

**NO WRONG DOOR SYSTEM  
REFERENCE DOCUMENT FOR  
MEDICAID ADMINISTRATIVE  
CLAIMING GUIDANCE**

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# NO WRONG DOOR SYSTEM REFERENCE DOCUMENT MEDICAID ADMINISTRATIVE CLAIMING GUIDANCE

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Existing Resources for NWD Systems related to Medicaid Administrative Claiming

[CMS Medicaid Administrative Claiming Website](#)

[CMS Informational Bulletin](#)

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## A. Introduction

### History

The Administration for Community Living (ACL), the Centers for Medicare and Medicaid Services (CMS), and the Veterans Health Administration (VHA) have partnered for several years to support states' efforts to develop coordinated systems of access to make it easier for consumers to learn about and access Long-Term Service and Supports (LTSS).

Finding and accessing the right LTSS can be a daunting task for individuals and their families. The current LTSS System involves numerous funding streams administered by multiple federal, state and local agencies using different, often fragmented and duplicative, access processes involving screening, intake, needs assessment, service planning, and eligibility determination. Individuals trying to access LTSS frequently find themselves confronted with a bewildering maze of organizations and bureaucratic requirements at a time when they are vulnerable or in crisis. This often results in people making decisions based on incomplete, and sometimes inaccurate, information about their options. This can lead to decisions to purchase and/or use LTSS options that are less than optimal for the individual and more expensive than necessary, including decisions to use expensive options such as nursing facility care that can quickly exhaust an individual's personal resources and result in their spending down to Medicaid.

The more complex the LTSS system, the more difficult it is for people to understand and to make informed decisions about their LTSS options, resulting in impacts to their health, well-being and financial status. This in turn, has a direct impact on state and federal budgets. This situation will only be compounded as the number of people who need LTSS increases and more LTSS products come onto the market. Currently, about 11 million Americans need some form of LTSS

each year, and about 70% of all people now turning age 65 will need LTSS at some point during their life.<sup>1</sup>

## NWD System Vision and Governing Body

The ACL/CMS/VHA vision is that each state will have a single statewide NWD System of LTSS for all populations and all payers. The development, implementation and oversight of a state's NWD System has the support of the Governor and active involvement of the multiple state agencies that administer programs that are for people who use LTSS. The Governor designates the state agencies that play a formal role in the development, implementation and oversight of the NWD System, and also designates the state entity that is responsible for leading the overall initiative. At a minimum, the following state agencies should be designated by the Governor to be involved in the development and implementation of the state's NWD System: the state Medicaid agency, the state unit on aging, any other state agency that serves or represents the interests of individuals who need LTSS, and any other state agency or entity the Governor chooses to designate.<sup>2</sup>

The NWD System vision is consistent with CMS' efforts to work with state Medicaid agencies to implement a NWD System as part of their infrastructure requirements, including but not solely through efforts such as the Balancing Incentive Program. As a result, activities under the direct authority of the state Medicaid agency such as outreach, referral, assessment, functional and financial eligibility and even final determination are all part of the NWD System. The state Medicaid agency is a critical partner and player in the NWD System. Medicaid is a means-tested benefit program that provides health care coverage and medical services to millions of low-income children, pregnant women, families, persons with disabilities, and older adult citizens. Medicaid is financed jointly by the states and federal government, and is administered directly by states. Under broad federal guidelines, each state establishes a state Medicaid plan that outlines eligibility standards, provider requirements, payment methods, and benefit packages tailored to the needs of its citizens.<sup>3</sup>

Medicaid is a critical source of health care coverage for older adults and persons with disabilities.<sup>4</sup> Medicaid provides health coverage to over 8.8 million non-older adult individuals with disabilities and more than 4.6 million low-income seniors, nearly all of whom are also enrolled in Medicare.<sup>5</sup> Many older adults and individuals with disabilities require LTSS available through Medicaid. Medicaid covers long-term health and social services through a variety of delivery systems: institutional services available through nursing facilities and

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<sup>1</sup> NWD System Funding Opportunity Announcement 2015

<sup>2</sup> NWD System Key Elements 2015

<sup>3</sup> Medicaid School Based Administrative Claiming Guide 2003

<sup>4</sup> <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Population/People-with-Disabilities/Individuals-with-Disabilities.html>

<sup>5</sup> <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Population/Medicare-Medicaid-Enrollees-Dual-Eligibles/Seniors-and-Medicare-and-Medicaid-Enrollees.html>

intermediate care facilities for persons with developmental disabilities and home and community based services provided within homes and small congregate settings.

