APS and Medicaid Administrative Claiming

Lessons from the Field and How It Can Improve Your APS Program

Welcome and Housekeeping

- All attendees are muted
- Please use Q&A for questions

Which best describes your role?

Why a Webinar on MAC?

- NAPSA, the national lead for APS programs, partnered with ADvancing States (the national lead for state units on aging). Approximately half of state APS programs are housed in state units on aging.
- APS programs are historically underfunded, this is where MAC comes in.

POLL

Do you strongly agree / agree / strongly disagree with this statement:

“Our APS program is underfunded”

Concerns regarding underfunding

Underfunding can create challenges for APS surrounding client services, staff turnover, and unserved vulnerable adults.

Intake wait times, barriers to timely report response, and inability to follow up as needed.

Insufficient training for APS staff.

Issues with supervisory review and oversight.

Recurring reports.

APS programs without funding concerns…

Even if a program is adequately funded at its present level, access to additional funds could result in creative and innovative programs and resources moving the program forward; will not meet future needs.

Obtaining “adequate” funding is often a necessity/priority, is time consuming and often results in little or no return i.e. State and federal $, county (local municipality) budgets have competing priorities, etc.

Is your APS program currently using Medicaid Administrative Claiming?

End of Intro… let's dig into MAC!

We will provide you with clear information about what MAC is, how to begin the process of utilizing MAC in your APS program and provide you with ideas for how MAC is being used in 3 different APS programs.

What is MAC?

Annie Kimbrel, MA
Senior Policy Associate
ADvancing States

What is Medicaid Administrative Claiming?

- Medicaid Administrative Claiming (MAC) provides reimbursement for administrative activities that support the administration of the Medicaid state plan
- Authorized under 1903(a)(7) of the Social Security Act, federal payment is available at a rate of 50% for amounts expended by a state for the proper and efficient administration of the state plan
  - Certain administrative costs may be matched at higher rates
- Organizations that participate in MAC can include:
  - Local school districts
  - Public health departments
  - No Wrong Door (NWD) entities
  - Adult Protective Services (APS) programs

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Why Pursue Medicaid Administrative Claiming?

- Opportunity to increase Federal matching funds for State operations
- Augment resources for functions already being performed
- Strengthen collaboration and communication between APS and Medicaid
- Develop clear policies and procedures that help connect APS clients with a wide range of services

MAC Basic Requirements

Costs must be "**proper and efficient**" for the state's administration of its Medicaid state plan
Claims must come directly from Medicaid agency
State must ensure that permissible, non-federal funding sources are used to match
Administrative long-term services and supports (LTSS) costs related to multiple programs must be allocated across each program
Costs must be supported by adequate source documentation

More on the Basic Requirements

Dept. of Health and Human Services is the final arbiter of what's necessary for "proper and efficient" administration of Medicaid

