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Free webinar

Innovations to address senior nutrition

"Miss Oklahoma" Megan Gold shares her state's inspiring solutions that feed seniors in need

Wednesday, Sept. 21 at 2 p.m. ET / 11 a.m. PT

Register

CareForum 2022
The WellSky® Conference

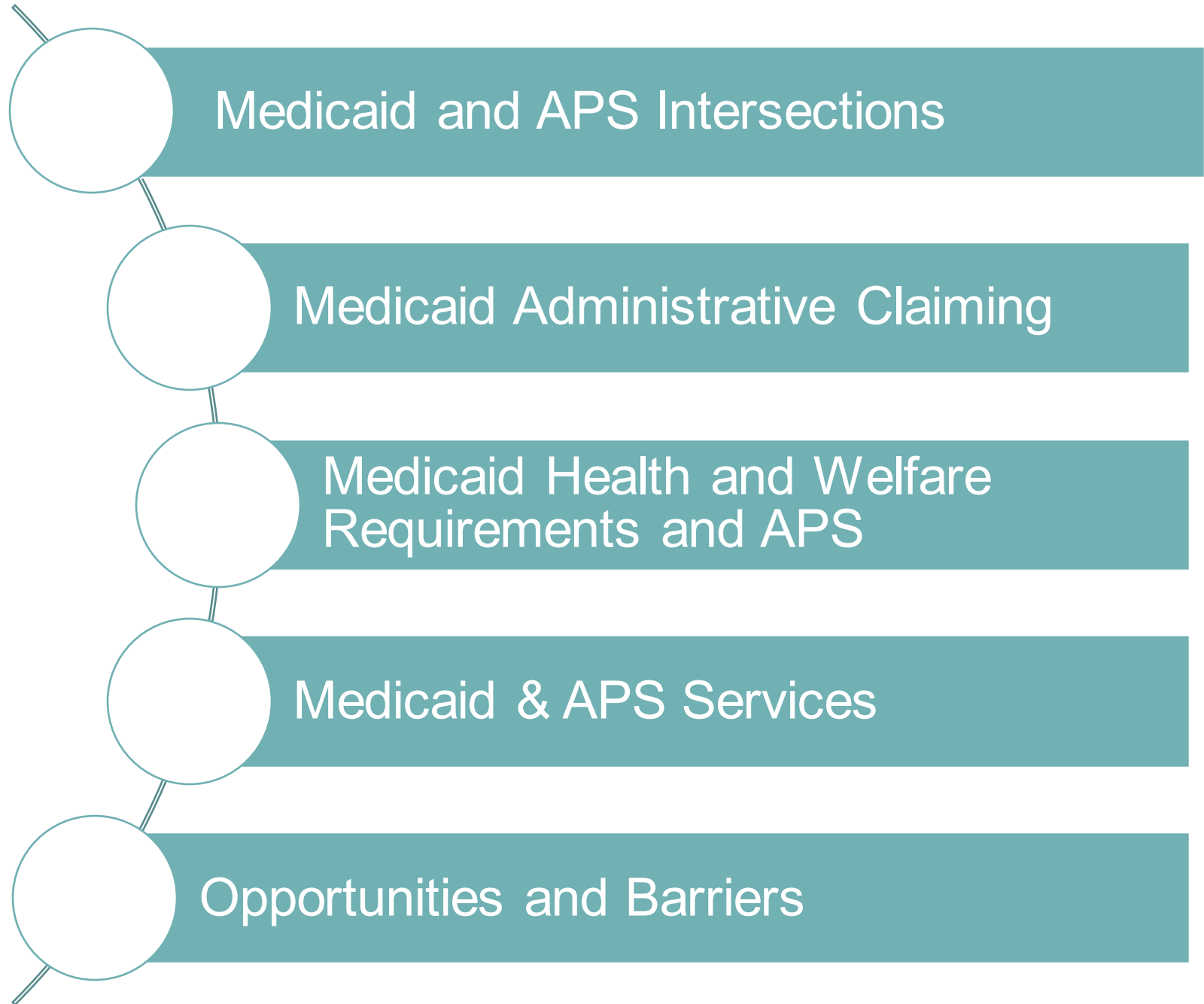# Data Sharing & Person-Centered Care: Medicaid & Adult Protective Services

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Senior Director of Elder Justice Initiatives at ADvancing States

September 13, 2022

National Adult Maltreatment Reporting System (NAMRS)

