



Welcome!

ADRC Roundtable: Talk, Learn, Connect
May 8, 2024

Meeting Logistics



- If dialing by phone, **press *9** to request to be un-muted, **press *6** to un-mute your phone.
- To participate in today's roundtable, use the **raise hand** feature, or please use the **chat** function to communicate questions to the host. Chats will be summarized throughout the roundtable.
- **The Live Transcript** is available
- **This roundtable is being recorded**
- If there are technical issues or questions, please **email** ADRC@aging.ca.gov

Today's Agenda

- Medicaid Administrative Claiming
- ADRC Infrastructure Grant funds



Presenters:

Kristen Vangeloff, Director, The Lewin Group

Christina Neill Bowen, Change Facilitator



Medicaid Administrative Claiming (MAC) for ADRCs

ADRC Roundtable

May 8, 2024



Objectives

1

MAC
Benefits
Overview

2

State
Success
with
MAC

3

Time
Tracking
Scenarios

Opening Question

Please enter in the chat one question you have about Medicaid Administrative Claiming

Medicaid Administrative Claiming Benefits

- ✓ **STRETCHES STATE AND LOCAL DOLLARS:** Medicaid Administrative Claiming provides federal financial participation (FFP), generally 50%, to cover activities that contribute to the efficient and effective administration of the Medicaid program
- ✓ **REIMBURSEMENT FOR ACTIVITIES YOU LIKELY ALREADY DO:** Many local agency functions potentially eligible for matching Medicaid administrative funds
- ✓ **NOT A GRANT:** Medicaid Administrative Claiming can provide an ongoing, sustainable source of funding for enhanced local agency activities
- ✓ **FLEXIBLE FUNDING:** No federal limits on use of the reimbursement

No Wrong Door (NWD) System Functions Eligible for Claiming

- Outreach and consumer education
- Intake, application assistance
- Continuous quality improvement
- Program planning and training
- Person-Centered Counseling
- Diversion from long-term institutionalization through resources and support in the community

State Success with MAC

Nebraska Brain Injury Alliance: Perspective

- “What, we don’t bill Medicaid?”
- Time studies: sounds scary, not really
- Cost pool spreadsheet: not so bad once you get it figured out
- Pot of gold
- MAC funds are life changing



Nebraska Brain Injury Alliance: Results

- 8 staff participating
- Over past year have drawn down \$310,000
- Reinvested dollars in programs to meet the greatest community need.
 - Staff training/participation at events
 - Strategic Planning
 - Database upgrades
 - Rising transportation cost
 - Marketing and outreach



Nebraska

- Some ADRC's claiming rate is 79.4% with random moment time tracking
- Drew down \$2,168,804 in FY2022
- 140 staff participating across eight AAAs and five ADRC partner organizations
- Claiming for information and referral/ assistance staff and person-centered counselors



Iowa

- Claiming rate is 22-35% with 100% time tracking
- Drew down \$2,168,804 in FY2022
- 80 staff members participating across all six AAAs
- Claiming for information and referral/assistance staff, person-centered counselors, and care transition coaches



New York

- Random moment time tracking methodology
- Drew down \$2,056,929 in FY2022
- Claiming for information and referral/assistance staff, person-centered counselors, care transition coaches, and administrative staff



NY Connects
Your Link to Long Term
Services and Supports

Hawaii

- Claiming rate is estimated at 61.8% for SFY2024 with random moment time tracking
- Cost Allocation Plan was recently approved by CMS



AGING AND DISABILITY RESOURCE CENTER

Time Tracking Scenarios

Example Scenarios from Iowa: Activity Codes

Code 1: Outreach & Education

- Code 1a – Medicaid Related Outreach/Education
- Code 1b – Non-MedicaidRelatedOutreach/Education

Code 2: Services & Supports Referral, Monitoring, Coordination

- Code 2a – Referral, Coordination and Monitoring of Medicaid Services
- Code 2b – Referral, Coordination and Monitoring of Non-Medicaid Services

