

Oregon Aging & Disability Resource  
Connection

**No Wrong Door-  
Oregon Medicaid Administrative  
Claiming (OMAC)  
Supervisor Reference Guide**

## **What is Oregon's ADRC Medicaid Administrative Claiming (OMAC)?**

Title XIX of the Social Security Act (the Act) authorizes federal grants to states for a proportion of expenditures for medical assistance under an approved Medicaid state plan, and for expenditures necessary for administration of the state plan. This joint federal-state financing of expenditures is described in section 1903(a) of the Act, which sets forth the rates of federal financing for different types of expenditures.

Under section 1903(a)(7) of the Act, federal payment is available at a rate of 50 percent for amounts expended by a state "as found necessary by the Secretary for the proper and efficient administration of the state plan," per 42 Code of Federal Regulations (CFR) 433.15(b)(7). The Secretary is the final arbiter of which administrative activities are eligible for funding.

Claims for Medicaid administrative FFP must come directly from the single state Medicaid Agency. In addition, the state must ensure that permissible, non-federal funding sources are used to match federal dollars.

## **Why ADRC OMAC in Oregon?**

This No Wrong Door (NWD) effort is sponsored by and promoted by the Centers for Medicare & Medicaid Services (CMS), Administration for Community Living (ACL), and Veterans Administration (VA).

The purpose is to provide a streamlined system for citizens to learn about Oregon's many long term services and supports (LTSS) options that are available to them. Although this touches upon possible Medicaid services, given options, most people will select less costly, pro-independent options. As a result, the likelihood increases that people will simultaneously benefit from a greater personal quality of life while saving taxpayer dollars.

- Oregonians have the right to be informed about the array of options and to make choices based upon options available. Without knowledge of options available, individuals who require services often default to high-cost institutional options when they actually desired low-cost options that promotes optimal independence and better fits their lifestyles.
- The NWD system supported and promoted by the CMS, ACL, and VA helps Oregon DHS uses resources more efficiently and effectively than traditional methods. By transforming state publicly administered and/or publicly funded LTSS payers and providers into a streamlined system, Oregon will gain efficiencies by reducing duplication and informing processes.
  - Potentially reduces Medicaid costs to identify individuals with long term service needs and goals and divert them into non-Medicaid services.

*The ACL/CMS/VA Enhanced Options Counseling Planning Grant of 2010-16 says: “This funding opportunity requires states to address program sustainability by linking ADRC Options Counseling to Medicaid and VHA rebalancing efforts and CMS supported health systems transformation initiatives. States will develop partnership agreements with the Single State Medicaid Agency for using the ADRC Options Counseling Program to serve as the “No Wrong Door” for individuals who are eligible for, or may be eligible for, Medicaid LTSS, making some of the tasks performed by the ADRC Options Counseling Program eligible for Medicaid reimbursement.”*

## **Oregon’s ADRC NWD OMAC Approved**

### **Activities**

#### **Code 6B NWD INFORMATION REFERRAL/ASSISTANCE**

Facilitation activities related to assisting individuals or families with the application process to obtain LTSS, Medicaid, SNAP, Veterans’, OAA or other benefits that support the individual in their current setting, delay or prevent the enrollment into Medicaid, or supplement their existing level of benefits.

Information referral includes providing information about Medicaid, LTSS, OAA, OPI and other related programs that may prevent or delay the enrollment in Medicaid.

- APD Medicaid beneficiaries should be redirected to their servicing APD/AAA local office for questions related to their eligibility, benefits, or LTSS needs.
- All other individuals, including individuals that receive Medicaid from the Oregon Health Authority, DHS Self-Sufficiency or Child Welfare, may receive IR&A services and appropriately claim federal match.

Related approved tasks in this code are:

- Explaining eligibility rules and processes to individuals, family members or other chosen representatives.
- Assistance with collecting/gathering required program information,
- Assistance with application completion (including Medicaid application) including necessary follow-up monitoring for successful applications,
- Activities that assist in maintaining current benefits during the redetermination process.
- Activities that support the completion of eligibility requirements (such as the requirement to pursue assets for example non-State health coverage, Veterans’ benefits, child support, Social Security Administration benefits) and the provision of necessary forms or other required eligibility materials.
- Data entry & clerical (scheduling, printing, copying, initiating or replying to correspondence).

