

Time and Task Reporting

ADRC Operations Manual

I. Introduction

Time and task reporting, also known as Medicaid administrative claiming, is the way Wisconsin claims federal funding to support activities related to administering Medicaid programs, such as providing education and information about eligibility for Medicaid programs. For Wisconsin to claim Medicaid administrative funding, an approved cost allocation plan is required between Wisconsin and the federal government. Wisconsin's cost allocation plan requires ADRCs and Tribal partner agencies to perform 100% time and task reporting to receive this additional funding.

Federal Medicaid administrative claiming allows state funding to go twice as far, depending on the activity. Performing time and task reporting allows Wisconsin's ADRCs and Tribal partner agencies to fully tap into the federal share of funding to support their work to administer Medicaid programs.

II. Requirements for Performing Time and Task Reporting

A. Staff Required to Complete Time and Task Reporting

Staff who provide [information and assistance](#) services (P-03062-01) as a component of their job duties are required to complete 100% time and task reporting. Even if providing information and assistance services is only one component of their role, 100% of their time must be reported. Staff that perform any of the following job duties are required to time-report because information and assistance services are innately part of their job duties:

- ADRC specialists and Tribal aging and disability resource specialists (ADRS)
- Community health workers



- Dementia care specialists and Tribal dementia care specialists
- Disability benefit specialists and Tribal disability benefit specialists
- Elder benefit specialists and Tribal elder benefit specialists

ADRCs and Tribal partner agencies may choose to have other positions within their agency complete time and task reporting. For example, a staff member who is responsible for coordinating health promotion programs may complete time and task reporting. ADRCs and Tribal partners should contact their assigned [regional quality specialist](#) to assist with these determinations.

Support staff and supervisors are not required to complete time and task reports.

B. Process for Completing Time and Task Reporting

The information provided in this section of the ADRC operations manual is meant to be utilized by ADRC specialists, Tribal ADRS, community health workers, benefit specialists, and Tribal benefit specialists. This document is the primary source of information on how to complete time and task reporting.

Dementia care specialists (DCS) and Tribal DCS will find information specific to time and task reporting on the [Time and Task Reporting for Dementia Care Specialists](#) (P-02009 20-06).

- Staff are required to use the Excel [daily activity workbook](#) provided by the Department of Health Services (DHS). This workbook is organized into eight categories and has additional columns that are labeled as “other” that may be used in certain circumstances as described below.
- Staff are required to record 100% of their time in their daily activity workbook. Time is reported in 15-minute increments. Staff should select the column that is most appropriate for the majority of each 15-minute increment of time. Time reported in the workbook must match the paid hours worked by the staff member. When a new staff is training and shadowing another professional, the new staff should document their time exactly as the staff who is performing the work activities. For example, if a new ADR specialist is shadowing a colleague who performs a home visit, to administer a long-term care functional screen (LTCFS), both staff will document their time spent on this activity in Category 3.



C. Time and Task Reporting Categories

1. Category 1: Medicaid Services Administration

This category should be selected when staff have discussions about Medicaid or Medicaid-related programs (MRP), any services those programs provide, and the eligibility requirements to get enrolled into those programs.

D. Medicaid and Medicaid-Related Program (MRP) Examples

[Medicaid in Wisconsin: A to Z](#) (P-02383) provides a listing of full benefit Medicaid and MRPs.

- BadgerCare Plus
- Family Care
- Family Care Partnership
- Foster Care Medicaid
- HealthCheck
- Institutional Medicaid
- Include, Respect, I Self-Direct (IRIS)
- Katie Beckett
- Medicaid for the Elderly, Blind or Disabled (EBD)
- Medicaid Purchase Plan (MAPP)
- Medicare Dual Eligible Special Needs Plans (D-SNPs)
- Medicare Part D (with dual eligibility)
- Medicare Savings Programs (MSP)
- Minimum Data Set (MDS)-Section Q
- Qualified Medicare Beneficiary (QMB)

Qualified Disabled and Working Individual (QDWI)

- Program of All-Inclusive Care for the Elderly (PACE)
- SeniorCare (Level 1, 2a, 2b, or 3)



