

1.

**Question:** In Category 1 and Category 4 it speaks of Eligibility Status: Verifying an individual's Medicaid Eligibility status in Forward health or Cares.

\*We need clarification as to when 1 would be used verse 4. We often have people come in or call needing us to look into Cares due to a review and assist them in understanding what documents are needed in order to continue this service. When in our office we are looking over documents they bring in for the review to confirm against the letter request. In Category 4 it indicates the same function. We would like clarification as to how these categories are different to ensure that we are billing accurately.

**Answer:** The best way to determine the category is to identify the intention of the work. If the ADRC accesses CARES to check/verify an individuals' MA status for the purpose of discussing LTC, then category 1 should be selected. If the ADRC is accessing CARES to assist the customer in the MA application process in any way, then category 4 selected. The ADRC may not be providing all the assistance for an MA application, however work is being done to assure the person knows what is needed for the MA application and is providing help to get this completed, thus category 4. The following example provided should all be reflected in category 4: Look into Cares due to a review and assist them in understanding what documents are needed in order to continue this service. When in our office we are looking over documents they bring in for the review to confirm against the letter request.

If the ADRC is verifying MA eligibility for the purpose of discussion or enrollment in LTC programs category 1 should be selected.

2.

**Question:** We know when we are consulting with other staff in the office it is either an administrative contact or can be tacked onto an existing note regarding that consumer and when we talk to an outside entity (e.g. a nursing home social worker) about that consumer it can be counted as a contact. I&As would like a reminder of why we do it this way and not log internal conversations as contacts. I think they feel like they are still working and wish they could get credit for those conversations. Could you help me with the words? They are valid conversations but just not a contact.

**Answer:** If staff are consulting with co-workers within the ADRC on a call/consumer, is this a contact that should be entered? What about staff consulting with supervisor on a case? What about staff and/or supervisor consulting with APS supervisor? These contacts do not need to be entered. However if staff /management want a contact to be noted in SAMS, to explain why a decision or action was taken, it can be added. If the contact is added, the outcome should be "Administrative".

3.

**Question:** How many contacts to count for an ongoing email chain during the day with a consumer. When we get a call and exchange info with a consumer and then they call back about something

different later in the day and we exchange info we log a separate contact. What is the rule of thumb with emails? If we have an ongoing conversation during the day is it all just one contact or if there is a definite information loop and the topic changes and we complete a separate topic loop do we then log more than one contact? What are the guidelines to keep all staff consistent regarding emails and how many contact to log because I can imagine different staff will see this different ways.

**Answer:** The email exchange would be considered the same as multiple phone calls within a day each exchange should be entered as a separate contact.

**Q:** Are multiple emails in one day, one contact?

**A:** Yes, emails are treated the same as calls. Multiple email exchanges in the same day is counted as one contact.

4.

**Question:** Could you help us with the call type of the following situations: I go out to the nursing home twice a month for about 3 hours. During that time I see residents, and/or families, or legal decision makers and answer questions about Medicaid, options, long term care, private pay options etc. There are also times in between those appointments or when I have finished the appointments that I will go into Cares Worker Web and give updates on the status of current Medicaid applications.

Eg: When I meet directly with the resident I am marking the caller type as nursing home. The question is that if I don't meet the person face to face but I am physically in the nursing home do I change the call type to nursing home or put it as something else (while talking to the social worker regarding this person). If something else what should it be?

**Answer:** Call type is a required field. Select one of the following choices to indicate the venue in which each contact occurred. Since these contacts are all occurring at the Nursing Home, Nursing Home should be selected as the call type.

5.

**Question:** I worked with a client's guardian to complete a LTCFS and MA application. We had several contacts via phone and then regular communication occurred via email per his preference. I would email him if I got an update from ES on a verification we needed. He often wouldn't respond and instead would drop off what we needed at the office within 1-2 days. If I were to have called him and left a detailed voicemail, we have been told we can count that as I&A even though I didn't speak directly with the client. In this situation the email serves the same purpose as the voicemail and should be equal as far as counting as a contact.

**Answer:** Yes, in these situations the customer and staff have decided to communicate via email vs. phone so the way a conversation would be recorded if via phone/voice mail would be the same way these emails should be recorded. To clarify with the ADRC that if there is a request or question via email from the customer and they respond to it, those two contacts would be recorded as the same (one) contact.

6.

Question: Category 4 clarification – Medicaid A-Z document

Answer: The list that you referenced is a list of Medicaid programs, not full benefit Medicaid. The DBS is accurate that the SLMB and QMB cannot be captured in category 4 as it is not full benefit Medicaid. The Medicaid in the Wisconsin document was a resource for category 1. Any of the programs in the document can be discussed and captured in category 1.

**Full Benefit Medicaid includes:**

SSI related Medicaid/EBD  
Medicaid Purchase Plan  
Katie Beckett Medicaid  
Institutional Medicaid or Badgercare  
Long-Term Care Programs

The key to using category 4 is providing assistance to a customer by completing and obtaining paperwork **in order to obtain Full Benefit Medicaid.**

Further clarification needed: you have to complete the full MA application and then the SLMB/QMB/SMB+ is a program that you can request on that application. So then when Income Maintenance receives the application they enter and all MA programs are screened for along with the Medicare savings plans if you have also requested they screen for that.

Would the rationale be that the purpose of the application was not for a full MA program? Is there any instance where they're applying for both at once kind of like the SSI/SSDI application?

DBS will typically do a benefit checkup which gives the DBS a good idea of whether or not a person will be eligible for full benefit MA. Most often a person is just eligible for the Medicare savings programs and not Medicaid, however the Medicaid application is done in order to get these other savings programs.

The answer is to refer back to the definition of category 4, Data Gathering. When assisting a customer with completing and obtaining paperwork in order to obtain full benefit Medicaid, then your work can be captured in this category. Thus, if the DBS is completing the Medicaid application to obtain full benefit Medicaid as well as the Medicare savings programs, then work can be captured in category 4. If the DBS is doing the Medicaid application and knows that the person will not be able to obtain full benefit Medicaid and the application is really done to get the Medicare savings programs, then the work should be captured in category 1. When in doubt, work should go into category 1.