**Purchased Services Recommendations**

Findings from Model of Care Workgroup formed by the

Department of Health Care Services and

California Department of Aging

January 2019

**Background**

The Coordinated Care Initiative (CCI) was developed to improve coordination and integration of care for dual eligible and Medi-Cal beneficiaries, and in particular to improve coordination with long-term services and supports benefits such as the Multipurpose Senior Services Program (MSSP). MSSP provides care management and supplemental services to assist Medi-Cal beneficiaries aged 65 and older who are at risk of being institutionalized and want to remain safely living in the community. As a part of the CCI, MSSP will transition from a federal 1915(c) HCBS waiver to a fully integrated Medi-Cal managed care benefit in the six remaining CCI counties in 2020. The goal of the transition is to improve care coordination, and expand the availability of care coordination to more individuals.

To support this transition, the Department of Health Care Services (DHCS) and California Department of Aging (CDA) have convened a workgroup composed of MSSP sites and managed care plans. The Model of Care Workgroup is tasked with developing recommendations for the departments to consider when creating the model of care for the new Home and Community-Based Services Care Planning and Management (HCBS CPM) benefit that will take the place of the MSSP program.

This workgroup was convened in January 2018, and has met on a bi-monthly basis to work through a number of topics related to the model of care, including eligibility criteria, data sharing, and staffing.

Purchased services are a central benefit of the MSSP program, and are necessary components for the new HCBS CPM benefit to function. These may include services or items used to support participants in staying in their home and community safely. For example, chore and personal care, non-medical home equipment (appliances, furniture), et al, can help reduce the length of stay in a facility, transitions between settings, and prevent elevation to a higher level of care and costlier institutionalization.

To help support the smooth transition of the program, this memo summarizes the Model of Care Workgroup’s recommendations to DHCS and CDA for HCBS CPM purchased services, including which purchased services should continue under the new benefit, which types of purchases should be added to the benefit, as well as the criteria and processes for purchases.

**Note: This document does not apply to any MSSP sites or health plans outside of the CCI counties.**

**Criteria for Purchase of Services**

The Model of Care Workgroup recommends that HCBS CPM providers use the following process to determine what purchases are necessary and allowable under the HCBS CPM benefit:

1. Assessment and Development of the Care Plan
	1. The provider should conduct an assessment identifying the need for services and/or items, and specify these services and/or items in the member’s care plan.
	2. Services/items should be deemed necessary to preserve the participant’s health, improve functional ability, and assure maximum independence, thereby preventing elevation to a higher level of care and avoiding more costly institutionalization.
	3. In an emergency situation, new needs may be identified that are not part of the regular care plan process.
		1. In this situation, an Emergency Care Plan may be crafted to identify a service or purchase. The situation must be fully documented in the progress notes.
2. Informal Resources: The provider should determine if the needed service can be provided by the beneficiary’s support network, for example, family members, friends, neighbors, and/or religious organizations, at no cost to the plan or public agencies.
3. Formal (Referral) Resources: If informal resources are unavailable or have been exhausted:
	1. The provider should then determine whether the service can be provided as a covered Medi-Cal benefit.
	2. If the service cannot be provided as part of the beneficiary’s existing benefits, the provider should determine if there is a community-based organization (CBO) or other resource that will provide the service.
4. If formal and informal resources have been exhausted or are otherwise unavailable, the HCBS CPM provider may purchase the service.
	1. The purchase of these services will be coordinated between the health plan and HCBS CPM provider.
5. Plans should have access to the data and information needed to conduct appropriate oversight and audit of records, to determine what services have been purchased, and whether these purchases comply with HCBS CPM guidelines.
	1. DHCS should provide guidance to plans about oversight of purchased services.

Licensing and certification requirements for specific Waiver Services are summarized in Appendix 26 of the MSSP Site Manual at:

(<https://www.aging.ca.gov/docs/MSSP/SiteManual/Appendices/Ap%2026%20Licensure%20and%20Certification%20-%20Provider%20Qualifications.pdf>

**List of Purchased Services**

**Existing Purchased Services**

The following list includes but is not limited to these categories and examples of purchased services, not otherwise covered by Medi-Cal.

