

**Testimony before the Health and Human Services Committee
Representative Robin Weisz, Chairman
November 18, 2009**

Chairman Weisz, members of the Health and Human Services Committee, I am Maggie Anderson, Director of the Medical Services Division, for the Department of Human Services. I appear before you to provide information on programs and services available to minors who are pregnant.

Children's Health Insurance Program (CHIP)

The Children's Health Insurance Program covers prenatal services, but does not cover delivery services. Generally, pregnant teens will transfer to Medicaid eligibility to cover the cost of labor and delivery.

As of July 1, 2009, the income eligibility level for CHIP is 160% (net) of the Federal Poverty Level, which is \$2,940 per month for a family of four. Over the past two years, 58 teens have received prenatal services through the North Dakota CHIP benefit (25 in 2007 and 33 in 2008).

Medicaid

Individuals eligible for the Medicaid program would receive all "medically necessary" services. Pregnant women of any age may be eligible for Medicaid if the family income is within 133% (net) of the Federal Poverty Level, which is currently \$2,444 per month for a family of four. Families with income above 133% of the poverty level can still qualify for Medicaid, however, they will be responsible for a share of the costs based on the amount of their excess income. Eligibility may begin as early as the first month of pregnancy and can continue through the month 60

days after the pregnancy ends. Once a pregnant woman becomes eligible for Medicaid, any increase in income is disregarded to ensure the woman stays continuously eligible for coverage. There is also no asset test for pregnant women. A baby that is born to an eligible pregnant woman remains eligible for Medicaid for 12 months.

For 2008, Medicaid prenatal and/or delivery services were provided to 87 individuals 17 years of age and younger and 569 individuals 18 through 20 years of age. For 2007, the numbers were 113 and 492, respectively.

Medicaid also covers Targeted Case Management Services for High-Risk Pregnant Women. The Criteria for "high-risk" are:

- A. Is age 17 or younger at the time of the assessment.
- B. Is age 40 or older at the time of the assessment.
- C. Uses any alcohol during current pregnancy.
- D. Uses cocaine, marijuana, methamphetamine, heroin or other street drugs.
- E. Previous preterm delivery or low birth weight.
- F. Last birth within one year.
- G. Multi-fetal gestation – more than one fetus in current pregnancy.
- H. Uses tobacco products to an extent that could result in harm to the fetus. A woman would qualify as a high-risk pregnant woman if she smokes 10 or more cigarettes per day.
- I. Is Developmentally Disabled.
- J. Has a medical condition such as diabetes, AIDS, HIV, or Heart Condition/High blood pressure. A woman would qualify as a high-risk pregnant woman if a physician has certified that a particular medical condition could result in a high risk of a problem pregnancy for the woman.
- K. Is currently being treated for a serious psychiatric diagnosis or is currently on any psychotropic drugs. A woman would qualify for high risk if she is being actively treated for a psychosis diagnosis or for moderate or severe depression.

Women may also qualify for Targeted Case Management services if any **three** of the following factors are present.

- A. Has a history of counseling for an emotional disorder.
- B. Has a history of use of psychotropic medications.
- C. Has had a previous problem pregnancy.

- D. Has a family history of genetic disorders that could be passed on to the child.
- E. Is currently homeless or has had three different living situations during the current pregnancy.
- F. Has experienced family violence including spousal abuse, child abuse and neglect or sexual abuse.
- G. Has been a victim of sexual assault within the last two years.
- H. Is isolated from normal support systems.
- I. Has not initiated prenatal care and pregnancy is past the first trimester.
- J. Has not graduated from high school or received her GED.
- K. Has two or more children under the age of 5.
- L. Is residing in any group living arrangement such as a group foster care, residential treatment center or alcohol treatment center.
- M. First pregnancy.
- N. Is smoking between 3 and 9 cigarettes per day.

Medicaid Targeted Case Management services include:

Assessment consists of a needs assessment to identify a woman's physical, medical, nutritional, psychosocial, financial, developmental and educational status.

Case Planning and Preparation consists of the identification of the specific needs of each woman and the establishment of goals that will enable the pregnant woman to succeed in her commitment to have a healthy birth outcome. The goals and the means to accomplish them must be included in a written service plan that also reflects the particular resources that are needed to promote the coordination of services for each client.

Case Monitoring consists of regular contacts between the case manager and the woman to assist the woman to meet her goals that are outlined in the case plan. Monitoring also includes the identification and resolution of problems that occur on an ongoing basis. It also includes ongoing reviews to determine if the case plan and the identified services are meeting the needs of the pregnant woman in her goal to have a positive birth outcome and a healthy start for the infant.

Care Coordination consists of identifying those services that will help the woman to meet her established goals and assist her in making the appropriate referrals and securing the needed services.

Case Evaluation consists of the gathering of information that will be used to ascertain the degree of success realized due to the provision of Targeted Case Management Services.

Case Reevaluation is completed prior to discharge from the program, to determine the progress that has been made toward meeting the goals outlined in the case plan and identifying any unmet needs that should be addressed prior to the woman leaving the program.

Health and Parenting Education includes arranging for educational services that will assist the woman in obtaining knowledge that will enable her to make informed choices regarding health and lifestyle decisions that could affect birth outcome and parenting skills that will allow the mother to provide for the care of her infant.

All follow-up home visits after the birth of the baby. Targeted Case Management must include at least one face to face home visit after the child is born. Services are allowed for only 6 months after the birth of the child.

For 2008 – there were 13 TCM assessments completed for individuals 17 years of age and younger and 36 TCM assessments for individuals 18 through 20 years of age. For 2007, the numbers were 12 and 17, respectively.

I would be happy to respond to any questions that you have.