Code 3: Facilitating Application or Eligibility

- Code 3a – Facilitating Medicaid Application or Eligibility
- Code 3b – Facilitating Application, Eligibility, or Access to Non-Medicaid Programs

Code 4: Training

- Code 4a – Medicaid Related Training
- Code 4b – Non-Medicaid Related Training

Code 5: Planning, Inter-agency, Quality Improvement

- Code 5a – Medicaid Related Planning, Inter-agency, Quality Improvement
- Code 5b – Non-Medicaid related Planning, Inter-agency, Quality Improvement

Code 6: General/Non-Program

- Code 6a – General Admin
- Code 6b – Paid Leave



Code 7: Non-ADRC Activities/Other Funds

- Code 7 – Non-ADRC Activities/Other Funds

Example Scenario from Iowa: Medicaid Related Outreach & Education

Jack called seeking information on affordable assisted living for himself and his wife.

Activity	Time
During the phone call you talked about: <ul style="list-style-type: none"> Reasons for considering a move to assisted living Assisted living facilities in their area Home based care options Payment options for assisted living, nursing homes, and in-home services Difference between Medicare & Medicaid, including covered services and eligibility Options Counseling Jack thanked you for the information & said he would think about the options provided. No referrals were necessary.	15 mins
You collected the necessary intake information, recorded call topics, and compiled and emailed information to Jack.	10 mins
Total Time	25 mins
Total Recorded Time	30 mins

Activity	Code	Why
Phone call 	1a: Medicaid Related Outreach & Education	<ol style="list-style-type: none"> Engaging in a conversation with individuals, families or groups about preferences, strengths, needs, and available resources to determine initial interest in and potential eligibility for Medicaid. Interactions with individuals to learn information about them relating to potential Medicaid eligibility (specifically their functional capacity and/or limitations and their finances), but not including financial or medical related counseling. Informing individuals, their representatives and/or groups about their potential eligibility for Medicaid, including their rights and responsibilities and the benefits and services offered under different Medicaid programs.
Documentation 	1a: Medicaid Related Outreach & Education	Completing paperwork, data entry, or reporting related to activities listed in this section.

Example Scenario from Iowa: Non-Medicaid Related Outreach & Education

A provider called to ask about non-medical transportation options for a client.

Activity	Time
During the phone call you talked about: <ul style="list-style-type: none"> Client's name Need for transportation Callers name & contact info 	10 mins
You collected the necessary intake information, recorded call topics, and compiled and emailed transportation information to the provider.	5 mins
Total Time	15 mins
Total Recorded Time	15 mins

Activity	Code	Why
Phone Call	1b: Non-Medicaid Related Outreach & Education	Informing individuals or groups of the benefits of non-Medicaid programs and services such as LTSS, social, educational, vocational, and legal services. Providing information about non-medical transportation.
Documentation	1b: Non-Medicaid Related Outreach & Education	Completing paperwork, data entry, or reporting related to activities listed in this section.






Example Scenario from Iowa: Medicaid and Non-Medicaid Related Outreach & Education, Options Counseling

Jill is trying to determine next steps as her husband's Alzheimer's disease is starting to progress, and she is having difficulty making decisions about ways to help him.

Activity	Time
Prep for appointment with Jill (Client ID 85810) for Options Counseling (review consumer record, print OC Assessment, OC consumer packet).	Approx. 12 mins
Travel to appointment.	20 mins
Review / complete the OC Assessment.	Approx. 12 mins
Discuss caregiver programs, including respite and support offered through the Alzheimer Association.	Approx. 30 mins
Discuss / review payment options for services including Medicare, Long-Term Care Insurance, and Medicaid.	20 mins
Person Centered Counseling to identify services & develop plan.	Approx. 1 hour
Travel back to the office.	20 mins
Complete documentation	Approx. 45 mins
Total Time	3 hours, 51 mins
Total Recorded Time	3 hours, 45 mins

Example Scenario from Iowa: Medicaid and Non-Medicaid Related Outreach & Education, Options Counseling (cont.)

