



APS Administrator Briefing Paper:  
**Alternate Sources of  
Funding for APS Programs**

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## Background

In October 2014 the NAPSA Board charged the Public Policy Committee with researching opportunities to increase funding for APS programs beyond traditional funding provided by state and local governments and the Social Services Block grant.<sup>1</sup> A subcommittee was formed to address this request.

## Opportunities

The subcommittee determined there are two immediate opportunities for increased funding for many APS programs:

- 1) Use Medicaid Administrative Claiming processes
- 2) Access federal Victims of Crime Assistance (VOCA) Funds

While some APS jurisdictions already access Medicaid funds through Administrative Claiming, many do not. It is unknown how many APS jurisdictions use VOCA funds, although some do.

## Purpose of This Brief

The purpose of this brief is to give APS Administrator information to help decide whether to pursue these alternative sources of funding. This brief is not a “how to” manual; rather it provides the key background and programmatic information necessary to make a decision about whether to pursue the additional funding sources. It does this by providing an overview of the programs/processes involved and references to additional information.

## Key Things You Need to Know

### Summary

The Medicaid program provides funding to many APS programs under a process called **Administrative Claiming**. Certain activities performed on behalf of Medicaid clients are reimbursable under the Medicaid Administrative Claiming if 1) the APS program is included in the state’s federal cost allocation plan and if 2) the APS program has the infrastructure and processes in place to collect the information necessary to meet federal requirements for reimbursement.

**VOCA** is a federal program administered by states to provide assistance to crime victims. For 2015, Congress significantly increased funding available in the program. **The Obama Administration is strongly encouraging use of VOCA funds for elder abuse victims.** To access these funds, APS programs or their service providers would need to become contractors with the state VOCA administrator. State administrators need to recognize that there are differences in philosophy between crime victims’ services and APS services.

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<sup>1</sup> Karl Urban and Joe Snyder co-chaired the Public Policy subcommittee. If you have any question or need further information, please send your questions to Andrew Capehart at NAPSA.

## What is Medicaid Administrative Claiming?

Medicaid reimburses states for certain administrative activities for Medicaid clients.<sup>2</sup> Each state (or agency<sup>3</sup>) develops a cost allocation plan for federal approval through the Division of Cost Allocation (DCA) on how the state will access Medicaid and other federal funds for these activities. The Medicaid program reimburses the state 50 percent of the cost of the eligible activities since they are classified as administrative activities.

Administrative activities that can be reimbursed include activities, for example, related to eligibility determination and referral and coordination (explained in more detail below). *All* of the activities involved in an APS investigations of allegations of abuse involving *providers* of Medicaid services are reimbursable.

For example, the methodology for obtaining reimbursement in Texas can be understood as a simple equation: the amount of time spent on reimbursable activities multiplied by the number of Medicaid clients determines the amount of time of administrative service that can be reimbursed. Therefore, there are three key variables: amount of time, number of Medicaid clients and cost of service.

**Amount of time:** It appears most APS jurisdictions claiming Medicaid reimbursement use random moment time studies (RMTS) to collect sample information on how much time APS casework staff spend on reimbursable activities. The sample information must be collected in a way to ensure both its statistical accuracy and that it is representative of activities of the entire program. A RMTS usually involves a system of electronic sampling of the time spent on various activities of caseworkers and other frontline staff. The Appendix provides a table with RMTS codes for Texas. Other states would have similar but not necessarily the same codes. Again, since all activities are reimbursable, RMTS is not necessary for investigations of staff of Medicaid providers.

**Number of clients:** The cost allocation plan must describe how the state will identify how many APS clients are also Medicaid clients. This can be done through data matches between the APS case management system and a data base of state Medicaid clients or other acceptable means of identifying Medicaid clients. For example, Florida APS staff identify which clients are Medicaid clients. This ratio of APS Medicaid clients to all APS clients is called a participation or penetration rate. The appendix provides further technical detail on determining the number of clients.

**Cost of Service:** The cost allocation plan outlines which staff categories (e.g., caseworkers, administrative assistance to caseworkers and administrative support by management) are eligible for reimbursement and how costs are allocated.

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<sup>2</sup> Several APS programs used to obtain Medicaid reimbursement under the Targeted Case Management (TCM) program. However, changes by CMS several years ago in the requirements for TCM meant APS programs could no longer be reimbursed by TCM.

<sup>3</sup> A state can have more than one cost allocation plan, and not necessarily through the "cognizant" Medicaid Agency. However the federal government's Division of Cost Allocation (DCA) has recently required that the cost allocation plan (PACAP) be referenced in the cognizant Agency's plan.

