TESTIMONY BEFORE THE TRIBAL AND STATE RELATIONS COMMITTEE
CASE MANAGEMENT SERVICES
January 31, 2008

Chairman Boucher, members of the committee, I am Maggie Anderson, Director of the Medical Services Division of the Department of Human Services. I appear before you to provide information on case management services in Indian country.

Case Management

Attachment A provides information on the potential amount of funds available for Case Management.

Currently, the Medicaid State Plan limits Case Management services to be delivered by public agencies that have individual case managers who meet specific qualifications (example: Licensed Social Worker).

Administrative Code 50-06.2 (Service Payments for Aged and Disabled (SPED)) allows Case Management services to be provided by county agencies and human service centers. Administrative Code 50-24.5 (Expanded SPED), allows Case Management services to be provided by a county agency. (Also requires staff to be a Licensed Social Worker.)

The Home and Community Based Services - Medicaid Waiver requires that individuals providing Case Management services meet minimum qualifications (a Licensed Social Worker).

On December 4, 2007, the Centers for Medicare and Medicaid Services (CMS) issued an Interim Final Rule, which proposes to make significant changes to Medicaid-funded Case Management. As a result of changes required by this rule, the Department of Human Services will need to modify and submit various State Plan Amendments in order to assure continued Medicaid coverage of allowable case management services. It is the Department's intention, that when these modified amendments are submitted to CMS, to submit language that would allow the Community Health Representatives (CHRs) to provide case management services to Native American Elders.

No "direct care services" can be claimed as case management; only those activities defined by CMS will be eligible for Medicaid Case Management reimbursement. Those activities include: **Assessment** of an individual to determine his/her service needs; **Development** of a care plan that addresses the service needs identified in the assessment; **Referral** and related activities to help an individual obtain needed services; and **Monitoring** and follow-up activities, including contacts, to ensure the care plan is effectively implemented.

I would be happy to address any questions you may have.

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CASE MANAGEMENT IN TRIBAL COUNTIES
Home and Community Based Services (SPED**, ExSPED**, HCBS MW**, MSP-PC**, MSP-PC in Basic Care**)

Area	Counties	Communities (a)	Active Cases (b)	No. of Clients Selected Ethnic Race as American Indian	Potential Annual Case Management Payment (c)	Cases with 5% County Match (SPED)	% of Cases Federal/ State Match SPED (qualify for Medicaid) ExSPED, HCBS Waiver, & MSP-PC
Turtle Mountain	Rolette	Belcourt Rolla Dunseith	115	90	$33,211.00	52%	48%
Standing Rock	Sioux	Selfridge Fort Yates Cannon Ball Solen	12	9	$2,791.00	0%	100%
Spirit Lake	Benson	Minnewaukan St Michael Toko Warwick	37	32	$11,007.00	35%	65%
Fort Berthold	Mountrail McLean Dunn McKenzie	Parshal New Town Roseglen Mandaree Stanley Twin Buttes White Shield	104	61	$23,165.00	67%	33%

a.   Based on Zip Code
b.   Data as of 11-7-2007
c.   Potential Case Management payment is based on the number of clients who list their Ethnic Race as American Indian. Fees for Case Management are $167.66 (Annual) $85.48 (Quarterly)
d.   Case Management potential is based on standards for required contacts (more contacts may be needed, based on client needs). Required minimum Case Management contacts are twice per year for Medicaid State Plan Personal Care and four times per year for HCBS-Medicaid Waiver, SPED and ExSPED.

** KEY: SPED – Service Payments for the Elderly and Disabled
ExSPED – Expanded Service Payments for the Elderly and Disabled
HCBS MW – Home and Community Based Services Medicaid Waiver
MSP-PC – Medicaid State Plan-Personal Care
MSP-PC in Basic Care – Medicaid State Plan-Personal Care in Basic Care