

Aging and People with Disabilities

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Topic: Forms

Subject: RDSS Webinar

Applies to (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> All DHS employees
<input checked="" type="checkbox"/> Area Agencies on Aging
<input type="checkbox"/> Aging and People with Disabilities
<input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> County DD Program Managers
<input type="checkbox"/> County Mental Health Directors
<input type="checkbox"/> Health Services
<input type="checkbox"/> Other (please specify): |
|---|--|

Message:

A webinar will be presented to review changes to coding and definitions in the RDSS system. Staff that use RDSS for time tracking purposes should attend. The webinar will be presented August 20, 2013 from 8:30 - 9:30 AM. Registration is required and can be completed online, here: <https://www2.gotomeeting.com/register/597499898>.

Also attached are the revised versions of the RDSS Code Tracking form and the RDSS Procedures document. A revised FAQ document is being developed and will incorporate questions from the webinar.

If you have any questions about this information, contact:

Contact(s):	Chris Pascual		
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Email:	Chris.Pascual@state.or.us		

Transfer AAA - RDSS Time Reporting

Name	Date	Date
7:00-7:15am	11:30-11:45am	4:00-4:15pm
7:15-7:30am	11:45-12:00pm	4:15-4:30pm
7:30-7:45am	12:00-12:15pm	4:30-4:45pm
7:45-8:00am	12:15-12:30pm	4:45-5:00pm
8:00-8:15am	12:30-12:45pm	5:00-5:15pm
8:15-8:30am	12:45-1:00pm	5:15-5:30pm
8:30-8:45am	1:00-1:15pm	5:30-5:45pm
8:45-9:00am	1:15-1:30pm	5:45-6:00pm
9:00-9:15am	1:30-1:45pm	6:00-6:15pm
9:15-9:30am	1:45-2:00pm	6:15-6:30pm
9:30-9:45am	2:00-2:15pm	5:30-6:45pm
9:45-10:00am	2:15-2:30pm	5:45-7:00pm
10:00-10:15am	2:30-2:45pm	7:00-7:15pm
10:15-10:30am	2:45-3:00pm	7:15-7:30pm
10:30-10:45am	3:00-3:15pm	7:30-7:45pm
10:45-11:00am	3:15-3:30pm	7:45-8:00pm
11:00-11:15am	3:30-3:45pm	
11:15-11:30am	3:45-4:00pm	

ACTIVITIES

<u>Eligibility / Re-Eligibility Determination</u>	<u>Other Activities</u>	
1. Medicaid 2. Food Stamps Non-Medicaid State Programs 3A. Oregon Project Independence (OPI) 3B. Other Non-Medicaid State Programs 4. Older Americans Act 5. Other Programs 6. Medicare Modernization Act Part D (MMA)	18. Paid Break 19. Paid Leave 20. Non-Paid Leave 21. Training 22. General Administration	
Administrative Activities		
Outreach 7A. Medicaid 7B. SNAP 7C. OAA 7D. MMA 7E Other Initial Screening 8A. Medicaid 8B. SNAP 8C. OAA 8D. MMA 8E. Other Medicaid Program 9A. MMIS 9B. SPMP 9C. PAS 9D. OHP 9E. Medicaid Admin	9G. Non-Waiver Case Management 9H. Waiver case management Money Follows The Person 10. MFP Transition Activities (On The Move Program) SNAP 11A. SNAP Issuance 11B. SNAP maintenance 11C. SNAP Fraud/OVP 11D. SNAP QC 11E. SNAP Administration 11F. SNAP Case Management Oregon Project Independence 12A. OPI Case Management 12B. OPI Other Older Americans Act 13A. OAA Case Management 13B. OAA Other	Other State or County- Funded Programs 14A. Federal Programs 14B. Other State Programs 14C. County Programs 14D. Other Programs Adult Protective Services 15A. APS Screening, Assessment, Consultation 15B. APS Investigations/ Reports Adult Care Home Licensing & Training 16B Non-relative Home Care Work Activities 17A. HCW Recruitment 17B. HCW Other

Oregon Random-Day Sampling System Codes

For use by SPD-Transfer Area Agencies on Aging

8/2/13 Updating 6/29/11 Version

- **Eligibility/Re-Eligibility Determination (check all that apply for each 15-minute segment)**

Securing information needed to make decisions on eligibility for the programs administered by APD. This category includes gathering recipient information, intake, data coding eligibility forms and all other activities related to eligibility determinations.

