

*Obtaining and Implementing Medicaid
Administrative Federal Financial
Participation (FFP) for Aging and
Disability Resource Centers (ADRCs)
in Hawaii and Maryland*

Hawaii Executive Office on Aging- Caroline Cadirao, Debbie Shimizu
Maryland Department of Aging- Ami Patel
Maryland Department of Health and Mental Hygiene- Devon Mayer
Administration for Community Living- Joseph Lugo
HCBS Strategies, Inc.- Steven Lutzky, Andrew Cieslinski

Joseph Lugo

Administration for Community Living

Agenda

- ▶ Overview of FFP and why it should be pursued
- ▶ Overview of FFP infrastructure
- ▶ Discussion of Maryland's FFP infrastructure
- ▶ Hawaii's adaptation of Maryland's infrastructure
- ▶ Role that ACL can play in supporting FFP effort
- ▶ Questions and comments



Presenters

- ▶ Hawaii Executive Office on Aging
 - ▶ Caroline Cadirao, Grants Chief
 - ▶ Debbie Shimizu, ADRC Network Lead
- ▶ Maryland Department of Aging
 - ▶ Ami Patel, ADRC Operations Specialist
- ▶ Maryland Department of Health and Mental Hygiene
 - ▶ Devon Mayer, Former Money Follows the Person Project Director
- ▶ Administration for Community Living
 - ▶ Joseph Lugo, Team Lead for the Office of Consumer Access and Self-Determination
- ▶ HCBS Strategies, Inc.
 - ▶ Steve Lutzky, President
 - ▶ Andrew Cieslinski, Associate

State Governance and
Administration

Public Outreach and
Coordination with Key
Referral Sources

Person-Centered
Counseling
(PCC)

