Medicaid Administrative Claiming (MAC) Panel

HCBS CONFERENCE
Home & Community-Based Services

2023 Home and Community-Based Services Conference

(Almost) Everything You Wanted to Learn About Medicaid Administrative Claiming But Were Afraid to Ask

2023 National HCBS Conference

August 28, 2023

Baltimore

Mike Nardone, Principal, *the Nardone Group*

Ami Patel, Program Analyst, *Administration for Community Living*

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Agenda

The Basics of Medicaid Administrative Claiming

No Wrong Door and MAC

A View from the States: Maryland

Q & A

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The Basics

Mike Nardone

What is Medicaid Administrative Claiming? (MAC)

Administrative Claiming:

- **Funding for the "proper and efficient administration of the [Medicaid] state plan"**
- **Financed at 50 percent federal funding**

Could apply to certain expenditures and activities performed in support of state Medicaid long-term services

Why MAC?

Increase federal matching funds in order to:

- Augment funding for activities already performed
- Sustain current operations post-ARPA
- Enhance and expand services

- Strengthen linkages between Medicaid and LTSS agencies
- Improve services for beneficiaries and their families

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Examples of Potential MAC Reimbursable Activities:

No Wrong Door/ADRCs

- Medicaid outreach, education, and referral activities
- Person-centered counseling/options counseling
- Medicaid application and eligibility assistance
- Personnel training on Medicaid LTSS
- Medicaid program planning, coordination and quality improvement activities

Examples of Potential MAC Reimbursable Activities (cont.)

LTC Ombudsman Program

- Medicaid outreach, referral, and eligibility assistance
- Transitions from Medicare to Medicaid nursing facility benefit or HCBS
- Consultation and case advocacy for individuals in Medicaid HCBS waiver programs
- Nursing home transition services for Medicaid beneficiaries
- Identification of Medicaid fraud and abuse

Examples of Potential MAC Reimbursable Activities (cont.)

Adult Protective Services

- Intake, screening, follow-up investigation on behalf of beneficiaries receiving Medicaid services
- Service planning related to Medicaid-funded services and coordination with Medicaid case managers
- Training of APS workers on Medicaid LTSS

Basic Requirements

- Costs must be "proper and efficient" for the state's administration of Medicaid state plan
- Claims must come directly from Medicaid agency
- State must ensure that permissible, non-federal funding sources are used to match
- Administrative LTSS costs related to multiple programs must be allocated across each program
- Costs must be supported by adequate source documentation

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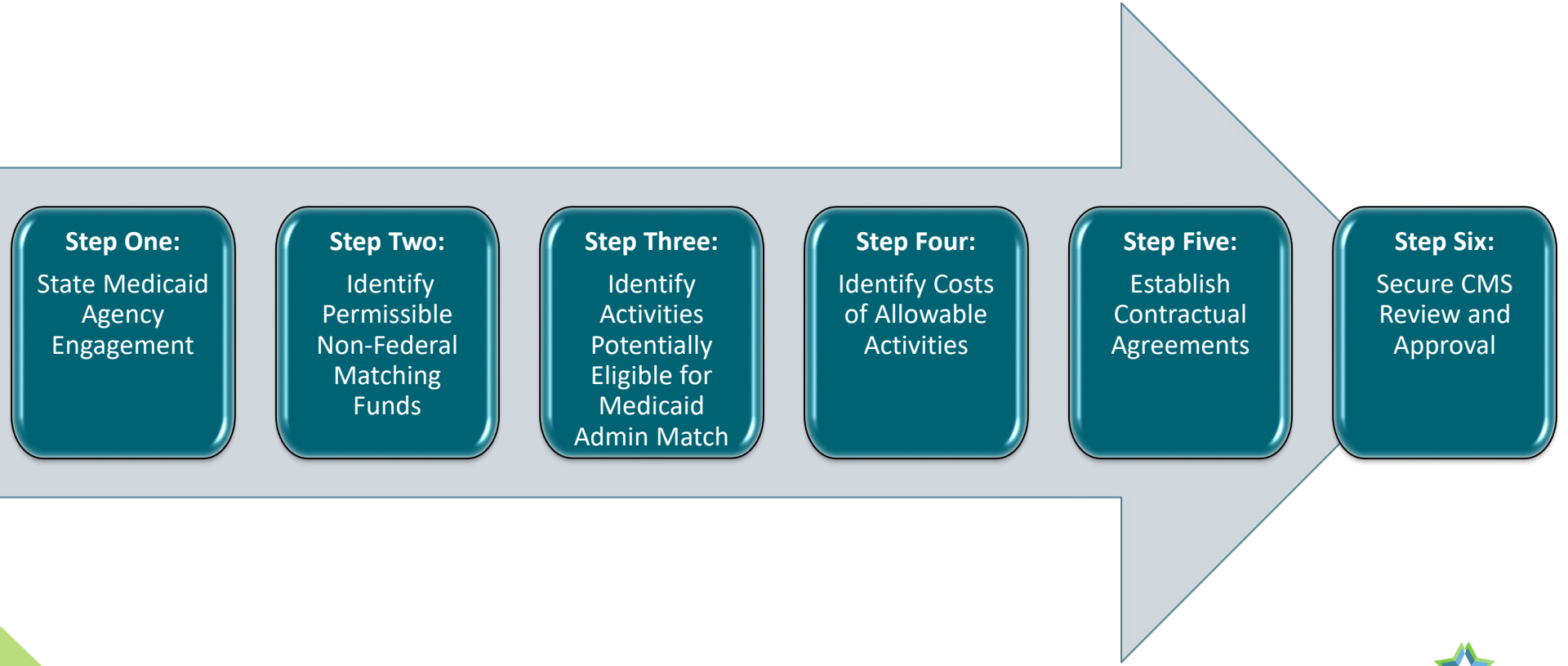
More on the Basic Requirements