1. Medicaid Program Eligibility

- Generic financial eligibility;
- Presumptive Medicaid eligibility determination activities

2. Supplemental Nutrition Assistance Program (SNAP)

3. Non-Medicaid State Programs

- 3A. Oregon Project Independence (OPI)**
- 3B. Other**

4. Older Americans Act (OAA)

Example: Family Caregiver Program eligibility

5. Other Programs

Examples: County-funded Programs, Energy Assistance, Emergency Funds, Housing and Urban Development, etc.

6. Medicare Modernization Act, Part D

Examples: one-on-one choice counseling, and working with providers regarding Medicare prescription drug coverage. Includes staff training related to this program)

- **Administrative Activities**
(Not Eligibility/Re-Eligibility Determination)

7. Outreach – (Check all that apply for each 15-minute segment)

Methods to inform or persuade recipients or potential recipients to enter into care through one of the DHS-administered programs below. Outreach primarily includes active discussion of the benefits offered by the various programs administered by DHS, using prepared materials as appropriate.

7A. Medicaid

CMS will allow charges for active discussion of Medicaid programs (as Medicaid Administration), regardless of the audience members' current Medicaid status.

- For current Medicaid recipients who have additional unmet needs, outreach often includes information and discussion regarding further utilization of Medicaid.
- For potential recipients, outreach may include discussions aimed at overcoming barriers to submitting an initial application for Medicaid at a local AAA or SPD office (Medicaid outreach does not include intake, application, or eligibility processes).

Medicaid Outreach ends upon:

- Referral of current recipients (those who need an updated evaluation and assessment) to local AAA or SPD office case managers or screeners; or
- Referral of selected potential recipients to local AAA or SPD office screeners and intake workers for possible referral to Medicaid or other programs for eligibility determinations.

7B. Supplemental Nutrition Assistance Program (SNAP)

7C. OAA

7D. MMA

7E. Other

(Examples: OPI, local programs; for APS, go to code 15).

8. Initial Screening – (Check all that apply for each 15-minute segment)

- Activities to screen persons for appropriate referral to a worker for an eligibility decision in the programs listed below.

8A. Medicaid

8B. Supplemental Nutrition Assistance Program (SNAP)

8C. OAA

8D. MMA

8E. Other

(Examples: OPI, local programs; for APS, go to code 15)

9. Medicaid Program - Enter Prime Number: _____
(not case number)

(A prime number is required for activities directly related to specific Medicaid clients, such as **9B** SPMP, **9DOHP**, **9G** Non-Waivered Case Management activities and **9H** Waivered Case Management activities.

Allowable administrative activities are those that “are necessary for the proper and efficient administration of the Medicaid State Plan (or waiver) services”. CMS allows federal financial participation (FFP) to be claimed against salary or other compensation, fringe benefits, travel, per diem, services and supplies and training at rates determined on the basis of the individual’s position. The FFP claims include an appropriate proportion of general administrative charges, consistent with SPD policy and OMB A-87 principles.

The following administrative activity categories of MMIS, SPMP, PASRR, OHP, Administration, and Medicaid Case Management are available for activities related to Medicaid State Plan or waived services provided to Medicaid-enrolled clients:

□ **9A. Medicaid Management Information System (MMIS)**

Data coding, data entry and other activities that initiate payment or update the accuracy of the Medicaid payment system for managed care enrollment and provider enrollment (example: entering providers into the MMIS system). Making program management decisions on specific suspended claims are allowed, as are program management decisions on specific claims entered into MMIS that have suspended (note: code prior authorizations for services, entry of pay-ins on SFMU, and generic claim research as general Medicaid Administration (Code **9E**)). Use only the time spent on the screens, forms, or systems listed below to charge the enhanced MMIS match rate:

Managed Care Enrollment and Exemption

- PHP Enrollment Screen
- 415H Medical Resources Form

Provider Enrollment –

- Oregon ACCESS HCW Enrollment and authorization
- Provider Enrollment Screens: PRV8 (Review)
- SDS 736 –Provider Enrollment
- 7262H-Direct Deposit Enrollment

Prior Authorization and Payment – Data entry functions related to processing Home Care Worker (HCW) vouchers, payments, and adjustments. Data entry and suspense resolution related to Community Based Care (CBC) authorizations, payments, and adjustments. Data entry and functions related to processing claims through the DHS claims systems.

- CEP Payment System Screens: HINQ, AATH, HATH, APAY, HPAY, HFIQ
- SDS 598B - Agreement, Authorization and Provider Invoice (computer generated only)
- CBC Payment System Screens: SMRQ, SMRF, SERF, SEFP, SEFS, SNRS, RATZ, SADD, FNAR, SBEG, DISB, SCFD, SMSG, SCFS, SCFP, PESM, PUTL, MRAT
- SDS 512 – Community Based Care Provider Payment Authorization and Invoice (computer generated only)
- Form SDS 599A – Agency Provider Invoice – In Home Services

Medical Payment Processing - Data entry and functions related to processing claims through DMAP and the AFS/SPD claims/payment systems.