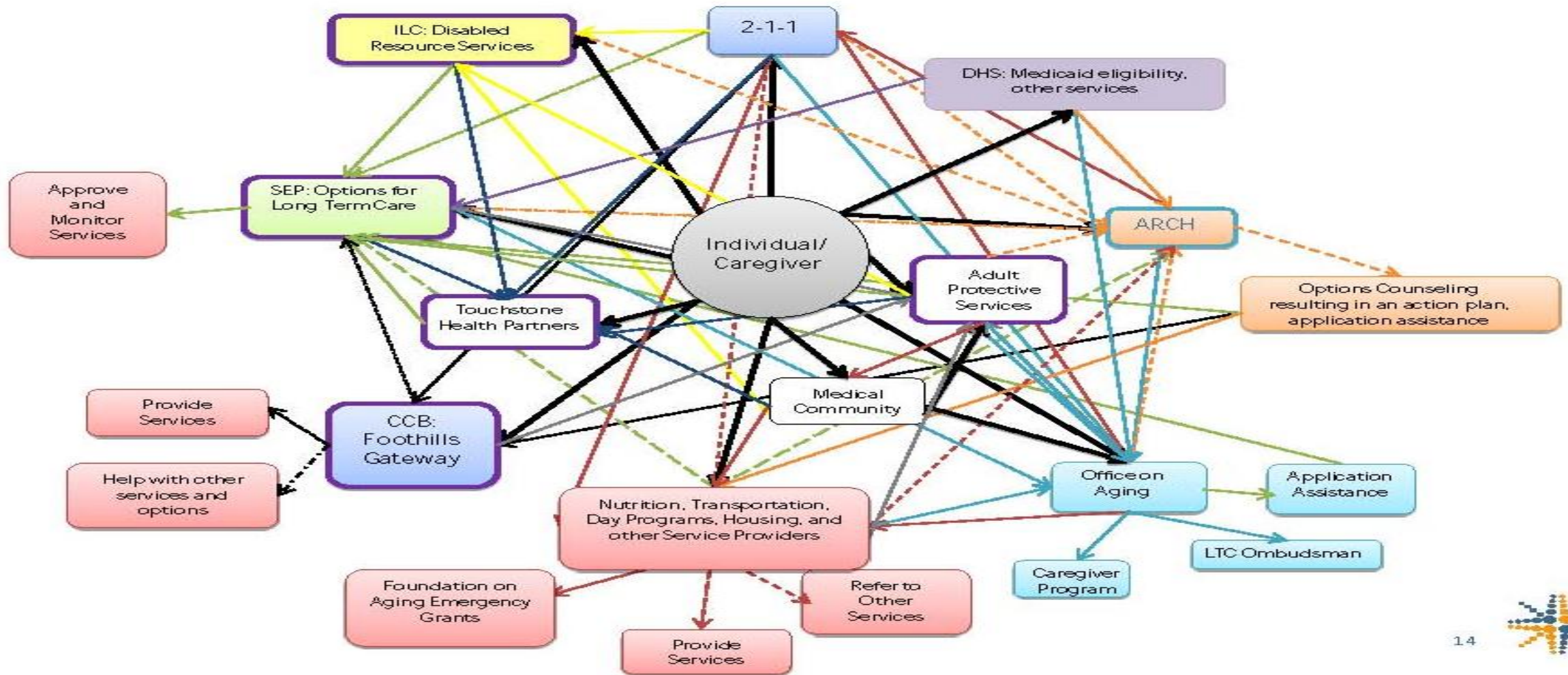
**NWD
System**

Streamlined
Eligibility for
Public Programs

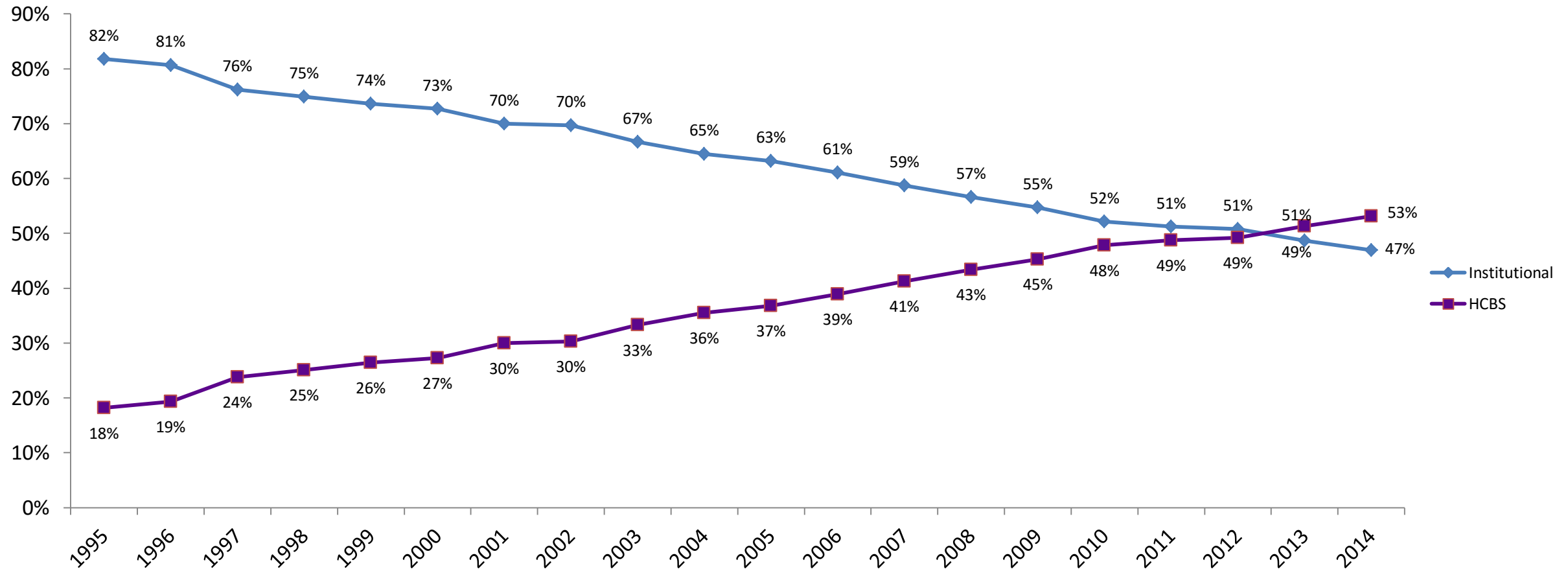
Key Elements of a NWD System of Access to LTSS for All Populations and Payers

<https://www.medicare.gov/medicaid-chip-program-information/by-topics/financing-and-reimbursement/no-wrong-door.html>

The LTSS Puzzle



Institutional and Home and Community-Based Services (HCBS) as a Percentage of Long-Term Services and Supports (LTSS), FFY 1995-2014



Steven Lutzky

HCBS Strategies

Overview of FFP



FFP Overview

- ▶ FFP provides matching dollars (generally 50%) to cover activities that contribute to the efficient and effective administration of the Medicaid program
- ▶ Many ADRC functions are potentially eligible for matching Medicaid administrative funds
- ▶ FFP can provide an ongoing, sustainable source of funding for enhanced ADRC activities
- ▶ Note: It is likely other agencies in your state already claim administrative FFP and they may be able to provide technical support

Activities Reimbursed Under FFP

- ▶ Potentially Medicaid related activities include:
 - ▶ Outreach and enrollment
 - ▶ Case management
 - ▶ Provider monitoring
 - ▶ Planning and development
 - ▶ Network development
 - ▶ Auditing
 - ▶ Quality improvement

Why Should ADRCs Pursue FFP?

- ▶ Ongoing source of funding:
 - ▶ Once approved, funding will continue
 - ▶ FFP covers about 38% of costs for Wisconsin (i.e., 76% of activities are claimable)
- ▶ Strengthens the case for State and local funding:
 - ▶ Local money goes twice as far
 - ▶ Demonstrates that the ADRC is a core infrastructure supporting the Medicaid program
- ▶ This funding becomes the backbone for securing additional revenue sources:
 - ▶ Medicaid Choice Counseling, health plans, private pay, etc.
- ▶ Does not require major changes to regular operations
 - ▶ Staff are already doing the work!

Devon Mayer

Formerly with the Maryland Department of Health and Mental Hygiene
(Maryland's Medicaid agency)

What's in it for Medicaid?

Medicaid, Medicaid, Medicaid!

Why does Medicaid get all the attention?!

- ❖ Minimize duplication from having multiple entities facilitating access to Medicaid
- ❖ Reduce Medicaid costs by delaying or preventing Medicaid eligibility
- ❖ Triage may reduce unnecessary assessments
- ❖ Supports Person-centered planning

