

Ohio Department of Medicaid  
**HEALTHCHEK SERVICES IMPLEMENTATION PLAN**  
**OAC 5160: 1-2-15**

<b>Section I: County Information</b>		
County Name and Address Seneca County DJFS	County ID 74	Director's Name & E-mail Kathy Oliver Kathy.Oliver@jfs.ohio.gov
Reason(s) for Submission – Please note specific change(s). Staffing changes		Date Effective 12/6/19
<b>Section II: Contact Information</b>		
Coordinator Theresa Frankart	Supervisor Michelle Williams	Back-up Michael McLane
Title WFS Supervisor	Title WFS Assistant Administrator	Title WFS Administrator
E-mail Theresa.Frankart@jfs.ohio.gov	E-mail Michelle.Williams@jfs.ohio.gov	E-mail Michael.McLane@jfs.ohio.gov
Direct Phone 419-447-5011, ext. 2407	Direct Phone 419-447-5011, ext. 2434	Direct Phone 419-447-5011, ext. 2413
What other duties, related or unrelated, are assigned to the Healthchek Coordinator? The Healthchek and PRS Coordinator is our WFS Supervisor. The Coordinator, as a Supervisor, is also responsible for the following programs and staff: Child Care, Benefit Recovery/Fraud Investigations, SNAP Employment & Training, N.E.T. (Non Emergency Transportation), PRC (Prevention, Retention and Contingency), OhioMeansJobs, Comprehensive Case Management and Employment Program (CCMEP) and Workforce Investment Opportunity Act (WIOA).		
Names/Titles of staff attending mandatory bi-monthly video conference trainings. Theresa Frankart, WFS Supervisor Other WFS staff are designated to attend for Theresa when she is unavailable.		
Which area in your agency is responsible for the administration of Healthchek and informing duties? Workforce & Family Services (WFS) division.		

**Section III** of this form asks for information regarding your county's process for written and oral methods of informing. Oral informing methods include telephone calls, office visits or home visits. Remember to include how you document the informing activity in each section.

<b>Section III: Informing Process</b>	
<b>A1. Written Informing</b> Forms Used: <input checked="" type="checkbox"/> ODM 03528 <input type="checkbox"/> Other (explain below)	<b>A2. Oral Informing (Phone, Face-to-Face, Home Visit)</b> Forms Used: <input checked="" type="checkbox"/> ODM 03528 <input type="checkbox"/> Other (explain below)
Describe your county's process for WRITTEN informing of Individuals about Healthchek Services:	Describe your county's process for ORAL informing of Individuals about Healthchek Services:
If an ODM 03528 has not been mailed, the Agency will mail the form and information page to the household. Ohio Benefits automatically mails the ODM 03528 and Information sheet to the household once identified as Medicaid Healthchek/PRS eligible.	During face-to-face or telephone interactive Public Assistance interviews, caseworkers explain Healthchek/PRS services.
<b>B. Describe how your county meets ANNUAL Healthchek informing requirements (renewal, transfer-in cases) and how the informing process is documented.</b>	
During the face-to-face or telephone interactive Public Assistance Redetermination interview, caseworkers explain Healthchek/PRS services. the Ohio Benefits data base mails the ODM 03528 & Information form to the household, when Medicaid eligibility is approved. When the ODM 03528 or an alert is received the Healthchek/PRS screens are updated for each recipient. Narrative is completed in the Ohio Benefits Journal.	
<b>C. Informing Pregnant Women about Healthchek Services.</b>	

Forms Used: <input checked="" type="checkbox"/> ODM 03528 <input type="checkbox"/> Other (explain below)	
<p style="text-align: center;">Describe your county's process for informing PREGNANT WOMEN about Healthchek Services:</p> <p>During face-to-face or telephone interactive Public Assistance interviews, caseworkers explain Healthchek/PRS services. If an ODM 03528 has not been mailed, the Agency will mail the form and information page to the household. Ohio Benefits automatically mails the ODM 03528 and Information sheet to the household once identified as Medicaid Healthchek/PRS eligible.</p>	<p style="text-align: center;">Describe your county's process for tracking pregnant women AND adding their newborn(s) to the case:</p> <p>Seneca County DJFS maintains an Excel Spreadsheet detailing newly identified pregnancies &amp; expected due dates, which is cross referenced with the Business Intelligence Channel monthly Pregnancy Detail Report BICRPT2009. New individuals are added, Ohio Benefits is checked and if information is unknown, it is e-mailed to the WFS Assistant Administrator, who assigns a case worker to process.</p>
D. Informing Individuals with HEARING, VISION, and/or SPEECH IMPAIRMENTS, individuals with READING DIFFICULTIES, and individuals with LIMITED ENGLISH PROFICIENCY.	
Forms Used: <input checked="" type="checkbox"/> ODM 03528 <input type="checkbox"/> Other (explain below)	
Does your county contract with other entities for assistance with informing: <input checked="" type="checkbox"/> Yes (explain below) <input type="checkbox"/> No	
Describe your county's process for informing these individuals and how the process is documented.	
Our agency utilizes a vendor for language interpretation services as needed, please reference our agency's LEP plan and Civil Rights plan for more details.	
E. Families of individuals identified to have elevated blood lead levels.	
Educational materials used: <input checked="" type="checkbox"/> ODM Web <input checked="" type="checkbox"/> ODH Web/Materials <input checked="" type="checkbox"/> Other (explain below)	
Describe your county's process for assisting families of individuals with ELEVATED BLOOD LEAD LEVELS. Detail the specific support services your county provides and how you document these services.	
The Ohio Department of Health contacts the Seneca County DJFS Healthchek/PRS Coordinator through written notice of any Public Health Lead Investigation at a particular address regarding lead hazards. The family may contact the agency directly or at the request of the Ohio Healthy Homes and Lead Poisoning Prevention Program to apply for PRC (Prevention, Retention & Contingency) assistance which may be available to help fund relocation. Families affected are also referred to the Ohio Department of Health and our local Seneca County General Health District for their services.	

