

MEDICAID ACCESS TO CARE CONTRACT
BETWEEN
THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
FINANCE AND SUPPORT
AND
THE LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

This Contract is entered into by and between the State of Nebraska, Department of Health and Human Services Finance and Support (hereinafter the "Department"), and the Lincoln-Lancaster County Health Department (hereinafter the "Contractor").

WITNESSETH

Whereas, the Department is desirous of assuring access to health care for Medicaid-eligible individuals who: 1) need access to prenatal care; 2) are children in need of preventative care; 3) need continuity of care with a primary care physician to establish a medical home (e.g. a regular source of health care).

Whereas, the Department is desirous of supporting the cooperative project with the Lancaster County Medical Society and the Lincoln-Lancaster County Health Department to be known as Medicaid Access To Care (MAC) project.

Whereas, the Contractor has: a strong commitment to the well-being and health of the residents of Lancaster County; a long history in the provision of health care outreach, public education, and the promotion of health services; and employs professional staff that has demonstrated the ability to effectively coordinate and provide health services.

Whereas, the Contractor is willing to assist the Department with certain Medicaid administrative activities.

NOW, THEREFORE, the parties agree as follows:

ARTICLES

I. SCOPE OF SERVICES

The Contractor agrees, for valuable consideration provided by the Department, to perform the following Medicaid administrative activities according to the requirements of 42 CFR Parts 432 and 433:

A. General Purpose

The general purpose of the Medicaid Access To Care project is to: link Medicaid-eligible individuals and families to health care; assure that health care is accessed; promote responsible utilization of health care; promote early and regular preventive care for Medicaid-eligible children; and increase provider community participation in the Medicaid program.

B. Target Population

The population for which services and activities are targeted and developed are Medicaid-eligible residents of Lancaster County as follows: 1) individuals in need of a medical home, who are not mandatory for Medicaid Medical/Surgical Managed Care unless the individuals are in need of medical transportation (as determined by the "nurse assessment" in Article I,(C)(1)(e), and are enrolled in the Primary Care Case Management (PCCM) network or are enrolled in the HMO network and need transportation to medical surgical non-Basic Benefit Package services.

C. Service Activity

1. Medicaid Access To Care, Outreach Activities, and Intake Processing

- a. The Contractor will operate a phone line staffed by a public health nurse (PHN), who is an employee of the Contractor. This activity will be reimbursed at the non-Skilled Professional Medical Personnel (non-SPMP) rate as established in Article II.
- b. The Contractor's PHN shall screen calls from Medicaid-eligible individuals and assess the caller's immediate health concerns and needs including signs, symptoms, complaints, and a brief health history. The assessment shall be a systematic review of relevant client data to identify potential problems and plan for care. The assessment must include an evaluation of barriers to accessing appropriate health care. This activity will be reimbursed at the Skilled Professional Medical Personnel (SPMP) rate as established in Article II.
- c. The Contractor's PHN shall obtain the caller's Medicaid identification number and verify eligibility using the Department's C1 system and associated computer software. If the individual does not know their Medicaid number, the Department's C1 system will be used to obtain the number and any insurance information to assist the physician's office and

transportation provider in billing for services. The Contractor staff will perform computer support, which also includes data entry, programming, inquiry, and maintaining the Contractor computer rotation system. This activity will be reimbursed at the non-Skilled Professional Medical Personnel (non-SPMP) rate as established in Article II.

- d. The Contractor will schedule an appointment, based on the acuity of the caller's problem, with a physician on the Medicaid Access To Care rotation system, or Contractor clinic, or other medically appropriate provider. The Contractor shall relay pertinent medical information to the provider's office along with the Medicaid identification number. The Contractor agrees that Medicaid-eligible individuals have the freedom of choice to utilize a physician available through the Medicaid Access To Care rotation system or to independently obtain a physician enrolled in the Medicaid program. This activity will be reimbursed at the Skilled Professional Medical Personnel (SPMP) rate as established in Article II.
- e. The Contractor shall identify barriers a caller may have in accessing care and initiate the appropriate interventions. These interventions may include arranging for transportation, providing home visits and outreach. Outreach activities include: locating and coordinating specific services such as referral to WIC, childbirth classes, dental care monitoring; follow-up with individuals to increase the likelihood that services are received; educating and counseling individuals regarding medical findings, health conditions, and implications of risk factors; encouraging office-based care in place of hospital emergency room use for non-emergent care; reinforcing the Medicaid client's responsibility for independent compliance; and providing support for the individual to maintain a healthy lifestyle and a long term relationship with a health care provider. This activity will be reimbursed at the Skilled Professional Medical Personnel (SPMP) rate as established in Article II.
- f. In order to minimize the number of failed appointments, the Contractor shall: counsel callers on the need to keep their scheduled appointment; and maintain a system to send appointment reminder postcards before the appointment when mailing time permits. The Contractor shall work with physicians regarding no-show appointments, change of status, and