- HHS is the final arbiter of what's necessary for "proper and efficient" administration of Medicaid
- Activities related to non-Medicaid programs/services not eligible for MAC
- Interagency agreement/MOU needed with Medicaid agency
- Funds from another federal program or used as match for a program, e.g., LTC Ombudsman, cannot be used for MAC
- States must have approved methodology for identifying Medicaid costs – e.g., random moment time studies, 100% time tracking
- Costs must be incorporated into an approved Public Assistance Cost Allocation Plan

Overview of 6 Key Steps in the Process



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Key Questions to Ask

Are benefits of match desirable enough to offset requirements & staff work?

Are there activities already occurring that would qualify?

Are existing systems & processes able to produce required documentation?

What relationships exist with Medicaid and/ or need strengthening?

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Resources to Assist States on The MAC Journey

- ADvancing States can assist states and provide TA on MAC. Reach out to Annie Kimbrel at akimbrel@advancingstates.org

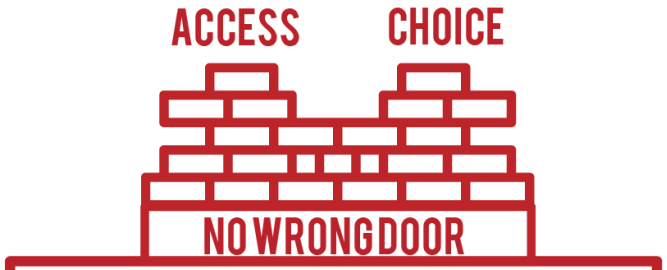
- ACL has many useful resource tools to help states access MAC.

No Wrong Door and MAC

Ami Patel, ACL

NWD System Vision

NWD SUPPORTS ACCESS AND CHOICE IN LTSS



NWD promotes HCBS by supporting states' efforts to develop coordinated systems of access to make it easier for individuals to learn about and access LTSS in their communities.

KEY FUNCTIONS OF A NO WRONG DOOR SYSTEM

- State Governance and Administration
- Public Outreach and Coordination with Key Referral Sources
- Person-Centered Counseling (PCC)
- Streamlined Eligibility for Public Programs

Administration for Community Living

What is Medicaid's role in NWD System?

State Leadership

State Medicaid Agency part of NWD governance structure

CBOs

Local ADRCs assist with Medicaid outreach and applications

Policy

State Medicaid Plan, Workforce Credentialing, Standards, Local Contact Agency designation

Access Workforce

NWD System trained in Medicaid eligibility and assisting with outreach and application assistance

