# Care/Case Management Model Cover Sheet

## Program Name: Targeted Case Management High Risk Pregnancy

### Population Focus:

A member is eligible for targeted case management as a high risk pregnant woman if:

- The person is receiving Medicaid or is presumptively eligible for Medicaid; and
- The member's pregnancy outcome is considered high risk.

A pregnancy is of high risk if the member:

- Is age 17 or younger;
- Has medical factors which indicate the potential for a poor pregnancy outcome;
- Abuses alcohol, tobacco, or drugs;
- Has someone in the member's immediate environment who abuses alcohol, tobacco, or drugs;
- Is currently in an abusive relationship;
- Is homeless;
- Has had greater than three residences during pregnancy; or
- Demonstrates an inability to obtain necessary resources and services and the person meets three of the following criteria:
    - Has a history of physical or sexual abuse;
    - Has no support system or involvement of a spouse or other supporting person;
    - Has not had a dental cleaning in the last year;
    - Is not educated beyond the 12th grade level or does not have a GED;
    - Has a physical disability or mental impairment;
    - Has had no prenatal care before or during the first 20 weeks of gestation;
    - Is a refugee or a migrant worker;
    - Is age 18 or 19;
    - Is over the age of 35; or
    - Has limited English proficiency.

### Program Objectives:

To assist a pregnant woman in obtaining access to needed medical, social, or other resources and services by establishing and maintaining a referral process for needed and appropriate services and avoiding duplication of services.

### Program Description:

Reimbursable targeted case management services for high risk pregnant women are:

- Comprehensive assessment and periodic reassessment;
- Care plan development;
- Care coordination and referral for other services; and
- Monitoring and follow up.

Face-to-face comprehensive assessments must occur at least monthly during the pregnancy. Two post-partum reassessments must occur after delivery prior to the last day of the month in which the 60th day following delivery occurs.
Monitoring must include at least one annual monitoring to determine if the following conditions are met:

- Services are being furnished in accordance with the member's care plan;
- Services in the care plan are adequate; and
- Changes in the needs or status of the member are reflected in the care plan.

### Required Care/Case Management Staff:

The staff must be an interdisciplinary team with members from the profession of nursing, nutrition and social work. The nursing staff must be either a registered nurse or a nurse practioner. The social work staff must be a social worker with a master's in social work (LSW), a master's level counselor (LCPC) or a bachelor's in social work with two years' experience in community social services or public health. The nutrition staff must be a registered dietician who is licensed as a nutritionist in Montana and has at least one year experience in public health or maternal child health.

## Program Demographics

I do not have the current counts for this program and due to the short turnaround time am unable to get the exact numbers.

### Monthly member count:

### Average monthly program cost per member:

### Average monthly total benefit cost per population member:

### Monthly provider count:

### Average # of members per provider:

### Average monthly provider program revenue:

## Program Measurements

None