

**MEDICAID
ADMINISTRATIVE
CLAIMING FOR ADULTS**

North Carolina Department of Health and Human Services
Division of Medical Assistance

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Robin Gary Cummings, M.D.
Deputy Secretary for Health Services
Director, Division of Medical Assistance

August 28, 2014

MEMORANDUM

TO: Suzanne Merrill, Acting Director
Division of Aging and Adult Services

Wayne Black, Director
Division of Social Services

FROM: Robin Gary Cummings, M.D. *RC*
Director, Division of Medical Assistance \

RE: Billable Activities under Medicaid Administrative Claiming

Title XIX of the Social Security Act authorizes federal grants to states for a proportion of expenditures for **medical assistance** under the approved Medicaid state plan, and for expenditures necessary for administration of the state plan. This is called Medicaid Administrative Claiming (MAC) and activities must be "in some way connected with administering services covered under the state plan" (State Medicaid Manual section 4302.2). Medical assistance is defined as payment of part or all of the cost of the following care and services or the care and services themselves, or both (if provided in or after the third month before the month in which the recipient makes application for assistance) for individuals, and, with respect to physicians' or dentists' services, at the option of the State, to individuals.

Time billed to MAC must be directly related to medical assistance to Medicaid covered services under North Carolina's State Medicaid Plan (State Plan). Individuals eligible for State Plan services include:

- Under the age of 21.
- Relatives specified in section 406(b)(1) with whom a child is living if such child is (or would, if needy, be) a dependent child under part A of Title IV.
- 65 years of age or older.
- Blind, with respect to States eligible to participate in the State Plan program established under Title XVI or 18 years of age or older and permanently and totally disabled, with respect to States eligible to participate in the State Plan program established under Title XVI.
- Persons essential (as described in the second sentence of this subsection) to individuals receiving aid or assistance under State plans approved under Title I, X, XIV, or XVI.
- Blind or disabled as defined in section 1614, with respect to States not eligible to participate in the State Plan program established under Title XVI.
- Pregnant women.
- Individuals who are eligible for home and community-based services under needs-based criteria established under paragraph (1)(A) of section 1915(i), or who are eligible for home and community-based services under paragraph (6) of such section, and who will receive home and community-based services pursuant to a State Plan amendment under such subsection.

The Center for Medicare and Medicaid Services (CMS) expect workers implementing MAC to have a general understanding of what is and is not a Medicaid covered service in the State Plan service or program. However, there is latitude in understanding that social workers cannot predict if a Medicaid beneficiary claim will subsequently be filed under Medicaid or if the claim would be denied. Coordinating, monitoring, and referring medical care or helping a client access medical services are connected with properly administering services covered under the state plan, whether the efforts are successful or not. These efforts do not require an activity to determine eligibility for that medical service under the State Plan, just a general understanding of what is and is not covered. There are limits and exclusions to Medicaid covered services; however, CMS would not expect a case manager, for day sheet coding purposes to try to predict if the claim will be successfully filed under Medicaid. Supportive activities that might assist a client in obtaining social services, Food Stamps, energy assistance, or housing (e.g., arranging for home accessibility adaption, arranging for daycare while the client is in an appointment, encouraging social activities) are not directly related to Medicaid covered services and thus cannot be billed to MAC.

A worker claiming MAC must not assume that every medical service provided to Medicaid beneficiaries is covered by Medicaid. Workers must use their knowledge of the State Plan, as well as their own judgment in claiming MAC for activities that have a reasonable expectation of being covered by Medicaid. Social workers should have a working knowledge about common services that are and are not provided under the State Plan. The following table is an abbreviated list of Medicaid covered services under the State Plan. This list is meant as a guide for workers and does not include every covered service.

Table 1-Abbreviated List of Medicaid Covered Services

Medicaid Covered Services under North Carolina State Medicaid Plan*	
Medical appointments	Psychiatric hospital services (for beneficiaries 65 and older, and beneficiaries under 21)
Medical transportation	Mammogram
Medications in the client's health plan	OB/GYN Services
Behavioral health services	Routine eye exam, medically-necessary glasses or contacts for beneficiaries under 21
Dialysis	Flu vaccine
Family Planning	Nursing facilities
Physical Therapy	
Lab work ordered by a physician	
*This is not an exhaustive list of all covered activities. Refer to http://www.ncdhhs.gov/dma/plan/index.htm	

The list below contains examples of services not Medicaid covered under the State Plan. This list is meant as a guide for workers and is not all-inclusive.

Table 2-Abbreviated List of non-covered Medicaid Services

Services Not Covered by Medicaid Under North Carolina State Medicaid Plan *	
Cosmetic surgery or dentistry	Transportation to visit family
Housing modifications (e.g., wheelchair ramps, air filters, shower safety handle)	Specialty eyeglass wear (e.g., tinted lenses, no-line bifocals)
Daycare	Social clubs or activities
Groceries	House cleaning/yard maintenance
Gym facilities/memberships	House improvements (e.g., A/C installation)
Experimental drugs or procedures	Optical services (to those over age 21)
Paternity tests	Weight loss pills
*This is not an exhaustive list of all activities that are not covered. Refer to http://www.ncdhhs.gov/dma/plan/index.htm	

MAC DESK GUIDE

Time billed to MAC must be directly related to Medicaid covered services under North Carolina's state plan

SIS CODE 340:

REFERRAL, COORDINATION AND MONITORING OF MEDICAID SERVICES

- Use this code when making referrals for, coordinating, and/or monitoring the delivery of Medicaid services on behalf of clients.
- Use this code when linking the individual and family with Medicaid service providers to plan, carry out and maintain a health service plan.
 - Examples: Coordinating necessary medical, mental health or substance abuse services for clients covered by Medicaid that benefit from care coordination services;
 - Preparing documentation for a case to be reviewed by interdisciplinary staff planning meetings, case planning meetings, etc.;
 - Gathering information for facilitating prior authorizations;
 - Providing follow-up contact to ensure that an individual has received the prescribed Medicaid services.

SIS CODE 343:

ARRANGING TRANSPORTATION SERVICES FOR CLIENT TO ACCESS MEDICAID SERVICES

- Use this code when arranging for or scheduling specific support provisions, such as transportation services, which are necessary for an individual or family to access Medicaid services.
 - Example: Scheduling or arranging transportation services that assist the individual or family to access necessary care or treatment by health/mental health care providers.
- This category does not include the provision of the actual transportation service as a direct service.
- It does not include activities that contribute to the actual billing of transportation as a medical or dental service.
- It does not include accompanying an individual to Medicaid services as an administrative activity.

SIS CODE 342:

OUTREACH FOR MEDICAID SERVICES (Regardless of Client Eligibility Status)

- Use this code when performing activities that inform individuals about Medicaid, how to access Medicaid services, the importance of accessing medical, mental health, aging, functional/developmental disability, and alcohol and drug services and the importance of maintaining a routine place for health care.
- Activities include bringing persons into the Medicaid system for the purpose of determining eligibility and arranging for the provision of Medicaid services.
 - Examples: Developing, disseminating or presenting Medicaid outreach materials to inform individuals about Medicaid services and where to obtain services;
 - Informing individuals and their families on how to effectively access, use, and maintain participation in all health/mental health resources under the federal Medicaid Program.

SIS CODE 341:

FACILITATING AN APPLICATION FOR THE MEDICAID PROGRAM (Regardless of Client Eligibility Status)

- Use this code when assisting an individual or family to make application for Medicaid or referring them to the appropriate agency to make application, as well as assisting an individual to maintain Medicaid eligibility.
 - Examples: Verifying an individual's current Medicaid eligibility status for the purpose of the Medicaid eligibility process;
 - Assisting individuals or families to gather information/documents for Medicaid program application.

Note: All codes include related paperwork, clerical activities or staff travel required to perform these activities.

MAC Code 340 When Providing Transportation

(see reverse side for arranging transportation using MAC code 343)

Mr. Brown is an individual who needs access to Medicaid services under the North Carolina State Plan. He has diabetes and needs to see his Medicaid doctor.

As a case manager, you need to assist Mr. Brown with accessing Medicaid services and on this particular day, he requires assistance getting to his doctor's appointment.

Mr. Brown lives about 20 miles from the DSS office.

You leave your office and drive **30 minutes** to Mr. Brown's house. That is billable to MAC code 340 which includes staff travel. [From the MAC Desk Guide: All codes include related paperwork, clerical activities or staff travel required to perform these activities]

When you get to Mr. Brown's home, you spend another **30 minutes** discussing his medical issues. That is billable to MAC code 340 which includes "*Referral, Coordination and Monitoring of Medicaid Services*"

Then you leave to drive to the doctor's office. That is a **60 minute** drive. As a case manager, the reason that you are taking Mr. Brown to his medical appointment is to execute your case management duties and ensure coordination of Mr. Brown's appointment. It also doesn't matter what is being discussed in the car. As a case manager, if your client needs to get to a medical appointment then all your time including transporting them there would be MAC code 340

You get to the doctor's office and you wait in the waiting room for **30 minutes**. You will need to use your judgment in this case. If you are completing work while waiting (emails, phone calls, etc.) then you should code your time as appropriate based on what you are doing.

If you are just waiting in the room for Mr. Brown, the waiting is necessary to complete the case management activity of coordinating Mr. Brown's medical service and therefore would be billable to MAC code 340

The doctor calls you in and you spend **15 minutes** discussing the doctor's plan of care for Mr. Brown. Those 15 minutes is billable to MAC code 340 "*Referral, Coordination and Monitoring of Medicaid Services*"

Then you drive Mr. Brown back home. That is **60 minutes** for the trip back to Mr. Brown's house. Again the county you are taking Mr. Brown to his medical appointment is to execute your case management duties and ensure coordination of Mr. Brown's appointment. All your time including transporting them there would be MAC code 340

You get Mr. Brown back to his house and then return back to your office. It takes **30 minutes** for the return trip.

In total you have **255 minutes** (4 hours, 15 minutes) with Mr. Brown that is billable to MAC code 340.

Make sure that those entries appear on your day sheet and that you have the supporting narrative in your case management notes or in the comment section of your day sheet.

