

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 0-18 who are at-risk of not completing a secondary education because they exhibit two or more of the following:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No EPSDT initial screen or no periodic screening.
3. Few friends or school alienation.
4. Dysfunctional home situation.
5. Mental health diagnosis.
6. Single parent family.
7. Born to a teenage family.
8. Born to a parent that has not completed High School.
9. Limited English proficiency.
10. Free or reduced price lunch.
11. Lack of appropriate physical necessities (clothing, proper hygiene, etc.).
12. History of exposure to direct or indirect family violence.
13. History of sexual or physical abuse or neglect.
14. Low self-esteem.

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 that statewide): The attendance zones of the following Tift County Schools: Annie Belle Clark, Charles Spencer, G. O. Bailey, Northside, Len Lastinger, and Omega elementary schools; Matt Wilson and J. T. Reddick middle schools; and Tift County Junior High School and Tift County High School. Also to include residents within Turner County who are participant families of the Healthy Families Georgia program.

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**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)(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 and their families. 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 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.
3. Monitoring and following-up with 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.

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**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 the following requirements:

- a. Must 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., social service, counseling services, psychological services, student assistance services, special education services, nutritional services).
- d. Must have demonstrated the ability to obtain collaboration between public and private service providers.
- e. In order to avoid duplication of services and to promote effective community level networking, case management providers must have a signed collaborative agreement with the following members of the Tift County Commission On Children and Youth: Tift County Board of Education, Tift and Turner County Departments of Family and Children Services, Early Intervention Services of Tift County, Community Connections, Tift County Department of Children and Youth Services, Tift and Turner County Health Departments, Behavioral Health Services of South Georgia (mental health), Child abuse Council of Tift County, Tifton Housing Authority, Tift General Hospital Tift County Recreation Department, City of Tifton Police department, Tift County Sheriff's Department, Cooperative Extension Services of Tift and Turner Counties, Mother's Love Child Care Center, Kiddie Kollege, Big Brothers/Big Sisters, PLIGHT, and Kid's Advocacy Coalition.
- f. Case Management Supervisor(s) must have four years experience in a human service field (i.e., nursing, psychology, counseling, sociology, or social work) and a minimum of two years of supervisory experience working with low income indigenous children and their families.

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**E: Qualification of Providers: (continued)**

- g. Case Manager(s) must have two years experience in a human service field (i.e., nursing, psychology, counseling, sociology, or social work).
- h. Both the case management supervisor(s) and case management staff person(s) must complete a pre-service training program and a Family Connection designed and supervised practicum experience, and have a broad knowledge of local resources.

**F. The State assures that the provision of 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 service 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 in Attachment 4.19-B, pages 5d and 5e.**

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