

## Washington — Targeted Case Management and Traditional Medicaid Service

Established under the 1989 Maternity Care Access Act, Washington State’s First Steps program is an umbrella program designed to provide prenatal care and pregnancy support services to low-income pregnant women and their children. Created to address access shortages to prenatal care and obstetric providers in the most rural communities, the program serves about 50 percent of the approximately 47,000 annual Medicaid-eligible births in the state.<sup>61</sup> Previously administered by the Washington State Department of Social and Health Services (DSHS), First Steps is now administered by the state’s Medicaid agency, the Washington State Health Care Authority (HCA). The following service areas represent the foundational components of the First Steps program:

- **Medical services**, including prenatal care, delivery, and post-pregnancy follow-up services. Additionally newborns receive one year of full medical care, and family planning services are offered for up to one year for eligible women post-pregnancy.
- **Enhanced services**, which include Maternity Support Services (MSS), Infant Case Management (ICM), and Childbirth Education (CBE).
- **Expedited alcohol and drug assessment and treatment services**, which are provided to eligible women and their infants, and
- **Ancillary services**, which includes expedited eligibility determinations, “case finding,”<sup>62</sup> outreach, and transportation services.<sup>63</sup>

Although First Steps offers these four service areas to Medicaid-eligible women and infants, this case study will focus on the enhanced services offered through Maternity Support Services (MSS) and Infant Case Management (ICM), as they are more closely aligned with the goals of maternal and infant home visiting programs.

The MSS/ICM programs offered through First Steps provide enhanced support services to mothers throughout pregnancy and for infants through the month of their first birthday.<sup>64</sup> Both programs are designed to deliver interventions early in pregnancy to promote healthy births and positive parenting skills. Within MSS and ICM programs, services may be offered in an office setting, in a beneficiary’s home, or in a non-office setting (See Table B6).

The goal of the MSS program is to facilitate access to preventive health services for eligible pregnant women. This program is designed to supplement routine prenatal medical visits and to increase access to

services such as screening, assessment, education, intervention, and counseling. Other Medicaid covered services available to women enrolled in MSS and ICM include medical and dental care, transportation support, interpretation services, and specialized substance abuse treatment.<sup>65</sup>

Eligible women (those living at or below 185 percent of the federal poverty level) must be enrolled in a Medicaid benefit package prior to the end of pregnancy in order to receive services. Once a client is enrolled, she may elect to participate in MSS/ICM as well as the Childbirth Education program.<sup>66</sup> The eligibility period for MSS begins as soon as the client is approved for Medicaid and continues through the end of the month in which the 60th day post-pregnancy occurs. Teenage parents still living with a parent are allowed to use their own personal income when applying to receive MSS. Managed care enrollees can also receive MSS services.

At the local level, First Steps agencies are required to establish an interdisciplinary MSS provider team consisting of a community health nurse, registered dietitian, behavioral health specialist, and, depending on the agency, a community health worker. This team is responsible for delivering MSS services, including assessment, education, intervention, and case management, as well as developing individual care plans for each mother.<sup>67</sup>

When the MSS eligibility period ends for a mother, the infant may still be eligible to receive Infant Case Management. ICM is specifically designed to serve Medicaid-eligible high-risk infants and to improve the self-sufficiency of their parent(s).<sup>68</sup> To qualify, infants must reside with their parent(s), documentation must exist of the parents' lack of access to needed services, and the infant or parent must meet HCA high-risk eligibility criteria.<sup>69</sup> Infants enrolled in Medicaid and CHIP are eligible to receive ICM.

The eligibility period begins in the first day of the month following pregnancy and concludes at the end of the month of the infant's first birthday. ICM provides referrals and linkages for families in need of educational, medical, and mental health services. Program services are delivered by MSS certified providers (a community health nurse, registered dietitian, or behavioral health specialist), experienced bachelor's- or master's-level professionals, or an ICM-qualified paraprofessional, who must have a two-year associate of arts degree and two years of field experience and be supervised monthly by a bachelor's- or master's-level MSS/ICM professional.

Table B6

## Washington State Health Care Authority Covered Services\*

| <b>Maternity Support Services</b>   | <b>Infant Case Management Services</b>   |
|---|--|
| <ul style="list-style-type: none"> <li>• Screening and assessment of risk factors related to pregnancy and birth outcomes;</li> <li>• Education that relates to improving pregnancy and parenting outcomes;</li> <li>• Brief counseling;</li> <li>• Interventions for risk factors identified on the care plan;</li> <li>• Basic health messages;</li> <li>• Case management;</li> <li>• Care coordination;</li> <li>• Family planning screening and referral;</li> <li>• Screening, education and referral(s) for tobacco usage and second hand smoke exposure; and,</li> <li>• Infant case management (ICM) screening.</li> </ul> | <ul style="list-style-type: none"> <li>• An initial in-person screening which includes developing a care plan;</li> <li>• Case management services and care coordination;</li> <li>• Referring and linking the infant and parent(s) to other services or resources;</li> <li>• Advocating for the infant and parent(s); and</li> <li>• Follow-up contact(s) with infants and their parent(s) to ensure the care plan continues to meet their needs.</li> </ul> |

\* Medicaid Purchasing Administration (MPA), Maternity Support Services/ Infant Case Management Billing Instructions [WAC 388-533-0300 and 388-533-0386]. [http://hrsa.dshs.wa.gov/Download/Billing\\_Instructions/MSS-ICM/MSS-ICM\\_BI.pdf](http://hrsa.dshs.wa.gov/Download/Billing_Instructions/MSS-ICM/MSS-ICM_BI.pdf).