MAC Code 343 When Arranging Transportation

Mr. Brown is an individual who needs access to Medicaid services under the North Carolina state plan. He has diabetes and needs to see his Medicaid doctor.

Mr. Brown needs transportation to get to his doctor's appointment

You spend **15 minutes** calling the county's cab system to see if you can arrange a pick up. Although unsuccessful, you can bill that effort to MAC 343 "*Arranging Transportation Services for Client to Access Medicaid Services*"

You spend another **15 minutes** contacting the county's van system to arrange a pickup. Although the van does go past Mr. Brown's house, they cannot be there in time to make his doctor's appointment. This time is billable to MAC 343.

You then spend **15 minutes** calling the bus system to see if the connector buses can be utilize to pick up Mr. Brown a short distance from his house. You do see that one is available at the right time, but it requires a bus pass which Mr. Brown does not have. This time is billable to MAC 343.

You drive in your car **15 minutes** to the bus station and pick up the bus pass. This time is billable to MAC 343.

You drive **15 minutes** back to your office. This time is billable to MAC 343.

In total, you have spent **75 minutes** on MAC code 343 "*Arranging Transportation Services for Client to Access Medicaid Services*"

Make sure that those entries appear on your day sheet and that you have the supporting narrative in your case management notes or in the comment section of your day sheet.

ADULT SERVICES CASE STUDY

Medicaid Administrative Claiming (Participant's Copy)

Cleveland Brown is a 66 year old man living at home by himself. He receives Medicare, and has a **Medicaid** card that is current. His wife has been deceased for over a year, and his son (Charlie Brown) had been coming by every day to look in on him.

However, his son's job recently transferred him out of state. At that point, the son asked a neighbor (Mr. Rogers) to check on his dad every once in a while.

Mr. Cleveland Brown came to DSS seeking some assistance. He says that he is sometimes forgetful, and not sure if some days he has taken all of his medicine. He gets a monthly check, but always seems to run out of money and doesn't have enough money to pay all his bills. Mr. Brown says that he has a hard time going to the grocery store and picking out the right kind of foods to prepare a meal, and sometimes he buys items that he can't use or may be too complicated for him to cook. Mr. Brown says that he doesn't always eat as regular as he should. During his initial presentation at DSS, Mr. Brown's clothes appeared to be unclean and ill-fitting. He says that he sometimes doesn't feel like taking regular baths and "dressing up".

Mr. Brown says that he has a nephew that comes by from time to time, to try and help him with his finances. The nephew takes some of Mr. Brown's money (to manage) to help Mr. Brown pay his bills or buy food, but Mr. Brown says that doesn't seem to help.

Mr. Brown states that he has talked to his son about the problems that he is having, but his son thinks he just needs to put himself on a schedule to do all these tasks. His son thinks his father knows how to do all the things necessary to take care of himself, but has lost interest in caring for himself. Mr. Brown's son says he can't do any more than he is doing, and the only other option he knows would for be for his father to move into a nursing home.

Mr. Brown's Needs

Mr. Brown walks slowly, due to hip fracture about two years ago, and uses a cane from time to time. What activities would you conduct to assist Mr. Brown in accessing Medicaid services under the NC Medicaid State Plan?

You setup an appointment with his rehab therapist: Is this a MAC activity?
Yes No Why or why Not?

You update his service plan with relevant information regarding his treatment plan: Is this a MAC activity?
Yes No Why or why Not?

You locate a housing option that allows him more mobility and ease of use of his cane: Is this a MAC activity?
Yes No Why or why Not?

You arrange transportation to his doctor appointment: Is this a MAC activity?
Yes ____ No ____ Why or why Not?

You come to Mr. Brown's house for a case management visit and he says he needs to go to his doctor appointment so you attend with him: Is this a MAC activity?
Yes ____ No ____ Why or why Not?

Mr. Brown does not display good hygiene skills. What activities would you conduct to assist Mr. Brown in accessing Medicaid services under the NC Medicaid State Plan?

You suspect his poor hygiene may be related to his depression and recommend he visit his doctor for a checkup: Is this a MAC activity?
Yes ____ No ____ Why or why Not?

You realize his washing machine is broken and contact a repairman to fix it: Is this a MAC activity?
Yes ____ No ____ Why or why Not?

You realize he cannot do his laundry because of limited range of motion and you setup a physical therapy appointment: Is this a MAC activity?
Yes ____ No ____ Why or why Not?

You realize he cannot do his laundry due to his dementia and you setup a laundry service: Is this a MAC activity?
Yes ____ No ____ Why or why Not?

Mr. Brown can name the make of every car that passes, but can't seem to remember his medicine or to wash clothes in order to have clean ones. What activities would you conduct to assist Mr. Brown in accessing Medicaid services under the NC Medicaid State Plan?

You setup a screening for Alzheimer's or other related dementia: Is this a MAC activity?
Yes ____ No ____ Why or why Not?

You try to address him not remembering to take his medicine by organizing his medicine and creating a schedule: Is this a MAC activity?
Yes ____ No ____ Why or why Not?

You talk with Mr. Brown about the reasons that he may not be taking his medication, including exploring with different delivery options. Is this a MAC activity?
Yes ____ No ____ Why or why Not?

You work on strategies to develop a routine so he regularly does his laundry: Is this a MAC activity?

Yes _____ No _____ Why or why Not?

Mr. Brown is friendly enough, but often takes long pauses in his conversation and looks out into space. What activities would you conduct to assist Mr. Brown in accessing Medicaid services under the NC Medicaid State Plan?

You are listening and observing him talk and trying to assess if there is a medical problem that needs to be addressed: Is this a MAC activity?

Yes _____ No _____ Why or why Not?

Mr. Brown says that he doesn't need much help, but then admits that he doesn't get out much since his son left. What activities would you conduct to assist Mr. Brown in accessing Medicaid services under the NC Medicaid State Plan?

You introduce him to a Senior Center near him and discuss the activities available to participate in: Is this a MAC activity?

Yes _____ No _____ Why or why Not?

He at times seems angry with his son, then at times resigned to his son's absence. What activities would you conduct to assist Mr. Brown in accessing Medicaid services under the NC Medicaid State Plan?

You research local mental health counselors who could take with him about his feelings and relationship with his son: Is this a MAC activity? **What activities would you conduct to assist Mr. Brown in accessing Medicaid services under the NC Medicaid State Plan?**

Yes _____ No _____ Why or why Not?

Mr. Brown's Medicaid coverage has lapsed. What activities would you conduct to assist Mr. Brown in accessing Medicaid services under the NC Medicaid State Plan?

You assist him to renew his Medicaid coverage: Is this a MAC activity?

Yes _____ No _____ Why or why Not?

Mr. Brown stays in a small community that doesn't appear to have public transportation. What activities would you conduct to assist Mr. Brown in accessing Medicaid services under the NC Medicaid State Plan?

You arrange transportation to his physical therapy session: Is this a MAC activity?
Yes _____ No _____ Why or why Not?

You coordinate transportation for a trip to the park: Is this a MAC activity?
Yes _____ No _____ Why or why Not?

Mr. Brown stays in a small four room house that needs a lot of work. What activities would you conduct to assist Mr. Brown in accessing Medicaid services under the NC Medicaid State Plan?

His house is requires the addition of safety features to enhance his mobility and reduce the risk of a fall: Is this a MAC activity?
Yes _____ No _____ Why or why Not?

You coordinate repairs with SA-IH to have his house repaired: Is this a MAC activity?
Yes _____ No _____ Why or why Not?

Mr. Brown does not have central A/C and you see no evidence of fans or A/C units. What activities would you conduct to assist Mr. Brown in accessing Medicaid services under the NC Medicaid State Plan?

You talk to him about purchasing a fan or A/C unit: Is this a MAC activity?
Yes _____ No _____ Why or why Not?

You purchase and install an A/C unit: Is this a MAC activity?
Yes _____ No _____ Why or why Not?

There is very little food in the kitchen and what is there does not appear to be healthy. What activities would you conduct to assist Mr. Brown in accessing Medicaid services under the NC Medicaid State Plan?

You arrange a meeting with a registered/licensed dietician to discuss food and healthy options with consideration to his health: Is this a MAC activity?
Yes _____ No _____ Why or why Not?

You provide information on food stamps and the benefits: Is this a MAC activity?
Yes _____ No _____ Why or why Not?

There is a car in the yard, but it doesn't look as if it has been operated for a long time. What activities would you conduct to assist Mr. Brown in accessing Medicaid services under the NC Medicaid State Plan?

You arrange transportation so he can get to his counseling appointing: Is this a MAC activity?

Yes _____ No _____ Why or why Not?

You arrange transportation so he can get groceries: Is this a MAC activity?

Yes _____ No _____ Why or why Not?

You arrange a grocery delivery service: Is this a MAC activity?

Yes _____ No _____ Why or why Not?

You contact his son about getting rid of the car: Is this a MAC activity?

Yes _____ No _____ Why or why Not?

The grass is overgrown in the yard. What activities would you conduct to assist Mr. Brown in accessing Medicaid services under the NC Medicaid State Plan?

You contact his nephew about regularly mowing his lawn: Is this a MAC activity?

Yes _____ No _____ Why or why Not?

You contact pest control to address mice in the house: Is this a MAC activity?

Yes _____ No _____ Why or why Not?

You find out that Brown is NOT a Medicaid recipient. What activities would you conduct to assist Mr. Brown in accessing Medicaid services?

You talk to Mr. Brown about benefits he could receive from Medicaid and how it will help make him stay healthier. Is this a MAC activity?

Yes _____ No _____ Why or why Not?

You write down a list of the Medicaid eligibility rules and explain each to Mr. Brown. Is this a MAC activity?

Yes _____ No _____ Why or why Not?

You help Mr. Brown collect the various documents he needs to complete a Medicaid application. Is this a MAC activity?

Yes _____ No _____ Why or why Not?

You help Mr. Brown renew his Medicaid coverage. Is this a MAC activity?
Yes _____ No _____ Why or why Not?

You complete a disability determination application in order for Mr. Brown to obtain Medicaid. Is this a MAC activity?
Yes _____ No _____ Why or why Not?

