.

The goal of the program is to arrange for and monitor the use of community services to prevent or delay premature institutional placement of these frail clients. The services must be provided at a cost lower than that for nursing facility care.

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714 P STREET, ROOM 1692, P.O. BOX 942732, SACRAMENTO, CA 94234-7320
(916) 657-2941
Internet Address: www.dhs.ca.gov
MSSP provides the interdisciplinary (nurse and social work) care management services that coordinate the utilization of community-based services. Care managers initiate and oversee the process of assessments, care plan development, service arrangement, ongoing monitoring, and reassessment of a client’s needs. To arrange for services, care management staff first explore support that might be available through family, friends and the volunteer community. They then review existing publicly funded services and make direct referrals whenever possible. If needed services are not available through these resources, the care management team can authorize the purchase of some services from MSSP funds. Services that may be purchased under the waiver include: health care (skilled nursing); adult social day care; housing assistance; chore and personal care; respite; transportation; meal services; protective services; and special communication services. Referrals to the program come from a variety of sources including, but not limited to, local county agencies, social service and aging organizations, hospitals, home care agencies, and a variety of other community-based groups.

New Amendment

An amendment to this waiver was recently approved by the Centers for Medicare and Medicaid Services. The new amendment will allow MSSP to bill Medi-Cal for transitional services that were provided during the last six months of a Medi-Cal individual’s institutional stay. These services must be to support the de-institutionalization of a Medi-Cal individual, and are billed once the individual leaves the institution. The new amendment also will now allow the county to determine eligibility using institutional deeming rules (spousal impoverishment) for a person who moves from the institution and returns home to his/her spouse or for a person who is already living at home with his or her spouse. The number of persons eligible under this provision is limited to five percent of the total waiver clients or about 816 persons state-wide. The MSSP will be responsible for ensuring this limit is not exceeded.

Referring Agency: California Department of Aging (CDA)

CDA has an interagency agreement with the Department of Health Services (DHS) to operate the MSSP Waiver. Within CDA, the MSSP Section of the Medi-Cal Services Branch is the unit responsible for reviewing and monitoring the program. CDA contracts with either public entities or private nonprofit agencies (MSSP sites) to run the program at the local level. CDA is responsible for oversight of these contracts.

The local MSSP sites will determine the medical appropriateness of waiver coverage before referral to the county by reviewing the applicant’s health and psychosocial needs
and functional status. If appropriate, the MSSP site will refer him or her to the county for an eligibility determination or redetermination via the MSSP Waiver Referral form. Counties may share ongoing eligibility information with the local MSSP sites. Each site has identified a staff person to liaison with the county.

The MSSP Process

Individuals who are Medi-Cal eligible using regular income and property rules (including spousal impoverishment if they are institutionalized and have community spouses) and who need MSSP services are evaluated by the MSSP program to determine whether they meet the MSSP criteria. These individuals may currently be in a nursing facility and wish to return to the home of their spouse or are already living at home with their spouse. Counties will not receive a referral for individuals who are already eligible for Medi-Cal without an SOC and are currently receiving MSSP services unless they have a change in circumstances. **Exception:** Some individuals are eligible for MSSP services who have an SOC if they also have a secondary Personal Care Services Program (PCSP) tracking aid code. (The SOC is certified as met at the beginning of the month based on the beneficiary's projected costs for his or her PCSP services.)

Modified Eligibility Determination Under the MSSP Waiver

When the county contact person receives an MSSP referral form for a married applicant or beneficiary and the county determines that the individual will be property ineligible or has an SOC using regular rules, the waiver allows institutional deeming rules to apply. The Medi-Cal MSSP eligibility determination is as follows:

- The applicant/beneficiary is treated as if he or she was institutionalized for purposes of the treatment of income and resources.

- Spousal impoverishment rules apply.

- The MSSP individual is in his/her own Medi-Cal Family Budget Unit (MFBU). If other family members wish to be aided, the individual is treated similar to those on public assistance, e.g., the individual may be used to link other family members although the individual is not in the family's MFBU.
• The MSSP individual must be eligible for full benefits with or without an SOC. **NOTE:** A person residing in a nursing home under the limited state-only Aid Code of 53, a person in another limited-scope aid code, or a person who does not have satisfactory immigration status is not eligible.

• The county should use the most beneficial full-scope Medi-Cal program to determine eligibility that is applicable to the applicant, e.g., Pickle, the Aged and Disabled program, the Medically Needy (MN) program. Eligibility is based on the individual’s own income and resources, including amounts remaining after spousal impoverishment rules are applied.

Example A

John is a 70 year old applicant who is referred to the county by the MSSP site. He is living at home with his spouse. They have no minor children living in the home. The county determines that he is property eligible, but is not eligible for the Aged and Disabled Federal Poverty Level Program and would have an SOC as an MN person. The county then applies spousal impoverishment rules after certain deductions from his gross income. John may allocate the lesser of the maximum spousal income allocation to his spouse or up to her limit for the spouse at home. His monthly SOC is based on the remaining amount of his income. The county identifies him on the Medi-Cal Eligibility Data System with the appropriate new MSSP waiver aid code.

