

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
- 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
- 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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Prompts:	Document
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Care Coordination

1. County of service

2. Location

3. Contacted person (CAH)

5. Staff response 4. Concerns & issues

dental care:

6. If coordinating medical \

HAD) snoitsations (CAH)

 Dental appt. summary Medical appt. summary

7. Referrals, outcomes, & plan for

8. Client/family feedback dn-wolloj

10. Intake assessment (CAH)

Transportation Care Coordination

1. County of service

9. Service provider

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

6. Documents kept on file & 5. Contacted person (CAH)

7. Pregnant woman application given to family

8. Client/family feedback for full Medicaid or not (MH)

9. Coverage explained

11. Intake assessment (CAH) 10. Service provider

September, 2019

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1. County of service

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3. Contacted person (CAH)

4. Concerns & issues

5. Staff response

dental care:

6. If coordinating medical /

• Assess Immunizations (CAH)

 Dental appt. summary Medical appt. summary

7. Referrals, outcomes, & plan for

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9. Service provider

10. Intake assessment (CAH)

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September, 2019

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September, 2019