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. There must be a clear methodology to determine such costs, and in no case can claimed expenditures exceed actual expenditures for the activities by the governmental entity performing such activities. To the extent that NWD System employees perform administrative activities under a contract or interagency agreement with the state Medicaid agency that are in support of the state Medicaid plan, and meet the necessary requirements to identify the expenditures incurred for those activities, federal reimbursement may be available for a share of those expenditures.

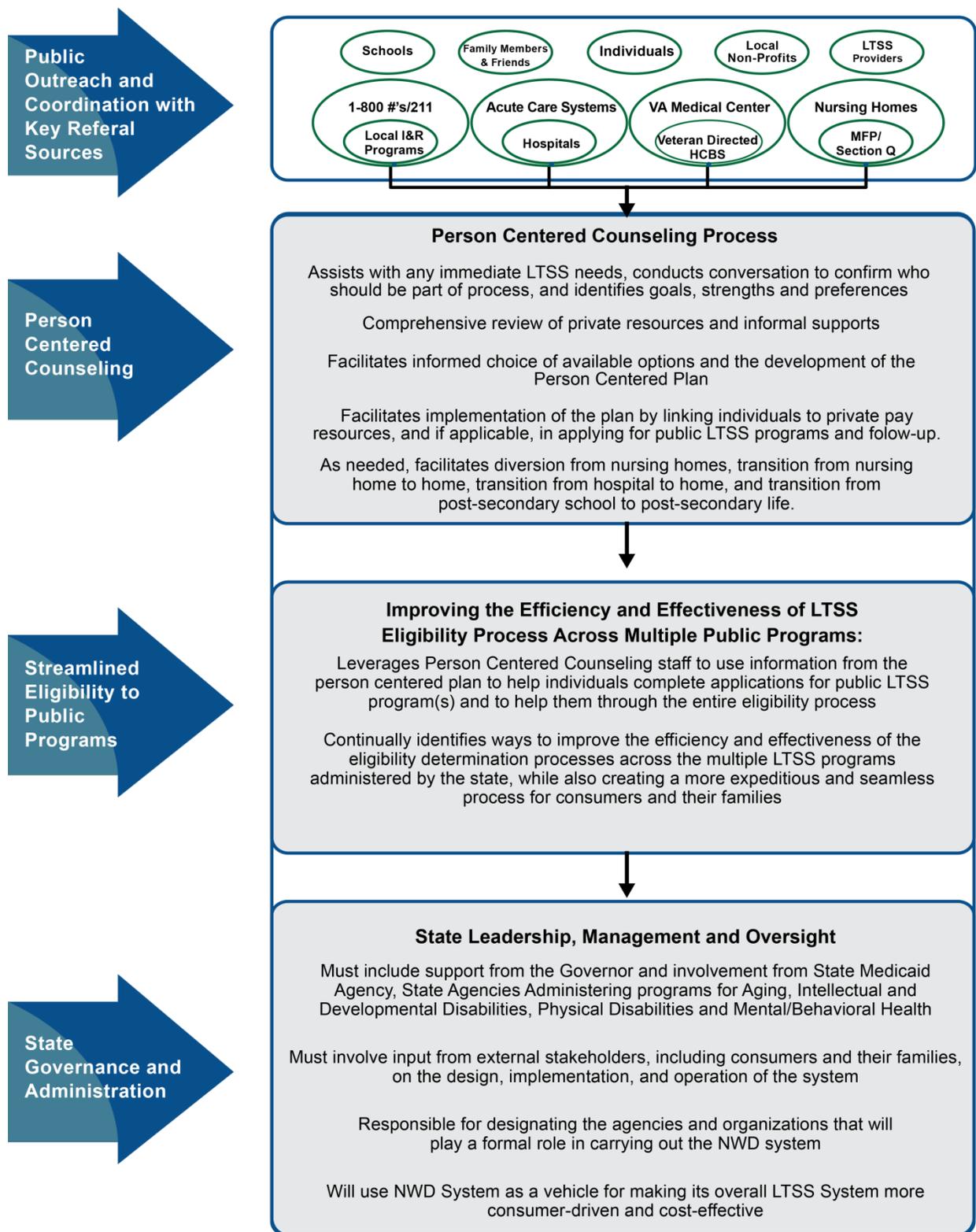
## **NWD System Functions**

*Exhibit 1* displays the four primary functions of a NWD System, which include:

- Public Outreach and Coordination with Key Referral Sources;
- Person Centered Counseling (PCC);
- Streamlined Access to Public LTSS Programs; and,
- State Governance and Administration.

