

## **410-130-0595 Maternity Case Management (MCM)**

(1) The primary purpose of the Maternity Case Management (MCM) program is to optimize pregnancy outcomes, including reducing the incidence of low birth weight babies. MCM services are tailored to the individual client needs. These services are provided face-to-face, unless specifically indicated in this rule, throughout the client's pregnancy.

(2) This program:

(a) Is available to all pregnant clients receiving Medical Assistance Program coverage;

(b) Expands perinatal services to include management of health, economic, social and nutritional factors through the end of pregnancy and a two-month postpartum period;

(c) Must be initiated during the pregnancy and before delivery;

(d) Is an additional set of services over and above medical management of pregnant clients;

(e) Allows billing of intensive nutritional counseling services.

(3) Any time there is a significant change in the health, economic, social, or nutritional factors of the client, the prenatal care provider must be notified.

(4) Only one provider may provide MCM services to the client at a time. The provider must coordinate care to ensure that duplicate claims for MCM services are not submitted to the Division of Medical Assistance Programs (DMAP).

(5) Definitions:

(a) Case Management -- An ongoing process to assist and support an individual pregnant client in accessing necessary health, social, economic, nutritional, and other services to meet the goals defined in the Client Service Plan (CSP)(defined below);

(b) Case Management Visit -- A face-to-face encounter between a Maternity Case Manager and the client that must include two or more specific training and education topics, address the CSP and provide an on-going relationship development between the client and the visiting provider. The visit occurs in the client's home unless documentation of extenuating circumstances indicates that the encounter must be conducted elsewhere;

(c) Client Service Plan (CSP) -- A written systematic, client coordinated plan of care which lists goals and actions required to meet the needs of the client as identified in the Initial Assessment (defined below) and includes a client discharge plan/summary;

(d) High Risk Case Management -- Intensive level of services provided to a client identified and documented by the Maternity Case Manager or prenatal care provider as being high risk;

(e) High Risk Client -- A client who has a current (within the last year) documented alcohol, tobacco or other drug (ATOD) abuse history, or who is 17 or under, or has other conditions identified in the Initial Assessment or during the course of service delivery;

(f) Home/Environmental Assessment -- A visit to the client's primary place of residence to assess the health and safety of the client's living conditions;

(g) Initial Assessment -- Documented, systematic collection of data with planned interventions as outlined in a CSP to determine current status and identify needs and strengths in physical, psychosocial, behavioral, developmental, educational, mobility, environmental, nutritional, and emotional areas;

(h) Nutritional Counseling -- Intensive nutritional counseling for clients who have at least one of the conditions listed under Nutritional Counseling (14)(a)(A-I);

(i) Prenatal/Perinatal care provider -- The physician, licensed physician assistant, nurse practitioner, certified nurse midwife, or licensed direct entry midwife providing prenatal or perinatal (including labor and delivery) and/or postnatal services to the client;

(j) Telephone Case Management Visit -- A non-face-to-face encounter between a Maternity Case Manager and the client providing identical services of a Case Management Visit (G9012).

(6) Maternity Case Manager Qualifications:

(a) Maternity Case Managers must be currently licensed as a:

(A) Physician;

(B) Physician Assistant;

(C) Nurse Practitioner;

(D) Certified Nurse Midwife;

(E) Direct Entry Midwife;

(F) Social Worker; or

(G) Registered Nurse;

(b) The Maternity Case Manager must be a Division of Medical Assistance Programs (DMAP) enrolled provider or deliver services under an appropriate DMAP enrolled provider. See DMAP General Rules 410-120-1260 for provider enrollment qualifications;

(c) All of the above must have a minimum of two years of related and relevant work experience;

(d) Other paraprofessionals may provide specific services with the exclusion of the Initial Assessment (G9001) while working under the supervision of one of the practitioners listed in (6)(a)(A-G) of this rule;

(e) The Maternity Case Manager must sign off on all services delivered by a paraprofessional;

(f) Specific services not within the recognized scope of practice of the provider of MCM services must be referred to an appropriate discipline.

(7) Nutritional counselor qualifications -- Nutritional counselors must be:

(a) A licensed dietician (LD) licensed by the Oregon Board of Examiners of Licensed Dietitians; and

(b) A registered dietician (RD) credentialed by the Commission on Dietetic Registration of the American Dietetic Association (ADA).

(8) Documentation Requirements:

(a) Documentation is required for all MCM services in accordance with DMAP General Rules 410-120-1360; and

(b) A correctly completed DMAP form 2470, 2471, 2472 and 2473 or their equivalents meet minimum documentation requirements for MCM services.