Technology

Shared data systems, ability to track eligibility status and make referrals

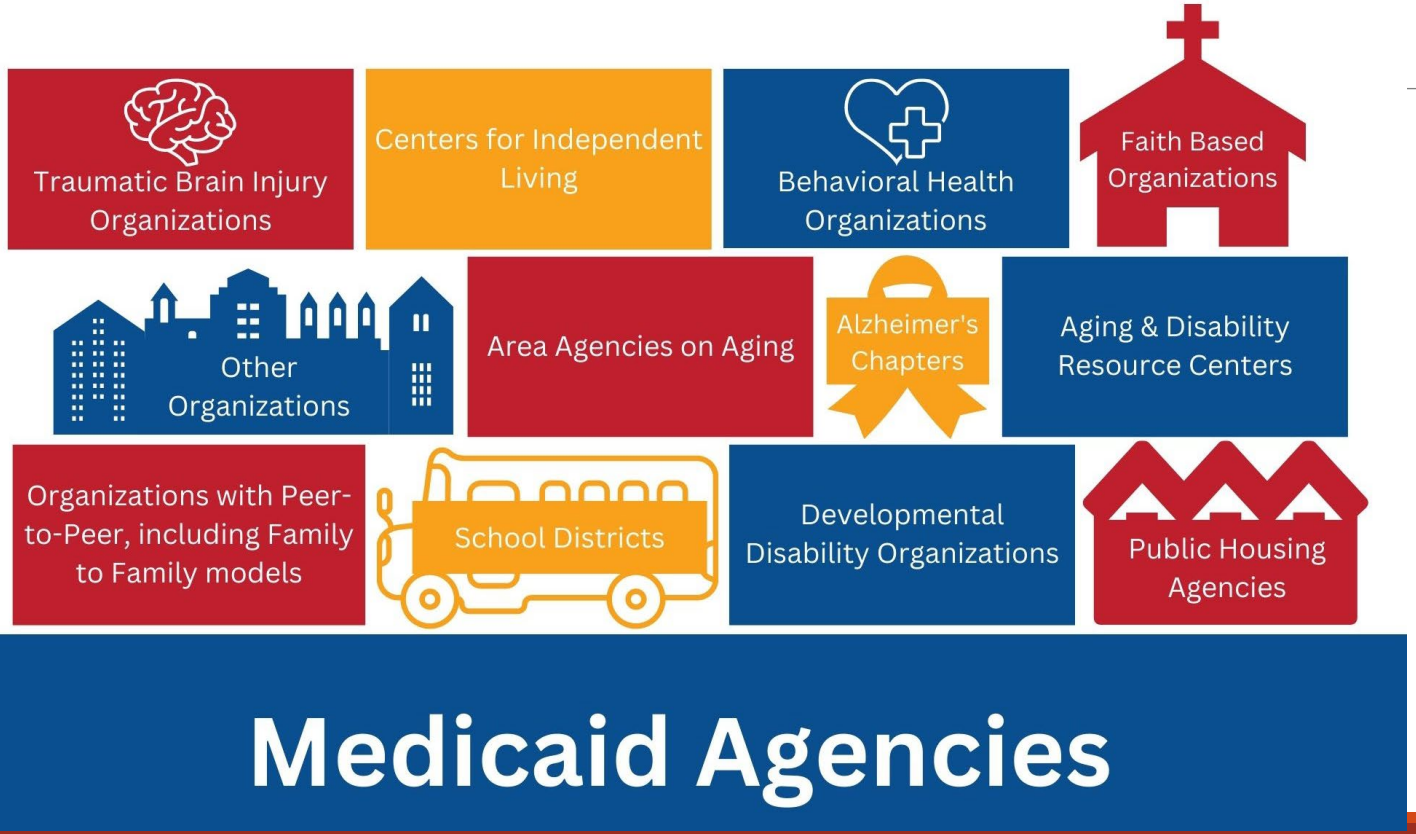
Funding/Sustainability

Medicaid Administrative Claiming (including IT and PASRR), Medicaid Service Claiming

