

HEALTHY BABIES RIGHT FROM THE START

TARGETED CASE MANAGEMENT SERVICES FOR HIGH RISK PREGNANT WOMEN AND THEIR INFANTS UNDER ONE YEAR OF AGE

The North Dakota Medicaid Program pays for nearly a third of deliveries in North Dakota per year. Many of the women involved with these deliveries have risk factors that could result in poor birth outcomes. Also, many Medicaid enrolled women lack the necessary resources to ensure that their newborns receive all the care that is necessary for these infants to reach their full potential.

The provision of the Targeted Case Management service is to assist at-risk pregnant women in their desire to achieve a healthy birth outcome by:

- A. Reinforcing the need for each woman to receive early, comprehensive and continuous prenatal care;
- B. Helping each pregnant woman understand their risk factors that could affect birth outcomes and what actions can be taken to lessen those risks; and
- C. Assisting women in obtaining other necessary support services that will contribute to a healthy birth outcome.

TARGET GROUP

Women who are enrolled in the North Dakota Medicaid Program that have high risk factors as defined by the Department of Human Services that could result in poor birth outcomes.

DEFINITION OF HIGH RISK PREGNANCY

Women with one or more of the following risk factors are considered to be at high risk of having a problem pregnancy:

- A. Is age 17 or younger at the time of the assessment.
- B. Is age 40 or older at the time of the assessment.
- C. Uses any alcohol during current pregnancy.
- D. Uses cocaine, marijuana, methamphetamine, heroin or other street drugs.
- E. Previous preterm delivery or low birth weight.
- F. Last birth within one year.

- G. Multi-fetal gestation – more than one fetus in current pregnancy.
- H. Uses tobacco products to an extent that could result in harm to the fetus. A woman would qualify as a high-risk pregnant woman if she smokes 10 or more cigarettes per day.
- I. Is Developmentally Disabled.
- J. Has a medical condition such as diabetes, AIDS, HIV, or Heart Condition/High blood pressure. A woman would qualify as a high-risk pregnant woman if a physician has certified that a particular medical condition could result in a high risk pregnancy for the woman.
- K. Is currently being treated for a serious psychiatric diagnosis or is currently on any psychotropic drugs. A woman would qualify for high risk if she is being actively treated for a psychosis diagnosis or for moderate or severe depression.

Women may also qualify for Targeted Case Management services if any **three** of the following factors are present.

- A. Has a history of counseling for an emotional disorder.
- B. Has a history of use of psychotropic medications.
- C. Has had a previous problem pregnancy.
- D. Has a family history of genetic disorders that could be passed on to the child.
- E. Is currently homeless or has had three different living situations during the current pregnancy.
- F. Has experienced family violence including spousal abuse, child abuse, neglect or sexual abuse.
- G. Has been a victim of sexual assault within the last two years.
- H. Is isolated from normal support systems.
- I. Has not initiated prenatal care and pregnancy is past the first trimester.
- J. Has not graduated from high school or received her GED.
- K. Has two or more children under the age of five.
- L. Is residing in any group living arrangement such as a group foster care, residential

treatment center or alcohol treatment center.

- M. First pregnancy.
- N. Is smoking between three and nine cigarettes per day.

SERVICES THAT MUST BE OFFERED TO ELIGIBLE RECIPIENTS

All of the following services are reimbursable and can each only be billed once a day and must be available to all high risk pregnant women who qualify for Targeted Case Management services:

A. Code H1000

Assessment consists of a needs assessment to identify a woman's physical, medical, nutritional, psychosocial, financial, developmental and educational status. The information will be used to determine if a pregnant woman meets the risk criteria to receive Case Management services.

Providers will be required to use the SFN 963 Targeted Case Management Assessment form that can be found at www.nd.gov. The assessment must be submitted to the Department within five working days or claims for that recipient will be denied. If codes for services other than the assessment are billed during the same time as an assessment, documentation must be provided with the assessment in order for the Department to pay those codes.

If an assessment is found to **not** meet the criteria, it will be denied and notice will be given to the provider and the recipient. The denied assessment will still be covered, but no other services (codes) will be reimbursed to the provider.

In the event that there are two providers in the same area, it is the policy of the Department that the provider that fills in the assessment and has it signed by the recipient first will be the provider that receives payment.

The Department will only reimburse for one assessment per pregnancy.

