

Time and Task Reporting for Dementia Care Specialists

The guidance contained within this document is only meant to be utilized by dementia care specialists (DCS). All other ADRC and Tribal staff who time report should refer to the general Time and Task Reporting Technical Assistance document [P-03062-10](#).

DCS should utilize Categories 1-5 and Category 6 when working directly with or on behalf of a customer. When providing or attending marketing, outreach, training and/or working with groups or committees to increase the community's knowledge and/or dementia efforts, time should be captured in the "other programs" category which has been renamed for use by the DCS. Paid time off should be recorded in category 8b and compensatory time should be recorded in the "Comp Taken" column.

1. Category 1—Medical Services Administration

This category should be selected when staff have discussions about Medicaid or Medicaid-related programs (MRP), any services those programs provide, and the eligibility requirements to get enrolled into those programs.

Medicaid and Medicaid-Related Program (MRP) Examples

[Medicaid in Wisconsin: A to Z](#) (P-02383) – any program listed on this document, including:

- BadgerCare Plus
- Medicaid for the Elderly, Blind or Disabled (EBD)
- Family Care
- Family Care Partnership
- Foster Care Medicaid
- Healthy Start Program
- Institutional Medicaid
- Include, Respect, I Self-Direct (IRIS)
- Katie Beckett
- Medicaid Purchase Plan (MAPP)
- Medicare Part D (with dual eligibility)
- Minimum Data Set (MDS)-Section Q
- Qualified Medicare Beneficiary (QMB)
- Program of All-Inclusive Care for the Elderly (PACE)
- SeniorCare (Level 1, 2a, 2b, or 3)
- Special Status Medicaid
- Specified Low-Income Beneficiary (SLMB and SLMB+)
- SSI (if for Medicaid eligibility)
- SSI-E

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| <ul style="list-style-type: none">• SSI-Related Medicaid (Medicaid with a Deductible)• Wisconsin Well Woman Medicaid |
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Discussion topics about these programs may include:

- **Appeals for full-benefit Medicaid eligibility:** Providing information or referral for assistance on appeals needed for full-benefit Medicaid.
- **Appeals for an MRP:** Providing information or referral for assistance, or providing assistance and advocating for an MRP appeal (for example, QMB, SLMB, SLMB+).
- **Benefit check-up:** Checking program criteria for potential Medicaid or MRP eligibility.
- **Citizenship or alien status:** Assisting a customer (whether immigrant, non-citizen, or refugee status) with necessary citizenship or alien status determinations needed for Medicaid eligibility.
- **Disenrollment:** Discussing an involuntary disenrollment due to loss of eligibility when the conversation is about how to maintain long-term care program eligibility.
- **Early identification:** Reviewing a customer's financial status to determine how or when the customer may be eligible for Medicaid or an MRP. This may include discussing divestment and how it affects Medicaid eligibility.
- **Education:** Providing information to a customer or the public (as a presentation) about Medicaid or an MRP.
- **Eligibility status:** Verifying a customer's Medicaid eligibility status in ForwardHealth or Client Assistance for Re-employment and Economic Support System (CARES).
- **Enrollment counseling:** Discussing publicly funded long-term care program options (Family Care, IRIS, Partnership, PACE), managed care organizations (MCOs), IRIS consultant agencies (ICAs), or fiscal employer agencies (FEA).
- **Income maintenance (IM):** Communicating with IM regarding Medicaid or an MRP.
- **Long-term care functional screen (LTCFS) activities:** Discussing activities related to the LTCFS, which include consultation with a colleague or DHS screen team, discussion of the screen at a staff meeting or with an MCO or ICA, follow-up with the customer or family regarding results, LTCFS meetings, webcasts, Continuing Skills Testing (CST), studying for the CST, and screen lead quality checks. (Administering and calculating the LTCFS is Category 3.)
- **Minimum data set-section Q (MDS-Q) or non-MDS-Q referrals:** Responding to and making initial contact with a resident of a nursing home in order to provide information about community service options.
- **Moves:** Providing enrollment counseling to a customer currently enrolled in a publicly funded long-term care program when voluntarily moving from one county to another county to assure continuity of care.