- Special Status Medicaid
- Specified Low-Income Beneficiary (SLMB and SLMB+)
- Supplemental Security Income (SSI) (if for Medicaid eligibility)
- Supplemental Security Income – Exceptional Expense Supplement (SSI-E)
- SSI-related Medicaid (Medicaid with a deductible)
- Wisconsin Well Woman Medicaid

Discussion topics about these programs may include:

- **Advocacy Day:** Attending Aging and Disability Advocacy Days to educate legislators about the role and importance of the ADRC, how it supports target populations in the local communities, and how policy impacts the ADRC and target populations.
- **Appeals for full-benefit Medicaid eligibility:** Providing information or referral for assistance on appeals needed for full-benefit Medicaid. This may include Supplemental Security Income (SSI), and SSI and Social Security Disability Income (SSDI) concurrent applications.
- **Application and Appeals for an MRP:** Providing information or referral for assistance or providing assistance and advocacy for an MRP appeal (for example, Family Planning Only Services Program, Medicare Savings Programs (MSP), SeniorCare).
- **Benefit check-up:** Checking program criteria for potential Medicaid or MRP eligibility.
- **Benefit counseling:** Providing benefit counseling to individuals with full benefit Medicaid, such as coordination of benefits: Medicare/Medicaid coordination for individuals with dual eligibility, private insurance (union, employer, etc) and Medicaid, BadgerCare or SSI HMO enrollment options.
- **Citizenship or alien status:** Assisting a customer (whether immigrant, non-citizen, or refugee status) with necessary citizenship or alien status determinations needed for Medicaid eligibility.
- **Disenrollment:** Discussing an involuntary disenrollment due to loss of eligibility when the conversation is about how to maintain long-term care program eligibility.
- **Early identification:** Reviewing a customer's financial status to determine how or when the customer may be eligible for Medicaid or an MRP. This may include discussing divestment and how it affects Medicaid eligibility.
- **Education:** Providing information to a customer or the public (as a presentation) about Medicaid or an MRP.



- **Eligibility status:** Verifying a customer's Medicaid eligibility status in ForwardHealth or Client Assistance for Re-employment and Economic Support System (CARES).
- **Enrollment counseling:** Discussing long-term care program options (Family Care, IRIS, Partnership, PACE), managed care organizations (MCOs), IRIS consultant agencies (ICAs), or fiscal employer agencies (FEAs). This includes time spent explaining and completing paperwork for Wisconsin's Money Follow the Person (MFP) Demonstration.
- **Income maintenance (IM):** Communicating with IM regarding Medicaid or an MRP.
- **Long-term care functional screen (LTCFS) activities:** Discussing activities related to the LTCFS, which include consultation with a colleague or DHS screen team, discussion of the screen at a staff meeting or with an MCO or ICA, follow-up with the customer or family regarding results, LTCFS meetings, webcasts, continuing skills testing (CST), studying for the CST, and screen lead quality checks. (Administering and calculating the LTCFS is captured in Category 3.)
- **Minimum data set-section Q (MDS-Q) or non-MDS-Q referrals:** Responding to and making initial contact with a resident of a nursing home in order to provide information about community service options.
- **Moves:** Providing enrollment counseling to a customer currently enrolled in a long-term care program when voluntarily moving from one county to another county to assure continuity of care.
- **Outreach and marketing:** Developing, distributing, or presenting Medicaid outreach materials, such as brochures, handouts, newsletters, or other documentation. Marketing activities for the ADRC and Tribal partner agencies.
- **Pre-admission consultation (PAC) or PAC-like activities:** Providing information about service options to a customer, who is considering or has recently moved to assisted living, for the purpose of delaying or preventing their need for Medicaid.
- **Paperwork, data entry, and reporting:** Completing paperwork, data entry, and reporting related to activities listed in this section.
- **Quality improvement:** Participating in projects regarding improvements specific to the Medicaid, MRP, or LTCFS processes. (Other quality improvement projects are Category 8A.)
- **Social Security overpayment:** Discussing arrangements to repay Social Security for the purpose of regaining and/or maintaining Medicaid.
- **Training:** Attending Medicaid, MRP, or LTCFS trainings. (Other training is Category 8A.)
- **Translation:** Arranging translation services to provide information about Medicaid or an MRP.
- **Travel:** Traveling to provide information or attend trainings about Medicaid, MRP, or LTCFS.



