

Claiming 75% Match for PASRR

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Payment for PASRR

- PASRR is a special type of administrative activity.
- FFP rate for PASRR = 75%
- Per:
 - §1903(a)(2)(C) of Social Security Act; and
 - 42 CFR 433.15(b)(9)
- Enhanced FFP established by Nursing Home Reform Act (OBRA 87) to create incentive.

What Can Be Claimed: Examples

- Time (salary and fringe) of staff who administer PASRR at state agencies:
 - Medicaid
 - State Mental Health Authority (SMHA)
 - State Intellectual Disability Authority (SIDA)
- Time of assessors (Level I and Level II) *whether employed by the state or by a vendor.*
- Information technology for PASRR administration (IT) *whether developed by the state or a vendor.*
- Time to develop RFPs for vendors.

What Can Be Claimed: Examples

- Office overhead
- Supplies and equipment
- Management
- Training and professional education
- Printing forms, copying, mailing
- Mileage and other travel
- Professional consultations
- Translators
- Stakeholder and interagency meetings
- Quality assurance activities
- Time developing policy or program materials
- Any other costs necessary to carry out the PASRR program

What *Cannot* Be Claimed: Examples

- Other aspects of determining NF LOC
- Case management for evaluated individuals (*except* for purposes of PASRR quality assurance)
- Evaluation activities for individuals to whom PASRR (Level II) does not apply – e.g., TBI
 - *but* concurrent operation may be efficient; costs must be allocated properly
- Any clinical services, *including Specialized Services*

Separate 90% Match for MMIS

An IT project within the state's MMIS system e.g., to build a web-based PASRR portal, may be eligible for 90% match from a different source:

- This funding is under the Medicaid Management Information System program and unrelated to the PASRR 75% FFP
- Project must meet requirements of MITA (Medicaid Information Technology Architecture)
- Requires the Medicaid agency to file an Advance Planning Document.

How PASRR Activities Are Claimed

- By the Single State Medicaid Agency
- FFP requested from CMS on a quarterly basis via Form CMS-64

Form CMS-64

Department of Health and Human Services
Centers for Medicare & Medicaid Services

OMB No. 0938-0067
Expires 04/30/2014

Expenditures for State and Local Administration
For the Medical Assistance Program
Expenditures In This Quarter

State:

Quarter Ended:

	Total Computable (A)	Federal Share			Total Federal Share (D)
		FFP Rate	Federal Share	0.0% Federal Share	
	(A)	(B)		(C)	(D)
1 Family Planning					
2A Design Development Or Installation Of MMIS: Cost of In-House Activities					
2B Design Development Or Installation Of MMIS: Cost of Private Sector Contractors					
3A Skilled Professional Medical Personnel-Single State Agency					
3B Skilled Professional Medical Personnel - Other Agency					
4A Operation Of An Approved MMIS: Costs of In-House Activities Plus State Agencies And Institutions					
4B Operation Of An Approved MMIS: Cost of Private Sector Contractors					
5A Mechanized Systems, Not Approved Under MMIS Procedures: Costs Of In-House Activities					
5B Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors					
5C Mechanized Systems - Not Approved under MMIS Procedures: Interagency					
6 Quality Improvement Organizations					
7A Third Party Liability: Recovery Procedure - Billing Offset					
7B Third Party Liability: Assignment Of Rights - Billing Offset					
8 Immigration Status Verification System Costs (100% FFP)					
9 Nurse Aide Training Costs					
10 Preadmission Screening Costs					
11 Resident Review Activities Costs					
12 Long Term Care Review Program					
13 Outstationed Eligibility Workers					
14 TANF Base					
15 TANF Secondary 90%					
16 TANF Secondary 75%					
17 External Review					
18 Enrollment Brokers					
19 School Based Administration					

Let's zoom in

Zooming in on CMS-64

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		(A)	(B)	(C)	(D)	

8	Immigration Status Verification System Costs (100% FFP)					
9	Nurse Aide Training Costs					
10	Preadmission Screening Costs					
11	Resident Review Activities Costs					
12	Drug Use Review Program					
13	Outstationed Eligibility Workers					