As explained in more detail following Exhibit 1, these functions have components that may be allowable as Medicaid administrative activities, as well as components that are not allowable as such.

*Exhibit 1: NWD System Functions*



The NWD System supports individuals as they seek to learn more about and access LTSS. The NWD System will make it easier for all populations and income levels to learn about and access services and supports. The NWD System will also provide states with a vehicle to coordinate and integrate the multiple access functions associated with various state administered programs that pay for LTSS. Through the use of PCC, the NWD System will empower individuals to make informed choices about their LTSS options consistent with their personal goals, and to successfully navigate the various organizations, agencies and other resources in their communities that provide LTSS. During PCC, the person identifies his or her strengths, preferences, personal goals, needs (medical and LTSS) and desired outcomes. The role of the NWD System person centered counselor in the context of PCC is to support and assist people to identify and access a unique mix of paid and non-paid services to meet their needs. Services listed on a plan are not guaranteed but are the desires and preferences of the person.

As states undergo health system transformation and LTSS rebalancing activities, development of a financially sustainable infrastructure for the NWD System is critical to controlling the growth in public expenditures while also ensuring that citizens have ongoing coordinated access to the LTSS that best meet their needs and preferences.<sup>6</sup> The NWD System provides all payers a vehicle for better coordinating assessments, person-centered care plans, service plans, eligibility determinations, data collection, and reporting for all LTSS populations. It also provides a mechanism for states to understand LTSS system trends and utilization of public resources.

By providing information and person centered counseling on LTSS options, a NWD System can serve as resource for all persons in helping utilize their own private resources based on their own priorities. When appropriate, staff trained in person centered counseling can work with individuals to help delay and/or prevent spend-down to Medicaid. In addition, the NWD System can also support some of the required structural changes under the Balancing Incentive Program.<sup>7</sup>

## Purpose

The purpose of this document 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.

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<sup>6</sup> For more information please see "Making the Business Case for a Comprehensive Long Term Services and Supports (LTSS) Strategy" [http://www.adrc-tae.acl.gov/tiki-download\\_file.php?fileId=30842](http://www.adrc-tae.acl.gov/tiki-download_file.php?fileId=30842)

<sup>7</sup> More information can be found at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Support/Balancing/Balancing-Incentive-Program.html>

## B. No Wrong Door System Functions Potentially Eligible for Medicaid Administrative Claiming

The NWD System activities that may be funded under Medicaid include broadly 1) Medicaid outreach, 2) referral, coordination and monitoring of Medicaid services, 3) facilitating Medicaid eligibility, and 4) other Medicaid administrative functions such as training, program planning, quality improvement and Information Technology (IT) development that are directly undertaken by the single state Medicaid agency, or that are specifically authorized through a contract or interagency agreement. *Exhibit 2* details NWD System activities from the NWD System Functions (*Exhibit 1*) and the corresponding Medicaid administrative activity. Specifically, NWD System activities such as Person Centered Counseling will include some allowable and unallowable activities relative to Medicaid administrative claiming. For example, allowable activities include discussing the eligibility requirements and/or services offered by the Medicaid program and unallowable activities include talking with an individual about Medicare Part D benefit.

