

DODD CB/COG MAC Activity Mapping

Activity A: Direct Care and TCM

A. What type of activity were you doing?

- A. Providing Direct Care or Targeted Case Management

B. What were you doing specifically in this category?

- A. Conducting assessments/medical exams/chart reviews
- B. Developing Individual Service Plans (ISP), plans of care, and/or treatment plans
- C. Providing counseling or therapy services
- D. Administering medication, immunization, first aid or emergency care
- E. Performing a Targeted Case Management (TCM) billable activity
- F. Providing supervision or consultation on an individual TCM billable activity

C. Who were you working with?

- A. Resident of a Developmental Center or ICF/MR
- B. Individual, family or guardian
- C. Stakeholders from non-governmental organizations
- D. County board or COG staff
- E. Provider
- F. State agency staff
- G. No-one
- H. A combination of individuals above
- I. [Write in option]

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Activity B: Conducting Outreach

1. What type of activity were you doing?

- B. Conducting outreach

2. What were you doing specifically in this category?

- A. Preparing/providing information about Medicaid eligibility requirements or availability of Medicaid services to individuals, organizations, or community groups
- B. Preparing/providing information about eligibility requirements or availability of non-Medicaid services, such as supported living, family support services, housing opportunities, etc.
- C. Preparing/providing information about general health, legal, or social programs

3. Who were you working with?

- A. Resident of a Developmental Center or ICF/MR
- B. Individual, family or guardian
- C. Stakeholders from non-governmental organizations
- D. County board or COG staff
- E. Provider
- F. State agency staff
- G. No-one
- H. A combination of groups above
- I. [Write in option]

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Activity C: Facilitating Eligibility Determinations

1. What type of activity were you doing?

- C. Facilitating eligibility determinations

2. What were you doing specifically in this category?

- A. Assisting an individual and/or the family/guardian with the Medicaid eligibility or waiver enrollment process
- B. Determining an individual's eligibility for supported living, family support services, housing, or other non-Medicaid programs
- C. Work related to OEDI/COEDI determinations

3. Who were you working with?

- A. Resident of a Developmental Center or ICF/MR
- B. Individual, family or guardian
- C. Stakeholders from non-governmental organizations
- D. County board or COG staff
- E. Provider
- F. State agency staff
- G. No-one
- H. A combination of groups above
- I. [Write in option]

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Activity D: Coordinating Current Services

1. What type of activity were you doing?

- D. Coordinating Current Services

2. What were you doing specifically in this category?

- A. Performing any work related to PAWS, such as maintaining and distributing PAWS information, communicating with the department about PAWS issues, reconciling waiver match commitment, or preparing and submitting information to the department for PAWS entry.
- B. Preparing Prior Authorization Request (PAR) and administrative reviews for adult day services, as well as supporting materials for these processes.
- C. Scheduling and gathering information for evaluations/assessments of Medicaid services.
- D. Scheduling and gathering information for evaluations/assessments of non-Medicaid services.
- E. Providing fiscal (i.e., reporting, analysis, processing payments, technical assistance...) that support waiver services, CPT, IDS, DRA, or other Medicaid programs
- F. Providing program support for support of waivers, CPT, IDS, DRA, or other Medicaid programs.
- G. Providing fiscal or program support for grants (TXX), supported living, family support services, housing opportunities, or other non-Medicaid programs.
- H. Collecting/maintaining data related to IIF/IDS, PICT, waiting lists or waiver slots

3. Who were you working with?

- A. Resident of a Developmental Center or ICF/MR
- B. Individual, family or guardian
- C. Stakeholders from non-governmental organizations
- D. County board or COG staff
- E. Provider
- F. State agency staff
- G. No-one
- H. A combination of groups above
- I. [Write in option]

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Activity E: Planning and/or developing services, programs, policy and/or resources

1. What type of activity were you doing?

- E. Planning and / or developing services, programs, policy and / or resources

2. What were you doing specifically in this category?

- A. Participating in, preparing for, or providing clerical support for stakeholder meetings, work groups, rule review/development, etc...that aim to improve the availability, quality, or cost-effectiveness of Medicaid services
- B. Participating in, preparing for, or providing clerical support for stakeholder meetings, work groups, rule review/development, etc. that focus on improving coordination and delivery of educational, social, vocational, health, and other non-Medicaid services
- C. Developing, reviewing, and revising Medicaid-specific policies and procedures or writing proposals affecting Medicaid services
- D. Developing, reviewing, and revising non-Medicaid policies and procedures or writing proposals that impact non-Medicaid services
- E. Conducting needs assessment related to Medicaid-funded health services
- F. Conducting needs assessment related to health services not funded by Medicaid
- G. Meeting with stakeholders/constituents to share information about county board/COG programs or current issues affecting the DD system

