

Testimony
Health Services Committee – Department of Human Services
Senator Judy Lee, Chairman
July 28, 2011

Chairman Lee and members of the Health Services Interim Committee. I am Maggie Anderson, Director of the Medical Services Division, for the Department of Human Services. I am here today to present information regarding programs and services available to provide health care in rural areas of the state.

The Medicaid program is available statewide and Medicaid clients are eligible to receive services approved in the North Dakota State Medicaid Plan. The following areas demonstrate efforts underway to address health care in rural areas.

Health Tracks (EPSDT)

One essential service for children is North Dakota Health Tracks. Health Tracks is a preventive health program for children ages 0 to 21 who are eligible for Medicaid. Health Tracks pays for screenings, diagnosis, and treatment services to help prevent health problems from occurring or help keep health problems from becoming worse. There are six Health Tracks Regional Coordinators located throughout the state with main offices in Minot, Devils Lake, Grand Forks, Fargo, Napoleon and Dickinson. The coordinators work with local county social service offices to generate referrals for local public health units and primary care providers. The coordinators also provide updates to counties as screening requirements change within the program, and they work with local public health units providing assistance with screenings, educating nurses on screening tools and keeping public health units up to date on the changes with the program. The coordinators also provide assistance to Head Start, PATH, the

Women, Infants and Children program, primary care providers, dentists, orthodontists, Early Intervention, and other programs.

Transportation

Transportation is particularly important in rural areas, and the Department has been meeting regularly with the staff of the Department of Transportation in order to address access to transportation in rural areas to determine gaps where coordinating transportation needs can be improved.

Nurse Practitioner's as Primary Care Providers

2009 Senate Bill Number 2158 allowed Medicaid recipients to choose an advanced registered nurse practitioner (NP) as their Primary Care Provider (PCP) within the Primary Care Case Management (PCCM) Program. To date, there are one-hundred and ten (110) Nurse Practitioners serving as PCPs for North Dakota Medicaid recipients.

Critical Access Hospitals

2011 House Bill 1152 authorized a Medicaid supplemental payment to critical access hospitals. The Department has submitted the necessary paperwork to the Centers for Medicare and Medicaid Services for approval to make the supplemental payments.

Disease Management

"Experience Health North Dakota" has been in operation since October 2007. The program serves approximately 3,000 individuals per month who have been diagnosed with Asthma, Diabetes, Congestive Heart Failure (CHF) and/or Chronic Obstructive Pulmonary Disease (COPD).

Eligible recipients are sent program information and are contacted by a nurse care manager. Program participants have access to a 24/7 telephone

health information line, care coordination services, and education materials. The goals of the program are to improve health outcomes and provide self management tools to those Medicaid recipients with chronic disease; promote effective use of the health care system; prevent disease exacerbations and complications; integrate the use of evidence-based clinical practice guidelines into Primary Care Provider (PCP) practices; and reduce utilization and costs associated with acute care, as well as emergency department and hospital inpatient services.

As of June 2011, there were approximately 3,382 individuals eligible for the program, of those 1,192 resided in rural counties.

Program of All-Inclusive Care of the Elderly (PACE)

The PACE program became operational in September 2009. There are currently two PACE sites in North Dakota: Bismarck and Dickinson. PACE serves individuals that meet nursing home level of care, are over the age of 55, and live in a PACE service area. PACE provides an all-inclusive method of health care, which may also include additional services (restorative therapies, personal care, nutritional counseling, recreational therapy and meals) in order for the participant to remain at home.

Home and Community-Based Services

Home and Community-Based Services (HCBS) are provided in the individual's home such as homemaker services or personal care (housecleaning, assisting with a bath, etc.) or are community-based, such as transportation assistance and home-delivered meals. The delivery of these services is focused on individual needs; choice of services; choice of who provides care; and maintaining as much independence as possible

North Dakota provides Home and Community-Based Services through several programs. Each program offers a specific set of services and each program may have different functional and financial eligibility criteria. (See [Attachment A](#))

Home and Community-Based Services are delivered by Qualified Service Providers (QSPs) who are individuals or agencies that enroll with the Department to provide services. The individual needing services chooses who will be providing services to them. A neighbor, friend, or family member may enroll to be a QSP.

Children's Health Insurance Program (CHIP) "Healthy Steps"

The Children's Health Insurance Program (CHIP) is available statewide through a contract with Blue Cross/Blue Shield of North Dakota. The Department also has a contract with Dakota Medical Foundation for outreach regarding children's health care coverage. Specific outreach efforts are targeted at rural areas, including the Indian Reservations.

Workforce Development

Although it is not a program or service and even though the Department is not specifically responsible for workforce development, the Department felt we should provide a couple of thoughts related to workforce development.

Because recruitment and retention of QSPs is essential in offering an array of home and community-based services, the Department contracted with the University of Minnesota to develop a video called a Realistic Job Preview. The video was created to educate individuals who may be interested in pursuing enrollment as a QSP. If interested, the Department can show a portion of this video at a future meeting.