You help a Mr. Brown complete an application to work at the local grocery store, so that he can have a job with health care coverage. Is this a MAC activity?
Yes _____ No _____ Why or why Not?

SUMMARY OF NEED

Is Mr. Brown a Medicaid recipient/beneficiary? Yes _____ No _____

If Mr. Brown is not a Medicaid recipient/beneficiary, describe what other MAC activities that may be appropriate for him.

Summarize the medical needs that Mr. Brown has (if any):

Hip Fracture –ambulation issues
Medication administration – possible due to self-neglect or dementia
Poor hygiene – skin breakdown and related health issues
No transportation to medical/mental health appointments
Health issues/respiratory problems
Poor nutrition

Summarize the Mental Health needs that Mr. Brown has (if any):

Alzheimer's or other related dementia
Depression –possibly due to wife's passing
Anger/abandonment issues

Summarize the non-Medical needs that Mr. Brown has (if any):

May need additional services such as Adult Protective Service if indeed nephew is taking money
May need payee/guardianship services
May need Special Assistance In home funds (SA-IH) to pay for items in order to him to stay safely in his home

CASE MANAGER'S TASKS

Are these activities billable to Medicaid Administrative Claiming (MAC)?

Yes	<u>X</u>	No	<u> </u>	Verify Mr. Brown's Medicaid Eligibility
Yes	<u>X</u>	No	<u> </u>	Coordinating Mr. Brown's health care with his son
Yes	<u> </u>	No	<u>X</u>	Following up on Mr. Brown's financial situation (through SIS)
Yes	<u>X</u>	No	<u> </u>	Referring Mr. Brown to a licensed provider
Yes	<u>X</u>	No	<u> </u>	Monitoring Mr. Brown's prescription schedule
Yes	<u>X</u>	No	<u> </u>	Documenting Mr. Brown's treatment plan
Yes	<u>X</u>	No	<u> </u>	Travel to and from Mr. Brown's residence and other appointments as it relates to Medicaid services
Yes	<u>X</u>	No	<u> </u>	Arranging for transportation to access Medicaid Services
Yes	<u> </u>	No	<u>X</u>	Training and consultation to the case managers to ensure that the medical needs of the individuals are addressed through person-centered training
Yes	<u> </u>	No	<u>X</u>	Arranging for transportation for Mr. Brown to attend a family picnic
Yes	<u> </u>	No	<u>X</u>	Helping Mr. Brown complete an application to work at Walmart
Yes	<u> </u>	No	<u>X</u>	Taking Mr. Brown to visit the Senior Center
Yes	<u> </u>	No	<u>X</u>	Arranging for someone to cut the grass in his yard
Yes	<u> </u>	No	<u>X</u>	Showing Mr. Brown how to launder his clothes
Yes	<u> </u>	No	<u>X</u>	Connecting him with adult educational services
Yes	<u> </u>	No	<u>X</u>	Connecting him with senior employment

NORTH CAROLINA DIVISION OF SOCIAL SERVICES

SAMPLE ONLY - NOT FOR USE SERVICES INFORMATION SYSTEM
CLIENT ENTRY FORM

DATE _____

A. Client Identifying Information

1 CLIENT ID		2 CLIENT NAME, LAST				FIRST	MI
3 CLIENT SOCIAL SECURITY NO.		4 DATE OF BIRTH	5 COUNTY	6 COUNTY CASE NO		7 OTHER	

B. Service Plan

8 DECISION	9 SERVICES REQUESTED	10 SERVICE CODE	11 DATE REQUESTED	12 DATE TERMINATED	13 REASON	14 SPECIAL USE

C. Notice of Action Taken

- You will be able to receive the service which is marked "Yes" beginning _____ through _____
- After _____ You will not be able to receive the service which is marked "No" because _____
The policy we followed is found _____
- The service which is marked "Change" which you have been receiving will be _____
- You will have to pay a fee for following services: You have agreed to contribute to the cost of the following services:
Service _____ Fee Amount _____ per _____ starting _____

D. Purchase of Service

- The provider is authorized / no longer authorized to claim reimbursement for _____ Beginning _____
Provider _____ Provider ID _____
- Client Address: _____ Funding source(s) _____
- Client Phone: _____

- The provider is responsible for collecting the consumer contribution:

Amount _____ per _____ Starting _____

E. Income Information

INCOME TYPE	INCOME AMOUNT
_____	_____ PER _____
_____	_____ PER _____
_____	_____ PER _____
NO. IN INCOME UNIT	DECLARATION METHOD <input type="checkbox"/>
<input type="checkbox"/>	VERIFICATION METHOD <input type="checkbox"/>

F. Social Worker's Signature _____ Date _____

G. If you disagree with any action checked above or if you think the information used to make the decision was incorrect, you have the right to ask for a hearing. Instructions on the back of the form will tell you how to ask for a hearing.

By signing below, you are saying that you have given correct and complete information. Date of signature _____
Signature _____ Witness _____

COMMENTS:

H. Client Information

15 CASE MANAGER NAME, LAST		FI	MI	16 CASE MANAGER NO.			17 LOCAL USE			18 STATE USE		
19 SPECIAL AREAS			20 REASON	21 LEGAL STATUS	22 LIVING ARR.	23 SEX	24 RACE	EDUCATION		27 LANG		
								25 IN SCHOOL	26 HIGHEST GRADE			

Adult Services Functional Assessment

Client Name: _____

Date: _____

Case # _____

ID # _____

I. Social *(Complete or modify face sheet as needed.)*

A. Client's/family's perception of client's social functioning.

B. When the client has a problem, who is the person he/she can most rely on? *(name, relationship)*

C. Dimensions of social functioning *(Use a genogram or ecomap if social network is large or complex. See appendix of social worker's recordkeeping guide.)*

1. Client's abilities/preferences/barriers in forming and maintaining relationships *(e.g., isolated, likes daily contacts, prefers solitude, shy, unable to communicate)*

2. Does the client have a caregiver/caretaker? *(If yes, describe dynamics, e.g., satisfaction of client and of caregiver, other responsibilities and strains on caregiver, evidence of burnout, strains on client, rewarding relationship for caregiver/client.)* Yes No

3. Dynamics of relationships with and among family, friends, and others *(e.g., neighbors, facility staff, past or present coworkers, church and other organizations, pets). Include pertinent information on cultural values, family roles, sources of strain and satisfaction.*

4. Significant history/changes in client's/family's social functioning.

II. Environment

A. Client's/family's perceptions of the home and neighborhood environment.

B. Type of residence

SELECT TYPE

Other - Explain below

Facility/Group Home

Specify shelter below

C. Location

D. If client lives in a house, mobile home, or apartment, who is head of household?

List below head of household or if Other - Explain

E. Inadequate, unsafe, or unhealthy conditions in client's environment (*space for comments/ explanations below if needed.*) If client is in a facility, record environmental issues/concerns under comments.

<input type="checkbox"/> Access within Home	<input type="checkbox"/> Eating Area	<input type="checkbox"/> Lighting	<input type="checkbox"/> Shopping, access	<input type="checkbox"/> Transportation	
<input type="checkbox"/> Access, exterior	<input type="checkbox"/> Electrical Outlets	<input type="checkbox"/> Living Area	<input type="checkbox"/> Sleeping Accommodations	<input type="checkbox"/> Trash Disposal	
<input type="checkbox"/> Bathing facilities	<input type="checkbox"/> Fire Hazards/ No Smoke Detectors	<input type="checkbox"/> Locks/ Security	<input type="checkbox"/> Structural Integrity	<input type="checkbox"/> Ventilation	
<input type="checkbox"/> Cooking Appliance	<input type="checkbox"/> Heating	<input type="checkbox"/> Pests/Vermin	<input type="checkbox"/> Telephone	<input type="checkbox"/> Water/Plumbing	
<input type="checkbox"/> Cooling	<input type="checkbox"/> Laundry	<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Toilet	<input type="checkbox"/> Yard or other area immediately out side of residence	<input type="checkbox"/> Other - Describe below

List Comments/Explanations and/or Describe Other below.

F. Is there anything in the home or neighborhood that poses a threat to the client's mental or physical health, safety, or ability to receive services?

G. Environmental Strengths

III. Mental/Emotional Assessment

A. Client's/family's perception of client's mental/emotional health

B. Were any mental/cognitive assessment instruments used by Social Worker or a mental health professional? **If yes, record results below.** *Sample assessment instruments are included in the appendix of the Social Worker's record keeping guide.* Yes No

Instrument	Given By	Findings/Conclusions

C. Mental, emotional, and cognitive problems, diseases, impairments and symptoms

Diagnosis/Symptom	Source Code	Other - Specify	Notes (e.g., onset, severity, functional impact, history, untreated condition, needs professional assessment)
Aggressive/abusive behavior			
Agitation/anxiety/panic attack			
Change in activity level (sudden/extreme)			
Changes in mood (sudden/extreme)			
Change in appetite			
Cognitive impairment/memory impairment (SPECIFY)			
Developmental disability/mental retardation (SPECIFY)			
Hallucinations/delusions			
Inappropriate affect (flat or incongruent)			
Impaired judgment			
Mental anguish			
Mental illness (SPECIFY)			
Orientation impaired: person, self, place, time			
Persistent sadness			
Sleep disturbances			
Substance abuse (SPECIFY)			
Thoughts of death/suicide			
Wandering			
Other:			
Other:			

D. Past and present hospitalizations/treatments for mental/emotional problems (Include patient, outpatient, therapy, and substance abuse recovery programs and names of current therapists or other involved mental health professionals.)

