

**REIMBURSEMENT/POSITION DESCRIPTION  
REFERENCE FACT SHEET  
11/22/17**

As the DD field evolves and changes, there are/will be questions re: the most appropriate reimbursement system to use for certain positions. This is especially true as the county boards move away from being service providers, and as the DD field shifts from facility-based settings to person-centered community engagement and employment. The following is an initial reference fact sheet regarding the appropriate reimbursement system to use for provider support, employment navigators, employment outreach job functions, etc. This list may change in the future as needed.

**TCM**

**THINK OF IT AS FOCUSING ON “THE INDIVIDUAL”**  
**TCM is funding for SSAs who provide case management to individuals. Requirements for TCM can be found in the TCM Rule 5160-48-01.**



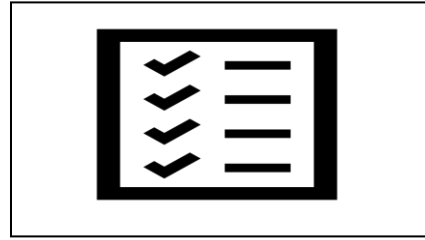
- Performing SSA duties, TCM billable activities, writing/developing ISPs;
- Charging TCM;
- Performing TCM billable duties;
- Carrying a client case load;
- Case management;
- Serving as the primary point of coordination;
- Assisting individuals in gaining access to/linking to needed medical, social, educational and other services such as assessments as defined by the TCM rule, including employment-related providers and employment-related programs and services; this could be linking individuals to possible job opportunities but not performing the functions of the career planning- job development service;
- Developing person-centered support plans (see TCM rule);
- Facilitating team meetings and coordinating services; and
- Employment Navigation, which involves the four TCM-reimbursable activities of assessment, plan development, referral/linkage, and monitoring as they pertain to employment supports, such as:
  - Draft and develop person-centered support plans with a focus on employment and engaging in the community
  - Assess an individual’s place on the Path to Community Employment and address specific needs related to advancing on this Path.
  - Facilitate access to needed supports and services across multiple systems (HSBS waiver supports, school, Opportunities for Ohioans with Disabilities, Ohio Means Jobs).

## MAC

**THINK OF IT AS FOCUSING ON “THE PROGRAM” (ADMINISTRATIVE IN NATURE/OVERSIGHT)**

**See the MAC/RMTS Guide.**

- Performing administrative duties in support of Medicaid programs and/or waivers (common practice is for the majority of the position’s overall time);
- MAC uses entire salary + benefits for staff, so MAC participants cannot bill TCM. There is no method to piecemeal/separate out TCM costs. SSA supervisors/managers who participate in MAC/RMTS are to mark “not billable” in Gatekeeper for any TCM activities they perform, and select the RMTS on-line answers of: “Providing direct care/Targeted Case Management (for the first question/response) followed by either “performing supervisory/consultation for an individual TCM billable activity” or “Performing a TCM billable activity” (for the second question/response) if selected for an RMTS moment while performing TCM-related work;
- High-level overarching/broad/global employment duties; provider capacity building; meeting with civic groups, connecting with community groups what DD clients can/can’t do; engaging in community outreach (not linking nor preparing specific individuals to/for employment.);
- Engaging providers through training and/or consultation to promote new services, community membership, inclusion;
- Provide training and technical assistance to providers to ensure Medicaid services are being implemented appropriately;
- Supporting Medicaid and/or waiver billing, entering billing information and individual data into Gatekeeper, IDS, CPT, etc.;
- System reviews including Registered Nurse Quality Assurance (RN QA) reviews;
- Providing Medicaid and/or waiver eligibility administrative support. (NOT: COEDI/OEDI, county board eligibility, performing medical assessments, providing direct nursing care, etc.); and
- If there is a mixture of possible funding streams for job duties within a position description, then MAC/RMTS reimbursement may not be appropriate.



## BILL THE WAIVER:

**SEE DODD RULES AND LAWS, IN PARTICULAR RULES IN EFFECT, CHAPTER 5123: 2-9 HOME AND COMMUNITY-BASED SERVICES WAIVERS WHICH OUTLINES WHAT IS AVAILABLE.**

[HTTP://CODES.OHIO.GOV/OAC/5123%3A2-9](http://codes.ohio.gov/OAC/5123%3A2-9)

- Benefits analysis/benefits education and analysis is a service available through career planning and sometimes performed by vocational providers; and
- Performing activities billable to a waiver.



**NO REIMBURSEMENT STREAM**

**Neither TCM nor MAC is appropriate for the following:**

**THINK OF AS “A PROVIDER FUNCTION” OR CONSIDER THE  
“FUNDING SOURCE”**

- Providing services;
- Performing provider duties and functions;
- Non-Medicaid duties as administrative support to County Boards (i.e. locally funded); and
- Provider duties/individual-specific employment duties: all components of career planning and individual employment supports including but not limited to job development, job coaching, benefits education and analysis, etc.