2. Category 2—Medicaid Services Coordination

This category should be selected when staff have discussions about individual services such as home care, assisted living facilities, or housekeeping outside the context of Medicaid or an MRP. Select 2A when assisting a customer that is a Medicaid recipient; select 2B when assisting a customer that is not a Medicaid recipient (including customers who may be considering private pay services). Any service that can be covered by Medicaid or an MRP, regardless of current eligibility status, can be recorded in this category.

Medicaid-Related Service Examples

(This is not an all-inclusive list.)

- Adult day care
- Assisted living facilities (CBRFs, RCACs, AFHs)
- Durable medical equipment
- Home-delivered meal (HDM) program
- Hospice care
- Mental health and substance use services
- Personal care worker (PCW) services
- Personal emergency response system (PERS)
- Physician, dentist, or other primary care provider
- Services covered by ForwardHealth card
- Skilled nursing facilities (nursing homes, ICF-I/DD, and state centers)
- Supportive home care (SHC)
- Therapies (for example, occupational, physical, speech and language)
- Transportation
- Other services that may be covered by Medicaid or through an MRP

This category may also include:

- **Care meetings:** Participating in care meetings to coordinate or review a customer's need for services.



- **Complaints:** Receiving complaints about service providers, MCOs, IRIS, or the ADRC.
- **Disenrollment counseling:** Discussing how to maintain Medicaid services after disenrollment from a long-term care program. Typically, disenrollment is voluntary.
- **Early diagnosis activities:** Identifying actions that may lead to a diagnosis of a future health problem and/or early treatment to avoid or prevent serious health problems. Examples of this would be using assessment tools for alcohol and drug use or a depression screen. These activities may lead to a service referral.
- **Follow-up:** Performing follow-up activities to assure a customer is connected with the services they need.
- **Home delivered meals:** Completing the nutrition screening and initial assessment for eligibility for the nutrition program (as part of options counseling).
- **Locate providers:** Assisting a customer to find service providers to meet their needs.
- **Memory screens:** Screening of customers to identify dementia and refer appropriately.
- **Paperwork, data entry, and reporting:** Completing paperwork, data entry, and reporting related to activities listed in this section.
- **Prevention programs:** Conducting prevention programs or sharing educational information with customers aimed at disease control or prevention. When you provide a prevention program to a group and all customers are Medicaid recipients, then time should be recorded in 2A. However, if one or more customers in the group do not receive Medicaid, or Medicaid status is unknown, then time is recorded in 2B.
- **Resource database:** Researching and entering service information into the resource database. Time is recorded in 2A when services can be covered by Medicaid and 2B when not covered by Medicaid.
- **Short-term service coordination:** Arranging and coordinating Medicaid-related services for customers who do not receive care management from another source.
- **Translation:** Arranging translation services to provide information about Medicaid-related services.
- **Transportation:** Providing information about transportation services.
- **Travel:** Traveling to provide information about Medicaid-related services.

3. Category 3—Functional Screen

This category should be selected when staff are engaged in activities necessary to administer and calculate the Long-Term Care Functional Screen (LTCFS).

- **Administration:** Completing the customer interview to gather information for the LTCFS.



- **Data entry:** Entering information and calculating the LTCFS.
- **Gathering information:** Gathering information from collateral contacts or medical professionals to complete the LTCFS.
- **Memory screen:** Administering a memory screen to answer memory questions during the LTCFS process.
- **Paperwork, data entry, and reporting:** Completing paperwork, data entry, and reporting related to activities listed in this section.
- **Travel:** Traveling to administer the LTCFS.

4. Category 4—Data Gathering

This category should be selected when assisting a customer with completing and obtaining paperwork to obtain full-benefit Medicaid.

- **Medicaid appeal:** Assisting with an appeal for full-benefit Medicaid. This may include SSI or SSI and SSDI concurrent appeals.
- **Medicaid application:** Assisting a customer with the completion of a Medicaid application, which may include an asset assessment. Inclusive of SSI or SSI and SSDI concurrent application.
- **Medicaid eligibility maintenance:** Completing activities specific to a Medicaid review (for example, assisting a customer to sign the signature page of a Medicaid application or gathering verifications).
- **Paperwork, data entry, and reporting:** Completing paperwork, data entry, and reporting related to activities listed in this section. Inclusive of case development (such as researching disability rules, obtaining medical source statements) for an SSI or SSI and SSDI concurrent application/appeal.
- **Tracking:** Checking CARES Worker Web (CWW) to track a customer's Medicaid application. Conducting follow up contacts with agencies to check status of application/appeal; agencies such as income maintenance for Medicaid application/appeal, Social Security Administration (SSA) or Disability Determination Bureau (DDB) for an SSI or SSI and SSDI concurrent application/appeal.
- **Travel:** Traveling to assist a customer with completing a Medicaid application.
- **Verifications:** Assisting a customer to gather documents needed to support a Medicaid application.



