

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 900 E. County Road 20 Tiffin, OH 44883	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 change		Date Effective 01/19/2024
<b>Section II: Contact Information</b>		
Coordinator Elaine Cook	Supervisor Terri Frankart	Back-up Terri Frankart
Title WFS Supervisor	Title WFS Administrator	Title WFS Administrator
E-mail Elaine.Cook@jfs.ohio.gov	E-mail Theresa.Frankart@jfs.ohio.gov	E-mail Theresa.Frankart@jfs.ohio.gov
Direct Phone 419-447-5011 ext. 2402	Direct Phone 419-447-5011 ext. 2407	Direct Phone 419-447-5011 ext. 2407
What other duties, related or unrelated, are assigned to the Healthcek Coordinator? The Healthcek and PRS Coordinator is responsible for processing program complaints. The Coordinator, as a Supervisor, is also responsible for the following programs and staff: Child Care, SNAP Employment & Training, NET (Non Emergency Transportation), PRC (Prevention, Retention and Contingency), OhioMeansJobs, RESEA, and Workforce Investment Opportunity (WIOA). At times, the Coordinator is required to assist customers and to serve as a back up for staff in the Workforce & Family Services Division.		
Names/Titles of staff attending mandatory bi-monthly video conference trainings. Elaine Cook, WFS Supervisor Other WFS staff are designated to attend for Elaine when she is unavailable.		
Which area in your agency is responsible for the administration of Healthcek and informing duties? Workforce & Family Services 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>	
A1. Written Informing Forms Used: <input checked="" type="checkbox"/> ODM 03528 <input type="checkbox"/> Other ( <i>explain below</i> )	A2. Oral Informing ( <i>Phone, Face-to-Face, Home Visit</i> ) Forms Used: <input checked="" type="checkbox"/> ODM 03528 <input type="checkbox"/> Other ( <i>explain below</i> )
Describe your county's process for WRITTEN informing of Individuals about Healthcek Services:	Describe your county's process for ORAL informing of Individuals about Healthcek Services:
If an ODM 3528 has not been mailed, the Agency will mail the form and information page to the household. The OBWP (Ohio Integrated Eligibility System) automatically mails the ODM 3528 and information sheet to the household once identified as Medicaid and Healthcek/PRS eligible.	Since Medicaid no longer requires an interview, the majority of the information occurs through written form from the internet or mail. The Healthcek Coordinator does take phone calls and walk-ins regarding the program.
B. Describe how your county meets ANNUAL Healthcek informing requirements ( <i>renewal, transfer-in cases</i> ) and how the informing process is documented.	
The OBWP (Ohio Integrated Eligibility System) system mails the ODM 3528 & information form to the household, when Medicaid eligibility is approved initially or at renewal. When the ODM 3528 or an alert is received the Healthcek/PRS screens are updated for each recipient. Narrative is completed in the OBWP Journal.	
C. Informing Pregnant Women about Healthcek Services.	

Forms Used: <input checked="" type="checkbox"/> ODM 03528 <input type="checkbox"/> Other (explain below)	
Describe your county's process for informing PREGNANT WOMEN about Healthchek Services:	Describe your county's process for tracking pregnant women AND adding their newborn(s) to the case:
The OBWP (Ohio Integrated Eligibility System) automatically mails the ODM 3528 and information page to the household once identified as Medicaid Healthchek/PRS eligible. If completed form is returned, it is scanned into EDMS and routed to the Healthchek coordinator. The Healthchek coordinator then enters the information into OBWP screen and then forwards to the MCP. If services are requested, the consumer is sent the requested information and a case journal note is added. If an ODM 3528 has not been mailed, the Agency will mail the form and information page to the household.	Upon notification of pregnancy, the appropriate screens are updated in OBWP. Alerts may be given via the system Pregnancy Bot. Upon advice of birth, usually from MCP Newborn Report or client, the informing letter and ODM 3528 is provided to the consumer. When services are requested the Healthchek Coordinator will supply the information to the consumer.
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 type="checkbox"/> Yes (explain below) <input checked="" type="checkbox"/> No	
Describe your county's process for informing these individuals and how the process is documented.	
Per our agency's Civil Rights and LEP Plan, Seneca County DJFS will provide bilingual translation at no cost to the individual either thru the use of a bilingual employee, or through contracted interpreters.	
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 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 Healthcheck/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.	

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

Section IV: Healthchek Services Screen in the Electronic Eligibility System			
A. Who completes the screen?	<input type="checkbox"/> IM staff	<input checked="" type="checkbox"/> Healthchek Coordinator	<input type="checkbox"/> Other (explain below)
B. Who works the alerts?	<input type="checkbox"/> IM staff	<input checked="" type="checkbox"/> Healthchek Coordinator	<input 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 <b>electronically</b> 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 working ALERTS.			
Either the Healthchek/PRS coordinator or designee supplies the household with information/assistance as requested and completes the Healthchek screens in OBWP for all eligible individuals in the household, whenever an ODM 3528 is submitted to the Agency and when follow up alerts are received. A journal entry is then documented in OBWP. Processed ODM 3528 forms are then scanned into the agency's document imaging system, and mailed to the appropriate MCP (Managed Care Plan).			

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.

Section V: Relationships with Managed Care Plans	
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 ( <i>explain below</i> )	<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 can be conducted through e-mail and telephone if needed. Processed ODM 3528 forms are mailed directly to the specific Managed Care Provider. OBSP 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.**

<b>Section VI: Provision of Support Services</b>
A. Referrals to community services. <i>Check all that apply:</i> <input checked="" type="checkbox"/> Help Me Grow (HMG) <input checked="" type="checkbox"/> Women, Infants, Children (WIC) <input type="checkbox"/> Head Start <input type="checkbox"/> Maternal and Child Health Clinics <input checked="" type="checkbox"/> Bureau for Children With Medical Handicaps (BCMh) <input checked="" type="checkbox"/> Local Health Department <input checked="" type="checkbox"/> Child Care <input checked="" type="checkbox"/> Clothing Assistance <input checked="" type="checkbox"/> Utility Assistance <input checked="" type="checkbox"/> Other Community Social Services
Please describe how you act on these requests. Include a description of how you document the request and the service(s) 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 OBWP Journal Notes. When an ODM 3528 or an alert is received the Healthchek/PRS screens are updated for each recipient. Narrative is then completed in the OBWP Journal Notes.
B. Do you maintain a list of fee-for-service providers who accept Medicaid? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check all that apply: <input type="checkbox"/> Doctors <input type="checkbox"/> Dentists <input type="checkbox"/> Other/Specialists ( <i>Explain</i> ):
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 NET phone extension (2311) at 419-447-5011 or 1-800-825-5011. An Employment Services Worker is responsible for monitoring the extension, returning phone calls, completing a screen sheet, verifying Medicaid eligibility, contacting transportation provider to schedule transport, then an Approval Letter (JFS 4074) is mailed to the participant which outlines approved transports and pick up times. A NET log excel spreadsheet is maintained with recipient names, date of request, required information received, approval date, facility(provider), appointment dates & times.
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: <a href="https://medicaid.ohio.gov">https://medicaid.ohio.gov</a> or by calling the Medicaid Consumer Hotline at 1-800-324-8680. Referrals to other agency programs or community resources as needed.

Signature of Director ( <i>or Designee</i> )	Date Submitted
Print Name	Date Accepted ( <i>ODM Staff Use only</i> )

**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