

# Medicaid Administrative Claiming for Adults and Children


## FREQUENTLY ASKED QUESTIONS

**1. A) Can CAP staff claim MAC activities while providing case management activities under a waiver service? (CAP case management time is still available).**

No. To avoid duplicate claiming, allowable administrative activities that are reimbursed through another program such as CAP cannot also be claimed under MAC. Staff members providing CAP services may be able to claim reimbursable administrative activities under MAC when the coordination of Medicaid services are not reimbursed under CAP or CAP case management time is no longer available. Examples of activities that should be claimed as CAP (when available) include:

- Assessing
- Care Planning
- Referral and Linkage
- Monitoring and Follow-up


CAP staffs often provide both direct services and administrative activities. The above listed activities are direct services/activities related to CAP. These services are integral to case management and would be considered duplication of payment if claimed under MAC when allowed under CAP or when CAP case management time is still available because activities are properly paid for as part CAP services and reimbursed at the federal medical assistance percentage (FMAP).



**B) If activities provided to a waiver beneficiary is not billable to the waiver, can CAP staff bill their time to MAC?**

Yes. A few examples of activities (not a comprehensive list) that could be potentially claimable under MAC by a CAP staff:

- Completing the Service Request Form (SRF)
- Preparing documents and participating in discussion meetings with supervisor and staff
- Documenting case management activities
- Outreach to Board Members/auxiliary about CAP (Advisory meeting attendance)
- Outreach to community about CAP services, how to apply, eligibility criteria, referral
- In-home training to families to improve coordination/delivery of Medicaid services (CAP does not provide training to families, just coordinate the referral, link and monitor)
- Staff travel to arrange transportation



**C) If the allotted case management time has been exhausted for billable waiver case management activities, could MAC be used once a CAP beneficiary has exhausted all of their CAP funds?**

Yes. MAC activities can be selected only after time has been exhausted under CAP. The case management agency must have supporting documentation that proves case management time was exhausted as a result of efficient resourcing. Assisting a CAP beneficiary to access a Medicaid service to remain safely in their community could be claimed as MAC activities given that documentation supports exhaustion of case management time and the need for the participant to have access to a Medicaid service.

**52. Can any other worker, such as APS, Guardianship, Payee, SAIH, etc., bill allowable MAC activities for a client that is a current CAP beneficiary, since they are not the CAP worker?**

Yes. Multiple workers can bill time to MAC for working with a CAP beneficiary when APS, Guardianship, and Special Assistance is provided.



Link to the Frequently Asked Questions for Medicaid  
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[HTTP://WWW.NCDHHS.GOV/DMA/COUNTY/MAC-  
%20FAQS\\_040615.PDF](http://www.ncdhhs.gov/dma/county/mac-%20FAQS_040615.pdf)