- Form DHS 437 – Authorization for Cash Payment
- DMAP 405T – Medical Transportation Order (payment directly to provider)
- DMAP 409 – Medical Transportation Screening/Input document (payment to client or attendant)
- MMIS POC-Nursing Facility Payment Plan of Care

□ **9B. Skilled Professional Medical Personnel (SPMP)**

(You must be authorized to use this code. You, or the SPMP you support, as well as the services provided, must meet the following criteria:

- i) The expenditures are for activities directly related to the administration of the Medicaid program, including medical assessment, and as such do not include expenditures for direct medical care.
- ii) The SPMP have professional education and training in the field of medical care or appropriate medical practice. “Professional education and training” means the completion of a 2-year or longer program leading to an academic degree or certificate in a medically related profession. SPMP possess a medical license, certificate, or other document issued by a recognized National or State medical licensure or certifying organization or a degree in a medical field issued by a college or university certified by a professional medical organization. (Note: Experience in the administration, direction, or implementation of the Medicaid

program is not considered the equivalent of professional training in a field of medical care);

- iii) The SPMP are in positions that have duties and responsibilities that require the use of professional medical knowledge and skills;
- iv) A State-documented employer-employee relationship exists between the Medicaid agency and the SPMP and directly supporting staff; and
- v) Any direct support staff (such as secretarial, stenographic and copying as well as file and records clerks) perform duties that are directly necessary for the completion of the professional medical responsibilities and functions of the SPMP medical staff. The SPMP staff must directly supervise the supporting staff and the performance of the supporting staff's work.

Examples:

- SPMP who make medical judgments or recommendations related to the quality and utilization of Medicaid covered services provided to Medicaid applicants or recipients;
- SPMP who advise and assist case management and medical workers in securing and interpreting essential medical data regarding client eligibility for Medicaid and for Medical Review Team documentation.

□ **9C. Preadmission Screening/Resident Review (PASRR)**

Costs directly allocable to PASRR activities.

PASRR is a system to screen all applicants to, or residents of, nursing facilities:

- To assess whether the individual requires nursing facility services;
- To determine whether the individual may have mental illness or a developmental disability; and
- If either mental illness or developmental disability is confirmed, to determine if the individual requires specialized services.

All other Medicaid activities (such as prior authorization, and determinations regarding individuals with the greatest need when limited beds are available) are tracked under administration or case management.

Examples:

- SPMP preadmission Screening and Annual Resident Review for individuals with mental illness and mental retardation who request admission into a Medicaid-enrolled nursing facility or who are already in such a facility; and
- Data coding of the PASRR screening form.

□ **9D. Oregon Health Plan (OHP) Activity**

Examples: Time spent on Medicaid activities directly related to Oregon Health Plan enrollment or acute medical services coverage, enrolling a client in a health plan, or setting up medical transportation. (not Long-term care).

□ **9E. Medicaid Administration**

Examples: Prior Authorization of Medicaid services; determination of payment amounts; Medicaid data entry on Mainframe or into Oregon ACCESS, including pay-ins on SFMU; policy reviews; screen corrections; batch coding; consultation on Medicaid issues. Includes Medicaid staff training and non-client-specific quality assurance activities.

□ **9F. No longer used.**

9G Non- Waivered Case Management-

Case Management services furnished to assist individuals residing in nursing facilities or gaining access to needed State plan personal care, Independent Choices, 1915(k), PACE services, and 1915(c) case management waived services, including initial level of care and CAPS assessment:

Initial Eligibility-

Initial assessment for service eligibility (Nursing Facility, State plan personal care, Independent Choices, 1915(k), PACE services, and 1915(c) waiver case management). **Note: Reassessments for individuals in waived services should be coded as waived case management. Only the initial service eligibility assessment is billed to non-waivered case management.**

Ongoing Case Management-

1. Assessment and periodic reassessment of individual needs, using the CAPS tool, to determine the level of need for nursing facility services and state plan personal care State plan personal care, Independent Choices, 1915(k), PACE services;:
2. Development (and periodic revision) of a specific care plan for non-waivered individuals based on the information collected through the assessment.
3. Case Management may include contacts with individuals that are directly related to the identification of the eligible individual's needs and care, for the purposes of helping the eligible individual access services, identifying needs and supports to assist the eligible individual in obtaining services, providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs

4. Ongoing Case Management and other outreach activities for current Medicaid recipients not receiving waived case management (e.g., State plan personal care, Independent Choices, 1915(k), PACE services, Nursing Facility) who have additional unmet needs: providing information and discussion regarding further utilization of Medicaid, service plan modifications and service plan changes..

