Medicaid Community Options

Course 13: Billing For Your Time

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How Do Supports Planners Get Paid?

- Supports planning agencies are paid for the time they spend actively helping and supporting their participants.

- All time must be documented in the LTSSMaryland system.

- Each activity must include:
  - Length of time/duration of activity;
  - Actions taken;
  - Outcomes; and
  - Planned follow-up

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What Activities Are Covered?

There are 21 covered activities/tasks for you to select:

Annual Redetermination Paperwork

Community Application Assistance

Coordinate Emergency Back-Up Provider

Coordinate Money Follows the Person (MFP) Flex Funds

Coordinate Non-Medicaid Resources

Coordinate Transition

Coordinate Waiver Transition Funds

Coordination with Local Health Department (LHD)

Coordination with the Eligibility Determinations Division (EDD)

Coordination with Nurse Monitor

Discharge Meeting

Documentation

Educate Participant on HCBS

Housing Applications

Housing Assessment

Identify Service Provider

Institutional Re-Application

Plan of Service (POS) Development

Reportable Events

Train Participant on In-Home Supports Assurance System (ISAS)

Waiver Eligibility Coordination

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Sample Activity Category	Sample Activity Description
Housing Applications	Completed applications for two rental properties; spoke to property manager at one location regarding additional requirements; followed-up with obtaining birth certificate
Coordinating Non-Medicaid Resources	Followed-up with various faith-based resources to include food pantry and options for transportation; spoke with local community association to inquire about potential resources
Application Assistance	Obtained signatures and supplemental documentation for application; sent consent for waiver services to DEWS
Annual Redetermination Assistance	Met with participant to complete ELP, reviewed recommendations in medical assessment and POS from last year to discuss needed changes
Coordinate Transition	Made arrangements for delivery of necessary medical supplies; spoke with new provider to confirm start date and time; uploaded receipts for needed household items
Identify Service Provider	Talked with participant by phone regarding potential back-up providers; forwarded referral and requested information to personal care agency
Person Centered Plan/POS Development	Met with participant and talked about self-direction options and training opportunities; discussed plan for reducing costs; identified resources for independent providers; obtained signatures on POS
Train Participant/Provider on Billing	Spoke by phone with participant to make appointment to deliver OTP
Educate Participant on HCBS	Met with participant and mother to discuss waiver and CFC; emailed follow-up information regarding self-direction

What Activities Are Not Covered?

- Direct delivery of an underlying medical, educational, social or other service to which an eligible individual has been referred;

- Time spent transporting participants;

- Contact with the Department or its designated agent for the purpose of requesting or reviewing authorization;

- Time spent engaged in activities required by a credentialing, certification or oversight entity such as gathering and submitting care plan, service data or other information;

What Activities Are Not Covered? (cont.)

- Activities of less than 8 minutes;

- Billing functions and/or completing billing documentation;

- Attempted contacts or leaving messages;

- Travel time; and

- Staff training, individual or group supervision, routine case reviews, ad hoc consultation with supervisors or among team members.

How Is My Time Added Up?

- Payments are made in 15-minute increments.
  - Every 15-minutes is a "unit" and is paid a specific rate
    - To get to units, time is rounded up or down to the closest 15 minutes
  - All time spent with/for a participant in a given day is added up to determine how many units are paid.
- All time spent with a participant in a given day is added up.
  - For instance, you spent
    - 10 minutes in the morning on a phone call with the participant,
    - 60 minutes in the afternoon at the participant's house, and
    - 30 minutes in the evening writing up a plan of service for the participant.
    - 10 minutes + 60 minutes + 30 minutes = 100 minutes
- Once added up, a claim is created and a certain number of units are billed.
  - Units are matched to the duration of activities.

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Daily Activity Duration and Units Billed

UNITS	DURATION
1	Greater than or equal to 8 minutes but less than 23 minutes
2	Greater than or equal to 23 minutes but less than 38 minutes
3	Greater than or equal to 38 minutes but less than 53 minutes
4	Greater than or equal to 53 minutes but less than 68 minutes
5	Greater than or equal to 68 minutes but less than 83 minutes
6	Greater than or equal to 83 minutes but less than 98 minutes
7	Greater than or equal to 98 minutes but less than 113 minutes
8	Greater than or equal to 113 minutes but less than 128 minutes
9	Greater than or equal to 128 minutes but less than 143 minutes
10	Greater than or equal to 143 minutes but less than 158 minutes

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Billing Limitations

- A supports planner may not bill more than 35 hours a week of activities/tasks.

  - Written notification of supports planners who work a non-traditional schedule is required for approval prior to billing greater than 35 hours per week

- A person may only receive up to 7 hours per day of supports planning.

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Reports for Tracking Agency Claims

- <u>Dashboard reports</u> allow Support Planning agency administrators and staff to view entered activities and projected billing amounts during designated time periods.

- <u>Activity summary reports</u> permit agency staff to review data entered by specific supports planners for a designated time period and includes information regarding the number of individuals served, total activity time entered, and average time spent working per participant.

- <u>Activity reports</u> highlight specific information by activity category for a designated time period.

- <u>Claims reports</u> provide detailed information related to submitted claims to include activity date, procedure code, units billed, billed amount and claim status.

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