

Time and Task Scenarios

These scenarios are based on topics and activities in all [Time and Task Reporting categories](#). These are examples and not all-inclusive of the guidance in the [100% Time and Task Reporting](#) section of the ADRC Operations Manual.

1. Appeal for full-benefit Medicaid eligibility

A customer contacts the ADRC because they were denied Medicaid Purchase Plan (MAPP) and believe that they should be eligible. You review their case in CARES Worker Web (CWW), and it appears that income maintenance has incorrectly counted their spouse's income in the calculation, causing them to be ineligible. You discuss their options, which include submitting a new application, filing an appeal, and being referred to a benefit specialist for assistance. The customer requests a referral to the benefit specialist because they think they'd like to appeal but need more assistance to do so.

Q: In which category do you record your time?

A: Category 1

Explanation: Accessing CARES to determine eligibility status and providing information and referral for assistance with an appeal for full-benefit Medicaid are all category 1.

If you were providing hands-on assistance with the appeal for full-benefit Medicaid, that time would be captured in category 4.

2. Discussing home-delivered meals

You discuss a customer's current home-delivered meals with them; they are currently on a donation basis. You share that the meals could also be funded with the FoodShare benefit or be part of a care plan when enrolled in a publicly funded long-term care program. The customer indicates that neither of those apply to them right now. They would like to increase meals from three to five days per week, and you let the customer know that the nutrition program coordinator can assist with this. You ask if there are any additional needs before you transfer them, and they indicate they want to discuss transportation too. You address their transportation needs and provide several resources and then transfer to the nutrition program.

Q: Where do you record your time spent discussing these topics?

A: Category 2

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ADRC
Tribal ADRS
Tribal Benefit Specialist

P-02009-24-03
(03/2024)

Explanation: Because the discussion of these topics (home-delivered meals and transportation) was outside of the context of Medicaid or a Medicaid-related program (MRP), it is captured in category 2. The customer specifically stated that long-term care programs and FoodShare didn't apply.

If the customer had indicated that they wanted to learn more about services covered in long-term care programs, then these topics would have been recorded in category 1, as discussion about the services would have been within the context of an MRP.

3. Work recorded in Other Program columns

Q: Which types of work below would be recorded in an Other Program column? (You may select multiple answers.)

- Transportation certification for aging
- Census work
- Preadmission screening and resident review (PASRR) screening
- COVID-19 grant work
- WATTS reviews (annual guardianship and protective placement reviews)

A: All of these go into Other Program columns.

Explanation: None of these work activities are within the ADRC Scope of Services; thus, ADRC grant funding can't support these activities and programs. All time for these work activities would be recorded in separate "Other Program" columns, which would be labeled by the local ADRC or Tribe.

4. Equipment

Scenario 1: You're working with a customer who has recently become disabled from a car accident. The customer's health insurance is refusing to provide adequate coverage for adaptive equipment. You discuss a referral to a benefit specialist at the ADRC for assistance with an appeal. The customer also wants to learn about options for privately purchasing the equipment, because they heard that appeals could take a long time and they need the equipment immediately. You provide a list of durable medical equipment providers in the area to the customer.

Q: In which category do you record your time?

A: Category 2

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Tribal ADRS
Tribal Benefit Specialist

P-02009-24-03
(03/2024)

Explanation: Durable medical equipment is a topic in category 2 when discussed outside the context of Medicaid or an MRP. If the customer does have Medicaid, even if it's currently denying coverage, you would document time in category 2A. If the customer is not a current Medicaid recipient, you would document time in category 2B.

Scenario 2: You receive a call back a few months later from the customer, who worked with the benefit specialist regarding the insurance appeal and was successful in gaining coverage for the adaptive equipment. The customer is still in need of a few pieces of equipment that aren't covered by insurance, like an electronic pill dispenser. Your ADRC has a loan closet and has several items that they could use. You discuss the loan equipment and fill out paperwork to fulfill their equipment needs.

Q: In which category do you record your time?

A: Category 5

Explanation: Because this equipment is specific to the loan closet, you'd document your time in category 5.

5. MDS-Q referral

Last week you made initial contact with a customer after an MDS-Q referral. At that time, you learned that the customer is interested in publicly funded long-term care. You set up a home visit with the customer and complete the long-term care functional screen (LTCFS), which takes an hour. You also spend another 30 minutes reviewing all the long-term care programs and provider options during the home visit.

Q: In which category(ies) would you record your time?

A: Category 3 for the LTCFS time and category 1 for time spent discussing enrollment options.

Explanation: This referral started out as an MDS-Q contact, which is category 1. The subsequent contacts are recorded in the category in which you spent your time. Time spent administering and calculating the LTCFS is recorded in category 3. All of your time spent discussing enrollment options for publicly funded long-term care is recorded in category 1.

