

**Testimony before the Long Term Care Committee  
Study of Long-Term Care System  
Senator Dever, Chairman  
November 7, 2007**

Chairman Dever, members of the committee, I am Maggie Anderson, Director of the Medical Services Division for the Department of Human Services. I appear before you to provide information regarding your study of the state's long-term care system.

**Number of Individuals Receiving Services, by Age Category**

**Attachment A** provides data on all North Dakota Nursing Facility Residents (Private Pay and Medicaid), by Age and Gender.

**Attachment B** provides data on Home and Community-Based Services, by Age.

**Number of Nursing Home and Basic Care Beds in North Dakota**

**Attachment C** is a Nationwide report on Nursing Facility Beds per 1000 Elderly.

**Attachment D** provides Nursing Facility and Basic Care Bed information for North Dakota. Basic Care is a level of care unique to North Dakota; therefore, a comparison to other states is not possible.

## **Overview of the Nursing Home Resident Reclassification Process**

**Attachment E** provides an overview of the Nursing Home Resident Reclassification Process.

## **Information on Nursing Home Resident Hospital Leave Days**

**Attachment F** provides Nursing Home Resident Hospital Leave Days (Medicaid eligibles only) for the Period of 4/01/2006 through 3/31/2007.

## **Federal Rules and Regulations Relating to Intergovernmental Transfer (IGT) Programs**

Based on the question at the July meeting of this committee, I inquired of the Centers for Medicare and Medicaid Services about the possibility of Intergovernmental Transfer Programs:

This is their response:

"...intergovernmental transfers (IGTs) are Medicaid funding arrangements described at section 1903. CMS recognizes that IGTs from units of government to the Medicaid agency in amounts not exceeding the non-federal share of the Medicaid payment they support. The providers that receive payments supported by IGTs must be allowed to retain the total computable payment claimed by the state. IGTs that conform to the above conditions are legitimate funding sources for the Medicaid program.

Many states still utilize IGTs to fund their Medicaid program however, those funding mechanisms must comply with the parameters described above. While many people have referred to state programs that utilize IGTs to return Medicaid payments to states or counties as "IGT programs" this is a misnomer. These programs really were designed to recycle Medicaid funds using an accepted mechanism to move money from one unit of government to another within a state, the IGT.

Is your state legislature asking if states may still use IGTs in a manner consistent with the statute and regulations to fund the Medicaid program? If so, the answer is yes, many states still use this mechanism.

If, however, the question is whether or not states still utilize IGTs to return or recycle Medicaid funds to the state or county governments, the answer is no, not to CMS's knowledge."

Dianne Heffron  
Director, Division of Reimbursement and State Financing

This concludes the list of items requested for this area. I would be happy to respond to any questions that you may have.