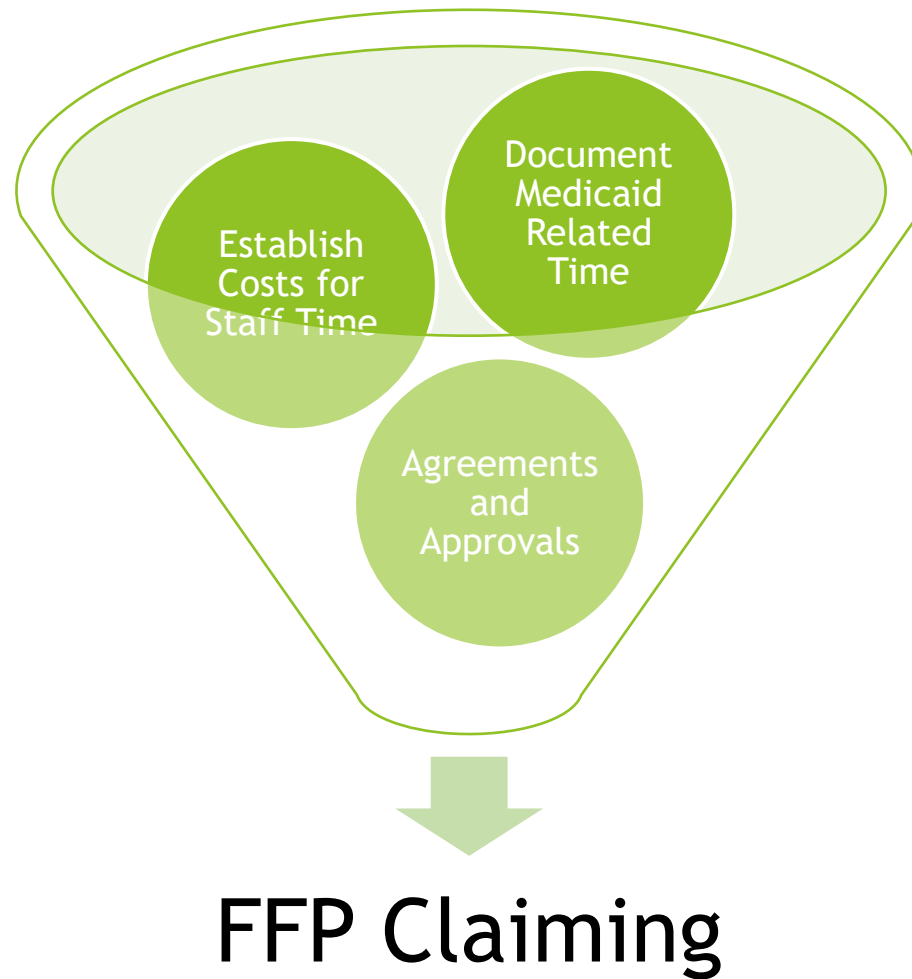


*Photo created by Teja Rau from MDoA

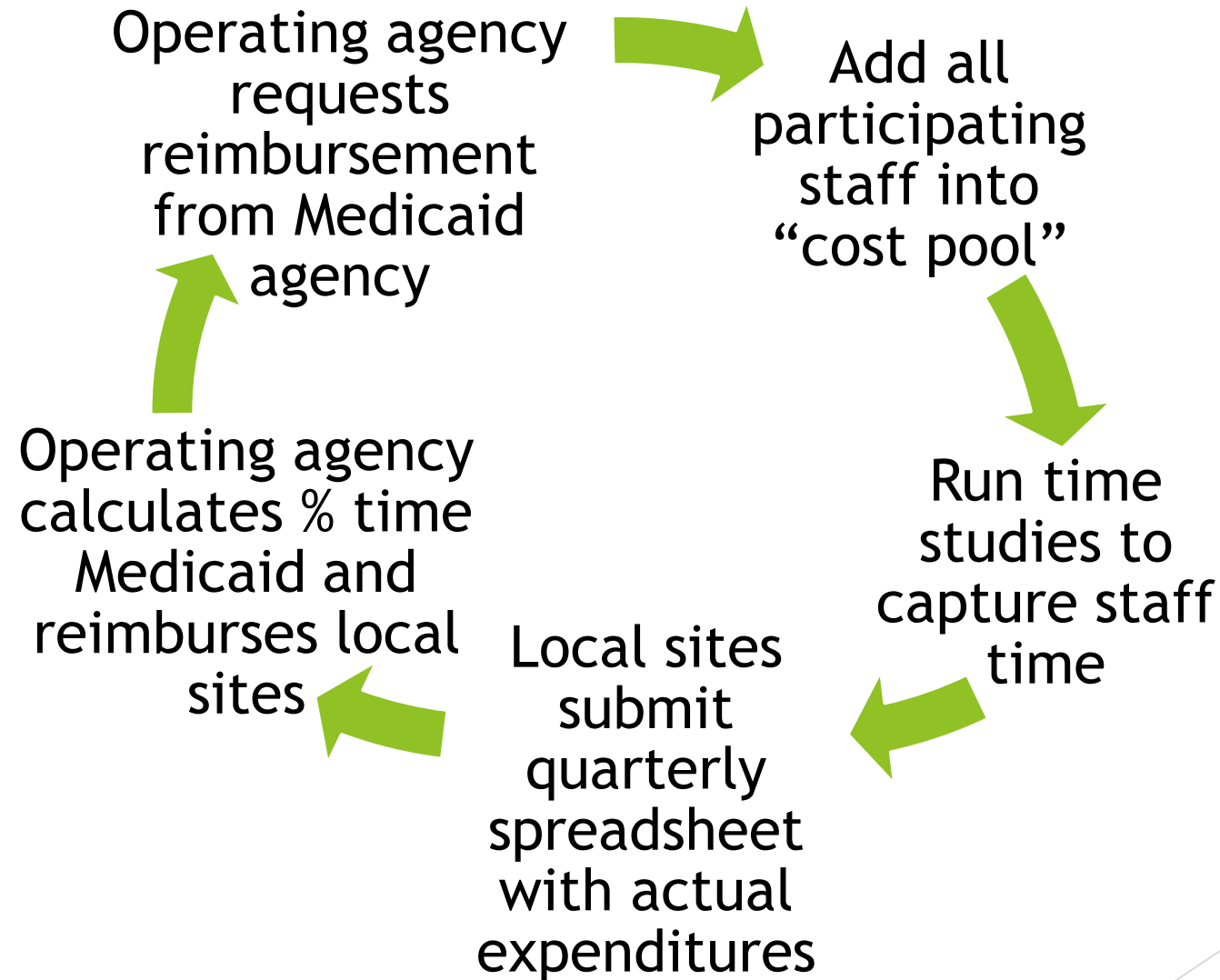
Overview of FFP Infrastructure



Key Components of FFP Claiming Infrastructure



FFP Claiming and Reimbursement Process- Once Implemented



Andrew Cieslinski

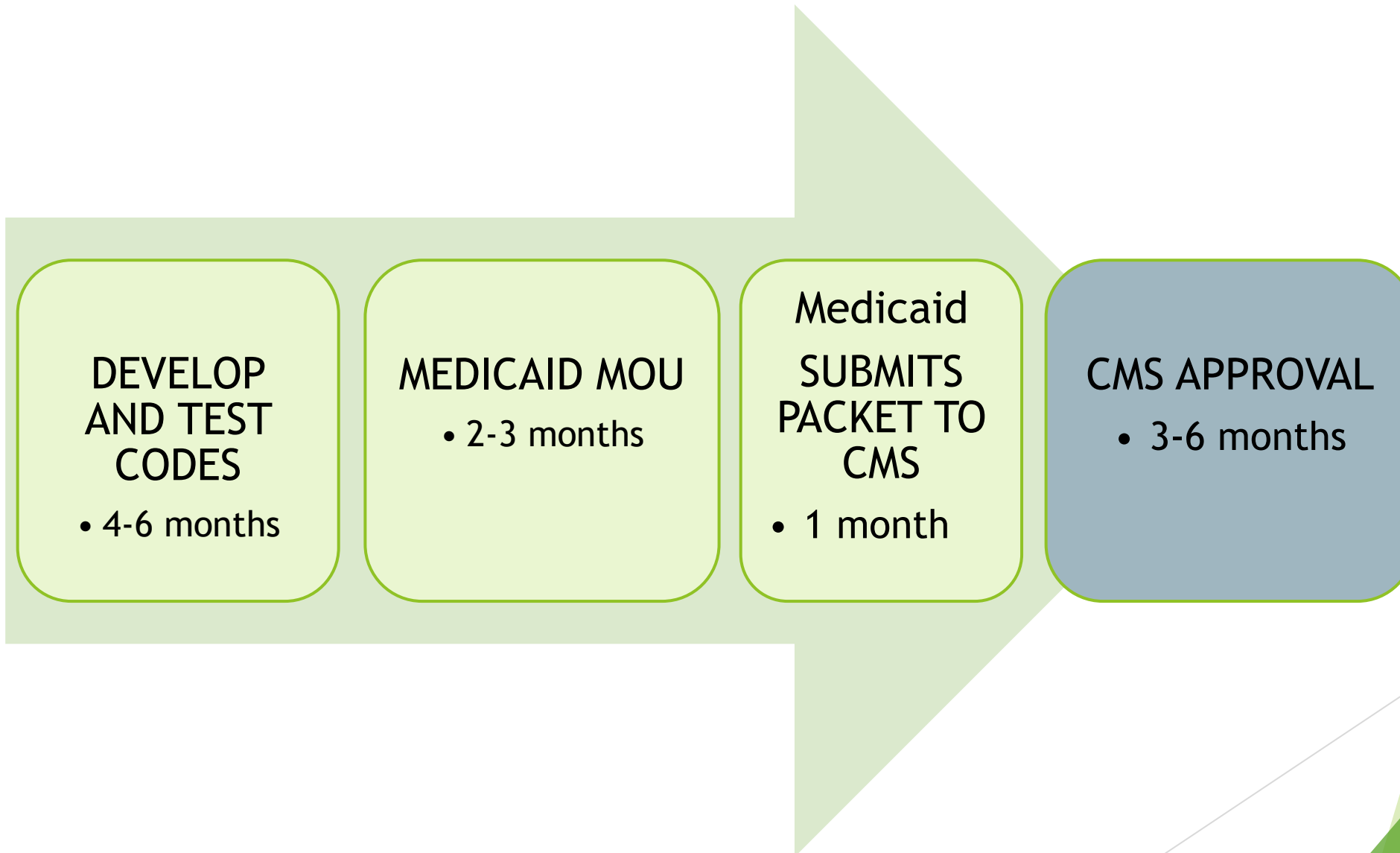
HCBS Strategies

Development Process

- Who
- What
- When
- How



Development Timeline



Documenting Medicaid Related Time-Time Study Codes

- ▶ Establish codes to classify how staff time is spent:
 - ▶ Medicaid related
 - ▶ Not Medicaid related
 - ▶ General Administration
- ▶ Codes should both:
 - ▶ Appear similar to what CMS has seen in previous approved applications
 - ▶ Make sense to the workers who need to code their time

Develop and Test Task Codes

Purpose: To ensure task definitions and codes are comprehensive and understandable.

1. Brainstorm with local staff about their daily tasks
 - a) Include management, administrative, and clerical tasks
2. Have front-line staff pilot test the codes
3. Convene staff focus group to provide feedback on definitions and whether all types of tasks were captured.

Documenting Medicaid Related Time-Infrastructure Development

- ▶ Decide methodology for collecting information on staff time
 - ▶ Random moment
 - ▶ Daily log/timesheet
 - ▶ Alternative approaches (e.g., 100% documentation for only a portion of the days)
- ▶ Develop infrastructure for implementing methodology
- ▶ Establish training and monitoring infrastructure
- ▶ Conduct pilots to establish whether code descriptions are clear to local staff and cost estimates

Establishing Cost of Staff Time

- ▶ All costs for staff participating in time study on a quarterly basis
- ▶ Costs for staff supporting staff participating in time study
- ▶ Align cost categories with OMB guidance and state practices
- ▶ Mechanism for reporting costs (e.g., standardized excel spreadsheet)
- ▶ Work with local sites to complete reporting mechanism accurately
- ▶ State review of reports

Identify Relevant Cost Categories

Purpose: To identify all costs that support ADRC/NWD staff time, activities, and operations.