Example B

Tom is 65 years old and currently eligible in the MN program with a monthly SOC of $1,000. The county receives a referral by the MSSP site. He is living at home with his spouse. There are no minor children in the home. The county applies spousal impoverishment rules and his SOC is reduced to zero.

Example C

Paul is 80 years old and referred to the county by the MSSP site. He is living at home with his spouse and there are no minor children in the home. The county determines he is property ineligible for any Medi-Cal program and his own income is below the MN limit. The county then applies spousal impoverishment rules and finds him to be property eligible. Since his income is already below the MN limit, there is no need to allocate any of his income to the spouse.
New Aid Codes

Aid codes for individuals qualifying for the MSSP waiver under these special institutional deeming rules are:

1X  MSSP No SOC
1Y  MSSP SOC

The effective date for these aid codes is June 1, 2003.
In most counties, persons in 1X (No SOC) may choose to be in either fee-for-service or a managed care plan. 1X is not a mandatory Managed Care Plan aid code.

Notices of Action (NOAs) and the CDA MSSP Referral Form

Enclosed are camera-ready NOAs in English and Spanish and an MSSP Referral Form.

MSSP Site Roster

Persons inquiring about the MSSP program should be referred to the appropriate agency on the enclosed MSSP Site Roster and contact list; however, only those persons who live within the boundaries of the sites may be eligible for MSSP services. There are some locations that are not within the boundaries of an agency at this time. Counties should phone the nearest contact person for more information.

County Contact Person

Also enclosed is a list of the county contacts for waivers that require special income and property determinations (waiver of parental deeming and spousal impoverishment rules). Please report any changes to Ms. Margie Buzdas of my staff at (916) 657-0726 or email her at mbuzdas@dhs.ca.gov.

ORIGINAL SIGNED BY
Beth Fife, Chief
Medi-Cal Eligibility Branch

Enclosures
## MULTIPURPOSE SENIOR SERVICES PROGRAM

### SITE ROSTER

<table>
<thead>
<tr>
<th></th>
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<th>Contact Information</th>
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| 1 | CITY OF OAKLAND (PSA 9) | (510) 238-3762  FAX # (510) 238-7696  
  Analyst: Wendy Pride  
  Nurse: Linda Roberts  
  Linda Johnson, Site Director  
  Multipurpose Senior Services Program  
  Long-Term Care Division  
  City of Oakland, Department on Aging,  
  Health and Human Services  
  150 Frank G. Ogawa Plaza, Suite 4340  
  Oakland, CA 94612 |
| 2 | COUNTY OF SANTA CRUZ HUMAN RESOURCES AGENCY (PSA 13) | (831) 454-4600  FAX # (831) 454-4610  
  Analyst: John Cummins  
  Nurse: Jeri Jackels  
  Francie Newfield, Program Manager  
  Adult and Long-Term Care Services  
  Multipurpose Senior Services Program  
  County of Santa Cruz Human Resources Agency  
  1400 Emeline Avenue, Building K  
  P.O. Box 1320  
  Santa Cruz, CA 95061 |
| 3 | ALTAMED HEALTH SERVICES CORP. (PSA 25) | (323) 307-0200  FAX # (323) 307-0294  
  Analyst: John Cummins  
  Nurse: Linda Roberts  
  Hugo Romo, Site Director  
  Direct Line: (323) 307-0229  
  Vangie Reichwein  Direct Line: (323) 307-0228  
  Martha Ocampo  Direct Line: (323) 307-0214  
  Anwar Zoueihid  Direct Line: (323) 307-0213  
  * All correspondence should have cc to Marie Torres, Senior Vice President, Long-Term Care and Government Relations |
| 4 | JEWISH FAMILY SERVICE OF LOS ANGELES (PSA 25) | (323) 937-5930  FAX # (323) 954-1319  
  Analyst: John Cummins  
  Nurse: Jeri Jackels  
  Perri S. Sloane Goodman, Site Director  
  Multipurpose Senior Services Program  
  Jewish Family Service of Los Angeles  
  330 North Fairfax Avenue  
  Los Angeles, CA 90036 |
| 5 | SENIOR CARE ACTION NETWORK (SCAN) (PSA 19) | (562) 492-9878  FAX # (562) 492-6540  
  Analyst: John Cummins  
  Nurse: Linda Roberts  
  Kit Donaldson, Site Director  
  Multipurpose Senior Services Program  
  Senior Care Action Network Health Plan, Inc.  
  2501 Cherry Avenue, Suite #380  
  Signal Hill, CA 90806 |
6 INSTITUTE ON AGING (PSA 6)
Analyst: Larry Leboda
Nurse: Jeri Jackels

(415) 750-4141  FAX # (415) 750-4196
EMAIL: mssplink@giao.org and shinton@giao.org

E. Anne Hinton, Director
Case Management Services
MSSP/Linkages Program
Institute on Aging
3626 Geary Boulevard
San Francisco, CA 94118

7 SAN DIEGO COUNTY AGING AND
INDEPENDENCE SERVICES (PSA 23)
Analyst: John Cummins
Nurse: Jeri Jackels

(858) 495-5885  FAX # (858) 495-5080
EMAIL: rwannesaa@co.san-diego.ca.us

Rick Wanne, Site Director
Multipurpose Senior Services Program
Aging & Independence Services
County of San Diego
9335 Hazard Way, Suite 100
San Diego, CA 92123

