A. INTRODUCTION

What is HealthCheck Outreach & Case Management?
The purpose of outreach is to inform recipients about the benefits and availability of HealthCheck prevention services, how to obtain those services, and the availability of transportation and scheduling assistance.

Providers are encouraged to seek out for HealthCheck screening Medical Assistance-eligible recipients under age 21 years and their families who have been targeted as "at risk". Refer to Appendix 2 of this handbook for information on HealthCheck outreach/case management need determination.

Each month providers are sent a listing by county and in priority order of recipients who are targeted as "at risk" for HealthCheck Outreach and Case Management services. These recipients are "at risk" because they have not received preventive health, dental or other care for a significant period of time, which places them at risk of poor health and vulnerable to illness or disease. Providers also receive a monthly listing of all Medical Assistance recipients who are eligible for HealthCheck outreach and case management services but who are not targeted as "at risk".

Once all recipients who are targeted as "at risk" have been contacted, the case manager may contact all other Medical Assistance recipients who are eligible for HealthCheck case management services.

Case management is a tool for linking targeted and non-targeted recipients with HealthCheck screening services and health care providers for follow-up and ongoing primary care services. Case management services include the following:

- Linking of non-users of health care with HealthCheck screening;
- Comprehensive health and social service needs assessment;
- Assistance with referrals to all appropriate resources beyond the HealthCheck screening process;
- Education for the proper utilization of health and Medical Assistance services;
- Removal of barriers to services and resources (both HealthCheck primary care and non-Medical Assistance related); and
- Linkage of the recipient to a primary health care provider and dentist for all future health care.

This handbook describes the required components of outreach and case management services. All case management providers are responsible for assuring that an initial HealthCheck screening is conducted on each recipient and that all appropriate referrals, resource linkages and follow-ups occur.

B. OUTREACH/ CASE MANAGEMENT STEPS

The goal of outreach/case management is to ensure that a targeted "at risk" recipient receives a HealthCheck screening and other associated services, including screening referrals and follow-up.

A schematic diagram of the steps involved in the HealthCheck case management process is found in Appendix 1 of this supplement. The following enumerates and describes those steps:

B. OUTREACH/ CASE MANAGEMENT STEPS (continued)

1. On a monthly basis, HealthCheck outreach/case management providers receive a listing from EDS of Medical Assistance recipients who are targeted for HealthCheck outreach screening services. Providers also receive a second list of all Medical Assistance recipients who are eligible for HealthCheck services.

2. The outreach case management provider is responsible for contacting all recipients who are on the targeted list in priority order. After all recipients who are on the targeted list are contacted, the provider may contact eligible HealthCheck recipients who are not on the targeted list, but are in need of case management. Refer to Appendix 2 of this handbook for information on HealthCheck outreach/case management need determination.

   Recipients may be contacted by telephone, home visit, mail or any other method the outreach case management provider finds effective. In performing outreach, the case manager discusses the HealthCheck program with the recipient, determines when the recipient last received health care, the purpose of that health care, and whether the recipient has ongoing primary care. (Appendix 2 of this handbook may be used as a questionnaire for determining need.) The purpose of these questions is to confirm that the recipient is appropriately targeted and to identify barriers which may impede the recipient's access to care and other needed services.

3. If the recipient received a preventive health checkup within the past six to twelve months (depending upon the recipient's age), then a HealthCheck screening may not be appropriate and should not be provided. If the recipient has not had a screening, but reports having a primary care provider, the case manager should contact the provider to determine if they will provide the HealthCheck screenings.

   NOTE: If the child is age 3 or greater, and has not seen a dentist, a dental referral must be part of the screening. The physician screener should be reminded about the dental referral requirement.

4. In addition to explaining HealthCheck benefits, the outreach case management provider must also explain to the recipient the appropriate use of the health care delivery system and how to effectively use Medical Assistance services and other health and social service resources. (Refer to Section II-C of this handbook for examples of non-Medical Assistance resources.)

5. If the recipient is in need of a HealthCheck screening, the outreach/case management provider must schedule a time and date for the screening, and ensure that the recipient has transportation resources to reach the appointment. The provider must also ensure that transportation is available for any other referral appointments which may develop as a result of the initial needs assessment.

6. If the recipient decides not to use HealthCheck, or fails to keep a scheduled appointment, the outreach/case management provider should attempt to investigate the problem and reschedule a second screening time. Only two attempts are necessary for scheduling a screening during a 12-month period.

7. If the recipient has a primary care physician or dentist, then the outreach/case management provider must coordinate and share HealthCheck related information with the recipient's primary care provider. If the recipient does not have a primary care physician or dentist, then the outreach case management provider should assist the recipient in locating an appropriate provider.

B. OUTREACH/ CASE MANAGEMENT STEPS (continued)

NOTE: The Department of Health and Social Services will provide upon request to certified outreach and case management providers a current listing of WMAP providers for their respective counties.