- *Travel time to and from locations* as well as logistical planning, and consultation with supervisors, program experts and outside agencies.

## **Code 6C NWD PERSON-CENTERED OPTIONS COUNSELING**

Related approved tasks in this code are:

- Activities performed by a qualified Person-Centered Options Counselor:
  - Including assisting with any immediate LTSS need.
  - Conducting conversations to confirm who should be part of the process.
  - Identifying the Individual's goals, strengths and preferences.
- Activities also include a comprehensive review of private resources and informal supports as well as the development of the Person-Centered Plan.
- Facilitates the implementation of the plan by engaging private or informal resources and when applicable, making application for public LTSS, including follow-up activities.
- May facilitate diversion and transition activities including hospital to home and post-secondary school to post-secondary life.
- Data entry, clerical (scheduling, printing, copying, initiating or replying to correspondence).
- *Travel time to and from locations* as well as logistical planning, and consultation with supervisors, program experts and outside agencies.

# Using the Random Daily Sampling Survey (RDSS)

## Time Capture System

Random sampling of time spent on job duties in a day is conducted approximately once per month, and results are used for one quarter of the year. Agency managers are notified in advance, and staff are notified on the day of sampling.

### GETTING STARTED WITH RDSS

Go to: [www.mesd.k12.or.us](http://www.mesd.k12.or.us)

- AAA Staff who provided their names to APD are loaded into the system. Use First Name, Last Name and your Agency/District name to log-in. Examples: Washington and Clackamas are listed and Jackson-Josephine is for RVCOG.
- To take the RDSS survey, enter the dominate activity for each 15 minute period. Or keep a paper or other type of log of activities, then the survey can be completed later (up to 5 working days after the survey date).

ADRC MEDICAID CODING ACTIVITY	CODE	ACTIVATED or NOT Yet ACTIVATED	NOTES
No Wrong Door Information & Referral	6B	Activated	Core match activity. This can include activities that transition from programs such as Gatekeeper.
No Wrong Door Person Centered Options Counseling	6C	Activated	Core match activity. This includes specialty options counseling such as care transitions and as a result of Gatekeeper activities.
Other Programs for ADRC I&R and Options Counseling staff	5	Activated	When not claiming approved activities under 6B,6C,6D or non-match activities under 18-22
Activities such as breaks, lunch, etc.	18-22	Activated	Non-Medicaid Count 15 minute breaks and lunch breaks.

## NWD - RDSS Time Reporting

Name \_\_\_\_\_

Date \_\_\_\_\_

7:00-7:15am	11:30-11:45am	4:00-4:15pm
7:15-7:30am	11:45-12:00pm	4:15-4:30pm
7:30-7:45am	12:00-12:15pm	4:30-4:45pm
7:45-8:00am	12:15-12:30pm	4:45-5:00pm
8:00-8:15am	12:30-12:45pm	5:00-5:15pm
8:15-8:30am	12:45-1:00pm	5:15-5:30pm
8:30-8:45am	1:00-1:15pm	5:30-5:45pm
8:45-9:00am	1:15-1:30pm	5:45-6:00pm
9:00-9:15am	1:30-1:45pm	6:00-6:15pm
9:15-9:30am	1:45-2:00pm	6:15-6:30pm
9:30-9:45am	2:00-2:15pm	5:30-6:45pm
9:45-10:00am	2:15-2:30pm	5:45-7:00pm
10:00-10:15am	2:30-2:45pm	7:00-7:15pm
10:15-10:30am	2:45-3:00pm	7:15-7:30pm
10:30-10:45am	3:00-3:15pm	7:30-7:45pm
10:45-11:00am	3:15-3:30pm	7:45-8:00pm
11:00-11:15am	3:30-3:45pm	
11:15-11:30am	3:45-4:00pm	

