

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Georgia

CASE MANAGEMENT

A. Target Group:

Medicaid recipients 21 years of age and older who have been diagnosed as having AIDS or symptomatic HIV disease as indicated through accepted testing procedures and as defined by the Centers for Disease Control, who are at the greatest risk of hospitalization, and who need specific intervention assistance with acute problem solving in one or more of the following situations:

1. acute medical needs such as respite care, dialysis, home health care, and services required during the later stages of illness;
2. loss of access to care;
3. substance abuse;
4. mental illness;
5. homelessness; or
6. crisis such as unplanned pregnancy, loss of employment or social support.

Optional targeted case management services will not be provided to clients in total care environments.

TRANSMITTAL 92-40
APPROVED 1-28-93
EFFECTIVE 10-1-92
SUPERSEDES (NEW)

B. Areas of State in which services will be provided:

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.

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 1902(a)(10)(B) of the Act.

D. Definition of Services

Case Management is a set of interrelated activities for identifying, coordinating, and reviewing the delivery of appropriate services for Medicaid eligible adults with AIDS who are at the greatest risk of hospitalization and need assistance with acute problem solving. The purpose of case management is to assist individuals in the target group in gaining access to needed medical, nutritional, social, educational, psychological, transportation, housing, legal, financial, and other services; and to reduce the incidence of costs of hospitalization by encouraging the use of various community resources through referral to appropriate providers.

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The set of interrelated activities is as follows:

1. Obtaining a medical assessment from the recipient's primary physician; or physician, physician's assistant or nurse practitioner of the recipient's choice; conducting a psychosocial assessment in order to establish a comprehensive case file for the development and implementation of an individualized service plan to meet the assessed service needs of the eligible Medicaid recipient with AIDS. Establishing priorities for the initial linkages with providers. This unit of service may be billed only once for each eligible recipient.
2. Assisting the eligible recipient with AIDS in locating needed service providers and making the necessary linkages to assure the receipt of services identified in the service plan.
3. Monitoring and following-up with the eligible recipient and service providers to determine that the services received are adequate in meeting the recipient's assessed needs. Case management follow-up services are limited to twelve (12) visits annually.
4. Providing reassessment of eligible recipients with AIDS to determine the services needed to resolve any crisis situation resulting from changes in the recipient's medical condition, loss of social support, employment, housing, legal problems or other significant events. This level of follow-up services is limited to three (3) services annually.

TN No. 99-006
Supersedes Approval Date AUG 08 1999 Effective Date APR 01 1999
TN No. 92-040

E. **Qualifications of Providers:**

1. Provider Qualifications

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:

- a. Must have qualified case manager(s) and the capacity to provide the full range of case management services.
- b. Must meet the applicable state and federal laws governing the participation of providers in the Medicaid program.
- c. Providers must have one (1) or more documented years experience in providing case management services to HIV disabled individuals.
- d. Providers must have a financial management system that provides documentation of services and costs.
- e. Case managers must have the equivalent of a high school diploma and meet one of the following:

have at least two years of documented, verifiable case management experience or social services related work experience, coordinating activities to individuals with HIV/AIDS or other Acute or Chronic diseases

OR

hold a certificate of training in a social services area with one year of related training or work experience

OR

be a licensed registered nurse (RN), or licensed practical nurse (LPN), with one year of related training or work experience

OR

hold an Associate, Bachelor's or Master's degree with one year of any combination of related courses, training or work experience.

- f. Case Managers must have at least one year experience in a social services delivery system.
- g. Case Managers must have considerable skill in the methods of locating, developing, and coordinating the provision of supportive services in the community for the AIDS disabled individual.

- F. The state assures that the provision of the 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 services 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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