

**The Multipurpose Senior Services Program (MSSP) 1915(c) Waiver Amendment  
Summary of Questions/Comments from the Code Conversion Overview Webinar**

| # | Webinar Comment/Question   | CDA/DHCS Response   |
|---|--|---|
| 1 | Just to clarify, HC modifier would go in the primary position and the others would be added as needed  | Yes, that is correct. The only modifier that is required with every Healthcare Common Procedure Coding System (HCPCS) code is the HC modifier, which is what identifies the HCPCS code as being related to MSSP. Other additional modifiers are only used with their specified codes.   |
| 2 | How are these codes loaded? Do our software companies load these?  | Yes, updates will need to be made by your specific care management software.  |
| 3 | Hi—I mean this with all due respect: why, after so many years alluding to this change, are providers now under a fire drill to negotiate vendor contract amendments, update contracts, train staff, etc. in just 90 days?? | Thank you for your comment. The Department of Health Care Services (DHCS) and California Department of Aging (CDA) are working with the Centers for Medicare & Medicaid Services (CMS) to adjust the implementation date to allow ample time for CMS review and approval of the Waiver amendment. DHCS and CDA are also aware that sites will need time to update their systems and contracts accordingly, so this is being considered in the amended project timeline. As of August 2022, DHCS and CDA are now working towards a tentative implementation date of January 1, 2023. |
| 4 | Hi, Are the current MSSP Service Codes the same as the MSSP Service Codes used with the HCPCS. Seems like there's a slight difference on the HCPCS Service Descriptions compared to the current service descriptions.      | The service category codes (e.g.; 1.1, 2.2, etc.) are not changing in most cases. The only service category codes that are changing are the two Waiver Service categories for Community Transition Services (Moving Services (2.4) and Housing/Utility Set-up (2.5)) which are being combined into one Waiver Service category (2.4), billed under one HCPCS code.  |
| 5 | Can you go over the diem and 15min for homemaker services once again.  | For the Supplemental Homemaker Services (3.1) category, “Diem” is the unit type replacing “Day” and “15 minutes” is replacing “Hour”.   |
| 6 | Do we need to align our care plans with the 15-minute increments or can we continue to authorize per hour as long as the billing is accurate?  | As long as the service/intervention is listed on the care plan, the specific amount of time authorized for each occurrence of the intervention is not necessary to be listed on the care plan. What is most important is that the Service Plan and Utilization Summary (SPUS) billing accurately displays the correct amount of time, in increments in the correct unit type.   |

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| 7  | <p>RE 9.2 Service Right now we do not differentiate between monitoring and machine costs. So do we now we have to separate the unit cost to monitoring and the unit cost???</p> <p>How does this look in billing? Our vendor does not charge us for the unit only for the monthly monitoring, unless the unit gets lost.</p> | <p>If there are no specific costs related to the Emergency Response System (ERS) machine, and it is built into the rate for the monthly monitoring, then use the S5161 HC code for ERS monthly monitoring. If the unit is lost, the S5162 HC code for the machine may be used. We realize these circumstances will depend on the vendor and may vary from site to site.</p>  |
| 8  | <p>Will there be a breakdown of personal care categories? Which items purchased belong under which code?</p>   | <p>Supplemental Personal Care (3.2) services are broken down as follows:<br/>T1020 HC - Diem<br/>T1019 HC - 15 minutes</p> <p>Personal Care items (not otherwise covered by Medi-Cal) should be billed under Non-medical Home Equipment (2.3) using code S5199 HC- Each. At this time, there is no further breakdown of what items are included under this code; however, you may contact your assigned analyst and/or <a href="mailto:MSSPService@aging.ca.gov">MSSPService@aging.ca.gov</a> with any questions about specific items.</p> |
| 9  | <p>In 3.2 and 3.2 svcs does that mean that our Purchase Orders will have to be broken down by 15 minutes increments.</p>   | <p>Yes, that is correct.</p>   |
| 10 | <p>Will the new codes show up with the service codes on the SPUS?</p>  | <p>Currently the billing code does not display on the SPUS; however, the site may work with their care management software vendor to determine if this is a possibility.</p>   |
| 11 | <p>Will a MAGL or manual update or FAQ be issued to memorialize this guidance and the Q&amp;A information in writing?</p>  | <p>CDA has not determined whether a MAGL will be necessary, or if further updates to the MSSP Site Manual will be needed. During the most recent revision to the MSSP Site Manual, references to HCPCS codes were incorporated within <a href="#">Chapter Nine</a> and a table of the new HCPCS codes with modifiers has become <a href="#">MSSP Site Manual Appendix 42</a>.</p>  |

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| 12 | Just to clarify, given this really tight and too short of a timeline to get contracts renegotiated, am I hearing that we can still conduct business based on the current unit if it is an option? | MSSP sites will have more time to negotiate vendor contracts, as the code conversion implementation has been extended to January 1, 2023. When negotiating contracts, the current unit rate can be used, particularly if it is just a unit name change (e.g.; “Day” to “Diem”) or adjusted accordingly (e.g.; hourly rate divided by four to obtain a 15-minute rate). |
| 13 | Can you put the link in the chat, please?   | <a href="https://camcss.powerappsportals.com/mcss-new-subscription/">https://camcss.powerappsportals.com/mcss-new-subscription/</a><br><a href="https://files.medi-cal.ca.gov/pubsdoco/hipaacorrelations_home.aspx">https://files.medi-cal.ca.gov/pubsdoco/hipaacorrelations_home.aspx</a><br><br>The PowerPoint presentation will also be posted to the SFT.          |
| 14 | Who can MSSP contact within DHCS to clarify billing issues.   | The Telephone Service Center (TSC) at 1-800-541-5555 is the best option to clarify site-specific billing issues.   |
| 15 | Will contractors be paid for services that have been provided to clients if the contractor has not completed the EVV registration process yet?  | CDA is still working with DHCS and the contracted vendor for the EVV project, Sandata, to obtain an answer to this question. As it is unrelated to this particular webinar and Waiver amendment, we recommend you also reach out to <a href="mailto:EVV@dhcs.ca.gov">EVV@dhcs.ca.gov</a> .   |
| 16 | Thank you!  | Thank you for attending this webinar.  |
| 17 | Great job. Thank you.   | Thank you for attending this webinar.  |