

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: GEORGIA

CASE MANAGEMENT SERVICES

- A. Target Group: Pregnant Women under age 21 and other pregnant women at risk for adverse outcomes.
- B. Areas of State in which services will be provided:

X Entire State.

Only in the following geographic areas (authority of section 1915 (g) (1) of the Act is invoked to provide services less than Statewide):

- 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) (1) of the Act is invoked to provide services without regard to the requirements of section 1901 (a) (10) (B) of the Act.

Definition of Service:

Perinatal case management is a set of interrelated activities for coordinating and monitoring appropriate services for eligible pregnant women. The purpose of case management services is to assist those pregnant women eligible for Medicaid in gaining access to needed medical, nutritional, social, educational and other services; to encourage the use of cost-effective medical care through referrals to appropriate providers; and to discourage overutilization of costly services. Case management services will provide necessary coordination with providers of non-medical services, nutrition programs like WIC, or educational agencies, when services are needed.

The set of interrelated activities are as follows:

1. Comprehensive needs assessment of clients identified as eligible for Medicaid Case Management services, including medical, nutritional, psychosocial and health educational assessments.
2. Development and implementation of an individualized service plan to meet the service needs of the client.

TRANSMITTAL 91-04
APPROVED 3-8-91
EFFECTIVE 3-1-91
SUPERSEDES 89-14

Revision: HCFA-PM-87-4
MARCH 1987 (BERC)

SUPPLEMENT 1 TO ATTACHMENT 3.1-A
Page 2 (Part B)
OMB No.: 0939-0193

STATE/TERRITORY: GEORGIA

3. Assistance to the client in locating providers and making the necessary connections to services identified in the service plan.
4. Implementation of a tracking system to ensure that the client received needed services.
5. Coordination of services needed by the client with multiple providers in the community.
6. Monitoring and follow-up to ensure that the services are received, are adequate to meet the client's needs and are consistent with appropriate quality of care.

These activities are structured to be in conformance with 1902(a)(23) and not to duplicate any other service reimbursed in the Medicaid program.

E. Qualification of Providers:

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:

1. Provider Qualifications:

- a. Must have qualified case manager(s) and the capacity to provide the full range of perinatal case management services.
- b. Must meet applicable state and federal laws governing the participation of providers in the Medicaid program.
- c. Must have demonstrated, direct experience in the delivery of maternal and child health services (i.e., prenatal, family planning, immunization, EPSDT and WIC services).
- d. Must have a demonstrated ability to provide or coordinate pregnancy-related health and human services.
- e. Case management staff must complete training before becoming a qualified provider for perinatal case management.
- f. In order to avoid duplication of services and to promote effective community level networking, case management providers must provide written notification to the local health department(s) for the geographic area or areas to be served and agree to coordinate all appropriate referrals.

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APPROVED 3-22-93
EFFECTIVE 1-1-93
SUPERSEDES 89-14

Revision: HCFA-PM-87-4
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SUPPLEMENT 1 TO ATTACHMENT 3.1-A
Page 3 (Part B)
OMB No.: 0939-0193

STATE/TERRITORY: GEORGIA

2. Case Management Staff Qualifications:

- a. RN or Social Worker licensed in Georgia with a minimum of one year of experience in working with pregnant women.
 - b. Paraprofessionals with one year of human service delivery experience or documented college level course work in health or human services may be used to support case management services when performed under the supervision of a qualified case management RN or social worker.
- F. The State assures that the provision of perinatal 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 services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

TRANSMITTAL 93-065
APPROVED 3-22-93
EFFECTIVE 1-1-93
SUPERSEDES 89-14

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Georgia

CASE MANAGEMENT SERVICES

- A. Target Group: Infants and Toddlers with established risk for developmental delay.
- B. Areas of State in which services will be provided:

X Entire State

___ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

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)(1) 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:

Early Intervention Case Management for infants and toddlers is an integral and necessary part of services designed to meet the developmental needs of each eligible child to enhance the child's development. Case management is an active, on-going process consisting of specific activities which are aimed at assisting parents on behalf of their child in gaining access to the early intervention services and to receive the rights and procedural safeguards that are authorized under the early intervention program.

The integral and necessary services and specific activities include:

1. Coordinating the referral and scheduling of evaluations and assessments;
2. Facilitating and participating in the development, review and evaluation of individualized family service plans (IFSP);

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State/Territory: Georgia

3. Assisting parents or guardians in gaining access to early intervention services and other services identified in the IFSP for the benefit of the eligible child;
4. Assisting families on behalf of their child to identify and utilize available service providers and financial resources to obtain services and goods;
5. Coordinating and scheduling the child's appointments for early intervention services and other services, such as medical services for diagnostic and treatment purposes;
6. Facilitating the timely delivery of available services;
7. Informing families of the availability of advocacy services and support groups which will benefit the child;
8. For the benefit of the child, assist families in gaining access to the appropriate educational setting, day care or pre-school program or to other resources;
9. Arrange transportation services to all appointments made for the benefit of the eligible child; and,
10. Facilitating the development of a transition plan to pre-school services when appropriate.

E. Qualifications of Providers:

Enrollment will be accomplished in accordance with section 1902 (a)(23) of the Social Security Act. Enrollment is open to all providers who can meet the following requirements:

Providers must demonstrate knowledge and understanding about infants and toddlers who are eligible under Part H - Early Intervention Programs (EIP), the EIP regulations and the nature and scope of services available under Early Intervention, the system of payment for services and other pertinent information.

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State/Territory: Georgia

1. Provider Qualifications:

- a. must have qualified case manager(s) and the capacity to provide the full range of management services to children with developmental delays;
- b. must meet applicable state and federal laws governing the participation of providers in the Medicaid program;
- c. must have demonstrated direct experience in the delivery of services to children with developmental delays or disabilities; and,
- d. must have established working relationships with other agencies (i.e., health departments, schools, Children's Medical Services, Cerebral Palsy Center, hospitals and clinics, etc.) to prevent duplication of services for the Medicaid population.

2. Case Management Staff Qualifications:

- a. must meet the qualifications of case managers under Part H of Public Law 99-457;
- b. have a Bachelor's degree in either social work, child and family studies, early childhood special education, psychology or a closely related field with two years of related experience; or
- c. have a Registered Nurse diploma with two years of related experience and licensed to practice in Georgia; or
- d. have a Master's degree in one of the above fields.
- e. Related experience must be working with children with special health care needs, developmental delay, or handicapping conditions.

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.

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State/Territory: Georgia

- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: Georgia
CHILDREN AT-RISK CASE MANAGEMENT SERVICES

A. Target Group:

Children 0 - 21 and their Medicaid eligible siblings who are "at-risk" of not completing a secondary education program because they exhibit three or more of the following characteristics:

1. Denver Developmental Screening Test or other developmental screening assessment indicates the child is not meeting developmental milestones.
2. No EPSDT initial screen or no periodic screening.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Mental health diagnosis but not eligible for Special Education.
8. Single parent family.
9. One or more grade retentions.
10. Born to a teenage mother.
11. Born to a parent who has not completed High School.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. Transferred two or more times during the most recent school year.
15. One or more years below grade placement in reading or math.
16. Free or reduced price lunch.
17. Pregnancy.
18. Currently homeless or homeless within the past year.

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 than statewide): Carroll County

C. Comparability of Services

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

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. 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 the providers of health, family support, employment, justice, housing, counseling, nutrition, social, educational, transportation, and other services when needed.

TN No. 96-022

Supersedes

TN No. 92-035

Approval Date 1/13/97

Effective 9/1/96

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 follow-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.

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 have qualified case manager(s) and the capacity to 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.

TRANSMITTAL 92-25
APPROVED 9-16-92
EFFECTIVE 9-2-92
SUPERSEDES (new)

- c. Must have demonstrated direct experience in the coordination of educational support services (e.g., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and 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 Carroll County Health and Mental Health Departments, Carroll County Department of Family and Children Services, Carroll County Juvenile Court, Carroll County Department of Children and Youth Services, and Carrollton City School System.
- f. Case Managers must have a high school diploma or equivalent; minimum of two years experience working with at-risk children and their families. Must be familiar with the community and services provided and demonstrate the ability to work effectively with children and families.
- g. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practicum experience.

TN No. 96-002
Supersedes
TN No. 92-25

Approved Date 3-18-96 Effective Date 1-1-96

- 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 services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

TRANSMITTAL 92-25
APPROVED 9-16-92
EFFECTIVE 9-2-92
SUPERSEDES (NEW)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Georgia

CHILDREN AT-RISK CASE MANAGEMENT SERVICES

A. Target Group:

Children pre-K through grade 12 who are "at-risk" of not completing a secondary education program because they exhibit three or more of the following characteristics:

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. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Mental health diagnosis.
8. Single parent family.
9. One or more grade retentions.
10. Born to a teenage mother.
11. Born to a parent who has not completed High School.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. Transferred two or more times during the most recent school year.
15. One or more years below grade placement in reading or math.
16. Free or reduced price lunch.
17. Lack of appropriate physical necessities (clothing, proper hygiene, etc.
18. Pregnancy.

TRANSMITTAL 93-015
APPROVED 4-6-93
EFFECTIVE 4-1-93
SUPERSEDES 92-30

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 than statewide):

The attendance zones of Coffee County Schools within the Coffee County school zone.

C. Comparability of Services:

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) 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. 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.

TRANSMITTAL 92-30
APPROVED 9-16-92
EFFECTIVE 9-15-92
SUPERSEDES (NEW)

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 follow-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.

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 have qualified case manager(s) and the capacity to 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.

TRANSMITTAL 92-36
APPROVED 9-16-92
EFFECTIVE 9-15-92
SUPERSEDES (New)

- c. Must have demonstrated direct experience in the coordination of educational support services (e.g., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and 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 Coffee County department of Family and Children Services, and Coffee County Public Schools.
- f. Case Managers must be a registered nurse, licensed practical nurse or hold a Bachelor's Degree in a human services field; i.e., humanities, counseling, career services and have three years of experience working with low income indigenous children and their families.
- g. Case managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.

TRANSMITTAL 94-016
APPROVED 7/6/94
EFFECTIVE 4/1/94
SUPERSEDES 93-015

- 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 services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

TRANSMITTAL 92-30
APPROVED 9-16-92
EFFECTIVE 9-15-92
SUPERSEDES (NEW)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: Georgia

CASE MANAGEMENT SERVICES

A. Target Group:

Children in grades Pre K-12 and their Medicaid eligible siblings who are "at-risk" of not completing a secondary education program because they exhibit three or more of the following characteristics:

1. Within the low socio-economic level as evidenced by participation in the free or reduced lunch program, have parents who are unemployed, or employed but with frequent difficulties in money management.
2. Within a minority population or experiencing difficulties with cultural competencies or language proficiencies.
3. No EPSDT initial screening or lack of ongoing medical care/health maintenance due to difficulty in accessing health care providers.
4. Low achievement test scores, (35th percentile and below on ITBS, TAP), low grades, (failing two or more academic subjects in a grading period), or repeated two or more grades.
5. Frequent absences, tardiness or school transfers.
6. Frequent disciplinary referrals or suspensions.
7. Frequent physical complaints, low self-concept, or expresses feelings of lack of control of life.
8. Minimal social interaction with peers, limited extra curricular involvement, alienation from school with a potential to drop out.
9. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.

TRANSMITTAL 93-043
APPROVED 11-19-93
EFFECTIVE 7-01-93
SUPERSEDES 92-37

10. History of exposure to direct or indirect violence.
11. History of sexual or physical abuse or neglect.
12. Dysfunctional home situation.
13. Born to a teenage mother or single parent.
14. Pregnancy.

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 than statewide): The attendance zones of the following Houston County Schools: Perry & Thomas Elementary; Perry & Tabor Middle; and Northside & Perry High.

C. Comparability of Services

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

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. 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.

TRANSMITTAL 93 015
APPROVED 11-19-91
EFFECTIVE 7-01-91
SUPERSEDES 92-37

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 follow-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.

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 have qualified case manager(s) and the capacity to 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.

TRANSMITTAL 92-37
APPROVED 1.7.93
EFFECTIVE 12.1.92
SUPERSEDES (NEW)

- c. Must have demonstrated direct experience in the coordination of educational support services (e.g., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and 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 Houston County Schools, Houston County Department of Family and Children Services, Houston County Youth Services, Houston Drug Action Council, Houston County Commissioners, Court Appointed Special Advocate (CASA), Rainbow House, Inc., Middle Georgia Community Action Agency, Juvenile Court of Houston County, Peachbelt Mental Health Center, Houston County Health Department.
- f. Case Management Supervisor(s) must have 4 years experience in a human service field; (i.e., nursing, psychology, sociology, social work, humanities, counseling or career services), and 2 years of supervisory experience working with low income indigenous children and their families.
- g. Case Manager(s) must have 2 years experience in a human service field; (i.e., nursing, psychology, sociology, social work, humanities, counseling, career services).
- h. Both the case management supervisor(s) and case management staff person must complete a pre-service training program and a Family Connection designed and supervised practicum experience, and have a broad knowledge of local resources.

TRANSMITTAL 92-37
APPROVED 1.7.93
EFFECTIVE 12.1.92
SUPERSEDES (NEW)

- 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 services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

TRANSMITTAL 92-37
APPROVED 1.7.93
EFFECTIVE 12.1.92
SUPERSEDES (NEW)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Georgia

AT-RISK OF INCARCERATION CASE MANAGEMENT SERVICES

- A. Target Group: All Medicaid eligible emotionally disturbed or substance abusing beneficiaries under twenty-one years of age at-risk of incarceration who have been referred to a Foster Home or a non-residential intensive supervision program as an alternative to a secure confinement facility.
- B. Areas of State in which services will be provided:
- Entire State.
- Restricted Geographical Area
- C. Comparability of Services:
- Are provided in accordance with Section 1902*(a)(10)(B) of the Act.
- Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) 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:
- Case Management is a set of interrelated activities for identifying, coordinating, and reviewing the delivery of appropriate services for EPSDT eligible emotionally disturbed or substance abusing Medicaid beneficiaries at-risk of incarceration. The purpose of case management services is to assist individuals in the target group 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.

93-04 TRANSMITTAL 9
1-11-93 APPROVED 1/1
3-01-93 EFFECTIVE 3/1
New SUPERSEDES A

Case Management is performed through a set of interrelated activities which include the following:

1. Establishing the comprehensive case file for development and implementation of an individualized service plan to meet the assessed service needs of the child.
2. Assisting the child in locating needed service providers and making the necessary linkages to assure the receipt of services identified in the service plan.
3. Monitoring the child and service provider to determine that the services received are adequate in meeting the child's needs.
4. Reassessment of the child to determine services needed to resolve any crisis situation resulting from divorce, death, separation, changes in family structure or living conditions, or other events.

E. Qualifications of Providers:

All providers, agencies and individual practitioners must:

1. Follow the mandates at 42 CFR 431 Subpart F regarding confidentiality.
2. Demonstrate the capacity to provide all core elements of case management services.

93-04
1-11-93
3-1-93
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E. Qualifications of Providers (Continued)

3. Provide accurate documentation of costs and agree to participate in an annual cost study to determine reimbursement rates for service.
4. Document and maintain case records in accordance with state and federal requirements.
5. Maintain such records as are necessary to fully disclose the extent of services provided and to furnish the Department with information as it may periodically request.

All providers, agencies and individual practitioners must ensure that case managers:

6. Demonstrate skills in the process of identifying and assessing a wide range of children's needs, including antisocial behavior patterns, faulty attitude structure, healthy social adjustment, family interrelationships, and the establishment and attainment of life goals;
7. Demonstrate skills in assessing problems and needs of juvenile offenders;
8. Demonstrate skills in enlisting the cooperation of individuals of various backgrounds to develop remedial human service delivery programs for youthful offenders;
9. Are knowledgeable about local community resources and how to use those resources for the benefit of the child;
10. Demonstrate skills in recognizing drugs, symptoms of drug addiction, and the physical effects of drug abuse;
11. Are graduates of a college or university with an undergraduate degree in Psychology, Sociology, Social Work, Criminal Justice or a related field, or have four years work experience in the juvenile justice system; and

TRANSMITTAL 93-C4
APPROVED 1/11/93
EFFECTIVE 3/01/93
SUPERSEDES N2W

E. Qualifications of Providers (Continued)

12. Are knowledgeable about the state's standards and policies related to community services for clients in the custody of the Department of Children and Youth Services.
13. Complete a practicum designed and supervised by the Department of Children and Youth Services. All potential providers may attend the practicum.
14. Maintain regularly scheduled hours of operation and include provisions for recipients to receive services outside normal business hours.
15. Be accessible to and willing to coordinate services within the recipient's residential/community setting as necessary.

F. The state assures that all eligible recipients will have free choice of providers as provided in Section 1902(a)(23) of the Act. The state assures that all qualified providers may participate in this program.

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 services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same service.

TRANSMITTAL 93-C4
APPROVED 1/11/93
EFFECTIVE 3/01/93
SUPERSEDES NEW

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Georgia

CASE MANAGEMENT

A. Target Group:

Medicaid recipients 21 years of age and older who have been diagnosed as having AIDS or symptomatic HIV disease as indicated through accepted testing procedures and as defined by the Centers for Disease Control, who are at the greatest risk of hospitalization, and who need specific intervention assistance with acute problem solving in one or more of the following situations:

1. acute medical needs such as respite care, dialysis, home health care, and services required during the later stages of illness;
2. loss of access to care;
3. substance abuse;
4. mental illness;
5. homelessness; or
6. crisis such as unplanned pregnancy, loss of employment or social support.

~~Optional~~ targeted case management services will not be provided to clients in total care environments.

TRANSMITTAL 92-40
APPROVED 1-28-93
EFFECTIVE 10-1-92
SUPERSEDES (NEW)

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 than statewide).

C. Comparability of Services:

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) 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

Case Management is a set of interrelated activities for identifying, coordinating, and reviewing the delivery of appropriate services for Medicaid eligible adults with AIDS who are at the greatest risk of hospitalization and need assistance with acute problem solving. The purpose of case management is to assist individuals in the target group in gaining access to needed medical, nutritional, social, educational, psychological, transportation, housing, legal, financial, and other services; and to reduce the incidence of costs of hospitalization by encouraging the use of various community resources through referral to appropriate providers.

TRANSMITTAL 92-40
APPROVED 1-28-93
EFFECTIVE 10-1-92
SUPERSEDES (ntw)

The set of interrelated activities is as follows:

1. Obtaining a medical assessment from the recipient's primary physician; or physician, physician's assistant or nurse practitioner of the recipient's choice; conducting a psychosocial assessment in order to establish a comprehensive case file for the development and implementation of an individualized service plan to meet the assessed service needs of the eligible Medicaid recipient with AIDS. Establishing priorities for the initial linkages with providers. This unit of service may be billed only once for each eligible recipient.
2. Assisting the eligible recipient with AIDS 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 the eligible recipient and service providers to determine that the services received are adequate in meeting the recipient's assessed needs. Case management follow-up services are limited to twelve (12) visits annually.
4. Providing reassessment of eligible recipients with AIDS to determine the services needed to resolve any crisis situation resulting from changes in the recipient's medical condition, loss of social support, employment, housing, legal problems or other significant events. This level of follow-up services is limited to three (3) services annually.

TN No. 99-006
Supersedes Approval Date AUG 06 1999 Effective Date APR 01 1999
TN No. 92-040

E. **Qualifications 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 have qualified case manager(s) and the capacity to provide the full range of case management services.
- b. Must meet the applicable state and federal laws governing the participation of providers in the Medicaid program.
- c. Providers must have one (1) or more documented years experience in providing case management services to HIV disabled individuals.
- d. Providers must have a financial management system that provides documentation of services and costs.
- e. Case managers must have the equivalent of a high school diploma and meet one of the following:

have at least two years of documented, verifiable case management experience or social services related work experience, coordinating activities to individuals with HIV/AIDS or other Acute or Chronic diseases

OR

hold a certificate of training in a social services area with one year of related training or work experience

OR

be a licensed registered nurse (RN), or licensed practical nurse (LPN), with one year of related training or work experience

OR

hold an Associate, Bachelor's or Master's degree with one year of any combination of related courses, training or work experience.

- f. Case Managers must have at least one year experience in a social services delivery system.
- g. Case Managers must have considerable skill in the methods of locating, developing, and coordinating the provision of supportive services in the community for the AIDS disabled individual.

- F. The state assures that the provision of the 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 services under the plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

TRANSMITTAL 92-40
APPROVED 1-28-93
EFFECTIVE 10-1-92
SUPERSEDES (NEW)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Georgia

CHILDREN AT-RISK CASE MANAGEMENT SERVICES

A. Target Group:

EPSDT eligible children who are "at-risk" of not completing a secondary education program because they exhibit three or more of the following characteristics:

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. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Mental health diagnosis.
8. Single parent family.
9. One or more grade retentions.
10. Born to a teenage mother.
11. Born to a parent who has not completed High School.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. Transferred two or more times during the most recent school year.
15. One or more years below grade placement in reading or math.
16. Free or reduced price lunch.
17. Lack of appropriate physical necessities (clothing, proper hygiene, etc.)

TRANSMITTAL 93-019
APPROVED 4-14-94
EFFECTIVE 4-1-93
SUPERSEDES NEW

18. History of exposure to direct or indirect violence.
19. History of sexual or physical abuse or neglect.
20. Teenagers between the ages of 16 and 20 who have dropped out of school and who are willing to complete a planned educational program leading to a high school diploma or GED.
21. Pregnancy.

B. Areas of State in which services will be provided:

Entire State.

Only in the following geographic areas (authority Section 1915(g)(1) of the Act is invoked to provide services less than statewide):

Chatham County, Georgia

Comparability of Services

Services are provided in accordance with Section 1902(a)(10) of the Act.

Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) 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 identifying, coordinating, and reviewing the delivery of appropriate services for eligible at-risk children. 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 the providers of health, family support, employment, justice, housing, counseling, nutrition, social, educational, transportation, and other services when needed.

TM No. 97-006

Supersedes

TN No. 95-018

Approval Date

9/30/97

Effective Date

7/1/97

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 follow-up with the 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.

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 with 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.

TN No. 93-19 DATE/RECEIPT 5-10-94
SUBMITTEES DATE/APPROVED 4-14-94
TN No. New DATE/EFFECTIVE 4-1-93

- c. Must have demonstrated direct experience in the coordination of educational support services (e.g., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and Nutritional Services).
- d. Must have demonstrated the ability to obtain collaboration between public and private services providers.
- e. In order to avoid duplication of services and to promote effective community level networking, case management providers must have signed a collaborative agreement with the Chatham County Health Department, Chatham County Department of Family and Children Services, Chatham County Juvenile Court, Chatham County Division of Children and Youth Services, and The Tideland Mental Health, Mental Retardation and Substance Abuse Program.
- f. Case management supervisors must hold a Master's Degree in a human services field (i.e., psychology, sociology, social work, humanities, counseling, career services and have two years of supervisory experience working with low income indigenous children and their families.
- g. Case managers must have a high school diploma or equivalent and have one year of experience working with low income families and their children.

TN No. 93-19 DATE/RECEIPT 5-10-93
SUPERSEDES DATE/APPROVED 4-14-94
TN No. New DATE/EFFECTIVE 4-1-93

- h. Case Management Supervisor(s) and Case Managers must complete a pre-service training program and a Youth Futures designed and supervised practicum experience.
- 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 services 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 reported on Attachment 4.19-B, pages 5d and 5e.

EN No. 93-19 DATE/RECEIPT 5-10-93
SUPERSEDES DATE/APPROVED 4-14-94
EN No. New DATE/EFFECTIVE 4-1-93

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Georgia

PERINATAL CASE MANAGEMENT SERVICES/AREA C

A. Target Group:

Medicaid eligible pregnant and post-partum women and their infant(s) in Area C of Savannah will be covered until the child(ren) from that pregnancy reaches age one year.

