

SENIOR INFORMATION & ASSISTANCE STANDARDS
APPENDIX A

TITLE XIX/MEDICAID
ADMINISTRATIVE CLAIMING PROCEDURES

Revised August 2006

Medicaid Administrative Claiming

Claiming Federal Financial Participation (FFP) for services which assist Medicaid recipients in gaining access to needed medical, social, educational, and other Medicaid covered services may be done for allowable Medicaid costs incurred by Area Agencies on Aging for Information & Assistance (I&A) activities. Claimed activities must be necessary for the proper and efficient administration of the Washington State Medicaid Plan as defined below. Activities must also be furnished to persons potentially eligible for Medicaid services, Medicaid applicants, and Medicaid recipients; and in some way be connected with determining eligibility or administering services covered under the State Plan.

Medicaid Administrative funds cannot be claimed for activities paid for by Medicaid through other mechanisms. Therefore, it is not available for the cost of the actual Medicaid services to which an individual is referred or for services already provided by TXIX Case Management. Administrative Claiming cannot be used for activities that may be beneficial to the recipient, but are unrelated to Medicaid (e.g. assistance in locating suitable housing, food stamps, energy assistance, social services, wellness programs, etc.)

Target Population:

1. Current Medicaid recipients not already served by Aging & Disability Services Administration (ADSA) Title XIX Case Management Programs;
2. Low income/asset individuals who are potentially eligible and in need of Medicaid services.

All eligible activities claimed must serve members of the target population.

When determining whether an activity is eligible for federal match as a Medicaid Administrative Cost, two basic rules apply:

1. Does the activity assist an individual to access a Medicaid service (of any kind)?
2. Is federal match already being received for this same activity (e.g., AAA case management, Medicaid brokered Transportation and Interpreter services)?

Medicaid Administrative Claiming Procedures

In order to ascertain the portion of time and activities that are related to administering the Medicaid program, each Area Agency on Aging must use a quantifiable measure of employee effort, or **time study**, approved by the State Unit on Aging. The time study must capture 100% of time worked and incorporate a comprehensive list of activities performed by staff whose costs are to be claimed under Medicaid. That is, the time study must reflect all of the time and activities (whether allowable or unallowable under Medicaid) performed by employees whose time is maybe spent on claimable activities. It must also distinguish Medicaid activities from similar activities that are not Medicaid reimbursable. This can be accomplished through the use of "parallel" time study activity codes. Direct tracking of the same level of information on daily time slips used for payroll is also an acceptable methodology in place of a time study.

Time Study Frequency

Programs must complete daily time studies one month out of every three month period. One week previous to each quarter, ADSA staff will inform AAAs which month the time studies must be completed.

Time Study Procedures

- A. Each time study participant must document **all** activities performed during the time study period whether allowable or unallowable under Medicaid. Total paid time off (breaks, sick leave, and holidays/vacations) must also be tracked. The Agency may choose to develop and use their own time study forms with approval from Aging & Disability Services Administration. Time must be tracked in fifteen-minute increments. Pre-approved optional ADSA forms, including an Individual Time Study; and Individual and Agency Time Study Summaries, are attached and available at <http://adsaweb.dshs.wa.gov/aaa/BF/Billing/>. The Time Study Summaries have hidden columns for additional activities as needed.
- B. Staff members will be responsible for classifying their activities and coding them appropriately (see next section for definitions, Medicaid reimbursable and non-reimbursable code categories). It is very important to assure that each staff applies the activity definitions consistently. Prior to conducting a time study, training of staff should occur to assure that definitions and activities are uniformly understood.
- C. To complete the Time Study Sheet each employee must:
 1. Track time in quarter-hour increments.
 2. For each activity, record the date, a brief description of the eligible activity, including client name or identifier, enter it in the appropriate activity section, and record the duration (e.g. 1.25 hours, .5 hours).
 3. Paid time off (break time, paid holidays, vacation, and sick leave) must be tracked. Paid time off must be reallocated across the other activity codes on a pro rata basis.
 4. Unpaid lunch time or any other non-paid time will not be coded or counted.
 5. Tally the totals for each category and report data to the appropriate local agency staff person for compilation.
- D. The agency must compile the results of all the Individual Time Studies an Agency Time Study Summary for each period indicated in the agency contract. As an option, the total time per category on the Individual Time Studies can be entered into Individual Time Study Summaries before being compiled onto an Agency Time Study Summary.
- E. The Agency Time Study Summary is used to determine the actual proportion of claimable staff time spent on activities eligible for Medicaid match. The Total Time in Medicaid reimbursable Activities is the Total Hours Claimable. When the time study is complete, the percent of time spent on claimable activities will be determined by dividing the total claimable hours by the total working hours in the time study period.

- F. Claimable costs are calculated using the percentage applied to the wages, benefits, and other costs appropriately allocated to support the time study participants in the agency’s accounting records for the billing period.
- G. Federal matching dollars can cover half of the claimable costs. The Agency must provide allowable local/state funding to match the Federal dollars.
- H. The Agency Time Study Summary must be used to calculate billings. The Agency Time Study Summary and Individual Time Study Sheets must be kept on file by the agency for audit purposes.

