➢ General MAC Questions

1. **What are the overall objectives of MAC?**
   Title XIX of the Social Security Act (the Act) authorizes federal grants to states for a proportion of expenditures for medical assistance under the approved Medicaid state plan, and for expenditures necessary for administration of the state plan. The goal of North Carolina's Medicaid administrative claiming (MAC) effort is to appropriately claim for those activities performed by DSS and DAAS case managers. MAC activities are case management activities to assist individuals in accessing Medicaid Services under the North Carolina State Medicaid Plan. Further information is available on Medicaid.gov at this link: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Financing-and-Reimbursement/Medicaid-Administrative-Claiming.html

2. **What is the most important thing that I should remember for MAC?**
   MAC must be directly related to Medicaid covered services under North Carolina's state plan.

3. **Who is eligible for MAC activities?**
   There are two groups who are eligible for MAC activities:
   - Medicaid beneficiaries – The client must be a Medicaid beneficiary for MAC 340 and MAC 343. Case managers must look up each client's status to ensure active enrollment.
   - Individuals seeking Medicaid – Adults or children served through Medicaid outreach activities (MAC 342) or who need assistance completing a Medicaid application (MAC 341).
     Note that the location of the client does not matter, so MAC can be used for individuals in a hospital or treatment facility setting. MAC time spent with IV-E children is also appropriate.

4. **Are MQB individuals eligible for MAC activities?**
   No, because the sole benefit of MQB provisions is to pay for Medicare premiums or co-pays.

5. **Is it an agency decision to use these codes? What should an agency do to be consistent in MAC coding?**
   It is the agency's decision to utilize MAC. It would be helpful for monitors in each county to decide upon a particular location in the narrative to create consistency among individual workers.

6. **Is MAC only for case managers?**
   No, MAC can be used by all employees who perform Medicaid administrative activities, including social work support staff and Child and Family Team facilitators. However, note that clinicians or paraprofessionals providing direct Medicaid billable activities would not code their time to MAC because they are providing a direct service rather than a case management activity.

7. **Can MAC be used by an agency other than the County Department of Social Services (CDSS)?**
   DMA does not support the use of MAC by any agency other than CDSS. However, DMA does allow a CDSS to bill MAC for a contracted/temporary employee hired through a staffing agency. Billing for employees with this distinction are covered under Part I of the DSS-1571.

8. **Are there minimum client visit requirements for MAC?**
   No. There are no requirements during a visit when logging time for a visit against the appropriate MAC SIS Code beyond proper day sheet documentation.

9. **What is the appropriate billing code when staff go out to visit a new referral/case and the family is not home?**
   - If the family is not home and you do not speak to anyone on the visit regarding your case, another non MAC, SIS code would be the appropriate choice if you are not able to provide Referral, Coordination and Monitoring of Medicaid Services (SIS Code 340), even if that is the activity you anticipated providing.
   - If the family or individual is not there but you have a discussion during your visit with a relative or caretaker with regard to referral, coordination, and monitoring of the client's medical plan, then the time spent discussing this part of the client's plan as well as travel time can be coded to MAC.

■ **Documentation**

10. **Does MAC require specific forms?**
    No.

11. **Is proof of Medicaid eligibility required in the client's service record?**
    DMA has an expectation that counties verify eligibility when billing for MAC (Codes 340 and 343). DMA understands that this process varies for each county; however the expectation is that the agency will attest (through acknowledgement in record notes) an individual is eligible for each specific month MAC is billed. This is a vital component to the monitoring process for MAC Codes 340 and 343.

12. **Should the service plan include all identified needs regardless of funding source, with some time coded to MAC and some to other places?**
    The service plan should include goals that address the needs that require accessing Medicaid services to meet the needs of the individual. With MAC activities, bill only for those activities directly related to accessing Medicaid services, and bill time for other activities elsewhere as appropriate. The county should be addressing all issues regardless of funding based on the assessment and needs of the individual.

■ **Day Sheets and Billing**

13. **What is the program code that goes along with the SIS code for day sheet purposes?**
    The program code for all MAC SIS codes is "MAC". You can code your time in 5 minute increments.

14. **Can a social worker potentially use more than one SIS code to document one encounter with a client?**
    You may use more than one SIS Code, but they must cover exclusive periods of service and not overlap (i.e., you cannot code the same period of time to more than one SIS code).