B. Code H1001

Case planning and preparation consists of the identification of the specific needs of each woman and the establishment of goals that will enable the pregnant woman to succeed in her commitment to have a healthy birth outcome. The goals and the means to accomplish them must be included in a written service plan that also reflects the particular resources that are needed to promote the coordination of services for each client.

To the extent possible, case planning should include the birth father, significant others and other family members when prudent and appropriate. In addition, case planning should be coordinated with other professionals involved in the care of the woman, including medical personnel.

Case monitoring consists of regular contacts between the case manager and the woman to assist the woman in meeting goals that are outlined in the case plan. Monitoring also includes the identification and resolution of problems that occur on an ongoing basis. Ongoing reviews to determine if the case plan and the identified services are meeting the needs of the pregnant woman in her goal to have a positive birth outcome and a healthy start for the infant will be necessary.

Monitoring must include at least two face-to-face contacts in the residence of the client during pregnancy.

C. Code H1002

Care coordination consists of identifying those services that will help the woman meet her established goals, assist her in making the appropriate referrals and securing the needed services.

Case evaluation consists of the gathering of information that will be used to ascertain the degree of success realized due to the provision of Targeted Case Management services.

Case reevaluation is completed prior to discharge from the program, and used to determine the progress that has been made toward meeting the goals outlined in the case plan and to identify any unmet needs that should be addressed prior to the woman leaving the program.

E. Code H1003

Health and parenting education includes arranging for educational services that will assist the woman in obtaining knowledge that will enable her to make informed choices regarding health and lifestyle decisions that could affect the birth outcome. Parenting skills will allow the mother to provide for the care of her infant in a positive environment.

F. Code H1004

This code includes all follow-up home visits after the birth of the baby. Targeted Case Management must include at least one face to face home visit after the child is born. Services are allowed for only six months after the birth of the child.

LENGTH OF ELIGIBILITY

Eligibility for Targeted Case Management services for High Risk Pregnant Women can begin at the time a pregnancy is confirmed. Eligibility may continue through the month an infant becomes six months of age if the mother remains eligible for Medicaid. All Targeted Case Management services for High Risk Pregnant Women are for services provided to the mother; therefore, **no services are reimbursable under the child's Medicaid ID.**

PROVIDER QUALIFICATIONS

1. Providers delivering services to the general population.

The following criteria must be met before a provider can be approved to provide Targeted Case Management services to at-risk pregnant women and their infants.

- a. Must have at least six months experience in delivering services in a community or home setting.
- b. Must demonstrate their ability to coordinate prenatal care services for at-risk pregnant women.
- c. Must have an understanding of federal, state and local programs for children and pregnant women.
- d. Must have developed relationships with health care and other area agencies that will provide needed services to at-risk pregnant women and their infants.
- e. Must demonstrate experience in assessing the needs of pregnant women and developing case management plans based on the needs of clients.
- f. Must show ability to properly evaluate an at-risk pregnant women's progress in obtaining appropriate medical care and other needed services.
- g. Must provide or arrange for adequate supervision to case managers.
- h. Must have in place a training process that will ensure that staff have adequate knowledge relating to high-risk pregnancy, parenting and other important issues.
- i. Must demonstrate the ability to provide 24 hour, seven days a week crisis services to eligible recipients who are in need of emergency case management services.

Case Manager Qualifications

A case manager must have the one of following qualifications in order to provide case management services for at-risk pregnant women and their infants.

- a. An individual with a master's degree in social work
 - b. An individual who is a licensed social worker with at least six months of case management experience.
 - c. Registered nurse licensed in accordance with the Nurse Practice Act.
 - d. Nurse practitioner
 - e. Registered dietician
 - f. Licensed nutritionist
 - g. A Licensed Practical Nurse licensed in accordance with the Nurse Practice Act and who has at least six months of case management experience and who has completed a prescribed curriculum provided through the United Tribes Technical Center designed to ensure that participants demonstrate competency in assessment, case planning and monitoring for at-risk pregnant women and their infants.
 - h. A Case Management Implementer with at least a high school diploma; at least six months of case management experience and who has completed a prescribed curriculum provided through the United Tribes Technical Center designed to ensure that participants demonstrate competency in assessment, case planning and monitoring for at-risk pregnant women and their infants.
2. Providers serving Native American women.