8 COMMUNITY CARE MANAGEMENT
CORPORATION (PSA 26)
AKA: UKIAH
Analyst: John Cummins
Nurse: Linda Roberts

Cynthia D. Coale, Executive Director
Multipurpose Senior Services Program
Community Care Management Corporation

Main Office:
487 North State Street
Ukiah, CA 95482

(707) 468-9347  FAX # (707) 468-5234
EMAIL: comcare@pacific.net

Satellite Address & Telephone #s:
14642 "C" Lakeshore Drive
Clearlake, CA 95422
(707) 995-7010/Fax: (707) 995-1830
490 North Harold Street - P.O. Box 1925
Fort Bragg, CA 95437
(707) 964-4027/Fax: (707) 964-9214

9 HUMBOLDT SENIOR RESOURCE
CENTER, INC. (PSA 1)
Analyst: Larry Leboda
Nurse: Linda Roberts

(707) 443-9747  FAX # (707) 444-2065
EMAIL: cpadilla@humsenior.org

Nancy Conlon, Site Director
Multipurpose Senior Services Program
Humboldt Senior Resource Center, Inc.
1910 California Street
Eureka, CA 95501

10 CALIFORNIA STATE UNIV., CHICO
STATE (PSA 3)
Analyst: John Cummins
Nurse: Jeri Jackels

(530) 898-5082  FAX # (530) 898-4870
EMAIL: aspanutius@csuchico.edu

Annette Spanutius, Site Director
Multipurpose Senior Services Program
Area Agency on Aging, PSA 3
2491 Carmichael Drive, Suite 400
Chico, CA 95928-7132

11 SONOMA COUNTY AREA AGENCY
ON AGING (PSA 27)
Analyst: John Cummins
Nurse: Jeri Jackels

(707) 565-5970  FAX # (707) 565-5957
EMAIL: dkaljian@sonoma-county.org

Diane Kaljian, Site Director
Multipurpose Senior Services Program
Sonoma County Area Agency on Aging
P.O. Box 4059
Santa Rosa, CA 95402
12 UNIVERSITY OF CALIFORNIA, DAVIS (PSA 4)
Analyst: Wendy Pride
Nurse: Jeri Jackels
(916) 734-5432 Fax # (916) 454-3070
EMAIL: jsdecou@ucdavis.edu

Jill DeCou, Site Director
University of California, Davis
Multipurpose Senior Services Program
3700 Business Drive, Suite 130
Sacramento, CA 95820
(916) 734-8309

13 COUNTY OF SAN MATEO DEPT. OF HEALTH SERVICES (PSA 8)
Analyst: Wendy Pride
Nurse: Linda Roberts

Pam Borrelli, Site Director
Direct Line: (650) 573-3512

Chris Rodriguez, Supervisor
Direct Line: (650) 573-2703

(650) 573-3900 Fax # (650) 573-2310
EMAIL: pborrelli@co.sanmateo.ca.us

Pam Borrelli, Site Director
Multipurpose Senior Services Program
Aging & Adult Services Division
Department of Health Services
County of San Mateo
P.O. Box 5892
San Mateo, CA 94403

14 STANISLAUS COUNTY COMMUNITY SERVICES AGENCY (PSA 30)
Analyst: John Cummins
Nurse: Linda Roberts

(209) 558-2233 Fax # (209) 558-2681
EMAIL: martint@mail.co.stanislaus.ca.us

Ted V. Martin, Site Director
Multipurpose Senior Services Program
Stanislaus County
251 East Hackett Street
P.O. Box 42
Modesto, CA 95353-0042

15 COUNTY OF SANTA BARBARA PUBLIC HEALTH DEPARTMENT (PSA 17)
Analyst: John Cummins
Nurse: Linda Roberts

Susan Lindman, Site Director
Multipurpose Senior Services Program
County of Santa Barbara
2125 South Centerpointe Parkway
Santa Barbara, CA 93455-1340

(805) 346-8385 Fax # (805) 346-8386
EMAIL: bhendri@co.santa-barbara.ca.us and slindma@co.santa-barbara.ca.us

Santa Barbara Site Address:
345 Camino Del Remedio
Third Floor, Building 4
Santa Barbara, CA 93110
(805) 681-5452

16 HUNTINGTON MEMORIAL HOSPITAL (PSA 19)
Analyst: Wendy Pride
Nurse: Jeri Jackels

Eileen Koons, M.S.W.,
Director of Government Programs
Direct Line: (626) 397-2011

(626) 397-3110 Fax # (626) 397-2982
EMAIL: Maria.espinoza@schs.com and eileen.koons@schs.com

Eileen Koons, M.S.W.,
Director of Government Programs
Multipurpose Senior Services Program
Pasadena Hospital Association
Huntington Senior Care Network
837 South Fair Oaks Avenue, Suite 100
Pasadena, CA 91105-2619
17 SAN BERNARDINO (PSA 20)
Analyst: Wendy Pride
Nurse: Jeri Jackets

