

VENDOR APPLICATION: Eligible Services  
Sonoma County Human Services Department  
Adult & Aging Services Division

**Code**            **Service Definition<sup>i</sup>**

**MSSP 1.1      Adult Day Care**

**Definition:** Adult day care centers are community-based programs that provide non-medical care to persons 18 years of age or older 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.

Adult Day Care services may be provided when the client's plan of care indicates that the service is necessary to reach a therapeutic goal or provides respite for the family. The State Department of Social Services (DSS) licenses these centers as community care facilities. Alzheimer's Day Care Resource Centers (not licensed by DSS) are also eligible providers.

**Housing Assistance (Codes 2.2, 2.3, 2.4, 2.5 and 2.6):** These services are necessary to ensure the health, welfare and safety of the client in their physical residence or home setting. Services may include provision of physical adaptations and assistive devices, and emergency assistance in situations which demand relocation and assistance to obtain or restore utility service.

**MSSP 2.2      Minor Home Repairs and Maintenance**

**Definition:** Minor Home Repairs do not involve major structural changes or repairs to a dwelling. Maintenance is defined as those services necessary for accessibility (e.g., ramps, grab bars, handrails, items above what is covered by the State Plan, and installation), safety (e.g., electrical wiring, smoke alarms), or security (e.g., locks). Eligible Clients are those whose health and/or safety or independence are jeopardized because of deficiencies in their place of residence. This service is limited to Clients who are owners/occupiers of their own home, or those in rental housing where the owner refuses to make needed repairs or otherwise alter the residence to adapt to special Client needs. Written permission from the landlord (including provision for removal of modifications, if necessary) is required before undertaking repairs or maintenance on leased premises. All services shall be provided in accordance with applicable State or local building codes.

**MSSP 2.3      Non-medical Home Equipment**

**Definition:** Includes equipment and supplies which address a Client's functional limitation and/or condition, are necessary to assure the Client's health, safety, and independence, and are not otherwise provided through this Waiver or through the State Plan. This service includes but is not limited to the purchase or repair of nonmedical home equipment and appliances such as refrigerators, stoves, microwave ovens, blenders, kitchenware, heaters, air conditioners, fans, washing machines, dryers, vacuum cleaners, furniture (i.e., mattresses and bedding, lamps, tables, couches, chairs [including recliners and lift chairs]), towels, medication dispensers and emergency supply kits. Does not include the purchase of clothing or shoes of any type.

**MSSP 2.4      Community Transition Services- Moving Services**

**Definition:** This service involves facilitating a smooth transition from a

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facility/institution or care provider- owned residence. Eligible clients are those who reside in a facility/institution or care provider-owned residence and require assistance with relocation from a facility/institution to their own home or apartment in the community, or to/from a care provider owned residence. Services may be provided by moving companies or other individuals who can guarantee the safe transfer of the client's possessions. Activities may include materials and labor necessary for such moves.

### **MSSP 2.5 Community Transition Services- Housing & Utility Set-up**

**Definition:** Allows for one-time set-up expenses for eligible clients who make the transition from an institution to their own home or apartment in the community. Community Transitions Services are non-recurring set-up expenses for clients who are transitioning from an institutional or another provider- operated living arrangement to a living arrangement in a private residence where the person is directly responsible for his or her own living expenses.

Allowable expenses are those necessary to enable a person to establish a basic household that do not constitute room and board and may include: (a) security deposits that are required to obtain a lease on an apartment or home; (b) essential household furnishings required to occupy and use a community domicile, including furniture, window coverings, food preparation items, and bed/bath linens; (c) set-up fees or deposits for utility or service access, including telephone, electricity, heating and water; (d) services necessary for the client's health and safety such as pest eradication and one-time cleaning prior to occupancy; (e) activities to assess need, arrange for and procure need resources. Community Transition Services do not include monthly rental or mortgage expense; food, regular utility charges; and/or household appliances or items that are intended for purely diversional/recreational purposes.

### **MSSP 2.6 Assistive Technology**

**Definition:** Assistive technology means an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of participants. Assistive technology service means a service that directly assists a Client in the selection, acquisition, or use of an assistive technology device. Assistive technology includes: (A) the evaluation of the assistive technology needs of a Client, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the participant in the customary environment of the Client; (B) services consisting of purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for participants; applying, maintaining, repairing, or replacing assistive technology devices; (C) services consisting of selecting, designing, fitting, customizing, adapting; (D) coordination and use of necessary therapies, interventions, or services with assistive technology devices, such as therapies, interventions, or services associated with other services in the care plan. (E) the costs associated with delivery and repairs of the items allowable under this service are also included.