E. Is there a history of mental illness or substance abuse in the client's family or household? **If yes, describe below.** Yes No

F. Strengths in the mental or emotional status of the client/family.

IV. Physical Health

A. Client's/family's perception of client's health status.

B. Physical health problems: diseases, impairments and symptoms

Diagnosis/Symptom	Source Code	Other - Specify	Notes (e.g., onset, severity, functional impact, history, untreated condition, needs professional assessment)
Arthritis/osteoporosis/gout			
Asthma/emphysema/other respiratory			
Bladder/urinary problems/incontinence			
Bruises			
Burns			
Cancer			
Dental Problems			
Diabetes			
Dizziness/Falls			
Eye Disease/Conditions			
Headaches			
Hearing difficulty			
Heart disease/angina			
Hypertension/high blood pressure			
Kidney disease/renal failure			
Liver diseases			
Malnourished/dehydrated			
M. Sclerosis/M.Dystrophy/Cerebal Palsy			
Pain			
Paraplegia/quadriplegia/spinal problems			
Parkinson's Disease			
Rapid weight gain/loss			
Seizures			
Sores (Specify)			
Speech Impairment			
Shortness of breath/persistent cough			
Stroke			
Other:			
Other:			

C. Does the client have any sensory or health problems that impair his/her ability to make or communicate responsible decisions?

D. Medical Providers	Notes (type provider, regular or as needed, etc.)

E. Medications (prescription and over-the-counter) and Treatments (e.g., special diet, massage)	Name	Comments (dosage, compliance issues, side effects, other)

F. Does the client need assistance with medication or treatment? Yes No
 If yes, is he/she receiving the assistance needed.

No Assistance needed Assistance received from:

Assistance needed, but not received

G. Other significant client/family history, including hospitalizations and outpatient procedures.

H. Durable Medical Equipment/Assistive Devices/Supplies
 (Record **U** if client uses it now, **N** if client needs it but does not have it.)

<input type="checkbox"/>	Cane	<input type="checkbox"/>	Crutches	<input type="checkbox"/>	Grab bars	<input type="checkbox"/>	Ostomy/ Colostomy Bags	<input type="checkbox"/>	Telephone Alert Device
<input type="checkbox"/>	Catheter	<input type="checkbox"/>	Dentures	<input type="checkbox"/>	Hearing Aid	<input type="checkbox"/>	Oxygen Equipment	<input type="checkbox"/>	Walker
<input type="checkbox"/>	Commode (seat/ bedside)	<input type="checkbox"/>	Diabetic Supplies	<input type="checkbox"/>	Hospital Bed	<input type="checkbox"/>	Prosthesis	<input type="checkbox"/>	Wheelchair
<input type="checkbox"/>	Communication Devices	<input type="checkbox"/>	Glasses	<input type="checkbox"/>	Incontinence Supplies	<input type="checkbox"/>	Ramp	<input type="checkbox"/>	Other - Describe Below

Comments/Explanations/Other:

I. Strengths in client's/family's physical health.

V. ADL/IADL

A. Client's/family's perceptions of the client's ability to perform the activities of daily living (basic and instrumental)

B. Review of activities of daily living (basic and instrumental)

	Help needed?			Need met? 1 - Yes 2 - Partial 3 - No	Comments (e.g., who assists, equipment used, problems or issues for caregivers)
	None	Some	Total		
ADL Tasks					
Ambulation					
Bathing					
Dressing					
Eating					
Grooming					
Toileting					
Transfer					
to/from bed					
into/out of car					
IADL Tasks					
Home maintenance					
Housework					
Laundry					
Meal Preparation					
Money management					
Shopping/errands					
Telephone use					
Transportation use					

C. (For APS use only) Is the client incapacitated, and without someone able, willing and responsible to provide assistance? Yes No

Comments/Explanation

D. Is the client able to read? Yes No Is the client able to write? Yes No

E. Client/family strengths

VI. Economic

A. Client's/family's perception of client's financial situation and ability to manage finances.

B. Monthly income (from all sources)

Social Security/ SSI		Retirement/VA/RR		Other - Type		Other - Amount	
-------------------------	--	------------------	--	-----------------	--	-------------------	--

C. Other resources (e.g., food stamps, subsidized housing, property, Medicare, Medicaid)

D. Monthly Expenses

Clothes/ Laundry		Heat		Medical		Transportation		Water/ Sewer	
Food/ Supplies		Insurance Type		Rent/ Mortgage		Utilities		Other	

Insurance type or Other explain: _____

E. Home/property ownership: _____

F. Are there any problems/irregularities in the way the client's money is managed (by self or others)

Yes No

If yes, please explain: _____

G. If expenses exceed income, what does the client do to manage?

H. Client/family strengths

VII. Formal Services Currently Received by Client. If none, check here:

Service	Provider	Comments
Adult Day Care		
CAP (Community Alternative)		
Case Management		
Counseling		
Employment Services		
Food Stamps		
In-home aide/PCS		
Legal Guardian		
Meals (Congregate/Home)		
Medicaid		
Mental Health Services		
Nursing Services		
Payee		
Public/Subsidized Housing		
Shelter Workshops		
Skilled Therapies (PT, OT, ST)		
Telephone Alert/Reassurance		
Transportation		
Other:		
Other:		

Information from collateral contacts, if appropriate. (Include date, name, relationship or position. Attach additional sheets if needed.)

Additional notes (optional) *This space provided for any relevant information that needs documentation and does not fit elsewhere on the tool.*

Summary of Findings - Including strengths and problems

Documentation of eligibility for specific services:

Next step(s) *(Check all that apply)*

<input type="checkbox"/> Close case	<input type="checkbox"/> Develop Goals/Service Plan	<input type="checkbox"/> Transfer Case to Another Unit
<input type="checkbox"/> Complete APS Disposition	<input type="checkbox"/> Make Referral to Another Agency	<input type="checkbox"/> Other - Explain below

If other, explain:

Social Worker's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

ADULT AND FAMILY SERVICE PLAN

(Use additional sheets as necessary)

Case # _____
 ID # _____
 Date Initiated _____

Client: _____

Initial Update Quarterly Reassessment

Checklist for Change (Problem/Need)	Goal	Target Date	Activities/Services	Person/Agency Responsible	Activity Done	Goal Met

MAC Narratives

1.) *SW spoke with P from Supportive Solutions, SW gave P a brief history of adult and diagnoses. SW requested adult be assessed to see if it is totally mental illness or if adult may be suffering from some early onset dementia. P will assess today.(coordination of service to maintain mental health—billed to 340 MAC)

It is a good note. The entries are describing what the worker is doing rather than what services that the client is receiving. I can see in this note what the worker is doing to assist the individual in accessing Medicaid services. We are making sure that in training we are telling the participants that MAC is for the worker to bill for their administrative time in assisting an individual access Medicaid services covered under the NC State Medicaid plan. Their notes should reflect the workers efforts to do this. I would assign this narrative (2)

2.)*SW called and spoke with facility social worker J. SW informed J of cardiology findings from client's hospital stay in September. J will make referral to cardiologist for evaluation. (Coordination of medical services-referral to cardiologist, billed 340 MAC)

Same as above. I would assign this narrative (2)

3.)*Call from client nervous about surgery tomorrow (billed MAC 340-90mins)

Although this note is brief, it's OK. What would make it stronger would be if the worker describe what they did to make the client feel less nervous. Example; "I talked with a client who was nervous about surgery tomorrow and gave them some suggestion of how to prepare". However, a flag for me would be the amount of bill billed for this note (90 minutes). Was the worker on the phone with the client for all that time? If so, need more detail. I would assign this narrative (1)

4.)*SW called client for purposes of monitoring medical services, evaluate needs and monthly contact. Doing well, continues with PT 2 x/wk. Client saw PCP referred for ultra sound at the hospital. Diagnosed with fatty liver. Discussed meds/symptoms. Discussed MD orders to eat more protein and decrease carbs and exercise regularly. Client plans to follow diet along with PT to lose weight and help manage diabetes. Also reports she has been approved for Section 8 housing and now has 60 days to find a place. SW referred her to several housing options. Client will call and visit these options. Will keep SW updates. (Billed 15 mins 340 MAC and 15 mins 330X).

Good note. I can see in this note what the worker is doing to assist the individual in accessing Medicaid services. I see that the note is separated with two codes, 340 and 330. I would assign this narrative (2)

5.)* CM made several attempts to speak with client via phone. However, client was unable to hear on the phone, CM visited client in her home in order discuss medical appointments on 1/16/15. CM has assessed and monitored client's medical needs. CM has also contacted client's Care Partners RN and discussed client's current medical status. Client was in good spirits and expressed appreciations for the visit. CM will shadow client to medical appointment on 1/16/15. (55 min 330/ 45 min 340).

Also a good note. Again, I can see what the social worker is doing to help the client with their medical needs. The attempt to speak with the client even though not successful is still billable because the client

WAS on the other end of the line. It would not have been billable if client was not home either for the phone call or the home visit. Attending with the client "shadowing" is also billable to 340. I would assign this narrative (2)

6.)*TC to remind client of psych appointment today in Asheville. Picked up client took to appointment and assisted with the evaluation. Client was unable to do much of the assessment due to his communication limitations, but sister and SWer filled in blanks. Assessor M stated he felt he could get the eval completed and to LME in one week. Emailed LME to request fax number for M. (340 MAC-375).

Good note. Describes the actions of the worker. I would assign this narrative (2)

7.)*SW took client to MD, and we waited 1 ½ hours, finally got to see MD. SW and MD looked at CT scan from Monday and client has numerous tumors since April. He has one blocking his flow or urine from kidneys, tumor on liver, spleen, lungs and spine. SW got all results and took them back to facility for his char. Client upset and crying. Staffed with facility SW.

Good note. Waiting in the waiting room with client is billable to 340. Good description of the results of the doctor's visit. I would assign this narrative (2)

8.)*SW worked on gathering information for client's MA application and documented yesterday's visit.

The first part of this note is fine for 342, but I am confused if the documentation for yesterday's visit was for to help the client apply for Medicaid or for another purpose. Documentation must be tied to an allowable activity in order to be billed and the note should have been clearer if the documentation was connected to a billable activity. I would still assign this narrative (2)

9.)*SW coordinated with hospital and MD to transfer care for client to MD while in patient. SW filled out all consents, and coordinated care and meds.