3. Who were you working with?

- A. Resident of a Developmental Center or ICF/MR
- B. Individual, family or guardian
- C. Stakeholders from non-governmental organizations
- D. County board or COG staff
- E. Provider
- F. State agency staff
- G. No-one
- H. A combination of groups above
- I. [Write in option]

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Activity F: Work Related to Monitoring/Quality Assurance

1. What type of activity were you doing?

- F. Work related to Monitoring/Quality Assurance

2. What were you doing specifically in this category?

- A. Monitoring the effectiveness of Medicaid-covered services, including client satisfaction surveys for medical, dental, mental health services.
- B. Providing technical assistance regarding Medicaid-funded programs
- C. Providing technical assistance regarding non-Medicaid programs such as grants, family support services, supported living, etc.
- D. Assisting with auditor's review of waiver programs (external monitoring)
- E. Assisting with auditor's review of non-Medicaid programs (such as single state audits by Auditor of State, or TXX subrecipient monitoring)
- F. Performing Medicaid system quality assessment reviews
- G. Performing quality assessment reviews for non-Medicaid programs
- H. Implementation and review outcomes of waiver provider compliance and monitoring process.
- I. Performing activities related to provider suspension or revocation
- J. Recruitment, training, and maintenance of a pool of providers, including maintenance of provider files

3. Who were you working with?

- A. Resident of a Developmental Center or ICF/MR
- B. Individual, family or guardian
- C. Stakeholders from non-governmental organizations
- D. County board or COG staff
- E. Provider
- F. State agency staff
- G. No-one
- H. A combination of groups above
- I. [Write in option]

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Activity G: Work related to Major Unusual Incidents or Unusual Incidents

A. What type of activity were you doing?

- G. Work related to Major Unusual Incidents or Unusual Incidents

B. What were you doing specifically in this category?

- A. Engaging in travel, preparation for or planning of a review or investigation, gathering information, legal review, filing, follow-up, or other work related to MUI/UI reviews/investigations.
- B. Reviewing Unusual Incident Reports and/or assessing pattern/trend analysis.
- C. Performing proactive/prevention filing
- D. Review/analyze MUI/UI reports for trends/patterns
- E. Performing clerical work in support of investigating or monitoring MUI/UI
- F. Organizing, conducting, or attending a training related to MUI/UI.

A. Who were you working with?

- A. Resident of a Developmental Center or ICF/MR
- B. Individual, family or guardian
- C. Stakeholders from non-governmental organizations
- D. County board or COG staff
- E. Provider
- F. State agency staff
- G. No-one
- H. A combination of groups above
- I. [Write in option]

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Activity H: Performing a General Administrative Task that cannot be assigned to a Program

1. What type of activity were you doing?

- H. Performing a general administrative task that cannot be directly assigned to a program

2. What were you doing specifically in this category?

- A. Reading/responding to general emails or phone calls not related to a program
- B. Attending, facilitating or preparing for staff meetings or trainings regarding topics not related to a program
- C. Performing business-related activities, such as approving time, leave, conducting performance reviews, interviews, budgeting, fleet management, payroll, accounts payable and receivable, IT security and maintenance, etc.

3. Who were you working with?

- A. Resident of a Developmental Center or ICF/MR
- B. Individual, family or guardian
- C. Stakeholders from non-governmental organizations
- D. County board or COG staff
- E. Provider
- F. State agency staff
- G. No-one
- H. A combination of groups above
- I. [Write in option]

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Activity I: Not Working

1. What type of activity were you doing?

- I. Not Working

2. What were you doing specifically in this category?

- A. On paid leave or break or lunch
- B. Not scheduled to work
- C. on unpaid leave or break or lunch

3. Who were you working with?

- A. Resident of a Developmental Center or ICF/MR
- B. Individual, family or guardian
- C. Stakeholders from non-governmental organizations
- D. County board or COG staff
- E. Provider
- F. State agency staff
- G. No-one
- H. A combination of groups above
- I. [Write in option]

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Activity J: Write In

1. What type of activity were you doing?

J. Write In

2. What were you doing specifically in this category?

A. Write In

3. Who were you working with?

- A. Resident of a Developmental Center or ICF/MR
- B. Individual, family or guardian
- C. Stakeholders from non-governmental organizations
- D. County board or COG staff
- E. Provider
- F. State agency staff
- G. No-one
- H. A combination of groups above
- I. [Write in option]