- **Outreach and marketing:** Developing, distributing, or presenting Medicaid outreach materials, such as brochures, handouts, newsletters, or other documentation. Marketing activities for the ADRC.
- **Pre-admission consultation (PAC) or PAC-like activities:** Providing information about service options to a customer, who is considering or has recently moved to assisted living, for the purpose of delaying or preventing their need for Medicaid.
- **Paperwork, data entry, and reporting:** Completing paperwork, data entry, and reporting related to activities listed in this section.
- **Quality improvement:** Participating in projects regarding improvements specific to the Medicaid, MRP, or LTCFS processes. (Other quality improvement projects are Category 8A.)
- **Social security overpayment:** Discussing arrangements to repay Social Security for the purpose of regaining and/or maintaining Medicaid.
- **Training:** Attending Medicaid, MRP, or LTCFS trainings. (Other training is Category 8A.)
- **Translation:** Arranging translation services to provide information about Medicaid or an MRP.
- **Travel:** Traveling to provide information or attend trainings about Medicaid, MRP, or LTCFS.

2. Category 2—Medicaid Services Coordination

This category should be selected when staff have discussions about individual services such as home care, assisted living facilities, or housekeeping outside the context of Medicaid or an MRP. Select 2A when assisting a customer that is a Medicaid recipient; select 2B when assisting a customer that is not a Medicaid recipient (including customers who may be considering private pay services). Any service that can be covered by Medicaid or an MRP, regardless of current eligibility status, can be recorded in this category.

Medicaid-Related Service Examples (This is not an all-inclusive list.)
<ul style="list-style-type: none">• Adult day care• Assisted living facilities (CBRFs, RCACs, AFHs)• Durable medical equipment• Home-delivered meal (HDM) program• Hospice care• Mental health and substance use services• Personal care worker (PCW) services• Physician, dentist, or other primary care provider• Services covered by ForwardHealth card• Skilled nursing facilities (nursing homes, ICF-I/DD, and state centers)

- Supportive home care (SHC)
- Therapies (for example, occupational, physical, speech and language)
- Transportation
- Other services that may be covered by Medicaid or through an MRP

This category may also include:

- **Care Meetings:** Participating in care meetings to coordinate or review a customer's need for services.
- **Complaints:** Receiving complaints about service providers, MCOs, IRIS, or the ADRC.
- **Disease Control and/or Prevention:** Conducting prevention programs or sharing educational information with customers aimed at disease control or prevention. When you provide a prevention program to a group and all customers are Medicaid recipients, then time should be recorded in 2A. However, if one or more customers in the group do not receive Medicaid, or Medicaid status is unknown, then time is recorded in 2B.
- **Disenrollment Counseling:** Discussing how to maintain Medicaid services after disenrollment from a long-term care program. Typically, disenrollment is voluntary.
- **Early Diagnosis Activities:** Identifying actions that may lead to a diagnosis of a future health problem and/or early treatment to avoid or prevent serious health problems. Examples of this would be using assessment tools for alcohol and drug use or a depression screen. These activities may lead to a service referral.
- **Follow-Up:** Performing follow-up activities to assure a customer is connected with the services they need.
- **Locate Providers:** Assisting a customer to find service providers to meet his or her needs.
- **Memory Screens:** Screening of customers to identify dementia or other memory impairments and refer appropriately.
- **Moves:** Assisting a customer with locating services when moving from one county to another.
- **Paperwork, Data Entry, Reporting:** Performing the following: paperwork, data entry, and reporting related to activities listed in this section.
- **Resource Database:** Researching and entering service information into the resource database. Time recorded in 2A when services can be covered by Medicaid and 2B when not covered by Medicaid.
- **Short-Term Services:** Assisting and coordinating Medicaid related services for customers who do not receive care management from another source.
- **Translation:** Arranging translation services to provide information about Medicaid related services.
- **Transportation:** Providing information about transportation services.