### Medicaid and First Steps Home Visiting

First Steps program services, including MSS and ICM, are available only to Medicaid-enrolled mothers, fathers, or infants. In order to bill Medicaid for MSS/ICM, an agency must be authorized by the Washington State HCA to provide First Steps services. These public and private agencies may be contracted by HCA in every county. When MSS or ICM services are delivered, the HCA-authorized provider agency submits the

reimbursement claim to Washington’s ProviderOne System, the HCA’s centralized Medicaid provider payment system. For MSS, the HCA reimburses services on a fee-for-service basis, in which one unit of service is equivalent to 15 minutes. For ICM, providers claim service reimbursement through Medicaid TCM, where one unit of services equals 15 minutes as well. Table B7 describes the specific payment fee schedule associated with MSS/ICM service reimbursement.<sup>70</sup>

Table B7

## Washington Medicaid Purchasing Agency (MPA) Fee Schedule, Effective July 1, 2009

### Maternity Support Services

| Procedure Code | Modifier* | Service Description                                  | Maximum Allowable Office Setting | Maximum Allowable Home Setting | Policy/Comments  |
|----------------|-----------|--|----------------------------------|--------------------------------|--|
| 96152          | HD        | Behavioral Health Specialist                         | \$25.00                          | \$35.00                        | 1 unit= 15 minutes during a MSS Behavioral Health Visit        |
| S9470          | HD        | Nutritional Counseling, dietician visit              | \$25.00                          | \$35.00                        | 1 unit= 15 minutes during a MSS Dietician Visit                |
| T1002          | HD        | RN services  | \$25.00                          | \$35.00                        | 1 unit= 15 minutes during a MSS Community Health Nursing Visit |
| T1027          | HD        | Family training and counseling for child development | \$14.00                          | \$18.00                        | 1 unit= 15 minutes during a MSS Community Health Worker Visit  |

### Infant Case Management

|       |    |                          |         |         |                    |
|-------|----|--------------------------|---------|---------|--------------------|
| T1017 | HD | Targeted Case Management | \$20.00 | \$20.00 | 1 unit= 15 minutes |
|-------|----|--------------------------|---------|---------|--------------------|

\*HD= Pregnant/Parenting Program.

As this table demonstrates, MSS program services provided during a home visit reimburse higher per unit of service than those provided in an office setting. HCA limits the number of service units that can be claimed per mother. For example, when mothers enter MSS in the prenatal period, their assessment may flag them to receive different levels of service

based on intensive need (Basic=7 units, Expanded=14 units, or Maximum=30 units) throughout their pregnancies. For mothers that begin MSS post-pregnancy, they are eligible to receive different levels of service (Basic= 4 units, Expanded=6 units, or Maximum= 9 units) until the end of the post-pregnancy eligibility period.

In the case of ICM, all services provided to infants and their families are billed as Medicaid TCM. All services rendered must be delivered to the family in a face-to-face meeting with the enrolled infant present. Similar to MSS, an ICM Screening Tool is used to assess the level of service (Lower Level or Higher Level) the family needs. Throughout the infant's eligibility period, a family may receive a maximum of 6 units of Lower Level services and 20 units of Higher Level services.

In 2010, the Washington State Legislature created the Home Visiting Services Account (HVSA). The primary purpose of the HVSA is to align and leverage public funding with private matching funds to increase the number of families served through home visiting programs. The legislation authorizes an account under the purview of the state treasury that will consist of state appropriations and private dollars “to develop, support and evaluate evidence-based, research-based, and promising home visiting programs.”<sup>71</sup> The Department of Early Learning, which supports home visiting programs aiming to reduce child abuse and improve school readiness, is the designated public agency leading the HVSA.

The account expenditures will be used to provide the state match for home visiting programs, and the funds are administered by Thrive by Five Washington,<sup>72</sup> the designated “nongovernmental private-public partnership.” As directed by the

statute, Thrive by Five will manage and administer the HVSA, including overseeing competitive grant-making processes, direct service implementation and technical assistance, evaluation, and engaging an advisory committee. Thrive by Five is also designated to raise the private dollars needed for the HVSA. In FY 2012, the HVSA portfolio includes programs funded through the federal MIECHV program, state general funds designated for home visiting, and private match dollars. The HVSA does not currently support First Steps.

### Lessons Learned

A significant proportion of pregnant women and children are enrolled in Medicaid managed care in Washington, and First Steps has always been a carved-out program available to managed care as well as FFS enrollees. While managed care programs do not offer maternal and child home visiting services, many of them have contracted with provider agencies to offer telephonic support to high-risk pregnant women. First Steps programs and providers do not, however, have access to the utilization data of these services or which women are receiving these services. HCA is currently working with new managed care entities in the state to develop contract provisions that will allow the Authority to access this patient information. This would allow both First Steps and managed care entities to collaborate in care management for overlapping populations.

For references, please visit [www.pewstates.org/homevisiting](http://www.pewstates.org/homevisiting).