

Requesting Care Management Reimbursement

This document outlines how to seek Care Management state program fiscal reimbursement. Open the Excel workbook:

Form C.

Common Acronyms and Abbreviations:

- AAA = Area Agency on Aging
- CASA = Community Aging Services Act
- CM = Care Management
- EXP = Expenditures
- PDF = Portable Document Format
- SUA = State Unit on Aging
- YTD = Year-To-Date

AAA Info Sheet

1. Enter the **Subrecipient Name, Address Book #, Subaward #, Approve Rated, and Service Dates.**

Subrecipient Name:	South Central Nebraska Area Agency on Aging
Address Book #:	999999
Subaward #:	55555 Y3
Approved Rate:	\$48.68
Service Dates:	January 1 - 31, 2021

NOTE: This information may be used on more than one sheet.

NOTE: The Service Dates can be entered different ways like "January 2019" or "1/1/2019 – 1/31/2019"

The Adjustments Tab has been removed.

Use the "Back Bill" feature in PeerPlace to pick up any missed service units or over-reported service units from previous months. See Appendix D for more information.

Form C Worksheet

This sheet requires information from PeerPlace. Another person may provide information from PeerPlace.
 Form A does not need to be submitted separately to request CASA funds for the Care Management Program.

1. The top of Form C is already filled in.



Form C

<small>DEPT. OF HEALTH AND HUMAN SERVICES</small>	
South Central Nebraska Area Agency on Aging	
January 1 - 31, 2021	
Address Book #: 999999	Subaward #: 55555 Y3

NOTE: All green cells are unlocked and can have data entered.

2. Enter the Annual Estimate for the **Service Units**, **Cost Categories**, and the **Reimbursement Request**. This should be the current, approved budget for the fiscal year of the monthly request.

TOTAL CASEWORK	ANNUAL ESTIMATE
Hours: (Provider Billing > Total Units)	
Approved Rate:	
Calculated Value (Provider Billing > Total Bill Amount)	
COST CATEGORIES	ANNUAL BUDGET
1. Personnel	
2. Travel	
3. Printing & Supplies	
4. Equipment	
5. Building Space	
6. Comm & Utilities	
7. Other	
8a. Raw Food	
8b. Contractual Services	
9. Gross Costs	
21. Client Responsibility (Client Billing > Total Bill Amount)	
Maximum 19. CM Funding	
REIMBURSEMENT REQUEST	ANNUAL BUDGET
19. Care Management	
17a. CASA	
Total SUA Cost	\$0.00
Gross Cost Per Unit:	
Total SUA Cost Per Unit:	
19. CM Rate Per Unit:	
17a. CASA Rate Per Unit:	

3. Enter the **Service Dates'** service units under the Current Month header. This information is located in the AAA's Internal Administration program (Provider Billing > Total Units). See **Appendix B** for more steps.

TOTAL CASEWORK	ANNUAL ESTIMATE	YTD	CURRENT MONTH
Hours: (Provider Billing > Total Units)		0.00	
Approved Rate:			
Calculated Value (Provider Billing > Total Bill Amount)		0.00	

NOTE: The **Approved Rate** will automatically fill in from the **AAA Info** Sheet. Always make sure the Approved Rate in the Form C work book matches the rate in PeerPlace.

NOTE: The **Calculated Value** is now entered manually. It represents the cumulative billable expense for each Care Management client, and can be determined by PeerPlace in the Provider Billing program. See **Appendix B**.

NOTE: The amounts for each client's calculated value in PeerPlace is truncated at two decimals and then totaled to achieve the total calculated value. Because of this, there may be nominal differences between the PeerPlace Provider Billing total and the total calculated manually. For example: PeerPlace truncates to decimal places, so \$10.798 is \$10.79, it does not round up to \$10.80.

This discrepancy will occur if the Approved Rate is not a whole number (e.g. \$52.79 may cause, \$53.00 should not) or if service unit amounts outside of quarterly increments (e.g. .33 hours may cause, .25 hours should not).

4. Enter the Service Dates' Cost Categories under the Current Month EXP header.

COST CATEGORIES	ANNUAL BUDGET	EXPENDITURES YTD	CURRENT MONTH EXP
1. Personnel	\$48,000.00	\$4,000.00	\$4,000.00
2. Travel	\$2,892.00	\$241.00	\$241.00
3. Printing & Supplies		\$0.00	
4. Equipment		\$0.00	
5. Building Space	\$15,600.00	\$1,300.00	\$1,300.00
6. Comm & Utilities	\$3,607.20	\$300.60	\$300.60
7. Other		\$0.00	
8a. Raw Food		\$0.00	
8b. Contractual Services		\$0.00	
9. Gross Costs		\$5,841.60	\$5,841.60

NOTE: This should be the cost to deliver services during the Service Dates time period.

