ACL Medicaid Claiming Webinar 1

March 15, 2018

Transcript

- Ami Patel: [Slide 1] Thank you everyone for joining us on a webinar for NWD System Medicaid Claiming. I work on the NWD Initiative here at ACL. Prior to this position, I worked for MD's Department of Aging, helping to build the claiming structure for MD's ADRCs. I am excited to be here to talk about this topic at a national level. A quick reminder to mute your phones and use the chat feature to submit questions throughout. We will try to address them towards the end of the webinar.

  [Slide 2] So, a quick review of today's agenda. We will go through a schedule for future webinars and office hours on this topic. Then, we will look at the background of NWD systems and the partnerships that have come in to play. Then, we'll spend a majority of the time talking about what Medicaid claiming is and what states in the area are currently doing. And then discuss TA opportunities in detail. Towards the end, we will hear state experiences from MD and DC.

  [Slide 3] This is the first of a series of webinars we plan to host on this topic. Today will mostly focus on the background and we will introduce the tools and TA opportunities. And then the following webinars will focus on each of the tools in detail. You'll also notice that we will be holding ACL office hours following each of the webinars. These will be opportunities to have one on one discussions to talk about your question sin detail. To promote a virtual networking opportunity that is different than a formal presentation. The first ACL office hours will be held this time next week on Thursday, March 22nd. We will provide more information at the end of this webinar and plan to communicate with you all via email so that you have the details for each of these upcoming webinars.

  [Slide 4]

  Poll question 1:

----- Start:02:03:45 PM------

1. Please select which type of agency you represent:

(Apply:02:04:40 PM)

a. State Unit on Aging 12/68 (18%)

b. Medicaid Agency 9/68 (13%)

c. Other State Agency 10/68 (15%)

d. AAA/ADRC 7/68 (10%)

e. CIL 1/68 (1%)

f. Other CBO 3/68 (4%)

g. Federal Partner 5/68 (7%)

No Answer 21/68 (31%)

Looking at the results, we have a quite a bit of diversity on the phone. This is good because we will touch on some responsibilities on both the state and local levels as we talk about Medicaid claiming. Thank you for answering that question. I will now turn it over to Joseph Lugo to talk about the NWD vision.

- Joseph Lugo: [Slide 5] Thank you, Ami. I'd like to provide a little context based on feedback from this work. One conversation I like to have with my daughter is about music. When we talk about new artists or a hit song, more often than not, we discover that the artist isn't really new, but they are just breaking through with a new song. In a similar way, as we kick off this webinar, we recognize that claiming is not something new. CMS supporting states access functions through Medicaid dollars is not new, however, there are new resources we want to bring to your attention.

  The first major takeaway is both ACL and CMS recognize the need to invest in the infrastructure of a state access system. Through discretionary grants (ADRC, MFP, balancing incentive program), both ACL and CMS have been able to invest in access function since 2003.

  The second thing to takeaway is that ACL, CMS, and Veterans Health Administration (third key partner in NWD) – we recognized our terminology was different. We needed our language to be widely understood in order to sustain and fund the access systems. In 2012, we collectively worked with 8 leading states on defining key elements of a NWD system. From my perspective, this product was a hit. For the first time, we were on the same page at the federal level and working with states. And it continues to pay off. Just last week, we learned that the NWD system key elements were incorporated into the HHS Strategic Plan 2018-2022. We didn't stop there.

  The final takeaway is that the idea of claiming is more attainable and relevant with the recent resources that came out, like the NWD Guidance and NWD Toolkit. Ami Patel planted this seed to become a reality. The entire series will showcase the collaboration between ACL and CMS is really helping to support states.

  [Slide 6] The main purpose of this slide is that even though we are talking about claiming and getting reimbursed for access functions within your state, the reason why ACL/CMS/VHA are making these investments is because there is sound justification to support a streamlined and coordinated access system to community based services – less costly and where individuals and families want to live. In the most recent example, just last month, CMS released the early use report for individuals on Medicaid looking across 16 states (2009-2018). It shows the fiscal importance of starting your LTSS journey in the community.

- Ami Patel: [Slide 7] Thank you, Joseph. This next slide leads us into why we are talking about Medicaid claiming. Medicaid is funded by both federal and state programs. To give us a scale of the Medicaid budget, Medicaid accounted for 28% of state's total budget

(including 10% coming from state, 17% coming from federal) in FY 2015. In terms of spending (both admin and operational costs), Medicaid totals over $574 billion in FY 2016. Both state and federal entities have a stake in managing this large budget. Medicaid is very much a component of the NWD system, which is why the A&D network can help to manage this growing budget. The activities happening at local level are functions and activities eligible for Medicaid claiming.

