

NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health

February 11, 2008

The Honorable Norm Coleman
U.S. Senate
320 Hart Senate Office Building
Washington, DC 20510

Dear Senator Coleman:

On behalf of the National Association of County and City Health Officials (NACCHO), I am writing to endorse strongly your legislation that would impose a moratorium on rules proposed by the Centers for Medicare and Medicaid Services (CMS) to make changes to Medicaid payment rules for case management and targeted case management services. Prompt passage of this legislation is urgently needed.

We appreciate your recognition of the harm these rules would do to the provision of public health services to vulnerable populations. Implementation of the rule for targeted case management services will threaten directly and immediately the high-quality case management services that many local health departments provide to low-income pregnant women, infants, young children with multiple special needs, the frail elderly, and the disabled.

The requirement for a single case manager jeopardizes the quality of services to vulnerable people. Local health departments that provide Medicaid-reimbursed case management services, rendered primarily by community health nurses, fill an indispensable role in protecting the health of Medicaid-eligible persons they serve. The requirement for a single case manager overlooks a critical fact: no single individual will have the depth of expertise needed to coordinate care effectively for a person with multiple, complex needs. In attempting to centralize case management for each individual, the CMS rule in fact threatens to fragment services for some Medicaid recipients by placing them in the hands of entities that may make referrals and issue authorizations but will not necessarily have the knowledge, expertise, or persistence to help them navigate a fragmented system effectively and efficiently.

Local health departments have a long history of working as a “safety net” for the most vulnerable people in their communities. Their roles in direct clinical service focus on prevention through the provision of such services as prenatal care, preventive health care for children, and participation in the Women, Infants and Children (WIC) nutrition program. Their contact with persons at high risk for multiple health problems puts them in an ideal position to assume the case management role, assuring linkage to the constellation of community services needed to keep vulnerable people as healthy as possible. The new rule endangers the ability of health departments engaged in case management for Medicaid-eligible persons to serve them effectively.

Thank you for your leadership on this issue and we look forward to working with you to advance this legislation.

Sincerely,



Patrick M. Libbey
Executive Director