### **MSSP 3.1 Supplemental Homemaker Services**

**Definition:** Is for purposes of household support and applies to the performance of

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household tasks rather than to the care of the Client. Homemaker activities are limited to: household cleaning, laundry (including the services of a commercial laundry or dry cleaner), shopping, food preparation, and household maintenance. Client instruction in performing household tasks and meal preparation may also be provided.

The care manager completes a health and psychosocial assessment which assess all Client needs including the need for homemaker services and personal care. The assessments also consider IHSS services in place and whether the Client's needs are being met.

Supplemental Homemaker Services under the MSSP Waiver are limited to additional services not otherwise covered under the state plan or under IHSS, but consistent with the Waiver objectives of avoiding institutionalization.

Examples include:

1. The client is not eligible for IHSS.
2. The MSSP client has not yet been assessed for IHSS, and needs services in the interim until IHSS can be arranged.
3. The regular IHSS provider is not available.
4. IHSS services are in place; however, MSSP has assessed a greater need. In these cases MSSP will advocate with IHSS for increased time for those services before authorizing expenditure of waiver funds.

NOTE: 3.1 services can supplement but not supplant IHSS.

### **MSSP 3.2 Supplemental Personal Care**

**Definition:** This service provides assistance to maintain bodily hygiene, personal safety, and activities of daily living (ADL). These tasks are limited to nonmedical personal services: feeding, bathing, oral hygiene, grooming, dressing, care of and assistance with prosthetic devices, rubbing skin to promote circulation, turning in bed and other types of repositioning, assisting the individual with walking, and moving the individual from place to place (e.g., transferring). Client instruction in self-care may also be provided; may also include assistance with preparation of meals but does not include the cost of the meals themselves.

Supplemental Personal Care under the MSSP Waiver is limited to additional services not otherwise covered under the state plan or under IHSS, but consistent with the Waiver objectives of avoiding institutionalization. Services are provided when personal care services furnished under the approved state plan limits are exhausted. The scope and nature of these services do not differ from personal care services furnished under the state plan. The provider qualifications specified in the state plan apply.

Personal care service providers may be paid while the Client is institutionalized. This payment is made to retain the services of the care provider and is limited to seven (7) calendar days per institutionalization.

NOTE: 3.2 services can supplement but not supplant IHSS.

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**MSSP 3.3      Counseling & Therapeutic Services - Therapeutic Services**

**Definition:** Addresses the unmet needs of Client when such care is not otherwise available. These services will be provided based on the following criteria:

- The client assessment identifies need for this support and the care plan reflects the required services and/or items.
- MSSP must utilize all of the health care services available under Medicare (when clients have Medicare), Medi-Cal/Health Plan, and other health coverage prior to purchasing these services as waiver services. MSSP clients are extremely frail and, on occasion, need health-related services that are not provided under Medicare and/or Medi-Cal, e.g., no Medi-Cal provider in that local area.
- This service supplements benefits provided by the existing Medicare and Medi-Cal programs including managed care, using providers who meet standards under Provider Qualifications: Licensure and Certification, Appendix 26, of the MSSP Manual.
- Services may include the following professionals/services:
  1. Foot care
  2. Massage therapy
  3. Swim therapy

**MSSP 3.7      Supplemental Protective Supervision**

**Definition:** Ensures provision of 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, skilled nursing facility, or other 24-hour care facility, e.g., Residential Care Facility for the Elderly (RCFE). Such supervision does not require medical skills and can be performed by an individual trained to summon aid in the event of an emergency. This service may also include checking on a client through a visit to the client's home to assess the situation during an emergency (e.g., natural disaster).

**MSSP 4.3      Consultative Clinical Services**

**Definition:** This service addresses the unmet needs of clients when such care is not otherwise available with Medi-Cal. These services will be provided based on the following criteria:

- The client assessment identifies need for this support and the care plan reflects the required service(s).
- MSSP utilizes all of the services available under the State Plan prior to purchasing these services as Waiver Services. MSSP's clients are extremely frail and, on occasion, in need of services that cannot be provided under Medi-Cal. This service is especially critical for persons recently discharged from acute hospitals or who are otherwise recovering at home from an acute illness or injury. This MSSP service supplements, but does not supplant, benefits provided by the State Plan.

