



Multipurpose Senior Services Program and the Coordinated Care Initiative

Updated April 2013

California's Coordinated Care Initiative (CCI), adopted in July 2012, promotes the integrated delivery of medical, behavioral, and long-term care Medi-Cal services, and also provides a road map to integrate Medicare and Medi-Cal for people on both programs, called "dual eligible" beneficiaries.

The CCI includes two parts: 1) Mandatory enrollment of all Medi-Cal beneficiaries (including dual eligibles) into managed care for all Medi-Cal benefits, including long-term services and supports (LTSS)¹; and 2) Optional enrollment into integrated managed care that combines Medicare and Medi-Cal benefits under a federal demonstration, known as "Cal MediConnect."

In March 2013, the Centers for Medicare & Medicaid Services (CMS) approved California's proposed dual eligibles demonstration scheduled to begin no sooner than October 2013 in eight counties: Alameda, San Mateo, Santa Clara, Los Angeles, Orange, San Diego, Riverside and San Bernardino.

MSSP Background

This document answers common questions about how the Multipurpose Senior Services Program (MSSP) will transition into a managed care benefit over a three-year period. The goal of this transition is to increase coordination between health care and long-term services and supports providers and expand the availability of care coordination, similar to that provided by MSSP, to more individuals.

MSSP is a federal 1915(c) home- and community-based services (HCBS) waiver program. It currently has authority to serve up to approximately 16,000 Californians age 65 and over who are eligible for nursing facility care but want to remain living in the community. About 9,000 people are enrolled in the MSSP program in the eight CCI counties, of whom about 7,260 are dual eligibles.

The program provides social and health care management services to these individuals. MSSP providers link enrollees to available community services and resources, and purchases additional needed services to help people remain at home. Under provisions of the waiver, the cost of providing MSSP services to a participant must be less than the cost of providing care in a nursing facility.

¹ LTSS include In-Home Supportive Services (IHSS), Multipurpose Senior Service Program (MSSP), Community-Based Adult Services (CBAS), and nursing facilities.

Frequently Asked Questions

1. Why is MSSP transitioning into managed care?

The CCI is an opportunity to incorporate the successful elements of MSSP into a comprehensive model of care that addresses both the beneficiary's health and long-term services and support needs. By partnering with Cal MediConnect plans, MSSP care coordinators will work more closely with their clients' health care providers to deliver more coordinated and responsive services, particularly when an individual's health status or long-term support needs change and immediate attention is required.

2. What will happen to beneficiaries who live in the eight CCI counties and need MSSP, but today don't receive care coordination or are on a waiting list?

If a beneficiary chooses to enroll in Cal MediConnect, and if there is an MSSP waiver slot available, the Cal MediConnect plan will refer the beneficiary to the MSSP site. The plan will pay for the beneficiary's slot. If there is not an available slot, the Cal MediConnect plan may provide care coordination services similar to that provided through MSSP. As a result, more beneficiaries will benefit from this successful model. This may be done by contracting with the site for services or by contracting with other providers.

Beneficiaries who could benefit from MSSP may be on a waiting list until space in the program becomes available. These beneficiaries will enroll in a Cal MediConnect plan and receive care coordination services.

3. How will MSSP waiver services be transitioned from a federal waiver program to a health plan benefit between 2013 and 2015?

Cal MediConnect plans will contract with the MSSP providers to continue providing the program services to individuals enrolled in the waiver program during the initial implementation period. At the same time, Cal MediConnect plans and the MSSP providers will offer a comprehensive consumer-based care management program. The transition phases include:

- Year One – Starting in 2013, MSSP beneficiaries in the eight CCI counties will be mandatorily enrolled into managed care and all of their Medi-Cal LTSS will be authorized through their managed care plan.

The MSSP providers in these counties will contract with managed care health plans and receive their funding from those plans. MSSP providers will continue to provide case management and will purchase needed services, as currently occurs under the MSSP waiver. In addition, they will begin coordinating with the Cal MediConnect plans' care management programs.

Cal MediConnect plans and MSSP providers may develop contractual relationships to provide comprehensive care coordination to other plan members who have care coordination and service needs similar to MSSP participants, but are not enrolled in MSSP.

- Year Two – MSSP providers will continue operating as they did in Year One. However, Cal MediConnect plans will work with the MSSP providers to develop an integrated, person-centered care management model that works within the context of managed care. Cal MediConnect plans will collaborate with their MSSP providers to conduct a local stakeholder process and develop recommendations to the state regarding a transition strategy that will ensure seamless continuity of care coordination.
- Year Three – Starting in 2015, the care management model developed by Cal MediConnect plans and MSSP providers, with stakeholder input, will be implemented following submission of a transition plan to the legislature.

4. What rates will the managed care plans use to pay the MSSP providers?

MSSP providers in the eight Cal MediConnect counties will sign contracts with Cal MediConnect plans for Year One and Year Two. Services will remain unchanged. MSSP providers will continue receiving the same level of funding they would have otherwise received through their contract with the Department of Aging (CDA) for 19 months after the start of the CCI.

5. How will the state ensure the beneficiary protections under MSSP will be maintained?

CDA will continue to have the lead role in monitoring and overseeing all of the MSSP sites to ensure compliance with federal waiver requirements. The Department of Health Care Services (DHCS) will have the lead role in monitoring and overseeing Cal MediConnect plans' care management systems. Both DHCS and CDA are and will continue working closely together to ensure that beneficiaries receive responsive, person-centered care management services.

6. How will the state determine whether the health plans are ready to provide all of the services available under the CCI?

As noted above, in Year One and Year Two, MSSP providers will continue delivering waiver services unchanged. During those transition years, care coordination between Cal MediConnect plans and the MSSP providers will be strengthened and become more responsive to the beneficiaries' changing needs. In Year One, the readiness review will focus on Cal MediConnect plans having a contract with the MSSP providers for payment and information sharing. The transition plan developed in Year Two will describe further details for assessing Cal MediConnect plans' readiness to provide these services as a plan benefit.