

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: GEORGIA

CASE MANAGEMENT SERVICES

- A. Target Group: Pregnant Women under age 21 and other pregnant women at risk for adverse outcomes.
- B. Areas of State in which services will be provided:

X Entire State.

_____ Only in the following geographic areas (authority of section 1915 (g) (1) of the Act is invoked to provide services less than Statewide):

- C. Comparability of Services:

_____ Services are provided in accordance with section 1902 (a) (10) (B) of the Act.

X Services are not comparable in amount, duration, and scope. Authority of section 1915 (g) (1) of the Act is invoked to provide services without regard to the requirements of section 1901 (a) (10) (B) of the Act.

Definition of Service:

Perinatal case management is a set of interrelated activities for coordinating and monitoring appropriate services for eligible pregnant women. The purpose of case management services is to assist those pregnant women eligible for Medicaid in gaining access to needed medical, nutritional, social, educational and other services; to encourage the use of cost-effective medical care through referrals to appropriate providers; and to discourage overutilization of costly services. Case management services will provide necessary coordination with providers of non-medical services, nutrition programs like WIC, or educational agencies, when services are needed.

The set of interrelated activities are as follows:

1. Comprehensive needs assessment of clients identified as eligible for Medicaid Case Management services, including medical, nutritional, psychosocial and health educational assessments.
2. Development and implementation of an individualized service plan to meet the service needs of the client.

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SUPERSEDES 89-14

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3. Assistance to the client in locating providers and making the necessary connections to services identified in the service plan.
4. Implementation of a tracking system to ensure that the client received needed services.
5. Coordination of services needed by the client with multiple providers in the community.
6. Monitoring and follow-up to ensure that the services are received, are adequate to meet the client's needs and are consistent with appropriate quality of care.

These activities are structured to be in conformance with 1902(a)(23) and not to duplicate any other service reimbursed in the Medicaid program.

E. Qualification of Providers:

Enrollment will be accomplished in accordance with Section 1902(a)(23) of the Act. Enrollment is open to all providers who can meet the following requirements:

1. Provider Qualifications:

- a. Must have qualified case manager(s) and the capacity to provide the full range of perinatal case management services.
- b. Must meet applicable state and federal laws governing the participation of providers in the Medicaid program.
- c. Must have demonstrated, direct experience in the delivery of maternal and child health services (i.e., prenatal, family planning, immunization, EPSDT and WIC services).
- d. Must have a demonstrated ability to provide or coordinate pregnancy-related health and human services.
- e. Case management staff must complete training before becoming a qualified provider for perinatal case management.
- f. In order to avoid duplication of services and to promote effective community level networking, case management providers must provide written notification to the local health department(s) for the geographic area or areas to be served and agree to coordinate all appropriate referrals.

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2. Case Management Staff Qualifications:

- a. RN or Social Worker licensed in Georgia with a minimum of one year of experience in working with pregnant women.
 - b. Paraprofessionals with one year of human service delivery experience or documented college level course work in health or human services may be used to support case management services when performed under the supervision of a qualified case management RN or social worker.
- F. The State assures that the provision of perinatal case management services will not restrict an individual's free choice of providers in violation of Section 1902(a)(23) of the Act.
1. Eligible recipients will have free choice of the providers of case management services.
 2. Eligible recipients will have free choice of the providers of other medical care under the plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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