NOTE: Expenses should only be entered in the Categories that have been budgeted. If a budget revision needs to be made, contact the State Unit on Aging.

NOTE: 17a. CASA funding must be part of the approved budget to be available for use.

5. The **21. Client Responsibility** field is entered manually from PeerPlace Client Billing. See **Appendix C**.

Calculated Value (Provider Billing > Total Bill Amount) See **Appendix B**.

– **21. Client Responsibility (Client Billing > Total Bill Amount)** See **Appendix C**.

= **Maximum 18c. CM Funding field**

TOTAL CASEWORK	ANNUAL ESTIMATE	YTD	CURRENT MONTH
Hours: (Provider Billing > Total Units)		100.00	100.00
Approved Rate:			\$54.00
Calculated Value (Provider Billing > Total Bill Amount)		5,400.00	5,400.00
			CURRENT MONTH EXP
21. Client Responsibility (Client Billing > Total Bill Amount)			\$200.00
Maximum 19. CM Funding			\$5,200.00
Maximum Total SUA Cost			\$5,200.00



NOTE: The Client Responsibility covers the fees assessed only. Any funds received by the AAA for client responsibility should not be reported on this form.

NOTE: If the AAA supplements unpaid Client Responsibility with other local/unrestricted funds, it should not be reported on this form to avoid debiting the amount twice (once as Client Responsibility, and again as a payment or additional funding source).

6. Enter the amount of **18c. Care Management** and **17a. CASA** funding the agency is seeking.

REIMBURSEMENT REQUEST	ANNUAL BUDGET	EXPENDITURES YTD	CURRENT MONTH EXP
18c. Care Management		\$5,841.60	\$5,841.60
17a. CASA		\$0.00	
Total SUA Cost	\$0.00	\$5,841.60	\$5,841.60

NOTE: 17a. CASA funding must be part of the approved budget to be available for use.

NOTE: If the Service Dates' Reimbursement Request will exceed the budgeted amount (for either funding source), contact the State Unit on Aging before submitting a reimbursement request.

NOTE: The **Total SUA Cost** cannot be greater than the **Maximum Total SUA Cost**. If the Total SUA Cost is higher than the Maximum Total SUA Cost, the Total SUA Cost will turn orange.

			CURRENT MONTH EXP
21. Client Responsibility (Client Billing > Total Bill Amount)			\$200.00
Maximum 19. CM Funding			\$5,200.00
Maximum Total SUA Cost			\$5,200.00
REIMBURSEMENT REQUEST	ANNUAL BUDGET	EXPENDITURES YTD	CURRENT MONTH EXP
19. Care Management		\$7,900.00	\$5,200.00
17a. CASA		\$200.00	\$200.00
Total SUA Cost	\$0.00	\$8,100.00	\$5,400.00

7. **Form C** will calculate the following:

		YTD	CURRENT MONTH
Gross Cost Per Unit:		\$48.68	\$48.68
Total SUA Cost Per Unit:		\$48.68	\$48.68
18c. CM Rate Per Unit:		\$48.68	\$48.68
17a. CASA Rate Per Unit:		\$0.00	\$0.00

a. **Gross Cost per Unit** = 9. Gross Cost / Service Units (Hours)

- This is the amount per hour it costs the agency to provide the service.
- The maximum 18c. Care Management Rate is \$54.00/Hour.
- If the Approved Rate would be greater than \$54.00/Hour, the agency can supplement with 17a. CASA funding as part of the agency's approved budget.

b. **Total SUA Cost Per Unit** = Total SUA Cost / Service Units (Hours)

- This is the amount per hour the State Unit on Aging paid to the agency to provide the service.

c. **18c. CM Rate Per Unit** = 18c. Care Management / Service Units (Hours)

- This is the amount per hour paid by funding source: 18c. Care Management.

d. **17a. CASA Per Unit** = 17a. CASA / Service Units (Hours)

- This is the amount per hour paid by funding source: 17a. CASA.

8. Follow local AAA procedure to sign the Form A. If a physical signature is used, include a PDF of the signed Form A. Since service units and client responsibility get "locked" in PeerPlace, no other documentation is needed.