I am not clear what the worker means to "transfer care" for client. It is obvious that it is an allowable activity since it is dealing with the client's medical care, but it would help if it was clearer. The second part which is completing consents and other documents is good. I would assign this narrative (2)

10.)*CM coordinated MD's appt for client. CM communicated with client about this appt. CM also met with MD during the visit regarding the proper care of client's food (MAC 120 min)

First part of the note is good. But I don't know what proper care of client's food means. What is the issue with the client's food care that makes it a medical issue? Workers have to take care that it is clear that it is a medical or mental health issue and/or is connected to accessing Medicaid services. I would still assign this narrative (2)

11.)*CM transported client to medical appt. CM also scheduled f/u visit. The MD updated CM on status of client (MAC 180)

All this is a good note but what is MAC 180???? I would assign this narrative (2) if indeed it is 340

12.)*Client's annual individualized service plan meeting via phone. Issues that were of most concern were the ones relating to the client's use of internet accessibility, electronic and family involvement.(70 mins-MAC)

Not a good note. I don't see anything listed here that is billable to MAC. If this note is billed to MAC, the 70 minutes would be disallowed and the county would be in a payback situation. You can conduct a service plan meeting but you could only bill the portion of that service planning meeting that is connected to accessing Medicaid services. There may be parts of the service plan that is billable but it is not documented here. I may have assigned it a "1" except that it seemed that most of the conversation was about non-billable activities. **I would assign this narrative (0)**

13.)*TC from Facility today, client's behavior is escalating and will need to find other placement. Discussion involved client's new behavior patterns and his desire to go on a shopping trip.(20 mins MAC)

Partially good note. The efforts to dealing with a client's behavior issues is fine, and you can even discuss what that may mean in placements. If the worker is making a referral to another placement with Medicaid services (i.e., an ACH where they may get PCS) all that is allowable. But you could NOT bill for placement services for non-Medicaid placement. Discussing the client's behavior patterns is fine, but discussing the client's desire to go shopping is not part of accessing Medicaid services. This would be a flag to me as a monitor. **I would assign this narrative (1)**

14.)*CM drove to client's home to discuss potential placement, no one at home. CM then phoned SW and MD at hospital to verify that client is still in the hospital.(70 mins MAC)

The first part of this note does not describe a billable MAC activity. Since no one was at home, there was not a Medicaid event to in order to provide activities to access Medicaid. The second part of this note may be allowable activity, but needs more detail. Did the worker just make a phone call or was there such discussion about the client's medical condition? If that was described in the narrative, it would be an acceptable note. This is a marginal note and I don't think the county can justify 70 minutes on these activities to bill to MAC. **I would assign this narrative (0)**

15.)*HV to client- she wants hair colored and trimmed. SW will schedule for client. SW and client also discussed items on shopping list to be picked up today.(140 mins MAC)

Not even close to an acceptable note. Activities described here has nothing to do with accessing Medicaid services. This note would generate a payback for the 140 minutes claimed **I would assign this narrative (0)**

16.)*HV developed new service plan with client and obtained signature. (120 mins MAC)

This is acceptable, although needs more detail. Since we know that only that portion of the service plan that is connected to Medicaid services in order to be billed, the worker would need to make it clear that all of the service plan (if indeed it was) is connected to accessing Medicaid services. **I would assign this narrative (1) only because the worker needs to indicate the Medicaid activities addressed during the service plan.**

17.)*TC to client to discuss status of prescription medications,(15 mins- MAC)

Good note. Short and to the point. I would assign this narrative (2)

18.)*HV with client, SSI is being cut and will be reinstated in about 6 months, client want a copy of pre-need burial contract from Funeral Home. (45 mins MAC)

As this note is written, none of the activities described is billable to MAC. If Medicaid was being denied and the worker was helping to reinstate Medicaid that would be an allowable activity, but here it only speaks about SSI. Certainly the pre-need burial contract will not be an allowable MAC activities. This note would be rejected and generate a payback situation for the 45 minutes claimed I would assign this narrative (0)

19.)*SW called Medical Clinic and left message for client's PCP's assistant, to return call. Received call from medical assistant, discussed client physical health. Client gets blood work for Coumadin every 4 wks and is due for lab work, does not need appt to get blood drawn. SW called client and discussed arranging transportation to clinic for lab work. Needs to be arranged 3 days in advance. Clinic closed on Fridays and lunch. Since client receives PCS 8-11, he will be available after that. Client will be available Mon at 1pm to go to clinic. SW advised transportation will be arranged. SW arranged med transportation with MA transportation coordinator for Monday at 1pm. SW prepared documentation for client's case to be reviewed by completing documentation for adult services functional assessment for SA/IH. (60 mins -340/15 mins 343)

All a good note. It is good to see the worker break up the time between 340 and 343 I would assign this narrative (2)

20.)*SW contacted Guardianship Rep by phone. SW stated that the hospital had completed a second MRI on client and it came back normal. They also observed him on a 48 hr watch for possible TIAs and there was no sign of TIAs during the 48 hr watch. All blood work came back normal. The nurses reported that he hasn't had any passing out episodes since he has been admitted to the hospital. (55mins-340)

All a good note. Good description of activities. Remember it just not what is happening with the client, it is what are the action of the worker? MAC pays the administrative time for the worker to assist the client in accessing Medicaid services I would assign this narrative (2)

21.)*SW completed client's QR; Reviewed the service plan and goals remain the same; and completed documentation of the quarterly visit on this date and submitted to SWS for review.(90 mins-MAC/90 mins 107)

This note needs more detail. Reviewing the service plan can be billable to 340, but it has to describe medical/mental health issues or access to Medicaid to assist the client in meeting their needs. Same for the quarterly review. If all of the discussion for the service plan and quarterly review is about assessing Medicaid, then all can be billed. If not, you can only bill that portion that is connected to accessing Medicaid services. I am also not sure what was billed to MAC and what is billed to 107. Instead of mixing these two codes together, it should have activities listed for MAC and activities listed for 107 so it doesn't give the appearance that the worker is trying to bill the same activities to two codes. I would assign this narrative (1) only because the worker needs to indicate the Medicaid activities addressed during the service plan.

22.)*TC with J at Home Health. SW discussed referral and concerns of client not taking his medications properly. SW discussed medications that client is currently taking and med management order signed by Dr. SW faxed info to J. and followed up to ensure information was received. SW contacted client and discussed referral and medications. Client stated he has taken his meds today. (340-50 mins)

Good note. Very clearly describes what the worker is doing to connect the client to Medicaid services I would assign this narrative (2)

23.)* TC with client, SW followed up with client. Client stated doing well and aide in the home now assisting with personal care. Client stated he just completed his bathing and dressing with aide's assistance. Client stated he is taking meds and continues to have them lined in order on the kitchen. Client has not concerns at this time. (340-15 mins)

This is not a good note. The worker is relaying what the client saying or doing. It is not describing what the worker is doing to assist the client in accessing Medicaid services. The first part of the note seems to be describing what the aide is doing and talks about bathing and dressing. As it is written, this are not connected to Medical or mental health issues. The second part of the note says that the client has his meds lined up in order on the kitchen [counter] But it doesn't indicate that the worker was part of that discussion to keep the client medications organized. Although MAC is only billed for 15 minutes on this note, it would be a disallowed activity. I would be willing to bet you that the worker is providing MAC activities that is about accessing Medicaid service for their client, but it didn't get into the note. I would assign this narrative (0)

24.)FV to Care Center. SW let staff know that client had MRI today. SW took client to MRI appt at MDs office to ensure coordination of appt. SW talked with client and explained procedure he was having and importance of lying still on table. SW assisted with completing paperwork about his medical history prior to appt. SW attended client during appt and observed MRI. SW answered questions during procedure as needed about client's current and past medical history. SW obtained copy of MRI of his brain to take to appt on Friday. SW and client went back to facility. SW advised staff of procedure and client needs to drink plenty of fluids today to flush out dye from MRI. SW let staff know the SW would be picking up client on Friday for app. Client said he was doing well and denied needed anything for SW. Wanted to go to room to rest. (340 MAC- 150 mins)

A very good note. Describes everything that the SW is doing to assist the individual in addressing their medical issues. The travel time is folded into the note as it should be (since t also billable to 340) You can see where the activities from beginning to end assisted the client in receiving the medical services they need, including, observation, talking with the doctor, talking with the client, transportation disseminating information to the staff at the facility and documentation. A good example to use in your consultations. I would assign this narrative (2)

Interim or Quarterly Client Review

Client Name: _____

Date: _____

Case # _____

ID # _____

Review was conducted (check all that apply):

Information was obtained during the review period from: (check all that apply)

<input type="checkbox"/> Adult Day Care Center	<input type="checkbox"/> In Client's Home
<input type="checkbox"/> At DSS	<input type="checkbox"/> In Client's relative's home
<input type="checkbox"/> By Telephone	<input type="checkbox"/> Nursing Home/ Domiciliary Care
<input type="checkbox"/> Hospital	<input type="checkbox"/> Other - Explain Below

<input type="checkbox"/> Aide/Paid Assistant	<input type="checkbox"/> Guardian	<input type="checkbox"/> Primary Caregiver
<input type="checkbox"/> Client	<input type="checkbox"/> Other	Explain Below
<input type="checkbox"/> Facility Staff	<input type="checkbox"/> Other Family	Explain Below
<input type="checkbox"/> Friends	<input type="checkbox"/> Other Professionals	Explain Below

Other, Explain:

Other, Explain:

Have there been any changes/events since the last review which have a SUBSTANTIAL impact on the client's/family's life or need for services? If yes, summarize briefly.

Update face sheet to reflect any changes such as address, telephone, or household composition.

Review of the functional domains

Please include in your summary new problems, worsening conditions, improvements, and new resources or accomplishments. (Include information that documents the continuing need for services.)

Social

Environmental (home and neighborhood)

Mental/Emotional Health

Physical Health

ADLs and IADLs

Economic

--

Summarize below any other significant events, contacts, or activities during the quarter (include dates) or attach relevant sections of your log notes.