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 than statewide):

The street boundaries for Area C are West Victory Drive to Ogeechee to Kollock to West 34th to West Anderson to May to West Gwinnett to West Boundary to West Jones to Purse to West Charlton to West Harris to East Harris to Price to Liberty to Wheaton to Waters back to West Victory and across East Victory.

C. Comparability of services:

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

Services are not comparable to amount, duration, and scope. Authority of Section 1915(g)(1) 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:

Perinatal Case Management Services/Area C is a set of interrelated activities for identifying, coordinating, and reviewing the delivery of appropriate services for eligible recipients. The purpose of case management services is to assist those targeted 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.

TRANSMITTAL 93-090
APPROVED 5-4-94
EFFECTIVE 4-1-93
SUPERSEDES New

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 recipient. Establishing priorities for initial linkages with providers. This unit of service may be billed only once for each eligible recipient.
2. Assistance to the eligible mother or infant in locating needed service providers and making the necessary linkages to assure the receipt of services identified in the service plan.
3. Monitoring and follow-up with eligible recipient and service providers to determine that the services received are adequate in meeting the recipient's assessed needs. Case management follow-up services are limited to 12 visits annually.
4. Reassessment of eligible recipient 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.

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 case management services.
- b. Must meet the applicable state and federal laws governing the participation of providers in the Medicaid program.
- c. Must have documented direct experience in the coordination of support services (e.g., EPSDT, social services, counseling services, educational services, student assistance).
- 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 Youth Futures Authority, Chatham County Department of Family and Children Services, Chatham County Department of Health and the Tideland Mental Health, Mental Retardation and Substance Abuse Program.

TN No. 93-20 DATE/RECEIPT 5-10-93
SUPERSEDES DATE/APPROVED 5-7-94
TN No. NEW DATE/EFFECTIVE 4-1-93

- f. Case Management Supervisors must hold a Master's Degree in a human services field, i.e., psychology, sociology, social work, humanities, counseling, nursing or be a Registered Nurse and have one year of supervisory experience working with low income families, pregnant women and children.
 - g. Case Managers must have a high school diploma or equivalent and have one year of experience working with low income families, pregnant women and children.
 - h. The case management supervisor(s) and case managers must complete a pre-service training program and a Youth Futures Authority designed and supervised practicum experience.
- F. The state assures that the provision of case management services will not restrict an individual's free choice of providers of case management services.
- 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 services 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 reported on Attachment 4.19-B, pages 51 and 5m.

Transmittal: 93-020
Approved: 5-4-94
Effective: 4-1-93
Supersedes: NEW

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: Georgia

CHILDREN AT-RISK CASE MANAGEMENT SERVICES

A. Target Group:

Children ages 0 - 21 in Richmond County who are "at-risk" of not completing a secondary education program because they exhibit three or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones;
2. No EPSDT initial screen or no periodic screening;
3. Free or reduced price lunch;
4. One or more retentions;
5. Iowa Test of Basic Skills (ITBS)/Test of Achievement and Proficiency (TAP) or other comparable tests indicate reading scores below the 35th percentile and not receiving special education services;
6. Five or more unexcused absences in any one twenty (20) day attendance period;
7. Two or more suspensions during the most recent school year;
8. Limited English proficiency;
9. Transferred two or more times during the most recent school year;
10. One or more years below grade placement in the reading basal;
11. Children or children with family members identified as drug and/or alcohol abusers;
12. Inadequate health care;
13. Teenaged mother or parents;

TRANSMITTAL 95-001
APPROVED 5-16-95
EFFECTIVE 1-1-95
SUPERSEDES 93-021

14. Few friends or school alienation;
15. Little or no extracurricular involvement;
16. Frequent disciplinary referrals;
17. Dysfunctional home situation;
18. Disabled without mental impairment;
19. Inadequate utilities and household appliances;
20. Family members with limited job skills and difficulty finding employment.

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 than statewide):

Richmond County

C. Comparability of Services

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) 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. The purpose of case management services is to assist those targeted at-risk children in gaining access to needed medical, nutritional, social, educational,

TRANSMITTAL 95-001
APPROVED 5-16-95
EFFECTIVE 1-1-95
SUPERSEDES 93-021

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 the 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 follow-up with the 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.

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 with following requirements:

- a. Must provide the full range of at-risk case management services.

TRANSMITTAL 95-001
APPROVED 5-16-95
EFFECTIVE 1-1-95
SUPERSEDES 93-021

- 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., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and Nutritional Services).
 - d. Must have demonstrated the ability to obtain collaboration between public and private services providers.
 - e. In order to avoid duplication of services and to promote effective community level networking, case management providers must have signed a collaborative agreement with the Richmond County Health Department, Richmond County Department of Family and Children Services, Richmond County Juvenile Court, and Richmond County Division of Youth Services.
 - f. Case management supervisors must hold a Bachelor's Degree in a human services field (i.e., community health education, psychology, sociology, social work, humanities, counseling, career services and have two years of supervisory experience working with low income indigenous children and their families.
 - g. Case managers must have three years of experience working with low-income indigenous children and their families.
 - h. Both the case management supervisor(s) and case manager(s) must complete a pre-service training program and a Family Connection designed and supervised practicum experience.
- 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.

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APPROVED 5-16-95
EFFECTIVE 1-1-95
SUPERSEDES 93-021

Revision: HCFA-PM-87-4
March 1987

SUPPLEMENT 1 TO ATTACHMENT 3.1-A
Page 5 (Part N)

2. Eligible recipients will have free choice of the providers of other medical care under the plan.
- G. Payment for case management services 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 reported on Attachment 4.19-B, pages 5d and 5e.

TRANSMITTAL 95-001
APPROVED 5-16-95
EFFECTIVE 1-1-95
SUPERSEDES NEW

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: Georgia

CHILDREN AT-RISK CASE MANAGEMENT SERVICES

A. Target Group:

Children pre-K through grade 12 who are "at-risk" of not completing a secondary education program because they exhibit three or more of the following characteristics:

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. Little or no extracurricular involvement.
5. Frequent disciplinary referrals or suspensions.
6. Dysfunctional family situation.
7. Mental health diagnosis.
8. Single parent family.
9. One or more grade retentions.
10. Born to a teenage mother.
11. Frequent absences, tardies, or school transfers.
12. Limited English proficiency.
13. Free or reduced price lunch.
14. Lack of appropriate physical necessities (clothing, proper hygiene, etc.)
15. One or more years below grade placement in reading and math.
16. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
17. Frequent physical complaints, low self-esteem, or expresses feelings of lack of control of life.
18. Low achievement test scores (35th percentile and below on Iowa Test of Basic Skills (ITBS) or Test of Achievement and Proficiency (TAP), low grades (failing two or more academic subjects in a grading period), or repeated two or more grades.
19. History of exposure to direct or indirect violence.
20. History of sexual or physical abuse or neglect.

TRANSMITTAL 93-00
APPROVED 6-4-93
EFFECTIVE 5-1-93
SUPERSEDES NEW

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 than statewide): The attendance zones of the Mitchell County School System and the Pelham City School System.

C. Comparability of Services

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

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. 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 the 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.

TRANSMITTAL 93-022
APPROVED 6-4-93
EFFECTIVE 5-1-93
SUPERSEDES NEW

3. Monitoring and follow-up with the 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.

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 with following requirements:

- a. Must have qualified case manager(s) and the capacity to 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., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and Nutritional Services).
- d. Must have demonstrated the ability to obtain collaboration between public and private services providers.
- e. In order to avoid duplication of services and to promote effective community level networking, case management providers must have signed a collaborative agreement with the Mitchell County Department of Family and Children Services, Mitchell County Health Department, Mitchell County School System and the Pelham City School System.

TRANSMITTAL 93-02
APPROVED 6-4-93
EFFECTIVE 5-1-93
SUPERSEDES (NEW)

- f. Case Managers must hold a High School diploma or the equivalent, and must have demonstrated experience in the following: Family dynamics and family needs; human diversity; community agencies and resources; providing services to families in poverty; strong interpersonal skills; and cultures of families to be served.
 - g. Case managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.
- F. The state assures that the provision of case management services will not restrict an individual's free choice of providers 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 services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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Supersedes
TN No. 93-022

Approved Date 9-27-96 Effective Date 1-1-96

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: Georgia

CHILDREN AT-RISK CASE MANAGEMENT SERVICES

A. Target Group:

Children in grades Pre K-12 who are "at-risk" of not completing a secondary education program because they exhibit three or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No EPSDT initial screen or no periodic screening.
3. Free or reduced price lunch.
4. One or more retentions.
5. Iowa Test of Basic Skills (ITBS)/Test of Achievement and Proficiency (TAP) reading scores below the 35th percentile and not receiving special education services.
6. Five or more unexcused absences during the most recent school year.
7. Two or more suspensions during the most recent school year.
8. Limited English proficiency.
9. Transferred two or more times during the most recent school year.
10. One or more years below grade placement in the reading basal.
11. Born to a teenage, unmarried mother.

Or those displaying one of the above characteristics and at least one of the following factors:

1. Few friends or school alienation.
2. Little or no extracurricular involvement.

93-031
TRANSMITTAL
APPROVED 8-9-93
EFFECTIVE 7-1-93
SUPERSEDES NEW

3. Frequent disciplinary referrals.
4. Dysfunctional home situation.
- 5 Disabled without mental impairment.

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 than statewide): The attendance zones of Beaverdam, Blackwell, Bowman, and Falling Creek Elementary Schools within the limits of Elbert County.

C. Comparability of Services

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) 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. 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 the providers of health, family support, employment, justice, housing, counseling, nutrition, social, educational, transportation, and other services when needed.

TRANSMITTAL 93-031
APPROVED 8-9-93
EFFECTIVE 7-1-93
SUPERSEDES NEW

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 follow-up with the 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.

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 with following requirements:

- a. Must have qualified case manager(s) and the capacity to 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.

TRANSMITTAL 93-031
APPROVED 8-9-93
EFFECTIVE 7-1-93
SUPERSEDES New

- c. Must have demonstrated direct experience in the coordination of educational support services (e.g., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and Nutritional Services).
- d. Must have demonstrated the ability to obtain collaboration between public and private services providers.
- e. In order to avoid duplication of services and to promote effective community level networking, case management providers must have signed a collaborative agreement with the Elbert County Health Department, Elbert County Department of Family and Children Services, Elbert County Juvenile Court, Elbert County Division of Children and Youth Services, and Elbert County Interagency Council.
- f. Case management supervisors must hold a Bachelor's Degree in a human services field (i.e., psychology, family development, sociology, social work, humanities, counseling, career services or associated fields) and have two years of experience working with low income indigenous children and their families.
- g. Case managers must hold a Bachelor's Degree in a human service field (i.e., psychology, sociology, social work, humanities, counseling, career services) or experience equivalent of two (2) years for each one year of college and have one year of experience working with low-income indigenous children and their families.
- h. Both the case management supervisor(s) and case manager(s) must complete a pre-service training program and a Family Connection designed and supervised practicum experience.

TRANSMITTAL 93-031
APPROVED 8-9-93
EFFECTIVE 7-1-93
SUPERSEDED NEW

- 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 services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

TRANSMITTAL 93-031
APPROVED 8-9-93
EFFECTIVE 7-1-93
SUPERSEDED NEW

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: Georgia
CASE MANAGEMENT SERVICES

A. Target Group:

All Medicaid eligible children from birth through age seventeen who have been placed in Foster Care or are receiving Child Protective Services who are:

- 1) In out-of-home placement or at imminent risk of out-of-home placement due to their families being unable to provide the minimum sufficient level of care, or whose families/environments create a serious threat to safety and welfare; or
- 2) Experiencing maltreatment or at imminent risk of maltreatment due to their parent(s) or caretaker(s) willfully or otherwise failing to meet the child's basic need for emotional and/or physical care and protection. This may include neglect, physical abuse, emotional neglect, medical neglect, emotional abuse, sexual abuse and exploitation; or
- 3) Determined through initial Department of Family and Children Services (DFCS) assessment to have demonstrated need for preventive/supportive services and but for the provision of these case management services would be at risk of maltreatment or placement in a more costly or restrictive living arrangement.

B. Areas of the State in which services will be provided:

Entire State

Only in the following geographic areas (authority of §1915(g)(1) of the Act is invoked to provide services less than statewide)

C. Comparability of Services:

Services are not comparable in amount, duration, and scope. Authority of §1915(g)(2) of the Act is invoked to provide services without regard to the requirements of §1902(a)(10)(B) of the Act.

D. Definition of Services:

Case Management is a set of interrelated activities for identifying, coordinating, and reviewing the delivery of appropriate services for eligible recipients. The purpose of case management services is to assist the targeted population 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.

TRANSMITTAL 93-040
APPROVED 5/27/94
EFFECTIVE 7/1/93
SUPERSEDES New

Child Protective Services Case Management is performed through a set of interrelated activities which include the following:

1. Establishing the comprehensive case file including development and implementation of an individualized service plan to meet the assessed service needs of the child;
2. Assisting the child in locating needed service providers and making the necessary linkages to assure the receipt of services identified in the service plan;
3. Monitoring the child and service provider to determine that the services received are adequate in meeting the child's needs; or
4. Reassessment of the child to determine services needed to resolve any crisis situation—resulting from neglect, maltreatment, exploitation, divorce, death, separation, changes in family structure or living conditions, or other events.

E. Qualifications of Providers:

Child Protective Services Case Management providers must:

1. Demonstrate the capacity to provide all core elements of case management.
2. Provide accurate documentation of costs and agree to participate in an annual cost study to determine reimbursement rates for services;
3. Develop a billing system to appropriately identify and bill all liable third parties;
4. Document and maintain case records in accordance with state and federal requirements;
5. Complete a practicum designed and supervised by the Department of Family and Children Services.

5/27/94
TRANSMITTAL 93-40
APPROVED 5/27/94
EFFECTIVE 7/1/94
SUPERSEDES NEW

E. QUALIFICATIONS OF PROVIDERS (Continued)

6. Maintain such records as are necessary to fully disclose the extent of services provided and to furnish the Department with information as it may periodically request. All service records, which must be maintained for three (3) years after the delivery of service, must meet requirements in Section 4302 of the State Medicaid manual.
7. Be skilled in the process of coordinating services for a wide range of children's needs;
8. Be knowledgeable about local community resources and how to use those resources for the benefit of the child;
9. Be graduates of a college or university with an undergraduate degree in Psychology, Sociology, Social Work or a related field, or have one year of experience providing counseling, guidance services, referral services, or public assistance;
10. Be knowledgeable about the state's standards and policies related to community services for recipients who are children in the custody of the Department of Family and Children Services.

- F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of §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 services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same service.

TRANSMITTAL 93-04
APPROVED 5/27/94
EFFECTIVE 7/1/93
SUPERSEDES *ru*

STATE PLAN UNDER TITLE XIX OF SOCIAL SECURITY ACT
STATE/TERRITORY: GEORGIA
CASE MANAGEMENT SERVICES

A. Target Group

All Medicaid eligible recipients age 18 and over who meet one of the following conditions are eligible for services in the Adult Protective Services Case Management Program:

- 1.) Recipients must be at imminent risk of or experiencing abuse, neglect or exploitation due to their inability to protect themselves or their caretaker's willful or otherwise failure to meet their basic needs for physical or emotional care and protection; or
- 2.) Recipients must be at significant or imminent risk of institutionalization due to their inability or their caretaker's inability to provide the minimum sufficient level of care in their own home; or
- 3.) Recipients must be wards of Directors of County Departments of Family and Children Services because they have been adjudicated by Probate Court as being in need of a guardian of person.

B. Areas of the State in which services will be provided:

Entire State

Only in the following geographic areas (authority of §1915(g)(1) of the Act is invoked to provide services less than statewide):

C. Comparability of Services:

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:

Case Management is a set of interrelated activities for identifying, coordinating, and reviewing the delivery of appropriate services for eligible recipients. The purpose of case management services is to assist the targeted population in gaining access to needed medical, nutritional, social, educational, transportation, housing and other service; and to encourage the use of various community resources through referral to appropriate providers.

TRANSMITTAL 93 041
APPROVED 8/24/94
EFFECTIVE 7/01/93
SUPERSEDES n2w

Case Management is performed through a set of interrelated activities which include the following:

1. Establishing the comprehensive case file including development and implementation of an individualized service plan to meet the assessed service needs of the client;
2. Assisting the client in locating needed service providers and making the necessary linkages to assure the receipt of services identified in the service plan;
3. Monitoring the client and service provider to determine that the services received are adequate in meeting the client's needs; or
4. Reassessment of the client to determine services needed to resolve any crisis situation resulting from neglect, maltreatment, exploitation, divorce, death, separation, changes in family structure or living conditions, or other events.

E. Qualifications of Providers:

All providers must:

1. Comply with the mandates of 42 CFR 431.300 subpart (F) regarding confidentiality.
2. Demonstrate the capacity to provide all core elements of case management services.
3. Provide accurate documentation of costs and agree to participate in an annual cost study to determine reimbursement rates for services;
4. Develop a billing system to appropriately identify and bill all liable third parties;
5. Document and maintain case records in accordance with state and federal requirements;
6. All providers must complete a practicum designed and supervised by the Department of Family and Children Services.

TRANSMITTAL 93-041
APPROVED 8/24/93
EFFECTIVE 7/01/93
SUPERSEDES NEW

E. Qualifications of Providers: (Continued)

7. Maintain such records as are necessary to fully disclose the extent of services provided and to furnish the Department with information as it may periodically request. All service records, which must be maintained for three (3) years after the delivery of service, must meet the requirements in Section 4302 of the State Medicaid manual.
8. Be skilled in the process of coordinating services for a wide range of disabled adults' needs;
9. Be knowledgeable about local community resources and how to use those resources for the benefit of the client;
10. Be graduates of a college of university with an undergraduate degree in Psychology, Sociology, Social Work or a related field, or have one year of experience providing counseling, guidance services, referral services, or public assistance; and
11. Be knowledgeable about the state's standards and policies related to community services for recipients who are wards of Directors of County Departments of Family and Children Services.

TRANSMITTAL 93-041
APPROVED 8/24/94
EFFECTIVE 7/01/93
SUPERSEDES *NEW*

- 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 services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same service.

TRANSMITTAL 93-041
APPROVED 8/24/94
EFFECTIVE 7/01/93
SUPERSEDES N2W

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Georgia
CHILDREN AT-RISK CASE MANAGEMENT SERVICES

A. Target Group:

Children aged 0-21, who are at risk of not completing a secondary education program because they exhibit three or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No EPSDT initial screen or no periodic screening.
3. Free or reduced price lunch.
4. One or more retentions.
5. Iowa Test of Basic Skills (ITBS)/Test of Achievement and Proficiency (TAP) reading scores below the 35th percentile and not receiving special education services.
6. Five or more unexcused absences in any one twenty (20) day attendance period.
7. Two or more suspensions during the most recent school year.
8. Limited English proficiency.
9. Transferred two or more times during the most recent school year.
10. One or more years below grade placement in the reading basal.
11. Few friends or school alienation.
12. Little or no extracurricular involvement.
13. Children or children with family members identified as drug and/or alcohol abusers.
14. Inadequate health care.
15. Teenaged mother or parents.
16. Frequent disciplinary referrals.
17. Dysfunctional home situation.
18. Disabled without mental impairment.
19. Inadequate utilities and household appliances.
20. Family members with limited job skills and difficulty finding employment.
21. Pregnancy.

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 than statewide): Muscogee County

TN No. 96-023
Supersedes
TN No. 93-046

Approval Date

11/3/97

Effective Date

9/1/96

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)(1) 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. 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 coordinations 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 recipient. Establishing priorities for initial linkages with providers. This unit of service may be billed only once for each recipient.
2. Assistance to the eligible recipient in locating needed service providers and making the necessary linkages to assure the receipt of services identified in the service plan.
3. Monitoring and follow-up with eligible recipients and service providers to determine that the services received are adequate in meeting the recipient's assessed needs. Case management follow-up services are limited to 12 units annually.
4. Reassessment of eligible recipients 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.

TRANSMITTAL 93-046
APPROVED 1-28-94
EFFECTIVE 10-1-93
SUPERSEDES NEW

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 have the capacity to 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., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, and 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 Muscogee County Health Department, Muscogee County Department of Family and Children Services, Muscogee County Juvenile Court, Muscogee County School District, the Housing Authority of Columbus, Columbus Parks and Recreation, Columbus Consolidated Government, Coalition for Children and Youth, and the E. E. Farley Homes Resident Council.
- f. Case Managers must hold a high school diploma or equivalent and have extensive experience working with low income indigenous children and their families.
- g. The case management supervisor(s) and case managers must complete a preservice training program and a Family Connection designed and supervised practicum experience.

F. The state assures that the provision of case management services will not restrict an individual's free choice of providers in violations 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 services 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.

TN No. 96-023
Supersedes
TN No. 93-046

Approval Date

11/3/97

Effective Date

9/1/96

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Georgia

CASE MANAGEMENT SERVICES

A. Target Group:

Children 0 - 21 and their Medicaid eligible siblings who are "at risk" of not completing a secondary education program because they exhibit three or more of the following characteristics:

1. Developmental screen (such as Denver, Vineland Adaptive Behavior Scale, Carolina Developmental Scale, First Step) indicates that the child is not meeting developmental milestones.
2. No EPSDT initial screen or no periodic screening or inadequate health care.
3. Free or reduced price lunch.
4. One or more retentions.
5. Children with Iowa Test of Basic Skills (ITBS)/Test of Achievement and Proficiency (TAP) reading scores below the 50th percentile and not receiving special education services.
6. Frequent absences, tardiness or school transfers. .
7. Two or more suspensions during the most recent school year or frequent disciplinary referrals.
8. Has been referred to the Student Support Team.
9. Single parent family.
10. School alienation or few friends or little or no extracurricular involvement.
11. Residing in home situation with guardian or caretaker other than natural parent(s).
12. Born to a teen mother.
13. Low self-esteem or expresses feelings of lack of control.
14. History of exposure to direct or indirect violence.
15. History of sexual or physical abuse or neglect.
16. Lack of appropriate physical necessities (clothing, personal hygiene, etc.)

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 than statewide): DeKalb County

TN No. 99-007
Supersedes
TN No. 96-005

Approved Date NOV 15 1999

Effective Date JUL 01 1999

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Georgia

CHILDREN AT-RISK CASE MANAGEMENT SERVICES

A. Target Group:

Children in grades Pre K-12 and their Medicaid eligible siblings or offspring who are "at risk" of not completing a secondary education program because they exhibit three or more of the following characteristics:

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. Little or no extracurricular involvement.
5. Mental Health diagnosis.
6. Single parent family.
7. One or more grade retentions.
8. Limited English proficiency.
9. Free or reduced price lunch.
10. Lack of appropriate physical necessities (clothing, proper hygiene, etc.)
11. One or more years below grade placement in reading and math.
12. History of substance abuse, or at risk for sexually transmitted disease.
13. Frequent physical complaints, low self-esteem, or expresses feelings of lack of control of life.
14. History of exposure to direct or indirect violence.
15. History of sexual or physical abuse or neglect.
16. Iowa Test of Basic Skills (ITBS) Test of Achievement and Proficiency (TAP) reading scores below the 35th percentile and not receiving special education services.
17. Five or more unexcused absences in any one twenty (20) day attendance period.
18. Two or more suspensions during the most recent school year.
19. Transferred two or more times during the most recent school year.
20. Teenaged mother or parents.

TRANSMITTAL 94-011
APPROVED 5-19-94
EFFECTIVE 4-01-94
SUPERSEDES New

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 than statewide): The attendance zones of the Murray County School System.

C. Comparability of Services

Services are provided in accordance with Section 1902(a)(19)(B) of the Act.

Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) 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. 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.

TN No. 94-11 DATE/RECEIPT 3-31-94
SUPERSEDES DATE/APPROVED 5-19-94
TN No. New DATE/EFFECTIVE 4-1-94

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 follow-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.