1. Identify and define costs using cost categories similar to State chart of accounts.
2. Develop spreadsheet/invoice using cost categories
3. Understand what types of costs are disallowed or not agreed upon by Medicaid (e.g. food).
4. Review and pilot test spreadsheet/invoice with local fiscal staff to ensure they understand the process and task categories.

Example: Reimbursable Costs in Maryland

- ▶ Salaries
- ▶ Fringe and Benefits
- ▶ Indirect
- ▶ Travel
- ▶ Vehicle costs
- ▶ Training
- ▶ Phone/telecom
- ▶ Postage
- ▶ Printing
- ▶ Association dues
- ▶ Software
- ▶ Equipment and maintenance
- ▶ Contractual services (e.g. audit, accounting)
- ▶ Outreach

Agreements and Approvals

- ▶ Likely Chain of Agreements:



- ▶ MOU between Single State Medicaid agency and operating agency
- ▶ Will be incorporated into Cost Allocation Plan
 - ▶ CMS will need to approve the amended plan

Relationships Across Agencies



State Unit Responsibilities

1. Run time studies
2. Gather cost spreadsheets
3. Ensure appropriate staff are participating in time studies
4. Provide quarterly invoice to Medicaid for reimbursement
5. Disburse reimbursements to local sites
6. Quality assurance and compliance - fiscal & program
 - Training, fiscal reviews, time sample reviews

Local Agency Responsibilities

- ▶ Ensure all appropriate staff performing reimbursable activities are participating in the time study
- ▶ Fiscal spreadsheets 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
- ▶ Submit timely fiscal spreadsheets



Ami Patel

Maryland Department of Aging

Discussion of Maryland's FFP Infrastructure



Development of Time Study Infrastructure

- ▶ MDoA worked with HCBS Strategies, local agencies, and the Medicaid office to establish codes that reflect all activities performed by staff in Maryland
- ▶ These codes were piloted using both the random moment and daily log methodology. This initial pilot served two purposes:
 - ▶ Test the codes to determine if they reflected all staff activities
 - ▶ Determine which methodology to use for the ongoing time study; random moment selected

Development of Time Study Infrastructure (cont.)

- ▶ MDoA then conducted three additional random moment pilots (using SurveyMonkey) with the revised codes to obtain claiming estimates and provide practice for local staff
 - ▶ **Why three pilots!?**
 - ▶ Goal was to ensure staff are familiar with the coding process before officially implementing FFP claiming
 - ▶ Gives MAP sites an idea of workflow and where to make improvements to maximize the Medicaid %

Time Study Overview

- ▶ Maryland uses a random moment methodology
 - ▶ Staff code activity at a randomly selected time
 - ▶ Number of samples varies depending upon # of staff and other objectives (e.g., entity-specific estimates, use as part of quality improvement, etc.)
 - ▶ Pros: Less burdensome, more accurate reporting; CMS more comfortable with this approach
 - ▶ Cons: Need to purchase special software or set up randomization, which can be time consuming

Time Study Overview (cont.)

- ▶ Using a web-based RMTS software system (via contract with vendor)
 - ▶ Automatically generates the samples each quarter
 - ▶ Sends daily “response needed lists” to local MAP Director with list of missing samples
 - ▶ Validations and Quality Assurance - allows MAP Director to confirm or deny a small number of employee’s responses
 - ▶ Reports available in real-time

Time Study Codes in Maryland

- ▶ Outreach and program education
 - ▶ Includes activities that help inform people about programs that provide long term supports and services (LTSS) and other services. Includes both targeted outreach to specific individuals and broader outreach to the general population.
- ▶ Facilitating applications
 - ▶ Includes activities related to assisting individuals or families with the application process for LTSS, health care services, and other supports that may assist an individual with remaining in the community (e.g., income supports, energy assistance, etc.).
- ▶ Referral, coordination, and monitoring of services
 - ▶ Applies to staff activities that include making referrals to, coordinating, and/or monitoring the delivery of specific LTSS or other health care services. This code refers to specific services or supports; applications to programs should be coded under Facilitating Applications.

Time Study Codes in Maryland (cont.)

▶ Training

- ▶ Applies to coordinating, conducting, or participating in training and seminars regarding LTSS, health care services, and other supports that may assist an individual with remaining in the community (e.g. income supports, energy assistance, etc.).

▶ Program Administration

- ▶ Includes activities related to establishing and maintaining documentation, internal processes, and policies related to the provision of LTSS, health care services, and other supports that may assist an individual to remain in the community (e.g., income supports, energy assistance, etc.), as well as working with other partner agencies to improve the coordination and delivery of services, and performing collaborative activities with other agencies to provide services.

▶ Level 1 Screen

- ▶ Includes all activities related to performing a Level I Screen.

Time Study Codes in Maryland (cont.)