To be reimbursed, an APS program has to be able to collect data on each variable in a way that is acceptable to CMS and DCA. Having the administrative infrastructure necessary to collect the data (e.g., to conduct RMTS) is a significant barrier for some APS programs. The state's Medicaid cost allocation plan, which must be approved by CMS and DCA, explains the state's methodology.

## What is VOCA Funding?

The Victims of Crime Assistance (VOCA) Fund is a Department of Justice program administered by states. Using funds from criminal fines, forfeited bail bonds, penalty fees, and special assessments collected by U.S. Attorney's Offices, U.S. Courts, and the Bureau of Prisons. VOCA provides federal financial assistance to states for the purpose of compensating victims of crime, assisting victims of crimes, and providing funds for training and technical assistance of agencies providing crime victims' services. APS programs can potentially use funds designated for assisting victims of crimes.

Crime Victim Assistance<sup>4</sup> includes, but is not limited to, the following services:

- Crisis intervention
- Counseling
- Emergency shelter
- Criminal justice advocacy
- Emergency transportation

Each State has discretion to determine which organizations will receive funding based upon the VOCA victim assistance guidelines and the needs of crime victims within the State. Most States make awards on a competitive basis. In each state and territory, VOCA assistance funds are awarded to local community-based organizations and public agencies that provide services directly to victims of crime. Each state and territory determines which organizations will receive funding based on the eligibility requirements for sub-recipient programs contained in VOCA, the victim assistance guidelines, and the needs of crime victims in that state or territory. **Despite what the name of the program implies and is commonly assumed, Federal requirements<sup>5</sup> do not require a criminal conviction or even a referral to law enforcement referral for an APS program to use the funds.** There just has to be a reasonable assumption that the client is victim of a crime.

While states have a lot of discretion on how to spend funds, there are some targeted categories as follows:

- 10% of the funds must be used for child abuse services
- 10% for underserved populations
- 10% for domestic violence victims
- 10% for sexual abuse victims

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<sup>4</sup> VOCA is a payor of last resort: When a victim is eligible to receive benefits from a federal program or federally financed state or local program, such as Medicaid, VOCA will not pay the costs that the federal or federally financed programs covers.

<sup>5</sup> APS Administrators should verify what the state guidelines are regarding the status of crime status.

The last three categories include elder abuse victims, with elder abuse specifically mentioned as an underserved population in the current guidelines. Elder abuse could also fall, in some cases, within the remaining 60%.

Under current federal guidelines, elder abuse victims and programs that serve them are consistently mentioned as an allowable expense; proposed rules, which should be adopted later this year, will make this even clearer. The current federal guidelines provide the following the following services are allowable:

- APS as long as services are used to support crime victims of elder abuse (Section IV.C.5.)
- Emergency short-term nursing care (Section IV.E.1.S)
- APS contractors who provide direct services (Section IV.E.1.G)

The Obama administration recently encouraged the VOCA State Administrators to use the funds for services for elder abuse. This makes this an opportune time for APS jurisdictions to approach state VOCA Administrators. Reportedly, state VOCA Administrators are excited about the opportunity; however, APS Administrators need to understand that stakeholders in the crime victims system have not traditionally viewed APS services as crime victim services because of the differences in mission and philosophy between the systems. Some of these differences are summarized in the table in Appendix B. Further, there is concern that the recent budget act will mean less funds are available for Crime Victims Assistance in the future. Neither of these factors, however, should deter state APS programs from looking into accessing crime victims' funds.

## **Key Things You Need to Do**

### **Medicaid Administrative Claiming**

APS administrators need to identify who is responsible for development of the state's Medicaid and/or other cost allocation plan and discuss potential inclusion of APS in it. Generally, this will be someone in the Finance Office of the State Medicaid Office. However, if other programs within the same agency as the APS agency use Medicaid funding, then that agency's budget office should be able to assist you.

Information regarding cost allocation plans is contained OMB Circular 87, located here:

[https://www.whitehouse.gov/sites/default/files/omb/assets/agencyinformation\\_circulars\\_pdf/a87\\_2004.pdf](https://www.whitehouse.gov/sites/default/files/omb/assets/agencyinformation_circulars_pdf/a87_2004.pdf)

Circular A 87 is a great place to start for historical perspective, but effective December 2014 this Circular was replaced by the "Super Circular" also called the Uniform Grant Guide/Guidance (UGG). This is an effort to streamline the grant process under one set of rules, it effectively has little change on the RMTS process, but does have other ramifications in the broader PACAP process. Here is a policy statement from the White House on the UGG: [https://www.whitehouse.gov/omb/grants\\_docs](https://www.whitehouse.gov/omb/grants_docs). Additional information on the Circular is available here: <http://www.acf.hhs.gov/cost-allocation>.