TRANSMITTAL 94-011
APPROVED 5-19-94
EFFECTIVE 4-01-94
SUPERSEDES *New*

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., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and 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 Murray County Health Department, Murray County Department of Family and Children Services, Murray County Juvenile Court, and Murray County Division of Youth Services.
- f. Case Management Supervisors must hold a Master's Degree in management or human services field; i.e., psychology, sociology, social work, humanities, counseling, career services and have two years of supervisory experience working with low income indigenous children and their families.
- g. Case Managers must hold a high-school degree and have two years of experience working with low income indigenous children and their families.
- h. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practicum experience.

TN No. 94-11 DATE/RECEIPT 3-31-94
| SUPERSEDES DATE/APPROVED 5-19-94
TN No. New DATE/EFFECTIVE 4-01-94

- 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 services 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 reported on Attachment 4.19-B, pages 5d and 5e.

TRANSMITTAL 94-011
APPROVED 5-19-94
EFFECTIVE 4-01-94
SUPERSEDES NEW

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 zero to seven and their Medicaid eligible siblings who are at-risk of not completing a secondary education because they exhibit three 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 mother.
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.).

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 than statewide):

The attendance zones of the Clarke County School District within Athens - Clarke.

C. Comparability of services:

- Services are provided in accordance with Section 1902(a)(10)(B) of the Act.
- Services are not comparable in amount, duration and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of Section 1902(a)(10)(B) of the Act.

TN No. 95-029
Supersedes
TN No. 95-002

Approval Date 1-12-96 Effective Date 10-1-95

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. The purpose of case management services is to assist those targeted at-risk children and their siblings 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 the 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 the services identified in the service plan.
3. Monitoring and follow 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.

TRANSMITTAL 94-C15
APPROVED 7/6/94
EFFECTIVE 4/1/94
SUPERSEDES NEW

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., EPSDT, Social Services, Counseling, Psychological Services, Student Assistance, Special Education, and 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 Clarke County Department of Family and Children Services, and Clarke County Public Schools.
- f. Case Managers must hold a Bachelor's degree in a human service field; i.e., psychology, sociology, social work, humanities, counseling, career services and have three years of experience working with low income indigenous children and their families.
- g. Case managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.

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.

TRANSMITTAL 3 99-015
APPROVED 7/6/94
EFFECTIVE 4/1/94
SUPERSEDES KGW

- G. Payment for case management services 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 reported on Attachment 4.19-B, pages 5d and 5e.

TRANSMITTAL 94-015
APPROVED 7/6/94
EFFECTIVE 4/1/94
SUPERSEDES *NCW*

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 - 21 in Dawson County who are "at-risk" of not completing a secondary education because they exhibit three or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No EPSDT initial screen or no periodic screening.
3. Free or reduced price lunch.
4. One or more retentions.
5. Iowa Test of Basic Skills (ITBS)/Test of Achievement and Proficiency (TAP) reading scores below the 35th percentile and not receiving special education services.
6. Five or more unexcused absences in any one twenty (20) day attendance period.
7. Two or more suspensions during the most recent school year.
8. Limited English proficiency.
9. Transferred two or more times during the most recent school year.
10. One or more years below grade placement in reading or math.
11. Children or children with family members identified as drug and/or alcohol abusers.
12. Inadequate health care.
13. Teenaged mother or parents.
14. Pregnancy; or

those displaying two of the above characteristics and at least one of the following factors:

TRANSMITTAL 94-032
APPROVED 3-16-95
EFFECTIVE 7-1-94
SUPERSEDES NCW

1. Few friends or school alienation.
2. Little or no extracurricular involvement.
3. Frequent disciplinary referrals.
4. Dysfunctional home situation.
5. Disabled without mental impairment.
6. Inadequate utilities and household appliances.
7. Family members with limited job skills and difficulty finding employment.

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 than statewide):

Dawson County

C. Comparability of services:

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration and scope. Authority of Section 1915(g)(1) 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. 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 the providers of health, family support, employment, justice, housing, counseling, nutrition, social, educational, transportation, and other services when needed.

TRANSMITTAL 94-032
APPROVED 3-16-95
EFFECTIVE 7-1-94
SUPERSEDES NEW

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 follow-up with the 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.

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 with 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., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and Nutritional Services).

AMSMITIAL 94-032
APPROVED 3-16-95
EFFECTIVE 7-1-94
SUPERSEDES NOW

- d. Must have demonstrated the ability to obtain collaboration between public and private services providers.
 - e. In order to avoid duplication of services and to promote effective community level networking, case management providers must have signed a collaborative agreement with the Dawson County School System, Dawson County Department of Children and Youth Services, Dawson County Mental Health Department, Dawson County Department of Family and Children Services and Ninth District Opportunity, Inc.
 - f. Case Managers must have a high school diploma or equivalent, a minimum of two years experience working with at-risk children and their families, must be familiar with the community and services provided and demonstrate the ability to work with at-risk children and their families.
 - g. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practicum experience.
- 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 services 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 reported on Attachment 4.19-B, pages 5d and 5e.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: Georgia
CHILDREN AT-RISK CASE MANAGEMENT SERVICES

A. Target Group:

Children ages 0 - 21 who are "at-risk" of not completing a secondary education program because they exhibit three or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No EPSDT initial screen or no periodic screening/inadequate health care.
3. Free or reduced price lunch.
4. One or more retentions.
5. Iowa Test of Basic Skills (ITBS)/Test of Achievement and Proficiency (TAP) reading scores below the 35th percentile and not receiving special education services.
6. Five or more unexcused absences in any one twenty (20) day attendance period.
7. Two or more suspensions during the most recent school year.
8. Limited English proficiency.
9. Transferred two or more times during the most recent school year.
10. One or more years below grade placement in the reading basal.
11. Few friends or school alienation.
12. Little or no extracurricular involvement.
13. Frequent disciplinary referrals.
14. Dysfunctional home situation.
15. Disabled without mental impairment.
16. Family members with limited job skills and difficulty finding employment.
17. Teen pregnancy.
18. Child or children with family members identified as drug and/or alcohol abusers.
19. History of substance abuse, Juvenile Court involvement., or at risk for sexually transmitted diseases.
20. History of sexual or physical abuse or neglect.

TN No. 97-007

Supersedes Approval Date

TN No. 96-028

9/30/97

Effective Date

7/1/97

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 than statewide):
Gwinnett County, Georgia.

C. Comparability of Services:

- Services are provided in accordance with Section 1902(a)(10)(B) of the Act.
- Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) 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. 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 the 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 follow-up with the 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.

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 with following requirements:

TN No. 96-028
Supersedes
TN No. 95-020

Approval Date 2/14/97 Effective Date 1/1/97

E. Qualifications of Providers: (continued)

- a. Must have the capacity to 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., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and 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 signed a collaborative agreement with the Gwinnett County Health Department, Gwinnett County Department of Family and Children Services, Gwinnett County Juvenile Court, Gwinnett County Division of Children and Youth Services, Gwinnett County Public Schools, Gwinnett/Rockdale/Newton Mental Health, Gwinnett County Commissioners, Latin American Association, and Child Abuse Prevention Alliance.
- f. Case Management Supervisors must hold a Bachelor's Degree in a human services field (i.e., psychology, sociology, social work, humanities, counseling, career services and have two years of experience working with at-risk children and their families.
- g. Case Managers must have a high school degree or equivalent and a demonstrated ability to work effectively with at-risk children and have three years of experience working with at-risk children and their families.
- h. Both the case management supervisor(s) and case manager(s) must complete a pre-service training program and a Family Connection designed and supervised practicum experience.

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 services 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.

TN No. 96-028
Supersedes
TN No. 95-020

Approval Date 2/14/97 Effective Date 1/1/97

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 0-21 who are "at-risk" of not completing a secondary education program because they exhibit one or more of the following characteristics:

1. Developmental screen indicate the child is not meeting developmental milestones.
2. No EPSDT initial screen or no periodic screening.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional family situation.
7. Mental health diagnosis.
8. Single parent family.
9. One or more grade retentions.
10. Born to a teenage mother.
11. Frequent absences, tardies, or school transfers..
12. Limited English proficiency.
13. Free or reduced price lunch.
14. Lack of appropriate physical necessities (clothing, proper hygiene, etc.).
15. One or more years below grade placement in reading or math.
16. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
17. Frequent physical complaints, low self-esteem, or expresses feelings of lack of control of life.
18. Low achievement scores (35th percentile or below on Iowa Test of (ITBS) or Test of Achievement and Proficiency (TAP), low grades (failing two or more academic subjects in a grading period), or repeated two or more grades. Basic Skills currently homeless or homeless within the past year.
19. History of exposure to direct or indirect violence.
20. History of sexual or physical abuse or neglect.

TN No. 00-017
Supersedes
TN No. 95-011

Approved Date JAN 29 2001 Effective Date OCT 01 2000

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 than statewide): The attendance zones of the Dublin City School System and the Laurens County School System.

C. Comparability of Services:

- Services are provided in accordance with Section 1902(a)(10)(B) of the Act.
- 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. 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 the 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.

TN No. 95-011

Supersedes

Approval Date

7-31-95

Effective Date

7-1-95

TN No. NEW

D. Definition of Services: (continued)

3. Monitoring and follow-up with the 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.

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 with following requirements:

- a. Must have the capacity to 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., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and Nutritional Services).
- d. Must have demonstrated the ability to obtain collaboration between public and private services providers.
- e. In order to avoid duplication of services and to promote effective community level networking, case management providers must have signed a collaborative agreement with the Laurens County Department of Family and Children Services, Laurens County Health Department, Laurens County School System, the Dublin City School System, Community Mental Health Center, Department of Children and Youth Services, Dublin City Government, and the Laurens County Government.

TN No. 95-011
Supersedes Approval Date 7-31-95 Effective Date 7-1-95
TN No. NEW

E. Qualification of Providers: (continued)

- f. Case Management Supervisors must hold a Master's Degree in a human service field; i.e., psychology, sociology, social work, humanities, counseling and have a minimum of two (2) years working with low income, at-risk children and their families.
- g. Case Managers must hold a High School diploma and have a minimum of two (2) year's experience working with low income at-risk children and their families.
- h. Case managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.

F. The state assures that the provision of case management services will not restrict an individual's free choice of providers 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 services 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 on Attachment 4.19-B, pages 5d and 5e.

TN No. 95-011 Approval Date 7-31-95 Effective Date 7-1-95
Supersedes
TN No. NEW

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 than 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.

TN No. 95-031
Supersedes
TN No. New

Approved Date 2-20-96 Effective Date 10-1-95

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.

TN No. 95-031
Supersedes
TN No. New

Approved Date 2-20-96 Effective Date 10-1-95

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.

TN No. 95-031
Supersedes
TN No. New

Approved Date 2-20-96 Effective Date 10-1-95

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.

TN No. 95-031
Supersedes
TN No. New

Approved Date 2-20-96 Effective Date 10-1-95

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 0-21, who are "at-risk" of not completing a secondary education program because they exhibit three or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No EPSDT initial screen, no periodic screening or inadequate health care.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Mental health diagnosis.
8. Single parent family.
9. One or more grade retentions.
10. Born to teenage parent(s).
11. Born to a parent who has not completed High School.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. Transferred two or more times during the most recent school year.
15. One or more years below grade placement in reading or math.
16. Free or reduced price lunch.
17. Lack of appropriate physical necessities (clothing, proper hygiene, etc.
18. Pregnancy.
19. Disabled without mental impairment.
20. Residing in home situation with guardian or caretaker other than natural parent(s).

TN No. 95-015

Supersedes

TN No. NEW

Approval Date 9-5-95 Effective Date 7-1-95

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 than statewide): The Paulding County, Georgia community.

C. Comparability of Services

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) 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.

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 recipient.
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.

TN No. 95-015
Supersedes
TN No. NEW

Approval Date 9-5-95 Effective Date 7-1-95

D. Definition of Services: (continued)

3. Monitoring and follow-up with the 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 units 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.

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 have the capacity to 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., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and 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 Paulding Board of Education, Paulding Department of Family and Children Services, Department of Child and Youth Services, Paulding County Health Department, Coosa Valley Center, Paulding Enterprises, Dallas Housing Authority and Paulding County Pre-K.

TN No. 95-015
Supersedes Approval Date 9-5-95 Effective Date 7-1-95
TN No. NEW

E. Qualification of Providers: (continued)

- f. Case Management Supervisor must hold a Bachelor's Degree in a human services field; i.e., public and social services, counseling, humanities and have three years of experience working with a diverse population of low income children and their families.
 - g. Case Managers must have high school diploma or its equivalency, have a minimum of two years experience working with children and families from various racial and ethnic groups and be familiar with the Paulding community and the services provided.
 - h. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.
- F. The state assures that the provision of case management services will not restrict an individual's free choice of providers in violations 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 services 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.

TN No. 95-015
Supersedes
TN No. NEW

Approval Date 9-5-95 Effective Date 7-1-95

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: Georgia

CHILDREN AT-RISK CASE MANAGEMENT SERVICES

A. Target Group:

Children in grades 7-8 at Appling Middle School, Ballard-Hudson Middle School and grades 6-12 at the Bibb County Alternative School and their Medicaid eligible siblings who are "at risk" of not completing a secondary education program because they exhibit three or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No EPSDT initial screen or no periodic screening.
3. Free or reduced price lunch.
4. One or more retentions.
5. Iowa Test of Basic Skills (ITBS)/Test of Achievement and Proficiency (TAP) reading scores below the 35th percentile and not receiving special education services.
6. Five or more unexcused absences in any one twenty (20) day attendance period.
7. Two or more suspensions during the most recent school year.
8. Limited English proficiency.
9. Transferred two or more times during the most recent school year.
10. One or more years below grade placement in the reading basal.
11. History of sexual activity, sexual or physical abuse or neglect; or

Those displaying two of the above characteristics and at least one of the following factors:

1. Few friends or school alienation.
2. Little or no extracurricular involvement.
3. Frequent disciplinary referrals.
4. Dysfunctional home situation.
5. Disabled without mental impairment.
6. Family members with limited job skills and difficulty finding employment.

TN No. 95-016
Supersedes
TN No. NEW

Approval Date

9-5-95

Effective Date

7-1-95

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 than statewide):
The attendance zones of Bibb County Public Schools.

C. Comparability of Services:

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) 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. 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 the 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 follow-up with the 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.

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 with following requirements:

TN No. 95-016
Supersedes
TN No. NEW

Approval Date 9-5-95 Effective Date 7-1-95

E. Qualification of Providers: (continued)

- a. Must have the capacity to 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., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and 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 signed a collaborative agreement with the Bibb County Health Department, Bibb County Department of Family and Children Services, Bibb County Juvenile Court, Bibb County Division of Children and Youth Services, Bibb County Public Schools, Bibb County Commissioners, and River Edge Behavioral Health Center.
- f. Case Management Supervisors must hold a Bachelor's Degree in a human services field (i.e., psychology, sociology, social work, humanities, counseling, career services and have two years of experience working with at-risk children and their families.
- g. Case Mmanagers must have a high school degree or equivalent and a demonstrated ability to work effectively with at-risk children and have three years of experience working with at-risk children and their families.
- h. Both the case management supervisor(s) and case managers must complete a pre-service training program and a Family Connection designed and supervised practicum experience.

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 services 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.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Georgia
CHILDREN AT-RISK CASE MANAGEMENT SERVICES

A. Target Group:

Children ages 0 - 21 in Ware County and their Medicaid eligible siblings who are "at-risk" of not completing a secondary education program because they exhibit three or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No Health Check initial screen or no periodic screening.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Two or more out-of-school suspensions during the most recent school year.
6. Dysfunctional home situation.
7. Mental health diagnosis.
8. Single parent family.
9. One or more grade retentions.
10. Born to teenage mother.
11. Born to a parent who has not completed High School.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. Transferred two or more times during the most recent school year.
15. One or more years below grade placement in reading or math.

TN No. 95-019
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A. Target Group: (continued)

16. Free or reduced price lunch.
17. Lack of appropriate physical necessities (clothing, proper hygiene, etc.)
18. Iowa Test of Basic Skills (ITBS)/Test of Achievement and Proficiency (TAP) reading scores below the 35th percentile and not receiving special education services.
19. Inadequate health care.
20. Children or children with family members identified as drug and/or alcohol abusers.
21. Pregnancy.
22. Family members with limited job skills and difficulty finding employment.
23. Victim of abuse/neglect.

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 than statewide):

The attendance zones of the Ware County School System.

C. Comparability of Services:

- Services are provided in accordance with Section 1902(a)(10)(B) of the Act.
- Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to the requirement of Section 1902(a)(10)(B) of the Act.

TN No. 95-019
Supersedes Approval Date 1-12-96 Effective Date 9-1-95
TN No. New

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. 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 the 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 follow-up with the 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.

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 with following requirements:

TN No. 95-019
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TN No. New

E. Qualification of Providers: (continued)

- a. Must have the capacity to 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., Health Check, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and Nutritional Services).
- d. Must have demonstrated the ability to obtain collaboration between public and private services 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 Ware County Department of Family and Children Services, Ware County School System, Ware County Department of children and Youth Services, Satilla Community Mental Health/Substance Abuse, and Ware County Health Department.
- f. Case Managers must hold a Bachelor's Degree in a human services field; i.e., psychology, sociology, social work, humanities, counseling, nursing, career services, and have one year of experience working with at-risk children and their families or a minimum of three years demonstrated experience working with at-risk children and their families..
- g. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.

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TN No. New

- 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 services 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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TN No. New

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 0-21 in Sumter County who are "at risk" of not completing a secondary education because they exhibit three or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No EPSDT/HealthCheck initial screen or no periodic screening.
3. Free or reduced price lunch.
4. One or more retentions.
5. Iowa Test of Basic Skills (ITBS)/Test of Achievement and Proficiency (TAP) reading scores below the 35th percentile and not receiving special education services.
6. Five or more unexcused absences in any one twenty (20) day attendance period.
7. Two or more suspensions during the most recent school year.
8. Limited English proficiency.
9. Transferred two or more times during the most recent school year.
10. One or more years below grade placement in reading or math.
11. Children or other family members identified as drug and/or alcohol abusers.
12. Pregnancy.
13. History of Juvenile Court involvement.
14. History of exposure to direct or indirect violence, sexual or physical abuse or neglect.

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Those displaying two of the above characteristics and at least one of the following factors:

1. Few friends or school alienation.
2. Little or no extracurricular involvement.
3. Frequent disciplinary referrals.
4. Dysfunctional home situation.
5. Disabled without mental impairment.
6. Family members with limited job skills and difficulty finding employment.

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 than statewide):

Sumter County.

C. Comparability of Services

- Services are provided in accordance with Section 1902(a)(10)(B) of the Act.
- Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) 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. 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

TN No. 95-026

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TN No. New

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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 follow-up with the 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.

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 with following requirements:

- a. Must have the capacity to 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.

TN No. 95-026
Supersedes
TN No. New

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- c. Must have demonstrated direct experience in the coordination of family support services (e.g., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and Nutritional Services).
 - d. Must have demonstrated the ability to obtain collaboration between public and private services providers.
 - e. In order to avoid duplication of services and to promote effective community level networking, case management providers must have signed a collaborative agreement with Visions for Sumter: Seeing Through Young Eyes, Inc., the Sumter County Department of Family and Children Services, Sumter County Behavioral HealthCare, Sumter County School System, Sumter County Health Department, and Sumter County Department of Children and Youth Services.
 - f. Case Managers must hold a High School degree or equivalent and have a minimum of one (1) year's experience working with at-risk children and their families.
 - g. Case managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.
 - h. Both the case management supervisor(s) and case managers must complete a pre-service training program and a Family Connection designed and supervised practicum experience.
- 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 services 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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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: Georgia
CHILDREN AT-RISK CASE MANAGEMENT SERVICES

A. Target Group:

Individuals 0-21 years of age and their Medicaid eligible siblings or offspring who are "at-risk" of not completing a secondary education program because they exhibit three or more of the following characteristics:

1. Within the low socio-economic level as evidenced by participation in the free or reduced lunch program, have parents who are unemployed, or employed but with frequent difficulties in money management.
2. Within a minority population or experiencing difficulties with cultural competencies or language proficiencies.
3. No Health Check initial screening or lack of ongoing medical care/health maintenance.
4. Low achievement test scores, (35th percentile and below on ITBS, TAP), low grades, (failing two or more academic subjects in a grading period), or repeated two or more grades.
5. Frequent absences, tardies or school transfers.
6. Frequent disciplinary referrals or suspensions.
7. Frequent physical complaints, low self-concept, or expresses feelings of lack of control of life.
8. Minimal social interaction with peers, limited extra curricular involvement, alienation from school with a potential to drop out.
9. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease or children with family members identified as substance abusers and/or having involvement with the legal system..

TN No. 99-012
Supersedes
TN No. 95-028

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A. Target Group (continued)

10. History of exposure to direct or indirect violence.
11. History of sexual or physical abuse or neglect.
12. Dysfunctional home situation.
13. Born to a teenage mother or single parent.
14. Infants born prematurely and experiencing developmental delays.
15. Infants exhibiting developmental delays as a result of birth related trauma or genetic disorders.
16. Both parents with less than a high school education.
17. Inadequate utilities or household appliances.
18. Parent has a history of incarceration or is currently incarcerated.

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 than statewide):

Hall County

TN No. 99-012
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TN No. 95-028

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C. Comparability of Services

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) 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. 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 the 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 follow-up with the 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.

TN No. 99-012
Supersedes
TN No. 95-028

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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 with following requirements:

- a. Must have qualified case manager(s) and the capacity to 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., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and Nutritional Services).
- d. Must have demonstrated the ability to obtain collaboration between public and private services providers.
- e. In order to avoid duplication of services and to promote effective community level networking, case management providers must have signed a collaborative agreement with the Hall County Health Department/Health District, Hall County Department of Family and Children Services, Hall County Juvenile Court, Hall County School System, Gainesville City Schools, Mental Health, Hall County Commissioners United Way of Hall County, Division of Children and Youth Services, Ninth District Opportunity, Piedmont Migrant Education Agency, and consumer representatives.
- f. Case Management Supervisors must hold a Bachelor's Degree in a human services field, i.e., psychology, sociology, social work, humanities, counseling, career services and have two years of supervisory experience working with low income indigenous children and their families.
- g. Case Managers must hold a high school diploma or equivalent and have two years of experience working with at risk children and their families.

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1. Provider Qualifications (continued)
 - h. Both the Case Management Supervisor(s) and Case Manager(s) must complete a pre-service training program and a Family Connection designed and supervised practicum experience.

- 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 services 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 on Attachment 4.19-B, pages 5d and 5e.

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 in grades Pre K through 12 in Randolph County who are "at-risk" of not completing a secondary education because they exhibit three or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No EPSDT initial screen or no periodic screening.
3. Free or reduced price lunch.
4. One or more retentions.
5. Iowa Test of Basic Skills (ITBS)/Test of Achievement and Proficiency (TAP) reading scores below the 35th percentile and not receiving special education services.
6. Five or more unexcused absences in any one twenty (20) day attendance period.
7. Two or more suspensions during the most recent school year.
8. Limited English proficiency.
9. Transferred two or more times during the most recent school year.
10. One or more years below grade placement in reading or math.
11. Children or children with family members identified as drug and/or alcohol abusers.
12. Inadequate health care.
13. Teenaged mother or parents.
14. Pregnancy; or

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A. Target Group: (continued)

those displaying two of the above characteristics and at least one of the following factors:

1. Few friends or school alienation.
2. Little or no extracurricular involvement.
3. Frequent disciplinary referrals.
4. Dysfunctional home situation.
5. Disabled without mental impairment.
6. Inadequate utilities and household appliances.
7. Family members with limited job skills and difficulty finding employment.

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 than statewide):

Randolph County

C. Comparability of services:

- Services are provided in accordance with Section 1902(a)(10)(B) of the Act.
- Services are not comparable in amount, duration and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of Section 1902(a)(10)(B) of the Act.

TN No. 95-030
Supersedes
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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. 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 the 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 follow-up with the 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.

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 with following requirements:

- a. Must provide the full range of at-risk case management services.

