

CALIFORNIA DEPARTMENT OF AGING**Multipurpose Senior Services Program**

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Frequently Asked Questions - #3

Guidance for the Multipurpose Senior Services Program (MSSP) for Coronavirus Disease 2019 (COVID-19)

Released - March 25, 2020

1) Can MSSP care managers suspend home visits and make telephone calls instead?

Yes. The Department of Health Care Services received guidance from the Centers for Medicare and Medicaid Services (CMS) to submit a supplemental application to the Waiver. This application is referred to as an Appendix K application and allows for requests to change requirements in the event of an emergency.

This application includes the request for home visits to be suspended immediately. Effective immediately, document all telephonic care management (in lieu of home visits) in the progress notes. Facetime, Skype and Zoom are also approved methods for conducting enrollment and any care management activities.

2) Can Waiver Services funds be used to purchase masks for participants?

Yes. If there is an assessed need for a non-State plan covered benefit, the Application for a 1915(c) Home and Community Based Services Waiver states, "If needed services are not available through friends, family and other programs, the care management team can authorize the purchase of Waiver Services from program funds."

3) Can Waiver Services funds be used to purchase food for participants?

No. CMS disallowed all purchases of food citing 42 CFR §441.310(a)(2) which prohibits making Medicaid payments for room and board (i.e., housing, food, and utility costs). The submitted Appendix K also does not allow for purchases of food using Waiver Service funds. Delivery costs/fees can be billed under Home Delivered Meals (7.2); however, this does not include the purchase of actual food items. Sites can continue to utilize and recommend local resources and Older Americans Act nutrition programs as available.

4) Can Waiver Services funds be used to purchase antibacterial soap, disinfectant wipes, and toilet paper for participants?

Yes. While these purchases should not be made blanketly for all MSSP participants, if there is an assessed urgent need (i.e.; the participant is immunocompromised and/or there is a significant health/safety risk) and all other payment sources have been exhausted, then it would be acceptable to make these purchases during the COVID-19 crisis. Care management staff must document the assessed need, that all other payment sources have been exhausted and any other relevant circumstances (i.e.; the participant was unable to obtain these items due to limited supply from the COVID-19 crisis).

5) Do MSSP sites need to continue enrolling and maintaining a full caseload?

According to CDA Standard Agreement, Appendix A, Article III (F), "The Contractor shall maintain a monthly active participant count equal to one hundred percent (100%) of its budgeted Waiver slots. This is a performance requirement to ensure compliance with the terms and conditions of this Agreement and Waiver requirements. If the Contractor's active participant count falls below ninety-five percent (95%) of the number of budgeted Waiver slots for more than three (3) consecutive months, the Contractor shall be required to submit an enrollment plan for review, approval and monitoring by CDA."

To comply with contract requirements, if your site anticipates enrollment remaining below 95% for more than three months due to the COVID-19 crisis, please submit an explanation to CDA. We do understand enrollment may be in flux due to COVID-19, and we will partner with you so you can continue to serve participants in need, make needed program changes, and keep all MSSP site staff and participants safe.

6) Can enrollment for MSSP be completed telephonically?

Yes. Another request included in the submitted Appendix K application is for initial Level of Care assessments to be completed by record review, as well as Initial Psychosocial and Health Assessments and care plan re-evaluations to be completed telephonically. Facetime and Skype are also approved methods for conducting enrollment and any care management activities.

Applications, releases of information (AUDPHIs), care plans, and any other documents can be mailed for the participant's signature. CDA recommends documenting all relevant actions taken (mailing dates, verbal acceptance of the care plan, etc.) in the progress notes.

7) What should be done if all care management staff are teleworking and cannot mail documents to participants?

If sites are unable to mail documents to participants due to care management staff teleworking, documentation should be included in the progress notes explaining that all documents were reviewed with the participant, the participant confirmed they understand them, as well as confirmation that the participant understands their rights to freedom of choice of services/providers and appeal rights.

If releases of information (AUDPHIs) cannot be mailed and signed by participants, documenting verbal permission may be acceptable. More information regarding the release of protected health information (PHI) during an emergency can be located here:

<https://www.chhs.ca.gov/wp-content/uploads/2020/03/CalOHII-Disaster-Response-Info-Sharing-during-Emergency.docx>

8) Do MSSP sites have to issue Notices of Action (NOAs) to participants for temporarily suspended or reduced Waiver Services?

No. Guidance was received from CMS that states that state fair hearing notification provisions do not apply for temporarily suspended or reduced Waiver Services due to the COVID-19 emergency since they are not permanent. Regular NOA requirements are still required for permanent discontinuances/denials, or permanent reductions/suspensions of services.

9) What should MSSP sites do if they are unable to determine ongoing Medi-Cal eligibility?

Sites should continue to provide care management services to enrolled participants, even if Medi-Cal eligibility is unconfirmed. Due to the COVID-19 crisis, Medi-Cal discontinuances and negative actions have ceased, so MSSP sites can assume that in most cases, Medi-Cal eligibility will not have changed.

[MEDIL I20-07: Access to Care During Public Health Crisis or Disaster for Medi-Cal](#) states that, “The county shall delay discontinuances and negative actions as a result of renewals and reported changes in circumstances to ensure beneficiaries remain eligible for Medi-Cal.”

10) Should we enter information on the Critical Incident Report related to the impact of COVID-19 on our participants, if so what?

Yes. It would be appropriate to include participants that have had significant impact from COVID-19, meaning any related hospitalizations, facility placements, and/or participants that could not be reached that required a home visit or other resources. Sites should use their best judgment for determining which cases have had a significant impact from COVID-19, but all affected/quarantined participants do not need to be included in the report, unless the participant had a significant adverse incident that was related.