home state health

Care Management Programs

WE CAN HELP YOUR PATIENTS MANAGE THEIR HEALTH.

Care Management

Health plan care managers will be coordinating members care throughout their health journey. This includes providing physical health, behavioral health, social resources, inpatient and post discharge outreach, assisting with level of care transitioning, and Individualized Education Plan (IEP) coordination. We can assist with locating providers, overcoming barriers to care by assisting with transportation (for those eligible), reviewing claims history for continuity of care and linking members with resources to avoid a crisis. Care Management programs are listed below. View the Member Handbook here.

Start Smart for Your Baby

Start Smart for Your Baby® is our special program for individuals who are pregnant. We also have a program specifically designed for pregnant people with substance use disorder.

For babies requiring NICU stays, we also offer NICU Care Management. A dedicated NICU care manager assists with communicating with the baby's medical team, understanding the baby's plan for care, helping to find additional health care resources if needed, and more.

NICU Care Management

The NICU Care Management team provides telephonic or onsite outreach, education, and support services to promote healthier babies. NICU Care Managers will help focus on: Learning about the NICU, supporting the transition from NICU to home, communication with baby's medical team (doctors, nurses, respiratory therapist, etc.), identifying and assisting with common member barriers such as: obtaining breast pumps, car seat for discharge, and general resource needs (transportation, housing, food).

Sickle Cell Care Management

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

Lead Care Management

Members are eligible for the Lead Care Management program when there is an elevated lead level identified.

Pediatric & Adult Care Management

The Pediatric & Adult Care Management team assist members in achieving optimum health, functional capability, and quality of life through improved management of their disease or condition. They work collaboratively with members, family, significant others, providers, and community organizations to develop goals and assist members in achieving those goals.

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.

Spacer, peak flow meter, and hypoallergenic items can be sent directly to the member's home without requiring a prior auth or a prescription.

This flyer is intended for provider use ONLY and is not to be distributed to MO Medicaid members.

Contact us by calling: **1-855-694-4663 extension 6075125** or visit our website HomeStateHealth.com.

Diabetes Care Management

Members are eligible for the Diabetes Care Management program. A dedicated Care Manager works with members to provide:

- Education
- Collaboration with treating providers and specialists
- Access to additional digital monitoring equipment for eligible members

Behavioral Health Care Management

Members are eligible for telehealth BH services. Age restrictions may apply. A dedicated team of Behavioral Health Professionals who are specially trained to assist members in navigating the healthcare system to ensure they obtain the services they need. Our Care Management team is available to assist with making referrals, discussing medications, assisting with transportation, and can connect members to local community resources.

Enrolled members may be eligible to receive:

- Medication Lock Box
- Sound Machine
- Fidget Spinners

BH Certification Reimbursement

Home State Health is pleased to announce a **new provider benefit**. The Health Plan is making limited funding, per calendar year, available for cost associated with obtaining certifications to help serve members/families dealing with trauma and other related challenges.

As of 7/1/2023, in-network providers may be reimbursed up to $1000 for expenses related to receiving additional qualifying certifications, including training, and materials. (funding is limited per year). View this Reimbursement Benefit here.

Additional Member Benefits

- 24-Hour Nurse Advice Line for nurses to answer health-related questions.
- Rewards for completing healthy behaviors.
- **Health coaching program** for members with asthma, diabetes, depression, or pediatric obesity, and more. Age restrictions may apply.
- Transportation for doctor appointments, lab test, and any other non-emergency medical appointment (if eligible for benefit).
- **If pregnant:** Home visiting program referrals, breast pumps, belly bands, and rewards for attending OB appointments.
- **Telemonitoring Devices:** Members receive Bluetooth enhanced devices such as a glucose monitor or blood pressure cuff if you have a diagnosis of diabetes/hypertension.
- **Mom's Meals:** members can receive up to 30 days of home meals after giving birth or being released from the hospital.
- **Telehealth-24/7** access to virtual visits with U.S. licensed doctors.
- **Medical Alert Tags:** Members with a diagnosis of asthma, epilepsy, autism, developmental delay, or allergies may qualify to receive a medical alert tag.
- **Connections Plus Phones:** Members 18+ who are enrolled in complex care management and don't qualify for a SafeLink Wireless phone are eligible to receive a phone through the health plan at no cost.
- **Homer Helps ADD/ADHD:** Members ages 12 and under with an ADD/ADHD diagnosis and prescribed medication for treatment may qualify to receive an emotional support kit