

Case Studies

Kentucky

Majority of home visiting programs in the state are part of a HCA hybrid called HANDS, and expansion of resource mothers, run by the state health department. Now in 16-17 counties. When state passed CHIP, got coverage for home visiting programs included. Will implement in July.

Office of Early Childhood Development created by Governor. Reimbursement system has not yet been determined. Eligibility criteria – From beginning of pregnancy to two years old. Up to 200% of poverty. Home visitors are paraprofessionals... Part of the challenge is determining the cost of home visiting.

Contact: Crystal Collins -- PCKy 606-276-1299;606-225-8879

Kansas: Dianne Sloan, 316-942-4216

Virginia:

The Martinsville, Virginia HFA site, (West Piedmont HF), has received Medicaid reimbursement since about 1994. Currently, Medicaid accounts for about one-third of the program's annual budget. In Virginia, the programs must be part of local Community Service Boards (CSB), an umbrella agency providing mental health, substance abuse, and other services, to receive Medicaid reimbursement.

In Virginia, services are provided under a Targeted Case Management category that serves children at risk of emotional disturbance. There are three factors that point to risk; the most often used is that the parent has predisposing factors (substance abuse, poor parenting skills, etc.). The agency uses the family stress check list to determine if predisposing factors exist; a Medicaid auditor accepts this criteria.

The state requires staff to be "qualified mental health professionals." In practice, this means that the agency has added training on mental health issues. They do not have to be nurses or licensed social workers. A number of activities can qualify for Medicaid, including linking the family with social services, and coordinating services with other agencies, and monitoring to make sure the child reaches developmental goals. All services are tied to the baby, not the parent, so services can only begin when the child is born, but can continue until 7 years of age, as long as the child is Medicaid-eligible.

Medicaid pays a monthly rate for case management of \$208.25 per family. However, the agency has to put up a 50 percent match, so they actually receive only \$104 per month. Staff must make face-to-face contact with the family every 90 days, but other contacts can be by phone.

Making sure families continue Medicaid eligibility has been a problem for the family. Children are automatically eligible for one year after birth, but parents often don't reapply for Medicaid. As a

result, the HF program may not be able to continue services; this has been a challenge. In a typical month, 43-49 families may receive services supported in part by Medicaid. Medicaid's reporting and billing requirements can be significant. Medicaid managed care has not yet started in this area of Virginia, so this is not yet an issue.

Contact: Sherry Winn, Program manager, West Piedmont Health Families, 540-634-4063.

Hawaii:

MAINE:

Maine has recently expanded its targeted case management rules to allow HFA sites to qualify for reimbursement. Previously, only public health nurses, social workers, or other licensed professionals could receive payment for case management. A recent change in Medicaid's regulations has allowed HFA sites and paraprofessionals to serve as case managers. During the process, Medicaid agency staff were concerned that some standards had to exist for the HFA sites. The Department Health responded by certifying HFA sites if they were enrolled in the credentialing process.

Maine has 13 HFA sites at this time. So far, only one has applied to participate in the program, but others are expected to do so shortly. Home visitors will coordinate provision of a variety of services for families, ranging from making sure there is food in the house and getting electricity turned on to making medical appointments. In the first year, the program may reach 400 families (this is a ballpark estimate, provided by Beth Nilssen). Ideally, the program will be state-wide.

Securing Medicaid reimbursement for case management services was spearheaded by a state-wide HFA steering committee, which meets monthly. HFA staff and state staff are members. Department of Health staff are concerned that there is a potential for duplication of services, since public health nurses, working under the auspices of maternal and child health programs, and HFA Family Assessment Workers could visit the same families. Coordinating these programs has not yet been resolved.

Contact: Beth Nilsson; Lucky Hollander. Beth: Doesn't know projected cost; or reimbursement per visit. Doesn't know about managed care. (will find out). Talked to her 4/30/99. Requested copy of regs.

Michigan:

North Carolina:

Oregon:

Texas (Wendell):

Wisconsin – Bonnie Hubbard. 3/5/99

Some programs use targeted case management option. Work with the county department of health or social services to do billing, document assessments, and case management.

State legislature voted GPR for home visiting programs that meet HF criteria. The state will pick up the county's share of Medicaid-eligibility first time mothers. Ten pilots. The site bills Medicaid for the remaining 10%.

Category: Families with children who are at risk of dysfunction. Special health needs, maltreatments, juvenile justice, or received prenatal care case management. Only covers state portion. Just TCM. Must be supervised by social worker or RN. (Actual service provider doesn't need degree).

HCFA: Rob Weaver, 410-786-3393

Cite: 1915(g), no regs; State Medicaid Manual – Part IV, 42 (instructions for state plan amendment). Put in statute in 1985.

TCM is not a service in and of itself – it's making sure there's a link between individual and services. No federally defined target population or staff requirements. Those standards are set by the state. Can be non-statewide (by county, etc.). State can define who delivers services and target population. No waiver needed. Just subject to state budget constraints. Every state covers this in some form.

Difference between Prenatal Care Coordination and TCM – PCC may be a service – fine line.