



Care Transitions Peer Hour





Agenda

Agenda Item
Welcome & Introduction from ACL
Overview of the Importance of Care Transitions During COVID-19
Feature Best Practice from Alabama -SARCOA Area Agency on Aging -Alabama Department of Senior Services -Alabama Medicaid Agency
Question & Answer





Welcome from ACL

CAROLINE RYAN





Care Transitions During the COVID-19 Pandemic

TIMOTHY MCNEILL, RN, MPH

FREEDMEN'S HEALTH



Overview

HHS and CMS policy guidance recommend that Hospitals coordinate with ADRCs, AAAs, and CILs to facilitate transitions for persons that require LTSS

Hospital-to-Home transition demand has increased during the Pandemic

Hospital-to-Home transitions can differ from traditional or 30-day care transitions

- Nursing home diversion may require an extended intervention beyond 30-days
- Medicaid Waiver is one tool to address needs for LTSS
- SARCOA is a AAA that first participated in the CMS Community Transition Program (CCTP)
- SARCOA implemented an extended hospital-to-home program and leverages multiple payer sources to make the program sustainable

Potential Pathways to Sustainability

Multi-payer approaches are a best practice to sustain a care transitions program.

A multi-payer approach ensures that the program can draw revenue from multiple payers to cover the cost of delivering a care transition program.

- Potential Payers for Care Transitions services:
 - Direct contract with Hospital or Physician Group
 - Direct contract with a Health Plan (Medicare Advantage, Medicaid MCO, Commercial) by invoice or electronic claims (ex. 837 File)
 - Delegated Case Management contract with a Health Plan
 - Medicaid Waiver
 - Medicaid Administrative Claiming
 - Money Follows the Person Funding

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Experience From the Field



Dana Eidson, CPA

Executive Director
SARCOA Area Agency on Aging



Ginger Wettingfeld

Director, LTC Healthcare Reform Development
Integrated Care Network
Gateway to Community Living
Alabama Medicaid Agency



Nick Nyberg, CRS-A/D

Programs and Planning Division Chief
Alabama Department of Senior
Services



ADRC/NWD System Functions Eligible for Claiming

- Outreach and consumer education
- Intake, application assistance
- Planning for future needs – Person Centered Counseling
- Triage and screening to prevent Medicaid spend-down, including diversion away from long-term institutionalization by providing resources and support in the community
- Continuous quality improvement
- Program planning and training



Set Up the Structure to Get Paid for It

The screenshot shows the Medicaid.gov website. At the top left is the Medicaid.gov logo with the tagline 'Keeping America Healthy'. To the right are links for Search, Archive, Site Map, and FAQs. A dark blue navigation bar contains links for Federal Policy Guidance, Resources for States, Medicaid, CHIP, Basic Health Program, State Overviews, and About Us. Below this is a breadcrumb trail: Home > Medicaid > Financial Management > Medicaid Administrative Claiming > No Wrong Door. On the right side of the page is a yellow ribbon icon. The main content area has a left sidebar with 'Medicaid Administrative Claiming' as the active section, with sub-links for LTC Ombudsman Programs, No Wrong Door, and Translation and Interpretation. The main heading is 'No Wrong Door System and Medicaid Administrative Claiming Reimbursement Guidance'. The text below explains that the NWD System is a collaborative effort of the U.S. Administration for Community Living (ACL), CMS, and VHA to streamline access to LTSS. It states that the state Medicaid agency is a critical partner and player within the NWD System, conducting activities like outreach, referral, assessment, and eligibility. It also mentions that federal matching funds are available for administrative costs that support efforts to identify and enroll potential eligibles into Medicaid. The text concludes by stating that the purpose of the 'NWD System Medicaid Administrative Guidance' (PDF 982.27 KB) is to inform states about the appropriate methods for claiming federal matching funds, known as Federal Financial Participation (FFP), for Medicaid administrative activities performed through NWD Systems, and to ensure non-duplication for any such claims. To the extent that NWD System employees perform administrative activities under a

[NWD System Toolkit for Medicaid Administrative Claiming](#) also developed!

Medicaid Claiming – Additional Resources

Find Out More....

Visit the [ACL NWD Sustainability webpage](#) for links to

☐ CMS Guidance

☐ ACL Medicaid Claiming Toolkit

Encourage **state-level staff** to attend ACL Medicaid Claiming Office Hours on Tuesday November 17, 2020 3-4pm EST

For more information contact:

NoWrongDoor@acl.hhs.gov

Medicaid Administrative Claiming is one avenue for sustaining and supporting a NWD System

Medicaid claiming, also known as Federal Financial Participation (FFP), represents a way in which Federal funds are used to reimburse agencies doing work that supports Medicaid programs.

The role that NWD System's play in assisting individuals with understanding and navigating complicated long-term services and supports includes many administrative functions that are eligible for Medicaid claiming.

Federal matching funds under Medicaid are available for costs incurred by the state for administrative activities that directly support efforts to identify and enroll potential eligibles into Medicaid and that directly support the provision of medical services covered under the state Medicaid plan, when those activities are performed either directly by the state Medicaid agency or through contract or interagency agreement by another entity. The NWD System activities that may be funded under Medicaid include:

- Outreach
- Person-Centered Counseling
- Facilitating Medicaid Eligibility
- Training
- Program Planning
- Quality Improvement

The Centers for Medicare & Medicaid Services (CMS), in conjunction with ACL, made available on the CMS website a guidance document. This guidance outlines the basics of how states can draw down Medicaid administrative FFP for NWD Systems.

[Download the CMS Reference Document on NWD Medicaid Claiming here.](#)

For further guidance, ACL has outlined the following steps across two phases of NWD System Medicaid administrative claiming development:

Phase I: Assess Readiness and Document Medicaid Time

- Engage NWD System Lead Agency with a State Medicaid Agency Lead
- Identify Permissible Sources of Non-Federal Funds for Match
- Identify Costs of Allowable and Allocable Activities

Phase II: Develop Agreements and Approvals

- Establish Contractual Agreements
- Secure CMS/DCA Review and Approval

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Questions?



Questions can be submitted to through the chat feature on the platform.

Thank you!!

Please mark your calendars for the next
Care Transitions Peer Hour on November 19th!
**For any technical assistance needs, please feel
free to reach out to ACL at
caretransitions@acl.hhs.gov**