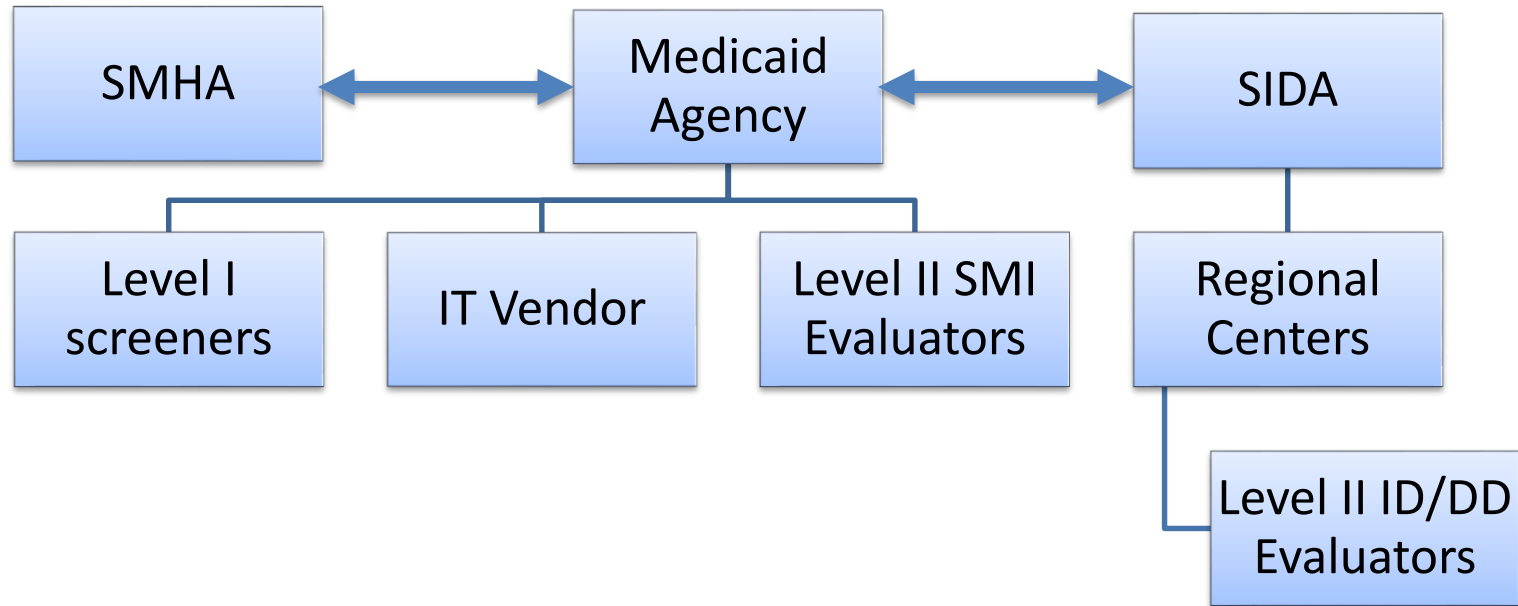
Enhanced FFP is Automatic

- States don't have to do anything special to obtain enhanced match.
- Enhanced match applied automatically.

What Claiming Requires

- Interagency agreements
- Mechanisms for the transfer of funds
 - Transfers of monies
 - Rolling credits/debits
- Time studies in all relevant agencies
- Approved cost allocation plan (CAP)

