Time and Task Reporting
ADRC Operations Manual

I. Introduction

Time and task reporting, also known as Medicaid administrative claiming, is a way in which Medicaid reimburses agencies for doing work that supports Medicaid programs. The funds that are claimed are the federal government's share of Wisconsin's expenditures under the Medicaid program. In order 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 to perform 100% time and task reporting in order to claim Medicaid funding.

Federal Medicaid administrative claiming allows state ADRC funding to go twice as far, depending on the activity. Performing time and task reporting allows Wisconsin's ADRCs 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. ADRC Staff Required to Complete Time and Task Reporting

ADRC 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
- Disability benefit specialists
- Elder benefit specialists
- Dementia care specialists

ADRCs may choose to have certain other positions within their agency complete time and task reporting. For example, a staff person who is responsible for coordinating health promotion programs may complete time and task reports. ADRCs 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, benefit specialists, and tribal aging and disability resource specialists. This document is the primary source of information on how to complete time and task reporting. Dementia care specialists (DCS) will find information specific to time and task reporting within the Dementia Care Specialist (P-03062-07) chapter of the ADRC operations manual.

ADRC staff who time-report are required to use the Excel 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.
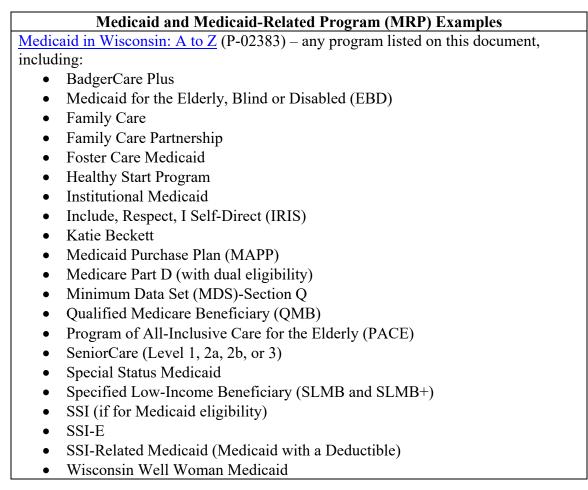
ADRC staff are required to record 100% of their time in their time-reporting workbook. Time is reported in 15-minute increments. Staff should select the column that is most appropriate for the majority of each 15-minute increment of time. Time reported in the workbook must match the paid hours worked by the staff member.

C. Time and Task Reporting Categories

1. **Category 1—Medical 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.

Medicaid and Medicaid-Related Program (MRP) Examples
[Medicaid in Wisconsin: A to Z](#) (P-02383) – any program listed on this document, including: • BadgerCare Plus • Medicaid for the Elderly, Blind or Disabled (EBD) • Family Care • Family Care Partnership • Foster Care Medicaid • Healthy Start Program • Institutional Medicaid • Include, Respect, I Self-Direct (IRIS) • Katie Beckett • Medicaid Purchase Plan (MAPP) • Medicare Part D (with dual eligibility) • Minimum Data Set (MDS)-Section Q • Qualified Medicare Beneficiary (QMB) • 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+) • SSI (if for Medicaid eligibility) • SSI-E • SSI-Related Medicaid (Medicaid with a Deductible) • Wisconsin Well Woman Medicaid

Discussion topics about these programs may include:

- **Appeals for full-benefit Medicaid eligibility:** Providing information or referral for assistance on appeals needed for full-benefit Medicaid.
- **Appeals for an MRP:** Providing information or referral for assistance, or providing assistance and advocating for an MRP appeal (for example, QMB, SLMB, SLMB+).
- **Benefit check-up:** Checking program criteria for potential Medicaid or MRP eligibility.
- **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 publicly funded long-term care program options (Family Care, IRIS, Partnership, PACE), managed care organizations (MCOs), IRIS consultant agencies (ICAs), or fiscal employer agencies (FEA).
- **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 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 publicly funded 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.

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- **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

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- 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.
- **Dementia (memory) screens:** Screening of customers to identify dementia and refer appropriately.
- **Disease control and prevention:** 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.
- **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.
- **Locate providers:** Assisting a customer to find service providers to meet his or her needs.
- **Paperwork, data Entry, and reporting:** Completing paperwork, data entry, and reporting related to activities listed in this section.
- **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 services:** 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 the calculating the LTCFS.
- **Gathering information:** Gathering information from collateral contacts or medical professionals in order to complete the LTCFS.
- **Memory screen**: Administering a memory screen in order 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 in order 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.
- **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.

- **Tracking:** Checking CARES Worker Web (CWW) to track a customer's Medicaid application.
- **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 ADRC staff have discussions 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, 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).
- **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 Lifeline service).
- **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 information about Medicare.
- **Medicare Part D:** Assisting a customer, who is not dual eligible, find a Part D plan. 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 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 the 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 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, 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 work day 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, time and task reporting, Change Leader Academy, motivational interviewing). (Medicaid 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

Positions that include work with non-ADRC tasks are recorded in an "Other Program" column. Columns should be labeled by the local ADRC. It is okay to keep the same function (for example, I&A, DBS, DCS, EBS, Other) when reporting work in other program columns.

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:

- ADRC staff that are required to complete time and task reporting do so.
- ADRC staff are completing their daily time and task 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

Training on time and task reporting is available through the [Learning Management System](#) (LMS). There are also recorded trainings on the [ADRC SharePoint](#) site.

D. Reporting Requirements

ADRCs 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 time and task reporting workbooks from staff into one single workbook, which is submitted to DHS. The adder workbook is also used by ADRCs 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 SharePoint](#) site.

IV. Additional Resources and Tools

[Disability and Elder Benefit Specialist Time Reporting Quick Guide](#) (P-02009-20-09)

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

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