facilitate physician – client communication, and outreach services. This activity will be reimbursed at the non-Skilled Professional Medical Personnel (non-SPMP) rate as established in Article II.

2. HEALTH CHECK (EPSDT Administration)

The Contractor will refer potential Medicaid-eligible clients and their children, who may be eligible for HEALTH CHECK (EPSDT) benefits to the local Health and Human Services (HHS) office to apply for medical assistance.

Informational materials will be available at clinic sites and information will be provided within the context of home visits.

- a. Outreach will be accomplished during the course of contacts with families who may be eligible for HEALTH CHECK (EPSDT) or are eligible but have not participated. This activity will be reimbursed at the non-Skilled Professional Medical Personnel (non-SPMP) rate as established in Article II.
- b. The Contractor's PHN will explain the HEALTH CHECK program and the benefits of preventive health care, educate parents on the proper use of the health care system, and link the family with a medical and dental home to establish well child care. This activity will be reimbursed at the Skilled Professional Medical Personnel (SPMP) rate as established in Article II.
- c. If the appointment is made through the rotation system and transportation is needed, the Contractor will assist in making transportation arrangements. This activity will be reimbursed at the non-Skilled Professional Medical Personnel (non-SPMP) rate as established in Article II.
- d. The Contractor provides HEALTH CHECK information to Medicaid-enrolled physicians to promote access and utilization. This activity will be reimbursed at the non-Skilled Professional Medical Personnel (non-SPMP) rate as established in Article II.
- e. Follow-up to track the appointment will be done to increase the likelihood that services are received. Appointment reminder postcards will be sent and follow-up will be done on broken appointments. This activity will be reimbursed at the non-Skilled Professional Medical Personnel (non-SPMP) rate as established in Article II.
- f. If needed, the public health nurse will educate and counsel the parents regarding medical screening findings, health conditions, and implications of

- risk findings and, if needed, will assist in referrals for further diagnosis and/or treatment. This activity will be reimbursed at the Skilled Professional Medical Personnel (SPMP) rate as established in Article II
- g. The Department's C1 system will be utilized to determine when the last screening services were provided, and if needed treatment has been initiated. This activity will be reimbursed at the non-Skilled Professional Medical Personnel (non-SPMP) rate as established in Article II.
 - h. The Contractor agrees to perform other tasks to assure that Medicaid-eligible children have access to and receive the full range of assessment, diagnostic, and treatment services, such services will be identified through joint planning and mutually agreed to in writing by both parties.
3. Pregnancy Specialized Assessment and Presumptive Eligibility
- a. The Contractor shall conduct an intensive nurse assessment including health history; identification of health risks and compliance concerns; and develop interventions to establish an obstetric medical home. The Contractor will determine the need for teaching, re-enforcement, and referral to appropriate community resources to promote positive birth outcomes. In addition, the Contractor is approved to be a qualified provider, that is, to make Medicaid presumptive eligibility determinations for pregnant women who meet the Department income guidelines, including the verification of pregnancy and expected date of delivery. Support will be provided to the pregnant woman to complete the presumptive eligibility application and secure a source of prenatal care. An appointment will be made with the local office for a determination of ongoing eligibility, the application is mailed, and referrals are made to appropriate community services. This activity will be reimbursed at the Skilled Professional Medical Personnel (SPMP) rate as established in Article II.)
 - b. Computer support involved in this activity includes the use of the Department's C1 system to inquire whether the presumptive eligibility applicant is currently eligible or has an application pending. It includes inquiry as to whether the applicant has made a formal application. Computer information is accessed to determine if continuous eligibility has been granted and the dates of eligibility. This activity will be reimbursed at

the non-Skilled Professional Medical Personnel (non-SPMP) rate as established in Article II.