Interagency Agreements: Example

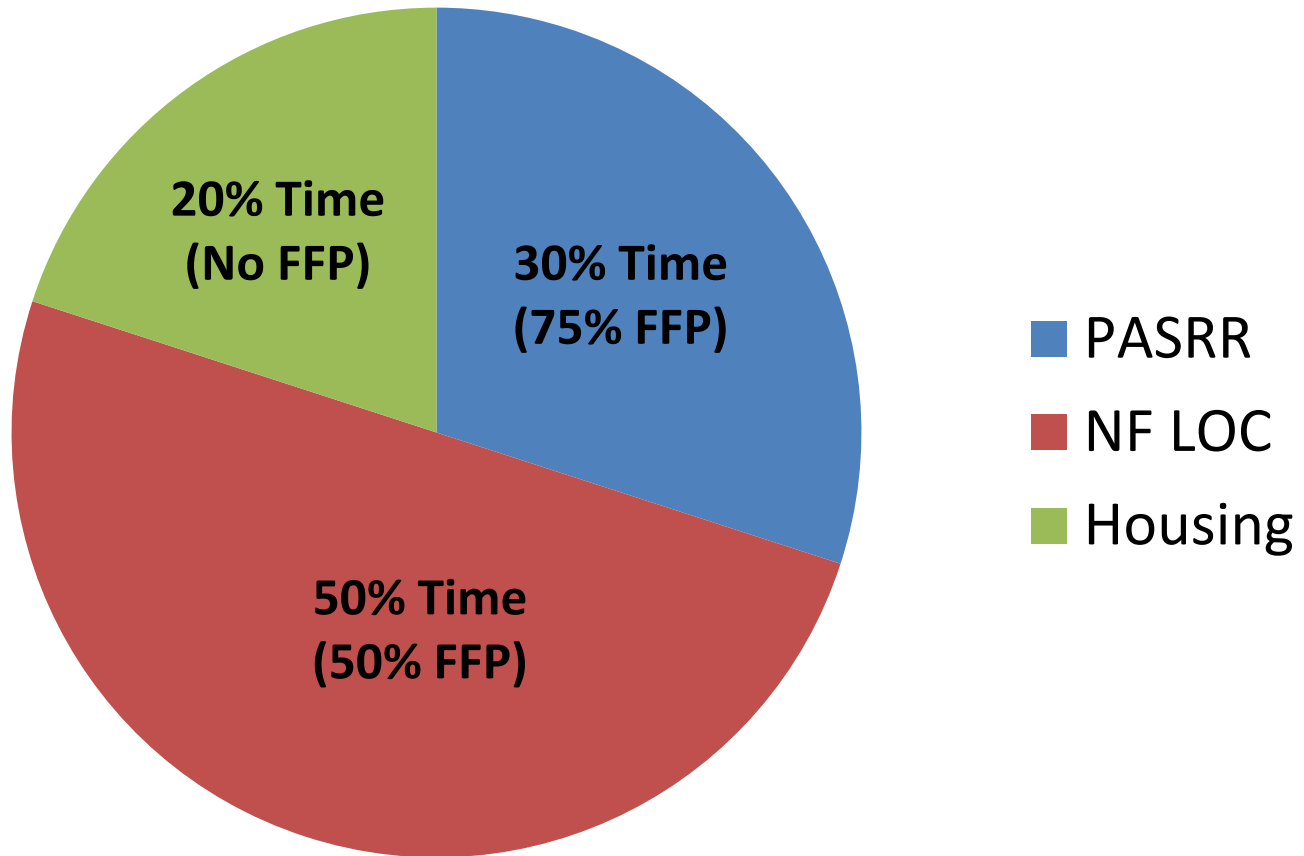


Time Studies

- Logs of how much time staff spend on various duties.
- Various ways of calculating (sample size, time of year, # of days, etc.).
- Allows Medicaid to receive 75% match on resources devoted to PASRR *with supporting data*.

Staff Allocation Example

Share of Activities & Associated FFP



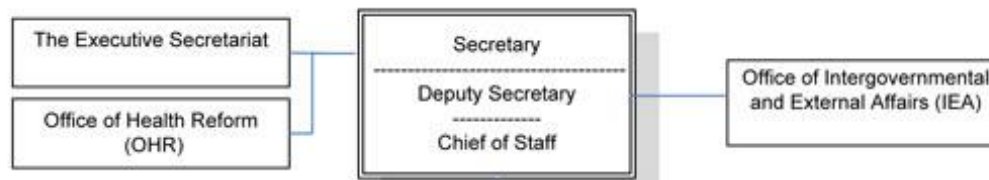
Components of a CAP

1. Org chart showing placement of each unit
2. List of federal programs administered by each unit
3. Description of unit activities
4. Cost allocation methods
5. Estimated cost impacts of changes
6. Statement that costs claimed by non-State agencies are supported by written agreements
7. Cost allocation plans for local agencies (if applicable)
8. State certifications
9. Other information as required