Jill is trying to determine next steps as her husband's Alzheimer's disease is starting to progress, and she is having difficulty making decisions about ways to help him.

Activity	Code	Why
Prep for appointment with Jill (Client ID 85810) for Options Counseling. 	1a: Medicaid Related Outreach & Education	Completing paperwork, data entry, or reporting related to 1a activities.
Travel to appointment. 	1a: Medicaid Related Outreach & Education	Traveling to provide information about Medicaid programs.
Review / complete the OC Assessment. 	1a: Medicaid Related Outreach & Education	Interactions with individuals to learn information about them relating to potential Medicaid eligibility (specifically their functional capacity and/or limitations and their finances), but not including financial or medical related counseling.
Discuss caregiver programs, including support offered through the Alzheimer Association.	1b: Non-Medicaid Related Outreach & Education	Explaining to community organizations services available under non-Medicaid programs.
Discuss / review payment options for services including Medicare, Long-Term Care Insurance, and Medicaid. 	1a: Medicaid Related Outreach & Education	Interactions with individuals to learn information about them relating to potential Medicaid eligibility (specifically their functional capacity and/or limitations and their finances), but not including financial or medical related counseling.
Person Centered Counseling to identify services & develop plan.	2b: Non-Medicaid Services & Supports	Making referrals for and coordinating access to private pay providers of LTSS and any other private pay services and supports such as home health, transportation, homemaker, etc.
Travel back to the office.	2b: Non-Medicaid Services & Supports	Since you spent time on both 1a and 2b activities, code this portion of the travel as 2b.
Complete documentation 	1a/2b	Because you spent time on documenting both 1a activities and 2b activities, split the documentation time among these two codes.

Example Scenarios from Maryland: Activity Codes

1. OUTREACH/PROGRAM EDUCATION

- a. Medicaid
- b. Not Medicaid Related
- c. Not Tied to a Specific Program

2. FACILITATING APPLICATIONS

- a. Medicaid
- b. Not Medicaid Related

3. REFERRAL, COORDINATION AND/OR MONITORING OF SERVICES

- a. Medicaid Eligible
- b. Individuals at Risk of Institutionalization and Medicaid Spend Down
- c. Not Medicaid Funded

4. TRAINING AND PROGRAM ADMINISTRATION

- a. Related to Medicaid or a Medicaid Funded Service
- b. Related to a Program or Service that is Not Funded by Medicaid
- c. Not Tied to a Specific Program

5. OPTIONS COUNSELING

- a. Medicaid or Potentially Medicaid
- b. Follow-up for Medicaid or potentially Medicaid
- c. Medicaid Ruled Out as an Option
- d. Follow-up with Medicaid Ruled Out as an Option

6. LEVEL I SCREEN

7. ACTIVITIES REIMBURSED DIRECTLY BY ANOTHER SOURCE

- a. Reimbursed time
- b. Supporting activities that are not reimbursed

8. GENERAL ADMINISTRATION

9. OTHER

Example Scenario from Maryland: Medicaid Referral/Coordination

You receive a call from an individual who wants information on where to receive a flu shot. The person tells you they have insurance through Medicaid.

How would you code this time?

★ Code 3a – Referral/Coordination, Medicaid

Example Scenario from Maryland: Outreach

You are at the County Senior Expo/major event working the [ADRC] table. You're handing out brochures and explaining services

How would you code this time?

Code 1c – Outreach, not tied to a specific program

Questions?



ADRC Infrastructure Grant Funds

- Intent: Support local Emerging and Designated ADRCs to develop and sustain a No Wrong Door system to enhance consumer navigation and access to long-term services and supports options.

Discussion

- Has your ADRC experienced challenges with expending ADRC Infrastructure Grants funds?
- How has your ADRC overcome these challenges?
- What is the most creative way your ADRC has utilized ADRC Infrastructure Grant funding to help consumers access and navigate Long-Term Services and Supports?

ADRC Roundtable

- Wrap-up