[Slide 8] So what is Medicaid claiming? You may have heard the term Federal Financial Participant (FFP). It is a way in which Medicaid reimburses agencies doing work that supports Medicaid programs. Federal regulation defines FFP as a federal government's share of a state's expenditures under Medicaid, which is why states have to submit their administrative expenditures through a cost allocation plan amendment (50% reimbursement for admin activities). Key word here is reimbursement, not direct payment or fee for service.

[Slide 9] This slide gives us an idea of the process. Starting with the blue chart, which actually starts backwards. A&D network agencies are responsible for identifying time spent on Medicaid related activities (quarterly time study reports and cost reports to NWD lead agency). NWD lead agency then monitors time studies and calculates a Medicaid percent, which then is submitted on a quarterly basis to state Medicaid agency who approves percentage and requests reimbursement form CMS by submitting a quarterly 64 report. Important note: the local A&D network agencies will have individual MOUs with the NWD lead agency (state unit on aging, department of disabilities) in order to outline roles and responsibilities of Medicaid claiming, methodologies for claiming. In addition, NWD lead agency would have an interagency MOU with Medicaid to ensure that Medicaid percent can be calculated and submitted as a claim on a quarterly basis.

So given the submission process, it then allows for funding to flow in the opposite direction. CMS would approve the quarterly claim, send funding through to Medicaid agency, back to NWD lead agency, who would then do individual reimbursements back to the local level A&D network agencies. Everyone has a role and it's important to recognize that the MOUs and interagency agreements are the key components to making sure this process can happen.

[Slide 10] What is the value of Medicaid claiming? It strengthens the case for state and local funding. 50% reimbursement, so the other 50% is coming from state and local match. Medicaid claiming demonstrates that the ADRC/NWD network promotes independence and community living by connecting individuals to various local and state resources we are preventing Medicaid spend down and nursing home diversion. Thinking back to the blue chart, we are fully tapping into that federal share of the Medicaid program. We'll hear from states later on about their successes and how claiming has been valuable for them.

[Slide 11] Listed here are the local entities participating in Medicaid claiming: AAAs, ADRCs, CILs, nonprofits, and government entities. Through contracts and MOUs, state and local matching funds can be allocated so that nonprofits and government entities can participate.

[Slide 12] This ties into how A&D network is helping to manage the Medicaid system. These are activities that are already happening at the local level: outreach and consumer education, intake and application assistance, planning for future needs – person centered

counseling (having conversation about person's needs and goals to direct them to the right community based resources), triage and screening to prevent Medicaid spend down, continuous quality improvement, and administrative functions related to program planning and training. We are recognizing again that the Medicaid agency including the enrollment functions are a part of the NWD system.

[Slide 13]

Poll question 2:

------ Start:02:18:38 PM------

2.If you are currently claiming or planning to claim, what functions are you claiming for? (check as many as apply)

(Apply:02:20:29 PM)

a. Outreach 28/91 (31%)

b. Assistance with Medicaid application 31/91 (34%)

c. Person-centered counseling 30/91 (33%)

d. Inter-agency coordination 21/91 (23%)

e. Continuous quality improvement 12/91 (13%)

f. Other 16/91 (18%)

No Answer 46/91 (51%)

Looking at the results, this reminds us that these are day to day activities happening at the local level, which states and local entities are taking advantage of in terms of maximizing the Medicaid claiming potential. We see the most participants choosing outreach and assistance with Medicaid applications.

[Slide 14] There has to be a method in place to calculate the time spent on Medicaid related activities. These are two examples of what we know states are using now. 100% time tracking/daily log – coding at specific increments throughout the day. Random moment times studies – coding at time receiving survey, completely random, number of surveys staff receives varies, surveys typically generated by web-based software system.

[Slide 15] Other 50% of matching funds is from non-federal sources: state general revenue or local/county funds. States have to first do an assessment on how staff across NWD system are funded and be able to shift around those state or local dollars to ensure there is sufficient match available across.

[Slide 16] Various factors that come into play when considering how much states are complaining vary across the board – depends on number of staff participating, amount of matching funds, coding structure, and other elements related to Medicaid claiming. Most states are claiming $500,000 – $2 million per fiscal year. We have a state that has invested

a lot of state dollars and emphasized consistent training and they claim about $28 million per year. Reimbursements go into supporting NWD system to increase training, staff development, and infrastructure.

[Slide 17] In the blue states, we know of 11 states that are currently claiming for NWD activities. In the yellow states, 16 are in different levels of planning phase (beginning to engage with Medicaid agency, identifying pros, or drafting cost allocation plans and submitting to CMS).