8. Following the screening, any positive findings will require the screener to make referrals for diagnosis and treatment. This includes a referral for all recipients beginning at age 3 years to a dentist for an exam and cleaning as part of the routine HealthCheck screening, unless the recipient has received dental care during the six months prior to the screening date. The outreach/case management provider must know of all referral appointments and ensure that the recipient has the ability to reach these appointments. Appointments with providers on referral (generally diagnosis and treatment) are confirmed as having been kept through case manager verification with the provider.

9. Follow-up of all referrals is completed when the recipient has kept the appointment or at least two case management attempts to get the recipient to keep the appointments have been made.

   NOTE: Diagnosis and treatment appointments are required by federal regulation to be scheduled <u>within 60 days of the date of screening</u>. Good professional judgment will dictate timely action for diagnosis and treatment.

10. If, in the judgement of the outreach/case management provider, additional referrals are needed, then the provider should assist with referral and follow-up, including the assurance of all recipient transportation.

11. Upon completion of the screening process, the recipient's name is removed from the targeted list.

C. REFERRAL AND FOLLOW-UP

HealthCheck Referral Requirements

Following HealthCheck screening, the case management provider is responsible for ensuring that all necessary referral appointments are kept. A critical responsibility of the case manager is the removal of all barriers a recipient may encounter for accessing various services on referral. Screenings are valuable only if problems found during the HealthCheck exam are diagnosed and treated. Prompt scheduling of all appointments and referrals will enable the case manager to complete timely recipient follow-up.

There are several types of referrals:

1. <u>Treatment Referral</u> - as a result of the HealthCheck physical examination, findings indicate the need for further evaluation, diagnosis, or treatment.

2. <u>Mandatory Dental Referral</u> - <u>all children age 3 years or greater</u> must be referred to a dentist for an oral assessment. Case managers should be sure this legally required referral occurs as part of the HealthCheck assessment process. In some cases, a dental referral for children under 3 years old may also be necessary.

3. <u>Recipient</u> - self-referrals may occur when the recipient expresses a particular need to the case manager (e.g., Day Care, Head Start) or chooses to receive services from a provider other than the screening provider or the screener's referral. Case managers must be sensitive to these requests and assist the recipient with identification of other sources of treatment and services.

C. REFERRAL AND FOLLOW-UP (continued)

4. Other Providers - as a result of a previous screening referral, the referral provider may make additional referrals for recipient care. Case managers must be prepared to assist and follow-up these referrals.

5. Support Referral (Non-Medical Assistance Covered Services) - these may include other maternal and child health services in the community, employment development programs, food assistance, the WIC program, nutrition counseling, food stamps, special educational services, housing, and other needs. Case managers must develop a thorough knowledge of local community resources and the client's needs to facilitate these referrals.

The referral process must also include a discussion and resolution of potential barriers to recipient follow through, such as:

1. Transportation difficulties;

2. Cost concerns;

3. Lack of knowledge of providers;

4. Language and cultural barriers; and

5. Failure to understand the need for care.

6. Confidentiality concerns (adolescents).

The recipient should also know the periodicity schedule and date of the next periodic exam. A reminder notice should be mailed by the case manager one week prior to the next periodic screening date.

Follow-Up
In all referral cases the case manager will:

1. Assist the recipient in scheduling and meeting appointments;

2. Offer and arrange for transportation for all referral visits; and

3. Contact the recipient or referral provider to determine the results of referral appointments.

An optional "follow-up notes" form is offered for use in Appendix 3 of this handbook.

Open communication between screeners and case managers is important for effective delivery of services and benefits to all recipients.

Transportation
Recipients may request transportation assistance as needed for any HealthCheck related screening or other referral appointment. Transportation should also be offered by case managers during outreach and screening follow-up. While the Bureau of Health Care Financing does not require transportation to be provided to every eligible recipient who receives a HealthCheck screening, diagnosis, or treatment appointment, transportation assistance is a need for those recipients who clearly cannot meet appointments without case management assistance for accessing services.

C. REFERRAL AND FOLLOW-UP (continued)

Transportation resources may vary by county. In general, county social services departments either provide volunteer drivers, vouchers, or direct reimbursement for related transportation expenses. Counties are obligated by state social and economic assistance program contracts to provide some form of HealthCheck related transportation assistance on recipient request.

HealthCheck case managers need not rely strictly on their own resources for helping recipients with transportation assistance and should assist recipients with accessing county transportation or other voluntary community resource assistance.

D. NONCOVERED SERVICES

HealthCheck outreach and case management is not a reimbursable service under the following circumstances:

1. Case management services do not result in a screening.

2. The recipient was not eligible on the date the HealthCheck outreach/case management or HealthCheck screening services were provided. The outreach/case management provider should inform the recipient that any services obtained during a period in which the recipient is not eligible will not be covered by the WMAP.

3. Outreach and case management services are billed more than once per recipient during a periodicity interval. Outreach provided in connection with an interperiodic screening is not a covered benefit.