Activities related to non-Medicaid programs/services are not eligible for MAC

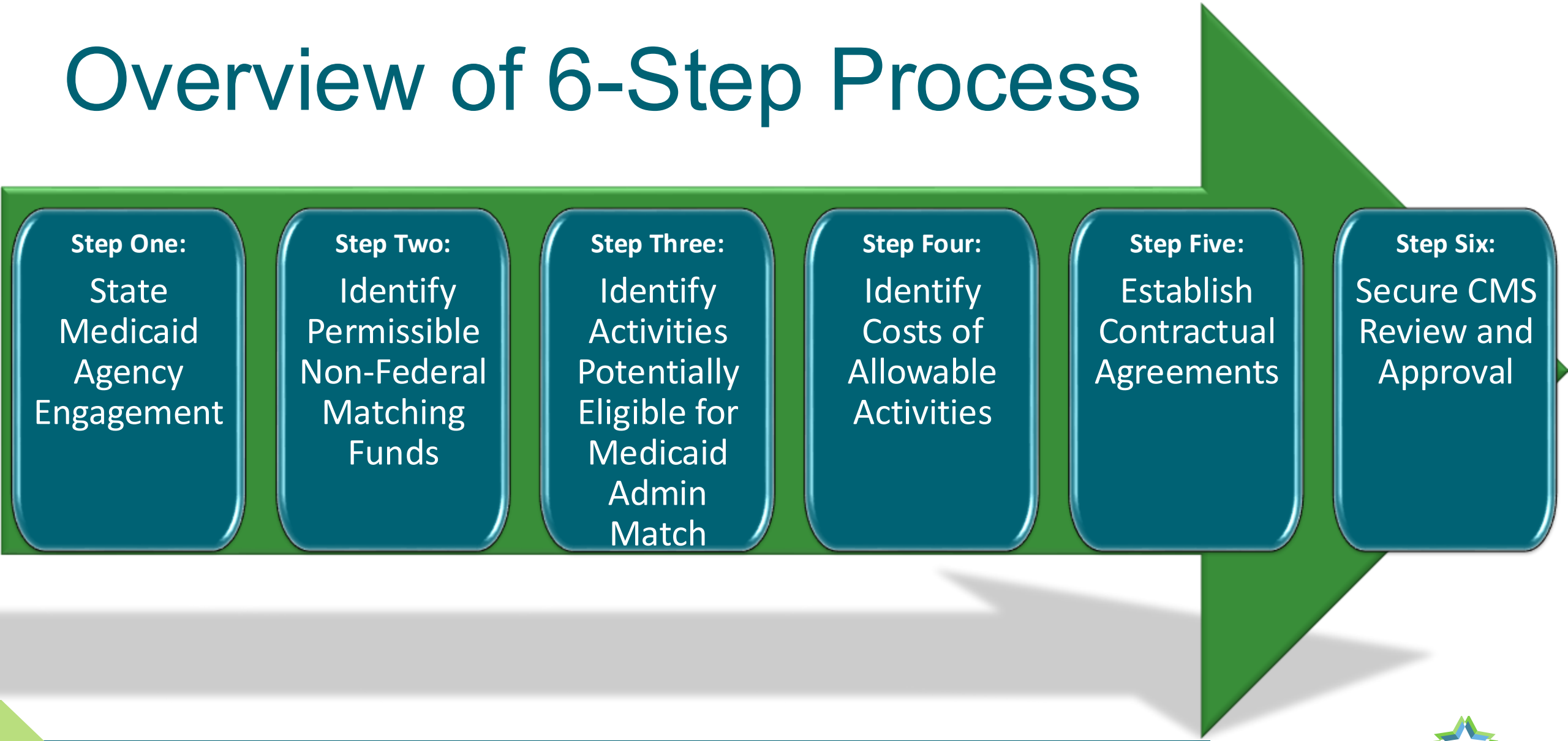
Interagency agreement/Memorandum of Understanding (MOU) needed with Medicaid agency

Funds from another federal program or used as match for another program, e.g., Long-Term Care Ombudsman, cannot be used for MAC

States must have an approved methodology for identifying Medicaid costs – e.g., random moment time studies or 100%-time tracking

Costs must be incorporated into an approved Public Assistance Cost Allocation Plan

Overview of 6-Step Process



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Examples of Potential MAC Reimbursable Activities:

Medicaid Outreach

- Talking about potential Medicaid eligibility and the eligibility process

Referral, Coordination, and Monitoring of Medicaid Services

- Coordinating the delivery of Medicaid services

Facilitating Medicaid Functional and Financial Eligibility

- Assisting to gather information for the Medicaid application

Medicaid-Related Training

- Training about the Medicaid program to enhance service delivery

Potentially Claimable APS Activities

Intake and Screening	System and staffing for prompt receipt of reports of alleged adult maltreatment of beneficiaries receiving Medicaid services and the screening, prioritization and assignment of cases for follow up.
Follow-up	Information gathering to determine if maltreatment has occurred in the provision of Medicaid services, assessment of client needs to determine required services or actions necessary for an individual to be safe and remain as independent as possible.
Service Planning	Service planning with the client related to Medicaid-funded services to improve client safety, prevent maltreatment and improve quality of life and ongoing monitoring of service plan.
Training	Training activities of APS workers on Medicaid LTSS, including eligibility rules related to Medicaid benefits and health and welfare requirements included in a state's Medicaid waivers.

Medicaid Administrative Funding

50% Match

- Regular Admin
  - Activities performed on behalf of Medicaid agency

75% Match

- Enhanced Match
  - Skilled Professional Medical Personnel (SPMP)
  - Quality Improvement Organization
  - Pre-Admission Screening and Resident Review (PASRR)

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Key Questions to Ask

Are benefits of match desirable enough to offset requirements & staff work?

Are there activities already occurring that would qualify?

Are existing systems & processes able to produce required documentation?

What relationships exist with Medicaid and/ or need strengthening?

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The Big MAC in Utah

- ❑ Know your ‘why’
- ❑ Research with other states
- ❑ Relationship with Medicaid
- ❑ CMS Approval
  - ❑ Cost Allocation Plan

Establish Process

- Allowable services
- MAC methodology
  - Random time samples
    - Coded billing
- Penetration rate
  - Testing and data collection
- Results and outcomes

