Panel

- Christina Neill Bowen, The Lewin Group
- Ami Patel, Administration for Community Living
- Steve Lutzky, HCBS Strategies
- Lisa Morley, Alaska Division of Senior and Disabilities Services
- Sara Tribe Clark, District of Columbia Office on Aging
District of Columbia

- Claiming amount: $2,000,000
- Percent of time Medicaid related: 55 to 70%
- Number of staff participating: 21
- Number of sites participating: 1
- CMS Approval: pending
## Alaska

<table>
<thead>
<tr>
<th></th>
<th>ADRCs</th>
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<tr>
<td><strong>Claiming Amount:</strong></td>
<td>$550,000</td>
<td>$380,000</td>
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<td><strong>Percent of Time Medicaid Related:</strong></td>
<td>70%</td>
<td>95%</td>
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<tr>
<td><strong>Number of Staff Participating:</strong></td>
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<td>10</td>
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<tr>
<td><strong>Number of Sites Participating:</strong></td>
<td>4</td>
<td>9</td>
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HCBS Strategies

- Assisted with developing Medicaid Administrative Claiming in:
  - AK
  - MD
  - HI
  - MN
  - NE
  - CO
Audience

- State Unit on Aging
- State Medicaid Agency
- Other State Agency
- AAA/ADRC
- CIL
- Other CBO
Agenda

- ACL, CMS & VHA Support for NWD Systems
- What is Medicaid Claiming?
- CMS Reference Document
- ACL Workbook and Tools
- State Examples
ACL, CMS & VHA Investments in No Wrong Door Vision

- CMS MFP Grants
- ADRC Grants
- ACL & CMS Care Transition Grants

Discretionary Grant Investments

- CMS MFP Findings
- NWD System Key Elements
- CMS Balancing Incentive Program

Policy & Research

- CMS NWD Claiming Guidance
- ACL NWD Claiming Toolkit
- VHA VDC Program

Sustaining Efforts
Medicaid Investment

Federal and State funded program

- In FY 2015, Medicaid accounted for 28.2% of a state’s total budget*
- 10.9% state funds and 17.2% federal funds*
- Medicaid spending (including administrative and operational dollars) totaled $574.2 billion in FY 2016†
- Medicaid is a component of the NWD System which is why the aging and disability network can help manage the growing budget expenditures

†Source: https://www.kff.org/medicaid/state-indicator/total-medicaid-spending/?activeTab=map&currentTimeframe=0&selectedDistributions=total-medicaid-spending&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

What is Medicaid Claiming?

- Medicaid Administrative Claiming (aka Federal Financial Participation (FFP)) is a way in which Medicaid reimburses agencies doing work that supports Medicaid programs.

- FFP is the Federal government’s share of a State’s expenditures under the Medicaid program.

- Payments made to States for part of their administrative expenditures in an approved State plan.

- Claiming requires a cost allocation plan amendment and inter-agency MOUs.
Flow of Claiming Submission

- CMS
  - Reviews claim in 64 Report
- State Medicaid Agency
  - Approves Medicaid % and requests reimbursement
- NWD Lead Agency
  - Monitors time studies
  - Calculates Medicaid %
- Aging and Disability Network Agencies*
  - Quarterly time study
  - Submits cost reports with matching dollars

Flow of Funding

- CMS
- State Medicaid Agency
- NWD Lead Agency
- Aging and Disability Network Agencies*

*Aging and Disability Network Agencies (ADNAs) = AAAs, ADRCs, CILs
What is the Value?

- Strengthens the case for State and local funding
  - Local money goes twice as far

- Demonstrates the value of transformative work at the state level
  - Efficiently managing Medicaid programs by connecting individuals to various state/local resources that prevent Medicaid spend-down and promotes nursing home diversion

- Fully taps into the Federal share of the operation of the Medicaid program
NWD System Local Organizations Involved with Medicaid Administrative Claiming

- Area Agencies on Aging
- Aging and Disability Resource Centers
- Centers for Independent Living
- Non-profits and government entities
NWD System Functions Eligible for Claiming

- Outreach and consumer education
- Referral, coordination, and monitoring
- Intake, application assistance
- Planning for future needs
- Screening
- Continuous quality improvement
- Program planning and training
Matching Funds

- Source of matching funds:
  - State general revenue
  - Local/county funds

- Methods of identifying matching funds:
  - Assessment of funding streams at local level
  - Explore all potential state funds
How Much do States Claim?

- Annual reimbursements vary
- Reimbursements are supporting ongoing sustainability of the NWD System:
  - Increased staffing
  - Training/staff development
  - Infrastructure
Medicaid Claiming Expansion

13 states currently claiming for NWD/ADRC activities
14 in the planning phase
No Wrong Door System and Medicaid Administrative Claiming Reimbursement Guidance