In addition to the provision of care, Waiver Participants and their families/caregivers are trained in techniques which will enable them (or their caregivers) to carry out

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their own care whenever possible.

Allowable services are:

- Social services consultation
- Legal and paralegal professionals' consultation
- Dietitian/Nutrition consultation
- Pharmacy consultation
- Vital sign monitoring

**Respite (codes 5.1 and 5.2):**

**MSSP 5.1      Respite, In-Home**

**MSSP 5.2      Respite Out-of-Home**

**Definition:** Respite services include the supervision and care of a client while the family or other individuals who normally provide unpaid informal care take short-term relief or respite. Respite may also be needed in order to cover emergencies and extended absences of the regular paid caregiver.

In situations where a caregiver provides both paid and unpaid care, it is important to distinguish between providing respite (for unpaid time) and substitution or augmenting paid hours. An example is when a family member is being paid by IHSS as the client's Individual Provider (IP) for a certain number of hours and tasks, but this caregiver also puts in time that is not reimbursed by IHSS. If the problem is that the IHSS hours are insufficient, the first recourse is to intercede with IHSS and advocate for a reassessment to incorporate the additional necessary care. If unmet needs remain and there is justification to expend waiver funds, appropriate services to consider include:

1. (Supplemental Chore)
2. (Supplemental Personal Care)
- 3.7 (Supplemental Protective Supervision)

It is not appropriate to purchase any waiver service for hours for which an IP receives pay. If an IP needs a break or vacation, a substitute or temporary IP should be found to work the hours paid by IHSS (the regular IP would not be paid for this time since they would not be working). Coverage of the unpaid hours could be considered for respite under the waiver. As indicated by the client's circumstances, services will be provided In-Home (5.1) or Out-of-Home (5.2) through appropriate available resources such as board and care facilities, skilled nursing facilities, etc. Waiver Service funds will not be used for the cost of room and board except when provided as part of respite care in a facility approved by the State that is not a private residence. Individuals providing services in the client's residence shall be trained and experienced in personal care, homemaker services, or home health services, depending on the requirements in the client's care plan.

**Transportation (codes 6.3 and 6.4):**

**MSSP 6.3      Transportation (hour)**

**MSSP 6.4      Transportation (One-way trip)**

**Definition:** These services provide access to the community (e.g., non-emergency

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medical transportation to health and social service providers) and special events for clients who do not have means for transportation or whose mobility is limited, or who have functional disabilities requiring specialized vehicles and/or an escort.

These services are different from the transportation service authorized by Medi-Cal which is limited to medical services or clients who have documentation from their physician that they are medically unable to use public or ordinary transportation.

Informal services such as family, neighbors, friends, or community agencies which can provide this service without charge will be utilized whenever possible.

Transportation services are usually provided under public paratransit or public social service programs (e.g., Title III of the Older Americans Act) and shall be obtained through these sources without the use of MSSP resources, except in situations where such services are unavailable or inadequate. Service providers may be:

- Paratransit subsystems of public mass transit.
- Specialized transport for older adults and adults with disabilities
- Private taxicabs when they are subsidized by public programs or local government to serve the elderly and handicapped (e.g., in California, some counties provide reduced fare vouchers for trips made via private taxicabs for the elderly and handicapped).
- Private taxicabs when no form of public mass transit or paratransit is available or accessible.
- Contracted vendors that offer transportation as one of the array of services.

Escort services will be provided when necessary to assure the safe transport of the client. Escort services may be authorized for those clients who cannot manage to travel alone, and require assistance beyond what is normally offered by the transportation provider. This service will be provided by trained paraprofessionals or professionals, depending on the client's condition and care plan requirements.

**Nutritional Services (codes 7.1, 7.2, and 7.3):** These services may be provided daily, but are not to constitute a full nutritional regimen (three meals per day) [42 CFR 440.180 (b)].

### **MSSP 7.1 Congregate Meals**

**Definition:** Meals served in congregate meal settings for clients who are able to leave their homes or require the social stimulation of a group environment in order to maintain a balanced diet.

Congregate meals can be a preventive measure for the frail older person who has few (if any) informal supports, as well as a rehabilitative activity for people who have been physically ill or have suffered emotional stress due to losses associated with aging.

This service should be available to MSSP clients through Title III of the Older Americans Act. MSSP funds shall only be used to supplement congregate meals when funding is not available or is inadequate through Title III or other public or private sources.