18 COUNTY OF ORANGE
SOCIAL SERVICES AGENCY (PSA 22)
Analyst: Larry Leboda
Nurse: Linda Roberts

Chrisy Fong, Site Director
Direct Line: (714) 825-3107

19 COUNCIL ON AGING
OF SILICON VALLEY, INC. (PSA 10)
Analyst: John Cummins
Nurse: Linda Roberts

*Stephen M. Schmoll, Executive Director
Council on Aging of Silicon Valley, Inc.
2115 The Alameda
San Jose, CA 95126
*Correspondence is addressed to S. Schmoll

20 FRESNO/MADERA AREA AGENCY
ON AGING (PSA 14)
Analyst: Larry Leboda
Nurse: Jeri Jackets

*2220 Tulare Street, Suite 1200
Fresno, CA 93721-2106
*Mail all "Correspondence" to this address

21 SAN JOAQUIN COUNTY (PSA 11)
Analyst: Wendy Pride
Nurse: Linda Roberts

*Joseph Chelli, Deputy Director - Adult Services
San Joaquin County
P.O. Box 201056
102 South San Joaquin Street
Stockton, CA 95201
(209) 468-1554
*Correspondence is addressed to J. Chelli

22 IMPERIAL COUNTY WORK TRAINING
CENTER (PSA 24)
Analyst: John Cummins
Nurse: Jeri Jackets

(909) 891-3900 FAX # (909) 891-9039
EMAIL: ceklund@hss.sbcounty.gov

Carl Ek Lund, Site Director
County of San Bernardino – East Valley
Department of Aging and Adult Services
Senior Home and Health Care
686 E. Mill Street, Second Floor
San Bernardino, CA 92415-0640

(714) 825-3000 FAX # (714) 825-3155
EMAIL: cfong@ssa.co.orangec.ca.us

Chrisy Fong, Site Director
Multipurpose Senior Services Program
Social Services Agency
County of Orange
P.O. Box 22006
Santa Ana, CA 92702-2006

(408) 296-8290 FAX # (408) 249-8918
EMAIL: mssp@scccoa.org

Trudi Stone, Site Director
Multipurpose Senior Services Program
Case Management Services
Council on Aging of Silicon Valley, Inc.
2115 The Alameda
San Jose, CA 95126

(559) 453-4405 FAX # (559) 453-5111
EMAIL: services@fmaaa.org

Cindie Jorgensen-Van Noy, Site Director
Multipurpose Senior Services Program
Fresno Madera Area Agency on Aging
2085 East Dakota Avenue
Fresno, CA 93726

(209) 468-2202 FAX # (209) 468-2207
EMAIL: wmoores@co-san-joaquin.ca.us

Wendy Moore, Site Director
Multipurpose Senior Services Program
San Joaquin County
P.O. Box 201056
Stockton, CA 95201-3006
(209) 468-3805

(760) 352-6181 FAX # (760) 352-6332
EMAIL: jaalvarez@icwtc.org

Arnold Alvarez, Site Director
Multipurpose Senior Services Program
Imperial County Work Training Center, Inc.
P.O. Box 2166
El Centro, CA 92243
| PSA 21 | **RIVERSIDE**  
Analyst: Wendy Pride  
Nurse: Linda Roberts |
|-----------------|---------------|
| **24** | **RIVERSIDE** (PSA 21)  
Analyst: Wendy Pride  
Nurse: Linda Roberts |
| **25** | **GOLDEN UMBRELLA** (PSA 2)  
AKA: Redding  
Analyst: Larry Leboda  
Nurse: Linda Roberts |
| **26** | **MARIN** (PSA 5)  
Analyst: Larry Leboda  
Nurse: Jeri Jackels |
| **27** | **CONTRA COSTA** (PSA 7)  
Analyst: Larry Leboda  
Nurse: Jeri Jackels |
| **28** | **MERCED COUNTY** (PSA 31)  
Analyst: Wendy Pride  
Nurse: Linda Roberts |
| **29** | **KERN COUNTY AGING AND ADULT SERVICES**  
Analyst: John Cummins  
Nurse: Jeri Jackels |

**Ed Walsh, Site Director**  
Multipurpose Senior Services Program  
Riverside County Office on Aging  
6296 Rivercrest Drive, #K  
Riverside, CA 92507  
(909) 697-4697, Ext. 315

**Cathleen Ward, Site Director**  
Multipurpose Senior Services Program  
Golden Umbrella  
2227 College View Drive  
Redding, CA 96003  
(530) 223-6034  
FAX # (530) 223-0658

**Bernadette Sweeney, Site Director**  
Multipurpose Senior Services Program  
Jewish Family and Children's Services  
600 Fifth Avenue  
San Rafael, CA 94901  
(415) 491-7960  
FAX # (415) 472-7569

**Linda Anderson, Site Director**  
Multipurpose Senior Services Program  
Contra Costa County Office on Aging  
2530 Arnold Drive, Suite 300  
Martinez, CA 94553  
(925) 335-8710  
FAX # (925) 335-8738

**Connie Bledsoe, Site Director**  
Merced County Human Services Agency  
P.O. Box 3046  
Merced, CA 95341  
(209) 722-1738, EXT. 3164  
FAX # (209) 725-3988