*Exhibit 2: NWD System Functions Eligible for Medicaid Administrative Claiming*

NWD System Function	Medicaid Administrative Function
Public Outreach and Links to Key Referral Sources related to enrollment in Medicaid, or accessing Medicaid services.	Outreach
Person Centered Counseling related to enrollment in Medicaid, or accessing Medicaid services.	Outreach Referral, Coordination and Monitoring Eligibility
Streamlined Eligibility to Public Programs related to enrollment in Medicaid.	Outreach Eligibility
State Governance and Administration related to training employees engaged in the NWD to be certified application counselors <sup>8</sup> or otherwise have training to assist in accessing or applying for supports and services, and in administrative case management techniques.	Staff Training Provider outreach Coordination with other programs MMIS development

## C. Steps for Securing Medicaid Administrative Federal Financial Participation (FFP) for No Wrong Door System Functions

The steps in this section have been developed to assist states in developing proposals to claim federal financial participation (FFP) for NWD System activities that benefit the administration of the Medicaid program. Because each state's program operation is unique, CMS is available to provide technical assistance and support throughout the process to help states and the Medicaid agency ensure that their NWD System administrative claiming plan proposal meets federal claiming requirements.

<sup>8</sup> Certified Application Counselors as referenced in 42 CFR 435.908c

The following steps are recommended in order to facilitate the development of a NWD System administrative claiming plan proposal:

### **Step 1: State Medicaid Agency and NWD System Engagement**

Reporting and Oversight of claims for federal Medicaid funding must come directly from the single state Medicaid agency. The state NWD System includes the state Medicaid agency. The state Medicaid agency plays a key role on the NWD System Governing Body and in some states is the lead entity designated by the Governor to lead the state's NWD System. Therefore, the first step in the process is for the state Medicaid agency to develop a proposal for claiming FFP for System to reflect NWD activities that are necessary for the proper and efficient administration of the Medicaid program.

### **Step 2: Identify Permissible Sources of Non-Federal Funds for Match Purposes**

States must ensure that permissible funding sources are available to match federal Medicaid funds. Permissible sources of the non-federal share include public funds directly appropriated to the Medicaid or NWD state agency, funds transferred from other public agencies or certified public expenditures of a public agency that are derived from state or local taxes. The matching funds may not include funds derived from another federal funding source, absent specific authorization under the law governing the other federal program. (See also 42 Code of Federal Regulations (CFR) 433.51)

### **Step 3: Identify NWD System Activities Potentially Eligible for Federal Medicaid Administrative Funding**

As part of their overall mission, NWD Systems engage in a variety of activities that may or may not be eligible for Medicaid matching funds. Any expenditure claimed by the state as Medicaid administration, including NWD System activities, must be for activities to administer the approved Medicaid State plan that are either undertaken by the state Medicaid agency itself, by a contractor, or pursuant to an interagency agreement. In addition, the activities must be consistent with federal regulations and guidance as to what is "necessary for the proper and efficient" administration of the Medicaid State plan, as specified in section 1903(a)(7) of the Social Security Act. CMS Regional and Central Office analysts are available to work with states to identify NWD System activities potentially eligible for claiming Medicaid funding and how states can properly allocate related costs and meet existing documentation requirements.

Section C: Sample No Wrong Door Codes includes some examples of NWD System activities that may be eligible for Medicaid administrative funding, subject to meeting other statutory and regulatory requirements.

There are many NWD System activities for which Medicaid administrative funding would not be available. For example, Medicaid funding is not permitted for activities performed by volunteer staff because there is no cost to the state or to the NWD System and hence no amount is claimable for Medicaid administrative match. Outreach activities conducted by NWD System personnel that are not directly related to the Medicaid program would also not be eligible for Medicaid funding or match, nor would general health initiatives that are made available to the general public free of charge.

#### **Step 4: Identify Costs of Allowable and Allocable Activities**

The state and its partners must develop a valid administrative claiming methodology that identifies eligible and non-eligible activities and includes procedures to identify, allocate, document, and report the costs of all of those activities. Expenditures must be for allowable activities, and must be allocable to the Medicaid program. Specifically, only those costs for activities directly related to the administration of state's Medicaid program are allowable, and those costs need to be allocated among benefitting cost objectives, so that Medicaid will pay only the share of those costs associated with Medicaid beneficiaries, services or providers. The state Medicaid agency should consult with CMS Regional Office Financial Management analysts in developing administrative claiming methodologies, to confirm which activities are allowable and whether the allocation method is reasonable. Generally, states will want CMS to specifically approve the methodologies, so that there will not be disputes or disallowances later (and cost allocation plans for government entities generally must be submitted for approval to the HHS Division of Cost Allocation). The state's administrative claiming methodology must adhere to the cost determination and allocation guidelines for state, local and Tribal governments in the administration of federal grant awards 45 CFR Part 75, the Uniform Administrative Requirements, Cost Principles and Audit Requirements for HHS Awards. States and NWD Systems should make special note of the provisions related to the requirements for interagency agreements and certifications, the determination of allowable costs, cost allocation (including the distribution of salaries or wages for employees working on multiple activities or cost objectives), development of indirect cost rates, and maintaining source documentation to support claims.