- ▶ MAP Options Counseling (excludes people in nursing facilities)
 - ▶ Options Counseling (OC) is defined as an in-depth conversation that supports an individual and/or the individual's representative to make an informed choice about their goals and preferences and which Long Term Supports and Services (LTSS) option is the best fit for that person. (Typically complete an Action Plan.)
- ▶ General administration
 - ▶ Use for activities including paid time off, break, vacation, general supervision, processing payroll, etc.
- ▶ Other

Establishing Cost of Staff Time- Cost Pool Overview

- ▶ Maryland uses a Cost Pool Spreadsheet, developed as team with HCBS Strategies, to record staff costs
- ▶ Cost pool must capture actual total costs for each worker included in cost pool and at least 50% state or local contribution towards the total costs
- ▶ Include costs for staff that support these workers (e.g., Execs, admins, fiscal staff, etc.)
- ▶ Total overall costs are then multiplied by % time Medicaid (from time study reports) to calculate claim
- ▶ MDoA then aggregates this data using Excel to establish the State Quarterly Claim (amount of reimbursement for Statewide Medicaid claimable %)
 - ▶ Ensure each MAP site has sufficient match

Preparing for Day 1 of Claiming - Staff Training and Ongoing Monitoring

- Staff trainings
 - Training should have lots of examples and scenarios, not just code definitions
- Timely changes to staff pool
- Bi-weekly “Quizzes” to keep code definitions fresh for staff
 - Ensures accuracy in coding

FY16 4th Quarter Claim

Time Study Code	Statewide Total
1a. OUTREACH: Medicaid	1.41%
1b. OUTREACH: Not Medicaid Related	4.39%
1c. OUTREACH: Not Tied to a Specific Program	2.90%
2a. FACILITATING APPLICATIONS: Medicaid	4.42%
2b. FACILITATING APPLICATIONS Not Medicaid Related	5.66%
3a. REFERRAL/MONITORING OF SERVICES: Medicaid eligible	8.38%
3b. REFERRAL/MONITORING OF SERVICES: Spend Down	1.41%
3c. REFERRAL/MONITORING OF SERVICES: Not Medicaid Related	12.49%
4a. TRAINING AND PROGRAM PLANNING: Related to Medicaid or a	5.41%
4b. TRAINING AND PROGRAM PLANNING: Related to a Program or	8.60%
4c. TRAINING AND PROGRAM PLANNING: Not Tied to a Specific	7.46%
5a. OPTIONS COUNSELING: Medicaid or Potentially Medicaid	2.19%
5b. OPTIONS COUNSELING Follow-Up for Medicaid or potentially	0.21%
5c. OPTIONS COUNSELING: Medicaid Ruled Out as an Option	0.71%
5d. OPTIONS COUNSELING: Follow-Up for Medicaid Ruled Out as an	0.04%
6. LEVEL I SCREEN	4.35%
7a. ACTIVITIES REIMBURSED BY ANOTHER SOURCE	0.71%
7b. ACTIVITIES REIMBURSED BY ANOTHER SOURCE:Not Reimbursed	0.42%
8. GENERAL ADMINISTRATION	21.79%
9. OTHER	7.04%
	Statewide Total
Total Activities Related to Medicaid (1a, 2a, 3a, 3b, 4a, 5a, 5b, 6)	27.78%
Total Activities Not Related to Medicaid (1b, 2b, 3c, 4b, 5c, 5d, 7a)	32.60%
General Administration (1c, 4c, 7b, 8,9)	39.61%
Total Medicaid Claimable	46.01%

- ▶ 3000 samples generated
- ▶ 150 staff total
- ▶ Only 3 samples missing at end of quarter!
- ▶ Statewide Medicaid Claimable % = **46.01%**
- ▶ First FFP Claim = \$667,532

Ongoing Work: Fiscal

	Baseline	Scenario 1 - Loss	Scenario 2	Scenario 3	Scenario 4	Scenario 5	Scenario 6 - Ideal
Total MAP Costs	\$100,000	\$100,000	\$100,000	\$85,000	\$85,000	\$85,000	\$92,000
Percentage Medicaid Claimable	45.00%	45.00%	25.00%	45.00%	25.00%	50.00%	48.00%
Potential Reimbursement from CMS	\$22,500	\$22,500	\$12,500	\$19,125	\$10,625	\$21,250	\$22,080
Available State/Local Match	\$22,500	\$9,800	\$22,500	\$22,500	\$22,500	\$22,500	\$22,500
Actual Claim	\$22,500	\$9,800	\$12,500	\$19,125	\$10,625	\$21,250	\$22,080

Underfunded match
pot (loss of \$12.700)

Reducing claimable
time alone

Reducing costs
alone

Reducing costs **and**
claimable time

Reducing costs and
increasing claimable
time

Balancing costs and
productivity

- Time-to-Matching-Dollars Ratios:
 - Un-invested
 - Under-invested and over-worked
 - Over-invested and under-worked
 - Best value

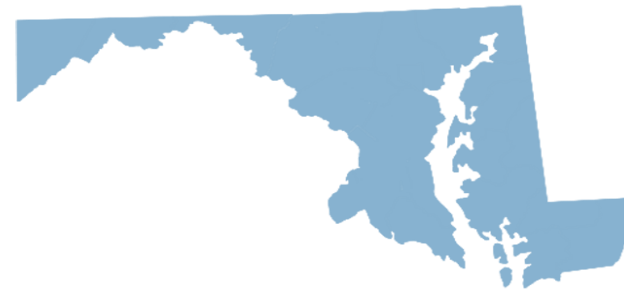
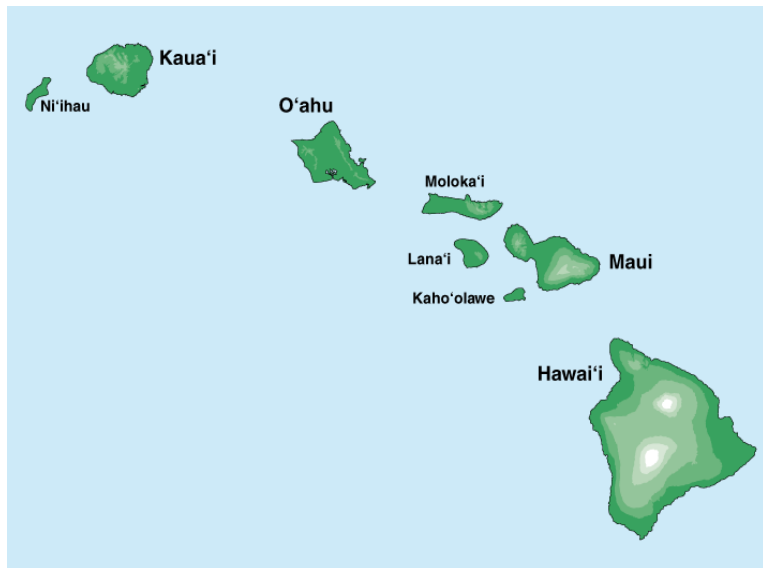
Maryland's Innovations in Developing Time Study