**Robin Garden, Site Director**  
Multipurpose Senior Services Program  
County of Kern  
Kern County Aging and Adult Services  
5357 Truxtun Avenue Extension  
Bakersfield, CA 93309  
(661) 868-1007  
FAX # (661) 868-0921
30 MONTEREY (PSA 32)
Analyst: Larry Leboda
Nurse: Linda Roberts

Patricia Medrano, Site Director
Direct Line: (831) 755-3425

Margarita Robles
Fiscal Officer
1000 S. Main Street, Suite 306
Salinas, CA 93901

(831) 755-3403 FAX # (831) 751-1729
EMAIL: medranop@co.monterey.ca.us

Patricia Medrano, Site Director
Multipurpose Senior Services Program
Monterey County Department of Social Services
713 La Guardia Street, Suite A
Salinas, CA 93905

31 NAPA/SOLANO (PSA 28)
Analyst: Larry Leboda
Nurse: Jeri Jackels

(707) 644-6612 FAX # (707) 644-7905
EMAIL: kellyh@aaans.org

Robin Crown, Site Director
Multipurpose Senior Services Program
Area Agency on Aging Serving Napa & Solano
601 Sacramento Street, #1401
Vallejo, CA 94590

32 AREA 12 AREA AGENCY (PSA 12)
Analyst: Larry Leboda
Nurse: Jeri Jackels

Mark Kelly, Supervisor

(209) 532-6272 FAX # (209) 532-6501
EMAIL: plee@sonnet.com

Peggy Lee, Site Director
Multipurpose Senior Services Program
Area 12 Agency on Aging
13975 Mono Way, Suite E
Sonora, CA 95370

33 KINGS/TULARE (PSA 15)
Analyst: John Cummins
Nurse: Jeri Jackels

Elissa Padilla, Site Director
Phone Number & Ext: (559) 730-9921, Ext. 313

Pamela Nelson, Supervisor

(559) 730-9921 FAX # (559) 624-1042
EMAIL: epadilla@tularehhsa.org

Elissa Padilla, Site Director
Multipurpose Senior Services Program
Kings/Tulare Area Agency on Aging
3500 West Mineral King Avenue, Suite A
Visalia, CA 93291

34 VENTURA (PSA 18)
Analyst: John Cummins
Nurse: Jeri Jackels

(805) 477-7300 FAX # (805) 477-7312
EMAIL: maryleu.pappas@mail.co.ventura.ca.us

Mary Leu Pappas, Site Director
Multipurpose Senior Services Program
County of Ventura Area Agency on Aging
646 County Square Drive, Suite 100
Ventura, CA 93003

35 EL DORADO (PSA 29)
Analyst: Larry Leboda
Nurse: Linda Roberts

(530) 295-2750 FAX # (530) 622-1543
EMAIL: jwconroy@co.el-dorado.ca.us or
nowka@co.el-dorado.ca.us

Janet Walker-Conroy, Public Guardian, Director
Multipurpose Senior Services Program
El Dorado County Dept. of Community Services
694 Pleasant Valley Road, Suite 9
Diamond Springs, CA 95619
36 Yuba County Health Services
(PSA 4)
Analyst: Larry Leboda
Nurse: Linda Roberts

Ginny Tuscano, Program Manager
Direct Line: (530) 749-6775

(530) 749-6775 FAX # (530) 749-6281
EMAIL: gtuscano@ychsa.org

Ginny Tuscano, Program Manager
Multipurpose Senior Services Program
Yuba County Health Services
6000 Lindhurst Avenue, Suite 601-B
Marysville, CA 95901-6132

37 City of Fremont (PSA 9)
Analyst: Wendy Pride
Nurse: Linda Roberts

Mary Anne Mendall, Site Director
Direct Line: (510) 494-4572

(510) 494-4550 FAX # (510) 494-4554
EMAIL: mamendall@ci.fremont.ca.us

Mary Anne Mendall, Site Director
Multipurpose Senior Services Program
3350 Capitol Avenue
Fremont, CA 94537-5006

38 Inyo-Mono Area Agency on Aging (PSA 16)
Analyst: Larry Leboda
Nurse: Jeri Jackels

(760) 873-6364 FAX # (760) 873-5103
EMAIL: imaa@qnet.com

Charles Broten, Director
Multipurpose Senior Services Program
P.O. Box 1799
Bishop, CA 93515

39 Human Services Association
(PSA 19)
Analyst: Wendy Pride
Nurse: Jeri Jackels

(562) 806-5400 FAX # (562) 806-1006
EMAIL: hsadunaway@aol.com

Darren Dunaway, Senior Services Director
Multipurpose Senior Services Program
6800 Florence Avenue
Bell Gardens, CA 90201

40 Partners in Care Foundation
(PSA 19)
Analyst: Wendy Pride
Nurse: Linda Roberts

(818) 526-1780, EXT. 108
FAX # (818) 526-1788
EMAIL: jcook@picf.org

James Cook, Director
Multipurpose Senior Services Program
101 South First Street, Suite 1000
Burbank, CA 91502