**Section IV** of this form asks for details regarding how your county completes the Healthchek services screen in the electronic eligibility system.

<b>Section IV: Healthchek Services Screen in the Electronic Eligibility System</b>			
A. Who completes the screen?	<input type="checkbox"/> IM staff	<input checked="" type="checkbox"/> Healthchek Coordinator	<input checked="" type="checkbox"/> Other (explain below)
B. Who works the alerts?	<input type="checkbox"/> IM staff	<input checked="" type="checkbox"/> Healthchek Coordinator	<input checked="" type="checkbox"/> Other (explain below)
C. Are Healthchek services screen prints used for informing or sharing with the MCPs?	<input checked="" type="checkbox"/> Yes (explain below) <input type="checkbox"/> No		
D. Describe below how you electronically document actions taken on a case including what screens are used.			
Describe in detail your county's process for electronic documentation, including screens completed and warning alerts.			
Either the Healthchek/PRS coordinator or designee supplies the household with information/assistance as requested and completes the Healthchek screens in Ohio Benefits for all eligible individuals in the household, whenever an ODM 03528 is submitted to the Agency and when follow up alerts are received. A journal entry is then documented in Ohio Benefits. Processed ODM 03528 forms are then imaged into the agency's document imaging system, and mailed to the appropriate MCP.			

**Section V** of this form asks for details regarding your county's efforts to coordinate services with Medicaid-contracted Managed Care Plans (MCPs). Be sure to include how coordinated services provided to individuals are documented.

<b>Section V: Relationships with Managed Care Plans</b>			
A. Do you have regularly scheduled meetings with area MCPs?	<input type="checkbox"/> Yes (explain below)	<input checked="" type="checkbox"/> No	
B. Do you have any written agreements with area MCPs?	<input type="checkbox"/> Yes (explain below & provide copy)	<input checked="" type="checkbox"/> No	
C. Do MCPs conduct outreach in your county.	<input type="checkbox"/> Yes (explain below)	<input checked="" type="checkbox"/> No	
D. In the space provided below, explain your process for sharing JFS 03528s / Healthchek services screens with MCPs, how follow-up with individuals is done if requested by the MCP and how referrals recommended by the MCP are processed.			

Describe your county's coordination with area MCPs including in the description all items noted above.

Communication is conducted through e-mail and/or by telephone as needed. Every week the processed ODM 03528 forms are mailed directly to the specific Managed Care Provider. Ohio Benefits is updated as needed, and narratives are documented in case record.

**Section VI asks for detail regarding the provision of support services in your county.**

**Section VI: 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  Bureau for Children With Medical Handicaps (BCMh)  Local Health Department  
 Child Care  Clothing Assistance  Utility Assistance  Other Community Social Services

Please describe how you act on these requests. Include a description of how you document the request and the services provided.

When assistance is requested, the Healthchek/PRS Coordinator or designee follows up with the family and refers directly or provides referral information to the family. The household is contacted by telephone to discuss specific requests, and provide assistance. Narrative is completed in the Ohio Benefits Journal.

When an ODM 03528 or an alert is received the Healthchek/PRS screens are updated for each recipient. Narrative is then completed in the Ohio Benefits Journal.

B. Do you maintain a list of fee-for-service providers who accept Medicaid?  Yes  No

Check all that apply:  Doctors  Dentists  Other/Specialists (Explain):

C. Non-Emergency Transportation (NET): Describe how you receive requests for transportation and how you refer individuals to services. Describe how you document these requests.

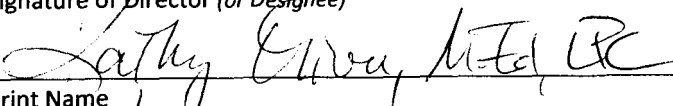
Seneca County DJFS maintains a NET Plan and has a dedicated phone extension (2317) at 419-447-5011 or 1-800-825-5011. A worker is responsible for monitoring the extension and processing requests in accordance with our NET Plan. An excel spreadsheet is utilized to log and monitor requests, along with documentation in Ohio Benefits.

D. Contracted Services or Functions: List any Healthchek responsibilities performed by another organization on behalf of your agency. Be sure to submit a copy of any contract(s), Memorandums of Understanding, Operating Agreements, or any other written documentation with this form.

N/A

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

Information regarding Medicaid is available to recipients at: <http://medicaid.ohio.gov> or by calling the Medicaid Consumer Hotline at 800-324-8680.

Signature of Director (or Designee) 	Date Submitted 12/9/19
Print Name Kathy Oliver	Date Accepted (ODM Staff Use only)

Please send HSIP documents via: e-mail: [HEALTHCHEK\\_PRS@medicaid.ohio.gov](mailto:HEALTHCHEK_PRS@medicaid.ohio.gov) (preferred method)

**U.S. mail:** Ohio Department of Medicaid  
Children's Health Section  
Attn: Healthchek and PRS Staff  
P.O. Box 182709  
Columbus, Ohio 43218-2709