

**WISCONSIN MEDICAID
HEALTHCHECK OUTREACH CASE MANAGEMENT PLAN
FOR _____ COUNTY**

Wisconsin Medicaid requires information to enable the programs to certify providers and to authorize and pay for medical services provided to eligible members.

Personally identifiable information about providers or other entities is used for purpose 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 those services.

The use of this form is mandatory.

Instructions: Type or print clearly.

Name — Agency	Name — Agency Director
Address (Street, City, State, ZIP+4 Code)	
SIGNATURE — Agency Director	Date Signed
HealthCheck (EPSDT) Provider ID (If Assigned)	Telephone Number

SECTION I — BACKGROUND DATA

A. Geographical Area to be Served (List by county, municipality, or similar designation. Include ZIP+4 codes, if known.)

B. Target Population

Describe the population group(s) upon which outreach activities will be focused. Specify characteristics used to identify the group(s) as appropriate, including the following.

1. Age, and/or household status.
2. Linguistic affiliation / non-English-speaking barriers.
3. Physical and / or emotional handicap(s).
4. Barriers to medical care access, such as physician distance, lack of provider access, non-use of care.

Continued



SECTION I — BACKGROUND DATA (Continued)

C. Similar Agency Responsibilities

List other programs operated by the provider's agency that serve similar group(s). Briefly describe the agency's scope and duration of participation in kindred material child health, preventative medical initiatives, education, or social services.

Name / Description of Activity

D. Coordination

Briefly describe methods, procedures, and arrangements that shall be used to coordinate and integrate HealthCheck case management activities with the following:

1. HealthCheck screenings with outside providers.
2. In-house preventive / child health activities.
3. Other outreach / case management agencies in the provider's geographic area.

Continued

SECTION I — BACKGROUND DATA (Continued)

E. Referral Sources

The following are considered basic referral sources for outreach case management in the provider's community. Identify the name, address, and telephone number of the following resources. If more exist, indicate the additional names, addresses, and telephone numbers (attach an extra page if necessary). (Case management agencies are expected to make referrals.)

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

Maternal and Child Health Programs (MCH)

Head Start

Family Planning — Teen (Or School-Based Clinics)

Medicaid-Certified Physicians (Indicate number used for referral only.)

Medicaid-Certified Dentists (Indicate number used for referral only.)

Employment Programs (Job Training Partnership Act [JTPA], Wisconsin Educational Opportunity Programs [WEOP], etc.)

County Protective Service Agency

Domestic Abuse Agency

Mental Health and Alcohol / Drug Abuse Agency

Translator and Interpreter Services

Developmentally Disabled Child Service Programs

Vocational Rehabilitation Program

Low-Income Day Care Programs (Not Head Start)

Continued

SECTION II — CASE MANAGEMENT ACTIVITIES

A. Case Management to Screening

Describe methods and techniques that shall be utilized for member access and HealthCheck participation. If different techniques and methods are to be used with different groups, identify methods for each group.

B. Case Management Referrals

Describe methods and techniques that shall be used to assure members access and follow up to all referral sources.

C. Scheduling

Describe methods, techniques, contacts, and tactics that will be used to offer and provide, when requested, assistance with scheduling appointments and transportation for all HealthCheck-related services (screening, diagnosis, treatment, dental, other services, e.g., mental health), and language problems of the hearing impaired and those with limited English speaking abilities.

D. Documentation

Describe how case management will be documented, including identification of all targeted “in-need” members, and where these records will be maintained.

E. Freedom of Choice

How does the provider assure members have freedom of choice to select a screening provider?

SECTION II — CASE MANAGEMENT ACTIVITIES (Continued)

F. General Outcomes

What will this plan accomplish (results)? How many eligibles does the provider estimate to outreach case management? What percentage of those provided outreach case management does the provider estimate will receive screening services from the provider's agency?

G. What are the provider's procedures for ensuring that HealthCheck services do not duplicate any care by other local health care or case management providers (e.g., physicians, WIC, etc.).

H. What provision does the agency have to ensure that no conflict of interest by provider staff or board members occurs?

I. What are the provider's procedures for educating members about the health care system, how to responsibly use Medicaid services, and how to utilize various local community resources (e.g., WIC, Head Start, employment, day care)?

J. How does the provider keep other local health and social service providers aware of the provider's HealthCheck services? How does the provider's agency remain knowledgeable of local community resources for Medicaid members?