- c. At the option of the Contractor, the Contractor may accept and complete initial processing of Medicaid applications at the Contractor's location under the provisions of Section 1902(a)(55) of the Social Security Act. This activity will be reimbursed at the non-Skilled Professional Medical Personnel (non-SPMP) rate as established in Article II.

4. Transportation

- a. If transportation has been identified as a barrier during the nurse assessment outlined in Article I (C)(1)(b), the Contractor will act as a broker of transportation services for Lancaster County Medicaid-eligible individuals receiving services under the fee-for-service delivery system or the PCCM plan. The Contractor will call the transportation provider to authorize and arrange the trip(s). The Contractor will send a completed authorization form to the Medicaid enrolled provider. This activity will be reimbursed at the non-Skilled Professional Medical Personnel (non-SPMP) rate as established in Article II.
- b. Other modes of transportation may be included in this activity upon development and mutual agreement in writing and signed by both parties.

D. Documentation

1. Outreach and Medicaid administrative activity reports will be submitted to support quarterly financial claims for Department funding. The Contractor will maintain a method to readily identify Medicaid-eligible individuals benefiting from the activities within the scope of this Contract.
Documentation will include date(s) of contact, problems accessed, the staff who provided the assessment, teaching, counseling, referrals, appointments made, transportation assistance provided, and other activities which aid in monitoring the effectiveness and appropriateness of the Contractor's activities. Time sheets documenting professional staff allocation of time and activities will be maintained.
2. The number of rides authorized by the Contractor will be reported on the Summary Activity Report submitted with the quarterly financial invoice by the Contractor. Documentation of transportation activities will be maintained by the Contractor.

3. The Contractor agrees to execute a HIPAA business associate agreement in compliance with this Contract. (See Addendum A)

E. Staffing Standards

1. Contractor staff engaged in activities of this Contract will be skilled professional medical personnel (SPMP) staff or support staff directly supporting skilled professional medical personnel. SPMP staff are defined as registered nurses licensed by the Nebraska Board of Nursing.
2. SPMP staff shall possess knowledge and skill in the prevention and control of disease including:
 - Knowledge of preventive care and childhood illnesses.
 - They shall possess knowledge of providing services for health maintenance and health promotion.
 - They shall possess considerable knowledge in public health theory and practice.
 - They must possess a working knowledge of and skill in utilizing health and community organizations.
 - They must have the ability to communicate with parents, physicians, nurses, and other health professionals concerning HEALTH CHECK (EPSDT) screening and medical conditions and/or defects identified.
 - A bachelor's degree in nursing and two years experience as a registered nurse is required.
3. The Contractor agrees that its SPMP staff shall attend periodic Department training.

II. DEPARTMENT'S OBLIGATIONS

A. General

The Department is responsible for administrative guidance, policy, evaluation, and monitoring of services purchased by the Contractor under this Contract.

B. Reports and Support Data

The Department will provide the Contractor with reports, data, and other material as needed to support the Contractor's activities outlined in this Contract. This includes the installation and maintenance of a CRT and computer linkage.

C. Training

The Department will provide periodic ongoing training efforts for the Contractor's staff. (See Appendix A for functional definitions of public health nurse activities related to this Contract. This is not an all-inclusive list.)

D. Monitoring and Evaluation

1. The Contractor will provide the Department with a quarterly activity report to include the following:
 - Number of client nursing assessments and services provided through the Medicaid Access To Care system;
 - Number of rides authorized for medical transportation;
 - Number of families outreached for HEALTH CHECK (EPSDT) and received case management services;
 - Number of families established with a medical home;
 - Number of individuals assisted with access to a family practitioner, pediatrician, obstetrician/gynecologist, and internal medicine practitioner through the Medicaid Access To Care rotation system;
 - Number of physicians participating the Medicaid Access To Care rotation system; and
 - Number of pregnant women receiving pregnancy specialized assessments and qualifying for presumptive eligibility for coverage of ambulatory prenatal care.
2. The Department will monitor these activities for effectiveness.

