

Oregon Medicaid Administrative Claiming (OMAC)

Guidance for ADRC of Oregon program

Webinar – August 8, 2018

Q: How will a AAA know if a Medicaid Case Manager is already providing the I&R?

A: Some ADRC staff have the ability to look in OACCESS to view whether or not a consumer is already receiving Medicaid services and whether or not they have a case manager. However, not all ADRC staff have the ability to do so. Often times, through conversation with a consumer, staff is able to discern whether or not a consumer is already receiving services but there will be times when staff is not able to do so. We recommend that a local Memorandum of Understanding (MOU) is established to reflect the working relationship and cross-referral protocol between ADRC staff and Medicaid case management staff.

Q: When tracking time do we have to track every day in a three month period or just the days when the service is delivered?

A: For ADRCs who have permission to do 100% time tracking, all activities must be recorded every day. For ADRCs who participate in random daily sampling, all activities must be recorded on the sampling days.

Q: I received a referral from a worker at APD who claimed Medicaid match and referred for OC. Person is seeking in home services. Shouldn't that have stayed at APD? The consumer is eligible and not receiving LTSS.

A: It is an appropriate referral to ADRC for Options Counseling because the consumer has the right to choose not to pursue Medicaid, even if they are eligible. The consumer would benefit from OC since they are not receiving Medicaid case management services.

Q: If someone is receiving Medicaid Services, does that mean they are always referred to their case manager and should never be provided Options Counseling?

A: If a consumer is receiving Medicaid LTSS services, they should not be enrolled in Options Counseling. Their Medicaid case manager should be able to address their needs and is able to utilize ADRC Information and Referral (I&R) staff to assist if needed. Consumers receiving Medicaid but not Medicaid LTSS can receive Options Counseling because they do not have a Medicaid case manager.

Q: If a consumer is calling for simple I&R who has a case manager or eligibility specialist is the I&R specialist not allowed to provide I&R or is it a case where we simply can't claim Medicaid for this call?

A: Consumers receiving Medicaid services but not Medicaid LTSS services can receive Information and Referral (I&R) and Options Counseling (OC). Qualifying activities are claimable for federal match. It's our policy and a best practice to refer these consumers to their eligibility worker for assistance with their Medicaid benefits specifically and that referral is also claimable. Consumers receiving Medicaid LTSS services can receive I&R if their case manager requests it but these consumers should not be enrolled in OC. Qualifying activities are claimable as long as the activity isn't also being claimed by the case manager. It's our policy and a best practice to refer these consumers to their Medicaid case manager to have their needs addressed. This referral is claimable.

Q: Can we claim time spent if we repeat the information given to a consumer on a different date? For example, consumer calls repeatedly asking for the same information relating to Medicaid. Or, if we claimed match for providing info or assistance previously, would it be double dipping if we claim it again because consumer called back?

A: Staff can only claim for the same activity once per month. While staff should continue to provide the information and document the encounter, staff should not record it as claimable for Medicaid match twice during the same month.

Q: If they keep calling back frequently due to disability, eg TBI memory issues, seems like we should be able to work with them to understand their options over time not just once a month.

A: This is federal policy. ADRC staff should continue to provide the information and document the encounter. However, staff should not record it as claimable for Medicaid match twice during the same month.

Q: If someone is on LTSS and calls for information, we are not able to provide that info without approval from their case manager, is this correct?

A: If the call is in depth enough where staff is able to identify that the consumer is receiving services and has a Medicaid case manager, ADRC staff should coordinate with the case manager regarding I&R being provided.

Q: If ADRC does research for a Medicaid case manager and reports findings back to the case manager, can we claim that as OMAC?

A: Yes.

Q: How can we say one stop shop/no wrong door if we are turning people away and back to their case manager if they have a simple question?

A: The practice of ADRC staff collaborating with Medicaid case management staff supports the No Wrong Door philosophy in that we are working together as service providers to best meet the needs of our consumers. There should be a local Memorandum of Understanding (MOU) established that addresses the working relationship and cross-referral protocol between ADRC staff and Medicaid case management staff.