[Slide 18]

Poll question 3:

------ Start:02:24:07 PM------

3. Do you have Medicaid claiming in place for NWD System functions?

(Apply:02:25:00 PM)

a. Yes 13/92 (14%)

b. No 3/92 (3%)

c. Planning 25/92 (27%)

d. Don't know 13/92 (14%)

No Answer 38/92 (41%)

Poll question 4:

------ Start:02:25:29 PM------

4.If your state is not claiming, what areas of TA would be most beneficial? (you may select more than one)

(Apply:02:26:57 PM)

a. Awareness of Medicaid claiming for NWD activities 26/92 (28%)

b. Assistance in identifying state or local match 14/92 (15%)

c. Engaging with the Medicaid Agency 20/92 (22%)

d. Additional resources for planning 29/92 (32%)

e. Peer learning and connection to states 28/92 (30%)

No Answer 46/92 (50%)

[Slide 19] In addition to the guidance submitted by CMS, ACL put together a workbook and toolkit on Medicaid administrative claiming. This toolkit was developed in

collaboration with states. We held a workgroup where states provided feedback on the tools. The tools are officially posted on NWD website as downloadable documents.

[Website] Under the "our initiatives" section, you will see "sustaining a NWD system." The beginning of the page goes into NWD background. There is a direct link to CMS guidance. We recommend you read this guidance first. It provides steps for claiming, a high level overview, and how Medicaid is a component of NWD system. The specific steps that are outlined in CMS guidance are listed in this chart. The idea behind this workbook and toolkit was to provide a tool to guide states through each of these steps, based on two different phases: Phase 1 – assessing readiness and documenting Medicaid time, and Phase 2 – developing agreements and approvals. The tools for phase 1 are really valuable even if you are not claiming right away because they provide an assessment of your NWD staff and what the costs are to support them. Below this chart is where you will find the NWD claiming workbook, which talks about each tool and steps in more detail. Use this workbook side by side with each of the tools.

- Phase 1
    - Tool One – Project Work Plan; provides a description of high level steps for moving forward with claiming implementation; includes space for timeframes and responsibilities of staff.
    - Tool Two – Presentation for State Level Partner Agencies; introduces idea of claiming, talks about value and what Medicaid claiming means
    - Tool Three – Presentation for Stakeholders; gets local agencies involved, identifies roles and responsibilities
    - Tool Four – Cost Simulator; enter NWD staff and funding sources; calculates potential FFP reimbursement
    - Tool Five – Code Development Guidance; detailed description of potential codes and activities to consider that are reimbursable; includes visual with decision tree
- Phase 2
    - Tool Six and Six(a) – Cost Pool Guidance and Cost Pool Spreadsheet; local entities use to report on their costs. This is just one example of how to report on costs – some states already have existing fiscal systems or standardized spreadsheets.
    - Tool Seven – Sample MOU Language; states adapt language to use when developing agreements between operating agency and Medicaid agency.
    - The webinars scheduled over the next few months will go into detail about each of these tools and how to use them.

[Slide 20] This slide reiterates the additional TA we offer to support states in making the most of existing funding streams they have and maintaining diversity of funds. Workbook and tools are downloadable. We plan to hold additional webinars and follow-up office hours. We hope to add state-specific resources to the website which include case studies we've drafted (FL, MD, MT, NJ) – opportunity for peer to peer learning.

- Christina Bowen: [Slide 21] Thanks, Ami. I also want to thank Lisa for letting us know that Alaska is claiming. We can update the map. Now, we are going to hear from some of your peers. Peer learning is a huge catalyst for some of the tools developed. We will hear from MD and DC on how they began working on claiming and what they are now up to. We have Eram Abbasi from MD and Sara Tribe Clark from DC with us to answer questions. How did your state begin working on Medicaid claiming? Motivations?

  Eram Abbasi: Early 2013 is when ACL's ADRC funding started to run out. We started looking at other ways to sustain our ADRC model and looked at what other states were doing. In 2014, we started working with local staff to understand amount of time we spent on Medicaid related activities by piloting both the random moment time study and daily log. We received feedback from staff on their experience and amount of time spent on Medicaid related activities. We opted for the random moment time study. The motivating factor was that we kept our ADRC model going the way we built it.

  Sara Tribe Clark: DC submitted claims throughout FY 2017, although our cost allocation plan has not been officially approved. Been working back and forth with CMS on an amendment – this is not uncommon. We began our Medicaid claiming process because our ADRC has been working since 2014 with DC's Medicaid office (Dept. of Healthcare Finance). We started working with them on Medicaid enrollment for our Elderly and Persons with Physical Disabilities (EPD) Waiver. We had an MOU with DHCF and the MOU kept growing because our need for enrollment specialists kept growing. They also wanted us to do Medicaid enrollment for state plan Medicaid adult day health program. We kept expanding until Medicaid said we need to have a cost allocation plan because the MOU is getting too big. They helped us set the allocation plan up. We did a quick pilot for random moment time study. Medicaid connected us with a consultant (Sivic) that guided us, giving us background info and support for drafting the plan and determining decision points. DHCF was very helpful in figuring out who to include/not include for random moment time study. Our experience differs from other states due to assistance from Medicaid. Throughout 2014 and 2015, we did an extraordinary amount of collaboration with Medicaid.