Adult Services

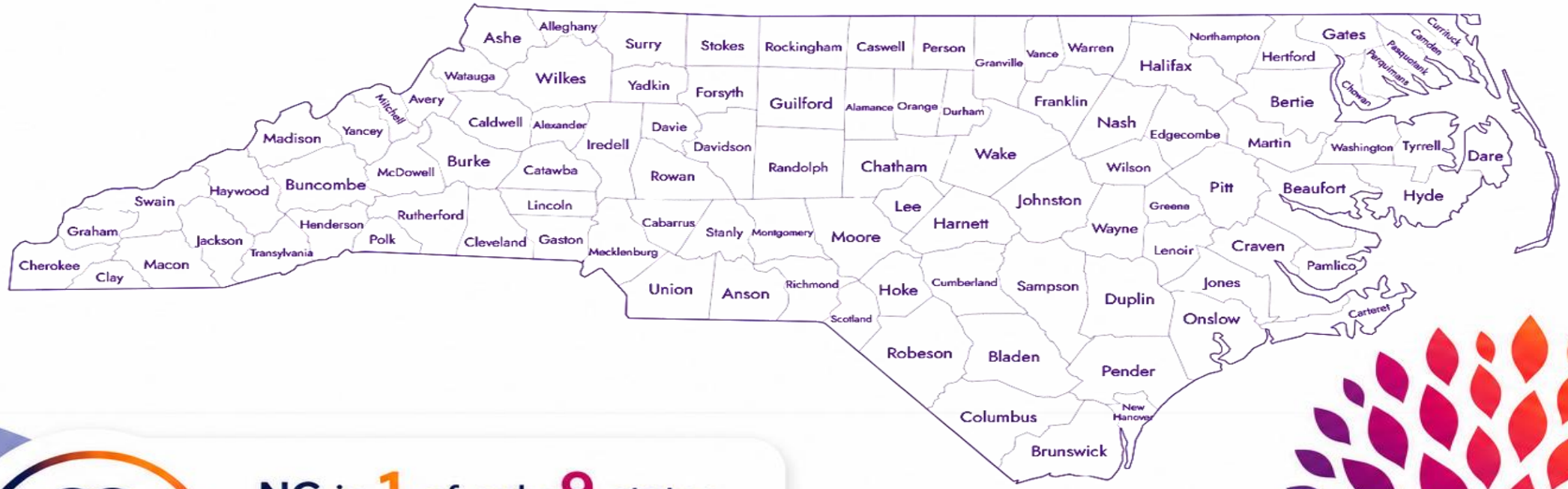
APS Medicaid Administrative Claiming: *Insights from North Carolina*

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

August 11, 2026

North Carolina Departments of Social Services

100 County Adult Services Programs



NC is 1 of only 9 states with a state-supervised, county-administered DSS system.

Medicaid Administrative Claiming (MAC)
A Timeline of Progress

2014
North Carolina transitions to Medicaid Administrative Claiming (MAC)

- State transitions from At-Risk Case Management to MAC for children's and adults' services.
- Establishes the statewide MAC framework and reimbursement methodology.
- APS is not yet included as an APS-specific claiming model.
- Lays the foundation for future expansion to APS.
- Launched statewide Medicaid Administrative Claiming structure for adults and children.

2020
Establishment of the Medicaid Administrative Claiming (MAC) Memorandum of Agreement (MOA) for APS Services

- Agreement created between:
  - NC Division of Health Benefits (DHB)
  - NC Division of Social Services (DSS)
  - NC Division of Aging and Adult Services (DAAS)
- Expanded MAC to include Protective Services for Adult Evaluations & Mobilizing Protective Services

2021
First full year of APS MAC Implementation and reimbursement structure

- Federal and county match funding begins under the Public Assistance Cost Allocation Plan.
- Counties begin claiming allowable administrative activities through MAC.

2022
MAC program expansion and increasing county participation

- Ongoing statewide training and monitoring.
- Continued growth in MAC-eligible APS activities.

2023
Sustained growth in MAC claiming and updates to statewide oversight

- Increased county use of MAC funds to support APS administrative work.
- Strengthening of compliance monitoring and quarterly reporting.

2024
Amendment #4 to the MAC Memorandum of Agreement expanded to include Special Assistance In-Home (SAIH)

- NC Division of Aging and Adult Services (DAAS) officially removed as a party to the MOA.
- Adult Services fully transitions under the Division of Social Services (DSS).
- Expanded MAC to include Special Assistance In-Home Case Management Services

2025
Continued investment in MAC capacity-building

- Federal and county MAC budget allocation continues.
- Strengthened statewide training, coding accuracy reviews, and county monitoring.
- Increasing alignment between APS operations and MAC claiming requirements.

While North Carolina adopted Medicaid Administrative Claiming (MAC) in 2014 for children's and adults' services, Adult Protective Services (APS) did not receive a dedicated claiming structure until 2020.
The APS-specific Memorandum of Agreement established a standardized statewide framework for documenting, reporting, and claiming Medicaid-allowable administrative activities, laying the foundation for today's program.

Meeting the Growing Demand

APS Demand in North Carolina Continues to Grow

APS Reports Statewide

rising from **35,400** to **38,490** (+8.73%).

