



Stage 1 Business Analysis

California Department of Technology, SIMM 19A.3 (Ver. 3.0.9, 02/01/2022)

1.1 General Information

1. Agency or State entity Name: **4170 - Aging, Department of**

If Agency/State entity is not in the list, enter here with the [organization code](#).

[Click or tap here to enter text.](#)

2. Proposal Name and Acronym: **Multipurpose Senior Services Program (MSSP) Case Management System**

3. Proposal Description: (Provide a brief description of your proposal in 500 characters or less.)

CDA proposes to develop a MSSP statewide case management solution that will streamline efficiency, facilitate transparency, and synthesize reporting. Modernizing and standardizing CDA's programmatic data and decision-support framework provides timely delivery of quality service. MSSP is seeking a solution to help manage and control tasks associated with daily operations, such as care management, tracking critical incidents, data sharing and electronic billing. The new solution would also support enhanced data collection, consolidation, reporting and monitoring.

4. Proposed Project Execution Start Date: **1/13/2025**

5. S1BA Version Number: **Version 1**

1.2 Submittal Information

1. Contact Information

Contact Name: **Audrey Kagiya**

Contact Email: Audrey.Kagiya@aging.ca.gov

Contact Phone: **916-283-7131**

2. Submission Type: **New Submission**

If Withdraw, select Reason: [Choose an item.](#)

If Other, specify reason here: [Click or tap here to enter text.](#)

Sections Changed, if this is a Submission Update: (List all sections changed.)

[Click or tap here to enter text.](#)

Summary of Changes: (Summarize updates made.)

[Click or tap here to enter text.](#)

3. Attach [Project Approval Executive Transmittal](#) to your email submission.

4. Attach [Stage 1 Project Reportability Assessment](#) to your email submission.

1.3 Business Sponsorship

1. Executive Champion (Sponsor)

Title: [Deputy Director](#)

Name: [Denise Likar](#)

Business Program Area: [Division of Home and Community Living](#)

2. Business Owner

Title: [Chief](#)

Name: [Shawntel Bush](#)

Business Program Area: [Health at Home Branch](#)

3. Product Owner

Title: [Chief](#)

Name: [Katie Schmidt](#)

Business Program Area: [Multipurpose Senior Services Program Bureau](#)

TIP: Copy and paste or click the + button in the lower right corner on any section to add additional Executive Champions, Business Owners, or Product Owners with their related Business Program Areas as needed.

1.4 Stakeholder Assessment

The Stakeholder Assessment is designed to give the project team an overview of communication channels that the state entity needs to manage throughout the project. More stakeholders may result in increased complexity to a project.

1. Indicate which of the following are interested in this proposal and/or the outcome of the project. (Select 'Yes' or 'No' for each.)

State Entity Only: No

Other Departments/State Entities: Yes

Public: No

Federal Entities: Yes

Governor's Office: No

Legislature: No

Media: No

Local Entities: Yes

Special Interest Groups: No

Other: No

2. Describe how each group marked 'Yes' will be involved in the planning process.

Local MSSP providers/sites are expected to participate in the requirements definition process, as well as provide documentation regarding current and prospective business process flows.

The Department of Health Care Services (DHCS) provides administrative oversight functions in accordance with waiver requirements to the CDA MSSP. Upon selection of the software solution, DHCS will be involved in a small capacity to identify data elements needed for reporting transmittals.

The Centers for Medicare and Medicaid Services (CMS) provide federal approval and federal funding for the MSSP Program. CMS may also be willing to provide a one-time contribution to the procurement of a case management software solution for a home and community-based waiver program. CDA will inquire with the federal regulatory body about their requirements to ensure the additional federal match is secured.