41 CalOptima (PSA 22)
Analyst: Larry Leboda
Nurse: Jeri Jackels

Jim Pijllo, Supervisor/Site Director
Direct Line: (714) 246-8773

(714) 246-8400 FAX # (714) 481-6536
EMAIL: jpijlo@caloptima.org

Jim Pijllo, Supervisor/Site Director
Multipurpose Senior Services Program
1120 West La Veta Avenue, Suite 200
Orange, CA 92868

42 African American Unity Center
(AAUC) (PSA 19)
Analyst: Wendy Pride
Nurse: Jeri Jackels

Charisse Bremond, Executive Director
Direct Line: (323) 971-7344

(323) 778-2800 FAX # (323) 971-4188
EMAIL: cbremond@earthlink.net

Charisse Bremond, Executive Director
Multipurpose Senior Services Center
African American Unity Center (AAUC)
944 W. 53<sup>rd</sup> Street
Los Angeles, CA 90037
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<tr>
<th>#</th>
<th>SITE</th>
<th>LOCATION OF SITE</th>
<th>PHONE NUMBER</th>
<th>CONTACT NAME</th>
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<tbody>
<tr>
<td>1</td>
<td>City of Oakland</td>
<td>Oakland</td>
<td>510-238-3762</td>
<td>Linda Johnson</td>
</tr>
<tr>
<td>2</td>
<td>County of Santa Cruz, Human Resources Agency</td>
<td>Santa Cruz</td>
<td>831-454-4800</td>
<td>Francie Newfield</td>
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<tr>
<td>3</td>
<td>AltaMed Health Services Corp.</td>
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*Orange*: contract ends 5/30/03.

**Partners in Care**: covers the Watts/South Central LA area under a distinct contract/office effective 4/01/03.
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<td>Joyce Cooper</td>
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<tr>
<td>(510) 267-9442</td>
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<tr>
<td>Jackie Casey</td>
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<td>Department of Social Services</td>
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<td>Kim Crippen</td>
<td>Amador</td>
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<td>1003 Broadway</td>
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<tr>
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<td>Gigi Gilbert</td>
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<td>Department of Social Welfare</td>
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<tr>
<td>(530) 538-5149</td>
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<td>891 Mountain Ranch Road</td>
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<td>(209) 754-6444</td>
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<td>(916) 458-4985</td>
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| Sandy Baldwin  
Medi-Cal Program Analyst  
Employment and Human Services Department  
40 Douglas Drive  
Martinez, CA 94553  
(925) 313-1631  
(925) 313-1758 FAX  
email: sbaldwin@hsd.co.contra_costa.ca.us | Contra Costa |
| Carmen Chavez  
Department of Health and Social Services  
880 Northwest Drive  
Crescent City, CA 95531  
(707) 464-3191  
(707) 466-1783 FAX | Del Norte |
| Midge Mortenson  
Department of Social Services  
3057 Briw Road  
Placerville, CA 95664  
(530) 642-7159  
(530) 626-9060 FAX | El Dorado |
| Karen Sebilian  
Department of Employment and Temporary Assistance  
4449 East Kings Canyon  
Fresno, CA 93750-0001  
(559) 253-9177  
(559) 253-9250 FAX | Fresno |
| Becky Hansen  
Human Resources  
P.O. Box 611  
Willows, CA 95988  
(530) 934-6514  
(530) 934-6521 FAX | Glenn |
| Kathy Cauble  
Department of Social Services  
929 Koster Street  
Eureka, CA 95501  
(707) 445-7796 | Humboldt |
| Dora Justino  
Department of Social Services  
2995 South 4th Street, Suite 105  
El Centro, CA 92243  
(760) 337-6800  
(760) 337-5716 FAX | Imperial |
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COUNTY WAIVER CONTACTS
November 2002