2019 Allegation Type
51.0% self-neglect
24.0% neglect
23.8% exploitation
12.6% physical abuse
1.6% sexual abuse

2020 Allegation Type
49.2% self-neglect
24.6% neglect
24.6% exploitation
13.1% physical abuse
1.5% sexual abuse

**Some cases have multiples types of abuse

APS and Medicaid

Potential Medicaid funding streams
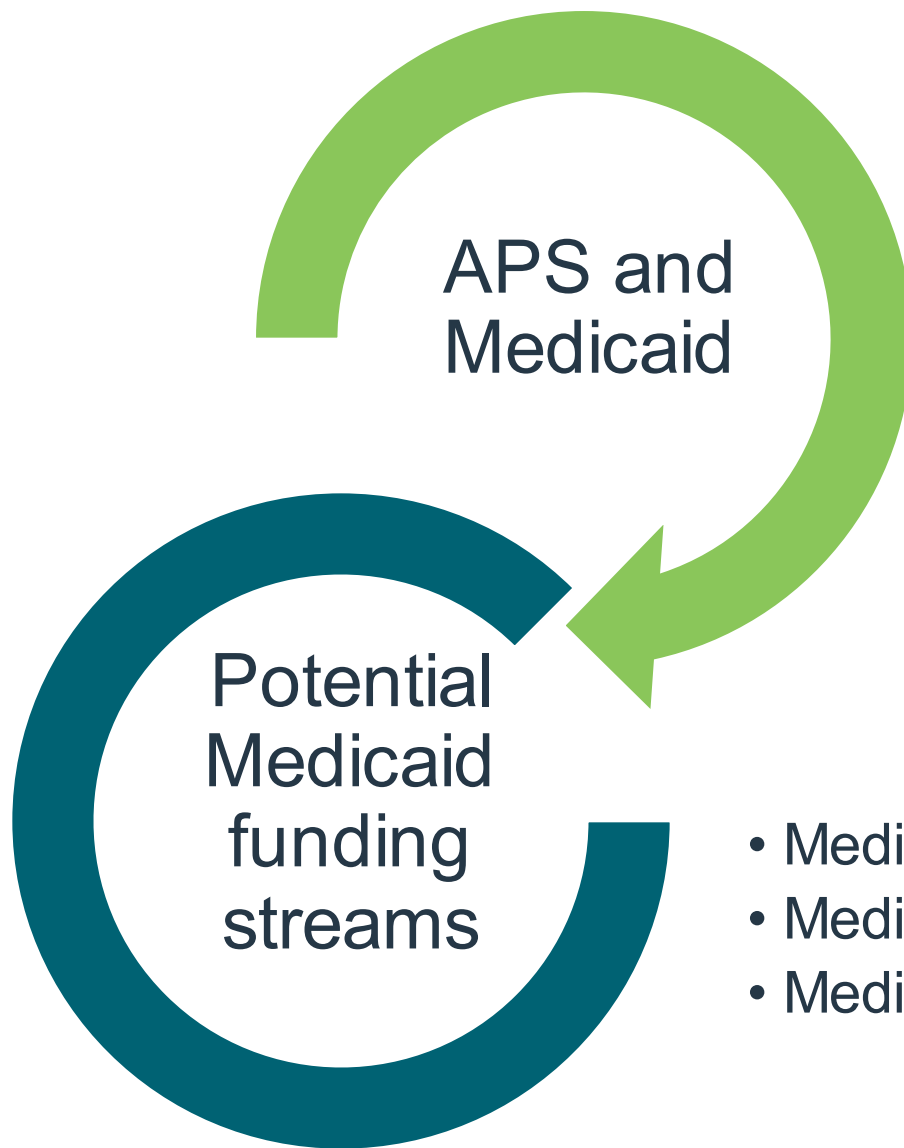
- Preliminary data, where available indicates approximately 50% of APS cases involved a victim that was Medicaid eligible*
  - 44% of cases with victims did not have data regarding Medicaid eligibility
- Medicaid financing can be used to support APS for these individuals in several ways

- Medicaid administrative claiming
- Medicaid critical incident reporting
- Medicaid services

* Source: ACL and the Adult Protective Service Technical Assistance Resource: 2021 data from 19 reporting states