Services provided to at-risk Native American pregnant women who receive medical services on or near Indian Reservations or Indian service areas must be culturally appropriate and be provided by case managers who have an understanding of the needs of Indian people. It is necessary to alter the provider eligibility criteria in order to ensure that appropriate and essential services are accepted by women and services are delivered in a culturally sensitive manner. The following criteria must be met in order for an organization to be approved to provide Targeted Case Management services to High Risk pregnant Native American women and their infants.

- a. Must demonstrate that they possess the necessary cultural sensitivity and

background knowledge that is specific to the particular geographical area to be served.

- b. Must have at least six months experience in delivering services in a community or home setting.
- c. Must demonstrate their ability to coordinate prenatal care services for at-risk pregnant women.
- d. Must have an understanding of federal, state and local programs for children and pregnant women.
- e. Must have developed relationships with health care and other area agencies in the particular geographical area they are serving that provide needed services to at-risk pregnant women and their infants.
- f. Must demonstrate experience in assessing the needs of pregnant women and developing case management plans based on their needs.
- g. Must show ability to properly evaluate an at-risk pregnant woman's progress in obtaining appropriate medical care and other needed services.
- h. Must provide or arrange for adequate supervision to case managers.
- i. Must have in place a training process that will ensure that staff have adequate knowledge relating to high-risk pregnancy, parenting and other important issues.

APPROVAL PROCESS

Providers may begin providing and billing for Targeted Case Management services after they have completed the assessment form and found that the pregnant woman meets the risk criteria outlined above.

A copy of each assessment must be forwarded to the Department of Human Services within five working days of the completion of the assessment document, if beyond five days, the Department may deny all claims for that recipient. The assessment will be reviewed and is subject to denial if the Department finds that the at-risk criteria were not met. If an assessment is found to **not** meet the criteria, the assessment will still be covered, but no other services (codes) will be reimbursed to the provider.

PRIOR AUTHORIZATION

The amount of case management services needed by at-risk pregnant women will vary depending on the individual needs of each woman. Most women will not require more than **30 units** of case management during the pregnancy and after the child is born. If additional case management services are necessary in order to meet the goals outlined in the case plan, providers must request prior authorization from the Department. Any case management billed in excess of 30 units without department approval will be denied.

The following information will be required when requesting additional case management time.

- a. A summary of the case management services already provided;
- b. The number of additional units needed;
- c. An explanation why the additional units are necessary to meet the goals that were established in the case plan; and
- d. Appropriate documentation that supports the need for additional units.

The Department will approve or deny the request for additional units within three working days of receiving the request.

FREEDOM OF CHOICE

Recipients must be afforded the choice of obtaining Targeted Case Management services for High Risk Pregnant Women and infants from any qualified provider within the recipient's service area. Recipients must sign the Freedom of Choice section of the SFN 963 form.

Targeted Case Management for High Risk Pregnant women can only be provided by one provider. It is the policy of the Department that the provider who has completed the assessment form first will be allowed to bill for the service. Claims received from any other providers will be denied.

PAYMENT POLICY

Payment for Targeted Case Management Services provided to at-risk pregnant women and their infants will be the lower of a provider's actual billed charge or the fee established by the Department. The providers may use the CMS-1500 claim form, the North Dakota MMIS system web portal or the electronic 837p transaction to submit

request for payment to the Medicaid program.

A unit of service is defined as a visit. If a case manager provides less than thirty minutes of Targeted Case Management services in a day, no claim may be submitted for the service.

Providers are only allowed thirty units of service per pregnancy. A provider may bill more than one service in a day but both will count against the maximum allowable.

MEDICAID PROCEDURE CODE

CPT / HCPCS Code	Description
H1000	Assessment (only one assessment per pregnancy can be billed)
H1001	Prenatal care, at-risk enhanced service; antepartum management
H1002	Prenatal care, at-risk enhanced service; care coordination
H1003	Prenatal care, at-risk enhanced service; education
H1004	Prenatal care, at-risk enhanced service; follow-up home visit*
	*Code can only be used for after the birth of the baby

Providers must have backup documentation that identifies the date and time a service was delivered, the number of minutes of service provided and the type of case management service that was provided to a recipient. No more than one unit per code will be allowed in a day. If more than one type of case management service was delivered each service may be bill but both will count against the total allowable units of 30 units per pregnancy.