6. Tracking in Client Assistance for Reemployment and Economic Support (CARES) system

Scenario 1: You assisted a customer submit their Elderly, Blind, or Disabled (EBD) Medicaid application two weeks ago and now they call saying they've received a letter from the consortium that they don't understand. You access their case in CARES Worker Web (CWW)

and review the case comments and correspondence. It indicates that they need to provide their bank statement from last month. You explain this to the customer, and they say that they can bring it in to you tomorrow afternoon to submit to income maintenance (IM) for them.

Q: In which category do you record your time?

A: Category 4

Explanation: Because you are actively assisting the customer with gaining full benefit Medicaid eligibility by utilizing CARES to determine the status of their application and discuss what additional verification is needed with the customer, this time is documented in category 4.

Scenario 2: You determined functional eligibility for a customer and referred them to apply for EBD Medicaid through the consortium. It's been about three weeks since that referral was made, so you access CARES to see where it is in the process. You can see that they submitted the application about two weeks ago. It was processed last week and is pending verification of their pension. The customer has not contacted you to request any assistance regarding the letter they received from the consortium, so you assume that they will submit the verification by the due date. You document your review of their case in client tracking, but you do not follow up with the customer to offer assistance.

Q: In which category do you record your time?

A: Category 1

Explanation: In this scenario, you use CARES to verify the customer's application status and Medicaid eligibility, but you are not providing any follow-up and assistance to the customer with their application process. This time would be documented in category 1.

7. Veteran benefits and transportation

Scenario 1: You receive a call from a spouse, and the spouse feels that her husband needs more care and services than what he's currently receiving from Veterans Affairs (VA). He receives a small VA pension and 10 hours per week of supportive home care (SHC). You learn that she hasn't contacted them to see if he'd be eligible for additional supports or services in their home or an increased financial benefit, which may allow private pay for additional services. She's unsure whom she would need to contact about this, so you provide her with the contact number for the local veterans' service office (VSO) to further discuss his current benefits, eligibility for other VA benefits, and how to request an increase in SHC services. She hopes to make those connections this week, so you ask if you can make a follow-up call to her within two weeks to see how it went and if additional options are needed. She indicates agreement with this plan.

Applies to:
ADRC
Tribal ADRS
Tribal Benefit Specialist

P-02009-24-03
(03/2024)

Q: In which category do you record your time?

A: Category 5

Explanation: Although her initial request was about additional supportive services in the home for her husband, during the conversation with her, you focused on the VA connection that already exists to provide more supportive home care.

Scenario 2: Two weeks later, you follow up, and she indicates that they met with the VSO and applied for an Aid and Attendance Benefit. They also contacted the VA social worker to gain increased SHC services. In addition, she asks about transportation to a specialist appointment that he has in three weeks. The specialist is at a provider in a neighboring county. She doesn't feel comfortable driving him there and they don't have family that can take time off work to take him instead. You talk with her to see if this transportation is something that the VA SHC worker could provide. You also provide her with other transportation options, including private pay and a volunteer driver program through a local organization. She indicates that she's going to contact the VA social worker about the transportation first, and then will call the other options if needed. During this 15-minute follow-up call, five minutes was spent discussing VA benefits, and 10 minutes was spent discussing transportation options for the specialist appointment.

Q: In which category do you document your time?

A: Category 2B

Explanation: Although you did complete follow up about the VA benefits and SHC services, most of your contact revolved around transportation options. Since you didn't discuss Medicaid at all, and don't know if this customer has Medicaid, you record in category 2B.

8. Working with a coalition

You are the ADRC representative on a coalition in your county, working with community agencies that directly support individuals and families who are unhoused or have housing insecurities. The coalition is also an opportunity for community agencies to network so that they can make appropriate interagency referrals for customers. This ensures that customers are connected to supports and resources for all of their needs.

Q: In which category do you record your time?

A: Category 8A

Explanation: Your participation in this coalition is recorded in category 8A, as a focus of this group is aimed at improving access to services for those customers experiencing housing insecurities.

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Tribal ADRS
Tribal Benefit Specialist

P-02009-24-03
(03/2024)

If you're asked at one of the meetings to present about the ADRC and its services, you can capture that meeting time as category 1, for outreach, as you are educating the community agencies about the ADRC and providing ADRC marketing materials.

9. LTCFS case consult

As part of completing the LTCFS for a customer, you submit the medical record request to the medical provider. After two weeks, you follow up on the status of the request because you have not received records. Once you receive medical records back, there is an unknown diagnosis included that is contributing to their primary medical needs. You consult with the DHS LTCFS team to determine where to capture the diagnosis on the diagnosis cue sheet. You then complete the LTCFS after the case consult regarding the diagnosis.

Q: In which category(ies) would you record your time?