5. Category 5—Non-Allowable Medicaid Services Activities

This category should be selected when staff have discussions, provide assistance and provide advocacy about services or programs that are unrelated to Medicaid or an MRP.

- **Adult protective services (APS) or elder abuse (EA):** Referring a customer for APS or EA services.
- **Advocacy:** Providing referrals to advocacy organizations or advocacy unrelated to Medicaid.
- **Appeals:** Providing information, assistance, and advocacy for benefit appeals and overpayments unrelated to Medicaid (for example, SSDI (only), Medicare, and FoodShare).
- **Caregiver program:** Providing information on caregiving programs, such as the Alzheimer's Family and Caregiver Support Program (AFCSP) or National Family Caregiver Support Program (NFCSP). Providing assistance to complete and submit an initial application for AFCSP/NFCSP (as part of options counseling).
- **Food:** Providing information about food and nutrition resources including the FoodShare program, food pantries, farmers market vouchers, and emergency food.
- **General information:** Providing service and/or referral information about non-Medicaid services (for example, housing options, evictions, rental assistance, energy assistance, pet care, and telephone subsidies like SafeLink and Lifeline programs).
- **Guardianship:** Providing information about guardianship.
- **Health insurance marketplace:** Providing information, assistance, or referral.
- **Legal questions:** Responding to non-Medicaid-related legal inquiries (for example, estate planning, supported decision making, and protective placements).
- **Loan closets:** Sharing information about, gathering equipment, or completing paperwork for usage of items in the loan closet.
- **Medical directives:** Providing information about health care or financial powers of attorney or living wills.
- **Medicare:** Providing general information about Medicare, such as a presenting a Medicare 101 or Welcome to Medicare class. Benefit counseling to individuals who are not dual eligible, including options for original Medicare Part A and B coverage, Part C, Part D, and supplemental plans. Discussion about coordination of coverage between Medicare and private insurance (union, employer, etc.).
- **Medicare Part D:** Assisting a customer who is not dual eligible compare Part D plan options. If dual eligible, then time is recorded in Category 1.



- **Recreation:** Providing recreational information, organizing, hosting, or providing information about volunteer programs, educational (non-health related) programs, or social gatherings.
- **Retired and Senior Volunteer Program (RSVP):** Providing information or referral to the RSVP or similar programs.
- **Senior centers:** Providing information about senior centers and non-Medicaid programs they sponsor.
- **SSDI:** Discussing or assisting with an SSDI-only application or appeal.
- **Support groups:** Organizing or facilitating family, caregiver, or individual support groups.
- **Training:** Attending or providing training specific to Medicare.
- **Unemployment benefits:** Providing information or assistance to secure unemployment benefits.
- **Veteran benefits:** Providing information or assistance with Department of Veterans Affairs (VA) benefits.
- **Vocational rehabilitation:** Providing information or referrals to agencies such as Division of Vocational Rehabilitation (DVR) and employment assistance.

6. Category 6—Case Identifier

The customer's first and last initials or "anonymous" must be entered whenever recording time that involved interactions with or on behalf of a specific customer or organization. If the activity is not customer-specific, be sure to use words or acronyms with more than 2 letters (for example, R. Database, Prevention Class, Marketing, CARES).

7. Category 8A—General Administration

This category should be used for activities such as staff meetings, general administration, or training specific to ADRC staff to help employees do their job better. The exception to this is if the meeting or training is specific to Medicaid, MRP's and LTCFS (Category 1) and Medicare (Category 5).

- **Committees, meetings or planning groups:** Participating in committees, meetings, or planning groups aimed at improving access to services (for example, Hunger Task Force, health equity, County Community on Transition (CCoT), homeless coalition, Interdisciplinary Team (I-Team), Transition Advisory Committee (TAC)).
- **County or employer-specific information:** Learning about procedures for employment, employer-specific insurance or benefit fairs, annual trainings such as discrimination and harassment prevention, workplace violence and threats, or confidentiality training.