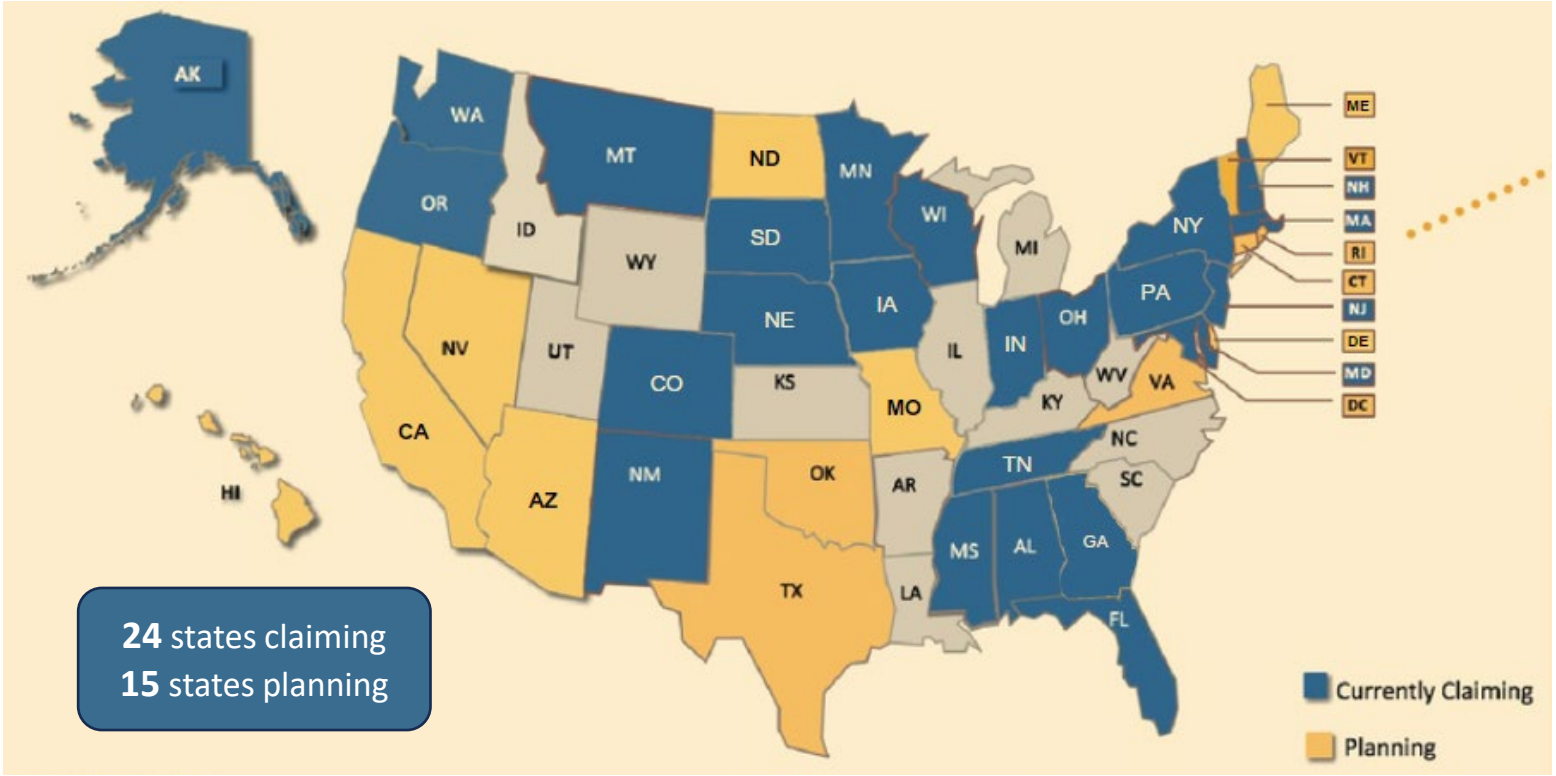
Services

Waiver service coordination, Special Needs Plans (SNPs), care transitions for individuals on Medicaid

Medicaid is a foundational partner

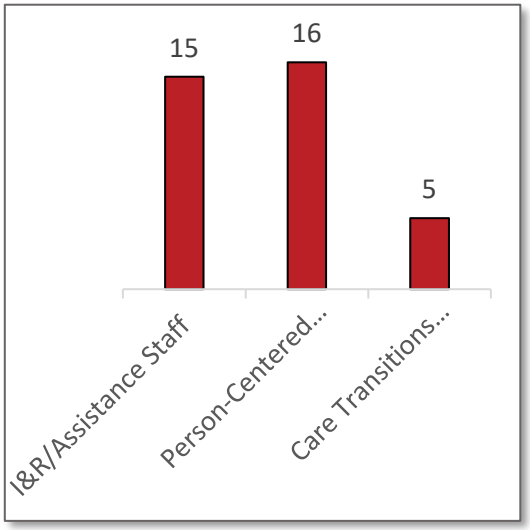


Map of States Claiming

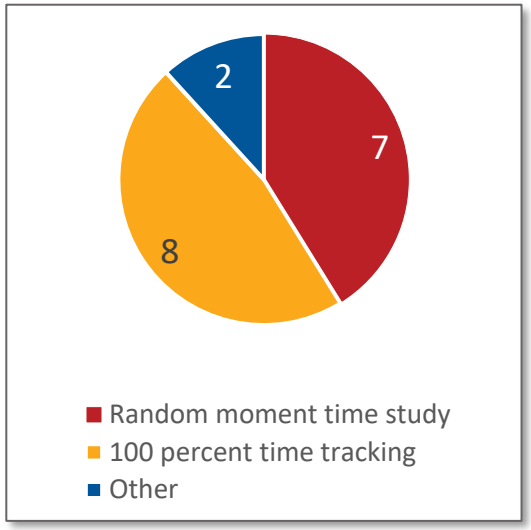


Data Highlights: Claiming States

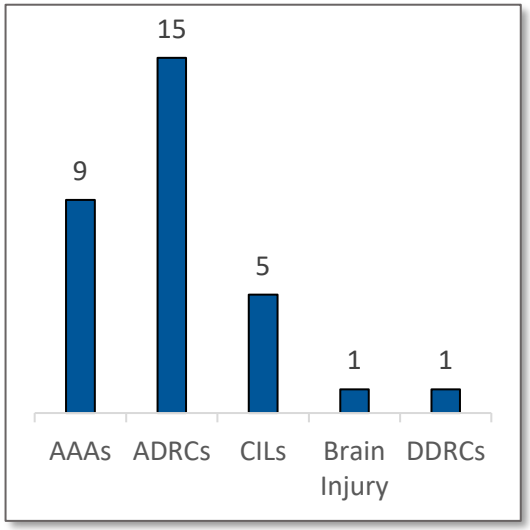
Number of States Claiming for Staff by Type



Number of States Using Medicaid Time Tracking Methodologies



Types of CBOs Claiming



Current Activity in the States

15 states are claiming for outreach

17 states are claiming for application assistance

17 states are claiming for person-centered counseling

8 states are claiming for program planning

10 states are claiming for interagency coordination

10 states are claiming for training

5 states are claiming for continuous quality improvement

Key Elements for Successful Implementation

Build on existing structure within Medicaid agency (identify where MAC happens now and replicate)