1.5 Business Program

1. Business Program Name: MSSP

2. Program Background and Context: (Provide a brief overview of the entity's business program(s) current operations.)

The MSSP Bureau administers the MSSP Medicaid 1915(c) home and community-based services waiver through an interagency agreement with the DHCS. MSSP provides both social and health care management services to assist frail older individuals aged 65+ and certifiable for nursing facility placement to remain in their own homes and communities. The program's goal is to prevent or delay institutionalization through ongoing care management, using available community services and resources, and purchasing additional needed services when they are not already available to the participant. The MSSP Bureau at CDA develops contracts with local MSSP providers, conducts periodic utilization reviews, and takes corrective action to ensure providers comply with all waiver and program requirements.

The local MSSP providers currently manually collect and send utilization review (UR) and critical incident data, waitlists, expenditures, participant enrollments to CDA as a part of the fiscal and the reporting requirements associated with the administration of the waiver program. Local MSSP providers send this data to CDA through a CDA built Secure File Transport Portal (SFTP) called Files In Files Out (FIFO), or via a FedEx delivery service. Once CDA received the data from the local MSSP providers, they verify the data to ensure accuracy, then submit it to the DHCS on a monthly, quarterly, or annual basis. As part of an Interagency Agreement with CDA, DHCS (the single State Medicaid Agency) uses this data to assist with oversight of the MSSP program and uses the data to provide reporting to CMS. Due to the lack of uniformity across all MSSP providers and various case management software, all reporting is done manually and is very time consuming, inaccurate due to transposing errors, and inefficient. Inaccurate and missing critical incident data has led to waiver assurance performance measure deficiencies under the CMS federal regulations.

Federal interpretation of 42 CFR Section 431.10 has changed recently, requiring that participant program eligibility be determined at the State level versus the provider level. Since the program's inception, MSSP has utilized provider level eligibility determinations, using nursing staff from the 37 local government and non-profit agencies that are contracted MSSP sites. Per CMS, MSSP sites will no longer be allowed to have their own nursing staff complete eligibility determinations for the program due to conflict of interest. In order to garner CMS' approval for the next five-year waiver renewal cycle (July 1, 2024 to June 30, 2029), CDA must have a plan to come into compliance with regards to level of care eligibility determinations. CDA's plan is to have State hired registered nurses complete the eligibility determination activities. This shift of workload will require readily available data for state staff to be the final approver for eligibility, where the data is currently not available and has to be manually collected.

MSSP program lacks a uniform data sharing and data reporting mechanism at the state level and with local MSSP providers. Each MSSP site's capability for data reporting is determined by their level of funding, and most are bound to antiquated systems for providing data that results in use of excel sheets, self-created forms/templates generating additional workload for CDA staff review to ensure it meets state and federal reporting requirements.

Similarly, CDA as a state department does not have any solutions for receiving the required reports outside of a secure file portal, negating any synergistic capabilities with local providers; thus, CDA

has reverted to the simplistic excel sheets and self-created forms to facilitate regularly occurring client and service utilization data. This process does not enable data sharing amongst MSSPs and contracted Managed Care Plans (MCPs) to better coordinate participant eligibility and care, nor does it allow for timely data collection, sorting and review to ensure state and federal requirements are met without impacts to staff time and resources at the local and state level.

Due to heightened scrutiny imposed by CMS, the federal regulators are reviewing statutory requirements and enforcing more stringent interpretations of the regulations relating to eligibility for home and community-based programs. Stricter enforcements by CMS includes removing previously allowed delegated tasks from the local level and putting the work back under the exclusive responsibility of the state department. The demands of meeting federal and state requirements would more sensibly be met with the procurement of a system that serves both the state and local MSSP sites to address data sharing, data reporting, compliance, billing and timely eligibility checks and approvals to meet the participants needs.

3. How will this proposed project impact the product or services supported by the state entity?

In alignment with CDA's Strategic Plan Goal #2 and #5, this project is expected to allow MSSP to deploy a statewide case management software solution that will streamline efficiency, facilitate transparency, and synthesize reporting. The project will modernize and standardize CDAs programmatic data and decision-support framework and enhances the delivery of quality service. MSSP is seeking a new solution to help manage and control tasks associated with daily operations, such as care management, tracking critical incidents, data sharing and electronic billing. Due to the changing Federal interpretation of 42 Code of Federal Regulations (CFR) Section 431.10, the CDA-built SFTP called FIFO cannot support the amount of documentation that will be required for MSSP nursing staff to complete 13,500 level of care certifications on an annual basis. If the case management software solution is implemented, CDA nursing staff would have direct access to necessary participant information required to certify/re-certify participant eligibility. Additionally, this proposal of a statewide software solution supports the federally required electronic collection of critical incident report data. CDA would also be able to use the new solution for enhanced data collection, consolidation, reporting and monitoring.

