

MISSOULA  
COUNTY



Missoula City-County Health Department  
Health Services  
301 W. Alder  
Missoula, MT 59802-4123

EXHIBIT 2  
DATE 3/22/11  
HB 623

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March 22, 2011

The Honorable Walter McNutt, Chairman  
House Appropriations Committee  
Montana House  
P.O. Box 200400  
Helena, MT 59620-0400

**RE: HB 623**

**An Act Increasing the Reimbursement Rate for Targeted Case Management Services for High Risk Pregnant Women and Children with Special Health Care Needs.**

Dear Chairman McNutt and members of the House Appropriations Committee:

On behalf of the Missoula City-County Health Department, and the Association of Montana Public Health Organizations (AMPHO) I urge your favorable consideration of HB 623 – An Act to Increase the Reimbursement Rate for Targeted Case Management Services for High Risk Pregnant Women and Children with Special Health Care Needs.

Targeted Case Management (TCM) services are provided to several different special groups in Montana. These include:

- High Risk Pregnant Women (HRP)
- Children With Special Health Care Needs (HRC))
- Children at Risk for Abuse and Neglect (HRC)
- Adults with Severe and Disabling Mental Illness
- Youth with Severe Emotional Disturbance with Mental Health issues
- Individuals Age 16 or over with Developmental Disability

All of the above groups have received an increase in reimbursement rates, **EXCEPT Targeted Case Management (TCM) of High Risk Pregnant Women and High Risk Children with Special Health Care Needs and those at Risk for Abuse and Neglect.**

**Current reimbursement rates are \$6.00 per 15 minute unit for HRP and \$10.00 per 15 minute unit for HRC.** Compare this to \$12.86 per 15 minute unit for TCM for mental health youth and \$18.91 per 15 minute unit for TCM for mental health adults. The rates for TCM of HRP and HRC were set in 1996 and have not changed since then.



There has been no cost of living raise although the cost of providing services has increased considerably.

Fourteen local health departments and one tribal entity currently provide TCM for HRP and HRC through Public Health Home Visiting (PHHV). The Montana legislature passed legislation in 1989 titled: Montana's Initiative for the Abatement of Mortality in Infants better known as the MIAMI Project. The purpose of this legislation was to ensure that mothers, particularly low income or single mothers and children receive access to quality maternal health services to reduce infant mortality and to prevent the incidence of children born with chronic illnesses, birth defects, or severe disabilities as a result of inadequate prenatal care.

Any one of the 14 counties or Rocky Boy Public Health could provide a similar example as this one. A 16 year old teen mother came to the Missoula City-County Health Department seeking assistance with applying for Medicaid. At 7 weeks pregnant, she had not yet accessed any prenatal care, and reported that for the first 5 weeks of her pregnancy she had smoked a pack per day. She wanted to stay in school but had been missing classes due to morning sickness. She lives in a trailer with her mother and 2 younger siblings. Her boyfriend was older but not very supportive. The Public Health Nurse assisted this client with an application for presumptive eligibility, and accessing an OB provider in Missoula. The PHN referred this client to the MT QUIT Line, and to WIC. The PHN also contacted the School Nurse with the client's permission for extra support at school. The client is reducing her smoking and has agreed to meet once a month with the PHN throughout her pregnancy.

Research shows that for every \$1.00 spent in PHHV to High Risk Pregnant Women and High Risk Children, \$5.00 is returned. There is less reliance on welfare, less drug, tobacco and alcohol use, less involvement in the criminal justice system, abuse and neglect rates are cut by 48%, immunization rates are increased, the numbers of visits to doctors are cut by 56%, and there is an increase in participation in the workforce by 83%.

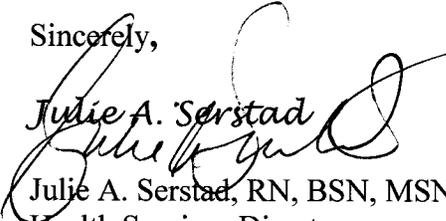
Single teen mothers, low income parents, and those Montana families that are struggling in greater and greater numbers due to the recession, benefit from TCM thru Public Health Home Visiting. Public Health Nurses, Social Workers and Registered Dieticians help these young struggling parents want to keep their babies, learn how to care for them properly and become self supporting members of society.

It is becoming more and more difficult for counties and tribes to provide these services with so little reimbursement as compared to the cost of providing the service to these high risk women and children. The burden on the counties and the State of Montana will be greater if these services must be cut due to the high cost of providing the service.

**I urge you to support HB 623 and the pregnant women and infants of Montana!**

Thank you very much for this opportunity to provide testimony today

Sincerely,



*Julie A. Serstad*

Julie A. Serstad, RN, BSN, MSN  
Health Services Director

Cc: House Appropriations Committee