Time Study Activity Code Descriptions and Codes:

Staff should document time spent on each of the following activities:

CODE	INFORMATION & ASSISTANCE (I&A) ACTIVITY	INDICATOR
NON-MEDICAID I&A ACTIVITIES (A-L)		
A	Aging Network I&A	UA
B-L	Additional Non-Medicaid Activity performed by I&A Staff	UA
MEDICAID I&A ACTIVITIES (M-)		
M	Medicaid Outreach	AA
N	Pre-screening for Medicaid Programs	AA
O	Facilitating Application for Medicaid Programs	AA
P	Assisting clients to use Medicaid Services	AA
Q	Interagency Coordination for Medicaid Services	AA
OTHER I&A ACTIVITIES		
R	General Activities	RA

The indicators below, which follow each Code, provide the application of the FFP rate, the allowability or non-allowability designation, and the proportional Medicaid share status of the Code.

Unallowable Activities

UA Refers to an activity that is unallowable as administration under the Medicaid program. This is regardless of whether or not the population served includes Medicaid eligible individuals.

Allowable Activities

AA Refers to an activity that is 100 percent allowable as administration under the Medicaid program and claimable at the 50 percent non-enhanced FFP rate

Reallocated Activities

RA Refers to those general allocable activities performed by time study participants which must be reallocated across the other activity codes on a pro rata basis. These reallocated activities are reported under Code L (meetings, breaks, leave, etc.).

The following activity codes represent a model set of administrative activity categories. The agency must use codes for categories that match those used in their approved cost allocation methodology.

NON-MEDICAID I&A ACTIVITIES (UA):

A. Aging Network I&A – All information, assistance and referral functions of staff, as described in the Senior Information & Assistance Program Standards, that help inform individuals about programs financed by local, state, and Non-Medicaid federal (e.g. OAA) resources and assist eligible persons to gain access to these programs, including in-service training.

1. Program Publicity
2. Case Finding
3. Information Giving
4. Information & Assistance Screening
5. Assistance Referral
6. Client Advocacy
7. System Advocacy
8. Follow-up
9. Resource Database Development and Maintenance
10. Cooperative Relationship Development: Interagency Coordination and Working Agreement development

B-L. Additional Non-Medicaid Activity Performed by I&A Staff –The local agency can include as many Non-Medicaid activities/functions as they determine appropriate for the efficient and accurate accounting of time in which tasks are performed by I&A staff. Codes B-L refer to additional Non-Medicaid programs/functions performed by staff participating in the time study that are beyond the scope of Information, Assistance, and Referral. Appropriate activities might include Family Caregiver Support, Health Promotion/Disease Prevention, Medication Management, Senior Drug Education, Depression Screening, SHIBA HelpLine, Respite Prescreen, and additional functions, special projects or initiatives. Again, these categories must match those used in any time study that is part of the agency’s approved allocation methodology for relevant staff. Note: Additional columns are available for these activities in the Time Study Individual and Agency Summary worksheets, but are currently hidden,

MEDICAID I&A ACTIVITIES (AA):

M. Medicaid Outreach - Functions of staff that inform individuals about programs financed by Medicaid and how to access these programs.

1. Informing individuals, agencies, potential providers, practitioners and community groups about specific Medicaid programs
2. Informing individuals and their representatives served by the agency about their potential eligibility for Medicaid programs, including their rights and responsibilities.
3. Designing and carrying out strategies to inform high-risk population groups of Medicaid programs that will benefit them.
4. Necessary paperwork and staff travel time supporting this activity.

N. Pre-screening for Medicaid Programs - functions that evaluate an individual's appropriateness for participation in a given Medicaid program.

1. Necessary paperwork and staff travel time supporting this activity.

O. Facilitating Medicaid Application - Activities that directly assist clients who have been screened and appear potentially eligible to apply for Medicaid services.

1. Collecting information that is needed for eligibility determination, such as verification of resources, SSN, etc.
2. Assisting individuals in filling out and processing eligibility forms for Medicaid programs.
3. Gathering pertinent information to determine the nature and extent of the individual's need for additional Medicaid services.
4. Necessary paperwork and staff travel time supporting this activity.

P. Assisting Clients to Utilize Medicaid Services – Activities that directly assist non-case managed Medicaid recipients to participate in Medicaid services for which they are eligible.

1. Arranging for scheduling or coordinating the delivery of Medicaid services.
2. Providing follow-up contact to ensure that the individual received the Medicaid service identified as needed and available.
3. Developing referral resources of Medicaid providers for the individual to use.
5. Informing or arranging for Medicaid brokered transportation or interpreter services that assist a client to access Medicaid services.
6. Necessary paperwork and staff travel time supporting this activity.

Q. Interagency Coordination for Medicaid Services - This function is performed by staff when collaborating with Medicaid providers to:

1. Improve the cost effectiveness of the Medicaid service delivery system.
2. Identify, promote and develop needed Medicaid services.
3. Necessary paperwork and staff travel time supporting this activity.

OTHER I&A ACTIVITIES (RA):

R. General Activities– functions performed by staff who do allocable Medicaid activities that are in support of, but not directly assignable to Non-Medicaid or Medicaid activities. Functions include related paperwork, clerical activities or staff travel required to perform these activities. Certain administrative functions, such as payroll, maintaining inventories, developing budgets, executive direction, etc., are not included in this category. Below are typical examples of general activities, but they are not all inclusive.

1. Paid Leave: Breaks, Medical Leave, Annual Leave, Holidays, or other paid time not at work; but not including non-paid lunch period.
2. Establishing goals and objectives for planning purposes
3. Reviewing agency and/or program procedures and rules
4. Attending, providing, or facilitating staff meetings, training, or board meetings
5. Performing administrative or clerical activities related to I&A functions or operations, and including tabulation of daily time study data during the time study periods (limited to 15 minutes per day).