TIP: Copy and paste or click the + button in the lower right corner to add Business Programs, with background and context and impact descriptions as needed.

1.6 Project Justification

1. Strategic Business Alignment

Enterprise Architect

Title: [Enterprise Architect](#)

Name: [Vinod Bhaskaran](#)

Strategic Plan Last Updated? 1/1/2021

Strategic Business Goal: #2 Increase choices to live at home and community

Alignment: Increase capacity of aging hubs and spokes to serve more and more diverse people

Strategic Business Goal: #5 Modernize CDA and Local Aging Networks

Alignment: Launch enterprise technology strategies and tools with providers and partners (e.g., CRM, program data portal, etc.)

TIP: Copy and paste or click the + button in the lower right corner to add Strategic Business Goals and Alignments as needed.

Mandate(s): None

Bill Number/Code, if applicable: Click or tap here to enter text.

Add the Bill language that includes system-relevant requirements:

Click or tap here to enter text.

TIP: Copy and paste or click the + button in the lower right corner to add Bill Numbers/Codes and relevant language as needed.

2. Business Driver(s)

Financial Benefit: No

Increased Revenue: No

Cost Savings: Yes

Cost Avoidance: No

Cost Recovery: No

Will the state incur a financial penalty or sanction if this proposal is not implemented? Yes

If the answer to the above question is "Yes," please explain:

If this proposal is not implemented, then CDA will struggle to move the eligibility determination tasks from MSSP providers to CDA nursing staff, thus causing CDA to be non-compliant with 42 CFR Section 431.10. This non-compliance potentially jeopardizes waiver approval and federal match.

Improvement

Better Services to the People of California: **Yes**

Efficiencies to Program Operations: **Yes**

Improved Equity, Diversity, and/or Inclusivity: **No**

Improved Health and/or Human Safety: **No**

Improved Information Security: **Yes**

Improved Business Continuity: **No**

Improved Technology Recovery: **No**

Technology Refresh: **No**

Technology End of Life: **No**

1.7 Business Outcomes Desired

Executive Summary of the Business Problem or Opportunity:

Federal interpretation of 42 CFR Section 431.10 has changed recently, requiring that participant program eligibility be determined at the State level versus the MSSP provider level due to conflict of interest. In order to garner CMS' approval for the next five-year waiver renewal cycle (July 1, 2024 to June 30, 2029), CDA must have a plan to come into compliance with regards to level of care eligibility determinations. This proposed project would help address the program requirements and the core compliance deficiency, as well as facilitate decreasing performance measure deficiencies, allowing CDA staff access to the data necessary to conduct participant eligibility activities.

CDA anticipates completing approximately 13,500 (initial and recertification) eligibility determinations per year in order to enable providers the ability to enroll eligible participants to serve 100% of their slot allotment, factoring in participant turnover during the year and denials for ineligibility.

This shift of workload will require readily available data for state staff to be the final approver for program eligibility, whereas the data is currently not available and must be manually collected.

MSSP program lacks a uniform data sharing and data reporting mechanism at the state level and with local MSSP providers. Each MSSP site's capability for data reporting is determined by their level of funding, and most are bound to antiquated systems for providing data that results in use of excel sheets, self-created forms/templates generating additional workload for CDA staff review to ensure it meets state and federal reporting requirements. Currently, MSSP providers prepare and self-report data, including critical incident reports, by submitting through a SFTP. The local providers track data in different locations, files, and programs, and the process is time-consuming and often reporting is delayed. The process takes an average of 56 hours per site to compile the required reports on a monthly and quarterly basis.