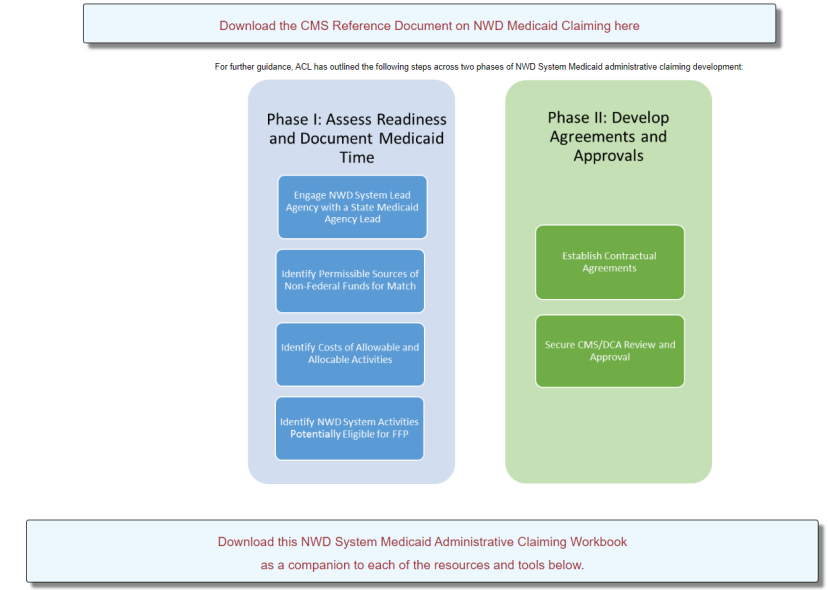
Maximize MAC potential by gaining buy-in from all levels including fiscal staff

MAC can be a long-term sustainability strategy for the NWD System (not a grant) if these components are included

Build a strong NWD governing structure to ensure MAC is maximized and used to strengthen access to LTSS in the state

Use TA available for guidance and connection with peer states

ACL Workbook and Toolkit



- Tool One: Project Work Plan
- Tool Two: Presentation for State Level Partner Agencies
- Tool Three: Presentation for Stakeholders
- Tool Four: Cost Simulator
- Tool Five: Code Development Guidance
- Tool Six: Cost Pool Guidance
  - Tool Six(a): Cost Pool Spreadsheet
- Tool Seven: Sample MOU Language

https://nwd.acl.gov/sustaining-a-nwd-system.html

Webinar Series + Podcast

Getting the attention of the state Medicaid agency for NWD claiming
- *November 10, 2022*

Buy-in from front line staff and building NWD System capacity while pursuing claiming
- *January 19, 2023*

Engaging disability partners in claiming
- *April 17, 2023*

Getting your fiscal house in order – maximizing claiming, and continuous quality improvement and training
- *June 15, 2023*

A View from Maryland

Liz Woodward, MDOA

Purpose

MARYLAND ACCESS POINT
YOUR LINK TO HEALTH & SUPPORT SERVICES

Maryland
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- Central sustainability strategy for Maryland's Aging and Disability Resource Center, Maryland Access Point.
- Maryland Access Point (MAP)
  - Began in 2004
  - 20 local offices
  - Call Center and online information hub operated by 211 Maryland
  - Core Services: IR&A, Assessment, Options Counseling
  - Single entry point to Medicaid HCBS
  - In FY22 MAP reached 47,689 unduplicated individuals w/assistance and provided more than 231,440 referrals.

Requirements

- Memorandum of agreement between MDoA and MDH- 5 year term
- Agreement between Maryland Access Point site (AAA and 1 LDH) and MDoA- 2 year term
- Participation in Random Moment Time Study
- Submission of quarterly cost data, using Cost Pool Spreadsheet