--

Progress on Goals

Goal # and/or Description	Progress	Disposition		
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%;"></td> </tr> <tr> <td style="width: 100%;">Other, Explain</td> </tr> </table>		Other, Explain
Other, Explain				

Goal # and/or Description	Progress	Disposition		
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%;"></td> </tr> <tr> <td style="width: 100%;">Other, Explain</td> </tr> </table>		Other, Explain
Other, Explain				

Goal # and/or Description	Progress	Disposition		
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%;"></td> </tr> <tr> <td style="width: 100%;">Other, Explain</td> </tr> </table>		Other, Explain
Other, Explain				

Goal # and/or Description	Progress	Disposition		
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%;"></td> </tr> <tr> <td style="width: 100%;">Other, Explain</td> </tr> </table>		Other, Explain
Other, Explain				

Update service plan as needed

Social Worker's Signature _____

CL 31201 10
4 5

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF SOCIAL SERVICES

WORKER DAILY REPORT OF SERVICES TO CLIENTS

1. COUNTY PROVIDER NO. 11	2. MONTH YEAR 18 19 20 21 22 23 31	3. WORKER I.D. 23	4. COUNTY PROVIDER NAME	5. WORKER NAME LAST, FI, MI
------------------------------	---------------------------------------	----------------------	-------------------------	--------------------------------

6. CLIENT NAME	7. LN	8. DAY	9. SERVICE	10. CLIENT I.D.	11. MINUTES	12. PGM	13. COUNTY USE	14. COMMENTS
	1							
	2							
	3							
	4							
	5							
	6							
	7							
	8							
	9							
	10							
	11							
	12							
	13							
	14							
	15							
	16							
	17							
	18							

Sample only.
Not for use.

My signature certifies that this is an accurate account of time and services provided as listed above:

Case Description	CASE NUMBER: COUNTY NAME: DATE COMPLETED: MONITOR NAME:			Max Points Applicable	Points Earned	Percentage Earned	Applicable Values
Medicaid Administrative Claiming Compliance Monitoring Tool							
i. Referral, Coordination and Monitoring Medical Service (340)							
1. Documentation reflects client is an active Medicaid beneficiary at time of claiming for 340				2	2	100%	0 or 2
2. Record contains a completed DSS-5027 with SIS Codes for MAC				2	2	100%	0, 1 or 2
3. Case documentation describes activities to refer, coordinate, or monitor Medicaid services supported by the Medicaid State Plan				2	2	100%	0, 1 or 2
ii. Arranging Transportation Services for Clients to Access Medicaid Services (343)							
1. Documentation reflects client is an active Medicaid beneficiary at time of claiming for 343				2	2	100%	0 or 2
2. Record contains a completed DSS-5027 with SIS Codes for MAC				2	2	100%	0, 1 or 2
3. Case note narratives and other supporting documentation documents activities to arrange for or schedule transportation to Medicaid State Plan services				2	2	100%	0, 1 or 2
iii. Outreach for Medicaid Services (342)							
1. Documentation is available that describes activities related to information about Medicaid services				2	2	100%	0, 1 or 2
iv. Facilitating an Application for the Medicaid Program (341)							
1. Documentation is available that describes activities related to assisting with a Medicaid application				2	2	100%	0, 1 or 2
Subtotals				16	16	100%	

Medicaid Administrative Claiming (MAC) - Adults and Children Compliance Monitoring Tool Instructions

The goal of Medicaid Administrative Claiming MAC - Adults and children (MAC) is to identify and enroll eligible clients into Medicaid, and to refer, coordinate and monitor services covered under the North Carolina Medicaid State Plan (State Plan).

The purpose of this document is to provide instructions to compliance staff in evaluating whether activities performed by County Department of Social Services (CDSS) case managers are appropriately claimed according to the federal regulations governing MAC activities.

I. Referral, Coordination and Monitoring Medical Service (340)

1. Establish if there is documentation that indicates that client is eligible for Medicaid services on the date the staff worker claimed time. A signed day sheet serves as (at a minimum) attestation for an individual being a Medicaid beneficiary. This may also be found in the worker notes, in the eligibility system (if it is available) or other information.

0* = No documentation of eligibility or failure to sign daysheet (digital or otherwise).

2 = Documentation that the client is eligible for Medicaid services.

*Value requires comment on monitoring tool.

2. Locate the DSS-5027.

0 = DSS-5027 not in record.

1 = DSS-5027 in record, but all required fields related to MAC are not complete or not accurate.

2 = DSS-5027 is in the record and all required fields are complete and accurate.

3. Review the case documentation to ensure that activities claimed supported referral, coordination, or monitoring of Medicaid covered services in the State Plan.

0* = A) No documentation present OR,

**Medicaid Administrative Claiming (MAC) - Adults and Children
Compliance Monitoring Tool
Instructions**

B) Documentation does not describe administrative activities that the worker completed to assist an individual access Medicaid services covered under the NC State Medicaid plan.

1* = A) Activities listed described Medicaid covered services, but did not describe the administrative activities that the worker completed to help an individual access Medicaid services OR

B) There were activities that described administrative activities that a worker completed to assist an individual access Medicaid covered services but claim documentation included activities not allowable under Medicaid covered services.

2 = Case documentation fully describes administrative activities completed by the worker to assist an individual to access Medicaid services covered under the NC State Medicaid plan, including referral, coordination and monitoring in accordance with MAC guidelines.

*Value requires comment on monitoring tool.

**II. Arranging Transportation Services for Clients to Access Medicaid Services
(343)**

1. Establish if there is documentation that indicates that client is eligible for Medicaid services on the date the staff worker claimed time. A signed day sheet serves as (at a minimum) attestation for an individual being a Medicaid beneficiary. This may also be found in the worker notes, in the eligibility system (if it is available) or other information.

0* = No documentation of eligibility or failure to sign daysheet (digital or otherwise).

2 = Documentation that the client is eligible for Medicaid services.

*Value requires comment on monitoring tool.

2. Locate the DSS-5027.

**Medicaid Administrative Claiming (MAC) - Adults and Children
Compliance Monitoring Tool
Instructions**

0 = DSS-5027 not in record.

1 = DSS-5027 in record, but not complete or not accurate.

2 = DSS-5027 is in the record and all required fields are complete and accurate.

3. Review the case note narrative to ensure that documentation exists which necessitate activities to arrange for or schedule transportation to Medicaid State Plan Services.

0* = A) No documentation present OR,

B) Documentation does not describe administrative activities that the worker completed to assist an individual access Medicaid services covered under the NC State Medicaid plan.

1* = A) Activities listed described Medicaid covered services, but did not describe the administrative activities that the worker completed to help an individual access Medicaid services OR

B) There were activities that described administrative activities that a worker completed to assist an individual access Medicaid covered services but claim documentation included activities not allowable under Medicaid covered services.

*Value requires comment on monitoring tool.

2 = Case documentation fully describes administrative activities completed by the worker to assist an individual to access Medicaid services covered under the NC State Medicaid plan, including referral, coordination and monitoring in accordance with MAC guidelines.

III. Outreach for Medicaid Services (342):

1. Establish if there is documentation that support outreach for Medicaid services.

**Medicaid Administrative Claiming (MAC) - Adults and Children
Compliance Monitoring Tool
Instructions**

0 = No documentation of activities exist in according to MAC guidelines.

1 = Documentation exists, but activities of outreach or amount of time to complete the outreach activity is not documented.

2 = Documentation of activity and amount of time is in accordance to MAC guidelines

IV. Facilitating an Application for the Medicaid Program (341)

1. Establish if there is documentation that support facilitating an application to the Medicaid Program.

0 = No documentation of activities exist in according to MAC guidelines.

1 = Documentation exists but activities related to facilitating a Medicaid application is not in accordance to MAC guidelines.

2 = Documentation of activities related to facilitating a Medicaid application is in accordance to MAC guidelines

➤ General MAC Questions

1. What are the overall objectives of MAC?

Title XIX of the Social Security Act (the Act) authorizes federal grants to states for a proportion of expenditures for medical assistance under the approved Medicaid state plan, and for expenditures necessary for administration of the state plan. The goal of North Carolina's Medicaid administrative claiming (MAC) effort is to appropriately claim for those activities performed by DSS and DAAS case managers. MAC activities are case management activities to assist individuals in accessing Medicaid Services under the North Carolina State Medicaid Plan. Further information is available on Medicaid.gov at this link: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Financing-and-Reimbursement/Medicaid-Administrative-Claiming.html>

2. What is the most important thing that I should remember for MAC?

MAC must be directly related to Medicaid covered services under North Carolina's state plan.

3. Who is eligible for MAC activities?

There are two groups who are eligible for MAC activities:

- Medicaid beneficiaries – The client must be a Medicaid beneficiary for MAC 340 and MAC 343. Case managers must look up each client's status to ensure active enrollment.
- Individuals seeking Medicaid – Adults or children served through Medicaid outreach activities (MAC 342) or who need assistance completing a Medicaid application (MAC 341).

Note that the location of the client does not matter, so MAC can be used for individuals in a hospital or treatment facility setting. MAC time spent with IV-E children is also appropriate.

4. Are MQB individuals eligible for MAC activities?

No, because the sole benefit of MQB provisions is to pay for Medicare premiums or co-pays.

5. Is it an agency decision to use these codes? What should an agency do to be consistent in MAC coding?

It is the agency's decision to utilize MAC. It would be helpful for monitors in each county to decide upon a particular location in the narrative to create consistency among individual workers.

6. Is MAC only for case managers?

No, MAC can be used by all employees who perform Medicaid administrative activities, including social work support staff and Child and Family Team facilitators. However, note that clinicians or paraprofessionals providing direct Medicaid billable activities would not code their time to MAC because they are providing a direct service rather than a case management activity.

7. Can MAC be used by an agency other than the County Department of Social Services (CDSS)?

DMA does not support the use of MAC by any agency other than CDSS. However, DMA does allow a CDSS to bill MAC for a contracted/temporary employee hired through a staffing agency. Billing for employees with this distinction are covered under Part I of the DSS-1571.

8. Are there minimum client visit requirements for MAC?

No. There are no requirements during a visit when logging time for a visit against the appropriate MAC SIS Code beyond proper day sheet documentation.

9. What is the appropriate billing code when staff go out to visit a new referral/case and the family is not home?

- If the family is not home and you do not speak to anyone on the visit regarding your case, another non MAC, SIS code would be the appropriate choice if you are not able to provide Referral, Coordination and Monitoring of Medicaid Services (SIS Code 340), even if that is the activity you anticipated providing.
- If the family or individual is not there but you have a discussion during your visit with a relative or caretaker with regard to referral, coordination, and monitoring of the client's medical plan, then the time spent discussing this part of the client's plan as well as travel time can be coded to MAC.

