



Multipurpose Senior Services Program Site Association

921 11th Street, Suite 1100, Sacramento, CA 95814 Phone: 916. 552. 7400 ~ Fax: 916. 552. 7404

Initial Input from MSSP Site Directors Regarding DHCS ADHC Transition Strategy MSSP Operational Considerations

Site directors throughout California have submitted initial questions in response to Department of Health Care Services' (DHCS) intentions regarding the concept of the Multipurpose Senior Services Program's (MSSP) potential involvement in the transition plan upon elimination of Adult Day Health Care (ADHC) as a Medi-Cal benefit beginning December 1, 2011. The content of this document was compiled from input solicited from all MSSP sites and is viewed as a starting point for clarifying and opening dialogue regarding how MSSP can be helpful in this challenging time.

MSSP site directors are looking forward to working with CDA and DHCS to explore how MSSP may be of service through the use of this care management program. General consensus is that by working together the result can be an agreed upon action plan that MSSP sites can successfully implement. MSSP brings an expertise to the discussion regarding the provision of care management services to nursing home certifiable individuals and what it takes to keep these individuals in the community. The elimination of ADHC as a Medi-Cal benefit from the community continuum of care will be a difficult change for this state as it is a well rooted safety net service that MSSP services cannot replace but can make a difference in some of the participant's lives.

All MSSP sites are still struggling in the aftermath of the 11% funding cut the program received this year after initially being proposed for full elimination. This has included stopping enrollments, watching waiting lists soar, staff layoffs and attempting to figure out viability while running the program on reduced funding. This has resulted in hardship and struggles to manage the current delivery of services and has placed long-term survival in question. Although restoring funding is a wonderful concept, there needs to be a solid, realistic long-term funding plan for sites to endeavor to take on this new role.

Contract/Financial/Operational Considerations:

- Given the recent decline in state revenues, we are hearing that significant additional cuts are under consideration. This raises several questions:
 - How do these issues impact this current planning and FY 11-12? Is there a funding sustainability plan for the sites that receive increased funding in FY 11-12 or is it possible MSSP will receive funding from the ADHC transition plan only to see emergency budget cuts from the Governor/Legislature?
 - Will MSSP be receiving additional slots or funding for currently unfunded slots?
 - What assurance can be given from the Administration that MSSP will not be proposed for elimination again in January for FY 12-13?
 - How permanent is this funding beyond FY 12-13?
- If DHCS "restores" slots that are empty due to prior funding cuts, this will only restore funding back to 2006-07 and 2007-08 funding levels and not reflect the cost of doing business in 2011-2012. Is there discussion of looking at annual rate increases so that sites can help these individuals in a manner that is sustainable instead of struggling to cover today's business expenses?
- MSSP currently does not serve persons under age 65 with disabilities. Will DHCS be seeking a waiver amendment to change this limitation or will the current eligibility criteria remain in place?

- What happens if the courts grant an injunction in November?
- Does DHCS have new contract expectations given the fact that MSSP does not provide the same services as ADHC? What requirements will we have regarding taking on additional ADHC participants that are not already our clients?
- Clarify the plans to restore funding to MSSP.
 - Will this be statewide or will it only be done in certain areas of California?
 - How is this decision being made?
 - What portion of the \$85 million will be allocated to MSSP?
 - What data is being used to determine funding allocations?
 - Will that data be shared with MSSP?
 - How will the funding of slots be accomplished? Will this be individually or a block of slots? If it is individually, how will this work with a grant based contract and the business structure of MSSP?
 - Will these slots be “ADHC-clients only”?
 - Will sites know the potential number of clients in their area that are attending ADHC’s and possible inflow?
 - If DHCS designs this to make the slots specific to ADHC clients only, how can a site hire staff based on the unknown?
 - What if these clients are actually ineligible for MSSP or decide to not enroll? Is there reimbursement for our time assessing these cases?
 - Will a program be found to be in contract non-compliance if they have not filled their slots?
 - How many slots?
- If it is DHCS’s intention that MSSP will be enrolling ADHC participants only with this funding, how can sites move ADHC participants to the front of the line passing those currently on a site’s waiting list? Many sites have over 100 clients on their waiting list who are in need of services as well. Please include in your explanation how moving ADHC participants ahead of those currently on a waiting list will not violate client rights or any other protection practices.
- If a solid plan is established and agreed upon by MSSP sites, what will be the timeline for contract amendments?
- Once contract amendments are in place, what is DHCS’s expectation regarding timeline for hiring, training and then enrollment? Note: it will take a minimum of 90 days to post, recruit, hire and start a new employee once the contract amendments are signed. Therefore, MSSP sites theoretically need to have contract amendments in the next two weeks to have a chance of having staff in place to receive clients December 1st when ADHC’s are scheduled to close. Will there be a contract advance to assist with covering hiring and training costs?
- Waived services budgets will likely be an issue as the MSSP site will be called upon to purchase more services to help these clients remain in the community. Some of these services include increased need for nutrition services, contracting and purchasing of ADHC services in areas where the centers remain open and additional purchasing of personal care services. Many MSSP sites are already struggling to plan and meet the needs of existing MSSP clients who are losing ADHC services.
 - Will there be flexibility at the end of a quarter or year in case I need to move money out of waived services if site’s estimate a WS percentage that is too high?

- Is there the opportunity to have additional waived services funding as the current MSSP funding amounts do not take into consideration these type of circumstances?
- Will the waiver be amended to add ADHC to the approved list of waived services purchases?
- Will we be able to remain below benchmark if we are paying for ADHC for 3 or more days a week or can the benchmark increase since ADHC was typically not paid for out of our waived services dollars?
- On page 3 of the transition strategy that DHCS put out it spoke about "enhancing" the MSSP program. Please explain.
- What is APS, Inc.'s role in the assessment, referral and establishment of MSSP services?
- If we are unable to obtain the necessary increase in IHSS hours for these participants and no longer have ADHC's to assist with care and socialization issues, what will the alternative resources be and are there any in all areas of CA?

Again, we are looking forward to meeting and working together to further discuss the answers to these questions and the additional questions that will arise as we look at planning for the future. Please do not hesitate to contact Denise Likar at (562) 637-7138 or Janet Heath at (916) 734-8309 with questions.