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State of California—Health and Human Services Agency

Department of Health Services



GRAY DAVIS Governor

April 25, 2003

TO:

Director

ALL COUNTY WELFARE DIRECTORS

Letter No.: 03-22

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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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 <u>full</u> 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.

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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

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41 CALOPTIMA (PSA 22)

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42 AFRICAN AMERICAN UNITY CENTER

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Charisse Bremond, Executive Director

Multipurpose Senior Services Center African American Unity Center (AAUC)

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Los Angeles, CA 90037

All County Letter MSSP Contact Names

#	SITE	LOCATION OF SITE	PHONE NUMBER	CONTACT NAME
	• • • • • • • • • • • • • • • • • • •			
1	City of Oakland	Oakland	510-238-3762	Linda Johnson
2	County of Santa Cruz, Human Resources Agency	Santa Cruz	831-454-4600	Francie Newfield
	AltaMed Health Services Corp.	Los Angeles, 90063	323-307-0200	Hugo Romo
4	Jewish Family Service of Los Angeles	Los Angeles, 90036	323-937-5930	Bernie Gruenbaum
***	Senior Care Action Network	Signal Hill	562-492-9878	Kit Donaldson
	Institute on Aging	San Francisco	415-750-4141	Madelon Thompson
	San Diego County Aging and Independence Services	San Diego	858-495-5885	Rick Wanne
	Community Care Management Corp.	Clearlake/Fort Bragg	707-468-9347	Cynthia Coale
	Humboldt Senior Resource Center	Eureka	707-443-9747	Robin Burdick
	California State University, Chico	Chico	530-898-5082	Annette Spanutius
├──	Sonoma County Area Agency on Aging	Santa Rosa	707-565-5970	Lynn Carolin
	University of California, Davis Care Management	Sacramento	916-734-5432	Jill DeCou
_	County of San Mateo Department of Health Services	San Mateo	650-573-3900	Blaise Menez
	Stanislaus County Community Services Agency	Modesto	209-558-2233	Diana Del Barba
	County of Santa Barbara Public Health Department	Santa Barbara	805-346-8385	Susan Lindman
	Huntington Memorial Hospital	Pasadena	626-397-3110	Lois Zagha
	County of San Bernardino - East Valley	San Bernardino	909-891-9010	Debra Billings-Merlos
	County of Orange Social Services Agency*	Santa Ana	714-825-3000	Chrisy Fong
	Watts	no longer an MSSP pro	vider	
	Council on Aging of Silicon Valley, Inc.	San Jose	408-296-8290	Trudi Stone
	Fresno/Madera Area Agency on Aging	Fresno	559-453-4405	Cindie Van Noy
	San Joaquin County	Stockton	209-468-2202	Annette DePauli
	Imperial County Work Training Center	El Centro	760-352-6181	J. Arnoldo Alvarez
	Riverside County Office on Aging	Riverside	909-697-4697	Ed Walsh
	Golden Umbrella	Redding	530-223-6034	Julie Anderson
\vdash	Jewish Family and Children's Services	San Rafael	415-491-7960	Bernadette Sweeney
\vdash	Contra Costa County Office on Aging	Martinez	925-335-8710	Erma Wardley
	Merced County Human Services Agency	Merced	209-722-1738 x3164	Linda Nicholas
	County of Kern, Aging and Adult Services	Bakersfield	661-868-1095	Robin Garden
	Monterey County Department of Social Services	Salinas	831-755-3403	Andy Williams
1	Area Agency on Aging Serving Napa & Solano	Vallejo	707-644-6612	Kelly Hiramoto
	Area 12 Agency on Aging	Sonora	209-532-6272	Janet Miller
	Kings/Tulare Area Agency on Aging	Visalia	559-730-9921	Elissa M. Padilla
	County of Ventura Area Agency on Aging	Ventura	805-477-7300	Mary Leu Pappas
	El Dorado County Department of Community Services	Diamond Springs	530-621-6300	Janet Walker-Conroy
-	Yuba County Health Services	Marysville	530-749-6775	Shirley Baker
	City of Fremont	Fremont	510-574-2050	Stephen Laird
	Inyo-Mono Area Agency on Aging	Bishop	760-873-6364	Charles Broten
	Human Services Association	Bell Gardens	562-806-5400	Darren Dunaway
	Partners in Care Foundation**	Burbank	818-526-1780 x129	Aloyce Rachal
	CalOptima .	Orange	714-246-8400	Jim Pijloo
\vdash	AAUC	no longer an MSSP pro	<u> </u>	
		Lynwood	818-526-1780 x129	Aloyce Rachal
43	South Central**	[23117000		

Orange* - contract ends 6/30/03.

Partners in Care** - covers the Watts/South Central LA area under a distinct contract/office effective 4/01/03.