Information Sharing with Medicaid

Information Sharing with Medicaid

Use of Medicaid Administrative Claiming

Usage of Medicaid Administrative Match as a Funding Source for APS

N=40
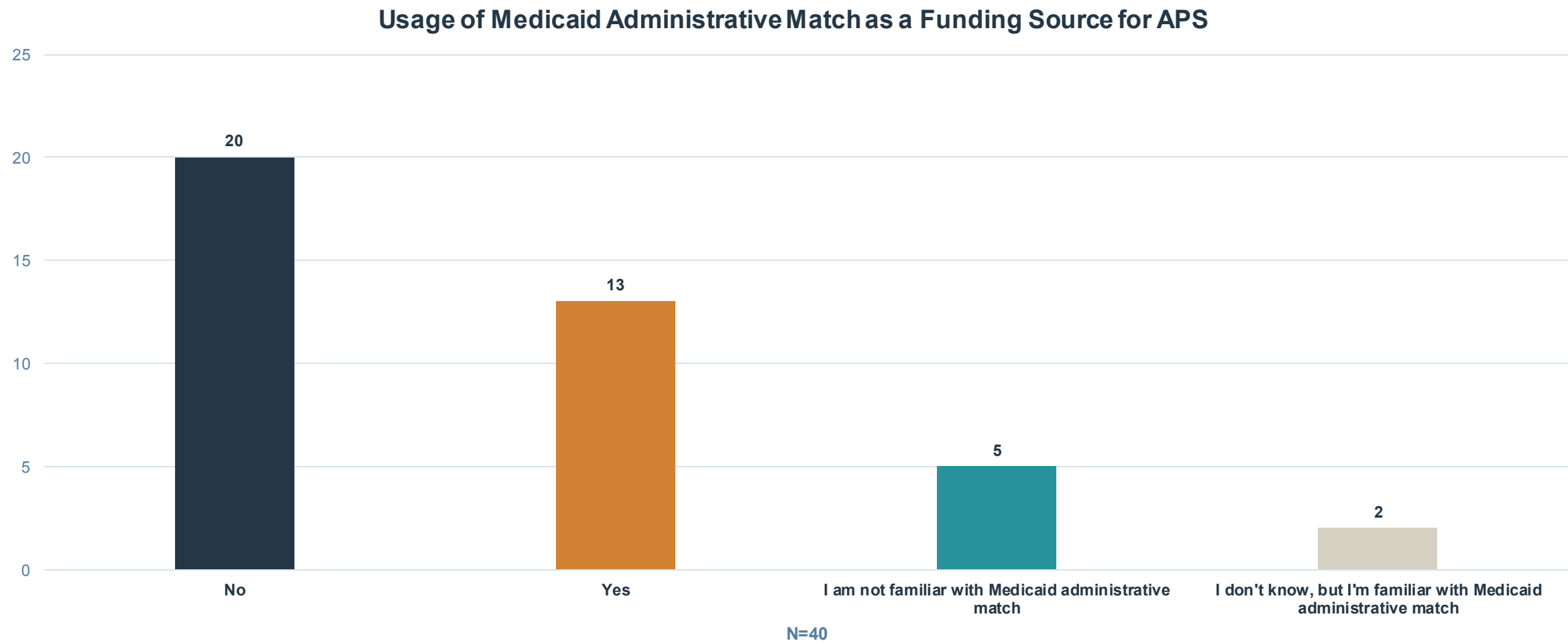
Medicaid Administrative Claiming

What is Administrative Claiming?

Administrative Claiming:

- Funding for the "proper and efficient administration of the [Medicaid] state plan"
- Financed at 50% federal funding

Could apply to certain expenditures and activities performed in support of state Medicaid long-term services

Potentially Claimable APS Activities

Intake and Screening
System and staffing for prompt receipt of reports of alleged adult maltreatment of beneficiaries receiving Medicaid services and the screening, prioritization and assignment of cases for follow up.

Follow-up Investigation
Information gathering to determine if maltreatment has occurred in the provision of Medicaid services, assessment of client needs to determine required services or actions necessary for an individual to be safe and remain as independent as possible.

Service Planning
Service planning with the client related to Medicaid-funded services to improve client safety, prevent maltreatment and improve quality of life and ongoing monitoring of service plan. Coordination with Medicaid case managers in making revisions or developing a service plan for Medicaid beneficiaries.

10

Training
Training activities of APS workers on Medicaid LTSS, including eligibility rules related to Medicaid benefits and health and welfare requirements included in a state's Medicaid waivers.

Overview of 6-Step Process

Step One:
State Medicaid Agency Engagement

Step Two:
Identify Permissible Non-Federal Matching Funds

Step Three:
Identify Activities Potentially Eligible for Medicaid Admin Match

Step Four:
Identify Costs of Allowable Activities

Step Five:
Establish Contractual Agreements

Step Six:
Secure CMS Review and Approval

Questions for Adult Protective Services

Are benefits of match desirable enough to offset requirements & staff work?

Are there activities already occurring that would qualify?

Are existing systems & processes able to produce required documentation?

What relationships exist with Medicaid and/ or need strengthening?

