

PUBLIC HEALTH CASE MANAGEMENT OVERVIEW

MATERNITY CARE COORDINATION, MATERNAL OUTREACH WORKERS, CHILD SERVICE COORDINATION, EARLY INTERVENTION

Goal	Recipient	Legislation/ Regulations	Problems	Quality Assurance	Cost Effectiveness	Outcome
<p>Prevention of disease and early intervention among all North Carolinians (i.e. public)</p> <p>Part of Public Health System</p> <p>Identify potential and/or existing health conditions that can be avoided or ameliorated among pregnant women, infants, and their families</p> <p>For example- Pregnant woman with HIV & without prenatal care</p>	<p>Individual in the context of his or her family & community</p> <p>For example – 2 yr old with developmental concerns & parents’ next pregnancy</p> <p>Number of recipients served in FY08: 33,342 pregnant women, 29,565 special needs children, 15,869 children enrolled in Early Intervention (ie meets federal Infant - Toddler Program requirements)</p>	<p>Evidence- and common-sense based policy that addresses reality of individual and family needs</p> <p>Title V Maternal & Child Health</p> <p>Part C of Individuals with Disabilities Education Act IFSP is a legal doc</p> <p>NC Public Health statutes & rules</p>	<p>Multiple DMA policies</p> <p>Delays in policy change i.e. MCC & MOW since 2004</p> <p>Freeze on MCC/MOW formal training X 5 yrs.</p> <p>Medicaid enrollment disconnected from PH CM</p> <p>Arbitrary limits on service & scope of services</p> <p>Lack of feedback to prevent duplication</p>	<p>Single PH provider contract – includes specific stds,</p> <p>Single electronic system (HSIS) for all PH services</p> <p>Single PH on-site record & policy audits &, if needed, corrective action plans</p> <p>Health departments are accredited</p> <p>Risk assessment, & analysis of needs</p> <p>Professional development & TA – for example Infant – Toddler Personnel Certification</p>	<p>Use of cost settlement & administrative claiming to reduce state expenditures and maximize federal share to NC</p> <p>Cost essentially the same since 2002</p> <p>Cost per recipient low</p> <p>\$2 saved for \$1 spent</p> <p>Enabled NC to receive additional federal grant funds</p>	<p>Medical and health needs are identified and addressed for the individual in the context of his or her family</p> <p>For example- 93% - all services in IFSP began within 30 days, 96% - signed IFSP within 45 days referral, 96% - transition conference held within 90 days of 3 rd birthday</p> <p>Of 18,597 women receiving MCCP services, there were: 17,409 occurrences of barriers to accessing prenatal care, 34,003 health concerns that can affect pregnancy outcomes, 18,732 challenges with basic needs that can affect pregnancy outcomes</p>

PUBLIC HEALTH CASE MANAGEMENT FLOW CHART

MATERNITY CARE COORDINATION, MATERNAL OUTREACH WORKERS, CHILD SERVICE COORDINATION, EARLY INTERVENTION AND MULTIDISCIPLINARY FAMILY SERVICE REFERRALS AND LINKAGES TO OTHER CASE MANAGEMENT SYSTEMS