How the Process the Next Month's Reimbursement Request

1. Open last month's Form C that was submitted to the SUA.
2. Update the **AAA Info** Sheet as needed.
3. On the **Form C** Sheet, copy (CTRL+C) the YTD's (Column C) Service Units, and paste (CTRL+V) it under the corresponding Previous Month cells.

A	C	F
	CTRL+C	CTRL+V
TOTAL CASEWORK	YTD	Previous YTD
Service Units (Hours):	120.00	120.00
Approved Rate:		
Calculated Value:	5,841.60	

4. Repeat step 3 for the **Cost Categories** and **Reimbursement Request** sections.

	CTRL+C	CTRL+V
COST CATEGORIES	EXPENDITURES YTD	Previous YTD
1. Personnel	\$4,000.00	\$4,000.00
2. Travel	\$241.00	\$241.00
3. Printing & Supplies		
4. Equipment		
5. Building Space	\$1,300.00	\$1,300.00
6. Comm & Utilities	\$300.60	\$300.60
7. Other		
8a. Raw Food		
8b. Contractual Services		
9. Gross Costs	\$5,841.60	\$5,841.60
21. Client Responsibility	\$0.00	
18c. CM Adjustments	\$0.00	
Maximum 18c. CM Funding	\$5,841.60	
REIMBURSEMENT REQUEST	EXPENDITURES YTD	Previous YTD
18c. Care Management	\$5,841.60	\$5,841.60
17a. CASA		
Total SUA Cost	\$5,841.60	\$5,841.60

5. The **YTD** (Column C) is the sum of **Current Month** (Column D) and **Previous YTD** (Column F)

A	C	D	F
		=	+
TOTAL CASEWORK	YTD	CURRENT MONTH	Previous YTD
Service Units (Hours):	240.00	120.00	120.00
Approved Rate:		\$48.68	
Calculated Value:	11,683.20	\$5,841.60	
COST CATEGORIES	EXPENDITURES YTD	CURRENT MONTH EXP	Previous YTD
1. Personnel	\$8,000.00	\$4,000.00	\$4,000.00
2. Travel	\$482.00	\$241.00	\$241.00
3. Printing & Supplies	\$0.00		
4. Equipment	\$0.00		
5. Building Space	\$2,600.00	\$1,300.00	\$1,300.00
6. Comm & Utilities	\$601.20	\$300.60	\$300.60
7. Other	\$0.00		
8a. Raw Food	\$0.00		
8b. Contractual Services	\$0.00		
9. Gross Costs	\$11,683.20	\$5,841.60	\$5,841.60
		CURRENT MONTH EXP	
21. Client Responsibility		\$0.00	
18c. CM Adjustments		\$0.00	
Maximum 18c. CM Funding		\$5,841.60	
REIMBURSEMENT REQUEST	EXPENDITURES YTD	CURRENT MONTH EXP	Previous YTD
18c. Care Management	\$10,963.20	\$5,481.60	\$5,481.60
17a. CASA	\$0.00		
Total SUA Cost	\$10,963.20	\$5,481.60	\$5,481.60

6. Delete the previous month's entries under **Current Month** (Column D).

NOTE: The green cells are all the data entry cells.

7. Update the **Current Month** (Column D) with the new month's information.

NOTE: The green cells are the data entry cells.

A	C	D	F
TOTAL CASEWORK	YTD	CURRENT MONTH	Previous YTD
Service Units (Hours):	220.00	100.00	120.00
Approved Rate:		\$48.68	
Calculated Value:	10,709.60	\$4,868.00	
COST CATEGORIES	EXPENDITURES YTD	CURRENT MONTH EXP	Previous YTD
1. Personnel	\$7,500.00	\$3,500.00	\$4,000.00
2. Travel	\$516.00	\$275.00	\$241.00
3. Printing & Supplies	\$0.00		
4. Equipment	\$0.00		
5. Building Space	\$1,700.00	\$400.00	\$1,300.00
6. Comm & Utilities	\$993.60	\$693.00	\$300.60
7. Other	\$0.00		
8a. Raw Food	\$0.00		
8b. Contractual Services	\$0.00		
9. Gross Costs	\$10,709.60	\$4,868.00	\$5,841.60
		CURRENT MONTH EXP	
21. Client Responsibility		\$0.00	
18c. CM Adjustments		\$0.00	
Maximum 18c. CM Funding		\$4,868.00	
REIMBURSEMENT REQUEST	EXPENDITURES YTD	CURRENT MONTH EXP	Previous YTD
18c. Care Management	\$10,349.60	\$4,868.00	\$5,481.60
17a. CASA	\$0.00		
Total SUA Cost	\$10,349.60	\$4,868.00	\$5,481.60

9. Follow local AAA procedure to sign the Form A. If a physical signature is used, include a PDF of the signed Form A with the other Care Management files.