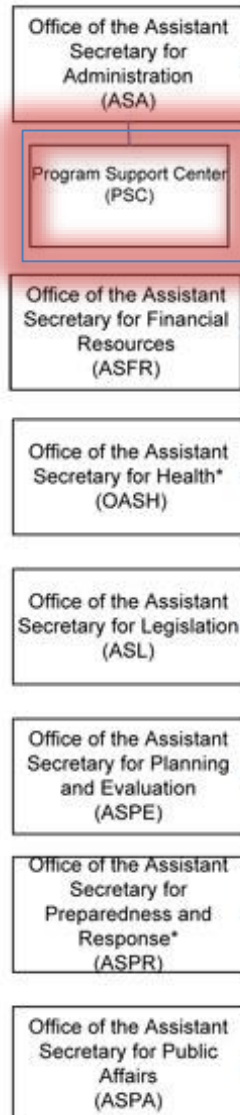
Who Approves CAPs?

A Brief Digression into the
Organizational Structure of Health and
Human Services

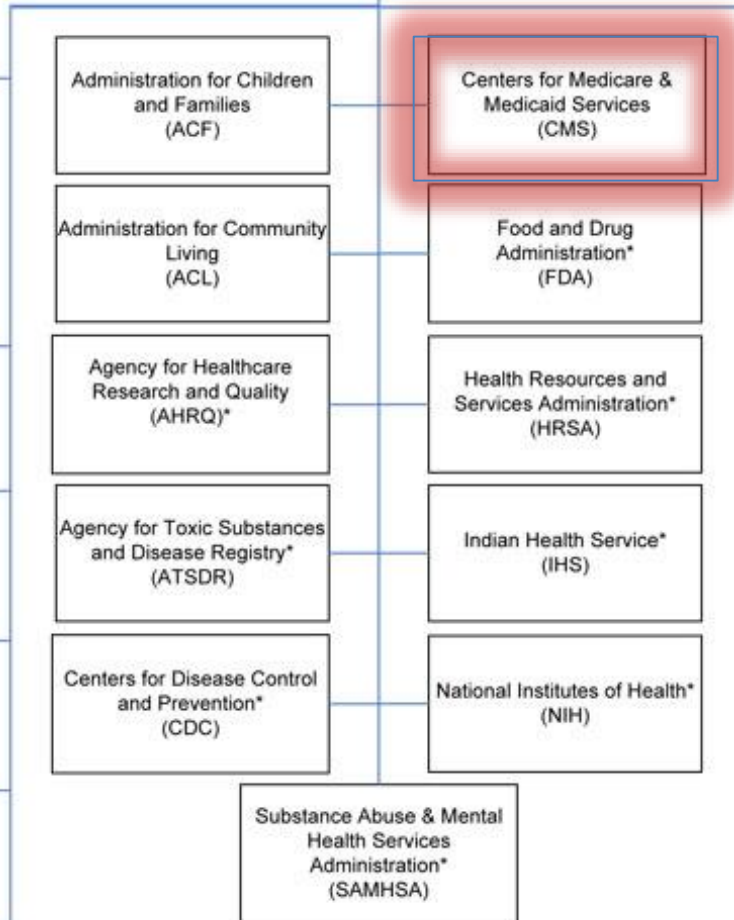
Health and Human Services