A: Category 1 and 3

Explanation: Data gathering for the purpose of the LTCFS, including reaching out to collateral contacts and follow-up on medical records should be documented in category 3. Consult on the diagnoses for a functional screen, including consult with the DHS LTCFS team, is documented in category 1 as LTCFS activities.

10. SSDI appeal

You meet with a customer who needs assistance with their appeal for disability benefits. This is a request for reconsideration for SSDI only. The customer has a 401K with assets well over the SSI asset limit of \$2000. You help submit their appeal online and complete releases so that you can gain a copy of their file from the Social Security Administration (SSA).

Q: In which category do you record your time?

A: Category 5

Explanation: SSDI applications and appeals are recorded in category 5 because there is no direct Medicaid eligibility component with a positive determination for SSDI benefits.

Additional information: Assisting with an SSI/SSDI concurrent application or appeal is recorded in category 4.

11. Motivational interviewing training

Your afternoon appointment with a customer is cancelled, so you have some free time available and decide to work on one of your annual performance goals, completing the motivational interviewing training on the learning management system (LMS).

Q: In which category do you record your time?

A: Category 8A

Explanation: This is an ORCD-offered training that is specific to ADRC and Tribal staff to help you do your job better. However, it's not tied to a specific topic that falls into a different category (like training specific to Medicaid, MRP, or the LTCFS, which would be category 1; Medicare training is category 5), so your time spent in this type of training is recorded in category 8A (as would trainings such as time and task reporting and annual trainings required by your employer such as discrimination and harassment, confidentiality, and workplace violence).

12. Memory screen

You have a walk-in at your agency, and in meeting with the customer, they identify that there may be some concerns with memory. The customer indicates that they haven't talked to their doctor about it yet. You offer to complete a memory screen today and they accept. You administer the memory screen, and it indicates there may be a concern with memory. You offer to provide that information to their doctor, and they agree for you to do so.

Q: In which category do you record your time?

A: Category 2

Explanation: A memory screen is captured in category 2. Select category 2A if the customer currently has Medicaid, and category 2B if the customer is not currently a Medicaid recipient or you are unsure.

Additional information: A memory screen that is done as part of a LTCFS interview to assist with information needed for making a scoring determination in the memory loss section would be recorded in category 3, along with the rest of your LTCFS interview time.

13. Medicare Part D

You assisted a customer to review their Medicare Part D plan options during a special enrollment period. At the beginning of the appointment, you confirmed basic income and asset information with the customer to ensure that there was no potential for obtaining dual eligibility or a low-

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Tribal Benefit Specialist

P-02009-24-03
(03/2024)

income subsidy for their Part D coverage. Through the review, the customer was able to select the plan that they wish to enroll into. You discussed next steps for enrollment, and they indicated that they would call the plan this afternoon to enroll.

Q: In which category do you record your time?

A: Category 5

Explanation: Medicare and Medicare Part D counseling, when a customer does not have dual eligibility, is captured in category 5.

Additional information: If a customer is dual eligible, then this Medicare counseling is captured in category 1.

14. Application for Medicaid

During your appointment today, you assisted the customer with filling out their EBD Medicaid application and gathered copies of their identification, lease, bank statements, and outstanding medical bills. After the appointment, you scan a copy for your records, submit the application and verifications to IM, and complete your client tracking.

Q: In which category do you record your time?

A: Category 4

Explanation: Your prep time for this appointment; travel time to and from the appointment; time spent in the appointment assisting the customer to complete their application for full-benefit Medicaid; and time after the appointment to complete paperwork, data entry, and reporting are all documented in category 4.

15. Annual assessment for home-delivered meals

You are given a referral to complete the annual meal assessment for a customer who has been receiving home-delivered meals for a few years.

Q: In which category do you record your time?

A: Other Program column

Explanation: Initial home-delivered meal assessments can be completed and billed to ADRC and Tribal ADRS funds; however, annual assessments should be funded with aging funds, so time is documented in an Other Program column labeled by the local ADRC or Tribe.

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ADRC
Tribal ADRS
Tribal Benefit Specialist

P-02009-24-03
(03/2024)

16. Time reporting the next day

You meet with a customer for a home visit and complete the LTCFS interview. You end your day there, so you do not report your time or complete client tracking that day. When you're back in the office the next day you enter your notes into client tracking and record your time spent in the workbook for both days.

Q: In which category do you document your time?

A: Category 3

Explanation: You would document in category 3 for the time spent with the customer on the date of the home visit as well as the time spent the next day when documenting in client tracking (if it takes the majority of a 15-minute increment).

Additional information: Because documentation occurred in category 3 for the work done with the customer, there is also a requirement to document in category 6 for these contacts. This documentation should be the customer's initials on the date you met with them. When documenting notes in client tracking for the next day, category 6 should indicate "client tracking," "case notes," or something similar to note that it was a follow-up from a customer interaction.