- ▶ Adapted codes that correspond to staff work
 - ▶ Level 1 Screen
 - ▶ Options Counseling - Potentially Medicaid
- ▶ Claiming for time spent working with individuals at risk of institutionalization and becoming eligible for Medicaid
 - ▶ Senior Care staff and coordination with local DSS staff

Debbie Shimizu

Hawaii Executive Office on Aging

Hawaii's Adaptation of Maryland's Infrastructure



Adaptations Hawaii Made to the Maryland Approach

TIME STUDY CODES



- ▶ EOA and AAA staff reviewed MD's codes and approved the following changes to reflect current and planned operations:
 - ▶ Eliminated options counseling code
 - ▶ Added codes that reflect intake and assessment process
 - ▶ Added a placeholder for a potential future ADRC service, Medicaid managed care Choice Counseling

Hawaii's codes are ordered to make choice of code clearer

1. Reimbursed by another source

2. Medicaid Choice Counseling

3. Call Log/Intake

4. Facilitating Program Applications

5. Assessment/Support Plan Development

6. Referral, Coordination, & Monitoring

7. Outreach

8. Training or Program Admin.

9. General Admin.

10. Other

Adaptations Hawaii Made to the Maryland Approach (cont.)

COST POOL SPREADSHEET

- ▶ Adapted cost pool spreadsheet to reflect Hawaii's accounting guidance
- ▶ Added claim for work done by contractors, notably the case management entities
- ▶ Identified WHO will be responsible to complete the spreadsheet



phillipmartin.com

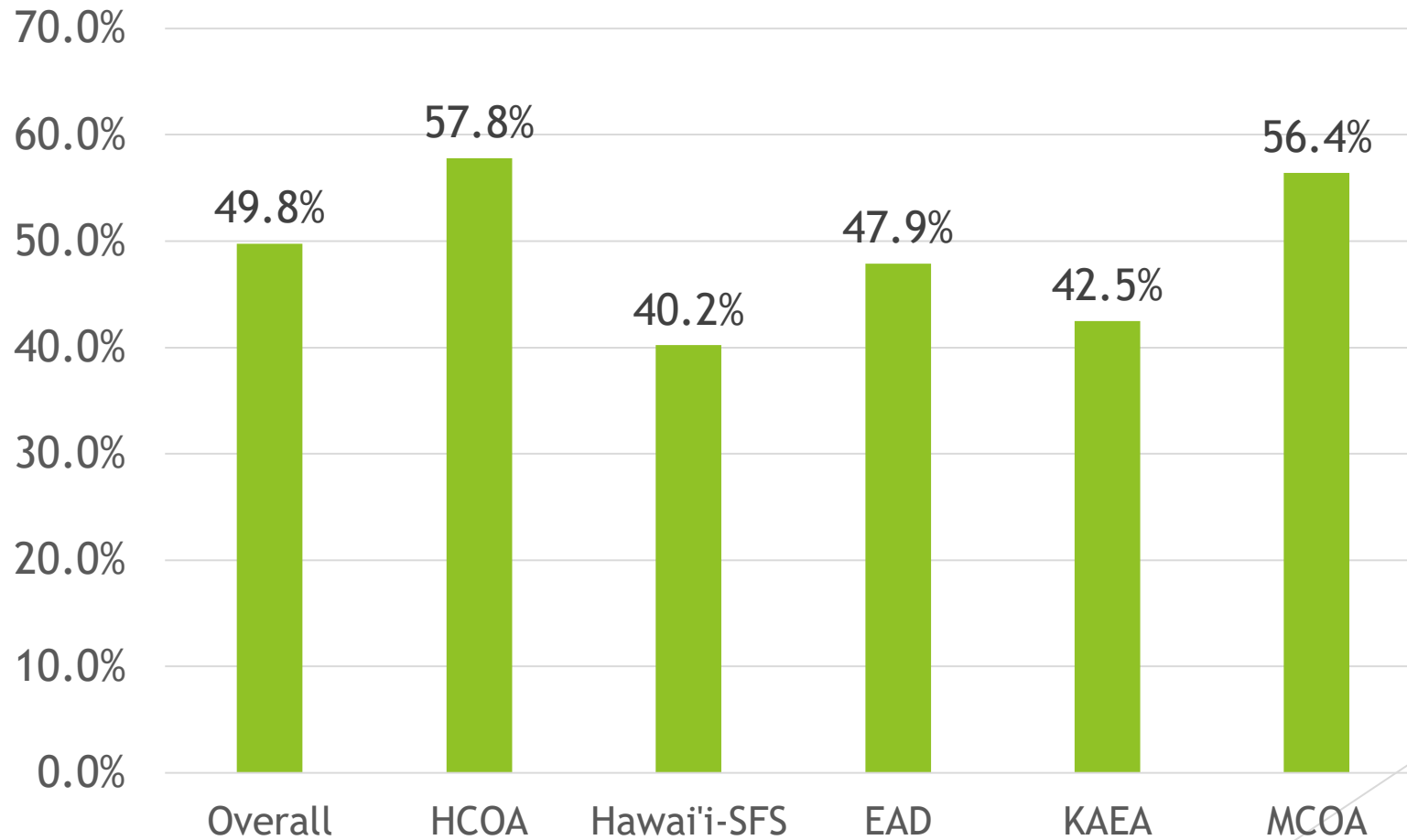
Caroline Cadirao

Hawaii Executive Office on Aging

Hawaii Time Study Pilot

- ▶ Hawaii conducted two time study pilots with the four county ADRCs using the random moment methodology
 - ▶ The **initial pilot** tested the code language and refinements that needed to be made to reflect staff activities
 - ▶ Then conducted a **follow-up pilot** with the revised codes to obtain claiming estimates
- ▶ Given the scale of the Hawaii effort, SurveyMonkey will likely be used for the ongoing time study
- ▶ Now working with the State Medicaid agency, MQD, to move forward with ongoing claiming process