E. Consideration

1. The Department agrees to pay the Contractor the applicable federal share of the allowable costs incurred in providing the services defined in this Contract. Allowable costs include staff time, telephone, travel and equipment rental costs.
2. Billing and a Summary Activity Report will be submitted quarterly showing the different types of expense and amount for each. Payment will be made within thirty (30) days of receipt of billing.
3. The Department agrees to reimburse the Contractor seventy-five (75%) of the Contractor's salary and benefit costs for Skilled Professional Medical

Personnel (SPMP) services as defined in 42 CFR 432.2 and billed according to Office of Management and Budget Circular A-87.

4. The Department agrees to reimburse the Contractor fifty percent (50%) of the hourly rate for non-Skilled Professional Medical Personnel (non-SPMP) services and other allowable costs. See Article I (E)(1).

III. TERM AND TERMINATION

A. TERM OF CONTRACT

This Contract shall be in effect from August 1, 2006 through July 30, 2008, with the option for two consecutive one-year term renewals as mutually agreed upon by all parties, unless otherwise terminated as provided hereinbelow.

B. TERMINATION

Either party hereto may terminate this Contract for any reason upon submission of written notice to the other party at least thirty (30) days prior to the effective date of termination. Subsections D, E, L, and P of Article IV shall survive termination of this Contract.

IV. GENERAL PROVISIONS

A. ASSIGNMENT

The Contractor agrees not to assign or transfer any interest, rights, or duties under this Contract to any person, firm, or corporation without prior written consent of the Department. In the absence of such written consent, any assignment or attempt to assign shall constitute a breach of this Contract.

B. SUBCONTRACTORS

The Contractor agrees that subcontractors will not be utilized in the performance of this Contract unless the Contractor has obtained prior written authorization for the use of subcontractors from the Department.

C. AMENDMENT

This Contract may not be modified except by amendment made in writing and signed by both parties or their duly authorized representatives.

D. CONFIDENTIALITY

The Contractor agrees that any and all information gathered in the performance of this Contract, either independently or through the Department, shall be held in the strictest confidence and shall be released to no one other than the Department

without the prior written authorization of the Department, provided, that contrary Contract provisions set forth herein shall be deemed to be authorized exceptions to this general confidentiality provision.

E. DATA OWNERSHIP AND COPYRIGHT

All data collected as a result of this project shall be the property of the Department. The Contractor may copyright any of the copyrightable material produced in conjunction with the performance required under this Contract. The Department and the United States Department of Health and Human Services hereby reserve a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use, and to authorize others to use the copyrightable material for State or Federal Government purposes.

F. BREACH OF CONTRACT

- 1) Should the Contractor breach this Contract, the Department may, at its discretion, terminate this Contract immediately upon written notice to the Contractor. The Department shall pay the Contractor only for such performance as has been properly completed and is of use to the Department. The Department may, at its discretion, Contract for provision of the services required to complete this Contract and hold the Contractor liable for all expenses incurred in such additional Contract over and above the total cost of performance set forth herein. This provision shall not preclude the pursuit of other remedies for breach of contract as allowed by law.
- 2) The waiver by the Department of a breach of any provision of this Contract by Contractor shall not operate or be construed as a waiver of any subsequent breach by Contractor. No waiver shall be valid unless in writing and signed by the Director of the Department.

G. AVAILABILITY OF FUNDING

Due to possible future reductions in State and/or Federal appropriations, the Department cannot guarantee the continued availability of funding for this Contract notwithstanding the consideration stated above. In the event funds to finance this Contract become unavailable either in full or in part due to such reductions in appropriations, the Department may terminate the Contract or reduce the consideration upon notice in writing to the Contractor. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. The Department shall be the final authority as to the availability of funds.

The effective date of such contract termination or reduction in consideration shall be specified in the notice as the date of service of said notice or the actual effective date of the federal funding reduction, whichever is later. Provided, that reductions shall not apply to payments made for services satisfactorily completed prior to said effective date. In the event of a reduction in consideration, the Contractor may cancel this Contract as of the effective date of the proposed reduction upon the provision of advance written notice to the Department.

H. RELEASE, INDEMNITY, AND RISK MANAGEMENT

- 1) The Contractor shall assume all risk of loss and hold the Department, its employees, agents, assignees, and legal representatives harmless from all liabilities, demands, claims, suits, losses, damages, causes of action, fines or judgments and all expenses incident thereto, for injuries to persons and for loss of, damage to, or destruction of property arising out of or in connection with this Contract and proximately caused by the negligent or intentional acts or omissions of the Contractor, its officers, employees, assignees, or agents.
- 2) The Department, if liable, is limited to the extent provided by the Nebraska Tort Claims Act, the Nebraska Contract Claims Act, and the Nebraska Miscellaneous Claims Act; and any other applicable provisions of law. The Department does not assume liability for the action of its Contractors.