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**MSSP 7.2 Home Delivered Meals**

**Definition:** Prepared meals for clients who are homebound, unable to prepare their own meals and have no caregiver at home to prepare meals for them. The primary provider of this service is Title III of the Older Americans Act. Waiver Service funds shall only be used to supplement home-delivered meals when they are unavailable or inadequate through Title III or other public or private sources.

**MSSP 7.3 Oral Nutritional Supplements**

**Definition:** Provision of food staples is limited to purchase of food to support a client's return home following institutionalization, and to food purchases which are medically required.

**Counseling and Therapeutic Services (codes 8.3, 8.4, and 8.5):** These services include protection for clients who are isolated and homebound due to health conditions; who suffer from depression and other psychological problems; individuals who have been harmed, or threatened with harm (physical or mental) by other persons or by their own actions; or those whose cognitive functioning is impaired to the extent they require assistance and support in making and carrying out decisions regarding personal finances.

**MSSP 8.3 Social Support**

**Definition:** This service includes 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. These services may be provided by volunteers or through Title III of the Older Americans Act; however, these services may not be available in a particular community. The waiver will be used to purchase social support only if the service is unavailable in the community or is inadequate as provided under other public or private programs.

Expenses for activities and supplies required for client participation in rehabilitation programs, therapeutic classes and exercise activities can also be provided. Such services shall be provided based on need as designated in the client's care plan.

**MSSP 8.4 Therapeutic Counseling**

**Definition:** This service includes individual or group counseling to assist with social, psychological, or medical problems which have been identified in the assessment process and included in the care plan.

Therapeutic counseling is essential for preventing some clients from being placed in a nursing facility (NF). This service may be utilized in situations where clients may face crises, severe anxiety, emotional exhaustion, personal loss/grief, confusion, and related problems. Counseling by licensed or certified counselors in conjunction with other services (e.g., respite, in-home support, meals) may reverse some states of confusion and greatly enhance the ability of a family to care for the client in the community, or allow the client to cope with increasing impairment or loss.

**MSSP 8.5 Money Management**

**Definition:** This service assists the client with activities related to managing money and the effective handling of personal finances. Services may be either periodic or

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as full-time substitute payee. Services may be provided by organizations or individuals specializing in financial management or performing substitute payee functions.

**Communications Services (codes 9.1 and 9.2):** These services are for clients with special communication problems such as vision, hearing, or speech impairments and persons with physical impairments likely to result in a medical emergency. Services shall be provided by organizations such as:

- Speech and hearing clinics.
- Organizations serving blind individuals.
- Hospitals.
- Senior citizens centers.
- Providers specializing in language translation and interpretation.
- Individual translators.
- Telephone companies or other providers specializing in communications equipment for disabled or at-risk persons.

Services shall be provided on a routine or emergency basis as designated in the client's plan of care.

**MSSP 9.1      Communication: Translation**

**Definition:** The provision of translation and interpretive services for purposes of instruction, linkage with social or medical services, and conduct of business essential to maintaining independence and carrying out the Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) functions

**MSSP 9.2      Communication: Device**

**Definition:** The rental or purchase of 24-hour emergency assistance services, installation of a telephone, assistive devices for communication for clients who are at risk of injury or institutionalization due to physical conditions likely to result in a medical emergency. Monthly telephone charges are excluded from this category and are not permissible.

Purchase of emergency response systems is limited to those clients who live alone, or who are alone for significant parts of the day, have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision. The record must document consideration of available options and that the client is able to understand and utilize the service and/or item being funded through Waiver Services.

The following are allowable:

1. 24-hour answering/paging
2. Medic-alert type bracelets/pendants.
3. Intercoms.
4. Emergency response systems (Life-lines).
5. Room monitors
6. Light fixture adaptations (blinking lights, etc.).

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7. Telephone adaptive devices not available from the telephone company or California Technology Assistance Project (CTAP).
8. Other electronic devices/services designed for monitoring or to summon emergency assistance.
9. Medication reminder services or devices.

Telephone installation/purchase or reactivation of service will only be authorized to allow the use of telephone-based electronic response systems where the client has no telephone, or for the isolated client who has no telephone and who resides where the telephone is the only means of communicating health needs. Waiver service funds may not be used for ongoing monthly fees for services/plans.

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<sup>1</sup> Service Definitions and Codes in this Attachment are taken from the [Multipurpose Senior Services Program \(MSSP\) Site Manual, Chapter 3, Purchased Waiver Services Section 3.1430](#).