

INSTRUCTIONS FOR COMPLETING ODM 03517, HEALTHCHEK SERVICES IMPLEMENTATION PLAN

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefits are federally mandated services. In Ohio, EPSDT is known as “Healthchek”. The rules governing the responsibilities of the county department of job and family services (CDJFS) can be found in **5101:1-38-05**.

ODM requires each CDJFS to submit a description of how these services are delivered to eligible individuals. This description is submitted via the Healthchek Services Implementation Plan (ODM 03517). **[5101:1-38-05(F)]**

Please follow the instructions below to complete ODM 03517.

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. **Date Effective:** This field should capture the effective date of the changes reported on the HSIP. This does **not** have to be the same as the date the form is submitted.
4. **Reason for Submission:** State the specific change(s) being reported. 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” are not acceptable responses.

Section II: Contact Information

1. **Coordinator, Back-up, and Supervisor Contact Information**
Complete this section with contact information for the Healthchek 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 Healthchek Coordinator?**
Please list all additional job duties and responsibilities of the Healthchek Coordinator. These duties may be related to the administration of Healthchek or may be unrelated duties such as: managing a caseload, administrative functions, etc.
3. **Names/Titles of staff attending Bi-Monthly Video Conference trainings [5101:1-38-05(I)]**
List staff members (and their titles) who attend mandatory Bi-Monthly Video Conference training for your county).
4. **Which area in your agency is responsible for the administration of Healthchek and informing duties?** What section of your agency is responsible for carrying out Healthchek activities? Appropriate responses include Social / Children Services, Income Maintenance, etc.

Section III: Informing Process [5101:1-38-05(C)]

Section III collects information regarding your agency’s process for informing eligible individuals about Healthchek services.

A1. Written Informing [5101:1-38-05(C) (1)]

- **Forms Used:** Use the check boxes to mark which ODM 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 Healthchek Services. Include your process for newly enrolled individuals as well as annual informing for individuals already receiving Healthchek services. Be sure to include how you document the informing activity and how your agency complies with the requirement to inform consumers within 60 days of the eligibility determination.

A2. Oral Informing (telephone, office visit, or home visit) [5101:1-38-05(C)(2)]

- **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 Newly Enrolled individuals about Healthcek Services. Be sure to include how your agency complies with the requirement to inform consumers within 60 days of the eligibility determination.

B. Describe how your agency meets the *annual Healthcek informing requirement*. [5101:1-38-05(C) (3)]

- **Forms Used:** Please list all forms used, including internal forms or letters your agency has developed.
- **Process:** Use this space to detail your agency’s informing process for redeterminations, transfer- in cases, and how your agency meets the annual Healthcek informing requirement.

C. Informing pregnant women about Healthcek services [5101:1-38-05(C)(4)]

- **Forms Used:** Use the check boxes to mark which JFS forms your agency uses to inform pregnant women about Healthcek Services. If you check “Other”, explain in the space provided.
- **C1. Process:** In this space, describe your agency’s process for informing pregnant women about Healthcek services.
- **C2. Process:** In this space, describe your agency’s process for *tracking* pregnant women and *adding* the newborn to the case. [5101:1-38-05(C)(5)]
- **Answer the Following:**
 - How is the Healthcek Coordinator notified when an infant is born?
 - Describe your agency’s process for adding a newborn to an assistance group without delay. [OAC 5101:1-40-02.2(D) (2)(c)]
 - How does your agency ensure informing is conducted within 60 days of the infant’s birth?

D. Informing eligible individuals in the custody of PCSA, PCPA, or Title IV-E Agency [5101:1-38-05(E)]

- **Forms Used:** Use the check boxes to mark which ODM forms your agency uses for the written informing process. If you check “Other”, explain in the space provided.
- **Process:** In this space, describe your agency’s process for informing *individuals in the custody of PCSA, PCPA, or Title IV-E Agency*.

E. Informing individuals with hearing, vision, and/or speech impairments, individuals with reading difficulties, and individuals with limited English proficiency [5101:1-38-05(C) (3)]

- **Forms Used:** Use the check boxes to mark which JFS forms your agency uses for the written informing process. If you check “Other”, explain in the space provided.
- **Process:** In this space, describe your agency’s process for informing individuals with *hearing, vision, and/or speech impairment, individuals with reading difficulties, and individuals with limited English proficiency*. Include any contracts your agency has with other entities to assist your agency with informing these individuals.