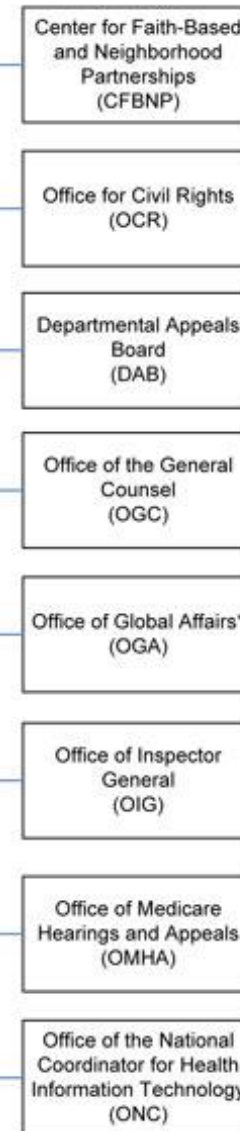
Program Support Center



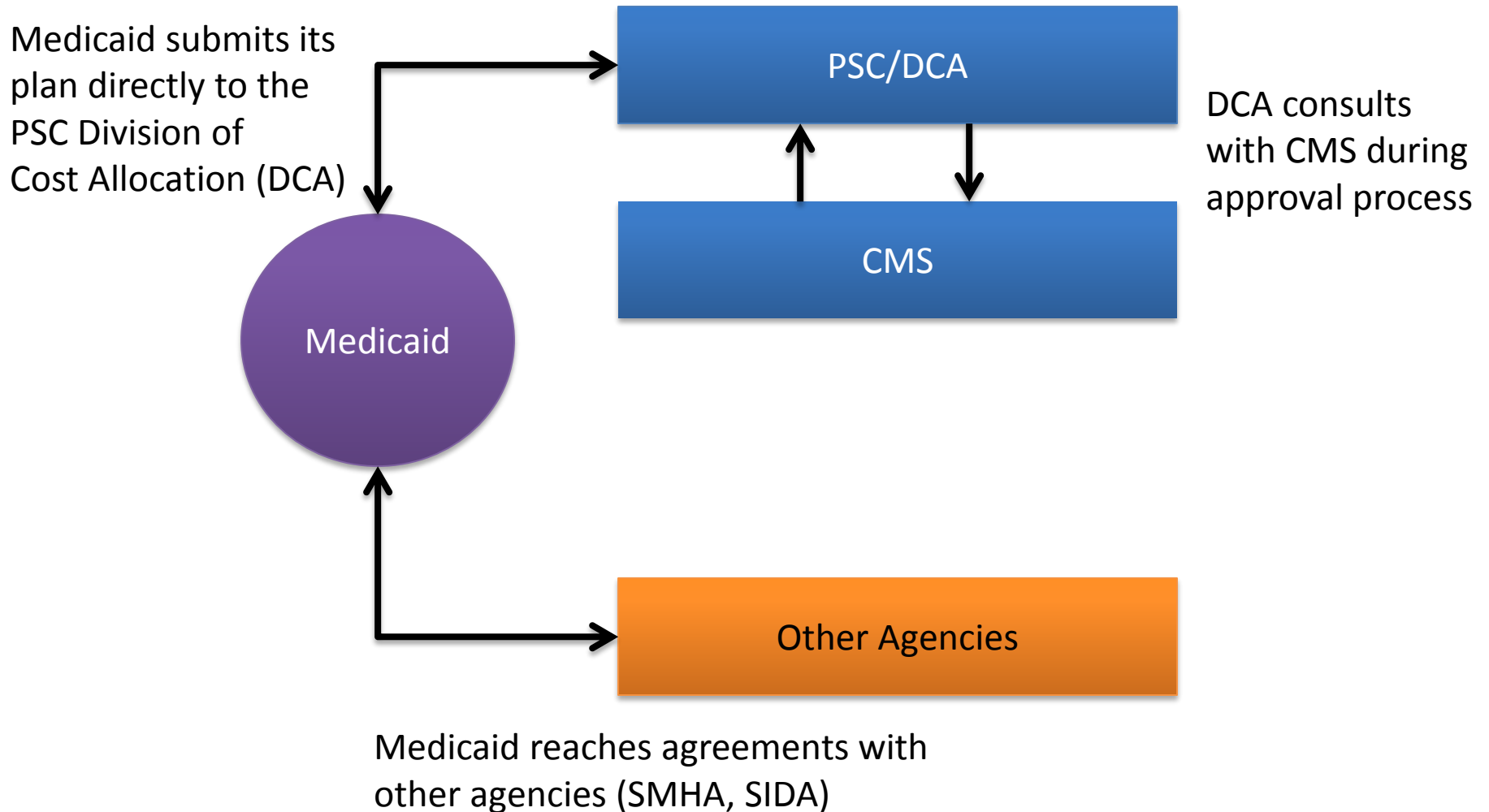
CMS



* Designates a component of the U.S. Public Health Service.



CAP Approval Process



QUESTIONS?