Process

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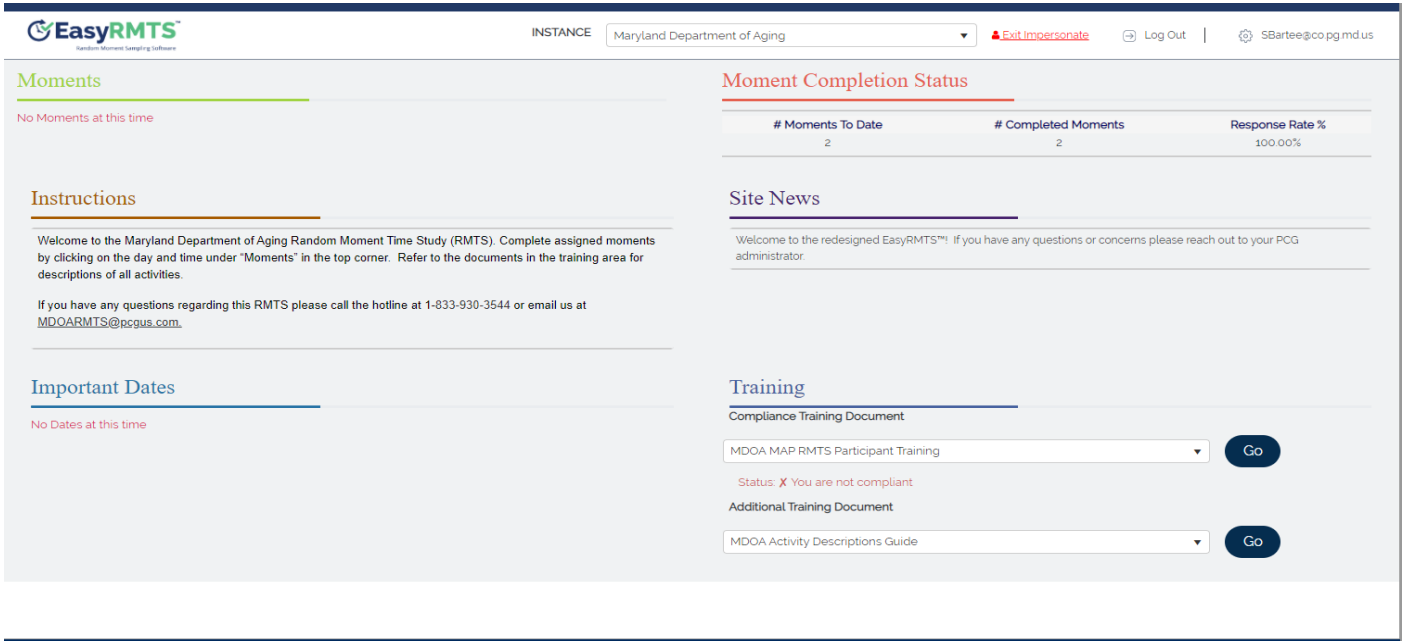
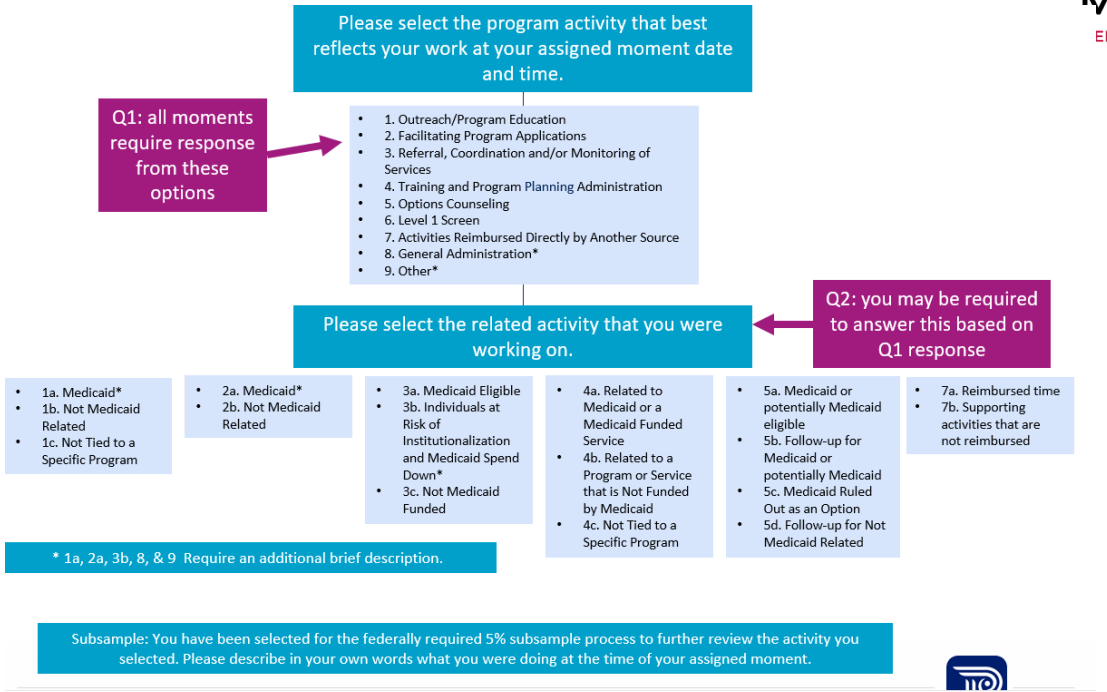
- Worked with HCBS Strategies, local agencies, and Maryland Medicaid to establish codes that reflect all activities performed by MAP staff
- Piloted codes using both the random moment and daily log methodology.
- Developed Cost Pool Spreadsheet
- Procured Random Moment Time Study vendor
- Ongoing entry and quarterly claims

