PRESENTATION

ADRC

Oregon Medicaid Administrative Claiming (OMAC)

Oregon Department of Human Services

AGING & PEOPLE WITH DISABILITIES

Glossary of Terms

- **Aging and Disability Resource Connection (ADRC):** Aging and Disability Resource Centers (ADRCs) serve as single points of entry into the long-term services and supports (LTSS) system for older adults, people with disabilities, caregivers, veterans and families. Some states refer to ADRCs as “access points” or “no wrong door” systems. In Oregon, our AAAs and CILs are contracted ADRCs.
- **GetCare:** The approved software system used to document ADRC I&R, OC, and OMAC activity.
- **Medicaid Administrative Claiming (MAC):** The process to identify the cost of providing allowable Medicaid administrative activities and to request (claim) FFP matching funds to support those activities.
- **Oregon Medicaid Administrative Claiming (OMAC):** The term used when referring to ADRC claiming federal matching funds, also known as Federal Financial Participation (FFP), for reimbursement for a portion of the cost of providing approved Medicaid claimable activities.
- **No Wrong Door (NWD):** The NWD System initiative builds upon the Aging and Disability Resource Center (ADRC) program and CMS’ Balancing Incentive Program No Wrong Door requirements that support state efforts to streamline access to long-term services and support (LTSS) options for older adults and individuals with disabilities. NWD Systems simplify access to LTSS, and are a key component of LTSS systems reform. NWD is sometimes used interchangeably with ADRC.
- **Random Moment Sampling (RMS):** A method for calculating the overall percentage of time spent on Medicaid-related activities. This is required by CMS.

Oregon Medicaid Administrative Claiming (OMAC)

Federal matching funds under Medicaid are available for the cost of **administrative activities that directly support efforts to identify and enroll potential eligible consumers into Medicaid and that directly support the provision of medical services covered under the state Medicaid plan**. Time spent discussing Medicaid is claimable, even if it is determined the consumer is currently ineligible.

When ADRC staff talk about Medicaid with someone who is eligible or potentially eligible and/or helps someone apply for Medicaid, or access Medicaid services, Oregon can get reimbursed by the federal government for part of the cost of doing these things.

To receive reimbursement, **ADRC staff must document the Medicaid claimable activity in GetCare and in RMS** (or via100% timekeeping with pre-approval) when surveyed. If it isn't documented, it didn't happen. If we're ever audited, we have to be able to show the Medicaid claimable work.

What is Medicaid Administrative Claiming (MAC)?

MAC is the process to identify the cost of providing allowable Medicaid administrative activities and to request (claim) FFP matching funds to support those activities.

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.** Federal payment is available **at a rate of 50 percent for amounts expended by a state.**

Medicaid claimable activities for I&R and OC

- ✓ Discussing **Medicaid** coverage options and/or **Medicaid** eligibility, requirements and/or when referring a consumer to apply for **Medicaid**.
- ✓ Discussing **Medicaid** services and/or providing referrals to **Medicaid** service providers.
- ✓ Discussing **Medicaid** long-term services and supports and/or providing referrals to **Medicaid** LTSS service providers.
- ✓ Providing **Medicaid** application completion assistance.
- ✓ Travel to/from meeting with a consumer if **Medicaid** was discussed.
- ✓ **Medicaid** related administrative tasks.
- ✓ **Medicaid** related training.