The No Wrong Door (NWD) System represents a collaborative effort of the U.S. Administration for Community Living (ACL), the Centers for Medicare & Medicaid Services (CMS), and the Veterans Health Administration (VHA), to support state efforts to streamline access to LTSS options for all populations and all payers. The state Medicaid agency is a critical partner and player within the NWD System conducting activities such as outreach, referral, assessment, functional and financial eligibility and even final determination which are all activities that are part of a state’s NWD System. Federal matching funds under Medicaid are available for costs incurred by the state for administrative activities that directly support efforts to identify and enroll potential eligibles into Medicaid and that directly support the provision of medical services covered under the state Medicaid plan, when those activities are performed either directly by the state Medicaid agency or through contract or interagency agreement by another entity. The purpose of the NWD System Medicaid Administrative Guidance (PDF) is to inform states about the appropriate methods for claiming federal matching funds, known as Federal Financial Participation (FFP), for Medicaid administrative activities performed through NWD Systems, and to ensure nonduplication for any such claims. To the extent that NWD System employees perform administrative activities under a
Workbook and Toolkit

**Toolkit**

**Phase 1 Tools:** Establish Costs and Document Medicaid Time

- 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

**Phase 2 Tools:** Develop Agreements and Approvals

- Tool Six - Cost Pool Guidance and Tool Six(a) Cost Pool Spreadsheet
- Tool Seven - Sample MOU Language
Tool 1: Engage a NWD Claiming Team
## Tool I: Project Work Plan

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<th>ID</th>
<th>Task Name</th>
<th>Target Date</th>
<th>Staff Assigned</th>
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<tbody>
<tr>
<td>1</td>
<td>Building support for Medicaid administrative claiming for NWD/ADRC (Tools 2 &amp; 3)</td>
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<td>2</td>
<td>Identify potential codes by evaluating workflows and day to day NWD activities (Tool 4)</td>
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<td>3</td>
<td>Develop approach for time study (Workbook)</td>
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<td>4</td>
<td>Code clarity pilot (Tool 5)</td>
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<td>5</td>
<td>Test time study (Workbook)</td>
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<tr>
<td>6</td>
<td>Develop cost pool infrastructure (Tools 6 &amp; 6a)</td>
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<td>7</td>
<td>CMS approval (Tool 7)</td>
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<td>8</td>
<td>Implementation</td>
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Tools 2 and 3: What is the Value?

- PowerPoint presentation slides to make the case – why state and local stakeholders should engage in Medicaid Claiming
- Outlining roles and responsibilities
- Listing potential functions/activities and methodologies
Tool 4: Cost Simulator

- Method for identifying sources of matching funds
- Simulates potential FFP reimbursement
- Goal to diversify funding streams
Tool 5: Code Development Guidance

- Become familiar with the sample codes in the Reference Document
- Review local agency operations and workflow
- Evaluate what codes may work from other state-approved codes
- Consider a pilot time study to test codes and definitions
## Time Study

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<tr>
<th>Type</th>
<th>Pros</th>
<th>Cons</th>
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<tr>
<td>Random Moment Time</td>
<td>- Minimal burden</td>
<td>- Setting up the system</td>
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<tr>
<td>Study</td>
<td>- High accuracy</td>
<td>- Time intensive if done internally</td>
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<tr>
<td>100 Percent Time</td>
<td>- Simple tool</td>
<td>- Burdensome on staff</td>
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<tr>
<td>Tracking</td>
<td>- CMS familiarity</td>
<td>- Low accuracy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- CMS familiarity</td>
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Testing and Refining Codes

**Code Clarity Pilot**
- Evaluate code language
- Ensure codes reflect all staff activity
- Refine definitions

**Estimated FFP Pilot**
- Develop cost and time estimates for claiming projections
- Establish a baseline of Medicaid related time
Training Essentials

- Purpose
- Planned approach
- Code definitions
- Time reporting
- Examples and Scenarios
Roles and Responsibilities: Operating Agencies

- Run and oversee time studies
- Gather staff costs via identified methodology
- Ensure appropriate staff participate in the time studies
- Provide quarterly claims to the state Medicaid agency for reimbursement
- Disburse administrative funds to the local sites
- Develop quality assurance mechanisms to ensure compliance with fiscal and program expectations, including training, fiscal reviews, and time sample reviews
Roles and Responsibilities: Local Agencies

- Ensure all appropriate staff performing reimbursable activities participate in the time study
- Complete fiscal spreadsheets each quarter to include all non-federal dollars allocated to supporting reimbursable tasks and staff
- Review and establish intake and triage workflows
- Attend trainings and participate in time studies
Tool 6 and 6a: Cost Pool Guidance

- Standardized spreadsheet to report on total costs associated with each time study participant.
- Entities developing the claiming infrastructure should adapt this spreadsheet to reflect accounting categories and practices in their state.
- The guidance for filling out the spreadsheet can be adapted to serve as training for agency fiscal staff responsible for completing the spreadsheet on a quarterly basis.
Recommended Chain of Agreements for Drawing Down Administrative Funds

- CMS
- Medicaid Agency
- Operating Agency (if not Medicaid)
- Local Agencies
Tool 7: Sample MOU Language
Medicaid Claiming Webinar Series
Recordings Available

- Webinar 1: Introduction to FFP and Medicaid Claiming Tools
- Webinar 2: Phase I (Creating a Work Plan, Engaging Partners, and Estimating Amounts)
- Webinar 3: Phase II (Drafting and Testing codes, Calculating Cost Pools, Drafting MOUs)
Technical Assistance

- Awareness of Medicaid claiming for NWD activities
- Assistance in identifying state or local match
- Engaging with the Medicaid Agency
- Lack of resources for planning
- Peer learning and connection to states
- Other
Technical Assistance

Questions? Contact us at NoWrongDoor@acl.hhs.gov