

Document Prompts:

For Full Requirements See Guidance Document

Initial Inform

1. County of service
2. Location
3. Informing letter/packet sent
4. Service provider

Inform Follow-up

1. County of service
2. Location
3. Specific time calls made (am/pm)
4. Phone message summary/description of attempt
5. Follow-up letter sent only after 2 failed phone tries
6. Service provider
7. Follow-ups within 30 days of Initial

Inform Completion

1. County of service
2. Location
3. Contacted person
4. Explanation of EPSDT benefits
5. Medical appt. summary
6. Dental appt. summary
7. Immunization status
8. Client/family feedback
9. Referrals, outcomes, & plan for follow-up
10. Service provider
11. Intake assessment

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Care Coordination

1. County of service
2. Location
3. Contacted person (CAH)
4. Concerns & issues
5. Staff response
6. If coordinating medical / dental care:
 - Assess Immunizations (CAH)
 - Medical apt. summary
 - Dental apt. summary
7. Referrals, outcomes, & plan for follow-up
8. Client/family feedback
9. Service provider
10. Intake assessment (CAH)

Transportation Care Coordination

1. County of service
2. Location
3. Contacted person
4. Type of Medicaid service
5. Trip date
6. Transportation type
7. Service provider

Presumptive Eligibility

1. County of service
2. Location
3. Result of NOA
4. NOA number
5. Contacted person (CAH)
6. Documents kept on file & given to family
7. Pregnant woman application for full Medicaid or not (MH)
8. Client/family feedback
9. Coverage explained
10. Service provider
11. Intake assessment (CAH)

September, 2019

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