Hawaii Time Study Pilot Results- Claimable Time



Hawaii Time Study Pilot Results- Amount of Medicaid Claim

County	Quarterly FFP Claim	Annual FFP Claim
Hawai'i	\$70,704	\$282,817
Honolulu	\$106,181	\$424,724
Kauai	\$38,004	\$152,016
Maui	\$124,500	\$498,001
State Total	\$339,388	\$1,357,554

Helpful Hints

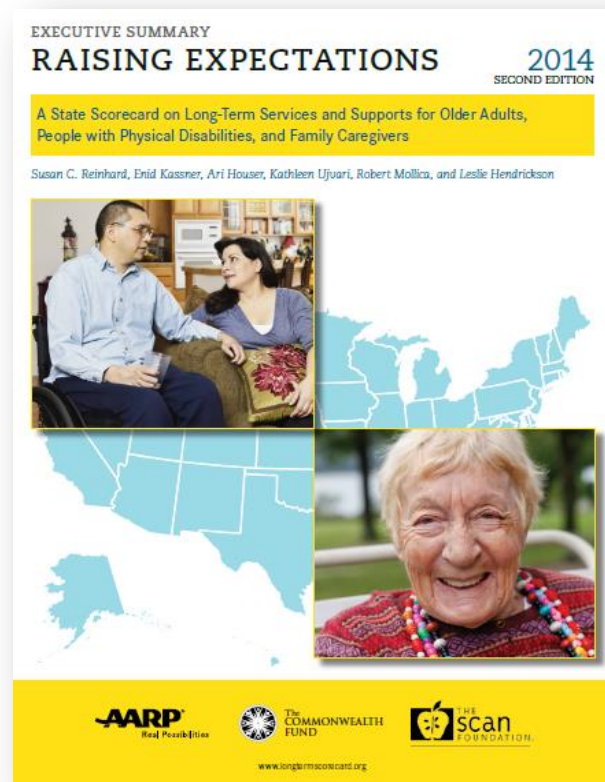
- ▶ Talk with other states to learn from their experiences
- ▶ Early collaboration between State and local staff and preliminary mini-pilots can improve the accuracy of codes and need for further refinement
- ▶ Provide thorough training and develop mechanism for answering ongoing questions
- ▶ Set realistic goals for data collection and time study duration
 - ▶ Smaller agencies may need more time to gather data
- ▶ Don't over complicate!! Staff are already performing tasks; not looking to change day to day operations
- ▶ Collect complete costs for staff participating in FFP claiming (e.g., rent, utilities, etc.)
 - ▶ The greater the associated costs, the higher the return

Joseph Lugo

Administration for Community Living

Role that ACL Can Play in Supporting FFP Efforts

A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers



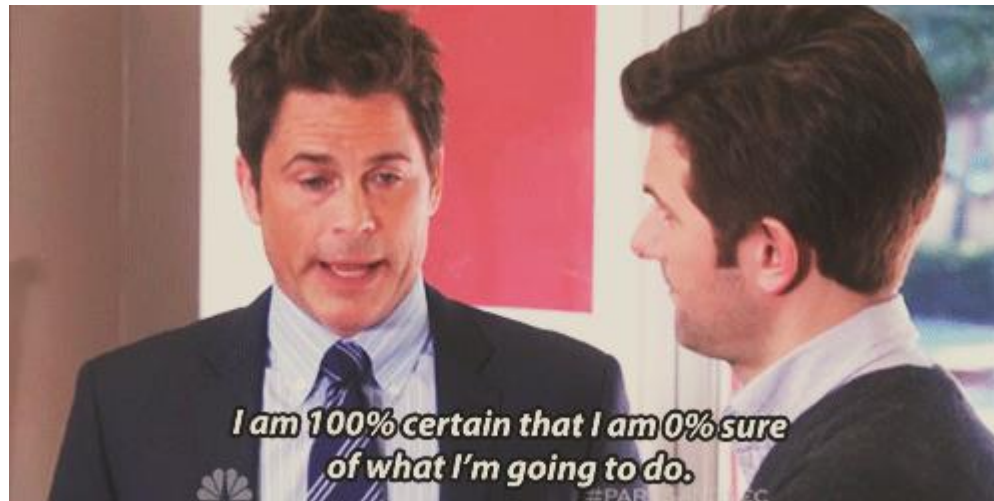
➤ List of 26 Indicators Across 5 Domains in a State Scorecard on LTSS

- 1) ***Affordability and Access***
- 2) **Choice of Setting and Provider**
- 3) **Quality of Life and Quality of Care**
- 4) **Support for Family Caregivers**
- 5) **Effective Transitions**

ACL Support Behind the Scenes

- **Targeted Webinars/Training**
 - CMS Central & Regional Offices
 - State Medicaid Agencies
 - Aging & Disability Network Providing NWD System Functions
- **ACL Technical Assistance & Support**
 - ACL Central/Regional Office TA
 - Email: NoWrongDoor@acl.hhs.gov

Questions?



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