NWD System Medicaid Claiming

January 10, 2019

Panel

- **Ami Patel**, Administration for Community Living

- **Erika Robbins**, The Lewin Group

- **KenYada Blake**, Mississippi Department of Human Services

- **Kristyn Gunter**, Southern Mississippi Planning and Development District

- **Carlos Moya**, ALTSD Director of Operations-Consumer & Elder Rights Division Director, New Mexico Aging & Long-Term Services Dept.

- **Ann Olson**, Director of the Office for Resource Development, Wisconsin Department of Health Services, Bureau of Aging and Disability Resources

- **Christine See**, Regional Quality Specialist with the Office for Resource Center Development, Wisconsin Department of Health Services, Bureau of Aging and Disability Resources

Wisconsin

- **Annual Claiming amount:** 30M

- **Percent of time Medicaid related:** approximately 80%, 39-40% federally funded

- **Number of staff participating:** 600-700

- **Number of sites participating:** 48 ADRCs will be participating in 2019 (covers all 72 WI counties)

- **CMS Approval:** 1999

New Mexico

- **Annual Claiming amount:** Current Government Services Agreement (GSA) - $5,500,000 for five years. All GSA are in five year increments.

- **Percent of time Medicaid related:** 99.62%

- **Number of staff participating:** 29 employees

- **Number of sites participating:** ADRC Centralized, three community sites

- **CMS Approval:** prior to 2007

Mississippi

- **Annual Claiming amount:** $1.2M Total ($600,000 Federal max)

- **Percent of time Medicaid related:** approximately 95-97%, 47-48% federally funded

- **Number of staff participating:** 15

- **Number of sites participating:** 3 Planning and Development Districts, with 5 sites, covering all 82 MS Counties

- **CMS Approval:** BIP Pilot 2014, 2017

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
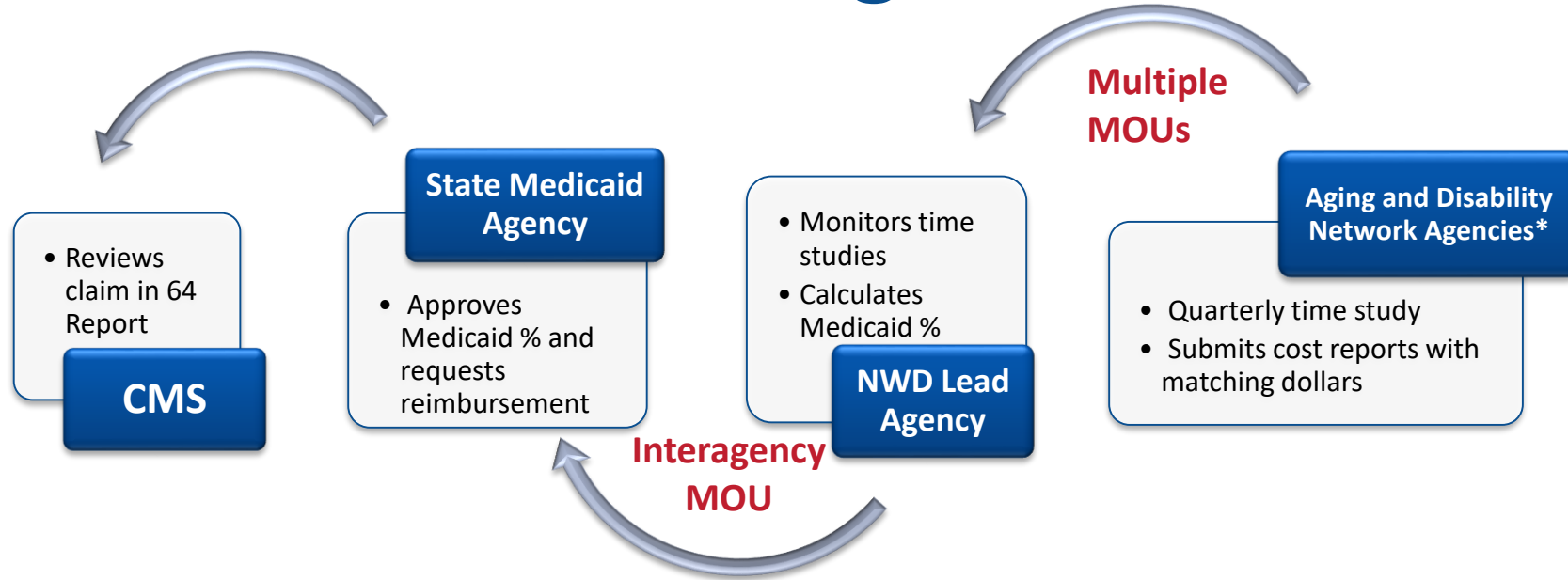- VHA VDC Program