TN No. 95-030
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E. Qualification of Providers: (continued),

- 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., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and Nutritional Services).
- d. Must have demonstrated the ability to obtain collaboration between public and private services providers.
- e. In order to avoid duplication of services and to promote effective community level networking, case management providers must have signed a collaborative agreement with the Randolph County School System, Randolph County Health Department, Randolph County Department of Family and Children Services, New Horizons, and Randolph County Commissioners.
- f. Case Management Supervisors must hold a Bachelor's Degree in a human services field; i.e., psychology, sociology, social work, humanities, counseling, career services and have a minimum of one (1) year's experience working with low income indigenous children and their families.
- g. Case managers must have a High School diploma and three years demonstrated experience working with at-risk children and their families.
- h. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practicum experience.

F. The state assures that the provision of case management services will not restrict an individual's free choice of providers of Section 1902(a)(23) of the Act.

- 1. Eligible recipients will have free choice of the providers of case management services.

TN No. 95-030
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TN No. New

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F. (continued)

2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services 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 reported on Attachment 4.19-B, pages 5d and 5e.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Georgia

CHILDREN AT-RISK CASE MANAGEMENT SERVICES

A. Target Group:

Children aged 0-21, who are at risk of not completing a secondary education program because they exhibit three or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No EPSDT initial screen or no periodic screening.
3. Free or reduced price lunch.
4. One or more retentions.
5. Iowa Test of Basic Skills (ITBS)/Test of Achievement and Proficiency (TAP) reading scores below the 35th percentile and not receiving special education services.
6. Five or more unexcused absences in any one twenty (20) day attendance period.
7. Two or more suspensions during the most recent school year.
8. Limited English proficiency.
9. Transferred two or more times during the most recent school year.
10. One or more years below grade placement in the reading basal.
11. Few friends or school alienation.
12. Little or no extracurricular involvement.
13. Children or children with family members identified as drug and/or alcohol abusers.
14. Inadequate health care.
15. Teenaged mother or parents.
16. Frequent disciplinary referrals.
17. Dysfunctional home situation.
18. Disabled without mental impairment.
19. Inadequate utilities and household appliances.
20. Family members with limited job skills and difficulty finding employment.
21. Pregnancy.

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 than statewide): Troup County.

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C. Comparability of Services:

- Services are provided in accordance with Section 1902(a)(10)(B) of the Act.
- Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) 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. 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 units 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.

TN No. 95-032

Supersedes

TN No. New

Approval Date 2-20-96 Effective Date 1-1-96

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 with following requirements:

- a. Must have the capacity to 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., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and 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 signed a collaborative agreement with the Troup County Health Department, Troup County Department of Family and Children Services, Troup County Juvenile Court, Troup County Division of Children and Youth Services, Troup County Public Schools, Troup County Mental Health, Troup County Commissioners, City of LaGrange, United Way, and District 4 Health Services.
- f. Case Management Supervisors must hold a Bachelor's Degree in a human services field (i.e., psychology, sociology, social work, humanities, counseling, career services and have two years of experience working with at-risk children and their families.
- g. Case Managers must have a high school degree or equivalent and a demonstrated ability to work effectively with at-risk children and their families.
- h. Both the case management supervisor(s) and case managers must complete a pre-service training program and a Family Connection designed and supervised practicum experience.

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- 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 services 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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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Georgia

CHILDREN AT-RISK CASE MANAGEMENT SERVICES

A. Target Group:

Children 0 - 21 and their Medicaid eligible siblings who are "at-risk" of not completing a secondary education program because they exhibit three or more of the following characteristics:

1. Developmental screening assessments indicate the child is not meeting developmental milestones.
2. No EPSDT initial screen or no periodic screening.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Physical disability.
8. Single parent family.
9. One or more grade retentions.
10. Born to a teenage mother.
11. Born to a parent who has not completed High School.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. Transferred two or more times during the most recent school year.
15. One or more years below grade placement in reading or math.
16. Free or reduced price lunch.
17. Pregnancy. of control of life.
18. Currently homeless or homeless within the past year.
19. Poor personal, social, emotional adjustment skills.
20. Chronic Health problems.

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Supersedes

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3-8-96

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1-1-96

TN No. New

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 than statewide):

The attendance zones of Haralson County and Bremen City Schools.

C. Comparability of Services

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) 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. 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.

TN No. 96-004
Supersedes
TN No. New

Approved Date 3-8-96 Effective Date 1-1-96

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 follow-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.

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 have the capacity to 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., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and Nutritional Services).

TN No. 96-004
Supersedes
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E. Qualification of Providers: (continued)

- 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 Haralson County Health and Mental Health Departments, Haralson County Department of Family and Children Services, Haralson County Juvenile Court, Haralson County Department of Children and Youth Services.
- f. Case Management Supervisors must hold a Bachelor's Degree in a human services' field; i.e., psychology, sociology, social work, humanities, counseling, career services, or must hold an Associate Degree in Nursing. Both must have two years of supervisory experience working with at-risk children and their families.
- g. Case Managers must have a high-school diploma or equivalent, minimum of two years experience working with at-risk children and their families. Must be familiar with the community and services provided and demonstrate the ability to work effectively with children and families.
- h. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practicum experience.

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 services 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.

Tan No. 96-004
Supersedes
TN. No. New

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: Georgia

CHILDREN AT-RISK CASE MANAGEMENT SERVICES

A. Target Group:

Children pre-K through grade 12 and their Medicaid eligible siblings who are "at-risk" of not completing a secondary education program because they exhibit three or more of the following characteristics:

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. Little or no extracurricular involvement.
5. Frequent disciplinary referrals or suspensions.
6. Dysfunctional family situation.
7. Mental health diagnosis.
8. Single parent family.
9. One or more grade retentions.
10. Born to a teenage mother.
11. Frequent absences, tardies, or school transfers.
12. Limited English proficiency.
13. Free or reduced price lunch.
14. Lack of appropriate physical necessities (clothing, proper hygiene, etc.)
15. One or more years below grade placement in reading and math.
16. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
17. Frequent physical complaints, low self-esteem, or expresses feelings of lack of control of life.
18. Low achievement test scores (35th percentile and below on Iowa Test of Basic Skills (ITBS) or Test of Achievement and Proficiency (TAP), low grades (failing two or more academic subjects in a grading period), or repeated two or more grades.
19. History of exposure to direct or indirect violence.
20. History of sexual or physical abuse or neglect.
21. Teenage mother or parents.
22. Pregnancy.

TN No. 96-003

Supersedes

TN No. New

Approved Date

3-8-96

Effective Date

1-1-96

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 than statewide): Turner County.

C. Comparability of Services

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

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. 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 the 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 follow-up with the 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.

TN No. 94-003

Supersedes

TN No. New

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D. Definition of Services: (continued)

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.

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 with following requirements:

- a. Must have the capacity to 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., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and Nutritional Services).
- d. Must have demonstrated the ability to obtain collaboration between public and private services providers.
- e. In order to avoid duplication of services and to promote effective community level networking, case management providers must have signed a collaborative agreement with the Turner County Department of Family and Children Services, Turner County Health Department, Turner County School System, Turner County Mental Health and Turner County Extension Service.
- f. Case Managers' Supervisors must hold a Bachelor's Degree in a human services field; i.e., psychology, sociology, social work, humanities, counseling, career services or have a minimum of five (5) years experience working with low income indigenous children and their families.
- g. Case Managers must have a high school diploma or equivalent and a demonstrated ability to work effectively with at-risk children.

TN No. 96-003
Supersedes
TN No. New

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- F. The state assures that the provision of case management services will not restrict an individual's free choice of providers 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 services 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.

TN No. 96-003
Supersedes
TN No. New

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Georgia

CHILDREN AT-RISK CASE MANAGEMENT SERVICES

A. Target Group:

Children Pre-K through grade 12 and their Medicaid eligible siblings, who are "at-risk" of not completing a secondary education program because they exhibit three or more of the following characteristics:

1. Developmental screen indicates that the child is not meeting developmental milestones.
2. No initial Health Check screen or no periodic screening.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Mental health diagnosis.
8. Single parent family.
9. One or more grade retentions.
10. Born to a teenage mother.
11. Born to a parent who has not completed High School.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. Transferred two or more times during the most recent school year.
15. One or more years below grade placement in reading or math.
16. Free or reduced price lunch.
17. Lack of appropriate physical necessities (clothing, medication, housing, proper hygiene, etc.
18. Pregnancy.
19. Resides in home situation with guardian or caretaker other than natural parents.
20. Living in a Family Crisis Center or other non-permanent domicile.

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 than statewide):

The attendance zones of Walker County Schools and Chickamauga City Schools.

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Supersedes
TN No. New

Approved Date

9-27-96

Effective Date

7-1-96

C. Comparability of Services

- Services are provided in accordance with Section 1902(a)(10)(B) of the Act.
- 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. 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 follow-up with the 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.

TN No. 96-009
Supersedes
TN No. New

Approved Date 9-27-96 Effective Date 7-1-96

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 with following requirements:

- a. Must have the capacity to 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 Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and 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 signed a collaborative agreement with the Walker County Schools, Chickamauga City Schools, Mental Health, Walker County Departments of Children & Youth, Family & Children Services and Health, Coca Cola, County Commissioners, Crisis Center & other Representatives from private Business, Law Enforcement and Consumers.
- f. Case Managers must have a High School diploma or equivalent and a demonstrated ability to work effectively with at-risk children and have two years of experience working with at-risk children and their families.
- g. Case managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.

TN No. 96-009
Supersedes
TN No. New

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- F. The state assures that the provision of case management services will not restrict an individual's free choice of providers 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 services 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.

TN No. 96-009
Supersedes
TN No. New

Approved Date 9-27-96 Effective Date 7-1-96

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: Georgia

CHILDREN AT-RISK CASE MANAGEMENT SERVICES

A. Target Group:

Children ages 0-21 who are "at-risk" of not completing a secondary education program because they exhibit one or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No EPSDT initial screen or no periodic screening.
3. Free or reduced price lunch.
4. One or more retentions.
5. Iowa Test of Basic Skills (ITBS)/Test of Achievement and Proficiency (TAP) reading scores below the 35th percentile.
6. Five or more unexcused absences in any one twenty (20) day attendance period.
7. Two or more suspensions during the most recent school year.
8. Limited English proficiency.
9. Transferred two or more times during the most recent school year.
10. One or more years below grade placement in the reading basal.
11. Few friends or school alienation.
12. Little or no extracurricular involvement.
13. Frequent disciplinary referrals.
14. Dysfunctional home situation.
15. Disabled without mental impairment.
16. School-aged parents.
17. Economically or socially deprived.

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 than statewide):

Gordon County

TN No. 97-008

Supersedes

TN No. 96-010

Approved Date

9/30/97

Effective Date

7/1/97

C. Comparability of Services

- Services are provided in accordance with Section 1902(a)(10)(B) of the Act.
- 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. 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 the 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 follow-up with the 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.

TN No. 96-010
Supersedes
TN No. New

Approved Date 9-27-96 Effective Date 7-1-96

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 with following requirements:

- a. Must have the capacity to 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 Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and 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 signed a collaborative agreement with the Gordon County Schools; Gordon County Health Department, Gordon County Department of Family and Children Services, Gordon County Juvenile Court, and Gordon County Division of Youth Services.
- f. Case Management Supervisors must hold a Bachelor's Degree and have experience in the human services field; i.e., psychology, sociology, social work, humanities, counseling, career services and have experience working with low income indigenous children and their families.
- g. Case managers must hold a High School diploma or its equivalent and have experience working with low income indigenous children and their families.
- h. Both the Case Management Supervisor(s) and Case Managers must complete a pre-service training program and a Family Connection designed and supervised practicum experience.

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TN No. New

- F. The state assures that the provision of case management services will not restrict an individual's free choice of providers 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 services 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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TN No. New

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: Georgia

CHILDREN AT-RISK CASE MANAGEMENT SERVICES

A. Target Group:

Children ages 0 to 21 who are "at-risk" because they exhibit three or more of the following characteristics:

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. Little or no extracurricular involvement.
5. Frequent disciplinary referrals or suspensions.
6. Dysfunctional family situation.
7. Mental health diagnosis.
8. Single parent family.
9. One or more grade retentions.
10. Born to a teenage mother.
11. Frequent absences, tardies, or school transfers.
12. Limited English proficiency.
13. Low Income Family
14. Lack of appropriate physical necessities (clothing, proper hygiene, etc.)
15. One or more years below grade placement in reading and math.
16. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
17. Frequent physical complaints, low self-esteem, or expresses feelings of lack of control of life.
18. Low achievement test scores (35th percentile and below on Iowa Test of Basic Skills (ITBS) or Test of Achievement and Proficiency (TAP), low grades (failing two or more academic subjects in a grading period), or repeated two or more grades.
19. History of exposure to direct or indirect violence.
20. History of sexual or physical abuse or neglect.
21. Family members with limited job skills and difficulty finding employment.
22. Inadequate utilities and household appliances.

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Supersedes

TN No. New

Approved Date

9-27-96

Effective Date

7-1-96

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 than statewide):

Floyd County, Georgia

C. Comparability of Services

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

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. 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 the 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.

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Supersedes
TN No. New

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3. Monitoring and follow-up with the 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.

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 with following requirements:

- a. Must have the capacity to 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., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and Nutritional Services).
- d. Must have demonstrated the ability to obtain collaboration between public and private services providers.
- e. In order to avoid duplication of services and to promote effective community level networking, case management providers must have signed a collaborative agreement with the Floyd County Department of Family and Children Services, Floyd County Health Department, Floyd County School System, the Rome City School System, Mental Health, Juvenile Court, Department of Children & Youth Services, and the Floyd County Health Department.

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- f. Case Managers must have a high school diploma or the equivalent, and have knowledge of the following: Family dynamics and family needs; human diversity; community agencies and resources; providing services to families in poverty; strong interpersonal skills; and cultures of families to be served.
 - g. Case managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.
- F. The state assures that the provision of case management services will not restrict an individual's free choice of providers 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 services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

TN No. 96-011
Supersedes
TN No. 93-022

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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 aged 0-21 in Early County who are "at risk" of not completing a secondary education program because they exhibit three or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No EPSDT initial screen or no periodic screening.
3. Free or reduced price lunch.
4. One or more retentions.
5. Iowa Test of Basic Skills (ITBS)/Test of Achievement and Proficiency (TAP) reading scores below the 35th percentile and not receiving special education services.
6. Five or more unexcused absences in any one twenty (20) day attendance period.
7. Two or more suspensions during the most recent school year.
8. Limited English proficiency.
9. Transferred two or more times during the most recent school year.
10. One or more years below grade placement in the reading basal.
11. Few friends or school alienation.
12. Little or no extracurricular involvement.
13. Children with family members identified as drug and/or alcohol abusers.
14. Inadequate health care.
15. Child/adolescent is a teen mother/father.
16. Frequent disciplinary referrals.
17. Dysfunctional home situation.
18. Disabled without mental impairment.
19. Inadequate utilities and household appliances.
20. Family members with limited job skills and difficulty finding employment.
21. Child/Adolescent is pregnant.
22. Parent or older sibling(s) was/is a teen parent.
23. History of incarceration and/or probation of child, parent, sibling.
24. Child, parent or caretaker with chronic health problems.
25. Poor parental involvement in meeting/addressing educational, physical health, mental and emotional needs of child.

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Supersedes
TN No. New

Approval Date 10-24-96 Effective Date 7-1-96

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 than statewide): Early County.

C. Comparability of Services:

- Services are provided in accordance with Section 1902(a)(10)(B) of the Act.
 Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) 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. 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 units 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.

TN No. 96-013
Supersedes
TN No. New

Approval Date 10-24-96 Effective Date 7-1-96

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 with following requirements:

- a. Must have the capacity to 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., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and 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 signed a collaborative agreement with the Early County Health Department, Early County Department of Family and Children Services, Early County Juvenile Court & Division of Children and Youth Services, Early County Public Schools, Early County Mental Health and Kids Can Program, Blakely-Early County Housing Authority, Early County Commissioners, City of Blakely and Boys & Girls Club.
- f. Case Management Supervisors must hold a Bachelor's Degree in a human services field (i.e., psychology, sociology, social work, humanities, counseling, career services and have two years of experience working with at-risk children and their families.
- g. Case Managers must have a high school degree or equivalent and a demonstrated ability to work effectively with at-risk children and their families.
- h. Both the case management supervisor(s) and case managers must complete a pre-service training program and a Family Connection designed and supervised practicum experience.

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- 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 services under the plan does not duplicate payments made to public agencies or private entities under either program authorities for this same purpose. Reimbursement methodology is found in Attachment 4.19-B, pages 5d and 5e.

TN No. 96-013
Supersedes
TN No. New

Approval Date 10-24-96 Effective Date 7-1-96

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 – 21, who are at risk of not completing a secondary education program because they exhibit one or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No Health Check EPSDT initial screen or no periodic screening.
3. Free or reduced price lunch.
4. One or more retentions.
5. Iowa Test of Basic Reading Scores below the 35th percentile and not receiving special education services.
6. Five or more unexcused absences in any one twenty (20) day attendance period.
7. Two or more suspensions during the most recent school year.
8. Limited English proficiency.
9. Transferred two or more times during the most recent school year.
10. One or more years below grade placement in reading or math program.
11. Few friends or school alienation.
12. Little or no extracurricular involvement.
13. Frequent disciplinary referrals.
14. Dysfunctional home situation.
15. Disabled without mental impairment.
16. Family members with limited job skills and difficulty finding employment.

TN No. 00-011

Supersedes

Approval Date

JAN 29 2001

Effective Date

OCT 01 2000

TN No. 96-014

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 than statewide): Grady County

C. Comparability of Services

- Services are provided in accordance with Section 1902(a)(10)(B) of the Act.
- Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) 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. 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 the 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 follow-up with the 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.

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 with following requirements:

- a. Must have the capacity to 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., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and 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 signed a collaborative agreement with the Grady County Health Department, Grady County Department of Family and Children Services, Grady County Juvenile Justice, Grady County Division of Children and Youth Services, Grady County Public Schools, Grady Mental Health, Grady County Government and Migrant Services.
- f. Case Management Supervisors must hold a Bachelor's Degree in a human services field (i.e., psychology, sociology, social work, humanities, counseling, career services and have two years of experience working with at-risk children and their families.
- g. Case Managers must have a high school degree or equivalent and a demonstrated ability to work effectively with at-risk children and have three years of experience working with at-risk children and their families.
- h. Both the case management supervisor(s) and case managers must complete a pre-service training program and a Family Connection designed and supervised practicum experience.

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 services 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.

TN No. 00-011
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TN No. 96-014

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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 0-21 in Tattnall County who are "at-risk" of not completing a secondary education because they exhibit three or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No EPSDT initial screen or no periodic screening.
3. Free or reduced price lunch.
4. One or more retentions.
5. Iowa Test of Basic Skills (ITBS)/Test of Achievement and Proficiency (TAP) reading scores below the 35th percentile and not receiving special education services.
6. Five or more unexcused absences in any one twenty (20) day attendance period.
7. Two or more suspensions during the most recent school year.
8. Limited English proficiency.
9. Transferred two or more times during the most recent school year.
10. One or more years below grade placement in reading or math.
11. Children or children with family members identified as drug and/or alcohol abusers.
12. Inadequate health care.
13. Teenaged mother or parents.
14. Pregnancy; or

those displaying two of the above characteristics and at least one of the following factors:

1. Few friends or school alienation.
2. Little or no extracurricular involvement.
3. Frequent disciplinary referrals.
4. Dysfunctional home situation.

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Supersedes
TN No. New

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Effective Date 7-1-96

A. Target Group: (continued)

5. Disabled without mental impairment.
6. Inadequate utilities and household appliances.
7. Family members with limited job skills and difficulty finding employment.

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 than statewide):

Tattnall County

C. Comparability of services:

- Services are provided in accordance with Section 1902(a)(10)(B) of the Act.
- Services are not comparable in amount, duration and scope. Authority of Section 1915(g)(1) 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. 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 the 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.

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Supersedes
TN No. New

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D. Definition of Services: (continued)

3. Monitoring and follow-up with the 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.

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 with 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., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and Nutritional Services).
- d. Must have demonstrated the ability to obtain collaboration between public and private services providers.
- e. In order to avoid duplication of services and to promote effective community level networking, case management providers must have signed a collaborative agreement with the Tattnell County School System, Tattnell County Department of Children and Youth Services, Tattnell County Mental Health Department, Tattnell County Department of Family and Children Services and and Tattnell County Public Health.
- f. Case Managers must hold a Bachelor's Degree in a human services field; i.e., psychology, sociology, social work, humanities, counseling, career services and have a minimum of one (1) year's experience working with low income indigenous children and their families.
- g. Case managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.

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- F. The state assures that the provision of case management services will not restrict an individual's free choice of providers 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 services 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 reported in Attachment 4.19-B, pages 5d and 5e.

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7-1-96

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: Georgia
CHILDREN AT-RISK CASE MANAGEMENT SERVICES

A. Target Group:

Children aged 0-21 who are "at-risk" of not completing a secondary education program because they exhibit three or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No EPSDT initial screen or no periodic screening.
3. Free or reduced price lunch.
4. One or more retentions.
5. Iowa Test of Basic Skills (ITBS)/Test of Achievement and Proficiency (TAP) reading scores below the 35th percentile.
6. Five or more unexcused absences in any one twenty (20) day attendance period.
7. Two or more suspensions during the most recent school year.
8. Limited English proficiency.
9. Transferred two or more times during the most recent school year.
10. One or more years below grade placement in the reading basal.
11. Few friends or school alienation.
12. Little or no extracurricular involvement.
13. Child or children with family members identified as drug and/or alcohol abusers.
14. Inadequate health care.
15. Teenaged mother or parents.
16. Frequent disciplinary referrals.
17. Dysfunctional home situation.
18. Disabled without mental impairment.
19. Inadequate utilities and household appliances.
20. Family members with limited job skills and difficulty finding employment.
21. Pregnancy.

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TN No. New

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 0-21, who are "at-risk" of not completing a secondary education program because they exhibit five or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No EPSDT initial screen, no periodic screening or inadequate health care.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Mental health diagnosis.
8. Single parent family.
9. One or more grade retentions.
10. Born to teenage parent(s).
11. Born to a parent who has not completed High School.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. One or more years below grade placement in reading or math.
15. Free or reduced price lunch.
16. Lack of appropriate physical necessities (clothing, proper hygiene, etc.
17. Residing in home situation with guardian or caretaker other than natural parent(s).
18. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
19. Low achievement test scores (35th percentile and below on Iowa Test of Basis Skills (ITBS) or Test of Achievement and Proficiency (TAP), low grades (failing two or more academic subjects in a grading period), or repeated two or more grades.
20. History of exposure to direct or indirect violence.
21. History of sexual or physical abuse or neglect.

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Supersedes

TN No. New

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1/13/97

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9/1/96

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 than statewide): Seminole County

C. Comparability of Services

- Services are provided in accordance with Section 1902(a)(10)(B) of the Act.
- Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) 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.

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 recipient.
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.

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TN No. New

D. Definition of Services: (continued)

3. Monitoring and follow-up with the 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 units 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.

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 have the capacity to 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., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and 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 Seminole County Health Department, Seminole County Department of Family and Children Services, Seminole County Public Schools, Seminole County Mental Health, Seminole County Commissioners, City of Donalsonville, Southwest Health District 8, Unit 2.

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TN No. New

E. Qualification of Providers: (continued)

- f. Case Management Supervisor must hold a Bachelor's Degree in a human services field; i.e., public and social services, counseling, humanities and have one year relative experience working with at-risk children and their families.
- g. Case Managers must have a high school diploma or equivalent and a demonstrated ability to work effectively with at-risk children and their families.
- h. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.