- **General administrative duties:** Activities such as creating agendas or minutes, copying general resource materials, or gathering or providing data to boards.
- **Health care data:** Identifying and analyzing community gaps and/or unmet needs.
- **Paid breaks:** Time during the workday when a break is considered paid work time.
- **Quality improvement:** Participating in projects to improve ADRC processes. (Projects specific to the Medicaid and MRP process or LTCFS are Category 1.)
- **Staff meetings:** Participating in employer and/or county-specific meetings or participating in ADRC staff meetings (unless time is specific to another category, such as a customer-specific review).
- **Trainings:** Attending trainings to help ADRC staff do their jobs better (for example, client tracking, motivational interviewing, and time and task reporting). (Medicaid, MRP and LTCFS training is Category 1, and Medicare training is Category 5.)

8. Category 8B—Paid Time Off (PTO)

This category should be used to report time when an employee is not working but is receiving compensation through his or her employer. The exception to this is if the time is compensatory, or “comp” time. Then it should be recorded in the column to the right of category 8B.

- Holidays or paid time off
- Sick days
- Personal or discretionary days
- Vacation time

9. Other Program Columns

This category should be used when positions include work with non-ADRC tasks. These work activities are not allowable activities within the [ADRC Scope of Services](#) or [Tribal ADRS Scope of Services](#). “Other Program” columns should be labeled by the local ADRC and Tribal partner. It is allowable to keep the same function when reporting work in other program columns.

Work activities may include, but are not limited to:



- **Caregiver support program administration (AFCSP/NFCSP):** Eligibility determinations, service coordination, budget monitoring, paying invoices, documentation in AFCSP or NFCSP programs of the state reporting and case management system.
- **Census work.**
- **Home delivered meals:** Nutrition screening and initial assessment (not as part of options counseling), annual screening and assessment to determine continued eligibility, and documentation in the HDM program of the state reporting and case management system.
- **Nutrition program support:** Providing coverage for a delivery route or congregate meal site due to absence/unavailability of regular staff or volunteers.
- **Transportation certification.**
- **WATTS reviews:** Completing annual guardianship and protective placement reviews.

Do not record unpaid time (for example, unpaid lunches, unpaid breaks, unpaid leave, or furlough days).



III. Operational Policies and Procedures

A. Statutory References

[Wis. Stat. § 46.283](#)

B. Supervision

Supervisors are responsible for ensuring that:

- Staff who are required to complete time and task reporting do so.
- Staff are completing their [daily activity workbook](#) in a timely and accurate manner.
- The [adder workbook](#), described below, is submitted to DHS by the 20th of the following month.

Since time and task reporting impacts the agency budget, supervisors should be monitoring the time and task reporting average for their agency. This helps agencies identify any trends that may be occurring with customers since time and task reporting is based on the interactions that staff are having with customers. It may also help identify potential training needs if time and task reporting is being completed inconsistently.

C. Training

Introductory training on time and task reporting is available through the [learning management system](#) (LMS) as a component of the ADRC Orientation path. Virtual training is offered by [BADR Time and Task team](#) annually, and these trainings are recorded and available for later viewing on the [ADRC and Aging SharePoint](#) site.

D. Reporting Requirements

ADRCs and Tribal partners submit their monthly, compiled time and task reporting information by using the [adder workbook](#). Adder workbooks are used by directors, supervisors, or fiscal managers to compile the daily activity workbooks from staff into one single workbook, which is submitted to DHS. The adder workbook is also used to appropriately cost allocate at an agency level. Submission of the adder workbook to DHS should be done by the 20th of the following month and is uploaded via the [ADRC and Aging SharePoint](#) site.



IV. Additional Resources and Tools

BADR Time and Task team: DHSBADRTime&Task@dhs.wisconsin.gov for questions related to category reporting, the daily activity workbook or adder workbook

[Medicaid in Wisconsin: A to Z](#) (P-02383)

[PeerPlace Reporting Instructions: Benefit Specialist Programs](#)

[Time and Task Reporting for Dementia Care Specialists](#) (P-02009-20-06)