Sustaining Efforts

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

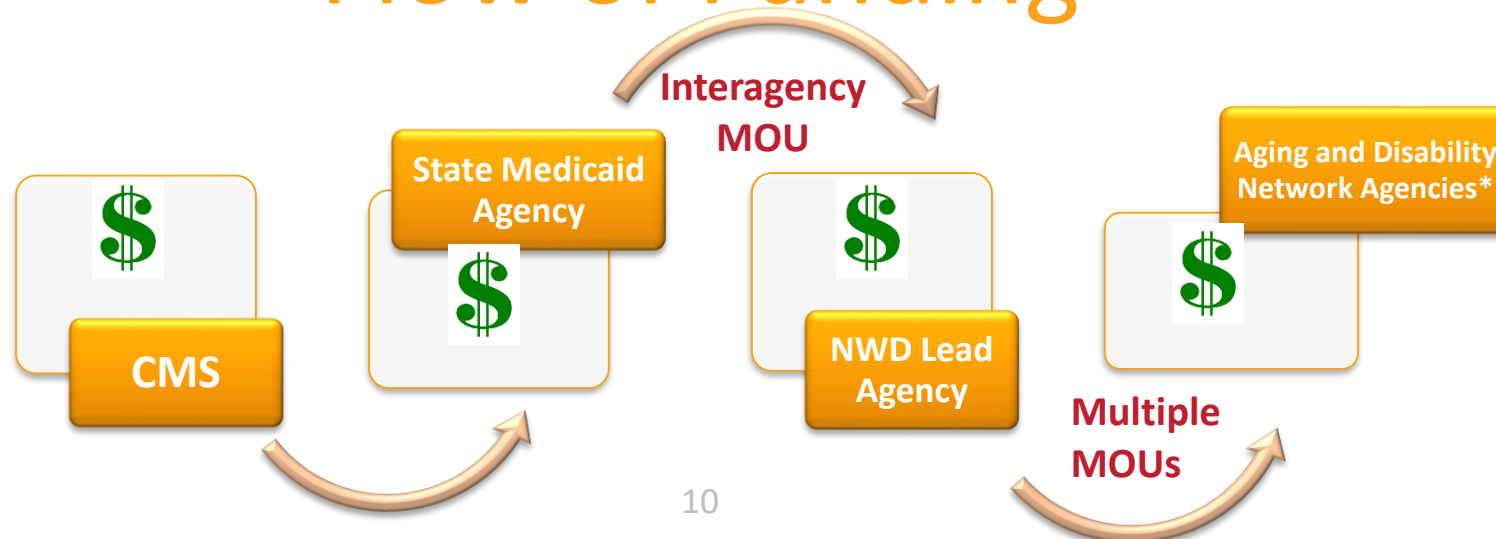- Claiming requires a cost allocation plan amendment and inter-agency MOUs

Flow of Claiming Submission

NO WRONG DOOR

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

Multiple MOUs

Interagency MOU

Flow of Funding

Interagency MOU

Multiple MOUs

*Aging and Disability Network Agencies (ADNAs) = AAAs, ADRCs, CILs

$ CMS

$ State Medicaid Agency

$ NWD Lead Agency

$ Aging and Disability Network Agencies*

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ACL
Administration for Community Living

