

**Aging and Disability Resource Connection (ADRC) of Oregon**  
**Documentation Instructions for the No Wrong Door Contract and**  
**Oregon Medicaid Administrative Claiming (OMAC)**

Effective April 1, 2019, OMAC documentation requirements will be streamlined in GetCare and narration will no longer be used to record OMAC activities for information and referral and options counseling. Instead, OMAC activities will be recorded using a series of pre-defined dropdown fields as shown in the instructions below.

**Documentation requirements**

Documentation in Oregon's ADRC GetCare software system and labor time tracking in the Random Daily Sampling Survey (RDSS) system (or 100% timekeeping if pre-approved) are required in order to obtain reimbursement for activities funded by the No Wrong Door (NWD) contract, even for activities claimed that are not OMAC reimbursable. The instructions below detail the minimum documentation requirements in GetCare.

**Tracking Medicaid/NWD Activities in Information and Referral (I&R)**

For each qualifying I&R activity, you must:

1. Record minimum data requirements for the consumer based on call type (see OMAC guide).
2. Attach qualifying referral(s) and document unmet needs.
3. In FollowUp/Notes, choose an answer for "Do you want to follow up?"
4. Narrate the I&R contact as usual. You do not need to add extra narration for Medicaid activities.
5. Select Add Element: Medicaid/NWD Activities.

Select Element: Medicaid/NWD Activities

- Select the activity/topic discussed with the consumer from the dropdown (add additional elements for each qualifying activity).

Select Element: Medicaid/NWD Activities
  
 Qualifying Activity: Discussed Medicaid coverage options and/or Medicaid eligibility requirements

- Select an Action.

Select Element: Medicaid/NWD Activities
  
 Qualifying Activity: Medicaid eligibility requirements
  
 Action: Referred to client's Medicaid case manager

- If you select “Provided referral(s)” or “Referred to client’s Medicaid case manager”, select one of the saved referrals from the list on the right. The referral selected must be an allowable Medicaid referral and must correspond to the allowable Medicaid topic discussed.

Select Element: Medicaid/NWD Activities
  
 Qualifying Activity: Discussed Medicaid services
  
 Action: Provided referral(s)
  
 Medicaid Qualifying Referral:
 

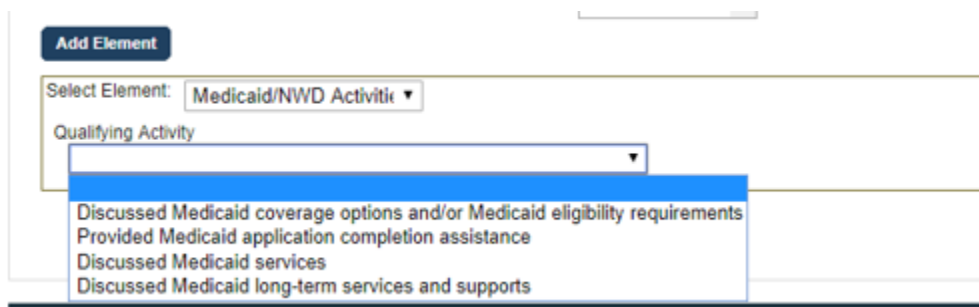
- Multnomah County Aging Disability and Veterans Services, ADVSD Medicaid Service Screener(Health Care)/Medicaid Applications

- Select “add additional element” and repeat step three to record each additional qualifying activity discussed during the call.

## Tracking Medicaid/NWD Activities in the Caretool

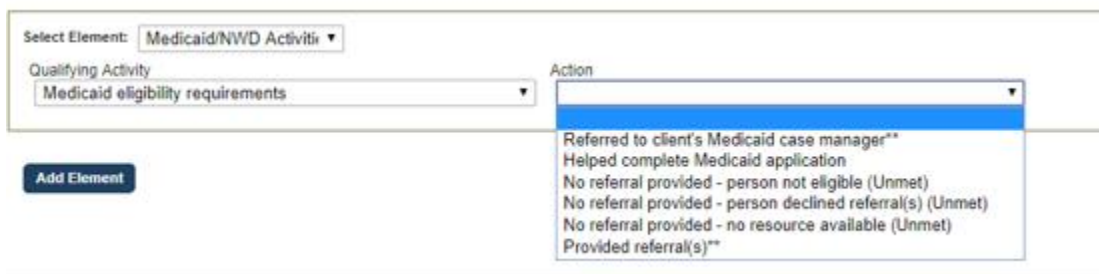
For Caretool activities, you must:

1. Make sure there is an active enrollment and complete minimum data requirements (see OMAC guide).
2. Complete and save any Referrals for Medicaid related activities and document any Unmet Needs.
3. Add a Progress Note and narrate as usual. You do not need to add extra narration for Medicaid activities.
4. Add Element “Medicaid/NWD Activities”.
5. Select the activity/topic discussed with the consumer from the dropdown (add additional elements for each qualifying activity).