Examples of activities that are not Medicaid claimable

- **Adult Protective Services (APS) or Elder Abuse (EA):** Referring a customer for APS or EA services.
- **Advocacy:** Providing referrals to advocacy organizations or advocacy unrelated to Medicaid.
- **Caregiver Program:** Providing information on caregiving programs, such as AFCSP or NFCSP.
- **Food:** Providing information about food and nutrition resources including Food Share program, food pantries and emergency food.
- **General Information:** Providing service information about non-Medicaid services (e.g., housing options, evictions, energy assistance).
- **Guardianship:** Providing information about guardianship.
- **Health Insurance Marketplace:** Providing information and assistance, training on all aspects.
- **Legal Questions:** Responding to non-Medicaid related legal inquiries, i.e., estate planning.
- **Non-Medicaid Program Referrals:** Providing information/referrals for errand services, rides for people to get out to vote, pet care, etc.
- **Medical Directives:** Providing information about health care or financial power of attorney, living will...
- **Medicare/Medicare Part D:** Providing information about Medicare or assisting a customer, who is not dual eligible, find a Part D plan.
- **Senior Centers:** Providing information about senior centers and non-Medicaid programs they sponsor.
- **SSDI:** Discussing or assisting with a SSDI application.
- **Support Groups:** Organizing or facilitating family, caregiver or individual support groups.
- **Transportation:** Providing information about non-medical transportation.
- **Veteran Benefits:** Providing information or assistance with VA benefits.
- **Vocational Rehabilitation:** Providing information or referrals to Vocational Rehabilitation, employment assistance, etc.

Determine if a consumer already has Medicaid

ADRC staff should screen to identify if the consumer is already receiving Medicaid or Medicaid LTSS services. Staff are encouraged to search for consumers in Oregon Access and the ONE system if staff are authorized to use these systems, to determine if the consumer is receiving Medicaid/Medicaid LTSS. If staff do not have access to Oregon Access or the ONE system, **staff are encouraged to ask questions such as:**

- Do you have someone who helps you at home with your daily living activities?

  If so, do you pay for that care, or does the State help you with payment?

- Does the State help you with your Medicare premiums?

- Do you have health insurance through the State?

- If you have health insurance, who is it through or who manages it?

Protocol for consumers receiving Medicaid

Consumers receiving Medicaid/OHP:

- ✓ **Should be directed to their local office eligibility worker for assistance regarding their Medicaid benefits.** These referrals back to their eligibility worker after Medicaid related Information and Referral (I&R) is done are eligible to be claimable for federal match. Simple inter-agency transfers are not eligible to be claimable for federal match.
- ✓ **Can receive Medicaid related Information and Referral (I&R). Qualifying activities are claimable for federal match.**
- ✓ **Can receive Options Counseling (OC). Qualifying activities are claimable for federal match.**

Coordination with the consumer's Medicaid LTSS Case Manager is critical to ensure no duplication of services or duplicative federal Medicaid match claiming.

Consumers receiving Medicaid LTSS services:

- ✓ **Should be directed to their Medicaid case manager for assistance.** These referrals back to their case manager after Medicaid related Information and Referral (I&R) is done are eligible to be claimable for federal match. Simple inter-agency transfers are not eligible to be claimable for federal match.
- ✓ **Can receive Medicaid related Information and Referral (I&R)** if requested or referred to the ADRC by the Medicaid Case Manager. In these instances, qualifying activities performed by the ADRC staff person are claimable for federal match, provided they are not also being claimed for by the Medicaid case manager.
- ✓ **Should not be enrolled in Options Counseling (OC).** They should be referred to their Medicaid case manager to have their needs addressed. These referrals back to their case manager are eligible to be claimable for federal match.

Example:

Consumer contacts ADRC inquiring about health insurance options. ADRC staff discusses eligibility requirements and asks consumer questions to help determine if the person may be eligible for Medicaid. Staff thinks consumer is eligible for Medicaid based on conversation and offers a referral to apply. Consumer accepts referral. Staff also provides referrals for the Supplemental Nutrition Assistance Program (SNAP) and the Oregon Project Independence (OPI) program.

ADRC staff spend 30 minutes on this conversation. A little while later, the staff receives a link to complete an RMS survey from the same time frame. Would this consumer interaction be Medicaid claimable?

A) No, staff provided more than Medicaid referrals.

B) Yes, staff assisted a consumer with a Medicaid referral along with additional resources.

C) Not sure.

Example:

Consumer contacts ADRC because they need help finding a primary care provider to help address a medical need and will also need transportation to the appointment. ADRC staff ask questions about current insurance coverage and determine the consumer is already receiving Medicaid/OHP but not Medicaid LTSS. ADRC staff provides referrals to Medicaid service providers and shares information about non-emergent medical transportation.