## ACTIVITIES

<ul style="list-style-type: none"> <li>2. SNAP Eligibility/Redetermination</li> <li>3. Non-Medicaid State Programs               <ul style="list-style-type: none"> <li>3A. Oregon Project Independence (OPI)</li> <li>3B. Other Non-Medicaid State Programs</li> </ul> </li> <li>4. Older Americans Act</li> <li>5. Other Programs</li> <li>6. <b>No Wrong Door</b> <ul style="list-style-type: none"> <li><b>6B. Information Referral &amp; Assistance</b></li> <li><b>6C. Person Centered Options Counseling</b></li> </ul> </li> <li>8. Initial Screening               <ul style="list-style-type: none"> <li>8B. SNAP</li> <li>8C. OAA</li> <li>8E. Other</li> </ul> </li> <li>14. Other State or County Funded Programs               <ul style="list-style-type: none"> <li>14A. Federal Programs</li> <li>14B. Other State Programs</li> <li>14C. County Programs</li> <li>14D. Other Programs</li> </ul> </li> <li>15. Adult Protective Services               <ul style="list-style-type: none"> <li>15A. APS Screening, Assessment, Consultation</li> </ul> </li> </ul> <p><b>*These are the only approved activities to be used under ARDC – No Wrong Door Grant.</b></p>	<ul style="list-style-type: none"> <li>15B. APD Investigations/Reports</li> </ul> <p><u>Other Activities</u></p> <ul style="list-style-type: none"> <li>18. Paid Break</li> <li>19. Paid Leave</li> <li>20. Non-Paid Leave</li> <li>21. Training</li> <li>22. General Administration</li> </ul>
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## Information & Referral / Assistance

Agencies are responsible for using RTZ to fill in the required fields for information and referral as follows.

### Required Fields for I&R Entry in ADRC

Required field	Utility/Description
<b>Caller Type</b>	Identifies senior consumer, agency, community gatekeeper, etc.
<b>Method of Contact</b>	Identifies contact by phone, email, in person visit, TTY, etc.
<b>Referral Source</b>	e.g. ADRC website, radio, AAA, library, friend, etc.
<b>Caller info</b>	If caller is not calling for self, record name, phone of caller
<b>Anonymous Caller call frequency</b>	Whether an anonymous caller has called more than once this FY
<b>Consumer Phone</b>	Allows for follow-up, emergency intervention
<b>Date of Birth/Age</b>	Informs identity and eligibility
<b>County and Zip Code</b>	Allows localized referrals
<b>Gender</b>	Male or Female
<b>Race and Ethnicity</b>	
<b>Functional Impairment</b>	Self-identified: Alzheimer's/Dementia, Physical disability, TBI, ID/DD, etc.
<b>Need</b>	Stated reason for call
<b>Referred Programs</b>	Referrals from resource database
<b>Unmet Needs</b>	Needs for which no appropriate referral found
<b>Call Outcome</b>	Information, Referral, Assistance



<b>Referral Type</b>	Medicaid, Options Counseling, Other public, Non-public
<b>Call Notes</b>	Narrative of call

**Required Fields for No Wrong Door(Options Counseling) Entry in  
ADRC**

<b>Required field</b>	<b>Utility/Description</b>
Name (Last, First, Middle)	Informs identity
Internal ID (Prime Number or Unique Identifier if not in OA)	Assists with knowing if client is already in OA on other services
Options Counselor/CM	Tells us who is working with this client
Address (Street, City and Zip)	Allows localized referrals and place to send info
Phone number	Allows for follow-up, emergency intervention, etc.
Date of birth	Informs identity and eligibility
County	Allows localized referrals, helps with tracking needs and referrals/services by county
Gender	Male, female, etc. – federal data requirement? NAPIS
Race	Federal data requirement NAPIS
Ethnicity	Federal data requirement NAPIS
Urban/Rural	Federal data requirement NAPIS
Veteran Status	Allows OC to help client or family connect with other benefits they may be eligible for
Functionally Impaired	Self-identified: Alzheimer's/Dementia, Physical disability, TBI, ID/DD, etc.
Person Centered Assessment	Gets to client goals, needs, preferences, community supports, etc.

