Ohio Department of Medicaid PREGNANCY RELATED SERVICES IMPLEMENTATION PLAN OAC 5160:1-2-16

| Section I: County | Information | | | | |
|--|--|--|---------------------------------|----------------------|---|
| County Name and Addr Seneca County DJ 900 E. County Roa Tiffin, Ohio 44883 | | County ID 74 | Director's Name Kathy Oliver | | |
| Date Effective 12/6/2019 | Reason for Submission- Ple Staffing Chages. | ease note specific | changes | <u> </u> | |
| Section II: Contac | t Information | | | | |
| 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 |
| Fax (419) 447-5345 | | Fax (419) 447-5345 | | | Fax (419) 447-5345 |
| Which area in your agency is responsible for the administration of PRS and informing duties? Workforce & Family Services | | | | | |
| Pregnant Women If an ODM 03528 has Agency will mail the to the household. Of mails the ODM 0352 | Nritten Informing 1 03528 Other (explain 2 process for WRITTEN inform of about PRS and Healthchek 5 not been mailed, the form and information pag nio Benefits automatically 8 and Information sheet to e identified as Medicaid | Forms Us During f casewor | Describeration | gnant Women abou | (explain below) cess for ORAL informing of 11 1 PRS and Healthchelo active Public Assistance interviews, |
| | onships and Coordina arly scheduled meetings with | | iaged Care | Pians Samuel No. | 20 mg (mg) |
| B. Are there coordina Yes (explain b | nted efforts to track pregnant welow) \text{No} | omen to ensure | they are receiv | ing care and other s | ervices as needed? |
| Yes (explain b | · | | | | |
| coordinated effor | of or B, please describe you; to to track pregnant women. | ri (Marka) es | arren jagan i | ahare inf | se process your county and the MCPs use to ornation. |
| Seneca CDJFS maintain newly Identified prega which is cross referren Intellegence Channel n BICRPT2009. New indiv checked and if informa the WFS Asst Administ | Coordina forwarde Seneca D Care Provid to | Managed Care Providers Case Management Coordinators, e-mail the Healthchek/PRC Coordinator with information regarding newly Identified pregnant women, which is forwarded to the WFS Asstistant Administrator who assigns a case worker to process. Seneca DJFS weekly mails the processed ODM 03528's to the appropriate Managed Care Provider. | | | |
| to process. | | | | | |

| Section V: Provision of Support Services |
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| A. Referrals to community services. Check all that apply: Help Me Grow (HMG) Women, Infants, Children (WIC) |
| ☐ 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 |
| 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: |
| Additional Details: Please share any additional details about provision of support services in your county. |
| Additioanl Medicaid Information may be found at: http://medicaid.ohio.gov or the Medicaid Consumer Hotline at 800-324-8680. |
| Non-Emergency Transportation (NET) services available to medicaid recipients for transport to Medicaid eligible providers. |
| Referrals to PRC (Prevention, Retention & Contingency) for possible assistance with emergent, non-continuous services. Referrals to WIC (Women, Infant & Children) provided through the Seneca County General Health District and other community |
| resources as needed. |
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| Section VI: Method used to maintain 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: |
| ☐ ODM 03528 ☐ ODM 03535 ☐ Agency contact attempts with pregnant woman |
| |
| ☐ 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 |
| N/A |
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| |
| Signature of Director (or Derignee) Date Submitted |
| Print Name Date and the only |
| Kathy Oliver, Director |

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

Fax: 614-644-4368 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