

**TESTIMONY BEFORE THE TRIBAL AND STATE RELATIONS
COMMITTEE
CASE MANAGEMENT SERVICES
October 22, 2009**

Chairman Boucher, members of the committee, I am Tess Frohlich and I am a Home and Community-Based Services (HCBS) Administrator in the Medical Services Division of the Department of Human Services. I appear before you to provide an update on the status of Medicaid-funded targeted case management services for Native American Elders.

On December 4, 2007, the Centers for Medicare and Medicaid Services (CMS) issued an Interim Final Rule, which proposed to make significant changes to Medicaid-funded Targeted Case Management (TCM). As a result of changes required by this rule, CMS directed the Department of Human Services to submit various State Plan Amendments in order to assure continued Medicaid coverage of allowable case management services. Per CMS guidance, the State Plan Amendments were submitted June 30, 2008.

After the State Plan Amendments were submitted, Congress issued a series of "moratoriums", which prohibited CMS from fully implementing the changes proposed in the December 2007 Rule. The last of the moratoriums extended through June 30, 2009. On June 30, 2009, CMS published a Final Rule in the Federal Register that rescinded portions of the December 4, 2007 Rule. The Medical Services Division staff has discussed next steps with CMS staff. Each of the Targeted Case Management amendments (there are eight of them) will need to be

reviewed and resubmitted to CMS. The first of the amendments have been re-submitted.

One of the State Plan Amendments submitted in June 2008 was for TCM for Individuals in Need of Long Term Care Services. This amendment was submitted with new language, which once approved, will allow qualified staff to provide TCM to Native American Elders who are eligible for Medicaid Long Term Care Services. The amendment that will allow Community Health Representatives (CHRs) to provide TCM services will take a bit longer to re-submit, as CMS is requiring that we document that the reimbursement rates are economic and efficient. This amendment covers the CHRs as well as the County Social Services staff that provide TCM services. Medical Services will need to complete a rate setting process prior to resubmitting the amendment. We expect to have the amendment approved by CMS no later than July 1, 2010.

The provider qualification language that has been submitted to CMS in the State Plan Amendment that will include the CHRs states:

“Qualifications for staff of federally recognized Indian Tribes or Indian Tribal Organizations performing case management must be able to deliver needed services in a culturally appropriate and relevant manner. Staff must have successfully completed either: a) the 120 hour basic Community Health Representative (CHR) Certification Training (provided through Indian Health Service), supplemented by 20 hours of training in Case Management Process and 20 hours of training in Gerontology topics; or b) an approved Tribal College Community Health Curriculum, which includes coursework in Case Management principles and Gerontology.

The Case Management Implementer must provide services under the supervision of a licensed health professional (Licensed Practical Nurse, Social Worker, Registered Nurse, Physical Therapist, Occupational Therapist, Registered Dietician, or Medical

Doctor). Medicaid will reimburse a CHR Program for case management services provided by CHR Program staff that have not yet completed the necessary certification requirements so long as case management services are provided under the supervision of a licensed professional and the CHR Program staff are actively in the process of completing the necessary certification requirements within one year.”

Only those activities defined by CMS will be eligible for Medicaid TCM 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. No “direct care services” can be claimed as TCM.

The Medical Services staff would be willing to provide additional information and or updates to the Tribal and State Relations Committee throughout the interim.

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