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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State/Territory: Georgia  
CHILDREN AT-RISK CASE MANAGEMENT SERVICES

A. Target Group:

Medicaid eligible children ages 0-21 who are "at-risk" of not completing a secondary education program because they exhibit one or more of the following characteristics:

1. Developmental screen indicate the child is not meeting developmental milestones.
2. No EPSDT initial screen or no periodic screening.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional family situation.
7. Mental health diagnosis.
8. Single parent family.
9. One or more grade retentions.
10. Born to a teenage mother.
11. Frequent absences, tardies, or school transfers..
12. Limited English proficiency.
13. Free or reduced price lunch.
14. Lack of appropriate physical necessities (clothing, proper hygiene, etc.).
15. One or more years below grade placement in reading or math.
16. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
17. Frequent physical complaints, low self-esteem, or expresses feelings of lack of control of life.
18. Low achievement scores (35<sup>th</sup> percentile or below on Iowa Test of (ITBS) or Test of Achievement and Proficiency (TAP), low grades (failing two or more academic subjects in a grading period), or repeated two or more grades. Basic Skills currently homeless or homeless within the past year.
19. History of exposure to direct or indirect violence.
20. History of sexual or physical abuse or neglect.

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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): The attendance zones of the Dublin City School System and the Laurens County School System.

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)(2) 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:

Children at-risk case management is a set of interrelated activities for identifying, coordinating, and reviewing the delivery of appropriate services for eligible at-risk children. The purpose of case management services is to assist those targeted at-risk children in gaining access to needed medical, nutritional, social, educational, transportation, housing, and other services; and to encourage the use of various community resources through referral to appropriate providers. Case management services will provide necessary coordination with the providers of health, family support, employment, justice, housing, counseling, nutrition, social, educational, transportation, and other services when needed.

The set of interrelated activities are as follows:

1. Establishing the comprehensive case file for development and implementation of an individualized service plan to meet the assessed service needs of the eligible child. Establishing priorities for initial linkages with providers. This unit of service may be billed only once for each eligible child.
2. Assistance to the eligible child in locating needed service providers and making the necessary linkages to assure the receipt of services identified in the service plan.

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D. Definition of Services: (continued)

3. Monitoring and follow-up with the eligible child and service providers to determine that the services received are adequate in meeting the child's assessed needs. Case management follow-up services are limited to 12 visits annually.
4. Reassessment of eligible children to determine the services needed to resolve any crisis situation resulting from divorce, death, separation, family structure changes, changes in living conditions, or other events.

E. Qualification 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 with following requirements:

- a. Must have the capacity to provide the full range of at-risk case management services.
- b. Must meet the applicable state and federal laws governing the participation of providers in the Medicaid program.
- c. Must have demonstrated direct experience in the coordination of educational support services (e.g., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and Nutritional Services).
- d. Must have demonstrated the ability to obtain collaboration between public and private services providers.
- e. In order to avoid duplication of services and to promote effective community level networking, case management providers must have signed a collaborative agreement with the Laurens County Department of Family and Children Services, Laurens County Health Department, Laurens County School System, the Dublin City School System, Community Mental Health Center, Department of Children and Youth Services, Dublin City Government, and the Laurens County Government.

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E. Qualification of Providers: (continued)

- f. Case Management Supervisors must hold a Master's Degree in a human service field; i.e., psychology, sociology, social work, humanities, counseling and have a minimum of two (2) years working with low income, at-risk children and their families.
- g. Case Managers must hold a High School diploma and have a minimum of two (2) year's experience working with low income at-risk children and their families.
- h. Case managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.

F. The state assures that the provision of case management services will not restrict an individual's free choice of providers 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. Reimbursement methodology is found on Attachment 4.19-B, pages 5d and 5e.

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