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

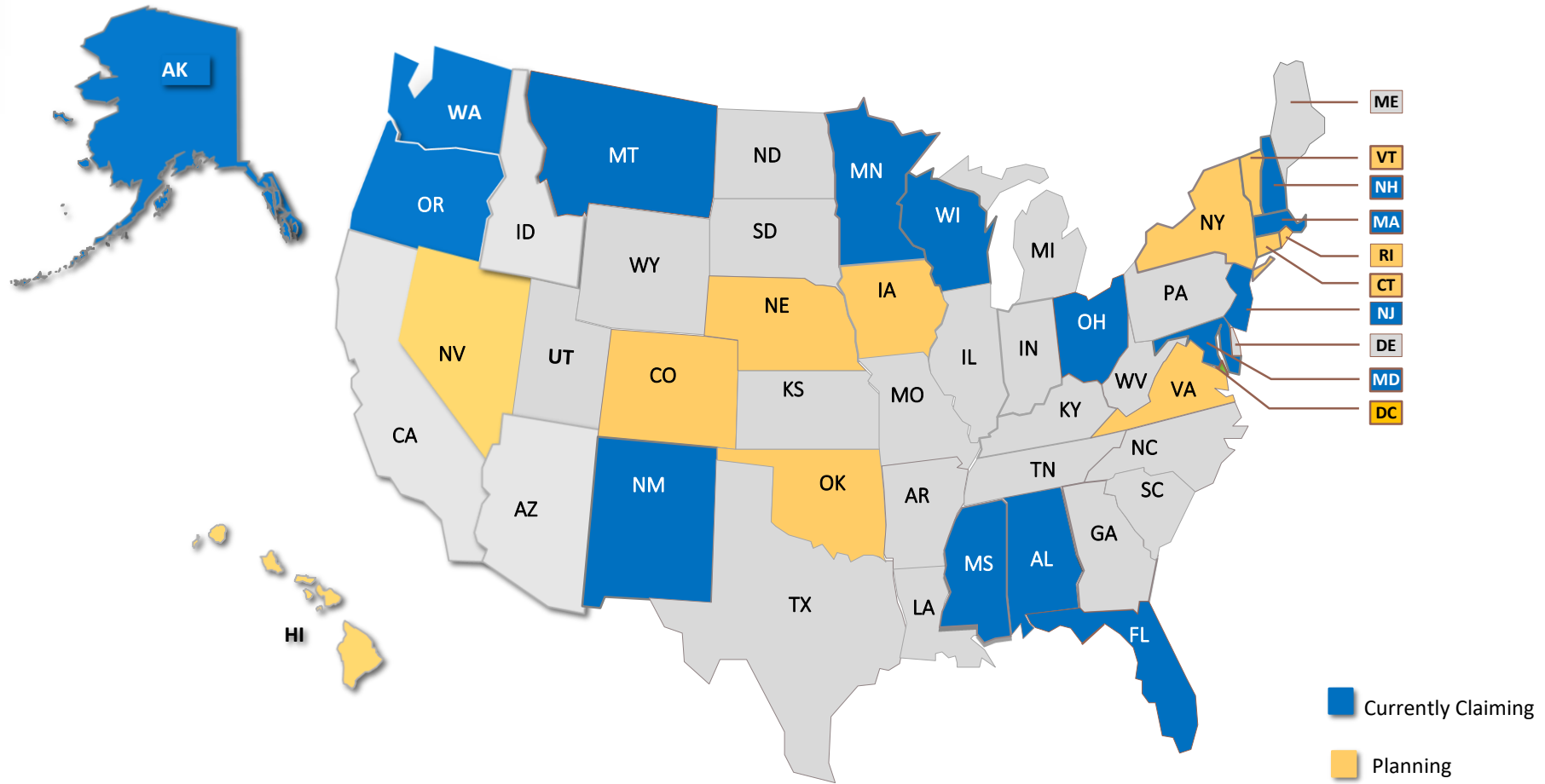 - Explore all potential state funds

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

15 states currently claiming for NWD/ADRC activities
12 in the planning phase

CMS Reference Document

Medicaid.gov
Keeping America Healthy

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Medicaid Administrative Claiming

LTC Ombudsman Programs

No Wrong Door

Translation and Interpretation

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 982.27 KB) 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 non-duplication 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

ID	Task Name	Target Date	Staff Assigned
1	Building support for Medicaid administrative claiming for NWD/ADRC (Tools 2 & 3)		
2	Identify potential codes by evaluating workflows and day to day NWD activities (Tool 4)		
3	Develop approach for time study (Workbook)		
4	Code clarity pilot (Tool 5)		
5	Test time study (Workbook)		
6	Develop cost pool infrastructure (Tools 6 & 6a)		
7	CMS approval (Tool 7)		
8	Implementation		