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| Roger Humble  
Health and Human Services  
Delivery System  
2261 Elm Street  
Napa, CA 94559-3721  
(707) 253-4469 | Napa |
| Cindy Lackey  
Human Services Agency  
P.O. Box 1210  
Nevada City, CA 95959  
(530) 265-1379  
(530) 265-7062 FAX | Nevada |
| Maria Hernandez  
Social Services Agency  
888 North Main Street, Suite 158C  
Santa Ana, CA 92701  
(714) 541-7805  
(714) 245-6188 FAX | Orange |
| Laurie Rodman  
Welfare Department  
100 Stonehouse Court  
Roseville, CA 95678  
(916) 784-6079  
(916) 784-6100 FAX | Placer |
| Virgina Ekonen  
Department of Social Services  
P.O. Box 360  
Quincy, CA 95971  
(530) 283-6441  
(530) 283-6368 FAX | Plumas |
| Sue de Jonckheere  
Department of Public Social Services  
1605 Spruce Street  
Riverside, CA 92507  
(909) 358-3992  
(909) 358-3990 FAX | Riverside |
| Jennifer Sipe/Fred Tam  
Department of Social Services  
2433 Marconi Avenue  
Sacramento, CA 95821  
(916) 875-3731  
(916) 875-3591 FAX | Sacramento |
| Joyce Thysell  
Human Services Agency  
1111 San Felipe Road, Suite 206  
Hollister, CA 95023  
(408) 637-5336 | San Benito |
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<td>Candice Karpinen</td>
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<td>Suzette St. Pierre</td>
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<td>Department of Health and Human</td>
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<td>8840 Complex Drive, Suite 255</td>
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<td>(858) 566-5029</td>
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<tr>
<td>Kenneth Loo</td>
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<td>Pam Mettier</td>
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<td>Lorena Gonzalez</td>
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| Nan Toy  
Human Resources Agency  
P.O. Box 1320  
Santa Cruz, CA 95061  
(408) 454-4142  
(408) 454-4092 FAX | Santa Cruz |
| Janet Wright  
Department of Social Services  
P.O. Box 6005  
Redding, CA 96099-6005  
(916) 245-8464  
(916) 225-5087 FAX | Shasta |
| Allyson Volkman  
Human Services  
P.O. Box 1019  
Loyalton, CA 96118  
(530) 993-6726  
(530) 993-6767 FAX | Sierra |
| Collette Thornton  
Human Services Department  
818 South Main Street  
Yreka, CA 96097  
(530) 841-2708  
(530) 841-2791 FAX | Siskiyou |
| Diana Perez  
Health and Social Services  
275 Beck Ave MS 5-130  
P.O.Box 5050  
Fairfield, CA 94533-6804  
(707) 784-8715  
(707) 432-3548 FAX  
dperez@solanocounty.com | Solano |
| Kim Seamans  
Human Services Department  
2550 Paulin Drive  
P.O. Box 1539  
Santa Rosa, CA 95402  
(707) 565-5304  
(707) 565-5353 FAX | Sonoma |
| Meribeth Ruiz  
Department of Social Services  
P.O. Box 42  
Modesto, CA 95353-0042  
(209) 558-2675  
(209) 558-2189 FAX | Stanislaus |
<table>
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<tr>
<td>Denise Damm</td>
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<td>Department of Welfare</td>
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<td>Bobbie Stillwell</td>
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<td>Marilyn Blackburn</td>
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<td>Alex Cantu</td>
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<td>Rebecca Espino</td>
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<td>Department of Social Services</td>
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<td>Monica Perez</td>
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<td>Erma Thurman</td>
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<td>Marysville, CA 95901</td>
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CALIFORNIA DEPARTMENT OF AGING (CDA)
WAIVER REFERRAL

Multipurpose Senior Services Program (MSSP) site: Please complete this portion and forward to the appropriate County Waiver contact person.

Name of applicant
Address (number, street)  City  State  ZIP code
Social security number  Date of birth  Telephone
Guardian (if applicable)
Address of guardian (if different) (number, street)  City  State  ZIP code

Status
☐ New Medi-Cal applicant.
☐ Currently receives Medi-Cal with a share-of-cost.

Living Arrangement
☐ The applicant is currently in an institution. Please determine Medi-Cal eligibility based on his/her anticipated return to the community. Anticipated date of discharge:

☐ The applicant is currently living in the home.
☐ Other:

Eligibility Determination
If applicant/beneficiary is living or will live at home with his/her spouse and is properly eligible and entitled to zero share-of-cost Medi-Cal under regular eligibility rules, spousal impoverishment rules are not utilized. If the applicant/beneficiary is properly ineligible or has a share-of-cost, apply spousal impoverishment income and resource rules (i.e., institutional deeming rules) even if the applicant/beneficiary lives in the home. See Article 19D of the Medi-Cal Eligibility Procedures Manual.

This is to certify that the individual named above has met the admission criteria for a nursing facility as defined in the California Code of Regulations, Title 2, Division 3, Subdivision 1, Chapter 3, Article 4, Sections 51334 and 51335.

Signature of MSSP site contact person

Printed name of MSSP site contact person  Title  Telephone
MSSP site address (number, street)  City  State  ZIP code

NOTE TO COUNTY: Please send a copy of the Notice of Action to the MSSP site when the determination is completed.

White: County Copy  Yellow: MSSP Site Copy
The California Department of Aging’s Medi-Cal Multipurpose Senior Services Program (MSSP) waiver provides extra services to persons 65 years of age or more who meet the MSSP requirements and who qualify for Medi-Cal under special deeming rules when they live with a spouse.

☐ You are entitled to full Medi-Cal benefits including case management services with no monthly cost beginning

☐ You are entitled to full Medi-Cal benefits including case management services beginning

In order to remain eligible for this program, you must:

- Report changes, such as your income, health insurance, living situation, medical condition, property, or your address within 10 days.
- Continue to meet the Department of Aging rules for this waiver.
- Provide any requested information.

If you do not have a plastic Benefits Identification Card (BIC), you will receive one soon. Always show your BIC to your medical provider whenever you need care. This card is good as long as you are eligible for Medi-Cal. **DO NOT THROW AWAY YOUR PLASTIC BIC.**

The statute that requires this action is Section 51346, Title 22, California Code of Regulations.

cc: Department of Aging
NOTIFICACIÓN DE ACCIÓN
DE MEDI-CAL
APROBACIÓN DE BENEFICIOS
DE SERVICIOS DE EXTENSIÓN PARA EL PROGRAMA
DE SERVICIOS CON PROPÓSITO MÚLTIPLE
PARA LAS PERSONAS DE LA TERCERA EDAD

Fecha de la notificación: __________________________
Número del caso: __________________________
Nombre del trabajador: __________________________
Número del trabajador: __________________________
Número de teléfono del trabajador: __________________________
Horas hábiles: __________________________
Notificación para: __________________________

Los Servicios de Extensión para el Programa de Medi-Cal de Servicios con Propósito Múltiple para las Personas de la Tercera Edad (Medi-Cal Multipurpose Senior Services Program—MSSP) del Departamento para las Personas de la Tercera Edad en California, proporciona servicios adicionales para las personas de 65 años de edad, o mayores, quienes cumplan con los requisitos del MSSP, y reúnan los requisitos para recibir beneficios de Medi-Cal, bajo las reglas de consideración especial, cuando vivan con un(a) cónyuge.