Unless staff allocate 100 percent of their time to Medicaid related activities, NWD Systems must conduct a statistically valid time study, or use a similarly valid allocation measure, to ascertain costs and develop their claims. Federal regulations provide flexibility regarding how time studies can be conducted and allow a state to propose an alternative methodology to conduct a time study. The codes in section C can be used to track Medicaid allowable and unallowable activities.

#### **Step 5: Establish Contractual Agreements**

An interagency agreement (IAA), memorandum of understanding (MOU) or other contractual arrangement, which describes and defines the relationship between the state Medicaid agency and the entities which perform NWD System functions must be in effect before the Medicaid agency may submit claims for federal matching funds for any Medicaid administrative activities conducted by an entity other than the state Medicaid agency. These contractual agreements describe and define the relationship between the state Medicaid agency and the NWD System entity and document the scope of the activities to be performed by the NWD System entity

personnel on behalf of the Medicaid program. These agreement(s) should be included in the NWD System claiming proposal submitted to CMS for review. Examples of interagency agreements for Montana and Florida NWD Systems can be found at <http://www.adrc-tae.org/tiki-index.php?page=MedicaidFunding>.

## Step 6: Secure CMS/DCA Review and Approval

States should submit their administrative claiming methodology to the CMS Regional Office for review and approval. Among other review criteria, CMS will determine if the proposal identifies and isolates allowable NWD System costs through the use of a valid allocation methodology (e.g., time study, fixed fee contract, rate).

The state, and any other relevant governmental agency must also amend its Public Assistance Cost Allocation Plan (PACAP) on file with HHS, if necessary, to reflect the approved methodology. The PACAP is a narrative description of the procedures that the state agency will use to identify, measure, and allocate costs, as specified at Appendix V of 45 CFR part 75. Note: In accordance with the statute, regulations and the Medicaid state plan, the state is required to maintain and retain source documentation to support Medicaid payments for administrative activities.

## D. Sample Codes

Through the use of time studies that contain specific activity codes, the cost of NWD System personnel is distributed to certain activities (time study codes) to determine the administrative cost allocable to the Medicaid program. Personnel track all Medicaid and non-Medicaid time. The universe of activity codes used in the time study as a group must capture the following categories of costs:

1. **Unallowable (U)** - The activity is unallowable as administration under the Medicaid program;
2. **100% Medicaid Share (TM)** - The activity is solely attributable to the Medicaid program and as such is not subject to the application of the Medicaid Eligibility Ratio (this is sometimes referred to as “not discounted”) or Total Medicaid (TM);
3. **Proportional Medicaid<sup>9</sup> (PM) Share** - The activity is allowable as administration under the Medicaid program, but the allocable share of costs must be determined by applying the percentage of the Medicaid eligible population included in the time study.

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<sup>9</sup> Development of the Proportional Medicaid Share, sometimes referred to as the Medicaid Eligibility Rate (MER), Medicaid percentage, allocable share or discount rate, should relate to and be based on the claiming unit (the entity submitting the claim).

The following activity codes represent a model set of activity categories that may be used and adapted to reflect the state’s specific LTSS system, etc. There is flexibility afforded to NWD Systems in applying these activity codes. These activity codes may be modified by states to reflect their unique circumstances and other codes or examples may be added to the categories, as long as such changes are made in accordance with the principles set forth in this guidance. *Exhibit 3* displays the NWD System codes. Below the exhibit are detailed descriptions of the codes.