F. The state assures that the provision of case management services will not restrict an individual's free choice of providers in violations 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 services 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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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 - 21, who are "at-risk" of not completing a secondary education program because they exhibit three or more of the following characteristics:

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. Little or no extracurricular involvement.
5. Mental Health diagnosis.
6. Single parent family.
7. One or more grade retentions.
8. Limited English proficiency.
9. Free or reduced price lunch.
10. Lack of appropriate physical necessities (clothing, proper hygiene, etc.)
11. One or more years below grade placement in reading and math.
12. History of substance abuse, or at risk for sexually transmitted disease.
13. Frequent physical complaints, low self-esteem, or expresses feelings of lack of control of life.
14. History of exposure to direct or indirect violence.
15. History of sexual or physical abuse or neglect.
16. Iowa Test of Basic Skills (ITBS) Test of Achievement and Proficiency (TAP) reading scores below the 35th percentile and not receiving special education services.
17. Five or more unexcused absences in any one twenty (20) day attendance period.
18. Two or more suspensions during the most recent school year.
19. Transferred two or more times during the most recent school year.
20. Teenaged mother or parents.
21. Inadequate health care.
22. Frequent disciplinary referrals.
23. Dysfunctional home situation:
24. Disabled without mental impairment.
25. Inadequate utilities and household appliances.
26. Family members with limited job skills and difficulty finding employment.

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TN No. New

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 than statewide): Worth County.

C. Comparability of Services

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) 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.

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 recipient.
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.

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D. Definition of Services: (continued)

3. Monitoring and follow-up with the 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 units 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.

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 have the capacity to 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., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and 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 Worth County Health Department, Worth County Department of Family and Children Services, Worth County Juvenile Court, Worth County Division of Children and Youth Services, Worth County School System, Worth County Community Preservation Collaborative and Worth County Mental Health.

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TN No. New

E. Qualification of Providers: (continued)

- f. Case Management Supervisor must hold a Master's Degree in administrative or human services field; i.e., public and social services, counseling, humanities and have one year of experience working with at-risk children and their families.
 - g. Case Managers must have high school diploma or its equivalent and have one year of experience working with at-risk children and their families.
 - h. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.
- F. The state assures that the provision of case management services will not restrict an individual's free choice of providers in violations 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 services 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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9/1/96

TN No. New

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: Georgia

CHILDREN AT-RISK CASE MANAGEMENT SERVICES

A. Target Group:

Children ages 0-21 who are "at-risk" of not completing a secondary education program because they exhibit three or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No EPSDT initial screen or no periodic screening.
3. Free or reduced price lunch.
4. One or more retentions.
5. Iowa Test of Basic Skills (ITBS)/Test of Achievement and Proficiency (TAP) reading scores below the 35th percentile and not receiving special education services.
6. Five or more unexcused absences in any one twenty (20) day attendance period.
7. Two or more suspensions during the most recent school year.
8. Limited English proficiency.
9. Transferred two or more times during the most recent school year.
10. One or more years below grade placement in the reading basal; or
11. Child of a parent still in his/her teens:
12. Few friends, or school alienation.
- 13.. Little or no extracurricular involvement.
14. Frequent disciplinary referrals.
15. Dysfunctional home situation.
16. Disabled without mental impairment.
17. Family members with limited job skills and difficulty finding employment.
18. Currently pregnant.
19. Became a parent as an adolescent.

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 than statewide):

Spalding County, Georgia.

C. Comparability of Services

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) 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. 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 the 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 follow-up with the 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.

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 with following requirements:

E. Qualifications of Providers (continued)

- a. Must have the capacity to 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., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and 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 Spalding County Health Department, Spalding County Department of Family and Children Services, Spalding County Division of Children and Youth Services, Spalding County Public Schools, Spalding County Mental Health, Spalding County Commissioners, and Griffin City Commissioners.
 - f. Case Management Supervisors must hold a Bachelor's Degree in a human services field (i.e., psychology, sociology, social work, humanities, counseling, career services and have two years of experience working with at-risk children and their families.
 - g. Case Managers must have a high school degree or equivalent and a demonstrated ability to work effectively with at-risk children and have three years of experience working with at-risk children and their families.
 - h. Both the case management supervisor(s) and case managers must complete a pre-service training program and a Family Connection designed and supervised practicum experience.
- 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 services 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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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: Georgia

CHILDREN AT-RISK CASE MANAGEMENT SERVICES

A. Target Group:

Children 0 to 21 who are "at-risk" of not completing a secondary education program because they exhibit three or more of the following characteristics or are infants who meet the eligibility requirements for Children 1st or Starting Program.

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. Little or no extracurricular involvement.
5. Frequent disciplinary referrals or suspensions.
6. Dysfunctional family situation.
7. Mental health diagnosis.
8. Single parent family.
9. One or more grade retentions.
10. Born to a teenage mother.
11. Frequent absences, tardies, or school transfers.
12. Limited English proficiency.
13. Free or reduced price lunch.
14. Lack of appropriate physical necessities (clothing, proper hygiene, etc.)
15. One or more years below grade placement in reading and math.
16. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
17. Frequent physical complaints, low self-esteem, or expresses feelings of lack of control of life.
18. Low achievement test scores (35th percentile and below on Iowa Test of Basic Skills (ITBS) or Test of Achievement and Proficiency (TAP), low grades (failing two or more academic subjects in a grading period), or repeated two or more grades.
19. History of exposure to direct or indirect violence.
20. History of sexual or physical abuse or neglect.

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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 than statewide): Dougherty County

C. Comparability of Services

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

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. 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 the 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 follow-up with the 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.

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 with following requirements:

- a. Must have qualified case manager(s) and the capacity to 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., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and Nutritional Services).
- d. Must have demonstrated the ability to obtain collaboration between public and private services providers.
- e. In order to avoid duplication of services and to promote effective community level networking, case management providers must have signed a collaborative agreement with the Dougherty County Department of Family and Children Services, Dougherty County Health Department, and Dougherty County School System.

- f. Case Management Supervisors must hold a Bachelor's Degree in a human services field (i.e. psychology, sociology, social work, humanities, counseling, career services and have two years of experience working with at-risk children and their families..
 - g. Case Managers must have a high school diploma or equivalent and a demonstrated ability to work effectively with at-risk children and have three years of experience working with at-risk children and their families.
 - h. Both the Case Management Supervisors and Case Managers must complete a pre-service training program and a Family Connection desgned and supervised practicum experience.
- F. The state assures that the provision of case management services will not restrict an individual's free choice of providers 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 services 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 reported on Attachment 4.19-B, pages 5d and 5e.

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 0-21 in Jefferson County who are "at-risk" of not completing a secondary education because they exhibit three or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No EPSDT initial screen or no periodic screening.
3. Free or reduced price lunch.
4. One or more retentions.
5. Iowa Test of Basic Skills (ITBS)/Test of Achievement and Proficiency (TAP) reading scores below the 35th percentile and not receiving special education services.
6. Five or more unexcused absences in any one twenty (20) day attendance period.
7. Two or more suspensions during the most recent school year.
8. Limited English proficiency.
9. Transferred two or more times during the most recent school year.
10. One or more years below grade placement in reading or math.
11. Children or children with family members identified as drug and/or alcohol abusers.
12. Inadequate health care.
13. Teenaged mother or parents.
14. Pregnancy; or

those displaying two of the above characteristics and at least one of the following factors:

1. Few friends or school alienation.
2. Little or no extracurricular involvement.
3. Frequent disciplinary referrals.
4. Dysfunctional home situation.

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A. Target Group: (continued)

5. Disabled without mental impairment.
6. Inadequate utilities and household appliances.
7. Family members with limited job skills and difficulty finding employment.

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 than statewide): Jefferson County

C. Comparability of Services

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) 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. 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 recipient.
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 follow-up with the 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 units 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.

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 have the capacity to 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., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and Nutritional Services).

E. Qualifications of Providers (continued)

- 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 Jefferson County Health Department, Jefferson County Department of Family and Children Services, Jefferson County Public Schools, , Ogeechee Area Mental Health and Jefferson County Commissioners.
 - f. Case Management Supervisor must hold a Bachelor's Degree in a human services field; i.e., public and social services, counseling, humanities and have three years of experience working with a diverse population of low income children and their families.
 - g. Case Managers must have high school diploma or its equivalency, have a minimum of two years experience working with children and families from various racial and ethnic groups and be familiar with the Paulding community and the services provided.
 - h. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.
- F. The state assures that the provision of case management services will not restrict an individual's free choice of providers in violations 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 services 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.

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 0-21, who are "at-risk" of not completing a secondary education program because they exhibit three or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No EPSDT initial screen, no periodic screening or inadequate health care.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Mental health diagnosis.
8. Single parent family.
9. One or more grade retentions.
10. Born to teenage parent(s).
11. Born to a parent who has not completed High School.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. One or more years below grade placement in reading or math.
15. Free or reduced price lunch.
16. Lack of appropriate physical necessities (clothing, proper hygiene, etc.
17. Residing in home situation with guardian or caretaker other than natural parent(s).
18. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
19. Low achievement test scores (35th percentile and below on Iowa Test of Basis Skills (ITBS) or Test of Achievement and Proficiency (TAP), low grades (failing two or more academic subjects in a grading period), or repeated two or more grades.
20. History of exposure to direct or indirect violence.
21. History of sexual or physical abuse or neglect.

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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 than statewide): Lumpkin County

C. Comparability of Services

- Services are provided in accordance with Section 1902(a)(10)(B) of the Act.
- Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) 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.

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 recipient.
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.

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D. Definition of Services: (continued)

3. Monitoring and follow-up with the 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 units 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.

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 have the capacity to 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., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and 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 Lumpkin County Department of Family and Children Services, Lumpkin County Public Schools, Lumpkin County Mental Health, Lumpkin County Health Department/Health District, Lumpkin County Juvenile Court and Ninth District Opportunity.

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10/01/97

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E. Qualifications of Providers: (continued)

- f. Case Managers must have high school diploma or equivalent and a demonstrated ability to work effectively with at-risk children and their families.
- g. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.

F. The state assures that the provision of case management services will not restrict an individual's free choice of providers in violations 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 services 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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1/20/98

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10/01/97

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: Georgia

CHILDREN AT-RISK CASE MANAGEMENT SERVICES

A. Target Group:

Children ages 0-21 who are "at-risk" of not completing a secondary education program because they exhibit one or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No EPSDT initial screen or no periodic screening.
3. Free or reduced price lunch.
4. One or more retentions.
5. Iowa Test of Basic Skills (ITBS)/Test of Achievement and Proficiency (TAP) reading scores below the 35th percentile.
6. Five or more unexcused absences in any one twenty (20) day attendance period.
7. Two or more suspensions during the most recent school year.
8. Limited English proficiency.
9. Transferred two or more times during the most recent school year.
10. One or more years below grade placement in the reading basal.
11. Few friends or school alienation.
12. Little or no extracurricular involvement.
13. Frequent disciplinary referrals.
14. Dysfunctional home situation.
15. Disabled without mental impairment.
16. School-aged parents.
17. Economically or socially deprived.

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 invoked to provide services less than statewide):

Decatur County

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TN No. NEW

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7/10/98

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4/1/98

C. Comparability of Services

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

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.

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 the 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 follow-up with the 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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TN No. NEW

Approved Date

7/10/98

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4/1/98

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 with following requirements:

- a. Must have the capacity to 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 Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and 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 signed a collaborative agreement with the Decatur County Schools; Decatur County Health Department, Decatur County Family and Children Services, and Juvenile Justice.
- f. Case Management Supervisors must hold a Bachelor's Degree and have experience in the human services field; i.e., psychology, sociology, social work, humanities, counseling, career services and have experience working with low income indigenous children and their families.
- g. Case managers must hold a High School diploma or its equivalent and have experience working with low income indigenous children and their families.
- h. Both the Case Management Supervisor(s) and Case Manager(s) must complete a pre-service training program and a Family Connection designed and supervised practicum experience.

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TN No. New

- F. The state assures that the provision of case management services will not restrict an individual's free choice of providers 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 services 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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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 0-21, who are "at-risk" of not completing a secondary education program because they exhibit three or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No Health Check initial screen, no periodic screening or inadequate health care.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Mental health diagnosis.
8. Single parent family.
9. One or more grade retentions.
10. Born to teenage parent(s).
11. Born to a parent who has not completed High School.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. One or more years below grade placement in reading or math.
15. Free or reduced price lunch.
16. Lack of appropriate physical necessities (clothing, proper hygiene, etc.
17. Residing in home situation with guardian or caretaker other than natural parent(s).
18. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
19. Low achievement test scores (35th percentile and below) on Iowa Test of Basis Skills (ITBS) or Test of Achievement and Proficiency (TAP)..
20. Low grades/failing two (2) or more academic subjects in a grading period.

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TN No. New

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1/11/99

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1/11/98

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 than statewide): Terrell County

C. Comparability of Services

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) 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.

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 recipient.
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.

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TN No. New

D. Definition of Services: (continued)

3. Monitoring and follow-up with the 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 units 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.

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 have the capacity to 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., Health Check, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and 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 Terrell County Health Department, Terrell County Department of Family and Children Services, Terrell County Public Schools, Terrell County Mental Health, Terrell County Commissioners, City of Dawson, Southwest Health District 8, Unit 2.

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Supersedes _____ Approval Date 11/1/99

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TN No. New

E. Qualification of Providers: (continued)

- f. Case Management Supervisor must hold a Bachelor's Degree in a human services field; i.e., public and social services, counseling, humanities and have three years of experience working with a diverse population of low income children and their families.
 - g. Case Managers must have high school diploma or its equivalency, have a minimum of two years experience working with children and families from various racial and ethnic groups and be familiar with the Paulding community and the services provided.
 - h. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.
- F. The state assures that the provision of case management services will not restrict an individual's free choice of providers in violations 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 services 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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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 0-21, who are "at-risk" of not completing a secondary education program because they exhibit three or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No Health Check initial screen, no periodic screening or inadequate health care.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Mental health diagnosis.
8. Single parent family.
9. One or more grade retentions.
10. Born to teenage parent(s).
11. Born to a parent who has not completed High School.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. One or more years below grade placement in reading or math.
15. Free or reduced price lunch.
16. Lack of appropriate physical necessities (clothing, proper hygiene, etc.
17. Residing in home situation with guardian or caretaker other than natural parent(s).
18. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
19. Low achievement test scores (35th percentile and below) on Iowa Test of Basis Skills (ITBS) or Test of Achievement and Proficiency (TAP)..
20. Low grades/failing two (2) or more academic subjects in a grading period.
21. History of sexual or physical abuse or neglect.
22. Two or more out-of-school suspensions during the most recent school year.
23. Inadequate health care.
24. Children or children with family members identified with drug and/or alcohol abuse
25. Family members with limited job skills or difficulty finding employment.
26. Pregnancy.

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Approval Date

1/11/99

Effective Date

11/1/98

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 than statewide): **Charlton County**

C. Comparability of Services

- Services are provided in accordance with Section 1902(a)(10)(B) of the Act.
- Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) 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.

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 recipient.
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.

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TN No. New

D. Definition of Services: (continued)

3. Monitoring and follow-up with the 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 units 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.

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 have the capacity to 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., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and 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 Charlton County Health Department, Charlton County Department of Family and Children Services, Charlton County Public Schools, Charlton County Mental Health, Charlton County Commissioners, City of Folkston, Southeast Health District 9, Unit 2.

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Supersedes _____ Approval Date 1/11/99

TN No. New

Effective Date 1/11/98

E. Qualification of Providers: (continued)

- f. Case Management Supervisor must hold a Bachelor's Degree in a human services field; i.e., public and social services, counseling, humanities and have three years of experience working with a diverse population of low income children and their families.
 - g. Case Managers must have high school diploma or its equivalency, have a minimum of two years experience working with children and families from various racial and ethnic groups and be familiar with the Paulding community and the services provided.
 - h. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.
- F. The state assures that the provision of case management services will not restrict an individual's free choice of providers in violations 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 services 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.

TN No. 98-011
Supersedes
TN No. New

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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 0-21 years, who are "at-risk" of not completing a secondary education program because they exhibit one or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No EPSDT initial screen or no periodic screening.
3. Free or reduced price lunch.
4. One or more retentions.
5. Iowa Test of Basic Skills (ITBS)/Test of Achievement and Proficiency (TAP) reading scores below the 35th percentile.
6. Five or more unexcused absences in any one twenty (20) day attendance period.
7. Two or more suspensions during the most recent school year.
8. Limited English proficiency.
9. Transferred two or more times during the most recent school year.
10. One or more years below grade placement in the reading basal.
11. Few friends or school alienation.
12. Little or no extracurricular involvement.
13. Frequent disciplinary referrals.
14. Dysfunctional home situation.
15. Disabled without mental impairment.
16. School-aged parents.
17. Economically or socially deprived.
18. Pregnancy.

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 than statewide):

Jeff Davis County

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Supersedes Approval Date

SEP 11 2001

Effective Date

APR 01 2001

TN No. 99-001

C. Comparability of Services

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

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.

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 the 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 follow-up with the 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.

TN No. 99-001

Supersedes

TN No. New

Approved Date APR 21 1998

Effective Date JAN 01 1998

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 with following requirements:

- a. Must have the capacity to 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 Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and 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 signed a collaborative agreement with the Jeff Davis County Schools; Jeff Davis Health Department; Jeff Davis County Department of Family and Children Services; Jeff Davis County Juvenile Court; and Jeff Davis County Division of Youth Services.
- f. Case managers must have a high school diploma or equivalent and a demonstrated ability to work effectively with at-risk children and their families and have two years experience working with at-risk children and their families.
- g. Case managers must complete a pre-service training program and a Family Connection designated and supervised practice experience.

TN No. 01-013

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TN No. 99-001

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SEP 11 2001

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APR 01 2001

- F. The state assures that the provision of case management services will not restrict an individual's free choice of providers 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 services 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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TN No. New

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 0-21, who are "at-risk" of not completing a secondary education program because they exhibit five or more of the following characteristics:

1. No EPSDT initial screen, no periodic screening or inadequate health care.
2. Few friends or school alienation.
3. Little or no extracurricular involvement.
4. Frequent disciplinary referrals.
5. Dysfunctional home situation.
6. Single parent family.
7. One or more grade retentions.
8. Born to teenage parent(s).
9. Born to a parent who has not completed High School.
10. Five or more unexcused absences in any one twenty (20) day attendance period.
11. One or more years below grade placement in reading or math.
12. Free or reduced price lunch.
13. Lack of appropriate physical necessities (clothing, proper hygiene, etc.)
14. Residing in home situation with guardian or caretaker other than natural parent(s).
15. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
16. Low achievement test scores (35th percentile and below on Iowa Test of Basic Skills(ITBS) or Test of Achievement and Proficiency (TAP), low grades (failing two or more academic subjects in a grading period), or repeated two or more grades.
17. History of exposure to direct or indirect violence.
18. History of sexual or physical abuse or neglect.

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Supersedes

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JUN 29 1999

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APR 01 1999

TN No. New

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 than statewide): Brantley County

C. Comparability of Services

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) 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.

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 recipient.
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.

TN No. 99-004

Supersedes _____ Approval Date

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Effective Date

APR 01 1999

TN No. New

D. Definition of Services: (continued)

- 3. Monitoring and follow-up with the 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 units 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.

E. Qualification of Providers:

I. 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 have the capacity to 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., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and 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 Brantley County Health Department, Brantley County Department of Family and Children Services, Brantley County Public Schools, Brantley County Mental Health, Brantley County Commissioners, City of Nahunta, Southwest Health District 9, Unit 2.

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TN No. New

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APR 01 1999

E. Qualification of Providers: (continued)

- f. Case Management Supervisor must hold a Bachelor's Degree in a human services field; i.e., public and social services, counseling, humanities and have one year relative experience working with at-risk children and their families.
- g. Case Managers must have a high school diploma or equivalent and a demonstrated ability to work effectively with at-risk children and their families.
- h. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.

F. The state assures that the provision of case management services will not restrict an individual's free choice of providers in violations 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 services 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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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 0-21, who are "at-risk" of not completing a secondary education program because they exhibit three or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No Health Check initial screen, no periodic screening or inadequate healthcare.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Mental health diagnosis.
8. Single parent family.
9. One or more grade retentions.
10. Born to teenage parent(s).
11. Born to a parent who has not completed High School.
12. Three or more unexcused absences in any one thirty (30) day attendance period.
13. Limited English proficiency.
14. One or more years below grade placement in reading or math.
15. Free or reduced price lunch.
16. Lack of appropriate physical necessities (clothing, proper hygiene, etc.
17. Residing in home situation with guardian or caretaker other than natural parent(s).
18. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
19. Low achievement test scores (35th percentile and below on Iowa Test of Basis Skills (ITBS) or Test of Achievement and Proficiency (TAP), low grades (failing two or more academic subjects in a grading period), or repeated two or more grades.
20. History of exposure to direct or indirect violence.
21. History of sexual or physical abuse or neglect.

TN No. 99-008

Supersedes

TN No. New

Approval Date

OCT 17 1999

Effective Date

JUL 01 1999

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 than statewide): Lowndes County

C. Comparability of Services

- Services are provided in accordance with Section 1902(a)(10)(B) of the Act.
- Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) 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.

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 recipient.
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.

TN No. 99-008

Supersedes

Approval Date

OCT 07 1999

Effective Date

JUL 01, 1999

TN No. New

D. Definition of Services: (continued)

3. Monitoring and follow-up with the 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 units 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.

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 have the capacity to 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., Health Check, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and 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 Lowndes County Health Department, Lowndes County Department of Family and Children Services, Lowndes County Public Schools, Valdosta City Schools, Lowndes County Commissioners, City of Valdosta, South Health District 8, Unit 1, and Behavioral Health Services of South Georgia.

TN No. 99-008

Supersedes

Approval Date

OCT 07 1999

Effective Date

JUL 01 1999

TN No. New

E. Qualification of Providers: (continued)

- f. Case Management Supervisor must hold a Bachelor's Degree in a relevant field; i.e., public and social services, counseling, humanities and have one year experience working with at-risk children and their families.
- g. Case Managers must have a high school diploma or equivalent and a demonstrated ability to work effectively with at-risk children and their families.
- h. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.

F. The state assures that the provision of case management services will not restrict an individual's free choice of providers in violations 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 services 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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TN No. New

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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 age 0 - 21 who are "at-risk" of not completing a secondary education program because they exhibit one or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No EPSDT initial screen or no periodic screening.
3. Free or reduced price lunch.
4. One or more retentions.
5. Iowa Test of Basic Skills (ITBS)/Test of Achievement and Proficiency (TAP) reading scores below the 35th percentile.
6. Five or more unexcused absences in any one twenty (20) day attendance period.
7. Two or more suspensions during the most recent school year.
8. Limited English proficiency.
9. Transferred two or more times during the most recent school year.
10. One or more years below grade placement in the reading basal.
11. Few friends or school alienation.
12. Little or no extracurricular involvement.
13. Frequent disciplinary referrals.
14. Dysfunctional home situation.
15. Disabled without mental impairment.
16. School-aged parents.
17. Economically or socially deprived.
18. Born to a teenage parent(s).
19. Born to a parent who has not completed high school.
20. Residing in a home situation with guardian or caretaker other than natural parents.
21. Born to a Medicaid eligible mother.
22. Free or reduced lunch program.
23. Single parent family.

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JAN 29 2001

Effective Date

OCTO 1 2000

TN No. 99-009

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 than statewide):

Fannin County

C. Comparability of Services

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

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. 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 the 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 follow-up with the 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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Supersedes
TN No. 99-009

Approved Date Jan 29 2001

Effective Date OCT 01 2000

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 with following requirements:

- a. Must have the capacity to 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 Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and 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 signed a collaborative agreement with the Fannin County Schools; Fannin County Health Department; Fannin County Department of Family and Children Services, Fannin County Juvenile Court, and Fannin County Division of Youth Services.
- f. Case Management Supervisors must hold a Bachelor's Degree and have experience in the human services field; i.e., psychology, sociology, social work, humanities, counseling, career services and have experience working with low income indigenous children and their families.
- g. Case managers must hold a High School diploma or its equivalent and have experience working with low income indigenous children and their families.
- h. Both the Case Management Supervisors and Case Managers must complete a pre-service training program and a Family Connection designed and supervised practicum experience.

