

Ohio Department of Medicaid
PREGNANCY RELATED SERVICES IMPLEMENTATION PLAN
OAC 5101:1-38-06

Section I: County Information		
County Name and Address	County ID	Director's Name
Date Effective	Reason for Submission- Please note specific changes	
Section II: Contact Information		
Coordinator	Supervisor	Back-up
Title	Title	Title
E-mail	E-mail	E-mail
Direct Phone () ext.	Direct Phone () ext.	Direct Phone () ext.
Fax ()	Fax ()	Fax ()
What other duties, related or unrelated, are assigned to the PRS Coordinator?		
Name(s) and Title(s) of staff attending mandatory trainings.		
Which area in your agency is responsible for the administration of PRS and informing duties?		
Name(s)/Title(s) of staff responsible for completing and submitting the PRS Quarterly Reports.		

Section III: Informing Process	
A1. Pregnant Women: Written Informing Forms Used: <input type="checkbox"/> JFS 03528 <input type="checkbox"/> JFS 08009 <input type="checkbox"/> Other (<i>explain below</i>)	A2. Pregnant Women: Phone and Face-to-Face Informing Forms Used: <input type="checkbox"/> JFS 03528 <input type="checkbox"/> JFS 08009 <input type="checkbox"/> Other (<i>explain below</i>)
Describe your county's process for <i>WRITTEN</i> informing of Pregnant Women about PRS and Healthchek:	Describe your county's process for <i>ORAL</i> informing of Pregnant Women about PRS and Healthchek :

Section V: Provision of Support Services

- A. Referrals to community services. *Check all that apply:* Help Me Grow (HMG) Women, Infants, Children (WIC) Head Start
 Maternal and Child Health Clinics (MCH) Bureau for Children With Medical Handicaps (BCMh) Local Health Department
 Child Care Clothing Assistance Utility Assistance Other Community Social Services

Please state how your county makes referrals for these services.

B. Fee-for-service provider list

- Do you maintain a list of fee-for-service providers who accept Medicaid? Yes No
Check all that apply: Doctors Dentists Other Specialists

C. Non-Emergency Transportation (NET): Describe how you receive requests for referrals and how you refer individuals to services. Describe how you document these requests. Describe any eligibility requirements and limitations regarding receipt of NET.

D. Contracted Services or Functions: List any PRS responsibilities performed by another organization on behalf of your agency. Be sure to attach copies of any agreements and submit with this form.

Additional Details: Please share any additional details about provision of support services in your county.

Section VI: Please state how your agency maintains case records

A. Check all that apply: Hard Copy Electronically (Computer) Both

What information is contained in the pregnant woman's case records?

B. Information contained in case records. Check all that apply:

- Signed JFS 03528 JFS 03535 Agency contact attempts with pregnant woman
- Documentation of MCP Any documentation provided to agency from medical provider or MCP Inter-county Transfer Info
- Transportation Records Support requests made and given to pregnant woman Referrals made for pregnant woman
- Copies of all correspondence received and sent Referrals to community services Other documents (please list below)

Please list additional documents included in case records

Signature of Director (or Designee)	Date Submitted
Print Name	Date Accepted (ODM staff use only)

Please send PRSIP documents via: E-mail: Healthchek_PRS@medicaid.ohio.gov (preferred method)

Fax: 614-466-2908 Attn: Outreach and Technical Assistance Healthchek/PRS staff

U.S. Mail: Ohio Department of Medicaid
Bureau of Health Plan Policy
Attn: Outreach and Technical Assistance
Healthchek/PRS Staff
P.O. Box 182709
Columbus, Ohio 43218-2709