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| **PURCHASED SERVICES DESCRIPTION** |
| Adult Day Care – Community-based programs that provide non-medical care to persons in need of personal care services, supervision or assistance essential for sustaining the activities of daily living or for the protection of the individual for less than a 24-hour basis. |
| Communication-Translation and Devices – Communication services for participants with special communications problems and persons with physical impairments likely to result in a medical emergency; the provision of translation and interpretive services; and the rental or purchase of assistance services, installation of a telephone, and assistance devices for communication for participants who are at risk of injury or institutionalization, for example, Emergency Response Systems (ERS) such as LifeLine. |
| Emergency Move – Services and activities to facilitate a smooth transition from one living situation to another. |
| Emergency or Restorative Utility Services – Payment of utilities either when the participant has no other resources to meet this need and the potential shut off of services would place the health and safety of the participant in jeopardy, or to assist the patient in obtaining or restoring services necessary to ensure their health, welfare and safety in their residence. |
| Food – The purchase of food to support a participant’s return home following institutionalization, transition from homelessness to housing or emergency move (such as displacement or eviction). This also includes the purchase of oral nutritional supplements. |
| Meals – Meals either served in congregate meal settings for participants who are able to leave their homes or require the social stimulation of a group environment in order to maintain a balanced diet, or prepared meals for participants who are homebound, unable to prepare their own meals and have no caregiver at home to prepare meals from them. |
| Minor Home Repair/Maintenance – Repairs that do not involve major structural changes or major repairs to the dwelling. The repairs are needed to ensure safety and independence, including ramp, handrails, wiring, plumbing, pest removal, etc. |
| Money Management – A service that assists the participant with activities related to managing money and the effective handling of personal finances. |
| Non-medical Home Equipment – Assistive devices, appliances, and supplies that are necessary to assure the participant’s health, safety and independence, including appliances, furniture, and emergency supply kits. |
| Respite – The supervision and care of a participant while the family or other individual who normally provide unpaid informal care take short-term relief or respite, or to cover emergencies or extended absences of the regular paid caregiver. |
| Social Reassurance – Periodic telephone contact, visiting or other social and reassurance services to verify that the individual is not in medical, psychological, or social crisis, or to offset isolation. |
| Supplemental Chore – The performance of household tasks for purposes of household support, including, for example: household and deep cleaning, laundry, shopping, and food preparation. The purpose of this service is to supplement, not supplant services available through In-Home Supportive Services (IHSS), such as when a provider is unavailable or a participant’s needs exceed IHSS hours. |
| Supplemental Health Care – The care of health problems by appropriately licensed or certified persons when such care is not otherwise available through Medi-Cal. |
| Supplemental Personal Care – Services that assist the participant in maintaining bodily hygiene, personal safety, and activities of daily living. The purpose of this service is to supplement, not supplant services available through In-Home Supportive Services (IHSS), such as when a provider is unavailable or a participant’s needs exceed IHSS hours. |
| Supplemental Protective Supervision – Supervision in the absence of the usual care provider to persons in their own homes who are very frail or may suffer a medical emergency, to prevent immediate placement in an acute care hospital, nursing facility, or other 24-hour Residential Care Facility for the Elderly. The purpose of this service is to supplement, not supplant services available through In-Home Supportive Services (IHSS), such as when a provider is unavailable or a participant’s needs exceed IHSS hours. |
| Temporary Lodging – Lodging for participants who must travel long distances for medical treatments unavailable locally or in the event of a natural disaster or home-related emergency, including bed bugs, fire/water damage, or another condition that makes the participant’s current housing unlivable. |
| Therapeutic Counseling – Individual or group counseling to assist with social, psychological, or medical problems which have been identified in the assessment process, including alternative therapy methods and in-home counseling services, not otherwise included with Medi-Cal. |
| Transportation – Services that provide access to the community (non-emergency medical transportation to health and social service providers, not otherwise covered by Medi-Cal) and special events for participants who do not have means for transportation or whose mobility is limited, or who have functional disabilities requiring specialized vehicles and/or an escort. |

Full definitions of services currently approved for purchase under the MSSP program are available in Chapter 3 of the MSSP Site Manual at:

<https://www.aging.ca.gov/docs/MSSP/SiteManual/2016/Chapter_3.pdf>.

**Additional Recommended Services**

Under the new HCBS CPM benefit, the Model of Care Workgroup recommends that DHCS allow flexibility for HCBS CPM providers to purchase any service and product beyond those currently allowed that helps to maximize independence, avoid further institutionalization, and ensure patient safety, to allow for currently unidentified and potentially unforeseen beneficiary needs. This includes, but is not limited to, adaptive clothing, compression stockings, and lotion unrelated to incontinence, and products and services to help with a beneficiary’s return to home from an institutional setting.

**Grievances and Appeals**

Health Plan members will continue to have the right to file complaints, grievances, and/or appeals regarding these Purchased Services. The health plans should follow the same grievance and appeal process developed for Medi-Cal covered services.