▪ **Documentation**

10. Does MAC require specific forms?

No.

11. Is proof of Medicaid eligibility required in the client's service record?

DMA has an expectation that counties verify eligibility when billing for MAC (Codes 340 and 343). DMA understands that this process varies for each county; however the expectation is that the agency will attest (through acknowledgement in record notes) an individual is eligible for each specific month MAC is billed. This is a vital component to the monitoring process for MAC Codes 340 and 343.

12. Should the service plan include all identified needs regardless of funding source, with some time coded to MAC and some to other places?

The service plan should include goals that address the needs that require accessing Medicaid services to meet the needs of the individual. With MAC activities, bill only for those activities directly related to accessing Medicaid services, and bill time for other activities elsewhere as appropriate. The county should be addressing all issues regardless of funding based on the assessment and needs of the individual.

▪ **Day Sheets and Billing**

13. What is the program code that goes along with the SIS code for day sheet purposes?

The program code for all MAC SIS codes is "MAC". You can code your time in 5 minute increments.

14. Can a social worker potentially use more than one SIS code to document one encounter with a client?

You may use more than one SIS Code, but they must cover exclusive periods of service and not overlap (i.e., you cannot code the same period of time to more than one SIS code).

15. Can multiple workers bill for activity done at the same time, such as a joint home visit to a client?

Multiple workers can select MAC SIS Codes for joint time with the same client. The day sheets are meant to capture individual worker time, not 'service' units. The social worker should complete their day sheet according to the activities they were supporting or performing for a client, regardless of who else may have been with the client at the same time.

16. What does the SIS manual require regarding a signature on the DSS-5027?

The SIS manual has been revised (see text below):

A client signature is not required on the DSS-5027 when only referral, coordination and monitoring of medical services (SIS Code 340 – Referral, Coordination and Monitoring of Medicaid Services) and/or

transportation services for a client to access Medicaid services (SIS Code 343 – Arranging Transportation Services for Client to Access Medicaid Services) are being provided.

17. Can MAC be the only service open on the DSS-5027? Under what circumstances are we NOT required to have the client sign the DSS-5027?

MAC can be the only service opened on the DSS-5027. However, please note the following:

- DSS child welfare services are advising all of Child Welfare staff to always have another service open that MAC can support.
- MAC activities do not require a signature on the DSS-5027 if **only** MAC activities are being performed.
- MAC SIS Code 340 and MAC SIS Code 343 are required on the DSS-5027, but MAC SIS Codes 341 and 342 are not required on the DSS-5027. Please refer to the excerpt from the SIS User's Manual in the question above.

18. Realizing that narrative and day sheet must match, does the actual time spent doing MAC activities have to be included in the narrative, for example 60 min?

It is required that you put the number of minutes on the day sheet, but it is NOT required that you put the number of minutes in your case management notes, only that the entry in your case management notes reflect the appropriate activity for the code that was utilized on the day sheet and the date of service is referenced.

19. Is there a particular assessment format we need to use to show/document that a client is MAC eligible?

MAC is not a service or a program and therefore does not require a specific eligibility/assessment form. Case workers can document in ongoing case management notes that the individual is a Medicaid beneficiary (for MAC SIS codes 340 and 343) and needs to access Medicaid services under the NC State Medicaid Plan. MAC SIS codes 341 and 342 do not require an individual be Medicaid-eligible.

▪ **Transportation**

20. Can I select a MAC SIS Code if I am transporting a client to a doctor's appointment?

Yes, but there are some important distinctions regarding MAC and Medicaid transportation:

- MAC SIS Code 343 is only used for the arranging and/or scheduling of transportation for individuals to access Medicaid services.
- MAC SIS Code 340 can be used for transporting clients to a Medicaid service as part of a case management activity. Coordination of Medicaid services includes transporting a client to a doctor appointment because the client would otherwise not be able to attend.
- MAC is not to be used for non-medical related transportation.

21. Are the MAC SIS Codes in addition to 250, 251, 252, and 381-T codes that are related to Medicaid transportation?

Yes, they are. Paraprofessional and social work support staff who provide direct, billable Medicaid transportation would not be coding time to MAC.

- Code T (Title XIX Medical Transportation) is intended for use by paraprofessional staff whose job responsibilities are to perform activities such as billing, scheduling transportation, and making appointments. These activities should be coded on the DSS-4263 as 381-T; "T" is no longer be valid with SIS Code 380.

- NEMT-related activities not performed by a case manager can still be coded to 381-T without requiring a SIS Client ID on the day sheet, or a DSS-5027 as long as the client is receiving only Medicaid transportation.

▪ **Referral, Coordination, and/or Monitoring**

22. Can assessment/Quarterly Review/reassessment activities that relate to accessing Medicaid services under the State Plan be billed to MAC?

Yes, this is monitoring of Medicaid services.

23. Is the time spend going to the grocery store and food shopping for a client who has medical needs be a MAC activity? What about going to a pharmacy to pick up a prescription?

SIS Code 340 covers case management time related to making referrals for, coordinating, and/or monitoring the delivery of health related/medical services on behalf of clients. Remember that MAC is related to helping a Medicaid beneficiary to access Medicaid services. This is an important distinction because:

- Going to the store/shopping for food is not a Medicaid service. Thus, this is not a MAC activity.
- If a case manager had to go to a pharmacy to pick up/coordinate a prescription for an individual this would be coordinating and monitoring their health service plan. This is a MAC activity.

▪ **Outreach**

24. If a client is open for 202 and during the evaluation the caseworker educates the client/family about Medicaid, would this time be billable to MAC?

Yes. Outreach for Medicaid Services (SIS Code 342) may be used when performing activities that:

- Inform individuals about Medicaid.
- Inform individuals on how to access Medicaid and medically related services.
- Highlight the importance of accessing medical, mental health, functional/developmental disability, and alcohol and drug services.

Highlight the importance of maintaining a routine place for health care.

➤ **DAAS-Specific MAC Questions**

25. If DSS is guardian, can MAC be billed when a Social Worker assists with Medicaid review for SA (Special Assistance payment) or LTC (Long Term Care)?

The worker time may be coded to MAC if the activity is related to accessing Medicaid services including obtaining Medicaid coverage.

26. 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.

27. Can MAC activities be provided to individuals receiving SA-IH?

Yes, a worker can provide MAC activities to SA-IH individuals for time spent on MAC activities.

28. What codes do we use for any SA-IH services that are not considered MAC activities?

- This is solely up to the individual county in how to capture time not allowable as a MAC activity. Some counties may choose to open the individual for SIS Code 330 – Individual & Family Adjustment Services.
- Note that the activities that a case manager is conducting will not change, only now some of those activities will be reimbursable under MAC.
- Case managers should not stop conducting certain activities or addressing non-medical needs because a county cannot be reimbursed using MAC for those activities.

29. Will we have to bill quarterlies & assessments under two different codes since each covers more than just medically related topics?

The assessment, service plan and quarterly reviews are all part of allowable activities under MAC. Note that:

- Only those parts of an assessment or quarterly that is connected to accessing Medicaid services will be reimbursable under MAC. If there are some parts that are not part of accessing Medicaid services, those activities will have to be billed to a SIS Code other than MAC.
- If all of the assessment and quarterly reviews are connected to accessing Medicaid services, then the entire assessment and/or quarterly may be captured as a MAC activity.
- The assessment, service plan, and quarterly review will stay on the same cycle as they were before.
- A new assessment is not required when adding MAC to a previous service.

30. If you determine they do not have to sign the DSS-5027 for 340 or 343, will we need to open another case management service such as 330?

MAC does not require a signature on the DSS-5027 as long as only MAC activities are open on the Case Plan. There is no requirement to open another service. However since MAC is described as a set of allowable activities that support accessing Medicaid services to meet the needs of an individual, some counties may interpret this to mean they should have another service open on the DSS-5027 (which would require a signature for that service). Each county will decide whether there is a need for an additional service on the DSS-5027 with MAC.

31. Is time spent assisting to arrange for a ramp for a Medicaid recipient to get in and out of the home because they are now wheelchair bound billable to MAC?

No. Building a ramp and/or assisting the client to obtain quotes/planning is not a MAC activity as a ramp is not a medical service covered under the NC State Medicaid Plan.

32. If a client receives payee services, is it best to bill under the payee code and not MAC?

Staff may do both depending upon the need of the individual. If the payee recipient needs access to Medicaid services to meet their needs and can benefit from the activities listed under any of the four MAC SIS codes, then staff should address those medical or mental health service needs with the client. The MAC codes may only be used for MAC activities, not payee services.

33. Can MAC be billed for activities during a Psychiatric In-Patient stay, for adults ages 21-65?

No. Medicaid does not cover this age group for their stay, thus it is inappropriate to select MAC for coordinating psychiatric in-patient stays for this age group.

34. Can MAC be billed for activities related to arranging dental care for an adult client?

The North Carolina State Plan offers dental coverage to adults age 21 and older as an optional service. Descriptions of when a dental procedure, product or service is or is not covered is available at this website <http://www.ncdhhs.gov/dma/mp/1dental.pdf>

35. Is all the time spent arranging and monitoring PCS (personal care services) billable to MAC?

If referral, coordination and monitoring that is performed for a client is for a personal care service that is a medical or mental health service covered by Medicaid then the time can be coded to the MAC SIS Code 340. A majority of personal care services are not a medical or mental health service and would not be allowable as a MAC activity.

36. Can you use MAC for APS reports? What about status reports for Guardianship?

There will be billable MAC activities performed in the course of doing APS evaluations and supporting guardianship cases. However, without the APS and Guardianship SIS Codes open on the DSS-5027, the total amount of time agency staff dedicated to APS or guardianship may not be available.

37. We will sometimes use MAC codes, when appropriate, during APS evaluations and for some case management activities for our wards. In each of these cases, do we have to have the client sign a DSS-5027? There is no client signature for code 202 or 107.