(9) G9001 -- Initial Assessment must be performed by a licensed Maternity Case Manager as defined under (6)(a)(A-G) above:

(a) Services include:

(A) Client assessment as outlined in the "Definitions" section of this rule;

(B) Development of a CSP which addresses identified needs;

(C) Making and assisting with referrals as needed to:

(i) A prenatal care provider;

(ii) A dental health provider;

(D) Forwarding the initial assessment and the CSP to the prenatal care provider;

(E) Communicating pertinent information to the prenatal care provider and others participating in the client's medical and social care;

(b) Data sources relied upon may include:

(A) Initial assessment;

(B) Client interviews;

(C) Available records;

(D) Contacts with collateral providers;

(E) Other professionals; and

(F) Other parties on behalf of the client;

(c) The client's record must reflect the date and to whom the initial assessment was sent;

(d) The Initial Assessment (G9001) is billable once per pregnancy per provider and must be performed before providing any other MCM services. Only a Home/Environmental Assessment (G9006) and a Case Management Visit (G9012) may be performed and billed on the same day as an Initial Assessment.

(10) G9002 -- Case Management (Full Service) -- Includes:

(a) Face-to-face client contacts;

(b) Implementation and monitoring of a CSP:

(A) The client's records must include a CSP and written updates to the plan;

(B) The CSP includes determining the client's strengths and needs, setting specific goals and utilizing appropriate resources in a cooperative effort between the client and the Maternity Case Manager;

(c) Care coordination as follows:

(A) Contact with Department of Human Services (DHS) case worker, if assigned;

(B) Maintain contact with prenatal care provider to ensure service delivery, share information, and assist with coordination;

(C) Contact with other community resources/agencies to address needs;

(d) Linkage to client services indicated in the CSP:

(A) Make linkages, provide information and assist the client in self-referral;

(B) Provide linkage to labor and delivery services;

(C) Provide linkage to family planning services as needed; (e) Ongoing nutritional evaluation with basic counseling and referrals to nutritional counseling, as indicated;

(f) Utilization and documentation of the “5 A’s” brief intervention protocol for addressing tobacco use (US Public Health Service Clinical Practice Guideline for Treating Tobacco Use and Dependence, 2008). Routinely:

(A) Ask all clients about smoking status;

(B) Advise all smoking clients to quit;

(C) Assess for readiness to try to quit;

(D) Assist all those wanting to quit by referring them to the Quitline and/or other appropriate tobacco cessation counseling and provide motivational information for those not ready to quit;

(E) Arrange follow-up for interventions;

(g) Provide training and education on all mandatory topics - Refer to Table 130-0595-2;

(h) Client advocacy as necessary to facilitate access to benefits or services;

(i) Assist client in achieving the goals in the CSP;

(j) G9002 is billable after the delivery when more than three months of service were provided. Services must be initiated during the prenatal period and carried through the date of delivery;

(k) G9002 is billable once per pregnancy.

(11) G9009 -- Case Management (Partial Service):

(a) Can be billed when the CSP has been developed and MCM services were initiated during the prenatal period and partially completed;

(b) Provided MCM services to the client for three months or less.

(12) G9005 -- High Risk Case Management (Full Service):

(a) Enhanced level of services which are more intensive and are provided in addition to G9002;

(b) Provided High Risk Case Management services for the client for more than three months after the client was identified as high risk;  
AND

(c) Provided at least eight Case Management Visits;

(d) G9005 is billable after the delivery and only once per pregnancy;

(e) G9005 can be billed in addition to G9002.

(13) G9010 -- High Risk Case Management (Partial Service):

(a) Are the same enhanced level of services provided in G9005 but the client became high risk during the latter part of the pregnancy or intensive high risk MCM services were initiated and partially completed but not carried through to the date of delivery;

(b ) Provided high risk case management services for the client for three months or less after the client has been identified as high risk;  
OR

(c) Provided less than eight Case Management Visits;

(d) G9010 is billable after the delivery and once per pregnancy;

(e) G9010 can be billed in addition to G9002 or G9009.

(14) S9470 -- Nutritional Counseling:

(a) Is available for clients who have at least one of the following conditions:

(A) Chronic disease such as diabetes or renal disease;

(B) Hematocrit (Hct) less than 34 or hemoglobin (Hb) less than 11 during the first trimester, or Hct less than 32 or Hb less than 10 during the second or third trimester;

(C) Pre-gravida weight under 100 pounds or over 200 pounds;

(D) Pregnancy weight gain outside the appropriate Women, Infants and Children (WIC) guidelines;

(E) Eating disorder;

(F) Gestational diabetes;

(G) Hyperemesis;

(H) Pregnancy induced hypertension (pre-eclampsia); or

(I) Other identified conditions;

(b) Documentation must include all of the following:

(A) Nutritional assessment;

(B) Nutritional care plan;

(C) Regular client follow-up;

(c) Can be billed in addition to other MCM services;

(d) S9470 is billable only once per pregnancy.

(15) G9006 -- Home/Environmental Assessment:

(a) Includes an assessment of the health and safety of the client's living conditions with training and education of all topics as indicated in Table 130-0595-1;

(b) G9006 may be billed only once per pregnancy, except an additional Home/Environmental Assessments may be billed with documentation of problems which necessitate follow-up assessments or when a client moves. Documentation must be submitted with the claim to support the additional Home/Environment Assessment.