15. **Can multiple workers bill for activity done at the same time, such as a joint home visit to a client?**
    Multiple workers can select MAC SIS Codes for joint time with the same client. The day sheets are meant to capture individual worker time, not 'service' units. The social worker should complete their day sheet according to the activities they were supporting or performing for a client, regardless of who else may have been with the client at the same time.

16. **What does the SIS manual require regarding a signature on the DSS-5027?**
    The SIS manual has been revised (see text below):
    A client signature is not required on the DSS-5027 when **only** referral, coordination and monitoring of medical services (SIS Code 340 – Referral, Coordination and Monitoring of Medicaid Services) and/or

transportation services for a client to access Medicaid services (SIS Code 343 – Arranging Transportation Services for Client to Access Medicaid Services) are being provided.

17. **Can MAC be the only service open on the DSS-5027? Under what circumstances are we NOT required to have the client sign the DSS-5027?**
MAC can be the only service opened on the DSS-5027. However, please note the following:
- DSS child welfare services are advising all of Child Welfare staff to always have another service open that MAC can support.
- MAC activities do not require a signature on the DSS-5027 if **only** MAC activities are being performed.
- MAC SIS Code 340 and MAC SIS Code 343 are required on the DSS-5027, but MAC SIS Codes 341 and 342 are not required on the DSS-5027. Please refer to the excerpt from the SIS User's Manual in the question above.

18. **Realizing that narrative and day sheet must match, does the actual time spent doing MAC activities have to be included in the narrative, for example 60 min?**
It is required that you put the number of minutes on the day sheet, but it is NOT required that you put the number of minutes in your case management notes, only that the entry in your case management notes reflect the appropriate activity for the code that was utilized on the day sheet and the date of service is referenced.

19. **Is there a particular assessment format we need to use to show/document that a client is MAC eligible?**
MAC is not a service or a program and therefore does not require a specific eligibility/assessment form. Case workers can document in ongoing case management notes that the individual is a Medicaid beneficiary (for MAC SIS codes 340 and 343) and needs to access Medicaid services under the NC State Medicaid Plan. MAC SIS codes 341 and 342 do not require an individual be Medicaid-eligible.

▪ **Transportation**

20. **Can I select a MAC SIS Code if I am transporting a client to a doctor's appointment?**
Yes, but there are some important distinctions regarding MAC and Medicaid transportation:
- MAC SIS Code 343 is only used for the arranging and/or scheduling of transportation for individuals to access Medicaid services.
- MAC SIS Code 340 can be used for transporting clients to a Medicaid service as part of a case management activity. Coordination of Medicaid services includes transporting a client to a doctor appointment because the client would otherwise not be able to attend.
- MAC is not to be used for non-medical related transportation.

21. **Are the MAC SIS Codes in addition to 250, 251, 252, and 381-T codes that are related to Medicaid transportation?**
Yes, they are. Paraprofessional and social work support staff who provide direct, billable Medicaid transportation would not be coding time to MAC.
- Code T (Title XIX Medical Transportation) is intended for use by paraprofessional staff whose job responsibilities are to perform activities such as billing, scheduling transportation, and making appointments. These activities should be coded on the DSS-4263 as 381-T; "T" is no longer be valid with SIS Code 380.

- NEMT-related activities not performed by a case manager can still be coded to 381-T without requiring a SIS Client ID on the day sheet, or a DSS-5027 as long as the client is receiving only Medicaid transportation.

▪ **Referral, Coordination, and/or Monitoring**

22. **Can assessment/Quarterly Review/reassessment activities that relate to accessing Medicaid services under the State Plan be billed to MAC?**
Yes, this is monitoring of Medicaid services.

23. **Is the time spend going to the grocery store and food shopping for a client who has medical needs be a MAC activity? What about going to a pharmacy to pick up a prescription?**
SIS Code 340 covers case management time related to making referrals for, coordinating, and/or monitoring the delivery of health related/medical services on behalf of clients. Remember that MAC is related to helping a Medicaid beneficiary to access Medicaid services. This is an important distinction because:
- Going to the store/shopping for food is not a Medicaid service. Thus, this is not a MAC activity.
- If a case manager had to go to a pharmacy to pick up/coordinate a prescription for an individual this would be coordinating and monitoring their health service plan. This is a MAC activity.

▪ **Outreach**

24. **If a client is open for 202 and during the evaluation the caseworker educates the client/family about Medicaid, would this time be billable to MAC?**
Yes. Outreach for Medicaid Services (SIS Code 342) may be used when performing activities that:
- Inform individuals about Medicaid.
- Inform individuals on how to access Medicaid and medically related services.
- Highlight the importance of accessing medical, mental health, functional/developmental disability, and alcohol and drug services.
Highlight the importance of maintaining a routine place for health care.

➢ **DAAS-Specific MAC Questions**

25. **If DSS is guardian, can MAC be billed when a Social Worker assists with Medicaid review for SA (Special Assistance payment) or LTC (Long Term Care)?**
The worker time may be coded to MAC if the activity is related to accessing Medicaid services including obtaining Medicaid coverage.

26. **A) Can CAP staff claim MAC activities while providing case management activities under a waiver service? (CAP case management time is still available).**
No. To avoid duplicate claiming, allowable administrative activities that are reimbursed through another program such as CAP cannot also be claimed under MAC. Staff members providing CAP services may be able to claim reimbursable administrative activities under MAC when the coordination of Medicaid services are not reimbursed under CAP or CAP case management time is no longer available. Examples of activities that should be claimed as CAP (when available) include:

- Assessing
- Care Planning
- Referral and Linkage
- Monitoring and Follow-up

CAP staffs often provide both direct services and administrative activities. The above listed activities are direct services/activities related to CAP. These services are integral to case management and would be considered duplication of payment if claimed under MAC when allowed under CAP or when CAP case management time is still available because activities are properly paid for as part CAP services and reimbursed at the federal medical assistance percentage (FMAP).

B) If activities provided to a waiver beneficiary is not billable to the waiver, can CAP staff bill their time to MAC?
Yes. A few examples of activities (not a comprehensive list) that could be potentially claimable under MAC by a CAP staff:
- Completing the Service Request Form (SRF)
- Preparing documents and participating in discussion meetings with supervisor and staff
- Documenting case management activities
- Outreach to Board Members/auxiliary about CAP (Advisory meeting attendance)
- Outreach to community about CAP services, how to apply, eligibility criteria, referral
- In-home training to families to improve coordination/delivery of Medicaid services (CAP does not provide training to families, just coordinate the referral, link and monitor)
- Staff travel to arrange transportation

C) If the allotted case management time has been exhausted for billable waiver case management activities, could MAC be used once a CAP beneficiary has exhausted all of their CAP funds?
Yes. MAC activities can be selected only after time has been exhausted under CAP. The case management agency must have supporting documentation that proves case management time was exhausted as a result of efficient resourcing. Assisting a CAP beneficiary to access a Medicaid service to remain safely in their community could be claimed as MAC activities given that documentation supports exhaustion of case management time and the need for the participant to have access to a Medicaid service.

27. **Can MAC activities be provided to individuals receiving SA-IH?**
    Yes, a worker can provide MAC activities to SA-IH individuals for time spent on MAC activities.

28. **What codes do we use for any SA-IH services that are not considered MAC activities?**
    - This is solely up to the individual county in how to capture time not allowable as a MAC activity. Some counties may choose to open the individual for SIS Code 330 – Individual & Family Adjustment Services.
    - Note that the activities that a case manager is conducting will not change, only now some of those activities will be reimbursable under MAC.
    - Case managers should not stop conducting certain activities or addressing non-medical needs because a county cannot be reimbursed using MAC for those activities.

29. **Will we have to bill quarterlies & assessments under two different codes since each covers more than just medically related topics?**

The assessment, service plan and quarterly reviews are all part of allowable activities under MAC. Note that:

- Only those parts of an assessment or quarterly that is connected to accessing Medicaid services will be reimbursable under MAC. If there are some parts that are not part of accessing Medicaid services, those activities will have to be billed to a SIS Code other than MAC.
- If all of the assessment and quarterly reviews are connected to accessing Medicaid services, then the entire assessment and/or quarterly may be captured as a MAC activity.
- The assessment, service plan, and quarterly review will stay on the same cycle as they were before.
- A new assessment is not required when adding MAC to a previous service.

30. **If you determine they do not have to sign the DSS-5027 for 340 or 343, will we need to open another case management service such as 330?**

MAC does not require a signature on the DSS-5027 as long as only MAC activities are open on the Case Plan. There is no requirement to open another service. However since MAC is described as a set of allowable activities that support accessing Medicaid services to meet the needs of an individual, some counties may interpret this to mean they should have another service open on the DSS-5027 (which would require a signature for that service). Each county will decide whether there is a need for an additional service on the DSS-5027 with MAC.

31. **Is time spent assisting to arrange for a ramp for a Medicaid recipient to get in and out of the home because they are now wheelchair bound billable to MAC?**

No. Building a ramp and/or assisting the client to obtain quotes/planning is not a MAC activity as a ramp is not a medical service covered under the NC State Medicaid Plan.

32. **If a client receives payee services, is it best to bill under the payee code and not MAC?**

Staff may do both depending upon the need of the individual. If the payee recipient needs access to Medicaid services to meet their needs and can benefit from the activities listed under any of the four MAC SIS codes, then staff should address those medical or mental health service needs with the client. The MAC codes may only be used for MAC activities, not payee services.

33. **Can MAC be billed for activities during a Psychiatric In-Patient stay, for adults ages 21-65?**

No. Medicaid does not cover this age group for their stay, thus it is inappropriate to select MAC for coordinating psychiatric in-patient stays for this age group.

34. **Can MAC be billed for activities related to arranging dental care for an adult client?**

The North Carolina State Plan offers dental coverage to adults age 21 and older as an optional service. Descriptions of when a dental procedure, product or service is or is not covered is available at this website http://www.ncdhhs.gov/dma/mp/1dental.pdf

35. **Is all the time spent arranging and monitoring PCS (personal care services) billable to MAC?**

If referral, coordination and monitoring that is performed for a client is for a personal care service that is a medical or mental health service covered by Medicaid then the time can be coded to the MAC SIS Code 340. A majority of personal care services are not a medical or mental health service and would not be allowable as a MAC activity.

36. **Can you use MAC for APS reports? What about status reports for Guardianship?**
There will be billable MAC activities performed in the course of doing APS evaluations and supporting guardianship cases. However, without the APS and Guardianship SIS Codes open on the DSS-5027, the total amount of time agency staff dedicated to APS or guardianship may not be available.

37. **We will sometimes use MAC codes, when appropriate, during APS evaluations and for some case management activities for our wards. In each of these cases, do we have to have the client sign a DSS-5027? There is no client signature for code 202 or 107.**
The client does not need to sign the DSS-5027 for MAC activities. It is a requirement that you continue to open the DSS-5027 with appropriate SIS Codes in order to capture the types of services being provided to clients. The DSS-5027 is required because there will be MAC activities performed in your APS evaluations and guardianship cases, and without the APS and Guardianship SIS Codes open on the DSS-5027, the total amount of time agency staff dedicated to APS or guardianship will not be available.

In the case of APS evaluations (202) and guardianship (107), signatures by the client are never required because of the nature of the services. If you are performing MAC activities in conjunction with other case management services that require a client application and request for services such as 330, then the client would have to sign the DSS-5027 for the 330 service or other services that require a client signature.

38. **Can MAC also be used for third track situations in which an APS report is received and not accepted, but there are needs identified?**
Yes, MAC activities may be performed for individuals who have not been accepted as an APS report (screened out).

39. **What if an adult services worker working is with a mother who has minor children in the home, and spends time making appointments for Medicaid services for the children?**
If both parent and child are Medicaid beneficiaries and both have SIS Code 340 open on a DSS-5027, staff must code the time spent working with each one. Select SIS Codes based on the actual time spent on each issue rather than dividing up a block of time.

40. **Do referrals for Meals on Wheels or adult day care qualify for 340?**
No. Neither referral activity could be a MAC activity because neither is assisting a client with accessing a Medicaid service under the NC Medicaid state plan.

41. **Given that MAC addresses medical and mental health issues – are there any specific requirements for staff who code to MAC to receive HIPAA compliance training? Are there specific requirements for where/how documentation is kept, or must case managers provide any HIPAA privacy notices to clients?**
There are three parts to this answer:
- MAC activities should <u>not</u> be used for time spent receiving HIPAA compliance training. MAC activities must be client specific activities for medical or mental health services covered by Medicaid.
- MAC does not have any specific documentation requirements. When selecting a MAC SIS Code for MAC activities performed, staff should make sure that day sheet entries are complete to allow for traceability of MAC activities to a client.
- There are no HIPAA related changes for MAC activities, so there is no need to provide privacy notices to clients relative to MAC.

42. **Is the time spent assisting a person with a Disability Determination application (which is part of the Medicaid eligibility process for persons under 65) billable to MAC?**

If assisting with the Disability Determination application or gathering other documentation is necessary to complete the Medicaid application then this activity is appropriate for SIS Code 341 – Facilitating an Application for the Medicaid Program.

43. **Can a worker bill for MAC activities related to obtaining an FL-2?**

For potential Medicaid eligibles that are being evaluated for Medicaid services requiring the completion of the FL-2, MAC is allowable for time allocated to referral, monitoring and follow-up to determine the individual's medical need. Examples of Medicaid services include:

- Skilled Nursing Facility
- Personal Care Services (PCS)
- Community Alternatives Program for Adults (CAP-DA) Waiver Programs of All-Inclusive Care for the Elderly (PACE)

➢ Child Welfare-Specific Questions

44. **If a child has private insurance, can we use MAC activity codes?**

No. This child is not a Medicaid recipient.

45. **Could MAC be used for children in Foster Care?**

Yes, MAC codes can be used for appropriate activities for both IV-E and non-IV-E children who are Medicaid beneficiaries.

46. **If we are providing prevention services and the parent is the person with the identified mental health/medical need, do we now make the parent our identified client rather than the child?**

There is nothing in policy that prevents a child welfare worker from managing a case for an adult. Please note the following:

- The parent can be opened in their own right if they are a Medicaid beneficiary which would be the most direct approach.
- In the situation in which there is a clear connection between the parents' needs and the health or behavioral health of the child, services for the parent can be provided through the child's SIS number. The connection must be clearly documented.

47. **If we are accessing services for both the parent and child can we code half time to child and half to parent?**

If both parent and child are Medicaid beneficiaries and both have SIS Code 340 "open" on a DSS-5027, staff must code the time spent working with each one. Select SIS Codes based on the actual time spent on each issue rather than dividing up a block of time.

48. **What would you open on the DSS-5027 for "3rd track"? Do you need to develop a case plan like 215? What would be the required documentation?**

- In addition to SIS Code 340, which allows claiming for activities related to health and behavioral health for children and families, 122 – Family Support Services would be the code added for actual services. Here is the SIS definition:

    122 – Family Support Services are community based services to promote the well-being of children and families designed to increase the strength and stability of families (including

adoptive, foster and extended families), to increase parents' confidence and competence in their parenting abilities, to afford children a stable and supportive family environment, and to otherwise enhance child development.

- MAC can be used in conjunction with 122-Family Support Services to provide prevention or step down services to families. They are voluntary services and do require a signature on the DSS-5027.
- There are no new forms for MAC. There does need to be a plan, and there are different options available for documenting a plan.
- Whatever option is utilized, the elements for MAC claiming must be included. These requirements are:
  - o Identification of need (NOTE: this is not a diagnosis).
  - o A strategy for addressing the need and the resources available.
  - o A person responsible for arranging them.
  - o Periodic evaluation of the outcomes of the activities.
- These elements can be documented in various tools agencies are now using, or in the narrative.
- Each agency should have a strategy for how the agency will complete the documentation across the agency developed through service staff, business staff, and the agency administration working together.

49. If a child is eligible for 215Z funding, would you carve out chunks of time to MAC?
Yes. Title IV-E and Medicaid are different federal programs that each allow claiming for different activities. You must carve out the health and behavioral health time because MAC is designed to allow claiming for specific activities. The MAC activities are not allowable under Title IV-E.

50. If a beneficiary is receiving ACTT services through the mental health system, may we utilize MAC for a children's services prevention case?
Yes, anyone on the ACTT can select a MAC SIS Code for time spent doing MAC activities. They cannot bill for time spent on direct services.

51. Can any other worker, such as APS, Guardianship, Payee, SAIH, etc., bill allowable MAC activities for a client that is a current CAP beneficiary, since they are not the CAP worker?
Yes. Multiple workers can bill time to MAC for working with a CAP beneficiary when APS, Guardianship, and Special Assistance is provided.