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CALIFORNIA DEPARTMENT OF AGING (CDA) WAIVER REFERRAL

COUNTY USE ONLY		
Case name	Case number	
Worker name	Worker number	

Multipurpose Senior Services Program (MSSP) site: Please complete this portion and forward to the appropriate County Waiver contact person. Name of applicant ZIP code State Address (number, street) City Telephone Date of birth Social security number Guardian (if applicable) ZIP code State City Address of guardian (if different) (number, street) 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 property 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 property 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 Telephone Printed name of MSSP site contact person Title ZIP code

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

City

White: County Copy

Yellow: MSSP Site Copy

State

MSSP site address (number, street)

MEDI-CAL

NOTICE OF ACTION APPROVAL OF BENEFITS MULTIPURPOSE SENIOR SERVICE PROGRAM WAIVER	S	(COUNTY STAMP)
		W
	\neg	Notice date: Case number: Worker name:
L		Worker number: Worker telephone number: Office hours: Notice for:
The California Department of Aging's Medi-Cal provides extra services to persons 65 years of who qualify for Medi-Cal under special deeming	f age or mor grules when	e who meet the MSSP requirements and they live with a spouse.
You are entitled to full Medi-Cal benefits in cost beginning		e management services with no monthly
You are entitled to full Medi-Cal benefits incl. Your		
In order to remain eligible for this program, you	must:	
 Report changes, such as your income, he property, or your address within 10 days. 	ealth insura	nce, living situation, medical condition,
Continue to meet the Department of Aging r	ules for this	waiver.
Provide any requested information.		
If you do not have a plastic Benefits Identification show your BIC to your medical provider whenever are eligible for Medi-Cal. DO NOT THROW AV	ever you nee	d care. This card is good as long as you
The statute that requires this action is Section 5	51346, Title 2	2, California Code of Regulations.

cc: Department of Aging

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL APROBACIÓN DE BENEFICIOS DE SERVICIOS DE EXTENSIÓN PARA EL PROGRAMO DE SERVICIOS CON PROPÓSITO MÚLTIPLE PARA LAS PERSONAS DE LA TERCERA EDAD

CION	ł		,
FICIOS A EL PROGRAMA O MÚLTIPLE ERCERA EDAD	L	(COUNTY STAMP)	
	Número del caso: Nombre del trabaja Número del trabaja	ador:ador:	
	Horas hábiles:		

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.

Usted tiene derecho a recibir beneficios completos de Medi-Cal, inc administración del caso, sin costo mensual, a partir del	cluyendo los : 	servicios de
Usted tiene derecho a recibir beneficios completos de Medi-Cal, inc administración del caso, a partir del Su es de \$	cluyendo los u parte del co	servicios de sto mensual

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

MEDI-CAL

NOTICE OF ACTION DENIAL OR DISCONTINUANCE OF B MULTIPURPOSE SENIOR SERVICE PROGRAM WAIVER		1		ı
FROGRAM WANTER			(COUNTY STAMP)	
	┐	Case number: Worker name:	ər:	
<u> </u>	_	Office hours:	one number:	
The California Department of Aging's Medi- Waiver provides extra services to persons 65 y and who qualify for Medi-Cal under special dea	ears of age c	or more who r	meet the MSSP re	am (MSSP) equirements
Your benefits under this program will be dis	continued eff	ective the las	t day of	
Your application date of	is de	nied.		
Here is/are the reason(s) why:				
☐ Your property is over the limit of	•			
The Department of Aging has informed us t	that you are n	o longer eligi	ible for waiver ser	vices.
You are no longer living in the home with you	our spouse.			
Other:				
DO NOT THROW AWAY YOUR PLASTIC BEI again if you become eligible or are eligible for a				ou can use it
The statute that requires this action is Section	51346, Title 2	22, California	Code of Regulati	ons.
cc: Department of Aging				

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL

NEGACIÓN O SUSPENSIÓN DE BENE DE SERVICIOS DE EXTENSIÓN PARA EL PRO DE SERVICIOS DE PROPÓSITO MÚLTIPLE LAS PERSONAS DE LA TERCERA EDA	OGRAMA PARA	L_	(COUNTY STAMP)
_	─ Fed	cha de la notificación:	
	l Núi	mero del caso:	
ſ			trabajador:
Los Servicios de Extensión para el Programa de las Personas de la Tercera Edad (Medi-Cal M Departamento para las Personas de la Tercera E para las personas de 65 años de edad, o mayor reúnan los requisitos para recibir beneficios de la cuando vivan con un(a) cónyuge.	<i>ultipurpose</i> dad de Ca es, quiene	e <i>Senior Serv</i> difornia, propo s cumplan cor	<i>ices Program—MSSP)</i> del rciona-servicios adicionales n los requisitos del <i>MSSP,</i> y
Sus beneficios bajo este programa será de			vo a partir del último día
☐ Su fecha de solicitud del	ha sid	do denegada.	
A continuación se enumera(n) la(s) razón/razone	s del por q	ué:	
Su propiedad sobrepasa el límite de			
El Departamento para las Personas de la Ter los requisitos para los servicios de la extensió		nos ha inform	ado que usted ya no reúne
 Usted ya no está viviendo en el hogar, con su 	cónyuge.		
Otro:			
NO TIRE SU TARJETA DE IDENTIFICACIÓI IDENTIFICATION CARD—BIC). Usted puede reúne los requisitos para otro programa de Medi-	volver a us	IEFICIOS DE sarla, si llega	E PLÁSTICO <i>(BENEFITS</i> a reunir los requisitos, o si

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