Medicaid Health and Welfare

Background: Health and Welfare

CMS/ACL/OIG released a report on HCBS health and welfare that found:

- Ensuring all critical incidents are reported
- Properly recording all reported incidents
- Ensuring incidents were reported at the correct severity level
- Collecting and reviewing all data on critical incidents
- Ensuring all reasonable suspicions of abuse or neglect were reported

The report listed four key components of health and safety in HCBS:

- Reliable incident management and investigation processes
- Audit protocols that ensure compliance with reporting, review, and response requirements
- Effective mortality reviews of unexpected deaths
- Quality assurance mechanisms that ensure the delivery and fiscal integrity of appropriate community-based services.

Medicaid Critical Incident Investigations: How?

- In many cases, Medicaid quality assurance staff do not have background or training in investigation or substantiation

- States are seeking partnerships to better address critical incident response and remediation

- Ongoing CMS emphasis, including "Special Review Team" visits will drive further Medicaid action on this issue

- In states without a strong APS/Medicaid connection, this is an acute opportunity

Potential Next Steps

Identify Existing Critical Incident Management Procedures:

What currently exists in the state?	What are strengths and weaknesses of existing infrastructure?

Establish Protocols:

Determine role for APS in Medicaid critical incident management	Develop MOU or other formal agreement on responsibilities and reasonable data sharing	Leverage Medicaid match to support the activities that address health and welfare

Medicaid & APS Services

Historic Investments

CARES Act of 2021

- $93.88M for Adult Protective Services
- $4M for Long-Term Care Ombudsman Program

American Rescue Plan Act of 2021

- $86M awarded to APS in 2021
- $85.4M awarded to APS in 2022
- $4M for Long-Term Care Ombudsman Program

APS Technical Assistance Resource Center

- Currently providing intensive TA to states
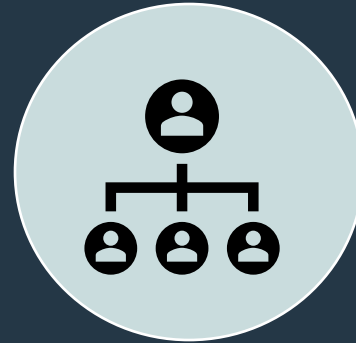
40 Plans: Common Priorities

Services for clients

Technology investments incl. equipment

Training

Staffing

Contract expertise

Services Identified in ARPA APS Spend Plans

Emergency/Temporary **Housing,** Moving assistance

Utility, rent assistance, minor home repair

Deep cleaning, pest eradication

Domestic goods, clothing, and provisions
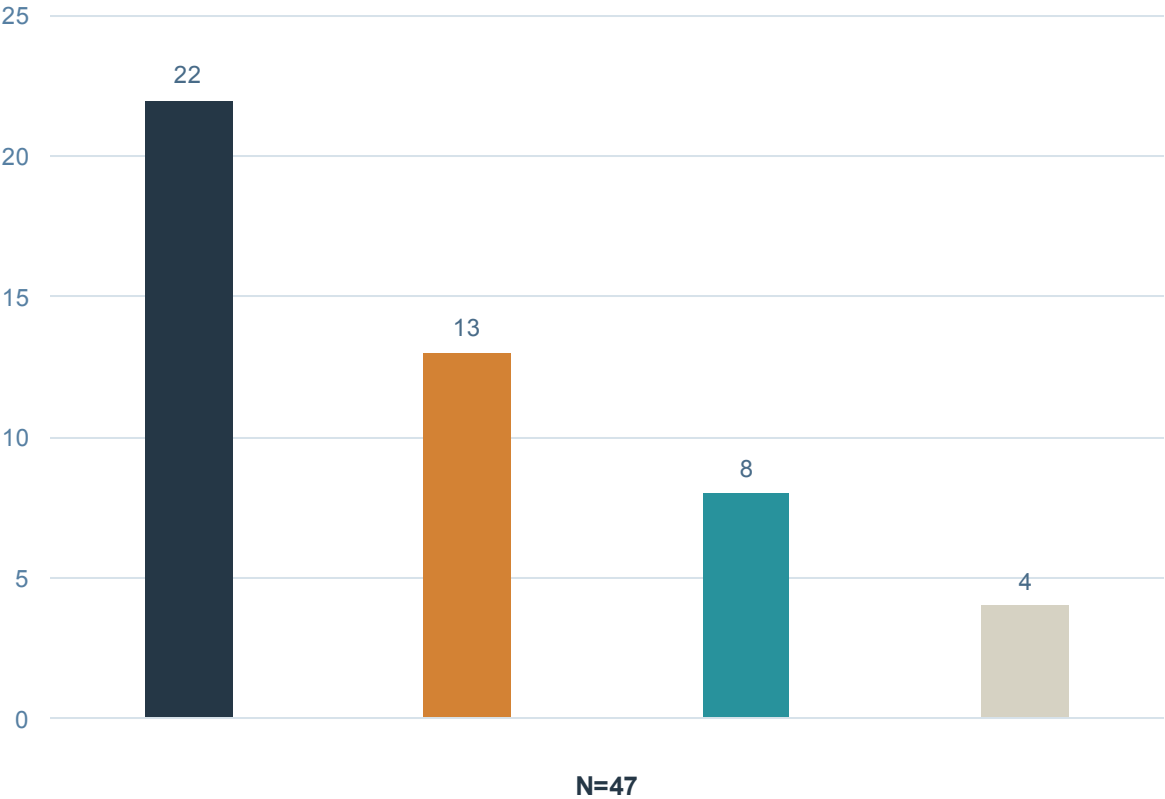
Food, medications, DME, transportation

