

**WISCONSIN MEDICAID
PRENATAL CARE COORDINATION
OUTREACH AND MANAGEMENT PLAN**

ForwardHealth requires certain information to enable the programs to authorize and pay for medical services provided to eligible members.

Personally identifiable information about providers or other entities is used for purposes directly related to program administration such as determining the certification of providers or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of payment for services.

The use of this form is mandatory.

Instructions: Type or write clearly.

SECTION I — IDENTIFICATION

Per section DHS 105.52(1), Wis. Admin. Code, the following agencies, organizations, and providers are eligible for certification as providers of prenatal care coordination (PNCC) services.

Indicate under which of the following categories the applicant is applying. (Check all that apply.)

- Community-based health organization.
- Community-based social services agency or organization.
- County, city, or combined city and county public health agency.
- County department of human services under s. 46.23, Wis. Stats., or social services under s. 46.215 or 46.22, Wis. Stats.
- Family planning agency certified under s. DHS 105.36, Wis. Admin. Code.
- Federally qualified health centers (FQHC) as defined in 42 CFR 405.2401(b).
- HMO.
- Independent physician association (IPA).
- Hospital.
- Physician's office or clinic.
- Private case management agency.
- Certified nurse or nurse practitioner.
- Rural health clinic certified under s. DHS 105.35, Wis. Admin. Code.
- Tribal agency health center.
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) under 42 USC 1786.

Name and Address — Agency

Name — Agency Director

Provider ID

Telephone Number

SIGNATURE — Agency Director

Date Signed

How would the applicant categorize

1. The applicant's agency Public Private
2. The applicant's primary delivery model Home Visit One-Stop-Shop Other (Specify) _____

Continued



F-11278

SECTION II — OUTREACH AND MANAGEMENT PLAN

Answer the following questions in the spaces provided. Attach additional pages if needed.

- (a) Indicate the applicant's target population and the geographic area the applicant will serve. (The agency must be located in the same area as the target population.) List by county, municipality, or similar designation; include ZIP+4 codes if needed to designate part of a city or county.

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- (b) Briefly describe outreach efforts and case finding techniques to be used in identifying eligible pregnant women and in informing the community of available PNCC services. (For example, outline strategies for marketing and promoting PNCC services in the community.)

Continued

SECTION II — OUTREACH AND MANAGEMENT PLAN (Continued)

Answer the following questions in the spaces provided. Attach additional pages if needed.

c) List the name, address, and telephone number of appropriate community resources.

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| Name — Resource | Telephone Number — Resource |
| Address — Resource | |
| Name — Resource | Telephone Number — Resource |
| Address — Resource | |
| Name — Resource | Telephone Number — Resource |
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| Name — Resource | Telephone Number — Resource |
| Address — Resource | |

Continued

SECTION II — OUTREACH AND MANAGEMENT PLAN (Continued)

Answer the following questions in the spaces provided. Attach additional pages if needed.

- (d) Does the applicant's agency have (or is the applicant's agency in the process of obtaining) a memorandum of understanding (MOU) with each Medicaid-certified HMO in the applicant's county? (The applicant does not need to send Wisconsin Medicaid the MOUs, but the applicant must have a signed copy of each on file.) Sample attached.

Yes No

If no, explain.

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- (e) In some cases, members may not have a primary health care provider and will need the applicant's assistance in finding one. Indicate the name, address, and telephone number of Medicaid-certified primary health care provider(s) in the applicant's area with whom the applicant has referral arrangements.

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|-----------------------------|------------------|
| Name — Health Care Provider | Telephone Number |
|-----------------------------|------------------|

Address — Health Care Provider

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| Name — Health Care Provider | Telephone Number |
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Address — Health Care Provider

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| Name — Health Care Provider | Telephone Number |
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Address — Health Care Provider

SECTION II — OUTREACH AND MANAGEMENT PLAN (Continued)

Answer the following questions in the spaces provided. Attach additional pages if needed.

- (f) Demonstrate how the applicant's agency meets the following definition of cultural competence, "cultural competence" refers to: a program's ability to honor and respect beliefs, interpersonal styles, attitudes, and behaviors of families who are clients as well as the multi-cultural staff who are providing services. It also incorporates these values at the levels of policy, administration, and practice.

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- (g) Briefly describe the applicant's ability to arrange for supportive services available in the community. In the applicant's description, include the methods, techniques, and contacts that the applicant will use to offer and provide assistance in arranging and accessing supportive services, etc.

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- (h) Briefly describe the applicant's agency's experience (scope and duration) working with pregnant women. Indicate how the applicant worked with women who are high risk.

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- (i) To receive Medicaid PNCC certification, the applicant must answer "Yes" to all of the following requirements. Refer to s. DHS 105.52(2)a, Wis. Admin. Code, for the definition of "qualified professional."

Respond "Yes" or "No" to the following questions.

Yes

No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Does the applicant's agency employ at least one qualified professional with at least two years of experience in coordinating services for at-risk or low-income women? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the applicant's agency have on staff, under contract, or available in a volunteer capacity a qualified professional to supervise risk assessment and ongoing care coordination and monitoring? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the applicant's agency have on staff, under contract, or available in a volunteer capacity one or more qualified professionals with the necessary expertise, based on education or at least one year of work experience, to provide health education and nutrition counseling? |

Continued

SECTION II — OUTREACH AND MANAGEMENT PLAN (Continued)

Answer the following questions in the spaces provided. Attach additional pages if needed.

List the names and titles of the applicant's program staff. Attach resumes for all staff listed. ("Staff" could include a combination of health and human service professionals and trained paraprofessionals (for example, resource moms and community health aides). Available staff should reflect a broad spectrum of training, skills, and knowledge concerning the local service delivery system, the women's needs, available resources, and the need for integrated services.)

| | |
|--------------|-------|
| Name — Staff | Title |
| Name — Staff | Title |