***Exhibit 3: No Wrong Door System Codes***

<b>No Wrong Door Codes</b>
<b>CODE 1: OUTREACH</b>
Code 1.a Medicaid Outreach - TM/50 Percent FFP
Code 1.b Non-Medicaid Outreach – U
<b>CODE 2: REFERRAL, COORDINATION AND MONITORING</b>
Code 2.a Referral, Coordination and Monitoring of <i>Medicaid Services</i> - PM/50 Percent FFP
Code 2.b Referral, Coordination and Monitoring of <i>Non-Medicaid Services</i> - U
<b>CODE 3: ELIGIBILITY</b>
Code 3.a Facilitating Medicaid Functional and Financial Eligibility- TM/50 Percent FFP
Code 3.b Facilitating access to Non-Medicaid Programs - U
<b>CODE 4: TRAINING</b>
Code 4.a Training Medicaid Related – PM/50 Percent FFP
Code 4.b Training Not Medicaid Related – U
<b>CODE 5: PROGRAM PLANNING, INTERAGENCY COORDINATION AND CONTINUOUS QUALITY IMPROVEMENT</b>
Code 5.a Program Planning, Interagency Coordination and Service Delivery Improvement - Medicaid Related – PM/50 Percent FFP
Code 5.b Program Planning, Interagency Coordination and Continuous Quality Improvement Not Medicaid Related – U

**Code 1.a Medicaid Outreach - TM/50 Percent FFP**

NWD System personnel should use this code when performing activities that inform Medicaid eligible or potentially Medicaid eligible individuals about Medicaid, how to access Medicaid and medically related services and the importance of accessing these services. Such activities include bringing a Medicaid potential eligible individual into the Medicaid system for the purpose of determining eligibility which may, but not necessarily, include certified application counselors<sup>10</sup>. Both written and oral methods may be used. Examples include:

1. Engaging in a conversation with individuals, families or groups about preferences, strengths, needs, and available resources to determine initial interest in and potential eligibility for Medicaid.

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<sup>10</sup> Certified Application Counselors as referenced in 42 CFR 435.908c

2. Interactions with individuals to learn information about them relating to potential Medicaid eligibility (specifically their functional capacity and/or limitations and their finances), but not including financial or medical related counseling.
3. Informing individuals, their representatives and/or groups about their potential eligibility for Medicaid programs, including their rights and responsibilities and the benefits and services offered under different Medicaid LTSS programs.
4. Time spent on the telephone, in-person, or via a website obtaining information to fill out a Medicaid pre-screen (in some states Balancing Incentive Program Level I screen).
5. Time spent contacting additional individuals, such as physicians or other family members, to complete or verify information included on a Medicaid pre-screen.
6. Time spent traveling to and from a Medicaid pre-screen that is conducted in person.
7. Time spent conducting administrative activities necessary to complete a Medicaid pre-screen (including in some states the Balancing Incentive Program Level I screen), such as:
  - Identifying correct contact information
  - Entering data into an electronic system
  - Answering questions about the purpose and nature of the screen
  - Providing results of the screen and making appropriate referrals
  - Setting up translation or signing services.
8. Explaining Medicaid eligibility rules and the Medicaid eligibility process to prospective Medicaid applicants or groups of potential Medicaid applicants.
9. Discussing the pros and cons of applying for Medicaid relative to an individual's preferences, support system, resources, needs and any other factor the individual wants to address.
10. Disseminating Medicaid outreach materials to inform individuals and groups about accessing Medicaid LTSS through the NWD System.

### **Code 1.b Non-Medicaid Outreach – U**

NWD System personnel should use this code when performing activities that inform individuals or groups about their eligibility for non-Medicaid medical, social, vocational and LTSS supports and how to access them; describing the range of benefits covered under these programs or the cost of services. Both written and oral methods may be used. Medicare programs, including Medicare Part D are not considered Medicaid administrative program activities. Examples include:

1. Developing, disseminating or presenting non-Medicaid outreach materials to inform individuals or groups about LTSS, social, educational, vocational, and legal services and where and how to obtain these services.
2. Informing individuals or groups of the benefits of non-Medicaid programs and services such as LTSS, social, educational, vocational, and legal services.
3. Explaining to community organizations services available under non-Medicaid programs such as Medicare Part D.
4. Medicare covered home health care.