Similarly, CDA as a state department does not have any solutions for receiving the required reports outside of a SFTP portal, negating any synergistic capabilities with local providers; thus, CDA has reverted to the simplistic excel sheets and self-created forms to facilitate regularly occurring client and service utilization data. Currently, this process does not enable data sharing amongst MSSPs and contracted Managed Care Plans (MCPs) to better coordinate participant eligibility and care, nor does it allow for timely data collection, sorting and review to ensure state and federal requirements are met without impacts to staff time and resources at the local and state level. CDA staff requests and receives datasets from each provider. Once CDA receives the datasets from the providers, they download, catalog, and manually compile the data to provide monthly progress reports.

Currently, on average, it takes approximately 56 hours (4.5 FTEs) a month across 37 MSSP providers (whose slots range from 55 to 943 participants) to compile the necessary monthly progress reports, which is deduced from an average amount of time passed from when the previous month ends to when they submit the required reports. CDA requests the reports be submitted within 5 business days to be considered timely, but the range of submissions are on a staggered throughout the beginning of the month.

Once data is received by CDA, it takes CDA an average of 40 to 56 hours to compile all the required reports on a monthly and quarterly basis.

Additionally, under the CMS proposed rule Ensuring Access to Medicaid Services, the State would be required to operate and maintain an electronic incident management system that identifies, tracks, and trends critical incidents. MSSP sites currently use manual Excel spreadsheets to track critical incidents, which have resulted in performance measure deficiencies during the annual reporting process to CMS. This proposal of a statewide software solution supports the collection of critical incidents and would align with how other waivers report them to CMS.

Objective ID: 1

Objective: To provide better services to Californians, CDA will assume responsibility for MSSP eligibility determinations that are currently made by the service providers, thereby complying with 42 CFR Section 431 and receiving continued federal matching funds.

Metric: Percentage of participant eligibility determinations completed by CDA.

Baseline: 0%, as all participant eligibility determinations are currently completed by the MSSP providers, not by CDA.

Target Result: Within six months of solution implementation, CDA will successfully process 50% of eligibility determinations, with an anticipated 100% implementation within 12-18 months.

Objective ID: 2

Objective: Reduce the time MSSP Providers spend on data collection and reporting activities, allowing them to prioritize resources for providing direct support and greater levels of service to program participants.

Metric: Average time MSSP Providers take to compile and send monthly provider report data to CDA.

Baseline: 56 hours with an average of 4.5 FTE for data to be sent to CDA after last day of previous month.

Target Result: Within one year of implementation, reduce local providers time to compile and send monthly reporting data to 6 hours (approx. 90% reduction) per month. The program will compare the old report timelines prior to new solution to the new reporting timelines once the solution is live.

Objective ID: 3

Objective: Reduce the time CDA spends on compiling data needed for progress reports, allowing CDA resources a greater bandwidth to give providers necessary support and guidance such as responding to urgent inquiries with regards to billing and ad hoc participant inquiries.

Metric: Average time for CDA to process and produce monthly progress status reports after receipt from providers.

Baseline: 56 hours from the time of receipt to fully processed progress reports ready for submission to DHCS for reporting.

Target Result: Within one year of implementation, reduce the time it takes for CDA to process and produce monthly progress status reports to 40 hours. The program will compare the old report timelines prior to new solution to the new reporting timelines once the solution is live.

TIP: Copy and paste or click the + button in the lower right corner to add Objectives as needed. Please number for reference.

TIP: Objectives should identify WHAT needs to be achieved or solved. Each objective should identify HOW the problem statement can be solved and must have a target result that is specific, measurable, attainable, realistic, and time-bound. Objective must cover the specific. Metric and Baseline must detail how the objective is measurable. Target Result needs to support the attainable, realistic, and time-bound requirements.

1.8 Project Management

1. Project Management Risk Score: 2.1

(Attach a completed [Statewide Information Management Manual \(SIMM\) Section 45 Appendix A Project Management Risk Assessment Template](#) to the email submission.)