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

Type	Pros	Cons
Random Moment Time Study	- Minimal burden - High accuracy - CMS familiarity	- Setting up the system - Time intensive if done internally
100 Percent Time Tracking	- Simple tool	- Burdensome on staff - Low accuracy - CMS familiarity

Training Essentials

- Purpose

- Planned approach

- Code definitions
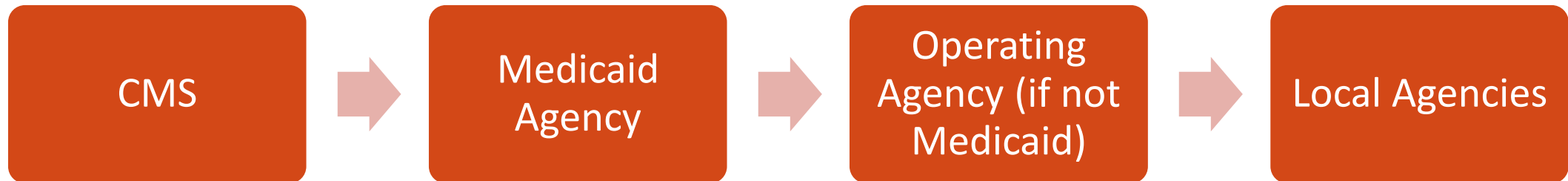
- Time reporting

- Examples and Scenarios

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.

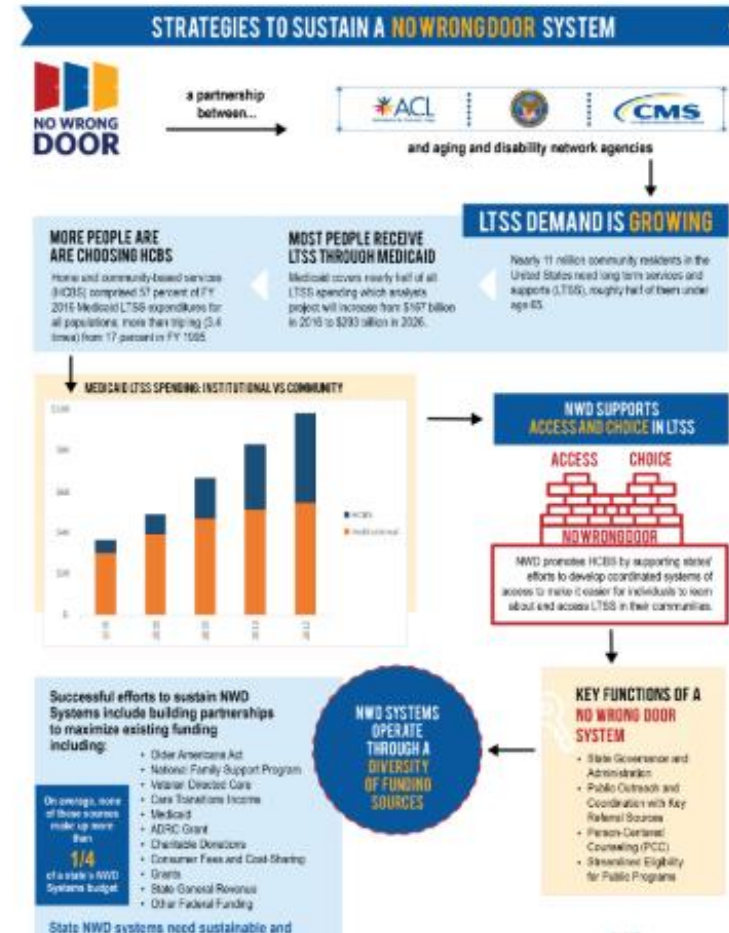# Recommended Chain of Agreements for Drawing Down Administrative Funds

CMS → Medicaid Agency → Operating Agency (if not Medicaid) → Local Agencies

Tool 7: Sample MOU Language

Additional Resources – Webinar Recordings and Infographic

▪ 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)

Final Thoughts from the Panel

- What have been your main successes?

- What are key points of advice for states looking to claim or expand claiming?

Technical Assistance

Questions? Contact us at

NoWrongDoor@acl.hhs.gov