- Christina Bowen: Eram Abbasi, organizations involved and who helped put together plan?

  Eram Abbasi: We worked with HCBS Strategies, DA, DOH with initial process of putting plan together. For software, we went with IVA which carried out the random moment study.

- Christina Bowen: Collaboration between Medicaid agency in development of plan?

  Eram Abbasi: We had a lot of staff changes. I was not part of the initial planning team. I was more involved in responding to time studies. During initial phase, my supervisor and the Medicaid director worked closely to understand how much time of our local staff is spent on Medicaid related activities. Medicaid helped us draft this plan which was then submitted to CMS.

- Christina Bowen: What have been some of your main successes and how much FFP have you been able to draw down?

  Sara Tribe Clark: For 2017, we were able to draw down almost $2 million for our first year of Medicaid claiming. We've been increasing the amount of time reported because

we've been getting better at getting staff to correctly report. Being able to be steady enough in our Medicaid reporting was a big win for us (budgeting in with local share). For this fiscal year, we are in a good place. 65-72% Medicaid. Our information and referral team and social work team – we have been able to depend on those funds. It is easier to do claiming than to do ongoing MOU.

Eram Abbasi: Our main success is being able to sustain our ADRC model. With the help of FFP, some counties are receiving more than their initial ADRC grant. A lot of this additional funding is used to help counties expand on other programs and partnerships, and reduce waiting lists in programs within agencies. We didn't start to claim until fourth quarter of FY16. We have 2 years of data and have claimed over $5.8 million.

- Ami Patel: [Slide 22] We are going to have the first of our office hours next week, March 22, 2018 from 2-3 PM EST. We will send registration link via chat feature and through email.

  Christina Bowen: Office hours are an opportunity to sit with ACL and TA providers. You can ask specific questions. If those times don't work, feel free to contact NWD mailbox so we can help answer questions specific to your state.

  Ami Patel: We hope to have additional states who are claiming or planning to claim on these office hour calls and future webinars so we can hear more about their experiences.

  Opens line for questions from attendees

- Question: How are quarterly time studies used?

  Eram Abbasi: Random moment time study means staff gets a randomly selected email asking them what they're working on at that point of time. There are 9 codes to pick from. Random emails are sent throughout the quarter.

  Sara Tribe Clark: This is part of the work with DHCF upfront because we needed to have an agreement with them to back up what we were supposed to be claiming for Medicaid. We worked a lot with MD too because we were trying to figure out if options counseling counts and what can be counted as Medicaid. We get a lot of clients seeking Medicaid services who are not on Medicaid yet, other folks have Medicaid but can't be found in Medicaid system. During a training we had with ACL, MD mentioned they were able to claim for options counseling, so that is something we claimed in our plan. We trained our staff on what constitutes Medicaid and non-Medicaid options counseling. People get an email through the course of their week, and they report their work at the moment they receive the email – quick response. Our agency (Sivic) does this across the district and they create a system that is valid. ~2,025 per quarter – not 100% of time, but still a large number.

- Question: Can someone speak to claiming for information and referral?

  Sara Tribe Clark: Our information and referral team is all part of random moment time study. We have 7 staff members who receive random moments in time throughout the day. If they choose information and referral as a program, they have a mix of Medicaid and non-Medicaid choices. Medicaid outreach or program education is one. Completing intake form for a Medicaid client – for example, if someone calls in about a waiver, they are often on state plan Medicaid. Even if not, we can consider it Medicaid options counseling

due to volume of work getting someone into HCBS waiver. Medicaid referral coordination and monitoring – for people enrolling into a program that we are assisting them with. We also refer people for state plan Medicaid adult day health, regular Medicaid. Medicaid reporting – if we are getting into our case net system for case management, our information and referral team has access to this database. These are Medicaid claiming items (includes any Medicaid related training).

Eram Abbasi: We also have set tasks under information and referral including outreach, facilitating applications, referral, training, person centered counseling – all tasks under information and referral. The codes reflect those tasks. We have about 150 staff participating statewide in random moment time study. Most of what they do is Medicaid related and information and referral.

- Question: What consultant did Sara mention?

  Sara Tribe Clark: Sivic Solutions Group

- Question: Is there a consultant well-versed in the area you'd recommend to do more hands on holding with this?

  Sara Tribe Clark: DHCF was already working with Sivic, who has already been working in DC. They definitely hand held us. Sivic's input of years doing this for CMS and understanding cost allocation plan benefited us. DHCF (more local) supplemented that.

  Eram Abbasi: We worked with HCBS strategies who helped with planning of FFP. They (and IVA) helped us be more successful.

  *Ami Patel: *Closing words**