Would this count as Medicaid Claimable Activity?

A) Yes, why?
B) No, why?

Yes, helping a consumer utilize their Medicaid benefits falls under Medicaid Services. This scenario falls under both Medicaid Services – Physical help for helping connect with a PCP and Medicaid Services – Ancillary Services for connecting the consumer to health-related transportation.

Example:

Consumer is referred to Options Counseling after speaking with I&R team. I&R discussed Medicaid LTSS as an option, however consumer would like to explore other options prior to applying. OC staff have meeting with consumer and complete Person-Centered Assessment to determine needs. Consumer and OC determine that Medicaid LTSS is an appropriate referral and OC assists consumer in starting an application.

I&R staff added Medicaid elements to their I&R contact record. Should the Options Counselor also add Medicaid elements to their progress notes? Any special considerations?

Yes, OCs should also add Medicaid elements to their progress notes.

GetCare Documentation Medicaid claimable activity

STEP 1

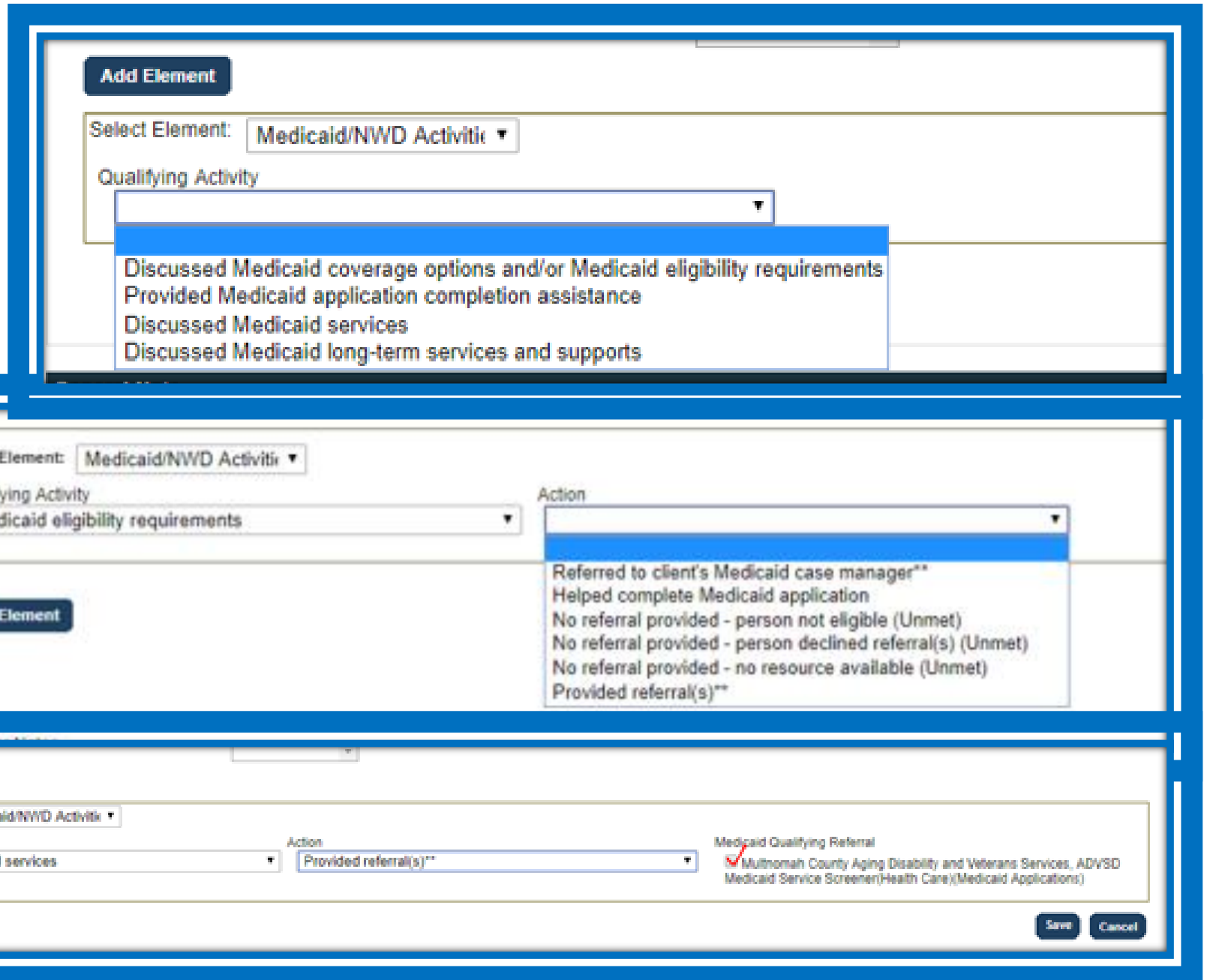
Select Medicaid/NWD element and qualifying Medicaid related activity.

