Department of Human Services
Human Services Interim Committee
Representative Chuck Damschen, Chairman
June 19, 2014

Chairman Damschen, members of the Human Services Interim Committee, I am Karen Tescher, Assistant Director of the Long Term Care Continuum in the Medical Services Division for the Department of Human Services (Department). I appear before you today to provide information regarding:

- The percentage of qualified service providers who are family members of the individuals for whom the services are being provided;
- Medicaid reimbursement for medical-related transportation expenses, including the potential expansion of reimbursement for medical-related transportation services provided by qualified service providers; and
- The transition process from home and community-based service programs to Medicaid and options for a more seamless process

The percentage of qualified service providers who are family members of the individuals for whom the services are being provided.

As of June 13, 2014, there are 1,557 individual qualified service providers (QSPs) enrolled with the Department to provide home and community-based services (HCBS). At this time, there are 615 family members enrolled to provide care which is 39% of the total number of enrolled individual QSPs.

The home and community-based services that can be provided by family members are:

1. **Family Home Care** which is available through the Expanded Service Payments for the Elderly & Disabled (ExSPED) and Service Payments for the Elderly & Disabled (SPED) programs. Family Home Care assists individuals to remain with family members and in their own communities. It provides an option for an individual who is experiencing functional impairments which contribute to his or her inability to accomplish activities of daily living.

The client and the qualified family member shall reside in the same residence and must mutually agree to the arrangement.

The qualified family member must be one of the relatives as defined in N.D.C.C. 50-06.2-02(4) and must be the provider performing the care to the client.

The definition of a qualified family member is: the spouse or one of the following relatives, or the current or former spouse of one of the following relatives, of the elderly or disabled person: parent, grandparent, adult child, adult sibling, adult grandchild, adult niece, or adult nephew. (Current or former spouse refers to in-law relationships.)

2. **Family Personal Care** is only available in the HCBS waiver and assists individuals to remain with family members and in their own communities. It provides for the provision of extraordinary care payments to the legal spouse of a recipient for the provision of personal care or similar services.

The client and qualified provider (who is the legal spouse and is enrolled as a personal care provider) shall reside in the same residence.

Before a legally responsible individual who has decision making authority over a client can be enrolled as a QSP for Family Personal Care, the case manager must pre-approve the choice of provider.

The client and QSP shall mutually agree to the arrangement.

3. Family members may also provide **Medicaid State Plan Personal Care (MSP-PC)** and may or may not live with the client.

4. In addition, family members also provide **homemaking, respite care, non-medical transportation and personal care** under SPED, EXSPED, and HCBS Medicaid Waiver. The family members may or may not live with them. Family members who live with them cannot be paid for environmental tasks under MSP. Examples of environmental care tasks are light duty housekeeping, laundry, meal preparation, and shopping. These tasks may be allowed under SPED and EXSPED with special approval. Family members who do not live with the client do not have any of these restrictions.

Medicaid reimbursement for medical-related transportation expenses, including the potential expansion of reimbursement for medical related transportation services provided by QSPs.

Non-medical transportation and escort services are allowable under the HCBS programs including EXSPED. SPED, and the HCBS Medicaid Waiver, in order to assist recipients with necessary community tasks; i.e., shopping.

If an individual is eligible for Medicaid, they can receive medical transportation by an enrolled Medicaid transportation provider. This could include taxi, bus, handicap accessible minivan, or an individual transportation provider. Medical transportation is not a part of the HCBS waiver because it is available through the Medicaid State Plan. Any service added to the waiver would need to be a service not currently reimbursed through the state plan. Individuals who are already enrolled as a QSP can also enroll as a medical transportation provider and receive reimbursement through the state plan.

The potential for expansion of reimbursement for medical related transportation services could include adding medical transportation to SPED. Assuming that the transportation cost and criteria would be similar to those incurred for non-emergency medical transportation through the Medicaid State Plan, it is estimated that one-half of the SPED recipients would access this service. The fiscal estimate for the 2015-2017 biennium would be approximately $1.5 million in general funds.

The transition process from home and community-based service programs to Medicaid and options for a more seamless process.

Currently, an individual that is requesting HCBS is referred to their respective county social services office. The eligibility worker determines financial eligibility and the county HCBS case manager does a functional assessment in the individual's home to determine what services are needed.

Individuals that are on SPED and are eligible for Medicaid are currently required to enroll in Medicaid.

As of April, 2014, there were 11 individuals on Medicaid that would exceed the SPED service cap of $3,269. It would be to their benefit to remain on Medicaid in order to receive the amount of personal care they require.

We estimate there are 65 individuals that are currently only receiving personal care through Medicaid that are below the SPED cap. If they were allowed to receive their personal care services through the SPED program, it is estimated to cost an additional $1 million in general fund for the 2015-2017 biennium. This extra cost is the result of losing the federal Medicaid match and because the recipient would no longer be paying their recipient liability. This estimated cost only includes the current recipients and does not include any growth for individuals who may need the service, but have chosen not to enroll for Medicaid service to avoid the recipient liability. Of the 65 individuals, 30 are paying less than $100 per month in recipient liability, while 7 are paying over $500 per month. The 65 individuals are paying approximately $348,000 per biennium in recipient liability.

I will be happy to answer any questions that you may have.