APS Evaluations Completed

increase of **+2,390** in SFY 24–25.

67 counties increased APS evaluations in SFY 24–25.

How Medicaid Administrative Claiming Strengthens Adult Protective Services

Strengthens APS Capacity
Funds critical administrative tasks.

Faster Case Initiation
Reduces initiation times and speeds case processing.

Supports Retention & Reduces Burden
Helps retain staff and reduces workload.

Improves Training & Compliance
Expands training and improves coding accuracy.

Better Data & Oversight
Improves data quality, monitoring, and performance.

Supports More APS Reports
Stronger responsiveness to rising demand.

Investing in Vulnerable Adults

Resources Today. Stronger Communities Tomorrow.

SIX YEARS OF MAC GROWTH

SFY 2020–21	$4,991,557.12
SFY 2021–22	$10,544,123.78
SFY 2022–23	$12,079,190.91
SFY 2023–24	$13,365,000.02
SFY 2024–25	$17,201,454.87
SFY 2025–26 (through May only)	$24,488,379.26

6 YEARS. CONSISTENT GROWTH. STRONGER FUTURES.

Thank You

We appreciate your time and attention.

We will now transition to the next presentation.

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DEPARTMENT of SOCIAL SERVICES

Achieving Stability. Strengthening Families.

APS Medicaid Administrative Claiming

Kelly Cordell

Director, South Carolina Adult Advocacy

State Administered Program

Housed within the Department of Social Services

In 2025, there were:

27,000

Reports received concerning vulnerable adults

in

46

Counties

&

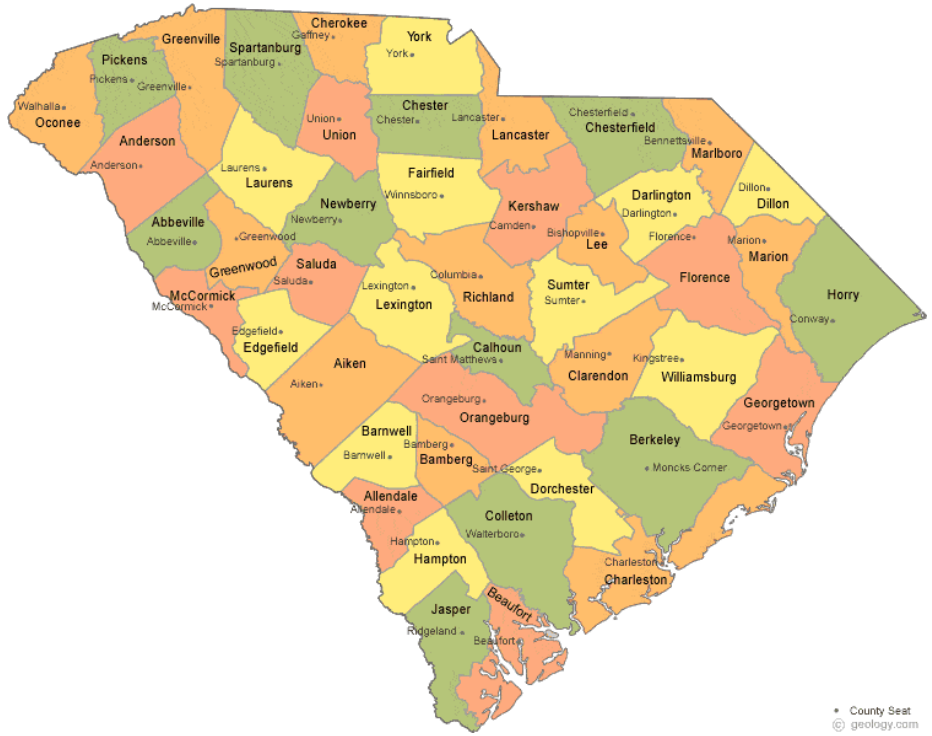
6,788

Cases accepted for assessment

by

128

Case managers



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Random Moment in Time (RMT) Study

Early 2024

- Adapted Child Welfare's study to fit APS
- Consulted with Public Consulting Group (PCG)

Late 2024

- Piloted RMT Study
- Consulted with North Carolina about their model

2025

- Made eligibility categories more applicable for APS
- Began statewide RMT on March 1, 2025

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Obstacles

- Staff turnover
- Staff response Rates
- Staff training
- Staff have yet to see the rewards

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Successes

84.9% Compliant after Year 1

2025

87.7% Compliant through June of Year 2

2026

Next Steps

1. Evaluate our model to be less cumbersome for staff
2. Monitor for accuracy
3. Research and evaluate other models

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Thank You!

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Thank you!

For questions or additional information, email:

NAPSA	ADvancing States
Info@napsa-now.org	Aging@advancingstates.org

A recording of today's session and a short feedback survey will be sent to your email, we'd appreciate your input!