(16) G9011 -- Telephone Case Management Visit:

(a) A non-face-to-face encounter between a Maternity Case Manager and the client, meeting all requirements of a Case Management Visit (G9012) and when a face-to-face Case Management Visit is not possible or practical;

(b) G9011 is billable in lieu of a Case Management Visit and counted towards the total number of Case Management Visits (see G9012 for limitations).

(17) G9012 – Case Management Visit:

(a) Each Case Management Visit must include:

(A) An evaluation and/or revision of objectives and activities addressed in the CSP: and

(B) At least two training and education topics listed in Table 130-0595-2;

(b) Four Case Management Visits (G9012) may be billed per pregnancy. Telephone Case Management Visits (G9011) are included in this limitation;

(c) Six additional Case Management Visits may be billed if the client is identified as high risk;

(A) These additional visits may not be billed until after delivery;

(B) These additional six visits may only be submitted with or after High Risk Full (G9005) or High Risk Partial (G9010) Case Management has been billed. Telephone Case Management Visits (G9011) are included in this limitation;

(d) Maternity Case Management Visits (G9012) may be provided in the client's home or other site due to documented extenuating circumstances.

Table 130-0595-1

Table 130-0595-2

Stat. Auth.: ORS 409.050 and 414.065

Stats. Implemented: ORS 414.065

7-1-09

## Table 130-0595-1 Environmental Assessment

### **Housing Characteristics**

Location of home and proximity to exposures  
General assessment and condition of home as shelter  
Number of bedrooms and number of persons  
Heating and cooling  
Ventilation and windows  
Locking entrance  
Phone service  
Running/potable water  
Access to bathroom  
Sanitation/sewage and garbage

### **General Safety**

Guns/weapons: locked and unloaded  
Lighting adequate for safety  
Fall/Trip hazards  
Temperatures of hot tubs and hot water tanks  
Non-slip shower and bath surfaces

### **Food Safety**

Food preparation facilities  
Refrigeration  
Cleanable surfaces  
Food storage facilities  
Health adequacy: safety and sanitation

### **Toxins/Teratogens**

Pesticides  
Lead exposure: peeling paint, lead pipes and lead dust  
Household cleaners

### **Indoor Air**

Tobacco smoke – second- and third-hand  
Wood/Pellet stoves  
Mold and mildew  
Carbon monoxide risk  
Chemical use: in or near home  
Radon risk

Asbestos

Pollutants: air fresheners, candles, plug-ins and incense

### **Fire Prevention**

Fire hazards: smoking, candles and flammable item storage

Electrical outlets

### **Emergency Planning**

Smoke alarms: installed and working

Adequate exits: all locations and free of obstacles

Emergency preparedness: escape plan; emergency numbers posted; adequate food, water and supplies; alternate heating, lighting and cooking capability

Transportation

### **Occupations & Hobbies**

Employment, such as: nail salons, painters, remodelers, home repair, radiator repair, dry cleaning, gardener, pesticide applicator, farm/orchard worker, landscape worker

Hobbies, such as: making and using fishing weights or bullets; shooting or cleaning at indoor shooting ranges

### **Miscellaneous**

Pets: presence or care of dogs, cats, birds, reptiles (lizards & snakes) and turtles

Cleaning of cat litter box and other pet cages

Administering flea or tick treatments to pets

Pests: presence or management of mice, rats, insects, bedbugs, etc.

## Table 130-0595-2 MCM Training and Education Topics

### **MANDATORY TOPICS**

Alcohol, tobacco and other drug exposure  
Maternal oral health  
Breastfeeding promotion  
Perinatal mood disorders  
Prematurity and pre-term birth risks  
Maternal/Fetal HIV (Human Immunodeficiency Virus) and Hepatitis B transmission  
Nutrition, healthy weight and physical activity  
Intimate Partner Violence (IPV)

### **NON-MANDATORY TOPICS**

#### **Pregnancy and Childbirth**

Common discomforts and interventions  
Labor and birth process  
Coping strategies  
Relationship changes  
Stress reduction  
Pregnancy danger signs and symptoms  
Fetal growth and development  
Safety in automobiles: proper use of seat belts and infant car seats  
Other emergencies

#### **Health Status**

Medications  
Digestive tract changes  
Food availability  
Food selection and preparation  
Mercury consumption from eating fish  
Other existing health conditions during pregnancy

#### **Environmental Health**

Housing  
Safety and sanitation  
Toxins/Teratogens  
Occupational exposures  
Drinking water

Non-fluoridated water community  
Home cleaning supplies  
Tobacco smoke exposure  
Asthma triggers  
Lead exposure and screening

**Parenting**

Infant care  
Early childhood caries prevention  
Nutrition, feeding and infant growth  
Infant sleep patterns and location  
SIDS (Sudden Infant Death Syndrome) and “Back to Sleep”  
Infant developmental milestones  
Immunizations and well child care  
Infant/Parent interaction  
Bonding and attachment  
Infant communication patterns and cues  
Parental frustration and sleep deprivation  
Child nurturing, protection and safety

**Other Topics**

Individual and family emergency preparedness  
Family planning  
Sexually transmitted diseases  
Inter-conception and pre-conception health  
Community resources  
Obtaining accurate health information