The screenshot shows the 'Add Element' button at the top left. Below it is a 'Select Element:' dropdown menu with 'Medicaid/NWD Activities' selected. Underneath is a 'Qualifying Activity' dropdown menu. A list of activities is displayed below the dropdown, including: 'Discussed Medicaid coverage options and/or Medicaid eligibility requirements', 'Provided Medicaid application completion assistance', 'Discussed Medicaid services', and 'Discussed Medicaid long-term services and supports'.

6. In the second dropdown, select an Action.



The screenshot shows the 'Add Element' button at the top left. Below it is a 'Select Element:' dropdown menu with 'Medicaid/NWD Activities' selected. Underneath is a 'Qualifying Activity' dropdown menu with 'Medicaid eligibility requirements' selected. To the right is an 'Action' dropdown menu. A list of actions is displayed below the dropdown, including: 'Referred to client's Medicaid case manager\*\*', 'Helped complete Medicaid application', 'No referral provided - person not eligible (Unmet)', 'No referral provided - person declined referral(s) (Unmet)', 'No referral provided - no resource available (Unmet)', and 'Provided referral(s)\*\*'.

7. If you select “Provided referral(s)” or “Referred to client’s Medicaid case manager”, select one of the saved referrals from the list on the right. The referral selected must be an allowable Medicaid referral and must correspond to the allowable Medicaid topic discussed.

[ ]

**Add Element**

Select Element: Medicaid/NWD Activities

Qualifying Activity: Discussed Medicaid services

Action: Provided referral(s)\*\*

Medicaid Qualifying Referral  
 Multnomah County Aging Disability and Veterans Services, ADVSD  
 Medicaid Service Screener(Health Care)(Medicaid Applications)

**Save** **Cancel**

8. Select “Add Element” and repeat step three to record each additional qualifying activity discussed during the encounter.

9. Add other Elements to complete the Progress Note as usual.

10. Save and Sign.

### Medicaid services that can be discussed and referred to for OMAC:

- a. **Medicaid services - Physical health:** Doctor visits, preventive services, testing, treatment for most major diseases, emergency ambulance and 24-hour emergency care, family planning services, and pregnancy and newborn care.
- b. **Medicaid services - Behavioral health:** Mental health and counseling, and help with addiction to tobacco, alcohol and drugs.
- c. **Medicaid services - Dental health: Medicaid services -** Cleanings and preventive treatments, dental check-ups and x-rays, fillings, tooth removal, 24-hour emergency care.
- d. **Medicaid services - Prescriptions:** OHP with Limited Drug only includes drugs not covered by Medicare Part D.
- e. **Medicaid services - Eye care:** Medical care; glasses to treat a qualifying medical condition such as aphakia or keratoconus, or after cataract surgery.
- f. **Medicaid services - Vision care:** Exams and glasses (only for pregnant women and children under age 21).
- g. **Medicaid services – Ancillary services:** OHP can pay for hearing aids, medical equipment, home health care, skilled therapy, hospital care, Medicare premiums, co-pays, and deductibles, and transportation to health care appointments.
- h. **Medicaid services - Personal Care Services:** Assistance with Activities of Daily Living for people residing in their own home. Limited to 20 hours per month.

- i. Medicaid services - Home Health Services.**
- j. Medicaid services - Nursing Facility Services**
- k. Medicaid long-term services and supports - K Plan Services:** LTSS services including: Adult Day Health, Adult Foster Homes, Assisted Living, Community Nursing, Home Modifications, In-Home Services, Home Delivered Meals, Non-medical Transportation, Residential Care, Technology and Adaptive Equipment, Specialized Medical Equipment and Supplies, Skills Training (STEPS), Transition Services (Nursing Facility to Community)
- l. Medicaid long-term services and supports - Waiver services:** Case management and transition services (community-based to in-home)
- m. Medicaid long-term services and supports - PACE (Program for All-inclusive Care for the Elderly) Services**
- n. Medicaid long-term services and supports - Independent Choices program**