While it does get into the "weeds" on the details of creating/amending a cost allocation plan, here is another great resource: <https://rates.psc.gov/fms/dca/PA%20BPM.pdf>

## **VOCA**

APS administrators need to identify which agency administers the VOCA program in their state and review the state guidelines for the program. After reviewing the guidelines, APS administrators should contact the State VOCA Administrator and discuss the potential for APS or its contractors participating in the program.

Information regarding each state crime victim's assistance program is located here:

<http://www.ovc.gov/map.html>.

For further information regarding VOCA, use the following resources:

**OVC VOCA factsheet:** [https://www.ncjrs.gov/ovc\\_archives/factsheets/cvfvca.htm](https://www.ncjrs.gov/ovc_archives/factsheets/cvfvca.htm)

**OVC CVF webpage:** <http://www.ovc.gov/pubs/crimevictimsfundfs/index.html>

## Appendix A

### Sample RMTS Codes for Non-Provider APS Investigations (Texas)

RMTS Code	How it is Allocated?
Code A - Facilitating Medicaid Eligibility Determination and Outreach	<b>Title XIX Medicaid Administration</b>
Code B - Facilitating Eligibility Determination and Outreach - Other Programs (Non-Medicaid)	State funds or Title XX at the state’s discretion
Code C - Referral, Coordination, and Monitoring of Medicaid Services	<b>Title XIX Medicaid Administration</b> proportionally using a client population ratio of adults in adult protective services cases at the rate adults meet Title XIX Medicaid program eligibility requirements and the remaining case portion is allocated to State funds or Title XX at the state’s discretion
Code D - Assessment, Referral, Coordination, and Monitoring of Other Services(Non-Medicaid)	State funds or Title XX at the state’s discretion
Code E - Investigations in State-Operated Facilities	<b>Title XIX, Medical Assistance Program (Medicaid) Administration</b> by dividing the total number of clients in an investigation determined Medicaid-eligible (residing in a Medicaid-certified MH/ID facility) by the total number of clients in investigations in all state-operated facilities. The remaining percentage is allocated to Title XX Social Services Block Grant or State funds at the state's discretion
Code F - Counseling of the APS Client and Families	<b>Title XIX Medicaid Administration</b> proportionally using a client population ratio of adults in adult protective services cases at the rate adults meet Title XIX Medicaid program eligibility requirements and the remaining case portion is allocated to State funds or Title XX at the state’s discretion
Code G - Training of Staff - Health-Related Topics	State funds or Title XX at the state’s discretion
Code H - General Administration and Administrative Training	Redistributed to all benefiting programs on a pro rata share of the responses to activity codes A through G in accordance with generally accepted cost allocation methodologies
Code I - Leave and Breaks	Redistributed to all benefiting programs on a pro rata share of the responses to activity codes A through G in accordance with generally accepted cost allocation methodologies

## **Certifying Effort for Administrative Claiming**

There are three ways in which the Feds allow "effort certification" as part of an administrative claim for Federal funds:

1. **Direct Charge**, only when all of staff's time is spent on one Federal award, staff must sign a certificate semi-annually. APS programs conducting investigations of Medicaid providers use this method.
2. **Personal Activity Reports**, in essence a report that is created by staff that identifies how all of their time is spent. It can be used to claim cost associated with multiple Federal Awards.
3. **"Substitute Systems" a/k/a Random Moment Time Studies**, utilize random sampling to identify how all staff time is spent. It can be used to claim cost associated with multiple Federal Awards.

## Appendix B

### Overview of Differences and Similarities in Crime Victims and APS Systems<sup>6</sup>

#### System Differences

The following are general differences and do not represent the perspective of all participants in either system of services. The point is to be sensitive to general mission and philosophy differences between the systems.

- Victim services believes in self-determination and feels APS is too paternal with some clients (mentally ill, cognitively impaired, demented) forcing interventions upon them. Victim services would never provide an involuntary intervention.
- Victim services require the person to come to them and ask for help. APS goes out on a report even when the person might not want help and usually conducts an investigation, although usually does not provide services, without the client's consent.
- Victim services thus assumes victims have mental and physical capacity to seek help and to make their own decisions.
- Victim services believes that mandatory reporting puts victims at risk and they don't want to have to report.
- Victim services don't like the concept of an "investigation" – victim's status should be sufficient -- and don't view it as a service. The investigative portion of APS **cannot** be funded with VOCA.
- Victim services "provides" services and APS "arranges for" services.
- APS is perceived as non-responsive due to eligibility requirements and confidentiality requirements.

#### System Similarities

- Both focus on increasing victims' safety while honoring their wishes
- Both separate the victim from the abuser/offender.
- Both use multi-disciplinary teams.
- Both believe in listening to the victim's goals and needs.

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<sup>6</sup> Adapted from a presentation by Shelley Jackson at the 2015 NAPSA Conference.