It is a programmatic expectation that care managers will be embedded, not only assigned, in Pregnancy Management Programs (PMP) within their county and out-of-county where their residents receive care. If there is not an embedded care management arrangement at a given practice, then reasons for this situation should be identified and addressed by the local care management program.

When embedding, the following should be considered:

- The degree of embedding will vary by location based on patient volume and impactability
- All PMPs, including those with low member volume, should have regular, consistent care management presence.
- PMPs with high member volume and with higher proportions of impactable members may require multiple embedded care managers
  - Additional care managers who are not embedded in the PMP may occasionally need to assist with “overflow” volume should the caseload from the practice exceed the embedded care manager’s capacity. If this is happening regularly, the local health department should re-evaluate care manager distribution across the PMP practices in their county.
- Regional high-risk centers that serve members from multiple counties may need regular embedding of care managers from additional counties. The frequency of this presence may vary from a monthly visit to regularly-scheduled hours at the practice to assist the local care management team.
- In each county, all referrals from a PMP practice should be assigned to that practice’s care manager(s). The referrals should not be separated across multiple care managers who do not embed in that practice.
- For members who receive prenatal care in another county, one care manager in the home county should provide care management services to all members who attend the same “out-of-county” practice.
  - These members may benefit from an arrangement in which both a “home” and an “out of county” care manager is providing coordinated care management services.
- A “community-based care manager” model is needed for situations, which one care manager works with multiple lower-volume practices.
  - This involves the care manager spending half of a day or a full day per week at different PMPs, on a regular, consistent schedule, even if there are no members on the care manager’s caseload to engage at the PMP during the scheduled embedment. A consistent presence in the practice is a physical reminder of care management services and is important for relationship building with the prenatal care team.
  - The care manager performs office-based care management activities, such as telephone outreach, documentation, arranging and following-up on referrals and reviewing individual member cases with the prenatal care team and/or medical record. Time should also be spent establishing and maintaining the relationship with the prenatal care team.