



home state health™

Care Management Programs

We can help your patients manage their health.

✓ Asthma Waves Program

The asthma program provides a designated asthma Care Manager who will provide telephonic or face-to-face interaction, education and support services to promote adherence to asthma treatment guidelines, prevent exacerbations and optimize functional status, and referrals to community resources.

ENROLLED MEMBERS MAY BE ELIGIBLE TO RECEIVE

- Spacer sent directly to the member's home without requiring a prior auth or a prescription
- Peak Flow Meter sent directly to the member's home without requiring a prior auth or a prescription
- Hypoallergenic mattress cover
- Hypoallergenic pillow protectors

✓ Foster Care Anchor Program

A dedicated Foster Care Care Manager will provide support and oversight of coordination of efforts for Foster Care members, care givers and healthcare providers to meet the complete medical needs of members. A FC CM will assist with identifying and referring members and caregivers to community resources. MO CM staff will assist with meeting the timeframe requirements for primary medical provider visits. The unique behavioral health and developmental needs of the member are addressed, including coordinating with schools for IEP.

ENROLLED MEMBERS MAY BE ELIGIBLE TO RECEIVE

- For infants: small backpack, hooded baby towel, sippy cup
- For older children: duffle bag, fleece blanket, journal

✓ Start Smart for Your Baby

Start Smart for Your Baby® is our special program for women who are pregnant. In addition, we have a focused program specifically designed for pregnant women with substance use disorder.

ENROLLED MEMBERS MAY BE ELIGIBLE TO RECEIVE

- Pregnancy information and guides at homestatehealth.com
- Designated Care Manager
- Coordination with OB office
- Diapers
- Belly Bands
- Rewards for attending appointments
- Appointment reminders
- Referrals to WISH and CARE program, as well as community resources
- Membership to Pacify app which provides 24/7 on-demand access to nurses, dietitians, and lactation consultants.



Your patient can call and talk to one of our Home State Health nurses at 1-855-694-4663 extension 6075125.

✓ NICU Care Management

A dedicated NICU Care Manager provides telephonic or onsite outreach, education and support services to promote healthier babies.

A dedicated NICU Care Manager will help new moms by focusing on:

- Learning about the NICU
- Communicating with baby's medical team (doctors, nurses, respiratory therapists, nutritionists, etc.)
- Understanding the physician's plan for baby's care
- Discussing questions about caring for baby
- Helping find additional health care resources if needed
- Supporting the transition from NICU to home
- Identifying and assisting with common member barriers such as:
 - Obtaining breast pumps
 - Car seat for discharge
 - General resource needs (transportation, housing, food)
- Understanding the importance of the mom's self-care during the postpartum period
- Knowledge surrounding member benefits and value-added services

✓ Lead Care Management

Members are eligible for the Lead CM Program when there is a positive blood lead test equal to or greater than ten (10) micrograms per deciliter (elevated blood lead level, or EBLL).

The Home State Health Lead Care Management Program provides care management services to its members to ensure timely, effective services for members identified as having exposure to lead. A dedicated lead CM provides care and assistance with issues such as, but not limited to, coordination of and referral to services for lead testing, lead level monitoring, education, in home environmental assessment coordination, follow-up and identification of any gaps in care as well as providing providers lead level information regarding their members. HSH CM will assist with identifying and referring members to community resources.



Pediatric & Adult Care Management

Assist members in achieving optimum health, functional capability, and quality of life through improved management of their disease or condition. Assist members in determining and accessing available benefits and resources. Work collaboratively with members, family and significant others, providers, and community organizations to develop goals and assist members in achieving those goals.

In addition, we also have Care Management programs specific for chronic conditions such as diabetes.

✓ Sickle Cell Care Management

The Sickle Cell CM team provides support and oversight of coordination of efforts for Sickle Cell members, care givers and health care providers to meet the complete medical needs of members with an added focus on those members identified as complex or high utilizers.

This team will work closely with the member's parents/ caregivers, PCP, Hematologist and any other specialist to identify and respond to Sickle Cell member's physical and behavioral health care needs.



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1-855-694-4663, extension 6075125
HomeStateHealth.com

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