TN

No. 99-009

Supersedes

Approved Date

OCT 07, 1999

Effective Date

JUL 01, 1999

TN No. New

- F. The state assures that the provision of case management services will not restrict an individual's free choice of providers 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 services 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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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 0-21, who are "at-risk" of not completing a secondary education program because they exhibit five or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No EPSDT initial screen, no periodic screening or inadequate health care.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Mental health diagnosis.
8. Single parent family.
9. One or more grade retentions.
10. Born to teenage parent(s).
11. Born to a parent who has not completed High School.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. One or more years below grade placement in reading or math.
15. Free or reduced price lunch.
16. Lack of appropriate physical necessities (clothing, proper hygiene, etc.
17. Residing in home situation with guardian or caretaker other than natural parent(s).
18. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
19. Low achievement test scores (35th percentile and below on Iowa Test of Basis Skills (ITBS) or Test of Achievement and Proficiency (TAP), low grades (failing two or more academic subjects in a grading period), or repeated two or more grades.
20. History of exposure to direct or indirect violence.
21. History of sexual or physical abuse or neglect.

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Supersedes

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Effective Date APR 01 2000

TN No. New

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 than statewide): Wilkes County

C. Comparability of Services

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) 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.

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 recipient.
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.

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TN No. New

D. Definition of Services: (continued)

3. Monitoring and follow-up with the 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 units 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.

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 have the capacity to 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., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and 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 Wilkes County Health Department, Wilkes County Department of Family and Children Services, Wilkes County Public Schools, Wilkes County Mental Health, Wilkes County Commissioners, City of Washington, Housing Authority of the City of Washington.

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E. Qualification of Providers: (continued)

- f. Case Management Supervisor must hold a Bachelor's Degree in a human services field; i.e., public and social services, counseling, humanities and have one year relative experience working with at-risk children and their families.
- g. Case Managers must have a high school diploma or equivalent and a demonstrated ability to work effectively with at-risk children and their families.
- h. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.

F. The state assures that the provision of case management services will not restrict an individual's free choice of providers in violations 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 services 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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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: Georgia

CHILDREN AT-RISK CASE MANAGEMENT SERVICES

A. Target Group:

Children in grades Pre-K to K and their Medicaid eligible siblings who are "at-risk" of not completing a secondary education program because they exhibit one or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No Health Check initial screen or no periodic screening.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Mental health diagnosis.
8. Single parent family.
9. One or more grade retentions.
10. Born to teenage parent.
11. Born to a parent who has not completed high school.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. One or more years below grade placement in reading or math.
15. Free or reduced price lunch. Disabled without mental impairment.
16. Lack of appropriate physical necessities (clothing, proper hygiene, etc.).
17. Residing in home situation with guardian or caretaker other than biological parents.
18. History of substance abuse, Juvenile Court involvement, or at risk for socially transmitted disease.
19. Low achievement test scores (35th percentile and below) on Iowa Test of Basic Skills (ITBS) or Test of Achievement and Proficiency (TAP).
20. Low grades/failing two (2) or more academic subjects in a grading period.
21. History of sexual or physical abuse or neglect, or exposure to violence.
22. Two or more out-of-school suspensions during the most recent school year.
23. Inadequate health care.
24. Children or children with family members identified with drug and/or alcohol use or abuse.
25. Family members with limited job skills or difficulty finding employment.
26. Pregnancy.
27. Transferred or moved two (2) or more times during the most recent school year.
28. Two (2) or more bus suspensions during the most recent school year.
29. Served or enrolled in the immigrant education program.

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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 than statewide): Berrien County

C. Comparability of Services

- Services are provided in accordance with Section 1902(a)(10)(B) of the Act.
- 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. 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 the 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 follow-up with the 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 with following requirements:

- a. Must have the capacity to 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 Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and 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 signed a collaborative agreement with the Fannin County Schools; Fannin County Health Department; Fannin County Department of Family and Children Services, Fannin County Juvenile Court, and Fannin County Division of Youth Services.
- f. Case Management Supervisors must hold a Bachelor's Degree and have experience in the human services field; i.e., psychology, sociology, social work, humanities, counseling, career services and have experience working with low income indigenous children and their families.
- g. Case managers must hold a High School diploma or its equivalent and have experience working with low income indigenous children and their families.
- h. Both the Case Management Supervisors and Case Managers must complete a pre-service training program and a Family Connection designed and supervised practicum experience.

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- F. The state assures that the provision of case management services will not restrict an individual's free choice of providers 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 services 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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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 0-21, who are "at-risk" of not completing a secondary education program because they exhibit one or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No Health Check initial screen, no periodic screening or inadequate health care.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Mental health diagnosis.
8. Single parent family.
9. One or more grade retentions.
10. Born to teenage parent(s).
11. Born to a parent who has not completed High School.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. One or more years below grade placement in reading or math.
15. Free or reduced price lunch.
16. Lack of appropriate physical necessities (clothing, proper hygiene, etc.
17. Residing in home situation with guardian or caretaker other than natural parent(s).
18. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
19. Low achievement test scores (35th percentile and below on Iowa Test of Basis Skills (ITBS) or Test of Achievement and Proficiency (TAP), low grades (failing two or more academic subjects in a grading period), or repeated two or more grades.
20. History of exposure to direct or indirect violence.
21. History of sexual or physical abuse or neglect.

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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 than statewide): Glynn County

C. Comparability of Services

- Services are provided in accordance with Section 1902(a)(10)(B) of the Act.
- Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) 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.

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 recipient.
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.

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D. Definition of Services: (continued)

3. Monitoring and follow-up with the 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 units 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.

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 have the capacity to 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., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and 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 Glynn County Health Department, Glynn County Department of Family and Children Services, Glynn County Public Schools and/or city schools, Glynn County Commissioners, City of Brunswick, Glynn County Juvenile Court, Glynn County Division of Youth Services.

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E. Qualification of Providers: (continued)

- f. Case Management Supervisor must hold a Bachelor's Degree in a human services field; i.e., public and social services, counseling, humanities and have three years of experience working with a diverse population of low income children and their families.
- g. Case Managers must have high school diploma or its equivalency, have a minimum of two years experience working with children and families from various racial and ethnic groups and be familiar with the Paulding community and the services provided.
- h. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.

F. The state assures that the provision of case management services will not restrict an individual's free choice of providers in violations 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 services 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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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 0-21, who are "at-risk" of not completing a secondary education program because they exhibit one or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No Health Check initial screen, no periodic screening or inadequate health care.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Mental health diagnosis.
8. Single parent family.
9. One or more grade retentions.
10. Born to teenage parent(s).
11. Born to a parent who has not completed High School.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. One or more years below grade placement in reading or math.
15. Free or reduced price lunch.
16. Lack of appropriate physical necessities (clothing, proper hygiene, etc.
17. Residing in home situation with guardian or caretaker other than natural parent(s).
18. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
19. Low achievement test scores (35th percentile and below on Iowa Test of Basis Skills (ITBS) or Test of Achievement and Proficiency (TAP), low grades (failing two or more academic subjects in a grading period), or repeated two or more grades.
20. History of exposure to direct or indirect violence.
21. History of sexual or physical abuse or neglect.

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TN No. New

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 than statewide): Catoosa County

C. Comparability of Services

- Services are provided in accordance with Section 1902(a)(10)(B) of the Act.
- Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) 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.

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 recipient.
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.

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TN No. New

D. Definition of Services: (continued)

3. Monitoring and follow-up with the 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 units 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.

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 have the capacity to 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., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and 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 Catoosa County Health Department, Catoosa County Department of Family and Children Services, Catoosa County Public Schools and/or city schools, Catoosa County Commissioners, Catoosa County Juvenile Court, and Catoosa County Division of Juvenile Justice,

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TN No. New

E. Qualification of Providers: (continued)

- f. Case Management Supervisor must hold a Bachelor's Degree in a human services field; i.e., public and social services, counseling, humanities and have three years of experience working with a diverse population of low income children and their families.
 - g. Case Managers must have high school diploma or its equivalency, have a minimum of two years experience working with children and families from various racial and ethnic groups and be familiar with the Paulding community and the services provided.
 - h. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.
- F. The state assures that the provision of case management services will not restrict an individual's free choice of providers in violations 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 services 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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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 0-21, who are "at-risk" of not completing a secondary education program because they exhibit one or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No Health Check initial screen, no periodic screening or inadequate health care.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Mental health diagnosis.
8. Single parent family.
9. One or more grade retentions.
10. Born to teenage parent(s).
11. Born to a parent who has not completed High School.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. One or more years below grade placement in reading or math.
15. Free or reduced price lunch.
16. Lack of appropriate physical necessities (clothing, proper hygiene, etc.
17. Residing in home situation with guardian or caretaker other than natural parent(s).
18. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
19. Low achievement test scores (35th percentile and below on Iowa Test of Basis Skills (ITBS) or Test of Achievement and Proficiency (TAP), low grades (failing two or more academic subjects in a grading period), or repeated two or more grades.
20. History of exposure to direct or indirect violence.
21. History of sexual or physical abuse or neglect.

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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 than statewide): Long County

C. Comparability of Services

- Services are provided in accordance with Section 1902(a)(10)(B) of the Act.
- Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) 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.

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 recipient.
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.

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TN No. New

D. Definition of Services: (continued)

3. Monitoring and follow-up with the 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 units 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.

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 have the capacity to 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., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and 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 Long County Health Department, Long County Department of Family and Children Services, Long County Public Schools and/or city schools, Long County Commissioners, City of Ludowici, and Long County Juvenile Court.

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TN No. New

E. Qualification of Providers: (continued)

- f. Case Management Supervisor must hold a Bachelor's Degree in a human services field; i.e., public and social services, counseling, humanities and have three years of experience working with a diverse population of low income children and their families.
- g. Case Managers must have high school diploma or its equivalency, have a minimum of two years experience working with children and families from various racial and ethnic groups and be familiar with the Paulding community and the services provided.
- h. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.

F. The state assures that the provision of case management services will not restrict an individual's free choice of providers in violations 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 services 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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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 0-21, who are "at-risk" of not completing a secondary education program because they exhibit one or more of the following characteristics:

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 teenage parent(s).
8. Born to a parent who 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 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 than statewide): Tift County\\

C. Comparability of Services

- Services are provided in accordance with Section 1902(a)(10)(B) of the Act.
- Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of Section 1902(a)(10)(B) of the Act.

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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.

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 recipient.
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 follow-up with the 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 units 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 have the capacity to 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., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and 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 Tift County School System, Tift County and Turner County Department of Family and Children Services, Tift County Health Department, Tift General Hospital, Tift County Recreation Department, Cooperative Extension Service of Tift County, Big Brothers/Big Sisters, PLIGHT, Kid's Advocacy Coalition, and YMCA.
- f. Case Management Supervisor must hold a Bachelor's Degree in a human services field; i.e., public and social services, counseling, humanities and have three years of experience working with a diverse population of low income children and their families.
- g. Case Managers must have high school diploma or its equivalency, have a minimum of two years experience working with children and families from various racial and ethnic groups and be familiar with the Paulding community and the services provided.
- h. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.

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TN No. New

- F. The state assures that the provision of case management services will not restrict an individual's free choice of providers in violations 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 services 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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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 0-21, who are "at-risk" of not completing a secondary education program because they exhibit five or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No Health Check initial screen, no periodic screening or inadequate health care.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Mental health diagnosis.
8. Single parent family.
9. One or more grade retentions.
10. Born to teenage parent(s).
11. Born to a parent who has not completed high school.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. One or more years below grade placement in reading or math.
15. Free or reduced price lunch.
16. Lack of appropriate physical necessities (clothing, proper hygiene, etc).
17. Residing in home situation with guardian or caretaker other than natural parent(s).
18. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
19. Low achievement test scores (35th percentile and below on Iowa Test of Basis Skills (ITBS) or Test of Achievement and Proficiency (TAP), low grades (failing two or more academic subjects in a grading period), or repeated two or more grades.
20. History of exposure to direct or indirect violence.
21. History of sexual or physical abuse or neglect.

TN No. 01-008
Supersedes
TN No. New

Approval Date AUG 21 2001

Effective Date APR 01 2001

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 than statewide): Ben Hill County

C. Comparability of Services

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) 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.

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 recipient.
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.

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Supersedes

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Effective Date

APR 01 2001

TN No. New

D. Definition of Services: (continued)

3. Monitoring and follow-up with the 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 units 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.

E. Qualification of Providers:

1. Provider Qualifications

Enrollment will be accomplished in accordance with Section 1962(a)(23) of the Act. Enrollment is open to all providers who can meet the following requirements:

- a. Must have the capacity to 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., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and 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 Ben Hill County Health Department, Ben Hill County Department of Family and Children Services, Ben Hill County Public Schools, Ben Hill County Mental Health, Ben Hill County Commissioners, City of Fitzgerald, and Ben Hill County Department of Juvenile Justice..

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Supersedes

Approval Date

AUG 21 2001

Effective Date

APR 01 2001

TN No. New

E. Qualification of Providers: (continued)

- f. Case Management Supervisor must hold a Bachelor's Degree in a human services field; i.e., public and social services, counseling, humanities and have three years of experience working with a diverse population of low income children and their families.
- g. Case Managers must have high school diploma or its equivalency, have a minimum of two years experience working with children and families from various racial and ethnic groups and be familiar with the Ben Hill community and the services provided.
- h. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.

F. The state assures that the provision of case management services will not restrict an individual's free choice of providers in violations 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 services 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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Supersedes _____ Approval Date AUG 21 2001 Effective Date APR 01 2001

TN No. New

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 0-21, who are "at-risk" of not completing a secondary education program because they exhibit five or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No Health Check initial screen, no periodic screening or inadequate health care.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Mental health diagnosis.
8. Single parent family.
9. One or more grade retentions.
10. Born to teenage parent(s).
11. Born to a parent who has not completed high school.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. One or more years below grade placement in reading or math.
15. Free or reduced price lunch.
16. Lack of appropriate physical necessities (clothing, proper hygiene, etc.
17. Residing in home situation with guardian or caretaker other than natural parent(s).
18. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
19. Low achievement test scores (35th percentile and below on Iowa Test of Basis Skills (ITBS) or Test of Achievement and Proficiency (TAP), low grades (failing two or more academic subjects in a grading period), or repeated two or more grades.
20. History of exposure to direct or indirect violence.
21. History of sexual or physical abuse or neglect.

TN No. 01-009

Supersedes

TN No. New

Approval Date AUG 21 2001

Effective Date APR 01 2001

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 than statewide): Gilmer County

C. Comparability of Services

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) 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.

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 recipient.
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.

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TN No. New

D. Definition of Services: (continued)

3. Monitoring and follow-up with the 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 units 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.

E. Qualification of Providers:

1. Provider Qualifications

Enrollment will be accomplished in accordance with Section 1907(a)(23) of the Act. Enrollment is open to all providers who can meet the following requirements:

- a. Must have the capacity to 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., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and 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 Gilmer County Health Department, Gilmer County Department of Family and Children Services, Gilmer County Public Schools and/or City Schools, Gilmer County Commissioners, City of Elijay, and Gilmer County Juvenile Court.

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Supersedes

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APR 01 2001

TN No. New

E. Qualification of Providers: (continued)

- f. Case Management Supervisor must hold a Bachelor's Degree in a human services field; i.e., public and social services, counseling, humanities and have three years of experience working with a diverse population of low income children and their families.
- g. Case Managers must have high school diploma or its equivalency, have a minimum of two years experience working with children and families from various racial and ethnic groups and be familiar with the Gilmer community and the services provided.
- h. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.

F. The state assures that the provision of case management services will not restrict an individual's free choice of providers in violations 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 services 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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TN No. New

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 0-21, who are "at-risk" of not completing a secondary education program because they exhibit five or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No Health Check initial screen, no periodic screening or inadequate health care.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Mental health diagnosis.
8. Single parent family.
9. One or more grade retentions.
10. Born to teenage parent(s).
11. Born to a parent who has not completed high school.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. One or more years below grade placement in reading or math.
15. Free or reduced price lunch.
16. Lack of appropriate physical necessities (clothing, proper hygiene, etc.
17. Residing in home situation with guardian or caretaker other than natural parent(s).
18. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
19. Low achievement test scores (35th percentile and below on Iowa Test of Basis Skills (ITBS) or Test of Achievement and Proficiency (TAP), low grades (failing two or more academic subjects in a grading period), or repeated two or more grades.
20. History of exposure to direct or indirect violence.
21. History of sexual or physical abuse or neglect.

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Supersedes

TN No. New

Approval Date

AUG 21 2001

Effective Date

APR 01 2001

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 than statewide): Liberty County

C. Comparability of Services

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) 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.

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 recipient.
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.

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APR 01 2001

TN No. New

D. Definition of Services: (continued)

3. Monitoring and follow-up with the 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 units 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.

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 have the capacity to 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., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and 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 Liberty County Health Department, Liberty County Department of Family and Children Services, Liberty County Public Schools and/or City Schools, Liberty County Commissioners, City of Hinesville, and Liberty County Regional Medical Center and Liberty County Department of Juvenile Justice.

TN No. 01-010

Supersedes

Approval Date

AUG 21 2001

Effective Date

APR 01 2001

TN No. New

E. Qualification of Providers: (continued)

- f. Case Management Supervisor must hold a Bachelor's Degree in a human services field; i.e., public and social services, counseling, humanities and have three years of experience working with a diverse population of low income children and their families.
- g. Case Managers must have high school diploma or its equivalency, have a minimum of two years experience working with children and families from various racial and ethnic groups and be familiar with the Liberty community and the services provided.
- h. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.

F. The state assures that the provision of case management services will not restrict an individual's free choice of providers in violations 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 services 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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Approval Date

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TN No. New

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 0-21, who are "at-risk" of not completing a secondary education program because they exhibit five or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No Health Check initial screen, no periodic screening or inadequate health care.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Mental health diagnosis.
8. Single parent family.
9. One or more grade retentions.
10. Born to teenage parent(s).
11. Born to a parent who has not completed high school.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. One or more years below grade placement in reading or math.
15. Free or reduced price lunch.
16. Lack of appropriate physical necessities (clothing, proper hygiene, etc.
17. Residing in home situation with guardian or caretaker other than natural parent(s).
18. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
19. Low achievement test scores (35th percentile and below on Iowa Test of Basis Skills (ITBS) or Test of Achievement and Proficiency (TAP), low grades (failing two or more academic subjects in a grading period), or repeated two or more grades.
20. History of exposure to direct or indirect violence.
21. History of sexual or physical abuse or neglect.

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Supersedes
TN No. New

Approval Date AUG 21 2001 Effective Date APR 01 2001

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 than statewide): White County

C. Comparability of Services

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) 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.

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 recipient.
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.

TN No. 01-011

Supersedes

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Effective Date

APR 01 2001

TN No. New

D. Definition of Services: (continued)

3. Monitoring and follow-up with the 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 units 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.

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 have the capacity to 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., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and 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 White County Health Department, White County Department of Family and Children Services, White County Public Schools and/or City Schools, White County Commissioners, and White County Juvenile Court..

TN No. 01-011

Supersedes

Approval Date

AUG 21 2001

Effective Date

APR 01 2001

TN No. New

- E. Qualification of Providers: (continued)
- f. Case Management Supervisor must hold a Bachelor's Degree in a human services field; i.e., public and social services, counseling, humanities and have three years of experience working with a diverse population of low income children and their families.
 - g. Case Managers must have high school diploma or its equivalency, have a minimum of two years experience working with children and families from various racial and ethnic groups and be familiar with the White County community and the services provided.
 - h. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.
- F. The state assures that the provision of case management services will not restrict an individual's free choice of providers in violations 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 services 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.

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 0-21, who are "at-risk" of not completing a secondary education program because they exhibit five or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No Health Check initial screen, no periodic screening or inadequate health care.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Mental health diagnosis.
8. Single parent family.
9. One or more grade retentions.
10. Born to teenage parent(s).
11. Born to a parent who has not completed high school.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. One or more years below grade placement in reading or math.
15. Free or reduced price lunch.
16. Lack of appropriate physical necessities (clothing, proper hygiene, etc.
17. Residing in home situation with guardian or caretaker other than natural parent(s).
18. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
19. Low achievement test scores (35th percentile and below on Iowa Test of Basis Skills (ITBS) or Test of Achievement and Proficiency (TAP), low grades (failing two or more academic subjects in a grading period), or repeated two or more grades.
20. History of exposure to direct or indirect violence.
21. History of sexual or physical abuse or neglect.

TN No. 01-012

Supersedes

TN No. New

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APR 01 2001

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 than statewide): Wilkinsom County

C. Comparability of Services

- Services are provided in accordance with Section 1902(a)(10)(B) of the Act.
- Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) 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.

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 recipient.
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.

TN No. 01-012

Supersedes Approval Date AUG 21 2001 Effective Date APR 01 2001

TN No. New

D. Definition of Services: (continued)

3. Monitoring and follow-up with the 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 units 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.

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 have the capacity to 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., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and 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 Wilkinson County Health Department, Wilkinson County Department of Family and Children Services, Wilkinson County Public Schools and/or City Schools.

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TN No. New

E. Qualification of Providers: (continued)

- f. Case Management Supervisor must hold a Bachelor's Degree in a human services field; i.e., public and social services, counseling, humanities and have three years of experience working with a diverse population of low income children and their families.
- g. Case Managers must have high school diploma or its equivalency, have a minimum of two years experience working with children and families from various racial and ethnic groups and be familiar with the Wilkinson community and the services provided.
- h. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.

F. The state assures that the provision of case management services will not restrict an individual's free choice of providers in violations 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 services 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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TN No. New

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 0-21, who are "at-risk" of not completing a secondary education program because they exhibit five or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No Health Check initial screen, no periodic screening or inadequate health care.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Mental health diagnosis.
8. Single parent family.
9. One or more grade retentions.
10. Born to teenage parent(s).
11. Born to a parent who has not completed high school.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. One or more years below grade placement in reading or math.
15. Free or reduced price lunch.
16. Lack of appropriate physical necessities (clothing, proper hygiene, etc.
17. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
18. Low achievement test scores (35th percentile and below on Iowa Test of Basis Skills (ITBS) or Test of Achievement and Proficiency (TAP), low grades (failing two or more academic subjects in a grading period), or repeated two or more grades.
19. History of exposure to direct or indirect violence.
20. History of sexual or physical abuse or neglect.

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 than statewide): Hart County.

C. Comparability of Services

- Services are provided in accordance with Section 1902(a)(10)(B) of the Act.
- Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) 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.

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 recipient.
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.

TN No. 01-014

Supersedes

Approval Date AUG 21 2001 Effective Date APR 01 2001

TN No. New

D. Definition of Services: (continued)

3. Monitoring and follow-up with the 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 units 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.

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 have the capacity to 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., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and 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 Hart County Health Department; Hart County Department of Family and Children Services; Hart County Public Schools and/or City Schools; and Hart County Commissioners.

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Supersedes

Approval Date

AUG 21 2001

Effective Date

APR 01 2001

TN No. New

E. Qualification of Providers: (continued)

- f. Case Management Supervisor must hold a Bachelor's Degree in a human services field; i.e., public and social services, counseling, humanities and have three years of experience working with a diverse population of low income children and their families.
- g. Case Managers must have high school diploma or its equivalency, have a minimum of two years experience working with children and families from various racial and ethnic groups and be familiar with the ~~Paulding~~ Hart community and the services provided.
- h. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.

F. The state assures that the provision of case management services will not restrict an individual's free choice of providers in violations 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 services 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.

TN No. 01-014

Supersedes

Approval Date

AUG 21 2001

Effective Date

APR 01 2001

TN No. New

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 0-21, who are "at-risk" of not completing a secondary education program because they exhibit five or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No Health Check initial screen, no periodic screening or inadequate health care.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Mental health diagnosis.
8. Single parent family.
9. One or more grade retentions.
10. Born to teenage parent(s).
11. Born to a parent who has not completed high school.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. One or more years below grade placement in reading or math.
15. Free or reduced price lunch.
16. Lack of appropriate physical necessities (clothing, proper hygiene, etc.
17. Residing in home situation with guardian or caretaker other than natural parent(s).
18. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
19. Low achievement test scores (35th percentile and below on Iowa Test of Basis Skills (ITBS) or Test of Achievement and Proficiency (TAP), low grades (failing two or more academic subjects in a grading period), or repeated two or more grades.
20. History of exposure to direct or indirect violence.
21. History of sexual or physical abuse or neglect.