5. Private insurance funded LTSS.

### **Code 2.a Referral, Coordination and Monitoring of *Medicaid Services* - PM/50 Percent FFP**

NWD System personnel should use this code when providing assistance related to Medicaid services and supports. This code should only be used when making referrals for, coordinating, and/or monitoring the delivery of health related/medical services when an individual is not receiving Medicaid case management. Examples include:

1. Making referrals for and coordinating the delivery of Medicaid services (includes acute, primary, mental health and LTSS).
2. Providing follow-up contact to ensure that the individual received the coordination of Medicaid services identified as needed and available.
3. Developing referral resources of Medicaid providers for the individual to use (developing general referral resources, not specific to Medicaid, is not allowable).
4. Informing or arranging for Medicaid transportation that assist an individual to access Medicaid services, or for interpreter services to access Medicaid services or NWD Medicaid activities.
5. Gathering any information that may be required in advance of referrals, evaluations and treatment for Medicaid LTSS.
6. Coordinating an individual's plan of LTSS or health care by informing and explaining the individual's LTSS plan to family members, other providers, or personnel.
7. Assisting individuals to move from one location to another to assure continuity of care.

### **Code 2.b Referral, Coordination and Monitoring of *Non-Medicaid Services* - U**

NWD System personnel should use this code when providing assistance to an individual about non-Medicaid services. This code should be used for making referrals for, coordinating, and/or monitoring the delivery of non-Medicaid supports and services. Examples include:

1. Making referrals for and coordinating access to private pay providers of LTSS and any other private pay services and supports such as to home health, transportation, homemaker, etc.
2. Gathering information that may be required to make referrals to private pay providers such as to home health, transportation, homemaker, etc.

### **Code 3.a Facilitating Medicaid Functional and Financial Eligibility - TM/50 Percent FFP**

NWD System personnel should use this code when assisting an individual or family in gathering information and/or referring them to the appropriate local Medicaid agency for a Medicaid application as well as assisting an individual to maintain Medicaid eligibility. Medi-gap insurance, other insurance are not considered Medicaid related activities unless the request is

related to a Medicaid application activity. Both written and oral methods may be used. Examples include:

1. Verifying an individual's current Medicaid eligibility status.
2. Assisting individuals or families in gathering information related to the Medicaid application and eligibility determination for an individual, including resource information, medical information and third party liability (TPL) information, as a prelude to submitting a formal Medicaid application.
3. Collecting additional functional data needed to inform functional eligibility determination.
4. Assisting individuals, for whom a disability determination is needed, in gathering information related for Medicaid eligibility.
5. Providing necessary Medicaid forms, assisting the individual in completing Medicaid forms and packaging all Medicaid forms in preparation for the Medicaid eligibility determination.
6. Time spent referring an individual or family to the local assistance office to make application for Medicaid benefits; including time spent setting up an appointment for the individual or family with the local assistance office.

### **Code 3.b Facilitating access to Non-Medicaid Programs for Non-Medicaid Eligible Individuals – U**

NWD System personnel should use this code when informing an individual or family about non-Medicaid programs and referring them to the appropriate agency to make application or inquire about non-Medicaid or private pay services. Examples include:

1. Explaining the eligibility process for non-Medicaid programs such as Medicare Part D, cash assistance, food stamps, etc.
2. Assisting the individual or family in collecting/gathering information and documents for the non-Medicaid program application.
3. Assisting the individual or family in completing the non-Medicaid program application (e.g. food stamps), including necessary translation activities.
4. Developing and verifying initial and continuing eligibility for non-Medicaid programs such as Medicare Part D.
5. Providing necessary forms and packaging all forms in preparation for the non-Medicaid eligibility determination.
6. Time spent making final determinations of non-Medicaid eligibility.

### **Code 4.a Training Medicaid Related – PM/50 Percent FFP**

NWD System personnel should use this code when coordinating, conducting, or participating in training and seminars regarding Medicaid related LTSS, health care services, and other supports that may assist an individual to remain in the community, return to the community, or otherwise enhance the person's quality of life. Examples include:

1. Participating in Medicaid related training which enhances the quality of screening, one-on-one person-centered counseling or other components of the Medicaid eligibility processes.
2. Training in application assistance for the Medicaid program or training to qualify as a certified application counselor for the Medicaid program.
3. Participating in, coordinating, or presenting Medicaid related training designed to address the specific administrative and reporting requirements associated with Medicaid program services for providers and NWD System personnel.

**Code 4.b Training Not Medicaid Related – U**

NWD System personnel should use this code when coordinating, conducting, or participating in training and seminars regarding LTSS, health care services, and other supports that may assist an individual to remain in the community, return to the community, or otherwise enhance the person’s quality of life (e.g., income supports, energy assistance, etc.) and are not related to Medicaid.