I. INDEPENDENT CONTRACTOR

The Contractor is an independent Contractor and neither it nor any of its employees shall for any purpose be deemed employees of the Department. The Contractor shall employ and direct such personnel as it requires to perform its obligations under this Contract, exercise full authority over its personnel, and comply with all worker's compensation, employer's liability and other federal, state, county, and municipal laws, ordinances, rules and regulations required of an employer providing services as contemplated by this Contract.

J. DRUG-FREE WORKPLACE

The Contractor hereby assures the Department that it will operate a drug-free workplace in accordance with State guidelines and has implemented a drug-free workplace policy, which is available to the Department on request.

K. LOBBYING

(1) If the Contractor receives federal funds through the Department, for full or partial payment under this Contract, then no Federal appropriated funds will be

paid, by or on behalf of the Contractor, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Contract or (a) the awarding of any Federal Agreement; (b) the making of any Federal grant; (c) the entering into of any cooperative agreement; and (d) the extension, continuation, renewal, amendment, or modification of any Federal Agreement, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Contract, the Contractor shall complete and submit Federal Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

L. RESEARCH

The Contractor may not engage in research utilizing the information obtained through the performance of this Contract without the express written consent of the Director of the Department. The term "research" shall mean the investigation, analysis, or review of information, other than aggregate statistical information, which is used for purposes unconnected with this Contract.

M. WORKERS' COMPENSATION

If the Contractor has employees involved in the carrying out of this Contract, the Contractor shall certify that it has obtained a policy providing coverage under the Nebraska Workers' Compensation Act for its employees or will obtain proof of such coverage within thirty (30) days after the commencement of this Contract and shall provide the Department with proof of such coverage. A copy of the certificate of coverage is or shall be attached to this Contract. If the Contractor subcontracts a portion of the work involved in this Contract and has obtained approval for such subcontracting, it shall insure that the subcontractor has obtained workers' compensation insurance and will file proof of such insurance with the Department.

N. NON-DISCRIMINATION

The Contractor agrees to comply fully with Title VI of the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, Public Law 93-112, as amended; the Americans With Disabilities Act of 1990, Public Law 101-336; and the Nebraska Fair Employment Practice Act, as amended, in that there shall be no discrimination

against any employee who is employed in the performance of this Contract, or against any applicant for such employment, because of age, color, national origin, ancestry, race, religion, creed, disability, sex or marital status. This provision shall include, but not be limited to the following: employment, promotion, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training including apprenticeship. The Contractor agrees that no qualified handicapped person shall, on the basis of handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity of the Contractor. The Contractor further agrees to insert similar provisions in all sub-contracts for services allowed under this Contract under any program or activity.

O. FEDERAL FINANCIAL ASSISTANCE

The Contractor agrees that its performance under this Contract will comply with all applicable provisions of 45 C.F.R. §87.1 (2005) et. seq. The Contractor further agrees that it shall not use direct federal financial assistance to engage in inherently religious activities, such as worship, religious instruction, and/or proselytization.

P. PUBLIC COUNSEL

In the event the Contractor provides health and human services to individuals on behalf of the Department under the terms of this Contract, Contractor shall submit to the jurisdiction of the Public Counsel under Neb.Rev.Stat. §§81-8,240 to 81-8,254 with respect to the provision of services under this Contract. This clause shall not apply to Contracts between the Department and long-term care facilities subject to the jurisdiction of the state long-term care ombudsman pursuant to the Long-Term Care Ombudsman Act.

Q. ACCESS TO RECORDS AND AUDIT LIABILITY

All Contractor books, records, and documents relating to work performed or monies received under this Contract shall be subject to audit at any reasonable time upon the provision of reasonable notice by the Department. These records shall be maintained for a period of six (6) full years from the date of final payment, or until all issues related to an audit, litigation or other action are resolved, whichever is longer. All records shall be maintained in accordance with generally accepted accounting principles.