In-home care, respite, transition of care support
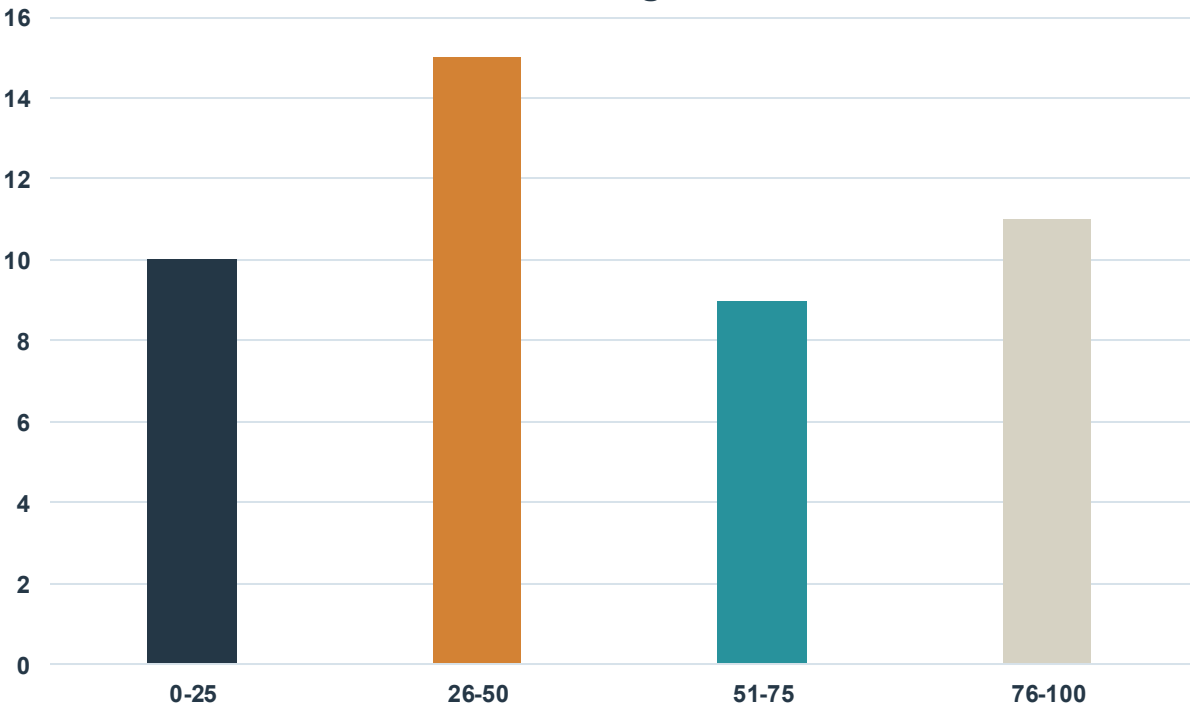
Case management, mental health services

Legal services, guardianship

Need for longer-term support

Case Management for All Clients

Bar values: 22, 13, 8, 4

N=47

Case Management for Clients Experiencing Self Neglect

| 0-25 | 26-50 | 51-75 | 76-100 |

APS and Medicaid Services

What should APS finance?

What can be provided via Medicaid?

Opportunities & Barriers

Top 5 Shared Categories of Information

Results of APS investigation (Client)

Critical Incident Management data

Health and safety assurances

List of shared clients

Results of the APS investigation (alleged perpetrator)

Barriers

State Confidentiality Laws: APS Clients

State Confidentiality Laws: Alleged Perpetrator

State or County APS Structure

Technology: Stage of Development

Technology: Lack of Interoperability

Questions?

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