

Ohio Department of Medicaid
**INSTRUCTIONS FOR COMPLETING, JFS 03515
PREGNANCY RELATED SERVICES IMPLEMENTATION PLAN**

The Ohio Department of Medicaid (ODM) requires each CDJFS to submit a description of how Pregnancy Related Services (PRS) are delivered to eligible individuals. This description is submitted via the Pregnancy Related Services Implementation Plan (JFS 03515) required in Ohio Administrative Code Rule **5101:1-38-06**.

Please follow the instructions below.

Section I: General Information

1. **County:** Complete this field with County Name.
2. **County ID:** Complete this field with your county's two digit numeric identifier. For example, Franklin County's two-digit ID is 25.
3. **Director's Name:** Complete this field with the name of your county's Director.
4. **Date Effective:** This field should capture the date on which the changes reported on the PRSIP were effective. This does **not** have to be the same as the date the form is submitted.
5. **Reason for Submission:** State the specific changes being made to the document. Examples: "Change in Coordinator" or "Additional information added to [insert specific section]" or "Change in informing process." Answers should not be vague, for example: "Updates" or "Required to be submitted."

Section II: Contact Information

1. **Coordinator, Back-up, and Supervisor Contact Information**
Complete this section with contact information for the PRS Coordinator, the Coordinator's Back-up (if one exists) and the Coordinator's Supervisor. **Be sure to use complete phone numbers, including area codes and direct extensions.**
2. **What other duties, related or unrelated, are assigned to the PRS Coordinator?**
Please list all additional job duties and responsibilities of the PRS Coordinator. These duties may be related to the administration of PRS or unrelated duties such as: managing a caseload, administrative functions, etc.
3. **Name(s) and Title(s) of staff attending Bi-Monthly Video Conference trainings**
List staff members (and their titles) who attend mandatory training for your county.
4. **Which area in your agency is responsible for the administration of PRS and informing duties?** State the area (i.e., unit, etc.) in the CDJFS table of organization responsible for the administration of PRS.
5. **Names/Titles of staff responsible for completing and submitting the PRS Quarterly Reports.** List staff members (and their titles) who are responsible for the submission of the PRS Quarterly Reports (due by April 15, July 15, October 15, and January 15).

Section III: Informing Process

Section III collects information regarding your agency's process for written and oral methods of informing. Oral informing methods include: Telephone calls, office visits or home visits.

A1. Pregnant Women: Written Informing

- **Forms Used:** Use the check boxes to mark which JFS forms your agency uses in the written informing process. If you check "Other", explain in the space provided.
- **Process:** In this space, describe your agency's process for **written** informing of pregnant women about PRS and Healthchek Services. Be sure to include how your agency complies with the requirement to inform consumers within 60 days of the eligibility determination.

A2. Pregnant Women: Oral Informing (telephone, office visit, or home visit)

- **Forms Used:** Use the check boxes to mark which JFS forms your agency uses in the *oral* informing process. If you check "Other", explain in the space provided.
- **Process:** In this space, describe your agency's process for *oral* informing of pregnant women about PRS and Healthchek Services. Be sure to include how your agency complies with the requirement to inform consumers within 60 days of the eligibility determination.

Section IV: Relationships with Managed Care Plans

Section IV asks for details regarding your agency's relationship and coordination efforts with Medicaid-contracted Managed Care Plans (MCPs).

- A. Do you have regularly scheduled meetings with area MCPs?** Check the option that best applies.
- B. Are there coordinated efforts in place to track pregnant women to ensure they are receiving care and other services as needed?** Check the option that best applies. If "yes" please describe in area "If you marked "yes" for B.
- C. Is there a process to share documents such as: JFS 03528, JFS 03535, or other documentation?** Check the option that best applies. If "yes" please describe in area "If you marked "yes" for C.
- D. Define the responsibilities for performing outreach and education to pregnant women.** In this space, describe the processes in place for the CDJFS and the MCP to conduct outreach and educate pregnant women.
- E. Explain how barriers to care are identified, and development of strategies to address those barriers.** In this space, list how each entity identifies barriers to consumer's access to care and the strategies developed to address those barriers. How was the lack of access to services determined? What actions are being taken to minimize those gaps?

Section V: Provision of Support Services

Section V asks for detail regarding the provision of services in your county.

- A. Referrals to community services.**
 - **Check all boxes that apply.**
 - **Process:** In this space, describe how you receive requests for referrals and how you refer individuals to these services.
- B. Do you maintain a list of these fee-for-service providers who accept Medicaid?**
 - **Check all that apply.**
- C. Non-Emergency Transportation (NET)**
 - **Process:** Describe how you receive requests for referrals and how you document these requests. Describe any eligibility requirements and limitations regarding receipt of NET.
- D. Contracted Services or Functions**
 - **Process:** 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.* (examples: Memorandums of Understanding, contracts, etc.)
- E. Additional Details**
 - In this space, share any additional details about your agency's processes for provision of support services (examples: collaboration with other local social service agencies, additional internal processes, and additional forms created by your agency, etc.).

Section VI: Case Records

Section VI asks for methods used for maintaining case records for each eligible pregnant woman.

- A. **Referrals to community services.** Check all that apply.
- B. **What information is contained in the pregnant woman's case records?** Check the option(s) that best applies.
- C. **Please list additional documents included in case records.** Please describe in this area what other documents are contained within the pregnant woman's case records other than those listed in the previous checklist.

Document Submission

Pregnancy Related Services (PRS) Implementation Plans must be submitted to the Bureau of Health Plan Policy, Outreach and Technical Assistance Section, **within 10 working days of the effective date** of any changes.

Please be sure to include any relevant documents developed by your agency along with your completed Pregnancy Related Services Implementation Plan. Documents may be submitted by any of the following methods:

- **e-mail:** Healthchek_PRS@medicaid.ohio.gov (preferred method)
- **via Fax:** (614) 466-2908. Bureau of Health Plan Policy
Attn: Outreach and Technical Assistance Healthchek/PRS Staff.
- **via U.S. Mail:** Ohio Department of Medicaid
Bureau of Health Policy
Attn: Outreach and Technical Assistance
Healthchek/PRS Staff
P.O. Box 182709
Columbus, Ohio 43218-2709