☐ Usted tiene derecho a recibir beneficios completos de Medi-Cal, incluyendo los servicios de administración del caso, sin costo mensual, a partir del ________________.

☐ Usted tiene derecho a recibir beneficios completos de Medi-Cal, incluyendo los servicios de administración del caso, a partir del _________________. Su parte del costo mensual es de $______________.

Para continuar reuniendo los requisitos para este programa, usted tiene que:

- Reportar, en un plazo de 10 días, cualquier cambio, como por ejemplo, en sus ingresos, seguro médico, situación en el hogar, condición médica, propiedad o su dirección.

- Continuar cumpliendo con las reglas para estos servicios de extensión, establecidas por el Departamento para las Personas de la Tercera Edad.

- Proporcionar cualquier información solicitada.

Si usted no tiene una Tarjeta de Identificación de Beneficios de plástico (Benefits Identification Card—BIC), pronto recibirá una. Siempre presente su BIC a su proveedor médico, cada vez que necesite atención. Esta tarjeta es válida, mientras usted reúna los requisitos para recibir beneficios de Medi-Cal. NO TIRE SU TARJETA BIC DE PLÁSTICO.

El estatuto que requiere esta acción se establece en la Sección 51346, del Título 22, del Código de Regulaciones de California.

cc: Departamento para las Personas de la Tercera Edad
Notice date: ______________

Case number: ______________

Worker name: ______________

Worker number: ______________

Worker telephone number: ______________

Office hours: ______________

Notice for: ______________

The California Department of Aging's Medi-Cal Multipurpose Senior Services Program (MSSP) Waiver provides extra services to persons 65 years of age or more who meet the MSSP requirements and who qualify for Medi-Cal under special deeming rules when they live with a spouse.

☐ Your benefits under this program will be discontinued effective the last day of ______________.

☐ Your application date of ______________ is denied.

Here is/are the reason(s) why:

☐ Your property is over the limit of ______________.

☐ The Department of Aging has informed us that you are no longer eligible for waiver services.

☐ You are no longer living in the home with your spouse.

☐ Other: ______________

DO NOT THROW AWAY YOUR PLASTIC BENEFITS IDENTIFICATION CARD (BIC). You can use it again if you become eligible or are eligible for another Medi-Cal program.

The statute that requires this action is Section 51346, Title 22, California Code of Regulations.

cc: Department of Aging
NOTIFICACIÓN DE ACCIÓN 
DE MEDI-CAL 
NEGACIÓN O SUSPENSIÓN DE BENEFICIOS 
DE SERVICIOS DE EXTENSIÓN PARA EL PROGRAMA 
DE SERVICIOS DE PROPÓSITO MÚLTIPLE PARA 
LAS PERSONAS DE LA TERCERA EDAD 

Fecha de la notificación: ____________________________
Número del caso: __________________________________
Nombre del trabajador: ______________________________
Número del trabajador: ______________________________
Número de teléfono del trabajador: ____________________
Horas hábiles: _____________________________________
Notificación para: __________________________________

Los Servicios de Extensión para el Programa de Medi-Cal de Servicios con Propósito Múltiple para las Personas de la Tercera Edad (Medi-Cal Multipurpose Senior Services Program—MSSP) del Departamento para las Personas de la Tercera Edad de California, proporciona servicios adicionales para las personas de 65 años de edad, o mayores, quienes cumplan con los requisitos del MSSP, y reúnan los requisitos para recibir beneficios de Medi-Cal, bajo las reglas de consideración especial, cuando vivan con un(a) cónyuge.

☐ Sus beneficios bajo este programa serán suspendidos, efectivo a partir del último día de ____________________________.

☐ Su fecha de solicitud del ____________________________ ha sido denegada.

A continuación se enumera(n) la(s) razón/razones del por qué:

☐ Su propiedad sobrepasa el límite de ____________________________.

☐ El Departamento para las Personas de la Tercera Edad nos ha informado que usted ya no reúne los requisitos para los servicios de la extensión.

☐ Usted ya no está viviendo en el hogar, con su cónyuge.

☐ Otro: ________________________________________________

NO TIRE SU TARJETA DE IDENTIFICACIÓN DE BENEFICIOS DE PLÁSTICO (BENEFITS IDENTIFICATION CARD—BIC). Usted puede volver a usarla, si llega a reunir los requisitos, o si reúne los requisitos para otro programa de Medi-Cal.

El estatuto que requiere esta acción se establece en la Sección 51346, del Título 22, del Código de Regulaciones de California.

cc: Departamento para las Personas de la Tercera Edad