**Code 5.a Program Planning, Interagency Coordination and Service Delivery Improvement -Medicaid Related – PM/50 Percent FFP**

NWD System personnel should use this code when completing activities related to establishing and maintaining documentation, internal processes, quality oversight and policies related to the provision of Medicaid LTSS, health care services, and other supports that may assist an individual to remain in the community, return to the community, or otherwise enhance the person’s quality of life, as well as working with other partner agencies to improve the coordination and delivery of services, and performing collaborative activities with other agencies to provide services. Examples include:

1. Coordination with State Medicaid Agency initiatives such as Money Follows the Person (MFP) to promote for continuity of care.
2. Analyze Medicaid data related to the NWD System to inform service delivery improvement of the NWD System.
3. Participating in an advisory group for the Medicaid agency to provide consultation and advice regarding improvements in the delivery of Medicaid services to the NWD System/MFP population.
4. Working directly with the Medicaid agency to improve coordination and collaboration to improve the delivery of Medicaid services for the NWD System.

**Code 5.b Program Planning, Interagency Coordination and Continuous Quality Improvement Not Medicaid Related – U**

NWD System personnel should use this code when completing activities related to establishing and maintaining documentation, internal processes, quality oversight and policies related to the provision of LTSS, health care services, and other supports that may assist an individual to

remain in the community, return to the community, or otherwise enhance the person's quality of life (e.g., income supports, energy assistance, etc.), as well as working with other partner agencies to improve the coordination and delivery of services, and performing collaborative activities with other agencies to provide services. Examples include:

1. Analyze Veterans Health Administration data related to the NWD System
2. Participating in an advisory group for the Department of Labor to provide consultation and advice regarding the delivery of employment programs for people utilizing the NWD System.
3. Working directly with other agencies, such as the State Department of Education to improve the coordination of Vocational Rehabilitation Services and the NWD System.

## **E. Medicaid Management Information System Development**

The NWD System includes the State Medicaid Agency; therefore, the Medicaid Management Information System (MMIS) is a foundational component of the state's NWD System information technology system. States may be able to obtain FFP for enhancements made to the State's MMIS to support the state's NWD System. Below are excerpts and/or links to a series of laws, regulations and informational bulletins that provide guidance regarding FFP for MMIS.

“In October 1972, Public Law 92-603 was enacted in which Section 235 provided for 90-percent federal financial participation (FFP) for design, development, or installation, and 75-percent FFP for operation of state mechanized claims processing and information retrieval systems approved by the secretary. For Medicaid purposes, the mechanized claims processing and information retrieval system which states are required to have, unless this requirement is waived by the secretary, is the Medicaid Management Information System (MMIS). An implementing regulation, 45 CFR 250.90 was published May 20, 1974, and subsequent reorganization and clarification of this regulation have been made with the current regulation contained in 42 CFR 433, subpart C.” From Medicaid Managed Information Systems home page <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/MMIS.html>.

CMS has issued extensive guidance related to Medicaid Management Information Systems which can be found at <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/MMIS.html>. CMS has invested significant resources in the development of the Medicaid Information Technology Architecture (MITA) 3.0 and the products related to that effort can be found at <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/data-and-systems/mita/medicaid-information-technology-architecture-mita-30.html>. The March 28, 2012 CMCS Informational Bulletin titled, Medicaid Information Technology Architecture Guidance – Version 3.0 states, “MITA is an evolving CMS initiative that fosters an integrated business, information and technology approach to building management systems that are client-based and capable of sharing information across organizational silos based upon nationally recognized standards.” As with all administrative claiming, the NWD System Governing Body will need to pay close attention to the allocation of funding and clearly

delineate the proportion of the NWD System IT system that is benefitting the efficient administration of the state's Medicaid program.

## **F. Pre-Admission Screening and Resident Review (PASRR)**

Another important piece in the No Wrong Door System is the Pre-Admission Screening and Resident Review (PASRR) process. As states work with people through the PASRR process, it becomes another opportunity to integrate these discussions into the overarching person-centered approach. More information about the PASRR process can be found at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Institutional-Care/Preadmission-Screening-and-Resident-Review-PASRR.html> and at <http://www.pasrrassist.org/>.