

APS & MAC Funding Frequently Asked Questions

(APS) Adult Protective Services

(MAC) Medicaid Administrative Claiming

1. How often will monthly status checks have to be completed?

Staff will need to determine whether the client is a Medicaid beneficiary prior to using MAC as the program code for SIS Codes 202 and 204 on their daysheets. While there isn't a requirement to complete a monthly status check, it's important to only use MAC when the client is receiving Medicaid, so it may be necessary to verify the client's beneficiary status if there is any question they aren't receiving Medicaid.

2. What if a client loses Medicaid eligibility during the process of service provision? What steps should we take?

As soon as the county determines a client is no longer receiving Medicaid, then staff will need to update the DSS-5027 form and no longer use program code MAC on their daysheets when coding time to that client.

3. Can we really use MAC for all of the time for 202 and 204 service provision for every single action taken or is there still a need to divide out?

Yes, as long as the client is a Medicaid beneficiary then MAC can be used as the program code on staff daysheets.

4. Does the client have to be receiving full Medicaid? What about SA Medicaid or just Medicare co-pay?

The client must be a Medicaid beneficiary in order to use MAC as the program code for SIS Codes 202 and 204. Similarly, to using MAC for SIS Codes 340, 341, 342 and 343, if the client is a beneficiary then staff may use MAC funding.

5. Can we put unknown on the 5027 for Medicaid?

No, because the field is required, staff must answer Y for yes or N for no.

6. Will the 5027 need to be updated for all programs, not just APS? If so, will current cases (like guardianships) have to be updated?

The Medicaid eligibility question on the DSS-5027 form only needs to be answered if staff are opening a client for services or modifying an existing service. An example of modifying an existing service would be, if SIS Code 107 Guardianship is currently open on the DSS-5027 form for the client and SIS Code 331 Representative Payee is a new service that needs to be opened. Staff would answer the Medicaid eligibility question on the DSS-5027 with either "Y" or "N" when opening this additional service.

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7. Would the 340 realm codes still remain available and be utilized in APS?

Yes, SIS Codes 340 and 343 can be utilized while performing APS activities. However, if staff are coding time using these SIS Codes they would not capture the full amount of time that was spent performing all of the APS activities.

8. If counties have a lot of 5027 forms and don't necessarily need any new ones; can they write the question on the 5027 and answer it on the form regarding Medicaid or do they just need to request the new ones?

If the form doesn't have the Medicaid eligibility question, staff can write Y for yes or N for no in the space where the question would be; between the Client ID and Client Last Name boxes.

9. Can you bill 202 MAC if the client is a CAP or PACE client? Will there be a conflict?

Yes, if the client is a Medicaid beneficiary, staff can use MAC as the program code when using SIS Code 202 or 204 on daysheets

10. What about Financial exploitation cases?

Yes, if the client is a Medicaid beneficiary, staff can use MAC as the program code when using SIS Code 202 or 204 on daysheets.

11. Will counties be able to bill all of the APS assessment and activities in mobilization even if they are not dealing with Medicaid services?

Yes, if the client is a Medicaid beneficiary, staff can use MAC as the program code when using SIS Code 202 or 204 on daysheets.

12. For MAC coding in APS 202 and 204 is there certain language you must use in your narrative?

No, there is no required verbiage that must be included in the client's case narrative when staff use MAC as the program code for SIS Codes 202 and 204. However, staff should indicate in the client's record that they are a Medicaid beneficiary.

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- 13. When counties use MAC coding for APS 202 or 204 will they still be able to pull their statistical data for APS 202 and 204 and see how much a worker has worked in 202 and 204?**

Yes, the data that comprises the APS-R reports come from the SIS Codes on staff day sheets and completed DAAS-5026 forms. The data will be combined for both APS 202 and 204 and cannot be separated for reporting purposes on the report from the Controller's office. If staff continue to code their time using SIS Codes 202 and 204, the APS-R reports will still reflect the time they spent performing those APS activities.

- 14. Does the individual have to be a current Medicaid beneficiary for the county to bill MAC coding 202 or 204?**

Yes, if the client is a current Medicaid beneficiary, staff can use MAC as the program code when using SIS Code 202 or 204 on daysheets.

- 15. Will MAC codes 340, 343, 342 and 341 be included in APS monitoring process?**

Yes, the MAC Monitoring Tool has been slightly modified to include a question as to whether the SIS Code 202 or 204 client is a Medicaid beneficiary. During the monitoring process the APRs will review a certain number of records to determine if the Medicaid eligibility question on the DSS-5027 is marked with a Y for yes or N for no.

- 16. What is billable to APS codes 202 and 204 utilizing MAC as a funding source?**

All APS activities as defined in the Service Information Manual (SIS) under the definitions of SIS codes 202 and 204 are allowable activities as long as the client is a Medicaid beneficiary.

- 17. Is APS SIS code 200 also covered under APS utilizing MAC as a funding source?**

No, program code MAC cannot be used with SIS code 200.

- 18. Will counties be able to see APS expenditures bill to MAC funding source?**

Yes, this information will come from the Controller's Office through their monthly reporting and will be made available to the counties.

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19. Is there a cap on how much APS/MAC funds can be accessed?

No, MAC funding is an uncapped funding source which is a 50% County and 50% Federal match.

20. Will APS 202 and 204 be included in the MAC monitoring process?

Yes, the MAC Monitoring Tool has been slightly modified to include a question as to whether the SIS Code 202 or 204 client is a Medicaid beneficiary. During the monitoring process the APRs will review a certain number of records to determine if the Medicaid eligibility question on the DSS-5027 is marked with a Y for yes or N for no.

21. After the initial determination, if an individual is later found Medicaid eligible can the DSS-5027 be updated?

Yes, the social worker will follow their agency's internal procedures to update the DSS-5027 form.

22. If the social worker provides APS activities and bills to MAC as a funding source, and the individual is not a Medicaid beneficiary, is this an error?

Yes, counties should only use program code MAC with SIS Codes 202 and 204 for APS activities when the client is a Medicaid beneficiary.

Additional clarification on Medicaid Administration Claiming (MAC) from the Division of Health Benefits.

Work First Assistance	No
Foster Care-Non-Title IV-E Foster Care	No
Medicaid-Aide to the Aged	Yes
Medicaid-Aide to the Blind	Yes
Medicaid-Aide to the Disabled	Yes
Medicaid-Aide to Families with Dependent Children	Yes
Medicaid-Infants and Children	Yes
Medicaid-Pregnant	Yes (short-term 30 days postpartum)
Medicaid-Qualified Beneficiary	No
Medicaid-Special Assistance to the Blind	No (obsolete effective 9/1/2010)
Refugee Assistance	No
Special Assistance-Aide to the Aged	No
Special Assistance-Aide to the Disabled	No
Special Assistance-Certain Disabled	No

Please send any questions about APS & MAC to the Adult Services listserv at:
DAAS.AdultServices@dhhs.nc.gov