Oregon Medicaid Administrative Claiming (OMAC)

Guidance for ADRC of Oregon program

Questions below from technical assistance (TA) call on August 29, 2018

Q: I have a meeting set up with a consumer who has a Medicaid case manager. I need a release of information signed by the consumer in order to be able to talk with the case manager. Can I start providing options counseling during my initial home visit to get a signed release of information or do I need to wait to provide the service until after speaking with the case manager?

A: This is not a Medicaid match claimable activity because the consumer has a Medicaid case manager. The consumer should be referred to their Medicaid Case Manager to have their LTSS needs met.

Q: If the ADRC is unable to determine if the consumer has a case manager, can they provide I&R and OC and submit for reimbursement for claimable activities?

A: Yes. ADRC staff should provide I&R and OC based on the information they have regarding the consumer at the time the service is being provided.

Q: If the ADRC learns the consumer has a Medicaid case manager at some point while providing options counseling, should the ADRC continue to provide options counseling and is it claimable for Medicaid match? What about general fund dollars?

A: The ADRC would not be able to claim Medicaid match or general fund dollars for these activities. Consumers receiving Medicaid LTSS should be referred to their Medicaid case manager to have their LTSS needs met.

Q: If the Medicaid case manager indicates they would like the ADRC staff to provide options counseling with the consumer, is that claimable for Medicaid match? What about general fund dollars?

A: No. The ADRC would not be able to claim Medicaid match or use general fund dollars for these activities. Consumers with a Medicaid case manager should be referred to their case manager to have their LTSS needs met.

Questions below from technical assistance (TA) call on August 22, 2018

Q: If during an Options Counseling (OC) home visit, Medicaid is discussed, how much time is claimable? Does it need be the majority of the time in order to count? Is travel time claimable?
A: If Medicaid is discussed as an option during the home visit, the portion of time spent discussing Medicaid eligibility, Medicaid programs and service offerings, and other information relevant to helping the individual enroll in Medicaid is eligible for Medicaid match. Travel time associated with the OC meeting is also eligible for Medicaid match. However, if Medicaid is only briefly mentioned and not considered or pursued, and the majority of the visit was spent on other things, it would not be appropriate to claim Medicaid match for the travel time or for the visit.

Q: How do I claim time to document the encounter if only a portion of my documentation relates to Medicaid? Do I record the portion of time spent on Medicaid in RTZ or RDSS or both?
A: Time documentation for the purposes of claiming Medicaid match is only recorded in RDSS and only on random sampling days or via a worksheet for ADRCs who've been granted permission to do 100% time tracking instead of participating in RDSS. You can only claim Medicaid match for the portion of time you spend on Information and Referral (I&R) and Options Counseling (OC) activities that directly support efforts to identify and enroll consumers into Medicaid. The amount of time spent on Medicaid claimable activities is not recorded in RTZ.

Q: Should CIL's complete the OPI Risk Assessment in the Caretool?
A: No. The OPI Risk Assessment tool is not used for Options Counseling (OC). It's used for the Oregon Project Independence Program.

Q: Can I claim time spent referring consumer to services which would otherwise be covered by Medicaid if the consumer does not qualify for Medicaid? (i.e. transportation, low income phone service)

A: No. Federal match is only available for activities that directly support efforts to identify and enroll consumers into Medicaid and that directly support the provision of medical services covered under the state Medicaid plan. If you determine the consumer may be eligible for Medicaid and you provide them with a referral to apply for Medicaid, and you also provide referrals to Medicaid services that they can access once they receive Medicaid, this activity is claimable.

Q: Are Adult Protective Services (APS) referrals claimable?
A: No. APS services are not Medicaid services so referrals to the APS program do not qualify for Medicaid match.

Q: Are referrals to the Oregon Health Plan (OHP) claimable?
A: Yes.

Q: If a consumer does not want to be served by their Medicaid Case Manager for cultural reasons, can the ADRC staff (AAA or CIL) provide Options Counseling (OC) instead? What about Information and Referral (I&R)?
A: No Wrong Door contract language states that Medicaid LTSS beneficiaries should be redirected to their servicing APD/AAA local office for questions related to their eligibility, benefits, or LTSS needs. The restriction on providing Options Counseling services to consumers already receiving LTSS is based on both CMS regulations and Oregon Statute. Options Counseling services would fall within the responsibilities of the Medicaid case manager if the consumer is receiving LTSS. Any other person-centered process would be considered a duplication of services and not allowable for Medicaid match. If the ADRC is providing non-Medicaid person-centered planning services, those services are not allowable for Medicaid match because they are non-Medicaid.

Questions below from technical assistance (TA) call on August 16, 2018

Q: Options Counseling (OC) consumer has a number of information and Referral (I&R) records and one of them had a Medicaid referral to the Medicaid service screener at Multnomah. Does that referral qualify for OMAC?
A: Yes, that is a qualifying call.

Q: That referral was made in July. If they call back and ask for the information again because they've lost the number, can we claim that call again?
A: You can't claim for the same activity twice in the same month. However, since the consumer was also referred for Options Counseling (OC), you can claim for OC activities that help the consumer with their goal of assessing their eligibility and/or applying for Medicaid.

Q: If I'm working with a consumer through Options Counseling (OC) and I am assisting them with applying for Medicaid, this process can take two or three visits with some consumers to fill out the paperwork and gather all the required documentation, can I claim all of those visits?
A: Yes, all of that activity is claimable because you are doing multiple working towards an outcome of submitting an application for Medicaid, even if all the activities occur within the same month.

Q: I have an individual with a disability who is applying for Medicaid and needs to check on the status of their application. They are kind of frustrated with the process and they want someone to call with him to check his status. Is that claimable?
A: Yes, it is claimable.

Q: Is the Supplemental Nutrition Assistance (SNAP) Program an allowable Medicaid service?
A: No, SNAP is not a Medicaid program.

Q: If we are doing an application for Medical and Food (SNAP) together because it's a combined application for both programs, can we claim for activities related to helping a consumers complete the application?
A: Yes.

Questions below from webinar held on 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.