The client does not need to sign the DSS-5027 for MAC activities. It is a requirement that you continue to open the DSS-5027 with appropriate SIS Codes in order to capture the types of services being provided to clients. The DSS-5027 is required because there will be MAC activities performed in your APS evaluations and guardianship cases, and without the APS and Guardianship SIS Codes open on the DSS-5027, the total amount of time agency staff dedicated to APS or guardianship will not be available.

In the case of APS evaluations (202) and guardianship (107), signatures by the client are never required because of the nature of the services. If you are performing MAC activities in conjunction with other case management services that require a client application and request for services such as 330, then the client would have to sign the DSS-5027 for the 330 service or other services that require a client signature.

38. Can MAC also be used for third track situations in which an APS report is received and not accepted, but there are needs identified?

Yes, MAC activities may be performed for individuals who have not been accepted as an APS report (screened out).

39. What if an adult services worker working is with a mother who has minor children in the home, and spends time making appointments for Medicaid services for the children?

If both parent and child are Medicaid beneficiaries and both have SIS Code 340 open on a DSS-5027, staff must code the time spent working with each one. Select SIS Codes based on the actual time spent on each issue rather than dividing up a block of time.

40. Do referrals for Meals on Wheels or adult day care qualify for 340?

No. Neither referral activity could be a MAC activity because neither is assisting a client with accessing a Medicaid service under the NC Medicaid state plan.

41. Given that MAC addresses medical and mental health issues – are there any specific requirements for staff who code to MAC to receive HIPAA compliance training? Are there specific requirements for where/how documentation is kept, or must case managers provide any HIPAA privacy notices to clients?

There are three parts to this answer:

- MAC activities should not be used for time spent receiving HIPAA compliance training. MAC activities must be client specific activities for medical or mental health services covered by Medicaid.
- MAC does not have any specific documentation requirements. When selecting a MAC SIS Code for MAC activities performed, staff should make sure that day sheet entries are complete to allow for traceability of MAC activities to a client.
- There are no HIPAA related changes for MAC activities, so there is no need to provide privacy notices to clients relative to MAC.

42. Is the time spent assisting a person with a Disability Determination application (which is part of the Medicaid eligibility process for persons under 65) billable to MAC?

If assisting with the Disability Determination application or gathering other documentation is necessary to complete the Medicaid application then this activity is appropriate for SIS Code 341 – Facilitating an Application for the Medicaid Program.

43. Can a worker bill for MAC activities related to obtaining an FL-2?

For potential Medicaid eligibles that are being evaluated for Medicaid services requiring the completion of the FL-2, MAC is allowable for time allocated to referral, monitoring and follow-up to determine the individual's medical need. Examples of Medicaid services include:

- Skilled Nursing Facility
- Personal Care Services (PCS)
- Community Alternatives Program for Adults (CAP-DA) Waiver Programs of All-Inclusive Care for the Elderly (PACE)

➤ Child Welfare-Specific Questions

44. If a child has private insurance, can we use MAC activity codes?

No. This child is not a Medicaid recipient.

45. Could MAC be used for children in Foster Care?

Yes, MAC codes can be used for appropriate activities for both IV-E and non-IV-E children who are Medicaid beneficiaries.

46. If we are providing prevention services and the parent is the person with the identified mental health/medical need, do we now make the parent our identified client rather than the child?

There is nothing in policy that prevents a child welfare worker from managing a case for an adult. Please note the following:

- The parent can be opened in their own right if they are a Medicaid beneficiary which would be the most direct approach.
- In the situation in which there is a clear connection between the parents' needs and the health or behavioral health of the child, services for the parent can be provided through the child's SIS number. The connection must be clearly documented.

47. If we are accessing services for both the parent and child can we code half time to child and half to parent?

If both parent and child are Medicaid beneficiaries and both have SIS Code 340 "open" on a DSS-5027, staff must code the time spent working with each one. Select SIS Codes based on the actual time spent on each issue rather than dividing up a block of time.

48. What would you open on the DSS-5027 for "3rd track"? Do you need to develop a case plan like 215? What would be the required documentation?

- In addition to SIS Code 340, which allows claiming for activities related to health and behavioral health for children and families, 122 – Family Support Services would be the code added for actual services.

Here is the SIS definition:

122 – Family Support Services are community based services to promote the well-being of children and families designed to increase the strength and stability of families (including

adoptive, foster and extended families), to increase parents' confidence and competence in their parenting abilities, to afford children a stable and supportive family environment, and to otherwise enhance child development.

- MAC can be used in conjunction with 122-Family Support Services to provide prevention or step down services to families. They are voluntary services and do require a signature on the DSS-5027.
- There are no new forms for MAC. There does need to be a plan, and there are different options available for documenting a plan.
- Whatever option is utilized, the elements for MAC claiming must be included. These requirements are:
 - Identification of need (NOTE: this is not a diagnosis).
 - A strategy for addressing the need and the resources available.
 - A person responsible for arranging them.
 - Periodic evaluation of the outcomes of the activities.
- These elements can be documented in various tools agencies are now using, or in the narrative.
- Each agency should have a strategy for how the agency will complete the documentation across the agency developed through service staff, business staff, and the agency administration working together.

49. If a child is eligible for 215Z funding, would you carve out chunks of time to MAC?

Yes. Title IV-E and Medicaid are different federal programs that each allow claiming for different activities. You must carve out the health and behavioral health time because MAC is designed to allow claiming for specific activities. The MAC activities are not allowable under Title IV-E.

50. If a beneficiary is receiving ACTT services through the mental health system, may we utilize MAC for a children's services prevention case?

Yes, anyone on the ACTT can select a MAC SIS Code for time spent doing MAC activities. They cannot bill for time spent on direct services.

51. 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.

Medicaid Administrative Claiming

Test your Knowledge

General Questions (see FAQ for adult and children specific questions)

1. _____ Medicaid Administrative Claiming (MAC) is a case management service
2. _____ Medicaid Administrative Claiming is new to the county DSSs
3. _____ MAC is available to any adult or child who has Medicaid who needs access to Medicaid services under the NC State Medicaid Plan OR is not Medicaid but could benefit through Medicaid Outreach.
4. _____ MAC can be provided in conjunction with other Medicaid Services
5. _____ If you add MAC Codes 340 & 343 to an existing DSS-5027 where another service is already being provided, you must complete a new assessment and service plan
6. _____ You do not have to enter MAC SIS Code 340 & 343 on the DSS-5027
7. _____ You do have to enter MAC SIS Code 342 & 341 on the DSS-5027
8. _____ A signature from an individual is not required on the DSS-5027 when opening an individual for MAC SIS code 340 & 343
9. _____ You do need to have a signature for MAC SIS Code 342 & 341 when opened on the DSS-5027
10. _____ MAC SIS code 340 includes Referral, Coordination and Monitoring of Medical Services
11. _____ MAC SIS Code 343 includes arranging Transportation Services for Client to Access Medicaid Services
12. _____ MAC SIS Code 342 includes bringing persons into the Medicaid system for the purpose of determining eligibility and arranging for the provision of medical/health related services
13. _____ MAC SIS code 341 includes assisting an individual or family to make application for Medicaid or assisting an individual to maintain Medicaid eligibility
14. _____ You can only bill MAC SIS Code 340 and 343 for an individual who needs access to Medicaid services under the NC State Medicaid plan.
15. _____ As a case manager you must know all the services listed under the NC Medicaid State Plan.
16. _____ You can only billed for MAC activities for services **paid** for by Medicaid. (for example, Medicaid would have paid but there was not a Medicaid provider in the area)

(continued on other side)

Medicaid Administrative Claiming
Test your Knowledge
General Questions (see FAQ for adult and children specific questions)

17. You should document in your notes that an individual that is receiving MAC activities needs access to Medicaid Services under the NC Medicaid State plan
18. You should provide all activities to meet a person needs identified on the assessment regardless of whether or not it is connected to accessing Medicaid services
19. Documentation, staff travel, transporting an individual and waiting in the waiting room and arranging/scheduling transportation related to accessing Medicaid services are reimbursable under MAC
20. You can bill all of your time conducting MAC activities even if the entire visit or event is not all about accessing Medicaid services
21. You do not have to document activities under MAC
22. MAC must be billed through NCTracks
23. You must be a social worker in order to provide and bill for services under MAC
24. Counties can contract with other agencies for the provision of MAC activities
25. You have to complete an assessment in order to bill MAC SIS code 340 & 343
26. If you do complete an assessment, then it would be good case management practice to identify ALL the needs and then note which ones are connected to accessing Medicaid services.
27. If you have identified that an individual can benefit from MAC activities and you complete an assessment and service plan, you do not have to complete quarterly reviews since MAC itself does not have any requirements
28. MAC will not be monitored since it is not a service or a program.
29. For MAC SIS Code 342 & 341, you may document the activities in the comment section of the day sheet
30. You do **not** have to separate your MAC documentation from other services in your narratives (or on daysheets)
31. You should always keep your MAC Desk Guide close by so you can see examples of allowable activities under MAC

Competencies and Evaluation

TRAINING EVENT: Medicaid Administrative Claiming (MAC) DATE: _____

SITE: _____

Yes/No

_____ Did you learn the purpose of MAC?

_____ Did you learn how MAC supports Medicaid Services under the NC State Medicaid Plan?

_____ Did you learn the four codes of MAC and their descriptions?

_____ Did you learn examples of activities that can be provided under MAC?

_____ Did you learn example of activities that are not reimbursable under MAC?

_____ Did you learn who can receive MAC activities?

Did you learn about or have a better understanding of the purposes of:

_____ Assessments as it relates to MAC?

_____ Service Planning as it relates to MAC?

_____ Monitoring/Follow up as it relates to MAC?

_____ Medicaid Outreach as it related to MAC?

_____ Facilitating a Medicaid application as it relates to MAC?

(1) Not at all

Completely (5)

Were the objectives of the training clear? 1 2 3 4 5

Comments:

Did the trainer(s) seem knowledgeable? 1 2 3 4 5

Comments:

Were the training methods effective? 1 2 3 4 5

Comments:

What would you have the trainer(s) do differently?

What other information/tools do you need to implement/continue MAC activities?

Other Comments: