

March 17, 2016

Board of County Commissioners
Clackamas County

Members of the Board:

**Approval of Revenue Agreement with Oregon Department of Education
for Medicaid Reimbursement**

Purpose/Outcomes	Funding is reimbursement for Medicaid administrative activities in connection with the delivery of Healthy Families services. Activities improve health services access and availability of children and family participants of Healthy Families who are eligible for medical assistance under Medicaid.
Dollar Amount and Fiscal Impact	\$25,876.47 for Medicaid Administrative Claim earnings of the Healthy Families program from October 1, 2015 – December 31, 2015. No county general funds are involved.
Funding Source	Oregon Department of Education Early Learning Division
Duration	Effective as of signature
Previous Board Action	N/A
Strategic Plan Alignment	<ul style="list-style-type: none"> • Individuals and families in need are healthy and safe • Ensure safe, healthy, and secure communities
Contact Person	Rodney Cook, 503-650-5677
Contract No.	CYF - 7593

BACKGROUND:

The Children, Youth & Families Division of the Health, Housing and Human Services Department requests the approval of a revenue agreement with Oregon Department of Education (ODE) Early Learning Division for Medicaid earnings of the Healthy Families program. Funding is earned as a result of Medicaid administrative activities that support administration of the State Medicaid Plan including outreach to families about health services and benefits, case planning, referral, wellness activities and preventive health care services.

This contract is retroactive because ODE issued the grant after the time study was conducted during quarter 2 (October 1, 2015 – December 31, 2015). This agreement has been reviewed and approved by County Counsel. No County General funds are involved.

RECOMMENDATION:

Staff recommends the Board approval of this contact and authorizes Richard Swift, H3S Director to sign on behalf of Clackamas County.

Respectfully submitted,

Richard Swift, Director
Health, Housing & Human Services

Healthy Families. Strong Communities.



Early Learning Division | 775 Summer St NE, Suite 300, Salem, OR 97301

Phone: 503-373-0066 | Fax: 503-947-1955

February 5, 2016

The Oregon Department of Education is issuing Clackamas County a grant, in the amount of **\$25,876.47** for the Medicaid reimbursement earned by your Healthy Families Oregon program during the Fall Quarter (October 1, 2015 – December 31, 2015) of the 2015 – 2017 biennium. Please sign the last page of this Grant Letter that outlines the Medicaid Claiming Requirements, scan and email back to Linda Jones at linda.p.jones@state.or.us.

Thank you,
Erin Deahn
Healthy Families Oregon, Statewide Coordinator
Early Learning Division

1. Medicaid Administrative Claiming Requirements:

Under Title XIX of the Social Security Act (“the Act”), the federal government and states share the cost of funding the Medicaid program, which provides medical assistance to certain low-income individuals. Federal Financial Participation (“FFP”) is the federal government’s share for states’ Medicaid program expenditures. The State is required to share in the cost of medical assistance expenditures, and the Act permits both state and local governments to participate in the financing of the non-Federal portion of medical assistance expenditures (“State Share”). States may claim FFP for providing administrative activities that are found to be necessary by the Secretary of the U.S. Department of Health and Human Services (“DHHS”), Centers for Medicare and Medicaid Services (“CMS”) for proper and efficient administration of the Title XIX Medicaid Oregon State Plan (the “State Medicaid Plan”).

The Oregon Medicaid program is administered by the Oregon Health Authority (“OHA”), pursuant to ORS 409.010(3). OHA has an interagency agreement with ODE that authorizes ODE to provide for the delivery of Medicaid administrative activities in connection with the delivery of Healthy Families Services under ORS 417.795 and to claim FFP for such activities. ODE provides for the delivery of those Medicaid administrative activities in the Service Delivery Area through this Contract.

ODE and Contractor desire to improve health services access and availability for children and families eligible for medical assistance under Medicaid who reside in the Service Delivery Area and, accordingly, in connection with the delivery of Healthy Families Services, Contractor shall during the term of this Contract, either directly or through subcontracted Providers, perform Medicaid administrative activities in the Service Delivery Area as follows:



- a. **Training Requirements:** All Contractor and subcontracted Provider staff that will perform Medicaid administrative activities under this Contract must attend training provided by or coordinated through ODE prior to performing such activities and annually thereafter.
- b. **Service Requirements:**
- (1) Contractor, to the extent it is providing Healthy Families Services under this Contract directly, and subcontracted Providers of Healthy Families Services under this Contract must:
- A. Enroll with the OHA, Division of Medical Assistance Programs (“DMAP”), to provide Medicaid services;
 - B. In connection with its delivery of Healthy Families Services under this Contract, perform Medicaid administrative activities that support administration of the State Medicaid Plan including:
 - i. Outreach activities to inform families about health services and benefits;
 - ii. Case Planning/Referral/Interagency Coordination; and
 - iii. Wellness activities and preventative health care services.
 - C. Participate in required time studies during the four days each quarter designated by ODE, using the form (paper and electronic) provide by ODE and including all employees performing Medicaid administrative activities during the quarter in connection with the delivery of Healthy Families Services under this Contract.
 - D. Utilize the Activity Codes in Attachment 1 and time study methodology designated by ODE to document the time spent on all activities performed during the designated four-day period.
 - E. Comply with all requirements of 42 CFR 434.6 as applicable.
 - F. Counsel Medicaid eligible families that they are free to accept or reject Medicaid services and to receive such service from an enrolled provider of their choice unless otherwise restricted to a provider of the Oregon Health Plan by OHA.
- (2) Contractor shall notify subcontracted Providers of the time study dates for each quarter. Time study dates are randomly determined by ODE.



2. Reporting:

- a. Contractor shall submit reports to ODE in accordance with the QA Calendar. QA Calendar can be found at <http://oregonearlylearning.com/healthy-family-providers-page/>
- b. Contractor must report to ODE yearly on the use of Medicaid Administrative Claiming (Title XIX) funds disbursed to Contractor.

3. Data Requirements:

- a. Contractor must maintain and provide to ODE upon request, the following information:
 - (1) The following information on Contractor employees who perform Medicaid administrative activities under this Contract and subcontracted Provider employees who perform Medicaid administrative activities under Contractor's contract with Provider: the name, title, job description, education level, salary, and other personnel expenses for each employee;
 - (2) Cost information: records to indicate the nature and extent of cost of Medicaid administrative activities performed, and other resources that have been applied to offset costs;
 - (3) Time study records; and
 - (4) Any other information applicable to the Medicaid administrative activities performed under Contractor's contract with a subcontracted Provider.
 - (5) Provide, upon request, to ODE, OHA, the Oregon Department of Justice, the Oregon Secretary of State, or federal officials, all records that support Medicaid claims for Medicaid administrative activities.

4. Fiscal Requirements:

- a. **Medicaid Administrative Claiming:** As set forth below, and otherwise in accordance with procedures designed by ODE, Contractor, to the extent it is providing Healthy Families Services under this Contract directly, and subcontracted Providers of Healthy Families Services under this Contract must participate in federal Medicaid (Title XIX) Administrative Claiming for Medicaid administrative activities performed in connection with the delivery of Healthy Families Services, as follows:
 - (1) Contractor must submit to ODE within the designated time period after the close of each calendar quarter during the term of this Contract, information necessary for developing a Medicaid claim for Medicaid administrative activities performed during the prior quarter, including:
 - A. A list of the Contractor and subcontracted Provider employees identified as performing Medicaid administrative activities during the quarter in connection with the delivery of Healthy Families Services under this Contract;
 - B. Salary and other personnel expenses for each identified employee;
 - C. The actual four-day time study record, of all activities performed by each employee identified as performing Medicaid administrative activities during the quarter in connection with the delivery of Healthy Families



Services under this Contract.

- D. The costs of Medicaid administrative activities performed by Contractor and subcontracted Providers during the quarter, as determined by Contractor's time study and related information and by the time study and related information submitted by Providers to Contractor.
- (2) Subject to the limitations and exclusions set forth elsewhere in this Contract, Contractor may include in the information it submits to ODE for developing the quarterly Medicaid claim for Medicaid administrative activities, Medicaid indirect costs incurred during the quarter. Medicaid indirect costs include costs associated with administering the delivery of Medicaid administrative activities authorized under this Contract with subcontracted Providers, such as implementation of the time study requirements. Contractor's actual Medicaid indirect costs must be documented and justifiable.
- (3) Allowable costs of Medicaid administrative activities are separate from any other direct Medicaid or other services that may be provided pursuant to separate Medicaid funding agreements or authorizations.
- (4) Based on the information submitted by Contractor, ODE will calculate after the end of each quarter the allowable costs of Medicaid administrative activities performed during preceding quarter ("Allowable Administrative Costs") and send the Contractor a copy of the Allowable Administrative Claim.

b. Invoicing and Payments:

- (1) Subject to the conditions set forth below, ODE shall disburse to Contractor within 30 days after the end of the quarter, the amount of the Allowable Administrative Claim (the "Medicaid Earnings"). The Medicaid Earnings, except as described in 423-010-0023(3), must be used to maintain or expand Healthy Families program core services, as defined in the Healthy Families Program Policy and Procedure Manual.

ODE's quarterly payment obligation is conditioned on ODE receiving payment from OHA of the FFP for the Allowable Administrative Claim (ODE will provide the State Share).

5. Fiscal Restrictions:

As described in greater detail in Attachment 1, the allowable costs of Medicaid administrative activities are limited as follows:

- a. Medicaid does not pay for administrative expenditures related to, or in support of, services that are not included in the State Medicaid Plan, the Oregon Health Plan, or services which are not reimbursed under Medicaid.
- b. Medicaid does not pay for health care services that are rendered free of charge to the general population. Thus, any administrative activity which supports the referral, coordination, planning of screening or services that are provided free to the general population would not be considered as Medicaid administration.



- c. Duplicate payments are not allowable when determining administrative costs under Medicaid. Payments for allowable activities must not duplicate payments that have been or should have been included and paid as part of a rate for services, part of a capitation rate, or through some other local, State or federal program. Medicaid administrative costs may not be claimed for activities that are integral parts or extensions of medical services. Furthermore, in no case shall Contractor be reimbursed more than the actual cost of the activities claimed by Contractor under this Contract.



Attachment 1

ACTIVITY CODES

A1. Medicaid/OHP Outreach Activities and Facilitating Medicaid /OHP Eligibility

This code should be used when performing activities that inform eligible or potentially eligible individuals about Medicaid/OHP/Oregon Healthy Kids. This code should also be used when describing the range of services covered under Medicaid/OHP/Oregon Healthy Kids, how to access and obtain them, and the benefits of Medicaid/OHP preventative services. Use this code when assisting children and their families in applying for and becoming eligible for Medicaid/OHP. Activities for obtaining and sharing information for Medicaid/OHP outreach and facilitating Medicaid/OHP eligibility can be written or verbal and may occur during meetings, home visits or over the phone. This includes related paperwork, clerical activities, and staff travel required to perform these activities. Please note it is not necessary that the child/family actually receive Medicaid/OHP in order for this code to be used.

Examples:

- Informing Medicaid eligible and potential Medicaid eligible children and families about the benefits and availability of services provided by Medicaid (including preventative treatment and screening) including services provided through Enter Periodic Screening Diagnosis and Treatment (EPSDT) program.
- Developing and/or compiling materials to inform individuals about the Medicaid program (including EPSDT) and how and where to obtain those benefits. Note: this activity should not be used when Medicaid-related materials are already available to the children and families served in your target population (such as through the Medicaid agency). As appropriate, obtain prior approval from Medicaid when creating/developing outreach materials.
- Distributing literature about the benefits, eligibility requirements, and availability of the Medicaid program, including EPSDT.
- Assisting the Medicaid agency to fulfill the outreach objectives of the Medicaid program by informing individuals, children and their families about health resources available through the Medicaid program.
- Providing information about Medicaid EPSDT screening (e.g., dental, vision) available that will help identify medical conditions that can be corrected or improved by services offered through the Medicaid program.
- Contacting pregnant and parenting women and teens about the availability of Medicaid-covered prenatal and well-baby care programs, immunizations, birth control options and services.
- Providing information regarding Medicaid managed care programs and health plans such as Oregon Healthy Kids to individuals and families, including how to access the system.
- Encouraging families to access medical/dental/mental health services provided by the Medicaid program.
- Verifying an individual's current Medicaid eligibility status for purposes of the Medicaid eligibility process. (This may be accomplished by performing an eligibility check on-line, by reviewing the medical card, or contacting a local DHS/OHA facility to verify status of eligibility.)
- Reminding or assisting families to reapply for OHP to keep it current.
- Explaining Medicaid eligibility rules and the Medicaid eligibility process to prospective applicants.



- Assisting individuals or families complete a Medicaid eligibility application.
- Gathering information related to the application and eligibility determination process for an individual, including resource information and third party liability (TPL) information, as a prelude to submitting a formal Medicaid application.
- Providing necessary forms and/or packaging forms in preparation for Medicaid eligibility determination.
- Referring an individual or family to a local assistance office to make application for Medicaid benefits.
- Assisting an individual or family in collecting/gathering required information and documents for the Medicaid application.
- Identifying enrolled providers to provide Medicaid covered services, such as: immunizations, well child exams, dental services, mental health services.
- Participating as a Medicaid eligibility outreach outstation. NOTE: excludes determining eligibility.
- Preparing, presenting and disseminating child health related materials identifying Medicaid-covered services and how to access such services including preventative health care and substance abuse prevention programs, related staff travel and paperwork.
- Informing parents/families on how to appropriately access/use Medicaid-covered medical care/services.

A2. Outreach and Application Assistance for Non-Medicaid/OHP Programs:

Activities that assist the child/family in gaining access to non-Medicaid/OHP services and effectively utilize social services and community wellness programs. (Included are housing, commodities, food banks, Women’s Infant and Children Program (“WIC”), foster care, financial assistance, exercise and weight loss programs, energy assistance, child care, after school programs, friendly visitor and vocational services). Providers that are not enrolled with Medicaid or part of Medicaid Managed care of network providers and activities that assist the child/family in applying for these services, including form preparation, related staff travel, clerical, and paperwork.

Examples:

- Informing families about general health education programs or campaigns and how to access them, conducting, scheduling or promoting these programs.
- Scheduling and promoting activities which educate individuals about the benefits of healthy lifestyles, home safety and accident prevention.
- Non-Medicaid/OHP outreach directed toward encouraging persons to access social, educational, legal, or other services not covered by Medicaid/OHP.
- Explaining eligibility rules and the eligibility process to prospective applicants for NON-OHP programs, providing the necessary forms and packaging all forms in preparation for such NON-OHP services.
- Informing individuals and families about NON-OHP programs, such as housing, food banks, foster care, financial assistance for needy families, TANF, food stamps, Women’s Infant and Children (WIC) program, childcare, legal aid and other NON-OHP social or educational programs, and referring them to the appropriate agency to make application for such services.
- Providing outreach, developing and verifying initial and continuing eligibility for the Free and Reduced Lunch Program.



B1. Referral, Coordination, Monitoring and Training of Medicaid/OHP Covered Services

Staff should use this code when making referrals for coordinating, and/or monitoring the delivery of Medicaid-covered services. This code may also be used when coordinating or participating in training events and seminars for outreach staff regarding the benefits of the Medicaid/OHP program, how to assist families to access Medicaid-covered services and how to more effectively refer participants for services. Activities that are an integral part of or an extension of a direct medical service are not claimable as an administrative activity and must be reported as E. NOTE: Targeted case management is also not claimable as an administrative activity and must be reported as E. Claimable activities reported include related staff travel, clerical, and paperwork.

***If medically licensed staff provide these activities they are considered integral to Medical services they provide whether they are actively billing Medicaid for direct medical services or not, must report under E for Direct Healthcare Services.

Examples:

- Monitoring, coordination, and training of Medicaid/OHP services: for vulnerable children and families, including agency staffing to coordinate Medicaid/OHP services for child health and development (does not include Individualized Family Services Goal Plan meetings), arranging for Medicaid-covered services, coordinating child specific Medicaid –covered services in coordination with services identified (i.e. psychological counseling, health, substance abuse counseling and consultation), related staff travel and paperwork.
- Referral and Coordination: Gathering information in advance of a referral for a Medicaid-covered service utilizing questionnaires (i.e. New Baby Questionnaire or Family Update). Making referrals for and coordinating Medicaid covered screenings, examinations, assessments and evaluations for health, vision, dental, developmental, mental health, substance abuse, and other Medicaid-covered medical services. Contacts with parents regarding their child’s Medicaid covered healthcare needs. Gathering background information and supportive data such as social history and medical history. Helping families meet goals related to Medicaid covered services and coordinating medical care with partnering agencies also serving the family such as Early Intervention and/or Community Healthy Nurses, and related staff travel and paperwork.
- Immunization: Scheduling immunizations, coordination of immunizations for children, related staff travel and paperwork.
- Maternal Care Services: Referring for Medicaid-covered prenatal, postpartum and newborn care, pre-pregnancy risk prevention, family planning and related staff travel and paperwork.
- Developmental Delay: Gathering information in advance of a referral for a Medicaid-covered service utilizing Ages and Stages Questionnaire (ASQ) and ASQ Social Emotional Questionnaire for early identification of age appropriate child development and/or delays to assure health and developmental problems are found, diagnosed and treated. Coordinating or referring for early Medicaid-covered medical consultation and evaluations, related staff travel and paperwork. Participating in or coordinating training which improves the delivery of Medicaid/OHP services, enhances early identification, intervention, screening and referral of children with special health needs.



B2. Case Planning, Monitoring, Coordination, Referral and Training of Non-Medicaid/OHP Covered Services

- Assessing and monitoring of the home learning environment using standardized forms, creating and disseminating information on positive and interactive learning environments, providing or arranging for reading material for the child, providing or arranging for age appropriate toys.
- Classroom instruction or presentations, preparation, related paperwork and travel, attendance at conferences, providing educational or career guidance or consultation. Includes related staff travel, clerical, and paperwork.
- Case management of social services and community wellness programs (including housing, commodities, food banks, WIC, foster care, financial assistance, exercise and weight loss programs, energy assistance, child care, after school programs, friendly visitor and vocational services). Arranging transportation for these services coordinating or participating in training events and seminars for these services. Includes related staff travel, clerical, and paperwork.
- Making direct referrals to social services such as housing, energy assistance, educational and/or special education, childcare, education and Early Intervention, vocational and transportation to these services, etc., monitoring and follow-up. Includes related staff travel, clerical and paperwork.
- Participating in or coordinating training which improves the delivery of non-Medicaid/OHP services.

Examples:

- Helping families meet non-Medicaid covered related goals.
- General education and referrals about topics like nutrition, normal breastfeeding, exercise, wellness, attachment, infant development.
- Sharing toys, making toys.
- Literacy.
- Parent child interactions.

C1. Medicaid/OHP Transportation and Translation:

Assisting an individual to obtain transportation to services covered by OHP, arranging for or providing translation services to facilitate access to OHP services. This does not include the provision of the actual transportation services, but rather the administrative activities involved in arranging or scheduling transportation to a Medicaid covered service. Translation services must be provided by an employee whose role is performing translation functions to facilitate access to Medicaid-covered services. Include related paperwork, clerical activities or staff travel required to perform these activities.

Examples:

- Arranging for or providing translation services (oral and signing) that assist the individual to access and understand necessary care or treatment covered by Medicaid.
- Developing translation materials that assist individuals to access and understand necessary care or treatment covered by Medicaid.
- Scheduling or arranging transportation to Medicaid/OHP covered services.
- Related staff travel and paperwork.



C2. Non-Medicaid/OHP Transportation and Translation means:

Assisting an individual to obtain transportation to services not covered by Medicaid/OHP, or arranging for or providing translation services related to social, vocational, or educational programs. Include related paperwork, clerical activities or staff travel time required to perform these activities.

Special Note: Use this code when accompanying an individual to non-Medicaid/OHP services.

D1. Program Planning, Policy Development, and Interagency Coordination Related to Medicaid/OHP Services

Performing activities associated with the development of strategies to improve the coordination and delivery of medical/dental/mental health services, and when performing collaborative activities with other agencies and/or providers. Planning and developing procedures to track requests for services; the actual tracking of requests for Medicaid services would be coded under B1 Referral, Coordination and Monitoring of Medical Services. Working internally and with other agencies to improve services, expand health and medical services and their utilization to specific target populations, gathering information about their functions, to improve early identification of health and developmental problems, related staff travel, clerical and paperwork.

Examples:

- Identifying gaps or duplication of medical/dental/mental services and developing strategies to improve the delivery and coordination of these services.
- Developing strategies to assess or increase the capacity of medical/dental/mental health programs.
- Monitoring medical/dental/mental health delivery systems.
- Developing procedures for tracking families; requests for assistance with medical/dental/mental services and providers, including Medicaid (this does not include the actual tracking of request for Medicaid services).
- Evaluating the need for medical/dental/mental services in relation to specific populations or geographic areas.
- Analyzing Medicaid data related to a specific program, population, or geographic area.
- Working with other agencies and/or providers that provide medical/dental/mental services to improve the coordination and delivery of services, to expand access to specific populations of Medicaid eligibles and to increase provider participation and improve provider relations.
- Working with other agencies and/or providers to improve collaboration around the early identification of medical/dental/mental problems.
- Developing strategies to assess or increase the cost effectiveness of medical/dental/mental health programs.
- Defining the relationship of each agency's Medicaid services to one another.
- Working with Medicaid resources, such as the Medicaid agency and Medicaid managed care plans, to make good faith efforts to locate and develop EPSDT health services referral relationships.
- Developing advisory or work groups of health professionals to provide consultation and advice regarding the delivery of health care services.



- Working with the Medicaid agency to identify, recruit and promote the enrollment of potential Medicaid providers.
- Developing medical referral sources such as directories of Medicaid providers and managed care plans who will provide services to targeted population groups, e.g., EPSDT children.
- Coordinating with interagency committees to identify, promote and develop EPSDT services.
- System coordination, community meetings to improve services, expand access to OHP, improve system of care.
- Developing a family planning, education, counseling and service program compatible with community norms, locating or developing family planning information and materials and methods of distribution, developing a family planning service referral network.
- Notifying medical providers of Healthy Start/Healthy Families Oregon services and coordination opportunities.
- Recruitment of enrolled providers to provide Medicaid covered services, such as: immunizations, well child exams, dental services, and mental health services.
- System coordination to improve delivery of immunizations.
- Related supervision, travel, case conferences, team meetings and paperwork.

D2. Coordination Related to Non-Medicaid/OHP Services

Working internally and with other agencies to improve social services, identify gaps in services, expand and improve capacity to engage in non-Medicaid/OHP activities, expand access and linkage to non-Medicaid/OHP services, their utilization by specific target populations; related staff travel, clerical, and paperwork.

E. Direct Health Care Services

Providing medical care, treatment, and/or counseling to an individual. This code also includes administrative activities that are an integral part of or extension of a medical service (e.g., patient follow-up, patient assessment, patient counseling, patient education, parent consultations, billing activities). This code also includes related paperwork, clerical activities, or staff travel required to perform these activities.

Examples:

- Providing health/mental health services.
- Medical/health assessment and evaluation.
- Conducting medical/health assessments/evaluations and diagnostic testing and preparing related reports.
- Providing personal aide services.
- Providing speech, occupational, physical and other therapies.
- Administering first aid or prescribed injection or medication.
- Providing direct clinical/treatment services.
- Performing developmental assessments.
- Providing counseling services to treat health, mental health, or substance abuse conditions.
- Developing a treatment plan (medical plan of care) for a student if provided as a medical service.
- Performing routine or mandated child health screens including but not limited to vision, hearing, dental, scoliosis, and EPSDT screens.
- Providing immunizations.



F. Other Services

General administrative functions such as: payroll, maintaining inventories, developing budgets, executive direction, lunches, paid leave, educational or professional development conferences, staff meetings, and personnel issues.

Examples:

- Paid lunches, breaks, or other time not at work.
- Paid time off (vacation, sick).
- Most trainings, conferences and meetings (not related to Medicaid covered services).
- Personnel issues.
- Emails and phone messages, general office work, filing.
- Establishing goals and objectives of health-related programs as part of an annual or multi-year plan.
- Reviewing agency procedures and rules.
- Attending or facilitating staff or board meetings.
- Performing administrative or clerical activities related to general building or agency functions or operations.
- Providing general supervision of staff, including assistants or volunteers, and evaluation of employee performance.

Authorized Signature: _____

Printed Name: _____

Date: _____ -