*OPI Risk Assessment (if on OPI wait list)	A way of tracking an OPI waitlist by risk score priority or date of assessment
Service/ Enrollment (make sure client is properly enrolled)	This allows the client to be entered into the service so the reports will bring up clients for case load management
Progress Notes (see table below)	Narrative with info for others to see what is happening with this client or refresh OC
Action Plan. May be a simple next step	Identifies consumer's goals, how they will be achieved step by step, who is going to help them, and timelines
<b>Options Counseling Progress Notes</b>	
Encounter Date	Date of client contact
Start Time/Stop Time (Be sure to check AM and PM)	Not needed now unless agency wants the info – using units is tracking time with client
Problem (multiple can be selected)	This is issue or need- We are cleaning up this drop down. It will help us track why people are calling for OC visits
Units (0.25=15 minutes, 0.5=30 minutes 1.0=1 hour)	This if for NAPIS reporting and also to help us look at ROI – track how much time is spent with clients – average visits, etc.
Schedule Follow-up	System way to help track follow-up schedule
Service/Referral – (multiple can be selected)	This is our only way of tracking referrals at this point. And this is a drop down list of topics that needs to be cleaned up.
Mode/Location	This tells us whether it is a home visit, a phone call, a visit to nursing home, etc.
Activity	(we are taking this one out of the progress notes elements)

<p>Note/Narration (entered no later than 3 business days after contact)</p>	<p>This is a note with what happened at this client contact on this particular day. There are Narration Standards that are a separate doc that need to be followed.</p>
<p>*Record Event (Under ore Options – for significant events like falls, hospitalizations, loss of housing, etc.)</p>	<p>This is not required but it is encouraged that people us this element option. These are very good things to track with clients. And it is helpful for reports if people are filling these out.</p>



When documenting call in RTZ remember:

- If it's not narrated, it didn't happen.
- Narration should be objective, factual, and free from personal bias.
- Should cover whom, what, and when.

### **Reimbursement Methodology**

Payment will be based upon actual expenses for the following activities:

- RDSS quarterly reports on time captured for NWD Medicaid Administrative Claiming Activities
- Consistency between RDSS and RTZ reports
- Number of consumers served
- Units paid for actual service provided

AAA providers of NWD MAC activity must record options counseling and information and referral activities, for each consumer, into the RTZ system to validate appropriateness of payment.

Note: Agencies will not receive match dollars beyond the Not to Exceed (NTE) amount within their respective contracts. The NTE amount will be based on 50% General Fund and 50 % Federal Funds but actual cost distribution can vary based on actual expenditures. The General Fund allocation will have a set amount.

### **Rate Monitoring**

Central Office for APD will monitor actual utilization at periodic intervals. Adjustments may be made to the quarterly rate during the biennium if it is determined that the established rate is materially different than the cost of providing services.

### **Cost Reasonableness- State of Oregon ADRC NWD Providers**

All indirect costs will be consistent with the State's approved cost allocation plan. On a biennial basis, State of Oregon revenue will be reconciled to actual cost with adjustments made to either increase the State's claim to cost or refund any revenue above cost.

Settlement shall be documented on a form approved by CMS that details:

- NWD provider services revenue
- Direct costs incurred in providing NWD Medicaid claimable activities.
- Indirect costs incurred in providing NWD Medicaid claimable activities.
- Actual Federal claiming for NWD Medicaid claimable activities.
- Balance due State or Refund due CMS

Oregon officials will be responsible for completing the settlement no later than three months after the completion of each biennium.

### **Cost Reasonableness- Area Agency on Aging Case Management Providers**

On a biennial basis, payments to AAAs will be reviewed against the cost of providing services to ensure actual costs incurred do not exceed revenues. Excess payments, if any, will be recovered from AAA providers and claiming to CMS will be decreased. Cost reports will include the following elements:

- Costs incurred in providing NWD Medicaid claiming activities
- Options Counseling revenue
- Actual Federal claiming for NWD Medicaid claiming activities

Revenue and costs will be reviewed at an aggregate level for Agency providers. If aggregate revenues exceed the aggregate costs to provide NWD Medicaid claiming activities, excess revenues will be recovered and submitted to CMS. Oregon officials will be responsible for completing reviews no later than three months after biennium completion

### **NWD MAC Invoicing -**

AAA will submit a quarterly invoice to the State Unit on Aging, [SUA.Email@dhsosha.state.or.us](mailto:SUA.Email@dhsosha.state.or.us) State Unit on Aging will review invoice to ensure it is accurate and expenses are allowable.