RMTS System



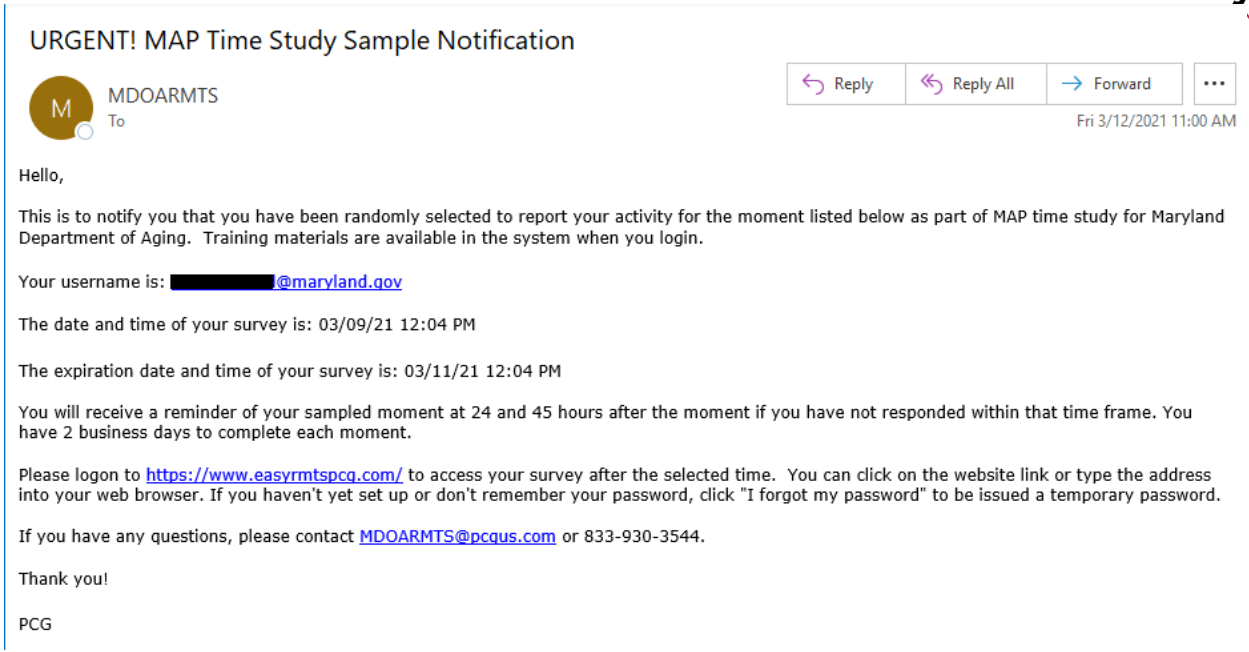
RMTS System dashboard – Pending surveys are found below Moments. Survey status and training can be accessed on this page.

Survey Design



The survey design identifies the nine codes that are associated with Maryland's RMTS. It also identifies codes that require an additional description.

Survey Sample



URGENT! MAP Time Study Sample Notification

M MDOARMTS
To

Reply | Reply All | Forward | ...

Fri 3/12/2021 11:00 AM

Hello,

This is to notify you that you have been randomly selected to report your activity for the moment listed below as part of MAP time study for Maryland Department of Aging. Training materials are available in the system when you login.

Your username is: [redacted]@maryland.gov

The date and time of your survey is: 03/09/21 12:04 PM

The expiration date and time of your survey is: 03/11/21 12:04 PM

You will receive a reminder of your sampled moment at 24 and 45 hours after the moment if you have not responded within that time frame. You have 2 business days to complete each moment.

Please logon to https://www.easyrmtspcg.com/ to access your survey after the selected time. You can click on the website link or type the address into your web browser. If you haven't yet set up or don't remember your password, click "I forgot my password" to be issued a temporary password.

If you have any questions, please contact MDOARMTS@pcgus.com or 833-930-3544.

Thank you!

PCG

Surveys are sent via email. The participant is required to complete the survey in 48 hours. A reminder is sent at the 24th and 45th hours.