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Supersedes

TN No. New

Approval Date

AUG 21 2001

Effective Date

APR 01 2001

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 than statewide): Lanier County

C. Comparability of Services

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) 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.

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 recipient.
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.

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Supersedes

Approval Date

AUG 21 2001

Effective Date

APR 01 2001

TN No. New

D. Definition of Services: (continued)

3. Monitoring and follow-up with the 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 units 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.

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 have the capacity to 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., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and 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 Lanier County Health Department; Lanier County Department of Family and Children Services; Lanier County Public Schools; Lanier County, and Lanier County Juvenile Court.

TN No. 01-015

Supersedes

Approval Date

AUG 21 2001

Effective Date

APR 01 2001

TN No. New

E. Qualification of Providers: (continued)

- f. Case Management Supervisor must hold a Bachelor's Degree in a human services field; i.e., public and social services, counseling, humanities and have three years of experience working with a diverse population of low income children and their families.
- g. Case Managers must have a high school diploma or its equivalent and a demonstrated ability to work effectively with at-risk children and their families.
- h. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.

F. The state assures that the provision of case management services will not restrict an individual's free choice of providers in violations 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 services 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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TN No. New

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 0-21, who are "at-risk" of not completing a secondary education program because they exhibit five or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No Health Check initial screen, no periodic screening or inadequate health care.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Mental health diagnosis.
8. Single parent family.
9. One or more grade retentions.
10. Born to teenage parent(s).
11. Born to a parent who has not completed high school.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. One or more years below grade placement in reading or math.
15. Free or reduced price lunch.
16. Lack of appropriate physical necessities (clothing, proper hygiene, etc.
17. Residing in home situation with guardian or caretaker other than natural parent(s).
18. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
19. Low achievement test scores (35th percentile and below on Iowa Test of Basis Skills (ITBS) or Test of Achievement and Proficiency (TAP), low grades (failing two or more academic subjects in a grading period), or repeated two or more grades.
20. History of exposure to direct or indirect violence.
21. History of sexual or physical abuse or neglect.

TN No. 01-019

Supersedes

TN No. New

Approval Date

AUG 21 2001

Effective Date

APR 01 2001

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 than statewide): Baker County

C. Comparability of Services

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) 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.

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 recipient.
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.

TN No. 01-019

Supersedes

Approval Date

AUG 21 2001

Effective Date

APR 01 2001

TN No. New

D. Definition of Services: (continued)

3. Monitoring and follow-up with the 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 units 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.

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 have the capacity to 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., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and 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 Baker County Health Department; Baker County Department of Family and Children Services; Baker County Public Schools; Baker County Commissioners, and Baker County Juvenile Court.

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Supersedes

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AUG 21 2001

Effective Date

APR 01 2001

TN No. New

E. Qualification of Providers: (continued)

- f. Case Management Supervisor must hold a Bachelor's Degree in a human services field; i.e., public and social services, counseling, humanities and have three years of experience working with a diverse population of low income children and their families.
- g. Case Managers must have a high school diploma or its equivalent and a demonstrated ability to work effectively with at-risk children and their families.
- h. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.

F. The state assures that the provision of case management services will not restrict an individual's free choice of providers in violations 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 services 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.

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 0-21, who are "at-risk" of not completing a secondary education program because they exhibit one or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No Health Check initial screen, no periodic screening or inadequate health care.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Mental health diagnosis.
8. Single parent family.
9. One or more grade retentions.
10. Born to teenage parent(s).
11. Born to a parent who has not completed High School.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. One or more years below grade placement in reading or math.
15. Free or reduced price lunch.
16. Lack of appropriate physical necessities (clothing, proper hygiene, etc.
17. Residing in home situation with guardian or caretaker other than natural parent(s).
18. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
19. Low achievement test scores (35th percentile and below on Iowa Test of Basis Skills (ITBS) or Test of Achievement and Proficiency (TAP), low grades (failing two or more academic subjects in a grading period), or repeated two or more grades.
20. History of exposure to direct or indirect violence.
21. History of sexual or physical abuse or neglect.

TN No. 01-022
Supersedes
TN No. New

Approval Date OCT 22 2001

Effective Date JUL 01 2001

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 than statewide): Pickens County

C. Comparability of Services

- Services are provided in accordance with Section 1902(a)(10)(B) of the Act.
- Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) 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.

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 recipient.
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.

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Supersedes

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JUL 01 2001

TN No. New

D. Definition of Services: (continued)

3. Monitoring and follow-up with the 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.

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 have the capacity to 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., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and 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 Pickens County Health Department, Pickens County Department of Family and Children Services, Pickens County Public Schools and/or city schools, Pickens County Commissioners and City of Jasper, Pickens County Juvenile Court, Pickens County Division of Youth, and the Pickens County Child Abuse Council.

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Supersedes _____ Approval Date

OCT 22 2001

Effective Date

JUL 01 2001

TN No. New

E. Qualification of Providers: (continued)

- f. Case Management Supervisor must hold a Bachelor's Degree in a human services field; i.e., public and social services, counseling, and have experience working with at risk children and their families.
- g. Case Managers must have a high school diploma or equivalent, and a demonstrated ability to work effectively with at risk children and their families.
- h. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.

F. The state assures that the provision of case management services will not restrict an individual's free choice of providers in violations 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 services 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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Supersedes Approval Date OCT 22 2001 Effective Date JUL 01 2001
TN No. New

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 0-21, who are "at-risk" of not completing a secondary education program because they exhibit one or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No Health Check initial screen, no periodic screening or inadequate health care.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Mental health diagnosis but not eligible for special education.
8. Single parent family.
9. One or more grade retentions.
10. Born to teenage parent(s).
11. Born to a parent who has not completed High School.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. One or more years below grade placement in reading or math.
15. Free or reduced price lunch.
16. Lack of appropriate physical necessities (clothing, proper hygiene, etc.
17. Residing in home situation with guardian or caretaker other than natural parent(s).
18. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
19. Low achievement test scores (35th percentile and below on Iowa Test of Basis Skills (ITBS) or Test of Achievement and Proficiency (TAP), low grades (failing two or more academic subjects in a grading period), or repeated two or more grades.
20. History of exposure to direct or indirect violence.
21. History of sexual or physical abuse or neglect.

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Supersedes
TN No. New

Approval Date OCT 22 2001

Effective Date JUL 01 2001

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 than statewide): Chattooga County

C. Comparability of Services

- Services are provided in accordance with Section 1902(a)(10)(B) of the Act.
- Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) 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.

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 recipient.
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.

TN No. 02-023

Supersedes

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Effective Date

JUL 01 2001

TN No. New

D. Definition of Services: (continued)

3. Monitoring and follow-up with the 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.

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 have the capacity to 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., Health Check, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and 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 Chattooga County Health Department, Chattooga County Department of Family and Children Services, Chattooga County Public Schools and/or city schools, Chattooga County Commissioners and Chattooga County Juvenile Court.

TN No. 01-023

Supersedes _____ Approval Date _____

OCT 22 2001

Effective Date _____

JUL 01 2001

TN No. New

E. Qualification of Providers: (continued)

- f. Case Management Supervisors must hold a Bachelor's Degree and have experience in the human service field; i.e., public and social services, counseling, and have experience working with at-risk children and their families.
- g. Case Managers must have a high school diploma or equivalent, and a demonstrated ability to work effectively with at-risk children and their families.
- h. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.

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 services 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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Supersedes _____ Approval Date

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Effective Date

JUL 01 2001

TN No. New

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 0-21, who are "at-risk" of not completing a secondary education program because they exhibit one or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No Health Check initial screen, no periodic screening or inadequate health care.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Mental health diagnosis but not eligible for special education.
8. Single parent family.
9. One or more grade retentions.
10. Born to teenage parent(s).
11. Born to a parent who has not completed High School.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. One or more years below grade placement in reading or math.
15. Free or reduced price lunch.
16. Lack of appropriate physical necessities (clothing, proper hygiene, etc.).
17. Residing in home situation with guardian or caretaker other than natural parent(s).
18. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
19. Low achievement test scores (35th percentile and below on Iowa Test of Basic Skills (ITBS) or Test of Achievement and Proficiency (TAP), low grades (failing two or more academic subjects in a grading period), or repeated two or more grades.
20. History of exposure to direct or indirect violence.
21. History of sexual or physical abuse or neglect.

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Supersedes
TN No. New

Approval Date OCT 22 2001

Effective Date JUL 01 2001

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 than statewide): Whitfield County

C. Comparability of Services

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) 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.

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 recipient.
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.

D. Definition of Services: (continued)

3. Monitoring and follow-up with the 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.

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 have the capacity to 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., Health Check, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and 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 Whitfield County Health Department, Whitfield County Department of Family and Children Services, Whitfield County Public Schools and/or Dalton city schools, Whitfield County Commissioners, City of Dalton, Whitfield County Juvenile Court and Whitfield County Division of Youth Services..

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TN No. New

E. Qualification of Providers: (continued)

- f. Case Management Supervisors must hold a Bachelor's Degree and have experience in the human service field; i.e., public and social services, counseling, and have experience working with at-risk children and their families.
- g. Case Managers must have a high school diploma or equivalent, and a demonstrated ability to work effectively with at-risk children and their families.
- h. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.

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 services 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.

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 0-21, who are "at-risk" of not completing a secondary education program because they exhibit one or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No Health Check initial screen, no periodic screening or inadequate health care.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Mental health diagnosis but not eligible for special education.
8. Single parent family.
9. One or more grade retentions.
10. Born to teenage parent(s).
11. Born to a parent who has not completed High School.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. One or more years below grade placement in reading or math.
15. Free or reduced price lunch.
16. Lack of appropriate physical necessities (clothing, proper hygiene, etc.)
17. Residing in home situation with guardian or caretaker other than natural parent(s).
18. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
19. Low achievement test scores (35th percentile and below on Iowa Test of Basic Skills (ITBS) or Test of Achievement and Proficiency (TAP), low grades (failing two or more academic subjects in a grading period), or repeated two or more grades.
20. History of exposure to direct or indirect violence.
21. History of sexual or physical abuse or neglect.

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TN No. New

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 than statewide):
Bleckley County.

C. Comparability of Services:

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to requirements of Section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Children at-risk case management services is a set of interrelated activities for identifying, coordinating and reviewing the delivery of appropriate services for eligible at-risk children.

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 recipient.
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.

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TN No. New

D. Definition of Services: (continued)

3. Monitoring and follow-up with the 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.

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 have the capacity to 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 (HealthCheck, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and Nutritional Services).
- d. Must have demonstrated the ability to obtain collaboration between public and private services providers.
- e. In order to avoid duplication of services and to promote effective community level networking, case management providers must have signed a collaborative agreement with the Bleckley County Health Department, Bleckley County Department of Family and Children Services, Bleckley County Public Schools and/or city schools, Bleckley County Commissioners, City of Cochran, Oconee Circuit Juvenile Court, District 6 Division of Youth Services/Department of Juvenile Justice.

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E. Qualification of Providers: (continued)

- f. Case Management Supervisor must hold a Bachelor's Degree in a human services field; i.e., public and social services, counseling, humanities and have three years of experience working with a diverse population of low income children and their families.
- g. Case Managers must have a high school diploma or equivalent and a demonstrated ability to work effectively with at-risk children and their families.
- h. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.

F. The State assures that the provision of case management services will not restrict and individuals free choice of providers in violations 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 services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for their same purpose. Reimbursement methodology is found in Attachment 4.19-B, pages 5d and 5e.

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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 0-21, who are "at-risk" of not completing a secondary education program because they exhibit one or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No Health Check initial screen, no periodic screening or inadequate health care.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Mental health diagnosis but not eligible for special education.
8. Single parent family.
9. One or more grade retentions.
10. Born to teenage parent(s).
11. Born to a parent who has not completed High School.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. One or more years below grade placement in reading or math.
15. Free or reduced price lunch.
16. Lack of appropriate physical necessities (clothing, proper hygiene, etc.)
17. Residing in home situation with guardian or caretaker other than natural parent(s).
18. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
19. Low achievement test scores (35th percentile and below on Iowa Test of Basic Skills (ITBS) or Test of Achievement and Proficiency (TAP), low grades (failing two or more academic subjects in a grading period), or repeated two or more grades.
20. History of exposure to direct or indirect violence.
21. History of sexual or physical abuse or neglect.

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 than statewide):
Candler County.

C. Comparability of Services:

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to requirements of Section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Children at-risk case management services is a set of interrelated activities for identifying, coordinating and reviewing the delivery of appropriate services for eligible at-risk children.

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 recipient.
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.

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3. Monitoring and follow-up with the 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.

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 have the capacity to 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 (HealthCheck, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and Nutritional Services).
- d. Must have demonstrated the ability to obtain collaboration between public and private services providers.
- e. In order to avoid duplication of services and to promote effective community level networking, case management providers must have signed a collaborative agreement with the: Candler County Health Department, Candler County Department of Family and Children Services, Candler County Public Schools and or city schools, Candler County Commissioners.

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- f. Case Management Supervisor must hold a Bachelors Degree and have experience in the human service field: i.e. public and social services, counseling, and have experience working with at-risk children and their families.
 - g. Case Managers must have a high school diploma or equivalent and a demonstrated ability to work effectively with at-risk children and their families.
 - h. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.
- F. The State assures that the provision of case management services will not restrict and individuals free choice of providers in violations 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 services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for their same purpose. Reimbursement methodology is found in Attachment 4.19-B, pages 5d and ~~5e~~.

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 0-21, who are "at-risk" of not completing a secondary education program because they exhibit one or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No Health Check initial screen, no periodic screening or inadequate health care.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Mental health diagnosis but not eligible for special education.
8. Single parent family.
9. One or more grade retentions.
10. Born to teenage parent(s).
11. Born to a parent who has not completed High School.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. One or more years below grade placement in reading or math.
15. Free or reduced price lunch.
16. Lack of appropriate physical necessities (clothing, proper hygiene, etc.)
17. Residing in home situation with guardian or caretaker other than natural parent(s).
18. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
19. Low achievement test scores (35th percentile and below on Iowa Test of Basic Skills (ITBS) or Test of Achievement and Proficiency (TAP), low grades (failing two or more academic subjects in a grading period), or repeated two or more grades.
20. History of exposure to direct or indirect violence.
21. History of sexual or physical abuse or neglect.

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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 than statewide):
Coweta County.

C. Comparability of Services:

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to requirements of Section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Children at-risk case management services is a set of interrelated activities for identifying, coordinating and reviewing the delivery of appropriate services for eligible at-risk children.

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 recipient.
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.

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3. Monitoring and follow-up with the 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.

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 have the capacity to 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 (HealthCheck, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and Nutritional Services).
- d. Must have demonstrated the ability to obtain collaboration between public and private services providers.
- e. In order to avoid duplication of services and to promote effective community level networking, case management providers must have signed a collaborative agreement with the: Coweta County Health Department, Coweta County Department of Family and Children Services, Coweta County Public Schools and/or city schools.

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- f. Case Management Supervisor must hold a Bachelors Degree and have experience in the human service field: i.e. public and social services, counseling, and have experience working with at-risk children and their families.
 - g. Case Managers must have a high school diploma or equivalent and a demonstrated ability to work effectively with at-risk children and their families.
 - h. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.
- F. The State assures that the provision of case management services will not restrict and individuals free choice of providers in violations of Section 1902(a)(23) of the Act.
- 1. Eligible recipients will have free choice of the providers of case management services. Eligible recipients will have free choice of the providers of other medical care under the plan.
- G Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for their same purpose. Reimbursement methodology is found in Attachment 4.19-B, pages 5d and 5e.

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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 0-21, who are "at-risk" of not completing a secondary education program because they exhibit one or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No Health Check initial screen, no periodic screening or inadequate health care.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Mental health diagnosis but not eligible for special education.
8. Single parent family.
9. One or more grade retentions.
10. Born to teenage parent(s).
11. Born to a parent who has not completed High School.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. One or more years below grade placement in reading or math.
15. Free or reduced price lunch.
16. Lack of appropriate physical necessities (clothing, proper hygiene, etc.)
17. Residing in home situation with guardian or caretaker other than natural parent(s).
18. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
19. Low achievement test scores (35th percentile and below on Iowa Test of Basic Skills (ITBS) or Test of Achievement and Proficiency (TAP), low grades (failing two or more academic subjects in a grading period), or repeated two or more grades.
20. History of exposure to direct or indirect violence.
21. History of sexual or physical abuse or neglect.

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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 than statewide): Crawford County

C. Comparability of Services:

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without Regard to requirements of Section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Children at-risk case management services is a set of interrelated activities for identifying, coordinating and reviewing the delivery of appropriate services for eligible at-risk children.

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 recipient.
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.

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TN No. New

3. Monitoring and follow-up with the 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.

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 have the capacity to 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
 - a. Medicaid program.
- c. Must have demonstrated direct experience in the coordination of educational support services (Health Check, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and Nutritional Services).
- d. Must have demonstrated the ability to obtain collaboration between public and private services providers.
- e. In order to avoid duplication of services and to promote effective community level networking, case management providers must have signed a collaborative agreement with the Crawford County Health Department, Crawford County Department of Family and Children Services, Crawford County Public Schools and or city schools, Crawford County Commissioners, City of Roberta, Crawford County Juvenile Court, Crawford County Division of Youth Services.

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TN No. New

- f. Case Management Supervisor must hold a Bachelors Degree and have experience in the human service field: i.e. public and social services, counseling, and have experience working with at-risk children and their families.
 - g. Case Managers must have a high school diploma or equivalent and a demonstrated ability to work effectively with at-risk children and their families.
 - h. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.
- F. The State assures that the provision of case management services will not restrict and individuals free choice of providers in violations 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 services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for their same purpose. Reimbursement methodology is found in Attachment 4.19-B, pages 5d and ~~5e~~.

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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 0-21, who are "at-risk" of not completing a secondary education program because they exhibit one or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No Health Check initial screen, no periodic screening or inadequate health care.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Mental health diagnosis but not eligible for special education.
8. Single parent family.
9. One or more grade retentions.
10. Born to teenage parent(s).
11. Born to a parent who has not completed High School.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. One or more years below grade placement in reading or math.
15. Free or reduced price lunch.
16. Lack of appropriate physical necessities (clothing, proper hygiene, etc.)
17. Residing in home situation with guardian or caretaker other than natural parent(s).
18. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
19. Low achievement test scores (35th percentile and below on Iowa Test of Basic Skills (ITBS) or Test of Achievement and Proficiency (TAP), low grades (failing two or more academic subjects in a grading period), or repeated two or more grades.
20. History of exposure to direct or indirect violence.
21. History of sexual or physical abuse or neglect.

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 than statewide): Jasper County

C. Comparability of Services:

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without Regard to requirements of Section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Children at-risk case management services is a set of interrelated activities for identifying, coordinating and reviewing the delivery of appropriate services for eligible at-risk children.

The purpose of case management services is to assist those targeted at-risk children ingaining 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 recipient.
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.

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3. Monitoring and follow-up with the 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.

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 have the capacity to 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 (HealthCheck, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and Nutritional Services).
- d. Must have demonstrated the ability to obtain collaboration between public and private services providers.
- e. In order to avoid duplication of services and to promote effective community level networking, case management providers must have signed a collaborative agreement with the Jasper County Health Department, Jasper County Department of Family and Children Services, Jasper County Public Schools and/r city schools, Jasper County Commissioners, City of Monticello, Jasper County Juvenile Court, and Jasper County Division of Youth Services.

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- f. Case Management Supervisor must hold a Bachelors Degree and have experience in the human service field: i.e. public and social services, counseling, and have experience working with at-risk children and their families.
 - g. Case Managers must have a high school diploma or equivalent and a demonstrated ability to work effectively with at-risk children and their families.
 - h. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.
- F. The State assures that the provision of case management services will not restrict and individuals free choice of providers in violations 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 services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for their same purpose. Reimbursement methodology is found in Attachment 4.19-B, pages 5d and 5e.

TN No. 01-035
Supercedes
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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 0-21, who are "at-risk" of not completing a secondary education program because they exhibit one or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No Health Check initial screen, no periodic screening or inadequate health care.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Mental health diagnosis but not eligible for special education.
8. Single parent family.
9. One or more grade retentions.
10. Born to teenage parent(s).
11. Born to a parent who has not completed High School.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. One or more years below grade placement in reading or math.
15. Free or reduced price lunch.
16. Lack of appropriate physical necessities (clothing, proper hygiene, etc.)
17. Residing in home situation with guardian or caretaker other than natural parent(s).
18. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
19. Low achievement test scores (35th percentile and below on Iowa Test of Basic Skills (ITBS) or Test of Achievement and Proficiency (TAP), low grades (failing two or more academic subjects in a grading period), or repeated two or more grades.
20. History of exposure to direct or indirect violence.
21. History of sexual or physical abuse or neglect.

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 than statewide): Miller County.

C. Comparability of Services:

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without Regard to requirements of Section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Children at-risk case management services is a set of interrelated activities for identifying, coordinating and reviewing the delivery of appropriate services for eligible at-risk children.

The purpose of case management services is to assist those targeted at-risk children ingaining 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 recipient.
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 follow-up with the 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.

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 have the capacity to 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 (HealthCheck, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and Nutritional Services).
- d. Must have demonstrated the ability to obtain collaboration between public and private services providers.
- e. In order to avoid duplication of services and to promote effective community level networking, case management providers must have signed a collaborative agreement with the Miller County Health Department, Miller County Department of Family and Children Services, Miller County Public Schools and/or city schools, Miller County Commissioners, City of Colquitt, Miller County Juvenile Court, and Miller County Division of Youth Services.

- f. Case Management Supervisor must hold a Bachelors Degree and have experience in the human service field: i.e. public and social services, counseling, and have experience working with at-risk children and their families.
 - g. Case Managers must have a high school diploma or equivalent and a demonstrated ability to work effectively with at-risk children and their families.
 - h. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.
- F. The State assures that the provision of case management services will not restrict and individuals free choice of providers in violations 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 services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for their same purpose. Reimbursement methodology is found in Attachment 4.19-B, pages 5d and 5e.

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 0-21, who are "at-risk" of not completing a secondary education program because they exhibit one or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No Health Check initial screen, no periodic screening or inadequate health care.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Mental health diagnosis but not eligible for special education.
8. Single parent family.
9. One or more grade retentions.
10. Born to teenage parent(s).
11. Born to a parent who has not completed High School.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. One or more years below grade placement in reading or math.
15. Free or reduced price lunch.
16. Lack of appropriate physical necessities (clothing, proper hygiene, etc.)
17. Residing in home situation with guardian or caretaker other than natural parent(s).
18. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
19. Low achievement test scores (35th percentile and below on Iowa Test of Basic Skills (ITBS) or Test of Achievement and Proficiency (TAP), low grades (failing two or more academic subjects in a grading period), or repeated two or more grades.
20. History of exposure to direct or indirect violence.
21. History of sexual or physical abuse or neglect.

TN No. 01-037

Supersedes

TN No. NewApproval Date FEB 07 2002 Effective Date OCT 01 2001

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 than statewide): Towns County.

C. Comparability of Services:

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without Regard to requirements of Section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Children at-risk case management services is a set of interrelated activities for identifying, coordinating and reviewing the delivery of appropriate services for eligible at-risk children.

The purpose of case management services is to assist those targeted at-risk children ingaining 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 recipient.
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.

TN No. 01-037
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TN No. New

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3. Monitoring and follow-up with the 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.

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 have the capacity to 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 (HealthCheck, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and Nutritional Services).
- d. Must have demonstrated the ability to obtain collaboration between public and private services providers.
- e. In order to avoid duplication of services and to promote effective community level networking, case management providers must have signed a collaborative agreement with the Towns County Health Department, Towns County Department of Family and Children Services, Towns County Public Schools and/or city schools, Towns County Commissioners, Cities of Young Harris and Hiawassee, and Towns County Juvenile Court.