**Invoice is under revision- It will be updated.**

## **Minimum Service**

Options Counseling. Agencies are responsible for providing NWD MAC options counseling activities in accordance with Oregon Options Counseling Standards as described below. Oregon ADRC Options Counseling Standards Link:

<https://www.oregon.gov/DHS/SENIORS-DISABILITIES/SUA/AAABusinessTraining/standards-tools.pdf>

Minimum of consumers served. Agencies will not be guaranteed payment without meeting minimum requirements, and will receive payment only for expenses for service performed which will be verified with RDSS and matched with RTZ records.

Information and Referral & Assistance. Agencies are responsible for providing high quality service in alignment with National Alliance of Information and Referral Systems (AIRS) standards. AIRS certification is required of staff within 18 months of service unless an extension is granted by APD. National Standards for AIRS Link:

<http://www.airs.org/i4a/pages/index.cfm?pageid=3371>



**RDSS FOR ADRC'S OREGON MEDICAID ADMINISTRATIVE CLAIMING**  
**FREQUENTLY ASKED QUESTIONS**

**Q: What software is to be used to back up RDSS records as validation of ` Match activity?**

A: RTZ will be the *only* software referred to when the State monitors for quality assurance, and possible CMS audits are conducted.

**Q: Do staff need to be entering in "Medicaid" into call data or Care tool on days other than RDSS. Is this something we should be asking staff to do at all times?**

A: Yes. RTZ is the software that must be used to record all ADRC services (I&R and options counseling), including Medicaid Administrative Claiming

Because staff are now Medicaid providers, they are required to get into the routine of documenting the claimable Medicaid activities at all times. Aside from audit purposes, the information will inform our cost-allocation & may provide some federal

**Q: When OPI staff conduct risk assessments, a possible 6B/I&R activity, they narrate in Oregon ACCESS (OA). Is narration in OA sufficient?**

A-1: The initial agreement did not encompass using any other collection systems than RTZ & RDSS. If it's not recorded in RTZ, it cannot be claimed for Medicaid match.

A-2. Also, OPI is not an activity that can be counted as a Medicaid activity.

- Within some AAA agencies, staff may have multiple crossover responsibilities (OPI, Senior Connections, ADRC and more).
  - If the activity is being sponsored by OPI, it cannot be claimed for Medicaid. That would be considered double-dipping.
  - If staff are functioning in the capacity of ADRC at the time of service, and their time is *not* being sponsored by OPI, the activity is claimable if:
    - Medicaid was mentioned as one of the options
    - If OPI time is not counted

**Q: Is there a test feature to practice on RDSS?**

A: The MESD technical expert is developing one for future training. APD will notify Medicaid match participants when it is ready to use.

**Q: On sampling days, what happens when staff is out ill? Can the fill-in substitute?**

A: Yes. The AAA field office supervisor will arrange for the substitution.

**Q: How long will staff have to complete the activities that happened on Sampling Day?**

A: Participating Medicaid claiming agency staff have up to five (5) business days to complete the survey.

**Q: Will there be some quality assurance and continuous improvement activities?**

A: Yes. The State Unit on Aging (SUA) is using the Plan, Do, Study, Adjust (PDSA) method to develop the practice of ADRC Medicaid claiming in alignment with CMS. The “Study” segment of the plan evaluates what is being done well and where improvements are needed, and followed up with “Adjust” activities.

**Q: Will I receive a notification from the system that I have a survey due?**

A: The system does not generate notices of upcoming surveys.

**Q: As a manager, when should I alert staff to the fact that we have a survey today to ensure the true randomness of the sample, and how am I notified?**

A: Survey dates are scheduled in the fall for the upcoming year. Agency managers will receive an email with those dates. Survey dates should not be revealed any earlier than a day in advance.

**Q: Are technical experts available?**

A: Yes. Please start with the ADRC Statewide Coordinator. There are two reasons for this. First, the coordinator will be able to route questions and comments to the correct experts, and second, the continuity of your questions/suggestion to one place will aid in tracking trends.

**Q: Shall a participating agency include the other participating agencies when asking questions and making suggestions?**

A: Yes! Please do. It’s likely that if you have a question, others are wondering the same thing.