F. Families of Recipients Identified to have Elevated Blood Lead Levels [5101:1-38-05(D) (4)]

- **Educational Materials:** Check all that apply. If you check “Other”, explain in the space provided.

- **Process:** In this space, describe your agency’s process for assisting families of recipients with elevated blood lead levels. Describe specific support services provided. Describe how your agency documents environmental assessments and recommendations made by the Ohio Department of Health and any action taken as a result of those recommendations.

Section IV: Healthчек Services Screen in the Electronic Eligibility System

Section IV asks for details regarding how your agency completes the Healthчек services screen in the electronic eligibility system.

- A. Who completes the Healthчек services screen?** Check the option that best applies. If you check “Other”, explain in the space provided.
- B. Who works alerts?** Check the option that best applies. If you check “Other”, explain in the space provided.
- C. Does your agency use signed Healthчек services screen prints for informing or to make referrals to MCPs?** Choose “Yes” or “No”. If “Yes”, explain in the space provided.
- D. Explain in the space provided how actions are documented in the electronic eligibility system. Include screens used in your response.**

- **Process:** Use the space provided to explain your county’s processes regarding A through D above.

Section V: Relationships with Managed Care Plans [5101:1-38-05(F)(2)]

Section V 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?** Please select “Yes” or “No”. If yes, describe the visits and frequency in the space provided.
- B. Do MCPs conduct their own consumer outreach and education in your county?** Please select “Yes” or “No”. If yes, describe the outreach efforts and education in the space provided.
- C. Explain your process for sharing ODM 03528s or Healthчек services screen prints with MCPs and how follow-up with consumers is done, if needed.**

- **Process:** In this space, describe your agency’s efforts to work with area MCPs to coordinate services for consumers. Include your process for sharing ODM 03528 forms and Healthчек services screen prints, procedures for following up with the consumer if requested by the MCP and how referrals are handled if recommended by the MCP.

Section VI: Provision of Support Services

Section VI asks for detail regarding the provision of support services in your county. [5101:1-38-05(D)]

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. Include how you ensure referrals are conducted, who is responsible for making the referrals and your agency’s internal process for coordinating efforts between the consumer’s medical provider, MCP and entity where referral is made.

B. Do you maintain a list of fee-for-service providers who accept Medicaid?

→ **Check all that apply.**

→ **Process:** Indicate how you maintain a network of fee-for-service providers, for example, phone calls made to see if doctors/dentists accept Medicaid outside of a managed care plan.

C. Non-Emergency Transportation (NET)

→ **Process:** Describe how you receive requests for transportation and how you document these requests. Include how consumers are informed of transportation services, the process for requesting transportation and who is responsible for ensuring transportation is provided.

D. Contracted Services or Functions

→ **Process:** List any Healthcek responsibilities performed by another organization on behalf of your agency. *Be sure to submit copies of any contract(s), Memorandums of Understanding, Operating Agreements, or any other written documentation with this form.* [5101:1-38-05(F)(4)]

E. Additional Details

→ In this space, share any additional details about your agency's processes for provision of support services (examples: PRC money available for assistance, collaboration with other local social service agencies, additional internal processes, additional forms created by your agency, etc.).

Document Submission

Healthcek Services 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 a change in Director, Healthcek Coordinator or where the responsibility for Healthcek resides in the agency [5101:1-38-05(F)].

Please be sure to submit copies of letters and forms developed by your agency. Documents may be submitted by any of the following methods:

- **E-mail:** Healthcek_PRS@medicaid.ohio.gov (*preferred method*)
- **U.S. Mail:** Ohio Department of Medicaid
Bureau of Health Plan Policy
Attn: Outreach and Technical Assistance
P.O. Box 182709
Columbus, Ohio 43218-2709
- **Fax:** (614) 644-4368
Attn: Bureau of Health Plan Policy – Outreach and Technical Assistance
Please send an e-mail to Healthcek_PRS@medicaid.ohio.gov regarding your submission.