STEP 2

Select qualifying Medicaid related action.

STEP 3

Select qualifying Medicaid related referral.



Random Moment Survey (RMS)

- Random moment survey (RMS) is a method for calculating the overall percentage of time spent on Medicaid-related activities. This is required by CMS for agencies participating in MAC. 100% timekeeping is also an option but requires pre-approval by APD.
- ADRCs are not required to participate in Oregon Medicaid Administrative Claimaing (OMAC) but if they opt to, they must participate in RMS or 100% timekeeping.
- Selected staff from participating ADRCs receive surveys via email randomly every month requesting the staff to report on activities being performed in that moment (Medicaid and non-Medicaid related).
- Results from the surveys are used to calculate the agency's RMS % rate and that is used to determine how much Medicaid match reimbursement they can receive for the quarter.

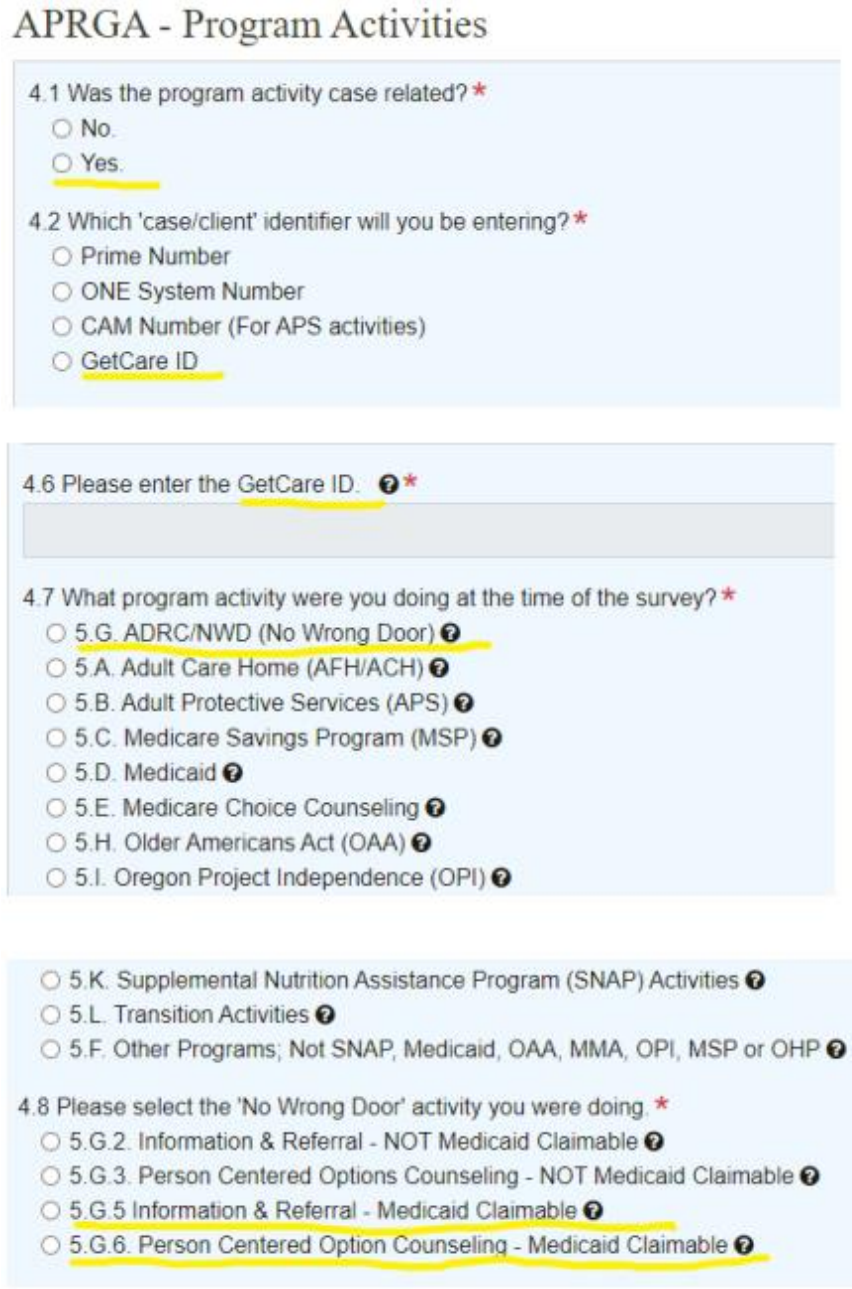
More detailed information about RMS is available here: https://www.oregon.gov/dhs/SENIORS-DISABILITIES/SUA/ADRCDocuments/rms-participant-training.pdf

