

CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE
SUBCHAPTER 5. INDIVIDUAL PROVIDERS AND SPECIALTIES
PART 112. PUBLIC HEALTH CLINIC SERVICES

317:30-5-1161. Targeted case management

(a) Case management is a set of interrelated activities under which responsibility for locating, coordinating and monitoring appropriate services for an individual rests with a specific person within the case management agency. Services under case management are not comparable in amount duration and scope.

(b) Case management is designed to assist ~~a~~ an individual in gaining access to needed medical, social, educational and other services essential to meeting basic human needs, and is not restrictive in nature.

(c) Major components of the services include working with the individual in the use of basic community resources, referral, linkage and advocacy.

(d) In order to ensure that case management services are not duplicated by other staff, case management activities will be provided in accordance with a comprehensive individualized treatment/service plan. The development of this plan includes clinical staff participation, thus ensuring ~~that staff knows a~~ client member has a/case manager relationship has been established.

(e) ~~Case management services managers~~ for first time mothers must provide necessary coordination with providers of non-medical services, such as nutrition, psycho social or health education programs, when services provided by these entities are needed. The case manager coordinates these services as well as coordination with needed medical services service providers. Case managers must be nurses, certified by the Oklahoma State Department of Health, before providing assistance to first time mothers. The purpose of case management services for first time mothers and their infants/children is to:

- (1) assist first time mothers and their infants/children in gaining access to needed medical, social, educational and other services;
- (2) encourage the use of appropriate medical providers; and
- (3) discourage over utilization or duplication of services.

(f) Targeted case management does not include:

- (1) SoonerCare eligibility determinations and re-determinations;
- (2) SoonerCare intake processing;
- (3) SoonerCare preadmission screening for inpatient care;
- (4) Prior Authorization for SoonerCare services and utilization review;
- (5) SoonerCare outreach;
- (6) physically escorting or transporting a member to scheduled appointments or staying with a member during an appointment;
- (7) monitoring financial goals;

- (8) providing specific services such as shopping or payment of bills; or
- (9) delivering bus tickets, food stamps, money, etc.

317:30-5-1162. Prenatal services

(a) Prenatal services provided by CHDs and CCHDs must conform to the Program guidelines for prenatal services under the Maternal and Child Health Services Block Grant Programs (Title V of the Social Security Act).

(b) The following components must be provided at the appropriate antepartum visit during the pregnancy and documented in the member's record:

- (1) Initial and subsequent history
- (2) Prenatal assessment
- (3) Offer of HIV Counseling and Testing
- (4) Screening of all pregnant women for tobacco use with provision of smoking cessation counseling and appropriate treatment as needed; and
- (5) Affiliated services, including nutrition education and social services health education.

(c) See OAC 317:30-5-22 for specifics on obstetrical care billing.