In addition to, and in no way in limitation of any obligation in this Contract, the Contractor shall agree that it will be held liable for audit exceptions, and shall return to the Department all payments made under this Contract for which an exception has been taken or which has been disallowed because of such an exception. The Contractor agrees to correct immediately any material weakness or condition reported to the Department in the course of an audit.

R. GOVERNING LAW

This Contract shall be subject to, governed by, and construed according to the laws of the State of Nebraska, without regard to principles of conflict of laws.

S. SEVERABILITY

If any term or condition of this Contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and conditions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if this Contract did not contain the particular provision held to be invalid.

T. PROMPT PAYMENT

Payment will be made in conjunction with the State of Nebraska Prompt Payment Act (Neb.Rev.Stat. §81-2401 through 81-2408). The Department may request that payment be made electronically instead of by State warrant.

U. CONFLICTS OF INTEREST

In the performance of this Contract, the Contractor agrees to avoid all conflicts of interest and all appearances of conflicts of interest; the Contractor will notify the Director of any such instances encountered in the course of his/her work so that other arrangements can be made to complete the work.

V. DOCUMENTS INCORPORATED BY REFERENCE

All references in this Contract to laws, rules, regulations, guidelines, directives, and attachments which set forth standards and procedures to be followed by the contractor in discharging its obligations under this Contract shall be deemed incorporated by reference and made a part of this Contract with the same force and effect as if set forth in full text, herein.

W. INTEGRATION

This written Contract represents the entire agreement between the parties, and any prior or contemporaneous representations, promises, or statements by the

parties, that are not incorporated herein, shall not serve to vary or contradict the terms set forth in this Contract.

X. NEBRASKA TECHNOLOGY ACCESS STANDARDS

The Contractor agrees to ensure compliance with current Nebraska Access Technology Standards. The intent is to ensure that all newly procured information technology equipment; software and services can accommodate individuals with disabilities.

Information technology products, systems, and services including data, voice, and video technologies, as well as information dissemination methods will comply with the Nebraska Technology Access Standards. A complete listing of these standards can be found at website

<http://www.nitc.state.ne.us/standards/accessibility/> and are part of the Department's General Provisions.

Y. DEBARMENT, SUSPENSION OR DECLARED INELIGIBLE

The Contractor certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

Z. NOTICES

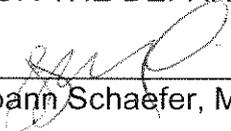
Any written notices required by this Contract shall be sent to the following addresses:

Lincoln-Lancaster County Health Department
3140 N Street
Lincoln, Nebraska 68510-1514

Health and Human Services
Finance and Support
P.O. Box 95026
Lincoln, Nebraska 68509

IN WITNESS THEREOF, the parties have duly executed this Contract hereto, and each party acknowledges the receipt of a duly executed copy of this Contract with original signatures.

FOR THE DEPARTMENT:



Joann Schaefer, M.D.

Interim Director

Print Name

DATE: 1/8/07

Contract Number

L-13:B5039D

FOR THE CONTRACTOR:

Authorized Representative

Title

Print Name

DATE: _____

Federal Taxpayer identification
Number

Functional Definitions of Public Health Nurse Activities

HEALTH ASSESSMENT: Each Medicaid-eligible individual seeking health services will be screened on the telephone or face-to-face by the nurse who completes a standardized health assessment of their immediate health concerns including signs, symptoms, complaints and brief history. The assessment is a symptomatic review of relevant client data to identify potential problems and barriers to accessing care. For clients identified as having special health care needs, assessment findings will be communicated with the client's medical home to facilitate coordination of an appropriate treatment plan. If deemed appropriate, a plan of care is to be developed that would reduce or eliminate any barriers that are identified as a result of the assessment.

SECURING A MEDICAL HOME AND APPOINTMENT ASSISTANCE: Medicaid-eligible clients may contact the nurse, clients may be identified through the health assessment, or direct referrals may be made from Central Office Medicaid program staff, local HHS staff, health care providers or other community human service workers. The nurse will provide outreach and coordination of health services to Medicaid-eligible individuals. The nurse will obtain the individual's Medicaid identification number and verify eligibility using the Department CRT, when available, Nebraska Medicaid Eligibility System line, or Department staff. After Medicaid eligibility is verified and a health assessment is completed, the nurse will schedule an appointment with a Medicaid-enrolled physician of the individual's choice based on a number of factors including acuity of the problem(s), proximity, and transportation needs. While on the telephone with the Medicaid provider's office, the nurse will relay pertinent medical information along with the Medicaid identification number. Medicaid-eligible individuals will continue to have freedom of choice to utilize the physician accessed through the MAC project or independently choose to obtain care from any other physician enrolled in the Medicaid program.