Nursing Homes struggle to fill and retain staff in certain positions. To address this, the legislature passed 2009 House Bill Number 1307 and 2011 House Bill Number 1169. The intent of both bills was to allow for an education expense in the nursing home rate setting for staff of nursing homes who are pursuing education and training in areas where there are staffing concerns, such as nursing.

I would be happy to answer any questions about this overview of Medicaid and CHIP and the various programs and services available.

HCBS FUNCTIONAL & FINANCIAL ELIGIBILITY REQUIREMENTS COMPARISON (7/2011)



EXPED (Expanded Service Payments for the Elderly & Disabled)	SPED (Service Payments for the Elderly & Disabled)	MSP-Personal Care (Level A) Includes: Daily/Rate & PC-Basic Care/Rate	MSP-Personal Care (Level B)	MSP-Personal Care (Level C)	Medicaid Waiver for HCBS (Elderly & Disabled)	Technology Dependent Medicaid Waiver
Services <ul style="list-style-type: none"> Adult Day Care Adult Foster Care Chore Emergency Response Environmental Modification Family Home Care HCBS Case Management Homemaker Non-Medical Transportation Respite 	Service <ul style="list-style-type: none"> Adult Day Care Adult Foster Care Chore Emergency Response Environmental Modification Family Home Care HCBS Case Management Homemaker Non-Medical Transportation Respite Personal Care Services 	Service <ul style="list-style-type: none"> Personal Care Services 	Service <ul style="list-style-type: none"> Personal Care Services 	Service <ul style="list-style-type: none"> Personal Care Services 	Service <ul style="list-style-type: none"> Adult Day Care Adult Foster Care Adult Residential Chore & ERS Systems Environmental Modification HCBS Case Management Homemaker Non-Med Transportation Respite Specialized Equipment/Supplies Supported Employment Transitional Care Extended Personal Care Home Delivered Meals Family Personal Care 	Service <ul style="list-style-type: none"> Attendant Care Service HCBS Case Management
	Personal Care Service: Assistance with activities of daily living (ADLs) such as bathing, dressing, toileting, transferring, eating, mobility and incontinence care and with instrumental activities of daily living (IADLS) may be provided in conjunction with the tasks for ADLs.					
Functional Eligibility Not severely impaired in ADLs: Toileting, Transferring, Eating And Impaired in 3 of the 4 following IADLs: <ul style="list-style-type: none"> Meal Preparation Housework Laundry Medication Assistance Or Have health, welfare, or safety needs, requiring supervision or structured environment	Functional Eligibility Impaired in 4 ADLs, OR in at least 5 IADLs, totaling eight (8) or more points or if living alone totaling at least six (6) points Or If under age 18, meet LOC screening criteria And Impairments must have lasted or are expected to last 3 months or more	Functional Eligibility Impaired in 1 ADL Or Impaired in 3 of the 4 following IADL's <ul style="list-style-type: none"> Meal Prep Housework Laundry Medication Assistance 	Functional Eligibility Impaired in 1 ADL Or Impaired in 3 of the following 4 IADL's <ul style="list-style-type: none"> Meal Prep Housework Laundry Medication Assistance And Meet LOC criteria	Functional Eligibility Impaired in 5 ADL's And Meet LOC criteria And No units allocated to the tasks of laundry, shopping, & housekeeping And Prior approval from the Dept.	Functional Eligibility <ul style="list-style-type: none"> Meet LOC criteria Age 18 or older Choose waiver services Receive service on a monthly basis Participate in planning Functional impairment cannot be the result of a mental illness or mental retardation. If under 65 the disability must meet Social Security criteria or determined to be physically disabled by the state review team 	Functional Eligibility <ul style="list-style-type: none"> Meet LOC criteria Vent Dependent at least 20 hrs per day Medically stable Has an informal caregiver system for contingency planning Is competent to participate in planning If under 65 the disability must meet Social Security criteria or determined to be physically disabled by the state review team
	Nursing Facility Level of Care Screening- (LOC) Eligibility may include a medical need, example: vent dependent, unstable medical condition, dementia; or an individual may qualify by needing assistance with 2 ADLs 60 % or more of the time. Criteria for LOC Screening - NDAC 75-02-02-09.					
Financial Eligibility Medicaid Eligible	Financial Eligibility Income & Asset Based Sliding Fee Scale Resources \$50,000 or less	Financial Eligibility- MSP – Personal Care Medicaid Eligible			Financial Eligibility- Waivers Medicaid Eligible	
Program Cap \$1988.00 per month	Program Cap \$1988.00 per month	Program Cap for MSP-Personal Care Level A-480 units per month (a unit is 15 minutes) Level B- 960 units per month Level C- 1200 units per month			Program Cap (HCBS Waiver and TD Waiver) Limited to the highest monthly rate allowed to a nursing facility within the rate setting structure of the Dept.	

Individual QSP Rate \$4.28 per/unit - Agency QSP Rate \$5.97 per/unit (In addition some rates may be daily, one time, half day, and also specific to the service)

Attachment A