- **Travel:** Traveling to provide information about Medicaid related services.

3. Category 3—Functional Screen

This category should be selected when staff are engaged in activities necessary to administer and calculate the Long-Term Care Functional Screen (LTCFS).

Activities necessary to administer and calculate a Long Term Care Functional Screen include:

- **Administration:** Completing the customer interview to gather information for the LTCFS.
- **Data entry:** Entering information and the calculation of the LTCFS.
- **Gathering information:** Gathering information from collateral contacts or medical professionals in order to complete the LTCFS.
- **Memory screen:** Administering a memory screen in order to answer memory questions during the LTCFS process.
- **Paperwork, data Entry, and reporting:** Performing paperwork, data entry, and reporting related to activities listed in this section.
- **Travel:** Traveling to administer the LTCFS.

4. Category 4—Data Gathering

This category should be selected when assisting a customer with completing and obtaining paperwork in order to obtain full-benefit Medicaid.

- **Medicaid appeal:** Assisting with an appeal for full benefit Medicaid. This may include SSI or SSI and SSDI concurrent appeals.
- **Medicaid application:** Assisting a customer with the completion of a Medicaid application, which may include an asset assessment.
- **Medicaid eligibility maintenance:** Completing activities specific to a Medicaid review (for example, assisting a customer to sign the signature page of a Medicaid application, gathering verifications.)
- **Paperwork, data entry, and reporting:** Performing paperwork, data entry, and reporting related to activities listed in this section.
- **Tracking:** Checking CARES Worker Web (CWW) to track a customer's Medicaid application.
- **Travel:** Traveling to assist a customer with completing a Medicaid application.
- **Verifications:** Assisting a customer to gather documents needed to support a Medicaid application.

5. Category 5—Non-Allowable Medicaid Services Activities

This category should be selected when ADRC staff have discussions about services or programs that are unrelated to Medicaid or an MRP.

- **Adult Protective Services (APS) or Elder Abuse (EA):** Referring a customer for APS or EA services.
- **Advocacy:** Providing referrals to advocacy organizations or advocacy unrelated to Medicaid.
- **Appeals:** Providing information, assistance and advocacy for benefit appeals and overpayments unrelated to Medicaid, for example SSDI, Medicare, and FoodShare.
- **Caregiver program:** Providing information on caregiving programs, such as Alzheimer's Family and Caregiver Support Program (AFCSP) or National Family Caregiver Support Program (NFCSP).
- **Describe, Investigate, Create, and Evaluate (DICE) Approach:** Using this approach to help a caregiver assess and manage behavioral symptoms of dementia.
- **Food:** Providing information about food and nutrition resources including FoodShare program, food pantries, farmers market vouchers, and emergency food.
- **General information:** Providing service information about non-Medicaid services (for example, housing options, evictions, rental assistance, energy assistance, pet care, and Lifeline service.)
- **Guardianship:** Providing information about guardianship.
- **Health Insurance Marketplace:** Providing information, assistance or referral.
- **Legal questions:** Responding to non-Medicaid related legal inquiries (for example, estate planning, supported decision maker, and protective placements).
- **Loan closets:** Sharing information about, gathering equipment, completing paperwork for usage of items in the loan closet.
- **Medical directives:** Providing information about health care or financial power of attorney or living wills.
- **Medicare:** Providing information about Medicare.
- **Medicare Part D:** Assisting a customer, who is not dual eligible, find a Part D plan. If dual eligible, then time is recorded in Category 1.
- **Recreation:** Providing recreational information, organizing, hosting, or providing information about volunteer programs, educational (non-health related) programs, or social gatherings.
- **Retired and Senior Volunteer Program (RSVP):** Providing information or referral to the RSVP or similar programs.
- **Senior centers:** Providing information about senior centers and non-Medicaid programs they sponsor.
- **SSDI:** Discussing or assisting with a SSDI application or appeal.
- **Support groups:** Organizing or facilitating family, caregiver or individual support groups.