REFERRAL AND COORDINATION OF MENTAL HEALTH/SUBSTANCE ABUSE SERVICES: If the nurse determines that the Medicaid-eligible client is in need of mental health/substance abuse services, a referral to the managed care plan will be made through the access to care line. The nurse may refer the client to the care line or make the call on behalf of the client.

PROVIDING ANTICIPATORY GUIDANCE: Through face-to-face or home visits, the nurse will provide anticipatory guidance to parents and caretakers relating to specific medical needs of Medicaid-eligible children, such as discussing developmental milestones which may trigger health education programs in the home.

MEDICAL FOLLOW-UP AND COORDINATION: The nurse will establish relationships with Medicaid providers in the community to promote access to care and establish working relationships for follow-ups on missed appointments and medical case management. The nurse will do medical follow-up and coordination to assure client compliance with medical treatment as requested by the Medicaid provider. The nurse will communicate compliance and follow-up with the provider's office.

ASSURE ACCESS AND REDUCE FAILED APPOINTMENTS: In order to assure the receipt of care and to reduce the occurrence of failed appointments, each client will be counseled on the need to keep their scheduled appointment(s). A system will be set up to telephone or send appointment reminder notices before a known appointment. A system will also be set up to obtain listings of Medicaid recipients' failed appointments from providers. Physicians may contact the nurse regarding the need for additional client support to keep appointments, no-show appointments, and change of status and situation to facilitate outreach services with the client.

SUPPORT COORDINATED HEALTH CARE: The nurse will educate and counsel Medicaid-eligible individuals regarding medical findings, health conditions, and implications of risk factors, reinforcing their responsibility for independent compliance, and providing support for the individual to maintain a healthy lifestyle and a long term relationship with health care providers.

HEALTH CHECK ADMINISTRATION: The nurse will explain the HEALTH CHECK program and the benefits of preventative health care, educate parents on how to make good health and health care choices for their children and link the family with medical, dental and optometric homes to establish well child care and other useful resources. If the appointment is made through the access line and if transportation is needed, the nurse will make a referral to the local HHS office or other community resource(s) for transportation.

The nurse will also educate and counsel parents regarding medical screening findings, health conditions, and implications of risk findings and, if needed, will assist in referrals for further diagnosis and treatment. The Department information system will be utilized to determine when the last medical, dental and vision screening services were provided.

Care coordination will be used by the nurse to identify the child's needs, plan what services are needed, link families with them, educate parents about their child's health conditions and needs, and follow up to assure the care is being delivered.

PROVIDER LIAISON FOR HEALTH CHECK: The nurse will provide HEALTH CHECK information to Medicaid-enrolled physicians to promote access and utilization. The nurse will encourage these providers to use every opportunity to provide preventative health care and to teach parents about its importance.

APPROPRIATE ACCESS TO PRIMARY CARE SERVICES: The most appropriate and beneficial manner to receive primary care is with the primary care physician who knows the client's medical history and current treatment plan. In order to increase access to the primary care physician's office and to reduce inappropriate emergency room use, with special emphasis on clients who have certain chronic conditions such as asthma and diabetes, the nurse will work in a cooperative effort with area hospitals and physicians to encourage the utilization of office-based care in place of hospital emergency room care for non-emergent care. In a supportive manner, the nurse may follow up on clients who received non-emergent care in a hospital emergency room. The nurse will use guidelines defined within the protocols of this contract to identify emergency room visits that are considered non-emergent. The emphasis will be on (1) establishing the client with a primary care physician, (2) patient teaching on the importance and benefits of a medical home, (3) providing an opportunity for health education, as needed, regarding the client's health care needs, and (4) reinforcement of recommended follow-up care.

CASE MANAGEMENT: Based on assessment results and family need, the public health nurse will provide referral to appropriate resources, coordination of services, i.e., medical appointments, transportation and consultation to promote appropriate access. Home visits shall be provided to families to address complex needs such as consistent emergency room utilization, failed appointments and other identified issues.

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