- f. Case Management Supervisor must hold a Bachelors Degree and have experience in the human service field: i.e. public and social services, counseling, and have experience working with at-risk children and their families.
 - g. Case Managers must have a high school diploma or equivalent and a demonstrated ability to work effectively with at-risk children and their families.
 - h. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.
- F. The State assures that the provision of case management services will not restrict and individuals free choice of providers in violations 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 services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for their same purpose. Reimbursement methodology is found in Attachment 4.19-B, pages 5d and 5e.

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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 0-21, who are "at-risk" of not completing a secondary education program because they exhibit one or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No Health Check initial screen, no periodic screening or inadequate health care.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Mental health diagnosis but not eligible for special education.
8. Single parent family.
9. One or more grade retentions.
10. Born to teenage parent(s).
11. Born to a parent who has not completed High School.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. One or more years below grade placement in reading or math.
15. Free or reduced price lunch.
16. Lack of appropriate physical necessities (clothing, proper hygiene, etc.)
17. Residing in home situation with guardian or caretaker other than natural parent(s).
18. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
19. Low achievement test scores (35th percentile and below on Iowa Test of Basic Skills (ITBS) or Test of Achievement and Proficiency (TAP), low grades (failing two or more academic subjects in a grading period), or repeated two or more grades.
20. History of exposure to direct or indirect violence.
21. History of sexual or physical abuse or neglect.

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OCT 01 2001

TN No. New

State: Georgia

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 than statewide): Union County.

C. Comparability of Services:

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without Regard to requirements of Section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Children at-risk case management services is a set of interrelated activities for identifying, coordinating and reviewing the delivery of appropriate services for eligible at-risk children.

The purpose of case management services is to assist those targeted at-risk children ingaining 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 recipient.
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.

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TN No. New

3. Monitoring and follow-up with the 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.

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 have the capacity to 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 (HealthCheck, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and Nutritional Services).
- d. Must have demonstrated the ability to obtain collaboration between public and private services providers.
- e. In order to avoid duplication of services and to promote effective community level networking, case management providers must have signed a collaborative agreement with the: Union County Health Department, Union County Department of Family and Children Services, Union County Public Schools and/or city schools, Union County Commissioners, City of Blairsville, Union County Juvenile Court, and Union County Division of Youth Services.

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TN No. New

- f. Case Management Supervisor must hold a Bachelors Degree and have experience in the human service field: i.e. public and social services, counseling, and have experience working with at-risk children and their families.
 - g. Case Managers must have a high school diploma or equivalent and a demonstrated ability to work effectively with at-risk children and their families.
 - h. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.
- F. The State assures that the provision of case management services will not restrict and individuals free choice of providers in violations 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 services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for their same purpose. Reimbursement methodology is found in Attachment 4.19-B. pages 5d and 5e.

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TN No. New

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 0-21, who are "at-risk" of not completing a secondary education program because they exhibit one or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No Health Check initial screen, no periodic screening or inadequate health care.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Mental health diagnosis but not eligible for special education.
8. Single parent family.
9. One or more grade retentions.
10. Born to teenage parent(s).
11. Born to a parent who has not completed High School.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. One or more years below grade placement in reading or math.
15. Free or reduced price lunch.
16. Lack of appropriate physical necessities (clothing, proper hygiene, etc.)
17. Residing in home situation with guardian or caretaker other than natural parent(s).
18. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
19. Low achievement test scores (35th percentile and below on Iowa Test of Basic Skills (ITBS) or Test of Achievement and Proficiency (TAP), low grades (failing two or more academic subjects in a grading period), or repeated two or more grades.
20. History of exposure to direct or indirect violence.
21. History of sexual or physical abuse or neglect.

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3. Monitoring and follow-up with the 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.

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 have the capacity to 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 (Health Check, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and Nutritional Services).
- d. Must have demonstrated the ability to obtain collaboration between public and private services providers.
- e. In order to avoid duplication of services and to promote effective community level networking, case management providers must have signed a collaborative agreement with the: Banks County Health Department, Banks County Department of Family and Children Services, Banks County Public Schools and/or city schools, Banks County Commissioners, City of Homer, and Banks County Juvenile Court.

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Effective Date

OCT 01 2001

TN No. New

- f. Case Management Supervisor must hold a Bachelors Degree and have experience in the human service field: i.e. public and social services, counseling, and have experience working with at-risk children and their families.
 - g. Case Managers must have a high school diploma or equivalent and a demonstrated ability to work effectively with at-risk children and their families.
 - h. Case Managers must complete a pre-service training program and a Family0 Connection designed and supervised practice experience.
- F. The State assures that the provision of case management services will not restrict and individuals free choice of providers in violations 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 services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for their same purpose. Reimbursement methodology is found in Attachment 4.19-B, pages 5d and 5e.

TN No. 01-039

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TN No. New

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 0-21, who are "at-risk" of not completing a secondary education program because they exhibit one or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No Health Check initial screen, no periodic screening or inadequate health care.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Mental health diagnosis but not eligible for special education.
8. Single parent family.
9. One or more grade retentions.
10. Born to teenage parent(s).
11. Born to a parent who has not completed High School.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. One or more years below grade placement in reading or math.
15. Free or reduced price lunch.
16. Lack of appropriate physical necessities (clothing, proper hygiene, etc.)
17. Residing in home situation with guardian or caretaker other than natural parent(s).
18. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
19. Low achievement test scores (35th percentile and below on Iowa Test of Basic Skills (ITBS) or Test of Achievement and Proficiency (TAP), low grades (failing two or more academic subjects in a grading period), or repeated two or more grades.
20. History of exposure to direct or indirect violence.
21. History of sexual or physical abuse or neglect.

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Effective Date

OCT 01 2001

TN No. New

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 than statewide): Dade County

C. Comparability of Services:

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without Regard to requirements of Section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Children at-risk case management services is a set of interrelated activities for identifying, coordinating and reviewing the delivery of appropriate services for eligible at-risk children.

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 recipient.
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.

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3. Monitoring and follow-up with the 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.

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 have the capacity to 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 (HealthCheck, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and Nutritional Services).
- d. Must have demonstrated the ability to obtain collaboration between public and private services providers.
- e. In order to avoid duplication of services and to promote effective community level networking, case management providers must have signed a collaborative agreement with the: Dade County Health Department, Dade County Department of Family and Children Services, Dade County Public Schools and or city schools, and Dade County Commissioners.

TN No. 01-040

Supersedes Approval Date

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Effective Date

OCT 01 2001

TN No. New

- f. Case Management Supervisor must hold a Bachelors Degree and have experience in the human service field: i.e. public and social services, counseling, and have experience working with at-risk children and their families.
 - g. Case Managers must have a high school diploma or equivalent and a demonstrated ability to work effectively with at-risk children and their families.
 - h. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.
- F. The State assures that the provision of case management services will not restrict and I individuals free choice of providers in violations 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 services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for their same purpose. Reimbursement methodology is found in Attachment 4.19-B, pages 5d and 5e.

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 0-21, who are "at-risk" of not completing a secondary education program because they exhibit one or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No Health Check initial screen, no periodic screening or inadequate health care.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Mental health diagnosis but not eligible for special education.
8. Single parent family.
9. One or more grade retentions.
10. Bom to teenage parent(s).
11. Bom to a parent who has not completed High School.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. One or more years below grade placement in reading or math.
15. Free or reduced price lunch.
16. Lack of appropriate physical necessities (clothing, proper hygiene, etc.)
17. Residing in home situation with guardian or caretaker other than natural parent(s).
18. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
19. Low achievement test scores (35th percentile and below on Iowa Test of Basic Skills (ITBS) or Test of Achievement and Proficiency (TAP), low grades (failing two or more academic subjects in a grading period), or repeated two or more grades.
20. History of exposure to direct or indirect violence.
21. History of sexual or physical abuse or neglect.

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FEB 08 2002

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OCT 01 2001

TN No. New

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 than statewide): Greene County

C. Comparability of Services:

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to requirements of Section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Children at-risk case management services is a set of interrelated activities for identifying, coordinating and reviewing the delivery of appropriate services for eligible at-risk children.

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 recipient.
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.

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3. Monitoring and follow-up with the 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.

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 have the capacity to 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 (HealthCheck, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and Nutritional Services).
- d. Must have demonstrated the ability to obtain collaboration between public and private services providers.
- e. In order to avoid duplication of services and to promote effective community level networking, case management providers must have signed a collaborative agreement with the: Greene County Health Department, Greene County Department of Family and Children Services, Greene County Public Schools and/or city schools, Greene County Commissioners, City of Greensboro, and Greene County Juvenile Court.

TN No. 01-041

Supersedes Approval Date

FEB 03 2002

Effective Date

OCT 01 2001

TN No. New

- f. Case Management Supervisor must hold a Bachelors Degree and have experience in the human service field: i.e. public and social services, counseling, and have experience working with at-risk children and their families.
 - g. Case Managers must have a high school diploma or equivalent and a demonstrated ability to work effectively with at-risk children and their families.
 - h. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.
- F. The State assures that the provision of case management services will not restrict and individuals free choice of providers in violations 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 services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for their same purpose. Reimbursement methodology is found in Attachment 4.19-B, pages 5d and 5e.

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 0-21, who are "at-risk" of not completing a secondary education program because they exhibit one or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No Health Check initial screen, no periodic screening or inadequate health care.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Mental health diagnosis but not eligible for special education.
8. Single parent family.
9. One or more grade retentions.
10. Born to teenage parent(s).
11. Born to a parent who has not completed High School.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. One or more years below grade placement in reading or math.
15. Free or reduced price lunch.
16. Lack of appropriate physical necessities (clothing, proper hygiene, etc.)
17. Residing in home situation with guardian or caretaker other than natural parent(s).
18. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
19. Low achievement test scores (35th percentile and below on Iowa Test of Basic Skills (ITBS) or Test of Achievement and Proficiency (TAP), low grades (failing two or more academic subjects in a grading period), or repeated two or more grades.
20. History of exposure to direct or indirect violence.
21. History of sexual or physical abuse or neglect.

TN No. 01-042

Supersedes Approval Date

FEB 08 2002

Effective Date

OCT 01 2001

TN No. New

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 than statewide): Walton County.

C. Comparability of Services:

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without Regard to requirements of Section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Children at-risk case management services is a set of interrelated activities for identifying, coordinating and reviewing the delivery of appropriate services for eligible at-risk children.

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 recipient.
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.

TN No. 01-042

Supersedes Approval Date

FEB 08 2002

Effective Date

OCT 01 2001

TN No. New

3. Monitoring and follow-up with the 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.

E. Qualification of Providers:0

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 have the capacity to 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 (HealthCheck, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and Nutritional Services).
- d. Must have demonstrated the ability to obtain collaboration between public and private services providers.
- e. In order to avoid duplication of services and to promote effective community level networking, case management providers must have signed a collaborative agreement with the: Walton County Health Department, Walton County Department of Family and Children Services, Walton County Public Schools and Social Circle City Schools, Walton County Board of Commissioners, Walton County Juvenile Court, and Walton County Division of Youth Services.

TN No. 01-042

Supersedes Approval Date

FEB 08 2002

Effective Date

OCT 01 2001

TN No. New

- f. Case Management Supervisor must hold a Bachelors Degree and have experience in the human service field: i.e. public and social services, counseling, and have experience working with at-risk children and their families.
 - g. Case Managers must have a high school diploma or equivalent and a demonstrated ability to work effectively with at-risk children and their families.
 - h. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.
- F. The State assures that the provision of case management services will not restrict and individuals free choice of providers in violations of Section 1902(a)(23) of the Act.
- 1. Eligible recipients will have free choice of the providers of case management
 - 2. Eligible recipients will have free choice of the providers of other medical care under the plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for their same purpose. Reimbursement methodology is found in Attachment 4.19-B, pages 5d and 5e.

TN No. 01-042

Supersedes Approval Date

FEB 08 2002

Effective Date

OCT 01 2001

TN No. New

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Georgia

Special Education Service Coordination Case Management Services
(Known as Targeted Case Management [TCM])

A. Target Group:

Children ages 3-20 years old who are Medicaid eligible and whom have disabilities under the Individuals with Disabilities Education Act (IDEA) with coverable conditions as documented in their Individual Education Program (IEP) or IFSP (Individual Family Services Plan). A child is eligible to receive comprehensive Special Education Service Coordination case management services (TCM) under the Georgia Medical Assistance Program when all of the following conditions are met:

- The child has an active IEP with special education service coordination listed as a necessary service; and
- The IEP contains Medicaid coverable medical (health-related) services.

B. Comparability of Services:

- Services are provided in accordance with Section 1902(a)(10)(B) of the Act.
- Services are not comparable in amount, duration and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to requirements of Section 1902(a)(10)(B) of the Act.

C. Areas of State in which services will be provided:

- Entire State (180 schools or local education agencies)
- Only in the following geographic areas (authority of Section 1915(g)(1) of the Act is invoked to provide services less than statewide): All 180 school districts in GA.

TN No. 01-027
Supersedes
TN No. New

Approval Date JUN 04 2002 Effective Date JUL 01 2001

D. Definition of Services:

Special Education Service Coordination case management means ongoing service coordination activities, carried out to assist children receiving special education, as indicated by the child's IEP or IFSP to assist the recipient in gaining access to the appropriate and needed services. It also involves monitoring the recipients to assure needed medical services are received as listed in the IEP. The special education service coordinator is responsible for:

- 1) Coordinating the process of the IEP development,
- 2) Coordinating the implementation of the IEP, and
- 3) Monitoring and follow up on the targeted recipients to assure that required medical services are received and are adequate in meeting each child's needs.

Special education service coordination focuses on medical services detailed in the child's IEP. However, the clearly defined nature of special education service coordination eliminates duplication of service coordination activities and any overlap of responsibilities.

A single Service Coordinator (case manager) should be named in the child's IEP.

Special Education Service Coordination Case Management activities include, but are not limited to:

1. Coordinating the performance of medical evaluations and assessments that the child needs;
2. Facilitating and participating in the development, review, and evaluation of the IEP;
3. Linking and coordinating medical services across private and public agency lines; and
4. Reassessing and follow-up, as required, to ensure medical needs of the student are met.

The department will only pay for case management activities that are over and above the provider's usual assigned duties and responsibilities.

The Service Coordination case management records for special education must be maintained in the child's record. All contacts with or on behalf of a child must be documented in the same manner as other covered services. (This mean that the health-related services, outlined in the child's IEP, are coverable under the school-based Children's Intervention School Services [CISS] program and must be documented according to the CISS program policies and procedures and as defined in the State Plan.)

Services **which** exceed the limitations must be approved prior to service delivery.

Required Documentation

Service coordination case management services for special education children with an IEP must be documented with each encounter. The following information must be maintained for each encounter: date of service, name of the student, the name of the individual providing the service, the specialty, discipline or title of the individual providing the service, the nature of the billable activity, the method of service delivery (examples: telephone contact, correspondence, face to face, etc.), the group or individual with whom engaged, and the time span of the activity. Documentation materials, including IEPs, should be maintained for at least five years after service delivery.

E. Qualifications of Providers:

Provider Qualifications

The individual must possess the following qualifications:

- An individual who possesses a baccalaureate degree with a major in special education, social services, psychology, or a related field (behavioral health, or social sciences); or
- Registered Nurse.

In addition to meeting at least one of the above criteria, the service coordinator must also possess demonstrated knowledge and understanding of all of the following:

- Medicaid regulations related to the provision of IEP services;
- The nature and scope of services covered under IDEA;
- Provision of direct care services to individuals with special needs; and
- Provision of culturally competent services within the culture of the community being served.

Exclusions

- Medicaid will not reimburse case management services, which duplicate other case management services and are provided to eligible recipients through other Targeted Case Management programs.
 - Service coordination case management services (TCM) as defined in the State Plan will not be eligible for FFP at the administrative rate, for the same types of services furnished to the same recipients.
 - Recipients cannot receive another direct billable services at the same date and time they are receiving TCM.
 - The Service Coordinator (case manager) cannot be the direct therapy provider.
- F. The State assures that the provision of case management services will not restrict the children and their family freedom of choice of providers in violations of Section 1902 (a) (23) of the Act.
1. Eligible recipients will have the free choice of the providers of special education service coordination case management services.
 2. Eligible recipients will have the free choice of providers for other Medicaid services or medical care under the plan.
- G. Payment for case management services 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.

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 0-21, who are "at-risk" of not completing a secondary education program because they exhibit one or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No Health Check initial screen, no periodic screening or inadequate health care.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Mental health diagnosis but not eligible for special education.
8. Single parent family.
9. One or more grade retentions.
10. Born to teenage parent(s).
11. Born to a parent who has not completed high school.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. One or more years below grade placement in reading or math.
15. Free or reduced price lunch.
16. Lack of appropriate physical necessities (clothing, proper hygiene, etc.)
17. Residing in home situation with guardian or caretaker other than natural parent(s).
18. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
19. Low achievement test scores (35th percentile and below on Iowa Test of Basic Skills (ITBS) or Test of Achievement and Proficiency (TAP), low grades (failing two or more academic subjects in a grading period), or repeated two or more grades.
20. History of exposure to direct or indirect violence.
21. History of sexual or physical abuse or neglect.

TN No. 02-007

Supercedes

TN No. New

Approval Date September 30, 2002 Effective Date April 1, 2002

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 than statewide): **McDuffie County**.

C. Comparability of Services:

[] Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

[] Services are not comparable in amount, duration and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to requirements of Section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Children at-risk case management services is a set of interrelated activities for identifying, coordinating and reviewing the delivery of appropriate services for eligible at-risk children.

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 recipient.
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.

TN No. 02-007

Supersedes

Approval Date September 30, 2002 Effective Date April 1, 2002

TN No. New

3. Monitoring and follow-up with the 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.

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 have the capacity to 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 (Health Check, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and Nutritional Services).
- d. Must have demonstrated the ability to obtain collaboration between public and private services providers.
- e. In order to avoid duplication of services and to promote effective community level networking, case management providers must have signed a collaborative agreement with the:
McDuffie County Health Department, **McDuffie** County Department of Family and Children Services, **McDuffie** County Public Schools and or city schools, and **McDuffie** County Commissioners.

TN No. 02-007
Supercedes
TN No. New

Approval Date September 30, 2002 Effective Date April 1, 2002

- f. Case Management Supervisor must hold a Bachelors Degree and have experience in the human service field: i.e. public and social services, counseling, and have experience working with at-risk children and their families.
 - g. Case Managers must have a high school diploma or equivalent and a demonstrated ability to work effectively with at-risk children and their families.
 - h. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.
- F. The State assures that the provision of case management services will not restrict and individuals free choice of providers in violations 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 services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for their same purpose. Reimbursement methodology is found in Attachment 4.19-B, pages 5d and 5e.

TN No. 02-007
Supercedes
TN No. New

Approval Date September 30, 2002 Effective Date April 1, 2002

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 0-21, who are "at-risk" of not completing a secondary education program because they exhibit one or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No Health Check initial screen, no periodic screening or inadequate health care.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Mental health diagnosis but not eligible for special education.
8. Single parent family.
9. One or more grade retentions.
10. Bom to teenage parent(s).
11. Bom to a parent who has not completed High School.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. One or more years below grade placement in reading or math.
15. Free or reduced price lunch.
16. Lack of appropriate physical necessities (clothing, proper hygiene, etc.)
17. Residing in home situation with guardian or caretaker other than natural parent(s).
18. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
19. Low achievement test scores (35th percentile and below on Iowa Test of Basic Skills (ITBS) or Test of Achievement and Proficiency (TAP), low grades (failing two or more academic subjects in a grading period), or repeated two or more grades.
20. History of exposure to direct or indirect violence.
21. History of sexual or physical abuse or neglect.

TN No. 02-014

Supersedes

Approval Date March 3, 2003

Effective Date October 1, 2002

TN No. New

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 than statewide): Polk County.

C. Comparability of Services:

- Services are provided in accordance with Section 1902(a)(10)(B) of the Act.
- Services are not comparable in amount, duration and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to requirements of Section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Children at-risk case management services is a set of interrelated activities for identifying, coordinating and reviewing the delivery of appropriate services for eligible at-risk children.

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 recipient.
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.

TN No. 02-014

Supersedes

Approval Date March 3, 2003

Effective Date October 1, 2002

TN No. New

3. Monitoring and follow-up with the 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.

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 have the capacity to 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 (Health Check, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and Nutritional Services).
- d. Must have demonstrated the ability to obtain collaboration between public and private services providers.
- e. In order to avoid duplication of services and to promote effective community level networking, case management providers must have signed a collaborative agreement with the: Polk County Health Department, Polk County Department of Family and Children Services, Polk County Public Schools and or city schools, Polk County Juvenile Court, Polk County Division of Youth Services.

TN No. 02-014

Supersedes
TN No. New

Approval Date March 3, 2003

Effective Date October 1, 2002

- f. Case Management Supervisor must hold a Bachelors Degree and have experience in the human service field: i.e. public and social services, counseling, and have experience working with at-risk children and their families.
 - g. Case Managers must have a high school diploma or equivalent and a demonstrated ability to work effectively with at-risk children and their families.
 - h. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.
- F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violations 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 services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for their same purpose. Reimbursement methodology is found in Attachment 4.19-B, pages 5d and 5e.

TN No. 02-014

Supersedes

Approval Date March 3, 2003

Effective Date October 1, 2002

TN No. New

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 0-21, who are "at-risk" of not completing a secondary education program because they exhibit one or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No Health Check initial screen, no periodic screening or inadequate health care.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Mental health diagnosis but not eligible for special education.
8. Single parent family.
9. One or more grade retentions.
10. Born to teenage parent(s).
11. Born to a parent who has not completed High School.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. One or more years below grade placement in reading or math.
15. Free or reduced price lunch.
16. Lack of appropriate physical necessities (clothing, proper hygiene, etc.)
17. Residing in home situation with guardian or caretaker other than natural parent(s).
18. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
19. Low achievement test scores (35th percentile and below on Iowa Test of Basic Skills (ITBS) or Test of Achievement and Proficiency (TAP), low grades (failing two or more academic subjects in a grading period), or repeated two or more grades.
20. History of exposure to direct or indirect violence.
21. History of sexual or physical abuse or neglect.

TN No. 02-015

Supersedes

Approval Date March 3, 03

Effective Date October 1, 2002

TN No. New

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 than statewide): Atkinson County.

C. Comparability of Services:

- Services are provided in accordance with Section 1902(a)(10)(B) of the Act.
- Services are not comparable in amount, duration and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to requirements of Section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Children at-risk case management services is a set of interrelated activities for identifying, coordinating and reviewing the delivery of appropriate services for eligible at-risk children.

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 recipient.
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.

TN No. 02-015

Supersedes

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Effective Date October 1, 2002

TN No. New

3. Monitoring and follow-up with the 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.

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 have the capacity to 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 (Health Check, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and Nutritional Services).
- d. Must have demonstrated the ability to obtain collaboration between public and private services providers.
- e. In order to avoid duplication of services and to promote effective community level networking, case management providers must have signed a collaborative agreement with the: **Atkinson County Health Department, Atkinson County Department of Family and Children Services, Atkinson County Public Schools and or city schools, Atkinson County Commissioners, City of Pearson and City of Willacoochee, Atkinson County Juvenile Court, and Atkinson County Department of Juvenile Justice.**

TN No. 02-015

Supersedes

Approval Date March 3, 2003

Effective Date October 1, 2002

TN No. New

- f. Case Management Supervisor must hold a Bachelors Degree and have experience in the human service field: i.e. public and social services, counseling, and have experience working with at-risk children and their families.
 - g. Case Managers must have a high school diploma or equivalent and a demonstrated ability to work effectively with at-risk children and their families.
 - h. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.
- F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violations 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 services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for their same purpose. Reimbursement methodology is found in Attachment 4.19-B, pages 5d and 5e.

TN No. 02-015

Supersedes

Approval Date March 3, 2003

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TN No. New