9H: Waivered Case Management

Case Management services furnished to assist individuals, eligible under the 1915(c) APD Waiver, who reside in a community setting, in gaining access to needed medical, social, educational, and other services:

- Periodic reassessment of individual needs, using the CAPS tool, to determine the need for medical, educational, social, or other services. **Note: The initial service eligibility assessment is billed to 9G non-waivered case management.**
- *Ongoing case management activities include:*
 - i. Taking client history;
 - ii. Evaluation of the extent and nature of recipient's needs (medical, social, educational and other services and completing related documentation;
 - iii. Gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the individual.
- Ongoing development and periodic revision of a specific care plan that:
 - i. Is based on the information collected through the assessment.
 - ii. Specifies the goals and actions to address the medical, social, educational and other services needed by the individual;
 - iii. Includes activities such as ensuring active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop these goals; and
 - iv. Identifies a course of action to respond to the assessed needs of the eligible individual.
- Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services, including activities that help link the individual with medical, social, and educational providers or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan.

- Interviews and discussions with the individual or the individual's provider about poor quality services or concerns about safety/well-being
- Monitoring and follow-up activities, including activities and contacts that are necessary to ensure that the care plan is effectively implemented and adequately addresses the needs of the eligible individual. Contact may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, including at least one monthly direct or indirect contact and one quarterly direct contact, to help determine whether the following conditions are met:
 - i. Services are being furnished in accordance with the individual's care plan.
 - ii. Services in the care plan are adequate.
 - iii. If there are changes in the needs status of the eligible individual, necessary adjustments are made to the care plan and to service arrangements with providers. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

11. Supplemental Nutrition Assistance Program (SNAP)

- 11A. Benefit Issuance**
- 11B. Maintenance**
- 11C. Fraud/Overpayments**
- 11D. Quality Control**
- 11E. Administration** (Includes SNAP-specific staff training)
- 11F. SNAP Case Management**
Assisting persons eligible for SNAP in obtaining and using the benefits offered by the SNAP Program.

12. Oregon Project Independence

- 12A. OPI Case Management**
Assisting persons aged 60 and above to obtain and use services covered by the OPI Program. Includes CA/PS assessments for OPI purposes.
- 12B. Other** (Includes OPI-specific staff training)

13. Older Americans Act

- 13A. OAA Case Management**
Assisting persons aged 60 and above to obtain and use services covered by the OAA.
- 13B. Other**

Assisting persons in accessing services covered under the OAA, (such as senior legal services, family caregiver support program, or senior meals); includes OAA-specific staff training.

14. Other Federal, State, or County-Funded Programs

Assisting people in obtaining and using benefits and services not covered under Medicaid, Food Stamps, OPI or OAA (includes program-specific staff training)

□ **14A. Federal**

Examples - Activities related to: Veteran's Program assistance; HUD federal housing assistance; Vocational Rehabilitation; SSI; Aging and Disability Resource Centers; and assistance with Medicare benefits not part of the MMA.

□ **14B. State**

□ **14C. County**

□ **14D. Other**

Examples: City Programs, local non-profit programs, AAA funded programs, etc.

15. Adult Protective Services

□ **15A. APS Screening/Assessment/Consultation**

This can include the following APS subcategories (see Oregon Administrative Rule 411-020-0000 for detailed definitions):

- Triage
- Risk Management
- APS Community Outreach and Education
- APS-related MDT Consultation and Assessment
- APS-specific staff training

- Note: APS workers should tally time expended directly assisting Medicaid-eligible or potentially eligible individuals to access medical, social and other community services to code 7a Medicaid, Outreach, 9G Non-Waivered Case Management or 9H Waivered Case Management as appropriate.

□ **15B. Investigations/Reports**

- Includes Legal/Court Procedures

16. Adult Foster Home Licensing: non- relative and limited license (and training directly related to this function).

Licensing and monitoring of adult foster homes; including, conducting reviews of facilities and checking background information on facility owner(s) and staff to ensure the appropriateness for initial licensing or re-licensing.

- **16A. Not in Use**
- **16B. Non-Relative**

17. Home Care Worker Activities

- **17A. Recruitment**
Examples: sending recruitment packets, doing criminal background checks, conducting orientations.
- **17B. Other**
Examples: Filing, advisory committee activities, monitoring HCW work that is non-client specific.

- Other Activities

- **18. Paid Break**
- **19. Paid Leave (ex: sick leave, vacation time)**
- **20. Non-Paid Leave (ex: lunch)**
- **21. Training** (generic training only; charge all program-specific training to the applicable program area code)
- **22. General Administration**
(ex: filling in this timesheet survey, general meetings, etc.)