Reimbursement Request Checklist

- Client Billing for Cost Share Billing Period is Approved/Finalized in PeerPlace. (Client Responsibility)
- Provider Billing for time period is Approved/Finalized in PeerPlace. (Service Units and Calculated Value)
- PDF of Form C (if physically signed) or Form C Workbook (if electronic signature/stamped)

Appendix A

Provider Profile

At least one Provider Profile must be set up and associated with all Care Management service units.

Used for: Tying client service units with a specific rate.

1. Navigate to the Internal Administration Program for your Area Agency on Aging.
2. Click on the "Provider Profile" link under the Program Tools section.
3. Find the Provider that the Area Agency on Aging's Care Management Unit is set up under.
4. Click on the Care Management Unit provider link.
5. Click on "Location Details".
6. Click on the link for "Location Name".
7. Click on "Service Profile"
8. Ensure that the Care Management program has the correct rate and date range for your Area Agency on Aging.
9. Ensure that the only service with rates is Care Management. If other services are listed with rates, this will skew reports.

Appendix B

Provider Billing Steps

Used for: Hours and Calculated Value

1. Navigate to the Internal Administration Program for your Area Agency on Aging.
2. Click on the "Provider Billing" link under the Program Tools section.
3. Press the "New" button to initiate the Provider Billing for the desired timeframe.
4. Select the "Provider" from the drop down menu that corresponds to the Care Management Unit.
5. Select the "Bill Period".
6. Press the "Save" button.
7. Press the "Initiate" button.
8. This will trigger the system to start running the process to gather/total all of the information. This process will take a few moments.
9. Click "Exit".
10. Press "Go" until the Bill Status says "Review" for the desired billing time period.
11. The "Total Bill Amount" for the desired billing period is the amount to input into the Calculated Value cell on Form C.
12. Confirm the Total Unit amount matches the Total Unit amount in the **Client Billing** section (Appendix C).
13. Approve the Provider Bill.

Appendix C

Client Billing Steps

Used for: Confirming Hours and Client Responsibility

1. Navigate to the Internal Administration Program for your Area Agency on Aging.
2. Click on the "Client Billing" link under the Program Tools section.
3. Press the "New" button to initiate the Client Billing for the desired timeframe.
4. Select the "Bill Period".
5. If necessary, enter a "Back Bill Date". See **Appendix D** for more information.
6. Press the "Save" button.
7. Press the "Initiate" button.
8. This will trigger the system to start running the process to gather/total all of the information. This process will take a few moments.
9. Click "Exit".
10. Press "Go" until the Bill Status says "Review" for the desired billing time period.
11. The "Total Bill Amount" is the 21. Client Responsibility.
12. Confirm the Total Unit amount matches the Total Unit amount in the **Provider Billing** section (Appendix B).
13. Approve the Client Bill.

Appendix D

Back Bill Date

Used for: Replaces the Adjustments tab. Once the Provider Billing or Client Billing is approved, it cannot be changed. The Back Bill option should be used the next month (bill period) if adjustments are made after approval. An example is below:

1. On November 12th, the October Client Billing and Provider Billing processes were run. 100 service units were identified and locked.
2. On November 13th, the AAA submits their Form C to the SUA using the Client and Provider Billing numbers.
3. On November 15th, the Care Management supervisor receives word that one client had 10 hours of Care Management reported for October. The correct amount is 8 hours of Care Management.
4. On November 16th, - 2 hours are recorded under the appropriate client. The date of occurrence is set to the same October date that was locked (10/31).
5. November service units are recorded.
6. On December 12th, AAA staff prepare to run the November Client Billing and Provider Billing processes. The appropriate time period (11/1 to 11/30) is selected. 101 service units were provided in November.
7. The Back Bill Date is filled in for 10/31 in the Client Billing and Provider Billing processes. PeerPlace will pick up the (-2) service units and take it into account. 99 service units will be identified. All service units (101 and -2) will be locked.
8. On December 13th, the AAA submits their Form C to the SUA using the Client and Provider Billing numbers.