Example: Initial Question

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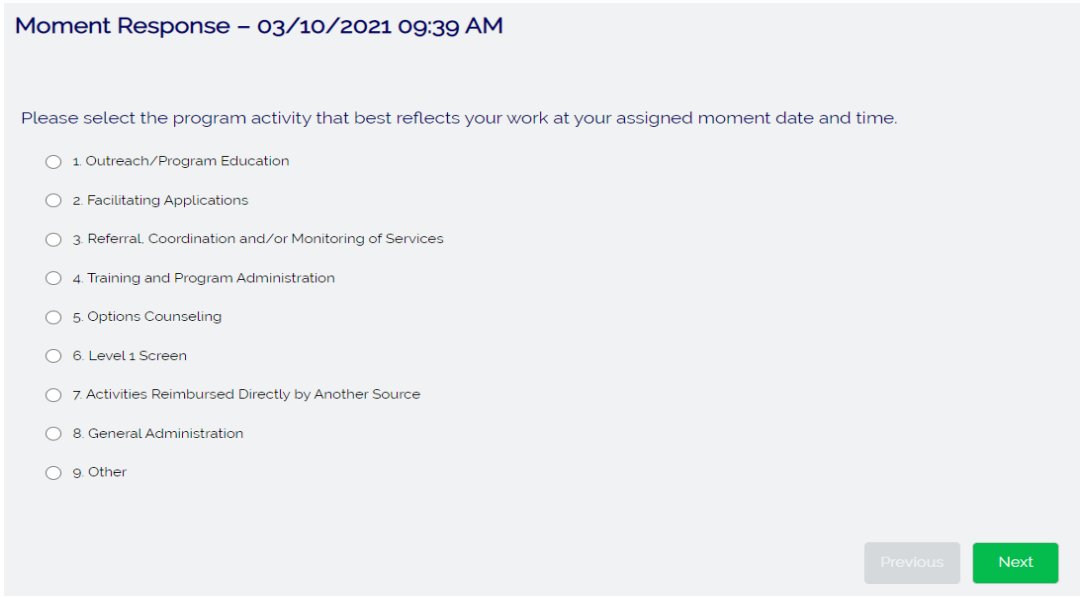
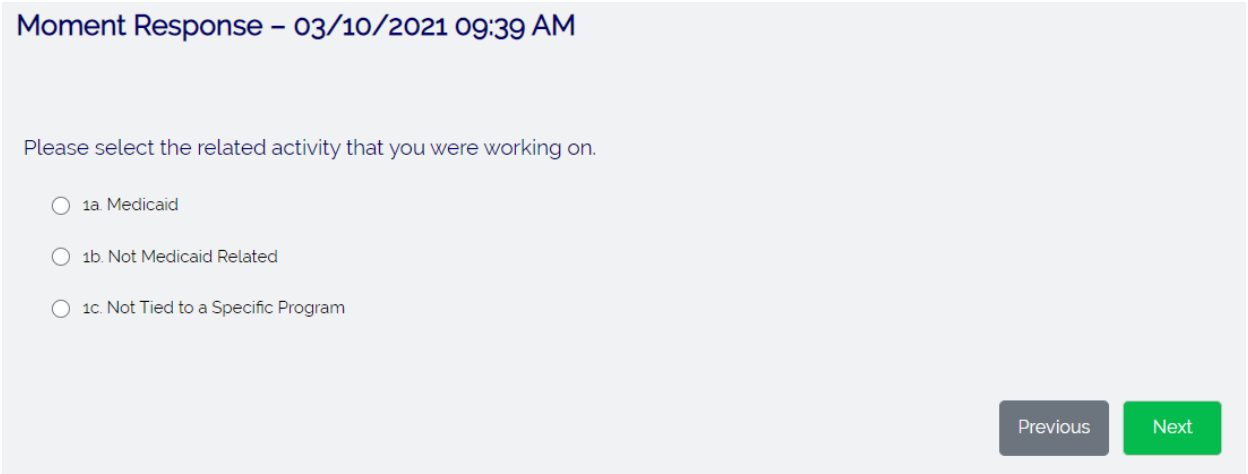


The participant selects a code.

Example: Activity Selection



Based on the selection, the participant could be asked to classify activity as it relates to Medicaid or non-Medicaid or Not Tied to a Specific Program.

Cost Pool Spreadsheet

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Indirect %		Only fill in cells that are white or yellow - do not alter formulas	County		Date Completed		SFY Quarter (Q?/201?)		Contact
Staff Name									
Staff Title									
Staff Role	Total								
Part time / Full time	0								

MAP Administrative Claiming Support Staff Worksheet

Salaries/Wages	$ -		Indirect %		0%						
Fringe Benefits	$ -										
Indirect on Salary	$ -										
Travel	$ -										
Vehicle Costs	$ -										
Training & Staff Development	$ -										
Telephone	$ -										
Telecom	$ -										
Postage	$ -										
Office Supplies and Materials	$ -										
Printing	$ -										
Association Dues	$ -										
Software	$ -										
Equipment, including maintenance	$ -										
Other Contractual Services	$ -										
Advertising/Marketing	$ -										
Other	$ -										
Subtotal	$ -	$									
Indirect Costs	$ -	$									
Overall Total (inc. support staff)	$ -	$									
Local Funds	$ -										
State Funds	$ -										
Total (Local + State)	$ -	$									
Maximum % that can be claimed											
Description of Cost Classified as Other											

											Support Staff C
			Name								
			Title								
			Role								
			Salaries/Wages								
			Fringe Benefits								
			Indirect on Salary	0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
			Travel											
			Vehicle Costs											
			Training & Staff Development											
			Telephone											
			Telecom											
			Postage											
			Office Supplies and Materials											
			Printing											
			Association Dues											
			Software											
			Equipment, Including											
			Other Contractual Services											
			Advertising/Marketing											
			Other											
			Subtotal		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
			Indirect Costs		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
			Support Staff	Total										Support S
				% time	0%									
				$		$	$	$	$	$	$	$	$	$

FY23 Revenue

- Total MAP Costs= $22,833,880.92
- Average statewide Medicaid claimable activity percentage= 52.78%
- Total Medicaid claimable costs= $12,041,105
- Total federal reimbursement= $6,020,553

Q & A

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Thank you!

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