Random Moment Survey (RMS) Documentation

The following RMS codes should be used when documenting time spent on qualifying ADRC/NWD Medicaid claimable activities:

- **5.G.5. Information, Referral & Assistance Medicaid claimable**
- **5.G.6. Person Centered Options Counseling Medicaid claimable**

- Qualifying **travel, training, and general administration activities being claimed for Medicaid match** need to be coded using 5.G.5. and 5.G.6, not the RMS general codes.
- Select the code that represents the activity you were performing during the moment you were surveyed.
- Make sure to complete the "case identifier" field in RMS by including the GetCare ID for the corresponding Medicaid allowable activity documented in GetCare.
- When entering activities into RMS or when doing 100% time tracking, **you must document how you spent your time by using ALL of the RMS codes, not just the RMS codes for allowable ADRC/NWD activities.**



OMAC Quality Assurance

Contractors must ensure that all required documentation requirements are being met and that staff are documenting and claiming appropriately. There are some report options available in GetCare that can be used when conducting quality assurance.

At a minimum, you should:

- ✓ Ensure minimum required data elements are recorded for I&R and OC.
- ✓ Ensure that the volume of Medicaid claimable activities recorded in GetCare seems reasonable based on what's being reported via RMS (RMS % rate vs # of GetCare Medicaid claimable activities recorded).
- ✓ Ensure that Medicaid claimable activities are recorded in GetCare when Medicaid activities are reported during RMS. Use the GetCare ID reported in RMS to check the GetCare record to confirm the Medicaid claimable activity reported is documented.
- ✓ Ensure that a qualifying referral is recorded on the call for information and referral or to the Caretool record for options counseling for qualifying activities with a resulting action of "provided referral."
  - ✓ Confirm the referral recorded is appropriate based on the qualifying activity recorded.
  - ✓ Confirm the referral relates to enrolling the consumer into Medicaid or relates to directly supporting the provision of medical services covered under the state Medicaid plan.

OMAC Guide as a resource

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OMAC Resources

- **ADRC OMAC resources:** https://www.oregon.gov/dhs/SENIORS-DISABILITIES/SUA/Pages/AAA-Training.aspx
- **OMAC guide:** https://www.oregon.gov/dhs/SENIORS-DISABILITIES/SUA/ADRCDocuments/omac-guide-allowable-adrc-activities.pdf
- **RMS training:** https://www.oregon.gov/dhs/SENIORS-DISABILITIES/SUA/ADRCDocuments/rms-participant-training.pdf
- **CSSU training calendar:** https://www.oregon.gov/dhs/SENIORS-DISABILITIES/SUA/Pages/Training-Calendar.aspx

OMAC contacts

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