- **Training:** Attending or providing training specific to Medicare.
- **Unemployment benefits:** Providing information or assistance to secure unemployment benefits.
- **Veteran benefits:** Providing information or assistance with Department of Veterans Affairs (VA) benefits.
- **Vocational rehabilitation:** Providing information or referrals to agencies such as Division of Vocational Rehabilitation (DVR) and employment assistance.

6. Category 6—Case Identifier

A customer's first and last initials or "anonymous" must be entered whenever recording time that involved interactions with or on behalf of a specific customer or organization. For DCS, customer initials or "anonymous" will always be entered into Category 6 when time is captured in Categories 1, 2, 3, 4, or 5. If the activity is not customer specific, be sure to use words or acronyms with more than 2 letters (for example, R. Database, Prevention Class, Marketing, CARES).

7. Category 8A – General Administration

This category is not applicable to DCS.

8. Category 8B—Paid Time Off (PTO)

This category should be used to report time when an employee is not working but is receiving compensation through his/her employer. The exception to this is if the time is compensatory, or "comp", time. Then it should be recorded in the column to the right of Category 8B.

- Holidays or paid time off
- Sick days
- Personal or discretionary days
- Vacation time

9. Other Program Column - Dementia Care Specialist

Column A is specifically identified to be used by the DCS staff to record activities where the DCS is not working with or on behalf of a specific customer.

- **Agency collaboration:** Working with other agencies to improve dementia awareness.
- **Committees, meetings or planning groups:** Participating in committees, meetings or planning groups aimed at improving access to services (for example, Dementia Friendly Communities, Health Equity, Dementia or Caregiver Coalitions).

- **County or employer specific information:** Learning about procedures for employment, employer-specific insurance or benefit fairs, annual trainings such as Discrimination and/or Harassment Prevention, Workplace Violence and Threats, or Confidentiality Training.
- **Dementia resource materials:** Updating or writing materials for ADRC staff or the community.
- **Evidence-Based and Evidence-Informed programs:** planning, scheduling, and providing programming, such as Powerful Tools for Caregivers and Savvy Caregiver.
- **General administrative duties:** Activities such as creating agendas or minutes, copying general resource materials, or gathering and providing data to boards.
- **Health care data:** Identifying and analyzing community gaps
- **Memory screen fidelity checks:** Reviewing memory screens of ADRC staff for accuracy. (Shadowing memory screeners is captured in 2A/B).
- **Outreach and marketing:** Developing, distributing, or presenting information about dementia programs or the ADRC.
- **Paid breaks:** Time during the workday when a break is considered paid work time.
- **Programming:** Planning, scheduling, and implementing programs that help create dementia awareness and support (for example, book clubs, virtual dementia tours, memory cafés, dementia friendly communities, caregiver support groups).
- **Quality improvement:** Participating in projects to improve ADRC processes. Regardless of the type of QI project, DCS should capture time in this category.
- **Staff meetings:** Participating in employer- and/or county-specific meetings or participating in ADRC staff meetings (unless time is specific to another category, such as a customer specific review).
- **Training provided by DCS:** Planning, creating materials, scheduling, and providing training to ADRC staff or to community members.
- **Trainings:** Attending trainings to help ADRC staff do their jobs better (for example, Time and Task Reporting, Change Leader Academy, Motivational Interviewing) except Medicaid and LTCFS training is Category 1 and Medicare training is Category 5.
- **Travel:** Travel time to provide any of these activities.

10. Other Program Columns

Non-ADRC related tasks. Positions that include work with non-ADRC tasks are recorded in an “Other Program” column. Columns should be labeled by the local ADRC. It is okay to keep the same function (for example, DCS) when reporting work in other program columns.

- DCS Split Positions
 - DCS/Caregiver Coordinator
 - DCS/Prevention

Applies to:
ADRC
Tribal ADRS

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Do not record unpaid time (for example, unpaid lunches, unpaid breaks, unpaid leave, or furlough days).