Q: What do I tell a consumer inquiring about the difference between an eligibility specialist vs. case manager?

A: We don't expect that a consumer will necessarily know or need to know the difference between the two roles. It's more of a trigger for ADRC staff to know if other staff are assisting the consumer for coordination purposes.

Q: Is time for questions regarding OHP that we might refer back to CCOs eligible to claim?

A: Yes.

Q: How are we supposed to know if a case manager is claiming or not?

A: The OMAC guidance for ADRC services delineates between the role of the Medicaid case manager and the role of ADRC staff to help ensure both staff aren't performing and claiming for the same activities.

Q: If we are not really doing anything with Medicaid other than referring people to APD why are we needing to track any of this? This makes a quick interaction become a longer more time-consuming process. Is it just to use more government funds?

A: The Oregon Medicaid Administrative Claiming program has been expanded so that ADRCs have an opportunity to receive federal matching funds for some of the activities being performed. Documentation is required for all ADRC services provided, regardless of whether or not the activity qualifies for match.

Q: If a LTSS consumer does not have a Person-Centered Plan and wishes to have one, is the case manager expected to create a Person-Centered Plan? My understanding is that Person-Centered Counseling is performed specifically during Options Counseling?

A: Medicaid case managers are trained and required to create person-centered plans just like Options Counselors.

Q: Do case managers enter information into RTZ so we can see who is working with them and what activities have been documented?

A: No. Medicaid case management activity is not recorded in GetCare (RTZ).

Q: What is the difference between an eligibility worker and a case manager?

A: Consumers receiving Medicaid LTSS services are assigned a Medicaid case manager. Consumers receiving any of the other Medicaid services have an eligibility worker but not a case manager.

Q: Do all ADRCs have access to OACCESS and the ability to determine if a consumer is on Medicaid?

A: No. We're researching whether or not we can provide all ADRC staff the ability to view OACCESS records but we do not have approval to do so at this time.

Q: Is it ok to call the APD branch to ask about Medicaid benefits on a specific consumer? Can they release the information to us?

A: ADRC staff should work with Medicaid staff to develop an Memorandum of Understanding (MOU) that addresses the working relationship and cross-referral protocol between ADRC staff and Medicaid case management staff.

Q: Who is providing quality control at state level?

A: There is a statewide Quality Assurance (QA) committee established to develop QA processes, tools and guidance to support ADRCs in ensuring claimed activities qualify and that there is appropriate and adequate documentation to support the claims.

Q: My understanding is that CILs were brought in to provide I&R and Options Counseling because of their expertise in serving people with disabilities. CILs have specific expertise and specific training in developing Person-Centered Plans for PWD. APD/AAA's have the expertise to provide Person-Centered Planning for seniors to I understand that Case Managers would develop PCP for seniors. The majority of individuals who are served by CILs do have LTSS already.

A: There is a difference between the person-centered plans developed with the CILs and the Medicaid person-centered plans developed with the APD/AAA case manager. The Medicaid person-centered plan details the Medicaid Long-Term Support Services that have been authorized to support the consumer in community-based settings. These plans are developed with the consumer addressing their strengths, needs, goals and preferences for the way Medicaid LTSS are delivered and the type and amount of services to be provided. For Medicaid payment, this is the authorized service plan and only the services listed in the plan are eligible

for payment. APD/AAA case managers provide this service to both seniors and people with disabilities. Consumers with questions about the Medicaid LTSS services they receive, questions about changes to these services, or questions about other available services should be referred to the APD/AAA case manager to ensure that the Medicaid service plan has addressed all of the consumer's needs, choices and preferences.

Q: How can we get access so we can upload food stamp and OHP documents when applying?

A: This question would be best answered by staff from that program.

Q: Aren't ADRCs helping consumers to complete applications and if so shouldn't ADRCs have access to applications.

A: Each ADRC has its own business practices so you'll want to refer to local protocol.

Q: I was told Oregon Access has an in box that we can submit applications for SNAP and OHP directly into their file. Such as updating or annual recertification.

A: This question would be best answered by staff from that program.