2. Project Approval Lifecycle Completion and Project Execution Capacity Assessment

Does the proposal development or project execution anticipate sharing resources (state staff, vendors, consultants, or financial) with other priorities within the Agency/state entity (projects, PALs, or programmatic/technology workload)?

Answer: Yes

Does the Agency/state entity anticipate this proposal will result in the creation of new business processes or changes to existing business processes?

Answer (No, New, Existing, or Both): Both New and Existing Processes

1.9 Initial Complexity Assessment

1. Business Complexity Score: 2.0

(Attach a completed [SIMM Section 45 Appendix C](#) to the email submission.)

2. Noncompliance Issues: (Indicate if your current operations include noncompliance issues and provide a narrative explaining how the business process is noncompliant.)

Access for eligibility determinations: Federal interpretation of 42 CFR Section 431.10 has changed, requiring that program eligibility be determined at the State level versus the provider level. To come into compliance, CDA nursing staff will require access to participant medical information in a HIPAA-compliant manner in order to complete level of care determinations for eligibility. Currently, the eligibility determinations are being performed at the local provider level. The MSSP Waiver will not be approved for another five-year waiver cycle without a plan to come into compliance.

Critical Incident monitoring requirements: MSSP sites currently use manual Excel spreadsheets to track critical incidents, which have resulted in performance measure deficiencies during the annual reporting process to the CMS. Under the CMS proposed rule [Ensuring Access to Medicaid Services](#), the State would be required to operate and maintain an electronic incident management system that identifies, tracks, and trends critical incidents.

Programmatic regulations: Yes

HIPAA/CIIS/FTI/PII/PCI: No

Security: No

ADA: No

Other: Yes – Federal requirement

Not Applicable: No

Noncompliance Description:

See above.

3. Additional Assessment Criteria

If there is an existing Privacy Threshold Assessment/Privacy Information Assessment, include it as an attachment to your email submission.

How many locations and total users is the project anticipated to affect?

Number of locations: 38, 37 MSSP Sites and 1 CDA Headquarters

Estimated Number of Transactions/Business Events (per cycle): 212,000 annually

This estimate is based on State and provider programmatic requirements including review and creation of level of care determinations, assessments/re-assessments, care plans and progress notes. Additionally, this estimate includes fiscal reporting projections as well as program policy revisions and development.

Approximate number of internal end-users: 30 (CDA and DHCS)

Approximate number of external end-users: 370 (Approximately 10 users at each of the 37 MSSP sites)

1.10 Funding

Planning

1. Does the Agency/state entity anticipate requesting additional resources through a budget action to **complete planning** through the project approval lifecycle framework? [Unknown](#)

If Yes, when will a budget action be submitted to your Agency/DOF for planning dollars?

[Click or tap to enter a date.](#)

2. Please provide the Funding Source(s) and dates funds for planning will be made available:

[Unknown at this time.](#)

Project Implementation Funding

1. Has the funding source(s) been identified for **project implementation**? [No](#)

If known, please provide the Funding Source(s) and dates funds for implementation will be made available:

Will a budget action be submitted to your Agency/DOF? [Yes](#)

If "Yes" is selected, specify when this BCP will be submitted: [Spring 2024](#)

2. Please provide a rough order of magnitude (ROM) estimate as to the total cost of the project: [Less than \\$10 Million](#)

End of agency/state entity document.

Please ensure ADA compliance before submitting this document to CDT.

When ready, submit Stage 1 and all attachments in an email to ProjectOversight@state.ca.gov.

Department of Technology Use Only

Original "New Submission" Date: [8/28/2023](#)

Form Received Date: [8/28/2023](#)

Form Accepted Date: [8/28/2023](#)

Form Status: [Completed](#)

Form Status Date: [8/28/2023](#)

Form Disposition: [Approved](#)

If Other, specify: [Click or tap here to enter text.](#)

Form Disposition Date: [8/28/2023](#)

Department of Technology Project Number (0000-000): [4170-021](#)